

To:	Trust Board
From:	Abigail Tierney, Director of Strategy & Innovation
Date:	7 April 2011
CQC regulation:	ALL

Title:	FT / LTFM / IBP Update						
Author/Responsible Director: Helen Harrison – Foundation Trust (FT) Programme Lead / Abi Tierney - Director of Strategy & Innovation							
Purpose of the Report: To provide the Board with an update on progress with the Trust's FT application and strategic business planning process.							
The Report is provided to the Board for:							
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Decision							
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<table border="1"> <tr> <td>Assurance</td> <td>X</td> </tr> </table>		Assurance	X	<table border="1"> <tr> <td>Endorsement</td> <td></td> </tr> </table>		Endorsement	
Assurance	X						
Endorsement							

Summary / Key Points:			
The SHA review to inform the signing of the Tripartite Formal Agreement has been completed and the agreement was signed off by UHL on 31/3/2011. The PricewaterhouseCoopers (PwC) report identifies that there are a number of areas for the Trust to address as part of its FT application process, including: - Agreeing a PbR based, Monitor compliant contract; - Developing and delivering strategies and plans to secure fundamental cash flow improvement to transform the Trust's performance to a compliant level against the Monitor financial risk rating by 1 April 2012, with appropriate support from the SHA and/or the Department of Health if required; and - Approving an appropriate IBP at the public Trust Board meeting in May 2011. PwC have advised the SHA that it believes that these tasks can be completed within a period of 6 months which would mean that the Trust would be ready to submit its FT application to the Department of Health by 1 October 2011, in line with UHL's proposed FT application timeline.			
3 critical success factors identified in the Tripartite Formal Agreement:			
Migration to a fully 'Payment by Results' (PbR) compliant contract: Historically, a number of UHL's Acute contract terms have been unique and non standard. Significant progress has been made as part of the 2011/12 contracting round to re-negotiate the agreement with the result that most aspects of the contract are now PbR compliant. Some marginal pricing terms remain in the contract to incentivise both commissioners and providers and help ensure activity is affordable to the health economy.			
Liquidity rating and financial sustainability: The PwC review confirmed that the Trust's			

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current balance sheet position is unable to sustain a liquidity rating of 3, as defined by the Monitor FRR criteria. A liquidity rating of 2 (in the downside case) is essential for a successful application. An Internal Liquidity Plan has been developed / is being implemented. The SHA, PCT Cluster & UHL are working together to sign off the plan for completion before the FT submission date.

LLR Emergency Care System: LLR's urgent and emergency care system requires transformation at workforce, pathway and footprint level across all partner organisations to secure delivery of all emergency requirements. An LLR Emergency Care Transformation plan has been developed / is being implemented.

Recommendations:

- 1) The Board is asked to note and approve this FT / LTFM / IBP update.

Strategic Risk Register:

Yes

Performance KPIs year to date:

N/A

Resource Implications (eg Financial, HR)

Assurance Implications

Patient and Public Involvement (PPI) Implications

The Trust has consulted on the principle of FT status, the benefits, the issues, the governance arrangements and the Trust's vision and values. The Integrated Business Plan and Long Term Financial Model will be subject to future engagement activity with key stakeholders.

Equality Impact

None

Information exempt from Disclosure

None

Requirement for further review?

The FT timeline and deliverables will be reviewed on a monthly basis by the Trust Board.

Foundation Trust (FT) Application Progress Report

Period covered: to 30/3/2011

Work Stream

Current status

Overall Programme

SHA review of the Trust's FT timeline completed. Feedback indicates that the Trust's FT application timeline is realistic and achievable. Tripartite Formal agreement signed off by UHL. Actions arising from the Deloitte Quality Governance Review, the SHA review of the trust's FT timeline and the KPMG review of the draft IBP now need to be embedded in the four work stream project plans and risk logs. Plan to build organisational momentum now required.



Finance

2011/12 Financial Plan completed and submitted to SHA and TB. Significant progress made in the 2011/12 contracting round. Most aspects are now PbR compliant; some marginal pricing terms remain to incentivise both commissioners and providers and help ensure activity is affordable to the health economy. Finance & Risk Chapters of the IBP revised following NED input. Financial planning model revised. Initial downside risk scenarios modelled.



