

Item 10.1 a Board Assurance Framework 2017/18

- Each area of the BAF is aligned to the delivery of the strategic goals set by the Board (i.e. achievement of 2017/18 milestones and in-year work to build capacity / capability for future milestones) and regulatory compliance (corporate governance statement)
- The Vision Statement and 5 strategic objectives have been refined by the Board and the 2017/18 BAF reflects these. Detailed KPIs underpinning the strategic objectives and operational performance are set out in the Board dashboard.

▪ **Board Evaluation :**

An assessment of the likelihood and impact of each strategic risk will generate a RAG rating which the Board will assign to each BAF entry

5x5 matrix

X	LIKELIHOOD					
IMPACT / CONSEQUENCE		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

- Refer to BAF Policy for operating guidance, roles and responsibilities and reporting template

1. QUALITY AND PATIENT EXPERIENCE							
<ul style="list-style-type: none"> Improve the safety culture and reduce harm by implementing reliable care; Deliver an outstanding patient experience 							
	Principal Risks preventing the Trust achieving strategic goals	Key controls	Board Assurance		Gaps in Control / Assurance	Action Who?/When?	Board Evaluation (impact x likelihood)
			Internal	External			
1.1 SP/ RAP	<p>Unable to reduce harm – medication errors, falls, pressure ulcers, infection from multi-resistant organisms, safe transfer due to:</p> <ul style="list-style-type: none"> increases in patient acuity; failure to ensure effective organisational learning from incidents and following the review of deaths non-compliance by staff with Trust policies & procedures; and/or lack of or ineffective staff training; non-compliance with care bundles; lack of clear roles and responsibilities for staff leading to a lack of accountability human factors inadequate utility of clinical decision support in EPR fragmented patient administration system <u>including limitation of community administration systems pending implementation of EMIS</u> <u>failure to ensure consistent response to secure health messaging</u> <p>This could lead to avoidable patient harm, financial penalties and reputational issues. In a worst case</p>	<ul style="list-style-type: none"> Individual performance review process Revalidation Staff training programme Mortality Review Policy Risk management strategy Quality strategy Quality improvement policies and procedures (e.g. falls policy;) Incident reporting & root cause analysis Quality impact assessments Clinical audit Speak Out Safely campaign Daily Safety Huddles Ward boards ECS assessment process Audit programme RCA process 	<ul style="list-style-type: none"> Divisional dashboards Integrated Performance committee papers & minutes Quality Committee papers and minutes IG toolkit Complaints and compliments report staff survey Safety culture survey Board walk rounds Quality report Clinical audit reports ECS compliance reports Weekly harms report 	<ul style="list-style-type: none"> CQC Inspection Report Advancing Quality Alliance Dr Foster benchmarking ICNARC National staff survey No. and value of clinical negligence claims 	<ul style="list-style-type: none"> Complete development of consultant performance dashboard to support IPR, enhance visibility and enable benchmarking Develop and implement an action plan on falls prevention Develop and implement action plan to meet new mortality review requirements and ensure effective organisational learning from deaths and serious incidents Develop and implement 	<p>RAP / MJ – Q4Q3</p> <p>SP – Q4Q2</p> <p>RAP – Q1</p> <p>RAP / SP – Q4</p>	<p>3 x 3 = 9 Possible</p>

