Reporting to:	**Trust Board, 29 September 2016**
Title	Board Assurance Framework
Sponsoring Director	Chief Executive
Author(s)	Head of Assurance
Previously considered by	Trust Board (Apr 16), Audit Committee (Sept 16), Tier Two Committees
Executive Summary	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. The individual risks are reviewed by the relevant Tier 2 Committees. Attachment 1 - Board Assurance Framework Summary This summary shows each risk is categorised by colour according to the current risk matrix. Attachment 2 - Board Assurance Framework The BAF has been updated since the last presentation. Changes to since the last presentation are indicated in highlighted text. These reflect recent changes 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. Attachment 3 - BAF Associated Action Plans 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. The following corporate objectives have not had strategic risks to their achievement identified: • 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	☒ Reduce harm, deliver best clinical outcomes and improve patient experience. ☒ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☒ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☐ To undertake a review of all current services at specialty level to inform future service and business decisions ☒ 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	☒ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership	☐ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population ☐ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies

5 Financial Strength: Sustainable Future	☒ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well led

☐ **Receive** ☒ **Review** ☐ **Note** ☒ **Approve**	**Recommendation** To review and approve the BAF	

Key :	↑	Improvement	↓	Deterioration	=	No change

Trend

QUALITY AND SAFETY - reduce harm, deliver best clinical outcomes & improve patient experience
Risk Appetite - moderate

= **AMBER**

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

= AMBER

If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care (DTOC)** lists, and streamline our internal processes we will not improve our 'simple' discharges. (951) *identified Nov 2014*

= RED

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

↓ **RED**

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

↓ RED

– Medical Staffing ↓ RED
– Nurse Staffing ↑ RED

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

↓ **RED**

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:

↓ RED

– A&E Performance ↓ RED
– Cancer Waiting Times ↑ GREEN
– Referral to Treatment Times (RTT) ↑ AMBER

Trend

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

↑ **RED**

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*

↑ RED

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

= **AMBER**

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*

= AMBER

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

↑ **RED**

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*

↑ RED

Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Critical
5 – Almost Certain					
4 – Likely					
3 – Possible					
2 – Unlikely					
1 – Rare					

Key :	↑ Improvement	↓ Deteriorat	0 = No change

Trust Risk Ref	Lead Director + Category of risk + Lead Committee	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– reduce harm, deliver best clinical outcomes & improve patient experience						
415	Director of Nursing and Quality Safety and Patient Experience Safety Committee	If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience Potential Impacts: • Avoidable harm to patients • Poor experience for patients • High level of complaints and litigation • Failure to comply with Care Quality Commission (CQC) standards • Loss of Commissioning for Quality and Innovation (CQUIN) income • Loss of patients to our competitors • Risk of prosecution • Loss of reputation	RED	CQC Compliance Framework Virginia Mason Institute Programmes Quality Improvement Strategy & centre's action plans Datix Incident reporting with Root Cause Analysis & monitoring of actions Consultant & Nurse revalidation Patient Safety visits to ward Patient Engagement & Improvement Panel (PEIP) work plan Safety Thermometer Embedded Early Warning System QIA process in place Ward-to-Board metrics Revised nursing records including risk assessments Enhanced support to patients at high risk of harm - well being apprentices Handover guidelines Successful appraisal requires compliance with mandatory training Being Open Policy and Complaints Process Quality Improvement framework for wards identified as needing improvements in quality and safety Falls risk assessment and implementation of falls prevention measures with Fall prevention plan & Falls Prevention Practitioner Corporate Governance Structure & Care Group Governance meetings Safeguarding processes embedded Sepsis Working Group Patient Experience Apprentices to support the gathering of data to underpin assurance processes for patient experience. C difficile panel process to review any omissions of care SAFER Exemplar Ward	Quality component of Integrated Performance Report (monthly) Serious Incident Board Report (monthly) Quality & Safety Committee which reports to Trust Board (TB) (monthly) Friends and Family Test (TB monthly) Venous Thromboembolism (VTE) (TB monthly) Mortality - within expected range (July 16) Internal and External patient experience surveys Daily site safety reports and Hospital @ Night reports National Inpatient Survey Annual Consultant Revalidation Report (TB Jul 16) Annual review of all falls (July 16) Clinical Governance Executive (monthly) Pressure Ulcer & Infection Prevention and Control annual reports Confirmation of 'sign-off' of clinical results (CGE Quarterly) Quality of Care - Good - Some services rated as Good by CQC inspection. CQC rating January 2015 *Royal College of Ophthalmologists review of ophthalmology outpatients* CQC National Inpatient and Children's' Surveys End of Life Plan (TB Oct 15 mid year review) Regular audit of Fit to Transfer list to determine if harm occurred (Q&S) Internal Audit of follow up of CQC Action Plan - moderate assurance (Mar 16) National Falls Audit (RCP - Jan 2016) -doing well compared with national benchmark Pressure Ulcer Audit as part of mattress contract - 99% of mattresses used appropriately	AMBER =	**Gaps in Controls** • Failure to reduce Delayed Transfers of Care potentially resulting in patients suffering harm as result of prolonged hospital stay • Under-reporting of incidents • Significant gaps in key clinical staff groups (see risk 859) • Inability to deliver national targets leading to longer waiting times, delayed treatment, and poorer patient experience **Gaps in Assurance/ Negative Assurance** • Risks to recruiting adequate numbers of nurses and doctors to key areas • Compliance with Statutory and Mandatory training requirements under target • 'Requires improvement' - overall rating from CQC (Jan 15) • AKI Mortality alert (Sept 15) • Sentinel Stroke National Audit Programme Quarterly Audit Results (CGE Jan 16) • Sepsis mortality trends (CGE Jan 16) • External review of Maternity service (March 16) • Stroke Audit (SSNAP) (CGE July 16) • #NOF audit	Director of Nursing and Quality Medical Director Director of Nursing and Quality
951	Director of Nursing and Quality Chief Operating Officer Safety and Patient Experience Safety Committee	If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. Potential impacts: • 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	FTT list Whole health economy surge plan in place and monitored closely. Heads of Capacity. Twice daily discharge hub meetings. Daily DTOC report circulated to responsible organisations. A&E Delivery Board meets monthly.	Recovery plan to deliver 4 hour target includes FTT reduction. Helping Home from Hospital team report IA Discharge Management Audit (Oct 15) DTOC target of 3.5% monitored nationally. Emergency Care Intensive Programme (Oct 15). Internal audit on MFFD (Nov 15). Revised ED improvements incorporating 5 national interventions	RED =	**Gaps in Controls** • Failure of to reduce Delayed Transfers of Care list **Gaps in Assurance/ Negative Assurance** • Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Delayed Transfers of Care list is not being sustained. • High levels of escalation resulting in high use of agency staff. • West Midlands Quality Review Service - Discharge (May 15) • Not meeting DTOC target of 3.5%.	Director of Nursing and Quality Chief Operating Officer
		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						