Integrated Business Plan

Focus on CIP and financial confirm and challenge, quality impact / risk assessment for all CIP schemes. Comments from NED's incorporated into the IBP. Early action taken to update the IBP in response to external reviews, including: enhancement of Market Assessment Chapter, SWOT and PESTLE analysis refreshed, initiated consistency checking between chapters. Further work to be undertaken.



Governance & Risk

1st draft of constitution review with Trust solicitors. Work required to respond to the Deloitte Quality Governance Review including a review of the Governance Chapter and the development of a new Quality Chapter. Final Draft of Quality Strategy completed to reflect Deloitte and PWC feedback for presentation to TB 07/04/11. Deloitte appointed for TB development programme for 2010/11.



Communications & Engagement

Membership Engagement Strategy near completion – to go to the May TB. FT Communications & Engagement strategy submitted to 29/3/2011 ET meeting. Communications polling undertaken to measure the take up of Good to Great presentations.



Foundation Trust (FT) Application Progress Report

Period covered: to 30/3/2011

Resolution of the 3 critical FT application success factors raised with the DoH:

Migration to a fully 'Payment by Results' (PbR) compliant contract: Historically, a number of UHL's Acute contract terms have been unique and non standard. Significant progress has been made as part of the 2011/12 contracting round to re-negotiate the agreement with the result that most aspects of the contract are now PbR compliant. Some marginal pricing terms remain in the contract to incentivise both commissioners and providers and help ensure activity is affordable to the health economy.

Liquidity rating and financial sustainability: The PwC review confirmed that the Trust's current balance sheet position is unable to sustain a liquidity rating of 3, as defined by the Monitor FRR criteria. A liquidity rating of 2 (in the downside case) is essential for a successful application. Internal Liquidity Plan developed / being implemented. SHA, PCT Cluster & UHL to work together to sign off the plan for completion before the FT submission date.

LLR Emergency Care System: LLR's urgent and emergency care system requires transformation at workforce, pathway and footprint level across all partner organisations to secure delivery of all emergency requirements. LLR Emergency Care Transformation plan developed / being implemented

UHL's FT application timetable

Milestone	Timetable
Public consultation	11 th January – 12 th April 2010
Historical Due Diligence (HDD) Part 1	9 th May 2011
HDD Part 2	1 st – 12 th August 2011
IBP / LTFM sign off by the Board	8 th September 2011
Submission to the DoH	26 th September 2011
Monitor assessment	27 th December 2011 - 25 th March 2012
Potential authorisation date	1 st April 2012



Link to the Monitor Web Site

FT Application Programme - Progress Report

Period covered: to 30/3/2011

Programme Sponsor: Abi Tierney

Programme Manager : Helen Harrison

Summary of activity since the last report:

The SHA review to inform the signing of the Tripartite Formal Agreement has been completed and the agreement was signed off by UHL on the 31/3/2011. PricewaterhouseCoopers (PwC) report identifies that there are a number of areas for the Trust to address as part of its FT application process, including:

- Agreeing a PbR based, Monitor compliant contract ;
- Developing and delivering strategies and plans to secure fundamental cash flow improvement to transform the Trust's performance to a compliant level against the Monitor financial risk rating by 1 April 2012, with appropriate support from the SHA and/or the Department of Health if required; and
- Approving an appropriate IBP at the public Trust Board meeting in May 2011.

PwC have advised the SHA that it believes that these tasks can be completed within a period of 6 months which would mean that the Trust would be ready to submit its FT application to the Department of Health by 1 October 2011, in line with UHL's proposed FT application timeline.