Comment [LL3]: Slippage due to capacity issues in informatics – review Q2

Comment [LL4]: Service Improvement Project in progress – review Q2

Comment [LL5]: Complete and close on BAF – ongoing review by Operational Board

					<ul style="list-style-type: none"> Operational Board oversight Implement action plan in response to MIAA review of community administration 	TW – Q2	
1.2 SP/RAP / TW	<p>Unable to improve effectiveness of clinical care due to:</p> <ul style="list-style-type: none"> Lack of consistency in delivery of reliable (standardised) care Operational pressures preventing timely discharge <p>This could lead to avoidable patient harm, financial penalties and poor patient experience.</p>	<ul style="list-style-type: none"> Care bundles and clinical management policies for sepsis management and pathology testing protocols Daily Safety Huddles ECS assessment process Audit programme Quality strategy Quality improvement policies and procedures (e.g discharge / 'home for lunch') Care Support Team Incident reporting & root cause analysis 	<ul style="list-style-type: none"> Quality dashboard Divisional dashboards Clinical Audit Reports ECS compliance reports Weekly harms report (Exec team) 		<ul style="list-style-type: none"> Completion patient flow work and ensure delivery of action plan that ensures timely and seamless discharge process for all in patients Launch reliability work as driver for transformational change in terms of outcomes and productivity 	<p>TW / SP – Q1 Q2 and ongoing</p> <p>MJ / TW – Q4Q3</p>	<p>3 x 3 = 9 Possible</p>
1.3 SP	<p>Failure to deliver care with compassion due to:</p> <ul style="list-style-type: none"> Staff not consistently displaying trust values and behaviours Inability to meet the needs of patients with additional needs due to lack of resourcing and / 	<ul style="list-style-type: none"> Patient and Family Experience Strategy PACT – staff values and behaviours Induction and mandatory training Individual performance review 	<ul style="list-style-type: none"> Safe staffing reports to Board Ward boards ECS compliance reports Workforce 	<ul style="list-style-type: none"> Patient Survey Staff survey CQC inspection report 			<p>3 x 2 = 6 Unlikely</p>

Comment [LL6]: In progress – consultant of week implemented – review of wider patient flow project scheduled for divisional review July 17

Comment [LL7]: Two care pathways identified and preliminary work complete in cardiac surgery

	<ul style="list-style-type: none"> or skills Lack of staff training and awareness of fasting policy Recruitment and retention of staff with the right skills and values <p>This could lead to poor patient and family experience with adverse consequences for the Trust's strong reputation in this field</p>	<ul style="list-style-type: none"> and PDP process Trust policy on fasting Policies and processes for ensuring safe staffing Safety huddle Speak out safely campaign Designated lead nurse for PFCC, dementia and safeguarding 	<ul style="list-style-type: none"> reports Recruitment strategy Complaints and Compliments Quality dashboard 				
1.4 MJ	<p>Failure to implement and embed organisational learning due to :</p> <ul style="list-style-type: none"> Lack of cross-divisional communication Poor adoption of OL Policy Failings in governance processes to check on closure of actions <p>This could lead to avoidable patient harm, financial penalties and reputational issues.</p>	<ul style="list-style-type: none"> Organisational Learning Policy Operational Board business cycle Cross-divisional meetings Mortality Review Process Incident reporting & root cause analysis process 	<ul style="list-style-type: none"> Audit reports Divisional Governance minutes Operational Board minutes RCA Investigation Reports 	<ul style="list-style-type: none"> CQC Inspection Report Coroner inquest findings 	<ul style="list-style-type: none"> Ensure renewed focus on Organisational Learning through Divisional governance arrangements and Operational Board <p>Ensure Demonstrate that OL governance process is effective and impact of OL can be evidenced (including in relation to mortality reviews)</p>	<p>MJ – Q1 and ongoing</p> <p>SP Q2 and ongoing</p>	<p>3 x 3 = 9 Possible</p>