Key :	↑ Improvement	↓ Deteriorat	0 = No change

Trust Risk Ref	Lead Director + Category of risk + Lead Committee	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
859	Chief Operating Officer Safety and Patient Experience Transformation Committee	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	All 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 Nursing Ward staffing templates E-rostering Nurse staffing review Well being apprentices Block booking agency staff Values based recruitment for nursing staff Medical 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.	All 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. Nursing 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 Medical 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) 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 • Full implementation of nurse staffing templates geared to nurse recruitment • Master vendor contract • National nursing shortfall leading to recruitment delays **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. • High levels of escalation resulting in high use of agency staff • 20.46 wte Senior Meidical staff deficit (Aug 16)	Medical Director Director of Nursing and Quality CEO Director of Nursing and Quality
	Nurse staffing		RED		Nurse Staffing	RED		
	Medical staffing - Critical care		RED		Medical staffing - Critical care	AMBER		
	Medical staffing - ED		RED		Medical staffing - ED	AMBER		

Principal Objective: QUALITY AND SAFETY - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards

Key :	↑ Improvement	↓ Deterioration	0 = No change

Trust Risk Ref	Lead Director + Category of risk + Lead Committee	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
561	Chief Operating Officer (COO) Patient Flow Systems & Processes +A37	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 Potential Impacts • Poor /unsafe patient care & experience • Financial penalties • Performance notices •Failure to comply with national access targets * Failure to receive STF allocation	RED	Delivery monitored at the A&E Delivery Board, Sustainability Committee, monthly Care Group Confirm and Challenge sessions, and Trust Board as well as the Care Group RAP monitoring groups. Whole health economy surge plan in place and monitored closely. NTDA monthly IDM and Quarterly Reviews 5 year workforce plan Internal ED performance meeting.	1. Booking & Scheduling action plan in place; 2. RTT Recovery plans for non-compliant specialties; 3. Internal improvement plan for ED 4 hour target recovery in place; 4. CCG plans for 'Better Care Fund' in place; 5. Operational Capacity and Resilience Plan in place; Site safety meetings in place.	RED ↑	**Gaps in Control** • 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 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 * Workforce gaps in ED. **Gaps in Assurance/ Negative Assurance** • Not achieving the A&E 4 hr target; • Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Delayed Transfers of Care is not being sustained; • Delays in patients receiving follow up appointments due to capacity issues in some specialities;	Chief Operating Officer
		– A&E targets			– A&E targets	RED =		
		– Cancer waiting times targets			– Cancer waiting times targets	GREEN ↑		
		– RTT targets			– RTT targets	AMBER		

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.