Problems or delays:

- None

Key milestones / deliverables between now and the next reporting period:

- Detailed review of the next stage FT application project plans (at both programme and work stream level) to include:
 - Preparation for HDD1.
 - The HDD1 process.
- Commence gathering evidence for HDD Part 1.
- Preparation for the SHA Board to Board meeting 8/4/2011 including leveraging the necessary support for the Trust's key strategic challenges impacting on the Trust's FT application timeline.
- Developing a plan to build organisational momentum in preparation for the Trust's FT application.
- Ensuring actions arising from the Deloitte Quality Governance Review , the SHA review of the trust's FT timeline and the KPMG review of the draft IBP are to be embedded in the four work stream project plans and risk logs.

Overall Programme Progress Report

Period covered: to 30/3/2011

Risk Log

Risk (Scoring 15+)	Likelihood	Impact	Mitigating action	Due date	Owner
Staff Side national in-principle objection to FT status	5	3	<ul style="list-style-type: none"> Regular FT briefings at the JSCNC meetings. Staff Side seat on the Council of Governors. 	Quarterly When Council of Governors established	Abi Tierney Stephen Ward
No designated SharePoint Administrator Resource	5	3	<ul style="list-style-type: none"> Contract in place with Ascribe to provide administration support. Interim administration support being provided by the Knowledge Management Team. SharePoint Project Board to be established. User support requirements to be scoped and agreed with Ascribe. 	Complete Complete 1/2/2011 Complete	Malcolm Docherty Malcolm Docherty
Potential for the SHA led review (to inform the signing of the Tripartite Formal Agreement) to detract from the Trust's FT programme timeline	5	3	<ul style="list-style-type: none"> Scope of the SHA led review defined in conjunction with the Trust. Review aligned with the Trust's own areas of focus for HDD1 preparation. 	Complete	Abi Tierney

Overall Programme Progress Report

Period covered: to 30/3/2011

Issue Log

Issue Description	Date Raised	Current Status
Detailed review of the FT application project plans (at both programme and work stream level) required as a consequence of the feedback from the Deloitte Quality Governance Review and the SHA review of the trust's FT timeline.	24/3/2011	Active
Building organisational momentum in preparation for the trust's FT application.	23/3/2011	Active
Actions arising from the Deloitte Quality Governance Review and the SHA review of the trust's FT timeline to be embedded in the four work stream project plans and risk logs / mitigating actions.	23/3/2011	Active

Finance Work Stream Progress Report

Period covered: to 30/3/2011

Work Stream Executive Lead: Andrew Seddon

Work Stream Programme Lead: Martin Maynes

Summary of activity since the last report:

- 2011/12 Financial Plan completed and submitted to SHA and Trust Board.
- Heads of Agreement for activity and finance agreed with commissioners.
- Significant progress has been made as part of the 2011/12 contracting round to re-negotiate the agreement with the result that most aspects of the contract are now PbR compliant; some marginal pricing terms remain in the contract to incentivise both commissioners and providers and help ensure that activity that is affordable to the health economy.
- Revised Finance & Risk Chapters of IBP following NED input.
- Revised financial planning model.
- Modelled initial downside risk scenarios.

Problems or delays:

- Detailed finance, activity, workforce & CIP submissions require further work to balance to financial plan envelope
- Further detailed CIP plans required to be confirmed for 2011/12. and subsequent years
- Detailed finance, workforce and activity plans yet to be developed for the next 3 years .
- Downside risks require further work with the Board/Executive to identify and model impact through LTFM/Finance model.

Key milestones / deliverables between now and the next reporting period:

- Major refresh of assumptions in LTFM and Finance model.
- Major revision to Finance IBP chapter by 31/3/2011.
- Major revision to Finance risk chapter in IBP.
- Further work to refine detailed 3 year finance, activity and workforce plans.
- Further work to identify and risk assess 3 year detailed CIP programme.
- 2011/12 detailed budget to be approved at Board meeting 7/4/11.