Comment [LL8]: Governance process for ensuring OL signed off at OB, June 17

2 SERVICE AND INNOVATION							
<ul style="list-style-type: none"> Deliver all external operational targets and build a culture of research, supporting investment in robotics, ICC and ACHD 							
	Principal Risks preventing the Trust achieving strategic goals	Key controls	Board Assurance		Gaps in Control / Assurance	Action Who? /When?	Board Evaluation (impact x likelihood)
			Internal	External			
2.1 TW	<p>Unable to develop and deliver key strategies and develop new models of care due to :</p> <ul style="list-style-type: none"> Uncertainty in external environment Inability to influence commissioning intentions Inability to swiftly respond to national and local policy; Ineffective partnership arrangements leading to loss of management control; Inability to develop strategic alliances with other NHS providers Lack of clinical buy in / poor staff engagement Inability to secure the required resources – finance, capacity, expertise <u>Temporary shortfall in informatics team capacity</u> <p>If the Trust is unable to develop its service portfolio may lose strategic opportunities that help the Trust to remain clinically, operationally and financially viable and at the forefront in delivery of cardiothoracic medicine.</p>	<ul style="list-style-type: none"> Divisional operational procedures for managing operational targets Stakeholder Management Strategy Clinical lead seconded to HLP R&I strategy and designated clinical lead Clinical leadership structure Dedicated BoD and Operational Board strategy days Investment policy Business case appraisal Regular meetings with key stakeholders Stakeholder Newsletter Partnership governance arrangements Contract 	<ul style="list-style-type: none"> Board dashboard Cardiology Strategy approved Updates on progress with stakeholder management plan Integrated Performance committee papers & minutes BoD papers & minutes <u>Divisional Service Line Strategies (June 17)</u> <u>Genomics Strategy</u> 	<ul style="list-style-type: none"> KPMG Strategic Options Appraisal Report Stakeholder feedback / survey NHSI Review of operational plans 	<ul style="list-style-type: none"> Articulation of new vision and strategic objectives in a way that is meaningful to staff Complete and deliver service line strategies Develop and implement an integrated IM&T strategy Complete business case for robotics and take forward actions required to secure the necessary financial resource <u>Deliver fundraising campaign and review</u> 	<p>CW / JTw – Q1</p> <p>TW – Q1 and ongoing</p> <p>MJ – Q1</p> <p>CW / TW – Q1 and ongoing</p> <p>TW – Q1 and ongoingLL/</p>	<p>3 x 3 = 9 Possible</p>

		management Research and Innovations Strategy			<p><u>financial risks Sept 17</u></p> <ul style="list-style-type: none"> Implement a strategy for private patients Review progress of genomics strategy and ICC expansion Develop plan to manage safe transfer of ACHD patients from Manchester, once commissioner support is confirmed <u>External review of informatics structure and capacity</u> 	<p><u>CW – Q2</u></p> <p><u>TW –Q2</u></p> <p>MJ – Q2</p> <p>TW – Q2</p> <p><u>MJ – Q3</u></p>	
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Comment [LL9]: Genetics testing capacity in place to support ICC expansion – completed and closed

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3 VALUE Maximise patient benefit for every pound spent and manage the money within externally set targets							
	Principal Risks preventing the Trust achieving strategic goals	Key controls	Board Assurance		Gaps in Control / Assurance	Action Who? / When?	Board Evaluation (impact x likelihood)
			Internal	External			
3.1	Failure to deliver the Trust's Control Total and improve efficiency through the safe reduction of costs: <ul style="list-style-type: none"> Loss of financial flexibility and contingency Non-delivery of the cost improvement target; Non-delivery of conditions attached to release of STF Competing quality and resource priority may lead to additional cost pressures; Decommissioning and/or loss of services to competitors; and/or Commissioner contracts below forecast demand levels. Inability to reduce agency costs Continued increase in non-elective demand Growth in pay costs Failure of NHS Wales to adopt HRG4+ Failure to embrace transformational agenda including consolidation of support service functions 	<ul style="list-style-type: none"> Annual Plan Robust operational planning process through new Divisional structures CIP steering Group Budgetary control Local counter fraud Core financial controls (e.g. payroll, cash, capital, credit control, etc) Business case appraisals Service line reporting Standing Financial Instructions, Standing Orders and Scheme of Delegation Robust contract negotiation and monitoring process PMO LTFM developed 	<ul style="list-style-type: none"> Performance dashboard Integrated Performance papers & minutes Operational Board papers and minutes Monthly Board report on activity and income, agency trajectory, CIP delivery QIA process for CIP schemes 	<ul style="list-style-type: none"> Internal Audit – Combined Financial Systems External Audit opinion NCBC benchmarking Regulatory risk ratings Monitor review of Annual Plan MIAA review of consultant job planning 	<ul style="list-style-type: none"> Clarify strategy for improving 2017/18 financial plan by £1.3m to achieve agreed control total Implement new finance team structure Develop Business partner model Rollout Service Line Reporting Develop accountability framework for Divisions Continue to lobby for adoption of HRG4+ by Wales and / or secure 	CW – Q1 CW – Q1Q2 CW/ MJ / JTw – Q1-Q2 and ongoing CW – Q1-Q2 and ongoing CW – Q24 CW – Q1Q2	4 x 3 =12 Possible

