

Reporting to:	Trust Board, 3 December 2015
Title	Board Assurance Framework
Sponsoring Director	Director of Corporate Governance
Author(s)	Head of Assurance
Previously considered by	Trust Board (Sept 15), Audit Committee (Sept 15) Risk Committee (Nov 15)
Executive Summary	<p>The Board needs to be able to provide evidence that it has systematically identified the Trust's objectives and managed the principal risks to achieving them. Typically, this is achieved via the Board Assurance Framework (BAF) document and an embedded risk management approach.</p> <p>Attachment 1 - Board Assurance Framework Summary</p> <p>This summary shows each risk is categorised by colour according to the current risk matrix.</p> <p>Attachment 2 - Board Assurance Framework</p> <p>The BAF has been updated since the last presentation. Changes to since the last presentation are indicated in highlighted text. These reflect changes since August with some additional assurances added. The full Board Assurance Framework lists the controls in place and sources of assurance, with the lead Director for each risk.</p> <p>Attachment 3 - BAF Associated Action Plans</p> <p>A BAF is required to have an action plan. However, there are individual plans for most of the risks on the BAF. Rather than list every item, a schedule of related action plans has been compiled.</p> <p>The following corporate objectives have not had strategic risks to their achievement identified:</p> <ul style="list-style-type: none"> • Undertake a review of all current services at speciality level to inform future service and business decisions • Develop the principle of 'agency' in our community to support prevention agenda and improve the health and well-being of the population • Embed a customer focussed approach and improve stakeholder engagement strategies.
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input checked="" type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies

5 Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	<p>Recommendation</p> <p>To REVIEW and APPROVE the BAF and to consider if any additional assurances are necessary to assure the Board that the risks to the strategic objectives are being properly managed.</p> <p>To agree the RAG ratings and direction of travel for each risk</p>

Board Assurance Framework - Summary - December 2015

Key :	↑ Improvement	↓ Deterioration	= No change
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QUALITY AND SAFETY - reduce harm, deliver best clinical outcomes & improve patient experience
Risk Appetite - moderate

If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience (RR415) *identified April 2012*

If the local health and social care economy does not reduce the **Fit To Transfer (FTT)** waiting list from its current unacceptable levels then patients may suffer serious harm. (951) *identified Nov 2014*

QUALITY AND SAFETY - Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme
Risk Appetite - hungry

Risk to sustainability of clinical services due to potential shortages of key clinical staff (859) *identified March 2014*

- Medical Staffing
- Nurse Staffing

QUALITY AND SAFETY - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards
Risk Appetite - open

If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561) *identified April 2012*
Components:

- A&E Performance
- Cancer Waiting Times
- Referral to Treatment Times (RTT)

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QUALITY AND SAFETY – Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit programme.
Risk Appetite - hungry

If we do not have a clear **clinical service vision** then we may not deliver the best services to patients (RR 668) *identified April 2012*

PEOPLE – Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
Risk Appetite - open

If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423) *identified April 2012*

FINANCIAL STRENGTH: SUSTAINABLE FUTURE - Develop a transition plan that ensures financial sustainability & addresses liquidity pending the outcome of the Future Fit Programme
Risk Appetite - moderate

If we are unable to resolve the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties & address the modernisation of our ageing estate & equipment (670) *identified Sept 2012*

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Likelihood	Consequence				
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Board Assurance Framework

V15 December 2015

Key : ↑ Improvement ↓ Deteriorat 0 = No change

Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
951	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p> <p>Safety and Patient Experience</p> <p>Q&S Com.</p>	<p>If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm.</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> • Hospital acquired infections • Poor experience for patients • Increased patient falls • Increased staffing needs • Increased use of escalation beds • Increased financial risks • Failure to meet national performance targets • Cancelled elective activity 	RED	<p>FTT list</p> <p>Whole health economy surge plan in place and monitored closely.</p> <p>Heads of Capacity in post.</p> <p>System Resilience Group meets monthly.</p> <p>Urgent Care Working Group meetings.</p> <p>NHSE/TDA escalation meeting April 15 to increase focus on FTT.</p> <p>Twice daily discharge hub meetings.</p> <p>Daily DTOC report circulated to responsible organisations.</p>	<p>SRG recovery plan to deliver 4 hour target includes FTT reduction.</p> <p>Patients on FTT list require EPS</p> <p>Helping Home from Hospital team report</p> <p>IA Discharge Management Audit (Oct 15)</p> <p>DTOC target of 3.5% monitored nationally.</p> <p>Emergency Care Intensive Programme (Oct 15).</p> <p>Internal audit on MFFD (Nov 15).</p>	RED =	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Failure of to reduce Fit to Transfer list (Jan15) <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Medically Fit For Discharge list is not being sustained. • High levels of escalation resulting in high use of agency staff. • West Midlands Quatlity Review Service - Discharge (May 15) • Not meeting DTOC target of 3.5%. 	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p>