Finance Work Stream Progress Report

Period covered: to 30/3/2011

Risk Log

Risk (Scoring 15+)	Likelihood	Impact	Mitigating action	Due date	Owner
Generating insufficient cash to sustain our liquidity rating.	5	4	<ul style="list-style-type: none"> Liquidity plan for £20m of internal cash generation under development - needs asset realisation to be effective. Access external funding to restore/strengthen balance sheet. Cash focus in business planning. Extend use of partners to fund capital assets. Liquidity plan reflected in 11/12 Financial Plan 	Plan discussed at FPC 27/1/2011 31/3/2011 24/3/2011	A Seddon A Seddon
Generating sufficient CIPs to match tariff declines – 5% pa minimum.	5	4	<ul style="list-style-type: none"> Incremental CIPs of at least 2% pa. Catch up” innovation to deliver at least 5% one-off. Major schemes to deliver 1-2% pa (e.g. Pathology). Shift demand to lower cost settings (and liberate the assets). Implement a greater process focus – “UHL Lean”. 	31/3/2011	A Seddon
Sustaining financial balance across the LLR health economy.	4	4	<ul style="list-style-type: none"> Further dialogue with commissioners to develop shared QIPP agenda. 	25/2/2011	A Seddon
Shifting to a sustainable post Goodwin Payment by Results (PbR) contract - Relationship with commissioners (current and new).	4	4	<ul style="list-style-type: none"> Engaging now with new GP commissioners, clinician to clinician. Agreement to be reached on services to be de-commissioned. Need to raise our game on all points of contact with GPs. 	30/5/2011	A Seddon

Finance Work Stream Progress Report

Period covered: to 30/3/2011

Issue Log

Issue Description	Date Raised	Current Status
Detailed understanding of the financial implications of PFI scheme under IFRS.	22/2/2011	Resolved
Ability to confidently support the accounting treatment of PFI schemes included in the LTFM	22/2/2011	Resolved
Credible plans to reduce patient private income below the cap (if this is exceeded) once FT status is achieved.	22/2/2011	No longer applicable

Finance Work Stream Progress Report

Period covered: to 30/3/2011

Assurance

Detailed project plans & product specifications in place

On plan / on specification

Resolution of key risks

Status of SHA assurance

Preparedness for HDD Part 1

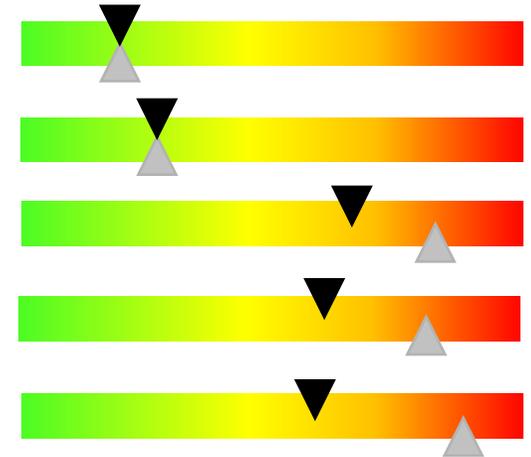
Ability to evidence:

Business plan financially viable and sustainable*

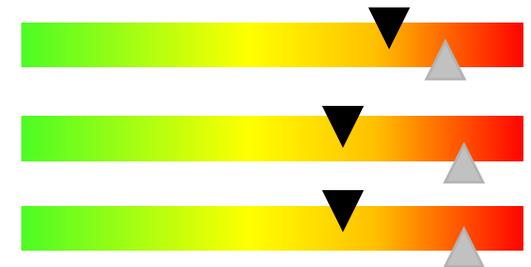
Business plan internally consistent*

Activity & services consistent with user needs and statutory requirements*

Current status



Current status



Key: This report ▼ Last report ▲

* Monitor assessment criteria

Integrated Business Planning Work Stream Progress Report

Period covered: to 30/3/2011

Work Stream Executive Lead: Abi Tierney

Work Stream Programme Lead: Jane Edyvean

Summary of activity since the last report:

Divisional and Clinical Business Unit (CBU) business plans

- Focussed response to the outcomes of further CIP and financial confirm and challenge sessions .
- Quality impact and clinical risk assessments completed for all CIP schemes.
- Work undertaken to close the gap against Divisional CIP targets and to confirm the extent of CIP schemes submitted on the LTFM.
- Workforce plans continue to be developed at CBU and Divisional level.
- Divisional 5 Year IBP's continue to be updated and refreshed to reflect recommendations from reviews undertaken by Deloitte, PWC and KPMG.
- Commenced risk and downside scenario chapter in Divisional Business Plans.