Comment [LL10]: Completed – 17/18 financial plan - risks and mitigations reviewed at BoD April 17

Comment [LL11]: In progress

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Comment [LL12]: Principles agreed with Divisions – formalise OB Q2

	to inability to invest in service improvement.	<ul style="list-style-type: none"> to support financial forecasting Business Transformation Steering Group Control Total 2017/18 agreed HRG4+ adopted 			<ul style="list-style-type: none"> mitigation plan (financial risk £2.5m) Monitor delivery of Consultant job plans – via Ops Board (core sessions and additional sessions) 	CW / RAP – Q1 Q2 and ongoing	
3.2	Inability to meet the requirements of the regulators which lead to the Trust being subject to enforcement action. <u>Risks include ability to comply with 18 week RTT, partly due to late referral from DGHs; and ability to meet diagnostic target due to limited radiologist capacity for reporting</u>	<ul style="list-style-type: none"> Constitution Organisational structure Board committee Structure BAF Policy Risk management strategy Operational Plan Commissioner contracts Board dashboard Governor succession plan Fit and Proper Persons Policy Policies for Declaration of Interests and Gifts and Hospitality 	<ul style="list-style-type: none"> Annual Governance Statement Provider Licence checklist Operational Board papers and minutes Integrated Performance committee papers and minutes Quality Committee papers and minutes Self assessment against Monitor's Well Led Framework Fit and Proper 	<ul style="list-style-type: none"> Internal audit review of evidence to support corporate Governance statements Internal Audit – BAF review External audit opinion CQC Report Well Led Report NHSI Segmentation 	<ul style="list-style-type: none"> Agree management response to Well Led review and deliver action plan Complete MIAA review of evidence to support 2017 Corporate Governance Statement Ensure compliance with new national policy on managing conflicts of interest Develop and implement new electronic 	LL– Q1Q2 LL– Q1 LL – Q1	<div>3 x 2 = 6 Unlikely</div>

Comment [LL13]: Ongoing – requires national level resolution

Comment [LL14]: In progress

Comment [LL15]: Management response complete – actions in progress and should be closed off by end Q2

Comment [LL16]: Completed and closed

Comment [LL17]: New policy in place

			<p>Persons requirement s reviewed for directors</p> <ul style="list-style-type: none"> ▪ <u>Contracts agreed</u> ▪ <u>Mock CQC inspection process (May 17)</u> ▪ 		<p><u>declaration system</u></p> <ul style="list-style-type: none"> ▪ Deliver succession plan / election campaign for Council of Governors ▪ Complete delivery of CQC Action Plan 	<p>LL – Q2</p> <p>SP – Q2</p>	
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4 WORKFORCE ▪ Listening and involving staff in the changes required to transform patient services for the future							
	Principal Risks preventing the Trust achieving strategic goals	Key controls	Board Assurance		Gaps in Control / Assurance	Action Who?/ When?	Board Evaluation (impact x likelihood)
			Internal	External			
4.1 JTw	Inability to attract and retain the best staff and align people to business objectives due to: <ul style="list-style-type: none"> ▪ Pockets of poor staff engagement; ▪ Lack of clear roles and responsibilities leading to lack of accountability; ▪ Lack of resources to enable effective leadership development and talent management; ▪ Lack of effective education and training opportunities for junior doctors and reduced numbers ▪ Lack of resources and skills to deliver education and training ▪ Inability to provide an excellent training experience - junior medical staff, other clinical staff and non-clinical staff ▪ Staff feeling unable to speak out openly and honestly about issues; and/or ▪ Lack of or ineffective performance appraisal ▪ Development needs of leadership teams ▪ Poor adoption of policies and delivery ▪ Failure to take advantage of roster efficiencies 	<ul style="list-style-type: none"> ▪ Trust values & vision ▪ Code of Conduct ▪ HR policies and procedures ▪ People Committee ▪ Retention plan to mitigate reduction in F2 doctors and supply gaps for other staff groups ▪ New roster policy ▪ NHSI Agency Regulations ▪ Divisional Governance structures ▪ Guardian for safe Working (junior doctors) ▪ Engagement forums in place for doctors in training ▪ New roster policy ▪ NHSI Agency Regulations ▪ Divisional Governance structures ▪ Divisional access to Athena to monitor 	<ul style="list-style-type: none"> ▪ People Committee papers and minutes and BAF Key Issues eports ▪ Trajectory for agency spend ▪ Recruitment Plan ▪ Board walk rounds ▪ Performance dashboard ▪ Culture survey / staff survey action plans ▪ Operational plan trajectory ▪ Staff FFT ▪ MoU for joint provision of HR service with Mersey Care ▪ <u>Team LHCH Strategy</u> 	<ul style="list-style-type: none"> ▪ CQC reports ▪ National staff survey ▪ ISAE 3402 report from payroll provider ▪ MIAA audits and reports ▪ Well Led Review ▪ HEE report on junior doctor training provision 	<ul style="list-style-type: none"> ▪ Review and update People Strategy ▪ Deliver 2016/17 appraisals within timeframe that informs 2017/18 planning round ensuring focus on training and support ▪ Receipt of confirmation that enhanced monitoring has been lifted by GMC in relation to quality of medical trainees ▪ Implement actions to improve 	JTw – Q1 and ongoing (People Committee) JTw – Q2 RAP – Q1 Q2	4 X 2 = 8 Unlikely

