

Item 6.1a

Board Assurance Framework 2016/17

- Each area of the BAF is aligned to the delivery of the strategic goals set by the Board (i.e. achievement of 2016/17 milestones and in-year work to build capacity / capability for future milestones) and regulatory compliance (corporate governance statement)

- **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

OxO 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 Delivering the highest quality, safest and best experience for patients and their families through provision of reliable care by: <ul style="list-style-type: none"> ▪ Reducing avoidable harm KPIs include : reduce falls 20%; reduce pressure ulcers 20%; 95 % completion of transfer checklist ▪ Improving effectiveness : implement evidence based care bundle programme, maintain / improve rate for identifying dementia; improve timeliness of discharge (20% patients 'home by lunch') ▪ Delivering care with compassion : 95% compliance with fasting policy; develop pathways for dementia and learning disabilities ▪ Promotion of organisational learning : 75% of audits to reveal significant assurance on actions taken as measured by the 2016/17 KPIs set out in Quality Improvement Strategy by March 2017 							
	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	Unable to reduce harm – medication errors, falls, pressure ulcers, infection from multi-resistant organisms, safe transfer due to: <ul style="list-style-type: none"> ▪ increases in patient acuity; ▪ 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 <p>This could lead to avoidable patient harm, financial penalties and reputational issues. In a worst case scenario, this could result in the Trust being subject to enforcement action from regulators.</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 	<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 	<ul style="list-style-type: none"> ▪ CQC Inspection Report ▪ Advancing Quality Alliance ▪ Dr Foster benchmarking ▪ ICNARC ▪ National staff survey ▪ Monitor risk rating ▪ No. and value of clinical negligence claims 	<ul style="list-style-type: none"> ▪ Automation of CUSUM (Wave 1) to support the development of a dashboard for consultant performance ▪ Improve timeliness of mortality reviews through implementation of new Mortality Review Policy ▪ Develop and Implement human factors improvement plan 	<p>MJ – Q3 (Quality C'ttee)</p> <p>RAP – Q 1 (Quality C'ttee)</p> <p>SP– Q1 (embed delivery in routine training by Q4 (Quality</p>	<p>3 x 3 = 9 Possible</p>

		<ul style="list-style-type: none"> ECS assessment process Audit programme RCA process 	<ul style="list-style-type: none"> ECS compliance reports Weekly harms report (Exec team) 		<ul style="list-style-type: none"> Plan to reduce missed / omitted / delayed medications – baseline Q1; KPI set Q2; Improvement Q3-4 Improve utility of clinical decision support in EPR by reducing number of alerts – Scope with Allscripts Q1/2 ; Improve by 50% Q3/4 Deliver milestones set out in antimicrobial resistance strategy 	<p>C'ttee)</p> <p>SP – Q1 and ongoing (Quality C'ttee)</p> <p>RAP-MJ – Q1 and ongoing (Quality C'ttee)</p> <p>RAP – Q1 and ongoing (Quality C'ttee)</p>	
1.2 SP/RAP	<p>Unable to improve effectiveness of clinical care due to:</p> <ul style="list-style-type: none"> Failure to improve reliability in sepsis management and pathology testing bundles Operational pressures preventing timely discharge <p>This could lead to avoidable patient harm, financial penalties and poor</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 	<ul style="list-style-type: none"> Quality dashboard Divisional dashboards Clinical Audit Reports ECS compliance reports Weekly 		<ul style="list-style-type: none"> Develop and implement evidence based care bundle programme (Carter) Improvement plans to ensure 20% 	<p>RAP – Q1 and ongoing (Quality C'ttee)</p> <p>SP – Q1 and ongoing (Quality</p>	<p>3 x 2 = 6 Unlikely</p>

	<p>patient experience.</p> <p>The maintenance of dementia case finding rates is very low risk as business as usual (this target is mandated for 2016/17)</p>	<ul style="list-style-type: none"> Audit programme Quality strategy Quality improvement policies and procedures (e.g discharge / 'home for lunch') Care Support Team Incident reporting & root cause analysis 	<p>harms report (Exec team)</p>		<p>patients are 'home by lunch' by March 17</p>	<p>C'ttee)</p>	
<p>1.3</p> <p>SP</p>	<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 / 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"> Patient and Family Experience Strategy PACT – staff values and behaviours Induction and mandatory training Individual performance review 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"> Safe staffing reports to Board Ward boards ECS compliance reports Workforce reports Recruitment strategy Complaints and Compliments Quality dashboard 	<ul style="list-style-type: none"> Patient Survey Staff survey CQC inspection report 	<ul style="list-style-type: none"> Develop dementia pathway Develop learning disabilities pathway Improve compliance with fasting policy (95% by March 17) 	<p>SP – Q1</p> <p>SP – Q4</p> <p>SP – Q1 and ongoing</p> <p>(Quality Committee)</p>	<p>3 x 2 = 6 Unlikely</p>
<p>1.4</p> <p>MJ</p>	<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 	<ul style="list-style-type: none"> Organisational Learning Policy Operational Board business cycle Cross-divisional meetings Mortality Review 	<ul style="list-style-type: none"> Audit reports Divisional Governance minutes Operational Board minutes 	<ul style="list-style-type: none"> CQC Inspection Report Coroner inquest findings 	<ul style="list-style-type: none"> Embed policy and conduct regular audits to provide assurance on actions taken (75% of audits) 	<p>MJ – Q1 and ongoing</p>	<p>3 x 2 = 6 Unlikely</p>