Integrated business plan (IBP)

- Action plan prepared for the Trust Board in response to PWC, Deloitte and KPMG reviews. (Plan to be presented to Trust Board 7/4/2011).
- Key quality, clinical and business risks and mitigation plans identified to enable the redrafting of the Risk and downside scenario Chapter of the IBP.
- Governance chapter redrafted in response to recommendations following the Deloitte Quality Governance Review .
- Agreement reached to develop a Quality chapter in response to the Deloitte Quality Governance Review
- Early action taken to update the IBP in response to external reviews including: enhancement of Market Assessment Chapter, SWOT and PESTLE analysis refreshed, initiated consistency checking between chapters.
- Key quality, clinical and business risks and mitigation plans identified to enable the redrafting of the Risk and downside scenario Chapter of the IBP.
- Comments from NED's have been incorporated into the IBP.

Enabling Strategies

Significant progress made in developing all enabling strategies :

- Draft Estates Strategy presented to the Strategic Planning Steering Group (17/3/2011) and the ET (22/3/2011).
- Final draft IT Strategy presented to Strategic Planning Steering Group (30/3/2011).
- Workforce strategy (Peoples Strategy) presented to the Workforce & OD committee 23/3/2011 along with the workforce plan to date.
- R&D Strategy under further review.

Integrated Business Planning Work Stream Progress Report

Period covered: to 30/3/2011

Work Stream Executive Lead: Abi Tierney

Work Stream Programme Lead: Jane Edyvean

Problems or delays:

- Current draft version of IBP contains top down high level planning assumptions beyond year 1.
- Financial plan for 2011/12 still to be finalised.
- Development of detailed CIP plans - gap on years 1 to 3.
- Recruitment to project manager posts to support delivery of Trust wide CIP schemes.
- Refresh of IBP risk register delayed.

Key milestones / deliverables between now and the next reporting period :

Divisional and Clinical Business Unit (CBU) business plans:

- Focussed effort to close the gap on CIP and budget setting targets in response to final confirm and challenge sessions.
- Refresh 5 year IBP for each division to reflect outcomes of confirm and challenge sessions .
- Completion of detailed CIP project plans and governance arrangements to support delivery.
- Progress Trust wide CIP schemes and recruit to posts to support delivery.
- Refresh 5 year IBP for each division to reflect recommendations from Deloitte, PWC, and KPMG reviews .
- Ensure themes from the revised Quality strategy are reflected within 5 year IBP's for each division.
- Final set of business cases to be considered by Commercial Executive – 6/4/2011.
- Refresh divisional and CBU business plans to ensure that the key quality, clinical and business risks identified by ET are addressed.

Enabling Strategies:

- Refine strategies based on comments from committees and key stakeholders – to be presented to the TB 7/4/2011.
- Engage NEDs in the development of the Estates Strategy.
- Draft R&D and IT Strategies to be presented to ET 29/3/2011 and 5/4/2011.

Integrated Business Plan (IBP):

- Present findings and associated action plans from Deloitte, PWC and KPMG reviews of IBP to Trust Board 7/4/2011.
- Begin refresh of IBP chapters in accordance with feedback from Deloitte, PWC and KPMG reviews.
- Develop first draft of the Quality Chapter.
- Develop risk and downside scenario chapter based on risks and mitigation (to be discussed at Board development session 7/3/2011).
- Ensure quality is consistently reflected throughout the IBP.
- Consistency check IBP with supporting strategies.
- Develop detailed project plans to ensure development of a robust IBP that is fit for purpose for HDD1.
- Submit evidence in preparation for HDD1