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Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead				
Principal Objective : QUALITY AND SAFETY - Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme												
859	Chief Operating Officer	Risk to sustainability of clinical services due to potential shortages of key clinical staff particularly in Critical Care, ED and Emergency Medicine, nursing Potential Impacts: • Inability to continue with current provision of service • Poor experience for patients • Delays in care • Failure to comply with national standards and best practice tariffs • Reduced patient safety • Reduced quality of care • Low staff morale • 8% cap on agency spend - potential for unfilled rotas • Further difficulties in recruiting staff due to unreasonable on-call commitments	RED	<u>All</u> Clinical Sustainability Group Service redesign Overseas recruitment Workforce reviews including job redesign and skill mix reviews Temporary staffing department Process for managing staff shortages which may impact on patient care Development of new roles 5 year workforce plan 20 weeks of winter plan <u>Nursing</u> Ward staffing templates E-rostering Nurse staffing review Well being apprentices Block booking agency staff Values based recruitment for nursing staff <u>Medical</u> Medical staffing streamlined consultant recruitment Clinical leaders managing workforce cover including "working down" Job planning Overseas recruitment CESR posts in ED Fortnightly ED staffing meetings.	<u>All</u> Workforce component of Integrated Performance Report (monthly) Progress with the clinical service review with support from CCG / TDA Operational Risk Group Workforce Risk report completed Nurses and Drs overseas recruitment Monthly recruitment meetings. <u>Nursing</u> E-rostering system Site safety reports (daily) Nurse staffing levels reported in IPR (monthly) Safer Nursing Care tool 6 monthly Safe Nursing review to Board and Q&S <u>Medical</u> Enhanced medical staffing (middle grade drs) to cover gaps Business continuity plan for ED & ITU Paper presented to TB by WD focussing on need for recruitment in key specialities. (Jun 15) Staff recruited but not in all in post (TB June 15) Paper to Board on 30th July 2015 regarding Critical Care. Weekly ED staffing fill rate report (Nov 15)	RED ↓	Gaps in Controls • Potential interim/transitional solutions to mitigate service sustainability relating to A&E and ITU staffing carry significant alternative risks in terms of capacity management and operational efficiency • Absence of Nurse (including midwifery) Staffing Policy [due Jan 16] • Real time Acuity tool [on PSAG by Jan 16] Gaps in Assurance/ Negative Assurance • Timescales for achieving the outcome of Future Fit and service reconfiguration require maintenance of current service reconfiguration for at least 5 years. • Full implementation of nurse staffing templates geared to nurse recruitment • Master vendor contract • National nursing shortfall leading to recruitment delays • Severe delays in overseas recruitment due to changes to national policy • High levels of escalation resulting in high use of agency staff • Regional benchmarks in relation to medical staffing in ED, Critical care and emergency medicine (TB June 15)	Medical Director Director of N&Q CEO Director of N&Q MD				
									Nurse staffing	RED	Nurse Staffing	RED
									Medical staffing - Critical care	RED	Medical staffing - Critical care	Red/Amber
									Medical staffing - ED	RED	Medical staffing - ED	RED

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Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
Principal Objective: QUALITY AND SAFETY - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards								
561	Chief Operating Officer (COO)	If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards	RED	Delivery monitored at the Urgent Care Working Group, Planned Care Working Group, Cancer Board, Contracts Meetings, monthly Care Group Confirm and Challenge sessions, and Trust Board as well as the Care Group RAP monitoring groups and System Resilience Group (SRG). Whole health economy surge plan in place and monitored closely. NTDA monthly IDM and Quarterly Reviews 5 year workforce plan Fortnightly ED 4 Hour Recovery Meetings.	1. Booking & Scheduling action plan in place; 2. Remedial Action Plan's (RAPs) in place for RTT and Cancer, 3. Whole health economy recovery plan for emergency access in place (SMART Plan) being revisited; 4. Internal improvement plan for ED 4 hour target recovery in place; 5. CCG plans for 'Better Care Fund' in place; 6. Heads of Capacity in post (Mar 14) 7. Operational Capacity and Resilience Plan in place; 8. RTT no longer a risk on CQC IMR (Nov 14) 9. Breaking the Cycle week. 10. Internal winter plan approved by HEC (Oct 15).	AMBER ↑	Gaps in Control <ul style="list-style-type: none"> • Progress on admission avoidance schemes and early discharge/discharge to assess in Local Health Economy (LHE) are slower than needed and not yet delivering in full • Failure of the local health economy and local authorities to reduce the Medically Fit For Discharge list and Delayed Transfers of Care (DToC's) resulting in inability to meet targets due to increasing need for escalation beds (Nov 14 and ward 21 opened (Dec 14) • No LHE winter plan (Nov 15) Gaps in Assurance/ Negative Assurance <ul style="list-style-type: none"> • Not achieving admitted RTT targets but improving, with plan to achieve by 1/10/15; • Not achieving the A&E 4 hr target; • Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Fit to Transfer list is not being sustained; • Delays in patients receiving follow up appointments due to capacity issues in some specialities; 	Chief Operating Officer
	Patient Flow Systems & Processes	Potential Impacts <ul style="list-style-type: none"> • Poor /unsafe patient care & experience 						
	Hospital Executive Committee (HEC)	<ul style="list-style-type: none"> • Financial penalties • Performance notices • National Trust Development Authority (NTDA) intervention • Failure to achieve Foundation Trust status • Failure to comply with national access targets 						
		- A&E targets - Cancer waiting times targets - RTT targets						