	<p>of actions</p> <p>This could lead to avoidable patient harm, financial penalties and reputational issues.</p>	<p>Process</p> <ul style="list-style-type: none">▪ Incident reporting & root cause analysis process	<ul style="list-style-type: none">▪ RCA Investigation Reports		<p>to reveal significant assurance by March 17)</p>		
--	--	---	---	--	---	--	--

2 SERVICE AND INNOVATION To develop our service portfolio and business by: <ul style="list-style-type: none"> ▪ Implementing the Cardiology Strategy ▪ Developing and implementing service line strategies informed by KPMG work ▪ Implementing world class cancer outcomes strategy ▪ Developing and implementing a genomics strategy ▪ Developing and implementing an integrated IM&T Strategy ▪ Implementing relevant clinical priority standards (TBC) ▪ Develop and implement a strategy for private patients ▪ Implementing new models of care – community respiratory service, ACHD, robotic surgery, 7 day ACS, capacity and flow (diagnostics and inpatients), ▪ Development and delivery of new innovations 							
	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 DH / TW	Unable to develop and deliver key strategies due to : <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 If the Trust is unable to develop its service portfolio may lose strategic opportunities	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Cardiology Strategy approved ▪ Updates on progress with stakeholder management plan 	<ul style="list-style-type: none"> ▪ KPMG Strategic Options Appraisal Report 	<ul style="list-style-type: none"> ▪ Deliver cardiology strategy milestones ▪ Produce service line strategies ▪ Implement service line strategies ▪ Deliver milestones for world class cancer ▪ Develop and implement a genomics strategy ▪ Develop and implement an 	RAP – Q1 and ongoing DH/TW –Q1 TW Q2-4 TW –Q1 and ongoing MJ – Q4 RAP – Q4	3 x 3 = 9 Possible

	that help the Trust to remain clinically, operationally and financially viable.				<ul style="list-style-type: none"> integrated IM&T strategy Develop and implement a strategy for private patients 	TW – Q1	
2.2 TW	<p>Unable to implement 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 Lack of ideas / innovations <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.</p>	<ul style="list-style-type: none"> Investment policy Business case appraisal Regular meetings with key stakeholders Stakeholder Newsletter Partnership governance arrangements Contract management Research and Innovations Strategy 	<ul style="list-style-type: none"> Integrated Performance committee papers & minutes BoD papers & minutes 	<ul style="list-style-type: none"> Stakeholder feedback / survey Announcement of commissioners decision to implement Liverpool partners model for provision of CHD wef 1.4.16 	<ul style="list-style-type: none"> Embed extended community service provision and deliver contract KPIs Complete and submit joint business case for ACHD Develop and agree an implementation with plan to ensure smooth transition of Manchester service for implementation 1.4.17 Develop business case for robotics Implement 7 day ACS service Achieve and maintain compliance with national 	<p>TW – Q1 and ongoing</p> <p>TW-Q2 ongoing</p> <p>TW-Q1</p> <p>TW-Q1</p> <p>TW – Q1 and ongoing</p>	3 x 3 = 9 Possible

					<div>access targets</div> <div>▪ Develop and deliver innovations</div>	MJ – Q1 and ongoing	
--	--	--	--	--	--	----------------------------	--

3 VALUE To maintain financial viability, enhance service delivery, improve the health of our patients and safely reduce costs through our programme of transactional and transformational change by: <ul style="list-style-type: none"> Achieving income plans – activity plan Reducing expenditure – bank and agency (Monitor cap on agency); premium sessions Achieving CIP Improving Service Line Reporting – alignment with ledger, SLR self-service, improved adoption as reliable information source 							
	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 DJ/ TW	Failure to improve the Trust's efficiency through the safe reduction of costs: <ul style="list-style-type: none"> 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; Inability to improve patient flow; 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 (NHSI Review) <p>If the Trust is becomes financially unstable this could lead to enforcement action from regulator. It may also have an impact on the quality of care provided due to inability to invest in service</p>	<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 	<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 Revised Financial Plan 2016/17 to deliver control total 	<ul style="list-style-type: none"> Internal Audit – Combined Financial Systems External Audit opinion NCBC benchmarking Regulatory risk ratings Monitor review of Annual Plan 	<ul style="list-style-type: none"> Leadership for and eEmbedding of PMO Action plan to align SLR with ledger and deliver self-serve to management Improve adoption of SLR – 50% consultants utilising output by March 17 Assurance on delivery of agency trajectory 5 year LTFM to be produced Revised format for financial 	DJ-CW – Q4Q2 DJ-CW – Q2 DJ-CW – Q4 TW – Q1 CW – Q2 CW – Q2	4 x 3 =12 Possible