Integrated Business Planning Work Stream Progress Report

Period covered: to 30/3/2011

Assurance

Detailed project plans & product specifications in place

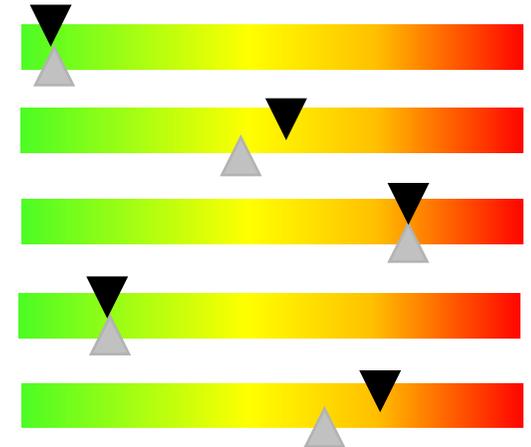
On plan / on specification

Resolution of key risks

Status of SHA Assurance

Preparedness for HDD Part 1

Current status



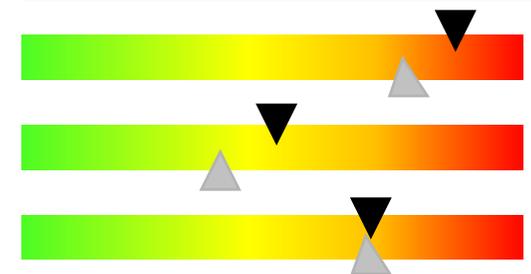
Ability to evidence

Business plan financially viable and sustainable*

Business plan internally consistent*

Activity & services consistent with user needs & statutory requirements*

Current status



Key: This report ▼ Last report ▲

* Monitor assessment criteria

Integrated Business Planning Work Stream Progress Report

Period covered: to 30/3/2011

Risk Log

Risk (Scoring 15+)	Likelihood	Impact	Mitigating action	Due date	Owner
Management capacity and headroom given competing priorities to deliver a robust IBP within challenging timescales	5	4	<ul style="list-style-type: none"> Dedicated time allocated to development of the IBP. Ongoing review of resources required to support delivery. Maximise use of strategic planners within Divisions. HR and finance to ensure that CBU's are given the necessary support. 	5/6/2011 5/6/2011 Ongoing Ongoing	Divisional Managers
Development of detailed 3 Year CIP plans (including profitability)	5	4	<ul style="list-style-type: none"> Focussed time in sessions allocated to the development of the IBP and FT. Maximise use of expertise of Divisional finance, business analyst and HR colleagues. Maximising opportunities from Trust wide programmes and priority projects supported by new accountability framework Additional CBU/Divisional confirm and challenge sessions. 	31/3/2011 24/4/2011 28/2/2011 - delayed 7/4/2011	Divisional Managers

Integrated Business Planning Work Stream Progress Report

Period covered: to 30/3/2011

Risk Log continued.....

Risk (Scoring 15+)	Likelihood	Impact	Mitigating action	Due date	Owner
Development and agreement on detailed 3 Year activity plans	3	5	<ul style="list-style-type: none"> • Agree assumptions that will form the basecase. • Review Divisional plans against commissioner assumptions. 	Completed	Executive Team
			<ul style="list-style-type: none"> • Obtain information on QIPP plans and assess against plans. 	Completed	Divisional Managers
			<ul style="list-style-type: none"> • Model downside scenarios and associated mitigation plans. 	29/4/2011	Divisional Managers
Lack of robust longer term cost improvement plans (detailed for 3 years , outline for 3 years).	5	4	<ul style="list-style-type: none"> • The Financial planning team to work closely with Divisions to develop plans for mitigation once robust plans have been developed for the next 3. 	22/4/2011	DFPM's
			<ul style="list-style-type: none"> • Trust wide programmes of work to inform longer term plans. 	22/4/2011	Procurement/ Divisions
			<ul style="list-style-type: none"> • Collaborate on pathway redesign and demand management. 	5/9/2011	Divisional Managers
			<ul style="list-style-type: none"> • Use of PLICS to drive profitability. 	Ongoing	Divisional Managers
			<ul style="list-style-type: none"> • Develop plans for delivery of Trust wide schemes, including accountability arrangements 	29/4/2011	S Hinchliffe
			<ul style="list-style-type: none"> • Use of focussed strategic planning time. 	29/4/2011	S Hinchliffe

Integrated Business Planning Work Stream Progress Report

Period covered: to 30/3/2011

Risk Log continued.....

