

Reporting to:	Trust Board, 30th March 2017
Title	Board Assurance Framework
Sponsoring Director	Chief Executive
Author(s)	Head of Assurance
Previously considered by	Trust Board (Sept and Dec 16), Audit Committee (Dec 16), Tier 2 Committees, (Feb 17) Operational Risk Group (Mar 17)
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>The individual risks will be reviewed by the relevant Tier 2 Committee from this month.</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 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

5 Financial Strength: Sustainable Future	<input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <input checked="" type="checkbox"/> 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	<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	Recommendation To review and approve the BAF

Board Assurance Framework - Summary - March 2017

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

If there is a lack of system support for **winter planning** then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients (1134). *identified Oct 2016*

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 particularly in Critical Care, ED and Emergency Medicine, nursing (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)

Trend

=	AMBER
=	AMBER
↑	RED
=	RED
↓	RED
↓	RED
↓	RED
=	RED
↑	RED
↑	RED
↑	RED
↑	GREEN
=	AMBER

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 Nov 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*

- Shortfall in liquidity
- Income and Expenditure

Trend

↑	RED
↑	RED
=	AMBER
=	AMBER
↓	RED
↓	RED
↑	RED
↓	RED

Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Critical
5 - Almost Certain	AMBER	AMBER	RED	RED	RED
4 - Likely	AMBER	AMBER	AMBER	RED	RED
3 - Possible	GREEN	AMBER	AMBER	AMBER	RED
2 - Unlikely	GREEN	AMBER	AMBER	AMBER	AMBER
1 - Rare	GREEN	AMBER	AMBER	AMBER	AMBER

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
951	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p> <p>Safety and Patient Experience</p> <p>Safety Committee</p>	<p>If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges.</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.</p> <p>Twice daily discharge hub meetings.</p> <p>Daily DTC report circulated to responsible organisations.</p> <p>A&E Delivery Board meets monthly.</p> <p>Internal A&E Improvement Meeting held monthly.</p> <p>LHE Complex Discharge Escalation process.</p> <p>New money for health economy for DTC</p>	<p>Recovery plan to deliver 4 hour target includes FTT reduction.</p> <p>Helping Home from Hospital team report</p> <p>IA Discharge Management Audit (Oct 15)</p> <p>DTC target of 3.5% monitored nationally.</p> <p>Emergency Care Intensive Programme (Oct 15).</p> <p>Internal audit on MFFD (Nov 15).</p> <p>Revised ED improvements incorporating 5 national interventions</p>	AMBER =	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Failure of to reduce Delayed Transfers of Care list <i>sustainably</i> <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 Delayed Transfers of Care list. • High levels of escalation resulting in high use of agency staff. • West Midlands Quality Review Service - Discharge (May 15) • Not meeting DTC target of 3.5%. * Not meeting Discharge to Assess KPI's and being seen but not yet sustained. 	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p>
1134	<p>Chief Operating Officer</p> <p>Safety and Patient Experience</p> <p>Safety Committee</p>	<p>If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients.</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> • Inability to continue with current provision of service • Poor experience for patients including over 8 hour trolley waits and cancelled operations • Failure to comply with national standards and best practice tariffs • Reduced patient safety • Reduced quality of care • Low staff morale • Increased levels of Delays in Transfers of Care • Additional escalation and staffing costs • Failure to achieve STF financial control total • Increased ambulance handover delays • Increased mortality 	RED	<p>Clinical sustainability group</p> <p>Temporary staffing department</p> <p>SaTH Escalation policy</p> <p>Whole System Surge Plan</p> <p>Care Group Boards</p> <p>Weekly LHE COO meetings</p> <p>Shropshire, T & W A&E Delivery Board</p> <p>Regional Urgent Care Network</p> <p>STP</p> <p>Divert Policy</p>	<p>A&E Exception Report</p> <p>SITREPS</p> <p>Daily Executive Report</p> <p>Operational Performance Report</p> <p>System Dashboard</p> <p>Incident reports</p> <p>RCA's</p> <p>Daily DTC report</p>	AMBER ↑	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Inadequate Whole System Winter Plan * Non-compliance with Divert Policy <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Shropshire CCG Special Measures • System financial deficit 	<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 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 - 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 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, Acute Medicine and Nursing Potential Impacts: <ul style="list-style-type: none"> • 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	<p><u>All</u></p> <ul style="list-style-type: none"> 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 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 Joint appointments with other local Acute Trusts Recruitment RIPW 	<p><u>All</u></p> <ul style="list-style-type: none"> 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 	RED ↓	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • 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 <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • 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 • Fragility of Neurology, Spinal Surgery, Dermatology, Ophthalmology (Glaucoma) services (Mar 17) • ED officially 'fragile' 	<p>Medical Director</p> <p>Director of Nursing and Quality</p> <p>CEO</p> <p>Director of Nursing and Quality</p>				
									Nurse staffing	RED	Nurse Staffing	RED =
									Medical staffing - Critical care	RED	Medical staffing - Critical care	RED =
									Medical staffing - ED	RED	Medical staffing - ED	RED ↓