Comment [LL18]: Completed and Closed

Comment [LL19]: Awaiting outcome of education survey and GMC decision

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	<p>If the Trust cannot recruit and retain the best staff and the required numbers / skill –mix, or deliver effective education and training this may inhibit the Trust's ability to provide excellent patient care and maintain its reputation as a tertiary centre of excellence.</p>	<p>KPIs</p> <ul style="list-style-type: none"> Freedom to Speak Up Guardian and Champions network New workforce team structure <u>System for booking and monitoring medical staff leave</u> 			<p>management of medical staff leave (annual and study leave)</p> <ul style="list-style-type: none"> Implement talent management and succession planning Deliver Education and Training Plan Deliver improvement in education experience as evidenced by GMC survey and annual staff survey Explore opportunity for longer term collaboration with Mersey Care for provision of HR services 	<p>JTw / RAP – Q1 and ongoing</p> <p>JTw – Q4Q3</p> <p>JTw – Q1 and ongoing Q3</p> <p>JTw Q2 and ongoing (via People Committee)</p> <p>JT – Q1</p>	
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Comment [LL20]: Completed and closed

Comment [LL21]: Data analysis and validation of talent scores to be undertaken following closure of the appraisal window in Sept 17

Comment [LL22]: In progress ; Q1 milestones achieved – review after Q2

Comment [LL23]: Completed and closed

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4.2 JTw	<p>Inability to ensure engagement and wellbeing due to :</p> <ul style="list-style-type: none"> Failure to listen to and engage with staff Absence of an effective health and wellbeing priorities Failure to recognise and reward appropriately Poor engagement in pockets of the organisation <p>If the Trust is unable to ensure staff engagement and wellbeing this will impact of staff morale and may inhibit the Trust's ability to provide excellent patient care. It could also have an adverse impact on recruitment and retention.</p> <p>Enhanced risk in relation to the extent and pace of organisational change, including consolidation of corporate / clinical support functions.</p>	<ul style="list-style-type: none"> LiA process embedded Health and Wellbeing Strategy Health and Wellbeing Group Staff recognition scheme and annual awards event 	<ul style="list-style-type: none"> Staff FFT People Committee papers and minutes Engagement cycle 	<ul style="list-style-type: none"> Staff survey – engagement score 	<ul style="list-style-type: none"> Develop and deliver staff engagement plan Targeted listening events to support staff through change processes 	<p>JTw – Q1 and ongoing (People Committee)</p> <p>JTw – Q1 Q2 and ongoing (People Committee)</p>	<p>3 x 2 = 6 Unlikely</p>
4.3 JTw	<p>Inability to deliver Equality and Inclusion Strategy due to :</p> <ul style="list-style-type: none"> Lack of awareness of strategy and requirements Inability to recruit and develop a diverse but representative workforce Operational pressures and priorities <p>If the Trust cannot demonstrate promotion of diversion and inclusion, this could impact upon the Trust's reputation as an excellent employer and may pose a threat to compliance with CQC regulations.</p>	<ul style="list-style-type: none"> E&I Strategy E&I Steering Group Board training session Improved E&I training programme BME Network Group 	<ul style="list-style-type: none"> People Committee papers and minutes - E&I Action plan BMA LiA Action Plan 	<ul style="list-style-type: none"> External evaluation of compliance with regulations CQC Report Staff survey results Healthwatch feedback on EDS2 compliance 	<ul style="list-style-type: none"> Develop and implement robust EIAA process and toolkit Put in place evidence repository to demonstrate progress 	<p>JTw – Q1 Q2</p> <p>JTw – Q2</p>	<p>3 x 2 = 6 Unlikely</p>