Trust Risk Ref	Lead Director + Category of risk + Lead Committee	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
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: • 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 Sustainabilty and Transformation Plan	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 'Future Fit' Programme Updates (TB monthly) 'Future Fit' assurance workstream in place '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) Outline SOC approved by Board (Feb 16)	RED ↑	**Gaps in Control** • Severe shortages of key clinical staff required to sustain clinical services **Gaps in Assurance** • Decision delayed - 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	Chief Operating Officer

Key :	↑ Improvement	↓ Deteriorat	0 = No change

Trust Risk Ref	Lead Director + Category of risk + Lead Committee	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: 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.	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 Potential impacts: • Loss of key staff • Poor experience for patients • High sickness absence	RED	Appraisals and Personal Development Plan Staff induction linked to Trust values Leave policy cluster updated and including managing attendance and wellbeing policy updated. (Jan 16) 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 Leadership development programme Enhanced health and wellbeing programme including fast access staff physiotherapy (Nov 2015)	Monthly Workforce Reports Friends and Family Test (Monthly Board) Trust won 'Employee of the Year' - Local Energize Awards (Nov 15) 'Deep Dive' at Workforce Committee on appraisal Staff survey results improving (Mar 16) Highly commended in Health Education West Midlands large apprentice employer of the year (Feb 2016) 97% staff who responded in staff survey know the Values (Feb 2016) Apprentice of the year award (July 2016). Launch of VIP Awards. Launch of organisation strategy at both sites	AMBER ↑	**Gaps in Controls** • Rates of appraisal (currently 86% with Medical Staff at 96.4%) • Rates of Statutory and Mandatory Training (currently 78%) **Gaps in Assurance/ Negative Assurance** • Internal Audit LCFS report on consultant job planning (Apr 15)	Workforce Director
		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 Sustainability Committee	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 Potential Impacts • 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 • Clawback of monies if CIP not delivered	RED	Capital planning process including capital aspirations list Business planning process Risk based approach to replacement of equipment Contingency funds Charitable funding Confirm and challenge meetings with Care Groups Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process Application for Interim Revolving Working Capital Support Facility (RWC) Registers and processes to invest in Estate & Infrastructure	Financial component of integrated performance report (monthly TB) Reports from Sustainablity Committee which reports to TB Reports from Internal and External Audit Financial recovery plan Reports to Exec Directors (monthly) 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	RED ↑	**Gaps in Controls** • 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' • Failure to reduce Delayed Transfers of Care resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets **Gaps in Assurance/ Negative Assurance** • Not all QIPP schemes agreed • Historic and on-going liquidity problem • Uncertainty about impact of Better Care Fund • Size of problem not fully quantified • Not delivering CIP at quarter 1	Finance Director

Board Assurance Framework – Associated Action Plans

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	Sept 16	DNQ
		▪ Ophthalmology Review	Trust Board	Sept 16	MD
		▪ Care Quality Commission action plan	Trust Board via Q&S	Jun 16	DNQ
		▪ C difficile Action Plan	Trust Board via IPR	Sept 16	DNQ
951	If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care** (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges.	▪ Medically fit for discharge update	Trust Board	Jan 16	COO
		▪ IA DTOC Audit	Audit Committee	Feb 16	COO
859	Risk to **sustainability** of clinical services due to potential shortages of key clinical staff	▪ Sustainability and Transformation Plan	Trust Board	June 16	CEO
		▪ Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events	Trust Board via IPR	Sept 16	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 Continuity Plan	Trust Board	Mar 16	*COO*
		▪ Medically fit for discharge update	Trust Board	Jan 16	COO
		▪ 4 Hour standard Internal Recovery and Improvement Plan	Trust Board via IPR	Sept 16	COO
		▪ RTT Performance	Trust Board via IPR	Sept 16	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	Trust Board	Mar 16	WD
		▪ People Strategy Update (well led)	Trust Board	May 15	WD
		▪ Integrated Education Report	Trust Board	Nov 15	WD
668	If we do not have a clear **clinical service vision** then we may not deliver the best services to patients	▪ Sustainable Services Programme Update	Trust Board	June 16	FD
		▪ Future Configuration of Hospital Services – Post Project Evaluation	Trust Board	Sept 15	FD
		▪ Strategic Outline Case for acute services element of Future Fit	Trust Board	Mar 16	FD
		▪ Emergency Department Continuity Plan	Trust Board	Mar 16	*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 Strategy	Trust Board	Mar 16	FD
		▪ Cost Improvement Programme	Trust Board via IPR	Sept 16	FD
		▪ Internal Audit - Review Action Plans	Sustainability Committee	Jul 16	FD
		▪ Review of current services at specialty level	Trust Board – 'deep dives'	Jan 16	COO