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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 - 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 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. NHSI monthly IDM and Quarterly Reviews 5 year workforce plan Internal ED performance meeting. Monthly A&E Improvement meeting. SPF Joint Committee meeting Ophthalmology Value Stream Respiratory Value Stream SAFER programme of work	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; 6. Site safety meetings in place. 7. ED value stream	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 adequately 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. * Recovery plan for oral surgery RTT outside of SaTH control 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 actions are long term; • Delays in patients receiving follow up appointments due to capacity issues in some specialities; Demand over winter exceeding what has been planned for.	Chief Operating Officer		
	Patient Flow Systems & Processes	Potential Impacts • Poor /unsafe patient care & experience • Financial penalties • Performance notices • Failure to comply with national access targets * Failure to receive STF allocation								
		- A&E targets							- A&E targets	RED ↑
		- Cancer waiting times targets							- Cancer waiting times targets	GREEN ↑
	- RTT targets	- RTT targets	AMBER =							

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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 – 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 Sustainability 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) <i>Independent review of financial and non financial appraisals to be carried out before consultation commences</i>	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"> • Decision delayed by CCGs - 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

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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.	<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 • High sickness absence 	RED	<p>Appraisals and Personal Development Plan</p> <p>Staff induction linked to Trust values</p> <p>Leave policy cluster updated and including managing attendance and wellbeing policy updated. (Jan 16)</p> <p>Stress risk assessments process for staff</p> <p>Wellbeing Programme</p> <p>Values-based recruitment</p> <p>Coaching programme</p> <p>5 year workforce plan</p> <p>Staff engagement strategy</p> <p>Values Behaviours and Attitudes (VBA) training for job interviewers</p> <p>VBA Conversations training</p> <p>Leadership development programme</p> <p>Enhanced health and wellbeing programme including fast access staff physiotherapy (Nov 2015)</p>	<p>Monthly Workforce Reports</p> <p>Friends and Family Test (Monthly Board)</p> <p>Trust won 'Employee of the Year' - Local Energize Awards (Nov 15)</p> <p>'Deep Dive' at Workforce Committee on appraisal</p> <p>Staff survey results improving (Mar 16)</p> <p>Highly commended in Health Education West Midlands large apprentice employer of the year (Feb 2016)</p> <p>97% staff who responded in staff survey know the Values (Feb 2016)</p> <p>Apprentice of the year award (July 2016).</p> <p>Launch of VIP Awards.</p> <p>Launch of organisation strategy at both sites</p>	AMBER =	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Rates of appraisal (currently 86% with Medical Staff at 96.4%) • Rates of Statutory and Mandatory Training (currently 78%) • Training pause instituted <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Internal Audit LCFS report on consultant job planning (Apr 15)+A13 	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 Sustainability 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 & Infrastructure</p> <p>Revenue Support Loan of £1.8m</p>	<p>Financial component of integrated performance report (monthly TB)</p> <p>Reports from Sustainability Committee which reports to TB</p> <p>Reports from Internal and External Audit</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' • Failure to reduce Delayed Transfers of Care resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets <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	
			Shortfall in liquidity	RED		Shortfall in liquidity	AMBER		
			Income and Expenditure	RED		Income and Expenditure	RED		

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	Feb 17	DNQ
		▪ Ophthalmology Review	Trust board	Sept 16	MD
		▪ Care Quality Commission action plan	Trust Board via Q&S	Oct 16	DNQ
951	If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges.	▪ Medically fit for discharge update	Trust Board	Feb 17	COO
		▪ IA DTC Audit	Audit Committee	Feb 17	COO
859	Risk to sustainability of clinical services due to potential shortages of key clinical staff	▪ Future Fit Update	Trust Board	Feb 17	CEO
		▪ Workforce Report with extension of nurse recruitment outside Europe; Attendance at national career events	Trust Board via IPR	Feb 17	WD
1134	If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients	▪ Winter Resilience plan	Trust Board	Dec 16	COO
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	Feb 17	COO
		▪ Medically fit for discharge update	Trust Board	Feb 17	COO
		▪ 4 Hour standard Internal Recovery and Improvement Plan	Trust Board via IPR	Feb 17	COO
		▪ RTT Performance	Trust Board via IPR	Feb 17	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
		▪ Organisational Development Plan and People Strategy	Trust Board	Feb 17	WD
		▪ Integrated Education Report	Trust Board	Nov 16	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	Trust Board	Feb 17	FD
		▪ Sustainability and Transformation Plan	Trust Board	Feb 17	FD
		▪ Strategic Outline Case for acute services element of Future Fit	Trust Board	Mar 16	FD
		▪ Emergency Department Continuity Plan	Trust Board	Feb 17	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	Feb 17	FD
		▪ Cost Improvement Programme	Trust Board via IPR	Feb 17	FD
		▪ Internal Audit - Review Action Plans	Sustainability Committee	Feb 17	FD
		▪ Carter implementation progress	Trust Board	Feb 17	FD