Risk (Scoring 15+)	Likelihood	Impact	Mitigating action	Due date	Owner
Identification of top clinical & business risks and modelling of downside scenarios to inform 2 – 5 year plans	3	5	• Identify key clinical and business risks.	Completed	Andrew Seddon
			• Risk owners to assess risk, option appraisal and mitigation.	Completed	Divisional Managers
			• Model downside scenarios and associated mitigation plans.	22/4/2011	Executive Team
			• Identify specific areas where external support is required.	8/4/2011	Executive Team
			• Confirm plans for developing 2 -5 year strategies to manage top risks based on outcomes of ET discussions.	Prior to HDD 1	
Recruitment to Project Manager posts to support the development and quantification of opportunity from Trust wide CIP's over the next 3 years.	3	5	<ul style="list-style-type: none"> • Continue to work with Divisional Leads to progress plans. • Recruit to posts. • Source information from other Acute Teaching Trusts • Identify specific areas where external support is required. 	Ongoing April 2011 March 2011	Suzanne Hinchliffe Divisional Managers Suzanne Hinchliffe

Integrated Business Planning Work Stream Progress Report

Period covered: to 30/3/2011

Issue Log

Issue Description	Date Raised	Current Status
Questions raised by the Trust Board highlighting areas of concern that will need to be addressed in the next iterations of the Divisional 5 Year integrated Business plans.	3/2/2011	Active
Lessons learned from recent Foundation Trust Applications need to be embedded in the IBP and Divisional Business plans.	3/2/2011	Active
The quality agenda is not prominent in Divisional Business Plans – this needs to be strengthened going forward. Outcomes from the quality governance review will need to be reflected in the IBP	16/2/2011	Active
Development and implementation of a robust action plan to respond to issues raised through the Deloitte, PWC and KPMG reviews. Clarity will be required to ensure that the IBP reflects the relevant actions prior to HDD1.	30/3/2011	Active

Governance & Risk Work Stream Progress Report

Period covered: to 30/3/2011

Work Stream Executive Lead: Stephen Ward

Work Stream Programme Lead: Sharron Hotson

Summary of activity since the last report:

- Deloitte quality governance review received, reviewed and action planning commenced with identification of Board Level Leads and Senior Responsible Officers.
- Deloitte and draft PWC reports received at Executive Team and shared with work stream leads.
- Continued collection of evidence for HDD1.
- Deloitte appointed for TB development programme for 2010/11.
- ET discussions re: identification of risks 15 and 16/03/11.
- 1st draft of constitution review with Trust solicitors.

Enabling Strategies:

- Summary of Draft Performance Framework to TB 07/04/11.
- Draft Risk Management Strategy to TB 07/04/11.
- Final Draft of Quality Strategy completed to reflect Deloitte and PWC feedback for presentation to TB 07/04/11.

Integrated business plan:

- Re-write of governance chapter for IBP following feedback from NED's.

Problems or delays:

None

Key milestones / deliverables between now and the next reporting period:

- Workshop/development programme for TB 07/04/11 re: risk
- Review of PWC report and KPMG review for actions required of governance and risk work stream
- Continue to populate detailed project plan and load further project specs and products
- Trust corporate governance policies reviewed and updated for submission to Audit Committee (12/04) with recommendations to TB 05/05/11
- Development of quality chapter for IBP

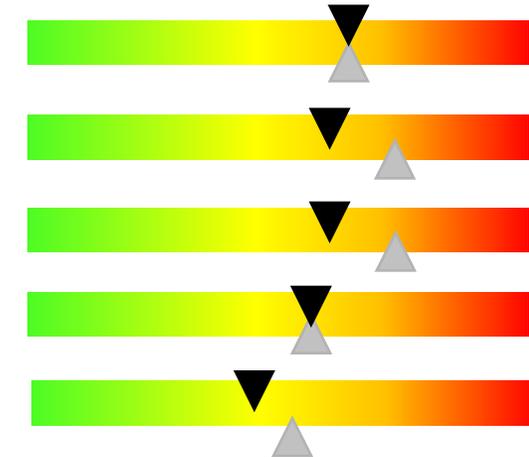
Governance & Risk Work Stream Progress Report