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Principal Objective: QUALITY AND SAFETY – Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit programme.								
668	Chief Executive Officer Strategy Trust Board	If we do not have a clear clinical service vision then we may not deliver the best services to patients Potential impacts: <ul style="list-style-type: none"> • unsustainable services • Suboptimal use of scarce workforce resource • Additional costs arising from current service reconfiguration • Inability to attract essential staff due to unreasonable working conditions exacerbated by split site services 	RED	Structured programme of work to arrive at service delivery models agreed through 'Future Fit' Health Economy Leaders Core Group Urgent Care Network Board Programme Board established for 'Future Fit' and all stakeholders engaged. Workstreams established for finance, activity and capacity modelling, development of the clinical model, Communications and engagement and Assurance. Clinical Reference Group established . Clinical Senate involvement. Programme Plan approved Programme resources in place GP engagement strategy Interim plans for services remaining at RSH Internal Executive Board to provide governance of process Internal Project team to develop Strategic Outline Case Contingency plans for sustainable services Clinical Sustainability Group	Scope and objectives of 'Future Fit' Programme agreed with Trust and partner organisations for strategic review of hospital and associated community services On-going engagement plan <i>Public consultation planned for Dec 15</i> 'Future Fit' Programme Updates (TB monthly) 'Future Fit' assurance workstream in place Short list presented and endorsed by Trust Board in Feb 2015 W&C move to PRH completed Sept 14 (TB July 14) <i>with formal benefits realisation review by July 15</i> Interim location for CAU and women's zone agreed at RSH pending 'Future Fit' outcome. 'Future Fit' Senior Responsible Officer update with risk register, gateway review outcome and options appraisal process (TB April 15) Activity modelling signed off by Exec Team (March 15) Internal Audit of 'Future Fit' governance arrangements (Sept 15)	RED ↓	Gaps in Control <ul style="list-style-type: none"> • Severe shortages of key clinical staff required to sustain clinical services Gaps in Assurance <ul style="list-style-type: none"> • <i>Decision delayed</i> - further modelling work is required • Timescales for finalising consultation and the consequent business case and approval process mean that a certain vision of future service reconfiguration will not be available until mid to late 2017 • Provider and Commissioner affordability of the shortlisted options 	Director of Business and Enterprise

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Principal Objective: PEOPLE – Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work								
423	Workforce Director Workforce Workforce Com.	<p>If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> • Loss of key staff • Poor experience for patients • Adverse ratings in CQC Quality Risk Profile • High sickness absence 	RED	<p>Management Development Programme Leadership / Development Academy Appraisals and Personal Development Plan Staff induction linked to Trust values Review Sickness policy Stress risk assessments process for staff Wellbeing Programme Values-based recruitment Coaching programme 5 year workforce plan Staff engagement strategy Values Behaviours and Attitudes (VBA) training for job interviewers VBA Conversations training</p>	<p>Monthly Workforce Reports Leadership Conference (Oct 15) High nomination rate for staff heroes (Oct 15) Trust values launched and used in recruitment process (Nov 13) Centre workforce reviews and plans in progress (Feb 14) Staff survey results show improvements in staff engagement. Developments in values mean they will be embedded throughout employment life cycle (Mar 14) SaTH leadership development programme began March 2014 Friends and Family Test with improvements in scores compared with 2013 (Oct 14) Programme to become values driven organisation including values video, staff pledges to live the values, visualisation of the values (Oct 14) Job plans in place for all medical staff IMR - number of staff survey risks reduced (May 15) 80% of staff questioned knew staff values Staff engagement strategy update (TB Apr 15) Sickness absence below 4% (3.8% TB Oct 15) Trust won 'Employee of the Year' - Local Energize Awards (Nov 15) 'Deep Dive' at Workforce Committee on appraisal</p>	<p>AMBER</p> <p>↑</p>	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Rates of appraisal (currently 87% with Medical Staff at 96.4%) • Rates of Statutory and Mandatory Training (currently 74%) <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Internal Audit LCFS report on consultant job planning (Apr 15) 	Workforce Director