	<p>improvement.</p> <p>NB The Trust's 2016/17 <u>original</u> financial plan yields a £4.3m deficit primarily due to national tariff – delay to implementation of HRG4+ and specialist service top ups. <u>A revised financial plan reflecting STF funding and agreed control total with increased financial gap has been produced – this will need to be delivered each quarter in accordance with agreed profile in order to secure release of STF – there are penalties attached to failure to meet the conditions</u></p>	<p>Delegation</p> <ul style="list-style-type: none"> ▪ Robust contract negotiation and monitoring process ▪ <u>Head of PMO appointed and in post</u> ▪ <u>Head of Nursing (corporate) leading on coordination of flow work</u> 			<p><u>reporting to ensure improved accuracy of forecasting and highlighting of risks to delivering revised plan</u></p>		
3.2 LL	<p>Inability to declare full compliance against Monitor's corporate governance statements as a result of gaps or weaknesses in the Trust's governance arrangements.</p> <p>There is a risk <u>to achieving RTT compliance in Q1 as a result of activity lost through further industrial action by junior doctors which could impact upon ability to meet performance targets.</u></p> <p>This could lead to the Trust being subject to enforcement action.</p> <p>There may be learning from CQC Inspection 26-29 April 2016</p>	<ul style="list-style-type: none"> ▪ Constitution ▪ Organisational structure ▪ Board committee Structure ▪ BAF Policy ▪ Risk management strategy ▪ Operational Plan ▪ Commissioner contracts 	<ul style="list-style-type: none"> ▪ Corporate governance statements evidence pack ▪ Annual Governance Statement ▪ Provider Licence checklist ▪ RTT Action Plan ▪ Operational Board papers and minutes ▪ Integrated Performance committee papers and minutes ▪ Quality Committee papers and minutes 	<ul style="list-style-type: none"> ▪ Internal audit review of evidence to support corporate Governance statements ▪ Internal Audit – BAF review ▪ External audit opinion ▪ Monitor risk rating 	<ul style="list-style-type: none"> ▪ Complete and embed Data Quality Strategy ▪ Complete MIAA review of evidence to support 2016 Corporate Governance Statement ▪ MIAA Review Well Led Framework 	<p>MJ – Q1</p> <p>LL- Q1</p> <p>LL – Q1 and ongoing</p>	<p>3x4 = 12 Possible</p>

			<ul style="list-style-type: none">▪ Self assessment against Monitor's Well Led Framework▪ Fit and Proper Persons requirements reviewed for directors				
--	--	--	---	--	--	--	--

4 WORKFORCE To be the best NHS Employer by 2019 with a demonstrable track record of motivating our high performing workforce by: <ul style="list-style-type: none"> ▪ Developing workforce resourcing - attracting and retaining the best people and aligning staff resource to business objectives ▪ Promoting leadership – embedding leadership behaviours , management skills , PACT, implementing talent management and developing culture of innovation and improvement ▪ Educating and developing our people ▪ Ensuring engagement and wellbeing ▪ Promoting diversity and inclusion 							
	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 DH	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 ▪ 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 ▪ Listening into Action ▪ Retention plan to mitigate reduction in F2 doctors and supply gaps for other staff groups ▪ New roster policy ▪ NHSI Agency Regulations ▪ Divisional Governance structures 	<ul style="list-style-type: none"> ▪ People Committee papers and minutes - ▪ Trajectory for agency spend ▪ Recruitment Plan ▪ Board walk rounds ▪ Performance dashboard ▪ LiA pulse checks ▪ Culture survey / staff survey action plans ▪ Operational plan trajectory 	<ul style="list-style-type: none"> ▪ CQC reports ▪ National staff survey ▪ ISAE 3402 report from payroll provider ▪ MIAA audits and reports ▪ Staff Survey 	<ul style="list-style-type: none"> ▪ Deliver KPIs for time to hire, turnover and vacancy rates ▪ Deliver 2016/17 appraisals with focus on training and support ▪ Implement junior doctors action plan ▪ Implement engagement plan to support delivery of new contract for junior doctors ▪ Deliver agency trajectory 	DH – Q1 and ongoing (People Committee) DH – Q2 RAP – Q1 RAP/ DH – Q1 TW/SP Q1	4 X 3 = 12 Possible