Comment [LL24]: Completed and closed

Comment [LL25]: In progress and ongoing

Comment [LL26]: Development complete – implement from Q2

5 WORKING TOGETHER ▪ Working with our partners to lead on delivering improved outcomes – Right Care, Right Time and Right Place for all patients							
	Principal Risks preventing the Trust achieving strategic goals	Key controls	Board Assurance		Gaps in Control / Assurance	Action Who?/When?	Board Evaluation (impact x likelihood)
			Internal	External			
5.1	Inability to deliver stakeholder plan and engage effectively in health economy-wide STP 2016-2021 due to: <ul style="list-style-type: none"> ▪ Inability to influence commissioners and engage key stakeholders strategy; ▪ Uncertainty around configuration of other providers ▪ Impact of external factors eg Healthy Liverpool Programme ▪ Impact of wider STF footprint ▪ Inability to recruit sufficient clinical expertise to support management of wider cardiology network. ▪ Inability to identify the financial resources required to enable transformational change 	<ul style="list-style-type: none"> ▪ Regular meetings with stakeholders, including commissioners ▪ Robust governance arrangements to support new models of care ▪ Annual plan ▪ Strategy for Cardiology ▪ Engagement at CEO level in Healthy Liverpool Programme and STP ▪ STP submission (June 16) ▪ CVD Programme Board 	<ul style="list-style-type: none"> ▪ Output from board strategy days ▪ CEO report on partnership updates ▪ Chair and CEO involvement in Liverpool Provider Groups 	<ul style="list-style-type: none"> ▪ KPMG strategic options appraisal report 	<ul style="list-style-type: none"> ▪ Understand implications of 5YFV the Next Steps ▪ Develop plans to implement system wide strategy for CVD ▪ Develop and implement plan to explore areas for consolidation of services 	<ul style="list-style-type: none"> TW – Q1 TW – Q1 and ongoing CW – Q1-Q2 and ongoing 	3 x 3 = 9 Possible

As a result, the Trust may be unable to maintain and enhance its reputation as high quality provider of cardiothoracic healthcare services which in turn could lead to a loss of market share.

Comment [LL27]: Paper to April BoD and focus for BoD Development Day June 17

Comment [LL28]: Standing item on BoD agenda - ongoing

Comment [LL29]: Refer July BoD

5.2 LL	<p>Inability to deliver the Fundraising Strategy due to :</p> <ul style="list-style-type: none"> Failure to effectively promote the Charity and engage existing and new donors Reputational damage through poor application of policies and control processes Inability to raise the donations needed to support the robotics strategy <p>If the Trust is unable to deliver the strategy the benefits in relation to increased charitable funding and enhanced profile of the Trust will not be realised. There is no financial risk to the charity associated with the targets set for supporting the robotics strategy.</p>	<ul style="list-style-type: none"> Experienced Head of Fundraising in post New donor database with significantly improved functionality Policies, procedures and guidelines in place to govern fundraising activities Review of Etherington findings undertaken Charitable Funds Committee with strengthened membership Engagement in work of / best practice from Association of NHS Charities 	<ul style="list-style-type: none"> Charitable funds committee papers and minutes Reports to Board (/Corporate Trustee) Fundraising Strategy Clear Brand Suite of literature aligned to brand Spotlight Newsletter New website 	<ul style="list-style-type: none"> External Audit 	<ul style="list-style-type: none"> Mobilise key clinicians to lead robotics campaign 	<p>LL / TW to keep under review</p>	<p>3 x 2 = 6 Unlikely</p>
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Comment [LL30]: Campaign progressing well