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Principal Objective: FINANCIAL STRENGTH: SUSTAINABLE FUTURE - Develop transition plan that ensures financial sustainability & addresses liquidity pending outcome of the Future Fit Programme								
670	Finance Director Finance Finance Committee	<p>If we are unable to resolve the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> • Inability to invest in services and infrastructure • Impacts on cash flow • Lack of modernisation fund to invest in equipment and environment to improve efficiency • Poor patient experience • Failure to deliver Historic Due Diligence (HDD) action plan 	RED	<p>Capital planning process including capital aspirations list</p> <p>Business planning process</p> <p>Risk based approach to replacement of equipment</p> <p>Contingency funds</p> <p>Charitable funding</p> <p>Confirm and challenge meetings with Care Groups</p> <p>Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process</p> <p>Application for Interim Revolving Working Capital Support Facility (RWC)</p> <p>Registers and processes to invest in Estate</p>	<p>Financial component of integrated performance report (monthly TB)</p> <p>Reports from Finance Committee which reports to TB</p> <p>Reports from Internal and External Audit QIA to TB (Sept 14)</p> <p>Financial recovery plan</p> <p>Reports to Exec Directors (monthly)</p> <p>NTDA confirmed it is reasonable for Trust to assume they will make sufficient cash available such that the organisation is able to meet its current liabilities</p>	RED ↓	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • No investment resource to modernise estate, equipment and IT • No agreed transition plan that ensures financial sustainability and addresses liquidity issues pending outcome of 'Future Fit' • Trust will require cash support within 2015/16 to underpin the in year planned deficit • Failure of CCGs to reduce Fit to Transfer list resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets (Nov 14) • No plan to resolve 2016/17 cash position • Contractual penalties <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Not all QIPP schemes agreed • Historic and on-going liquidity problem • Uncertainty about impact of Better Care Fund • Size of problem not fully quantified 	Finance Director

Risk Ref	Risk Title	Action plan Updates	Committee	latest update	Lead
415	If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience	▪ Maternity Services Review and Action Plan	Trust Board	Jan-14	DNQ
		▪ Care Quality Commission action plan	Trust Board	Feb-15	DNQ
		▪ Action plan on recommendations from national inquiries	Trust Board	Jan-14	DNQ
		▪ C difficile Action Plan	Trust Board via IPR	July 15	DNQ
		▪ Falls Action plan	Trust Board via IPR	July 15	DNQ
951	If CCGs do not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm.	▪ SMART action plan to deliver 4 hour target including FTT reduction	Trust Board via IPR	July 15	COO
859	Risk to sustainability of clinical services due to potential shortages of key clinical staff	▪ Future Fit Shortlist	Trust Board	Aug 15	CEO
		▪ Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events	Trust Board via IPR	July 15	WD
561	If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards	▪ Emergency Department Action plan	Trust Board via IPR	July 15	COO
		▪ Transforming our Booking and Scheduling Systems	Trust Board via IPR	July 15	COO
		▪ IST Cancer Action Plan & RTT Remedial Action Plan	Trust Board via IPR	July 15	COO
		▪ Chair to formally raise FTT position with CCG chairs	Trust Board	Oct 14	COO
		▪ Booking & Scheduling Improvement Plan	Finance Committee	Oct 14	COO
423	If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve	▪ Staff survey action plan	Workforce Committee	Jul 15	WD
		▪ Staff training Internal Audit Review action plan	Workforce Committee	Oct 14	WD
		▪ People Strategy Updated	Trust Board	Jan 15	WD
668	If we do not have a clear clinical service vision then we may not deliver the best services to patients	▪ Future Fit Programme Execution Plan	Trust Board	Mar 15	DBE
		▪ Future Configuration of Hospital Services	Trust Board	Oct 14	DBE
		▪ Emergency Service Contingency Plan with Commissioners	Trust Board	Oct-14	COO
670	If we are unable to resolve our (historic) shortfall in liquidity & the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties & address the modernisation of our ageing estate & equipment	▪ Financial Recovery Plan	Executive Directors	Aug 15	FD
		▪ Cost Improvement Programme	Trust Board via IPR	Jul 15	FD
		▪ Historic Due Diligence 1 Action Plan	Finance Committee	Apr 15	FD
		▪ Internal Audit - Review Action Plans	Finance Committee	Jul 15	FD
		▪ Workforce Controls Internal Audit Action Plan	Finance Committee	Mar 15	COO
		▪ Review of current services at specialty level	Trust Board – 'deep dives'	Jul 15	COO