	If the Trust cannot recruit and retain the best staff and the required numbers / skill –mix, this may inhibit the Trust's ability to provide excellent patient care.						
4.2 DH	<p>Inability to promote and ensure effective leadership due to:</p> <ul style="list-style-type: none"> ▪ Inability to develop and embed leadership behaviours and management skills ▪ Inability to embed PACT ▪ Lack of talent management and succession planning ▪ Poor culture of innovation and improvement ▪ Inability to release staff <p>If the Trust is unable to secure effective leadership this will impact of staff morale and may inhibit the Trust's ability to provide excellent patient care</p>	<ul style="list-style-type: none"> ▪ Leadership Development Programme ▪ Staff performance appraisals and PDPs linked to PACT ▪ Staff induction and training ▪ Staff communications 	<ul style="list-style-type: none"> ▪ Workforce dashboard ▪ People Committee papers and minutes - 	<ul style="list-style-type: none"> ▪ National staff survey 	<ul style="list-style-type: none"> ▪ Deliver leadership development programme ▪ Develop and deliver KPIs linked to PACT ▪ Deliver talent management and succession planning ▪ Develop and implement an improvement plan in response to 2015 staff survey results 	<p>DH – Q1 and ongoing (People Committee)</p> <p>DH – Q1 and ongoing (People Committee)</p> <p>DH – Q1 and ongoing (People Committee)</p> <p>DH – Q1 and ongoing (People Committee)</p>	<p>3 x 3 = 9 Possible</p>

4.3 DH	<p>Inability to educate and develop our people due to :</p> <ul style="list-style-type: none"> ▪ 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 shortages <p>If the Trust is unable to provide excellent education, this could impact on its reputation as a tertiary centre of excellence and inhibit the Trust's ability to recruit and retain the best staff. It could also impact upon patient safety if staff are not sufficiently skilled and competent to fulfil their roles.</p>	<ul style="list-style-type: none"> • Appointment of Deputy Director of Strategy and OD to provide leadership for education • People Committee 	<ul style="list-style-type: none"> ▪ People Committee papers and minutes - 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Deliver Engagement Plan ▪ Deliver Education and Training Plan ▪ Demonstrate improvement in education experience via education scores for junior medical and other staff groups 	<p>DH – Q1 and ongoing (People Committee)</p> <p>DH – Q1 and ongoing (People Committee)</p> <p>DH – Q1 and ongoing (People Committee)</p>	4 x 3 = 12 Possible
4.4 DH	<p>Inability to ensure engagement and wellbeing due to :</p> <ul style="list-style-type: none"> ▪ Lack of staff involvement in LiA ▪ 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>	<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"> ▪ LiA pulse checks ▪ People Committee papers and minutes - 	<ul style="list-style-type: none"> ▪ Staff survey – engagement score 	<ul style="list-style-type: none"> ▪ Monitor KPIs – no. staff involved in LiA; no. suggestions on ideas hub; LiA impact scores ▪ Develop and implement an integrated health and wellbeing strategy ▪ Implement increments for achievers policy 	<p>DH – Q1 and ongoing (People Committee)</p> <p>DH – Q1 (Develop strategy) Q4 – implementation (People Committee)</p> <p>DH – Q1 and ongoing (People Committee)</p>	3 x 3 = 9 Possible

4.5 DH	<p>Inability to deliver Equality and Diversity 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 diversity 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 	<ul style="list-style-type: none"> ▪ People Committee papers and minutes - 	<ul style="list-style-type: none"> ▪ External evaluation of compliance with regulations ▪ CQC Report 	<ul style="list-style-type: none"> ▪ Kpis to demonstrate representative workforce and closure of gap between workforce profile and local population profile ▪ Deliver E&I strategy milestones ▪ Greater focus on workforce KPIs by Divisions and at Operational Board 	<p>DH – Q1 and ongoing (People Committee)</p> <p>DH – Q1 and ongoing (People Committee)</p> <p>TW / DHoOs – Q1</p>	<p>3 x 3 = 9 Possible</p>

5.2 LL	<p>Inability to deliver the first year of the new 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 <p>If the Trust is unable to deliver the first year of its strategy the benefits in relation to increased charitable funding and enhanced profile of the Trust will not be realised.</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"> ▪ Limited opportunity to enhance presence of charity in public areas due to accommodation constraints – no solution at present 	<p>LL to keep under review</p>	<p>3 x 2 = 6 Unlikely</p>
-----------	--	---	--	--	--	---------------------------------------	-------------------------------