Period covered: to 30/3/2011

Assurance

- Detailed project plans & product specifications in place
- On plan / on specification
- Resolution of key risks
- Status of SHA assurance
- Preparedness for HDD Part 1

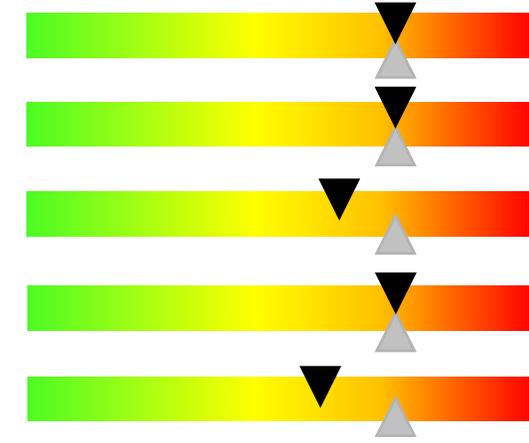
Current status



Ability to evidence

- Legally constituted / meet statutory requirements*
- Well governed*
- Representative and comprehensive governance strategy *
- Performance against existing targets and national core standards*
- Appropriate quality governance arrangements*

Current status



* Monitor assessment criteria

Key: This report ▼ Last report ▲

Governance & Risk Work Stream Progress Report

Period covered: to 30/3/2011

Risk Log

Risk (Scoring 15+)	Likelihood	Impact	Mitigating action	Due date	Owner
Robust evidence of adequate quality governance across the organisation	5	3	<ul style="list-style-type: none"> Consultancy support from Deloitte (2 days 2nd and 3rd March). Report received 18/03/11 and action plan being implemented. 1st draft GRMC 28/04/11 	8 th March 28/04/11	Stephen Ward Kevin Harris / Sharron Hotson
Absence of coherent data to Evidence all Board Assurance Statements	4	4	<ul style="list-style-type: none"> Collation of evidence requirements and clarity over required evidence. 	May	Stephen Ward / Sharron Hotson
Robust membership/governor strategy	4	4	<ul style="list-style-type: none"> Draft membership strategy presented at TB development session 6/1/11 and further work required over role of governor in light of Health Bill – to be reflected in updated member and governor development strategy 	May	Stephen Ward
Specific risks from lessons learned from recent NHS FT applications for example early warning indicators and post implementation impact assessments			<ul style="list-style-type: none"> Early warning indicators to be identified and post implementation plan agreed. 		Stephen Ward / Sharron Hotson

Governance & Risk Work Stream Progress Report

Period covered: to 30/3/2011

Issue Log

Issue Raised	Date Raised	Current Status
Need to ensure adequate number of candidates for governors.	18/2/2011	Active
Potential absence of key Board members when reviewing the self Certification.	22/2/2011	Active
Amendments to the wording of the self declarations (i.e. caveating the relevant statement).	22/2/2011	Active

Communications and Engagement Work Stream Progress Report

Period covered: to 30/3/2011

Work Stream Executive Lead: Mark Wightman

Work Stream Programme Lead: Tiffany Jones

Summary of activity since the last report:

- Membership Engagement Strategy almost complete – due to go to May Trust Board.
- Meeting with ERS (Electoral Reform Services) on 07/02/11 to plan election timetable and activities.
- Comms polling to measure take up of G2G presentations.
- IBP engagement event – 28/02/2011.
- FT Communications & Engagement strategy went to 29 March Exec Team. Submission to the Board to be confirmed.

Problems or delays:

- Good to Great presentations not getting to staff – in a random survey by comms (w/c 10/02/11) 74.5% of staff asked hadn't been shown the presentation.
- Delay with integrating membership strategy with governance and governors.
- Delay with creating communications and engagement products for stakeholders.

Key milestones / deliverables between now and the next reporting period:

- Membership Engagement Strategy + governor development work – May Board.
- Communications & Engagement Strategy – 29/03/11 ET.

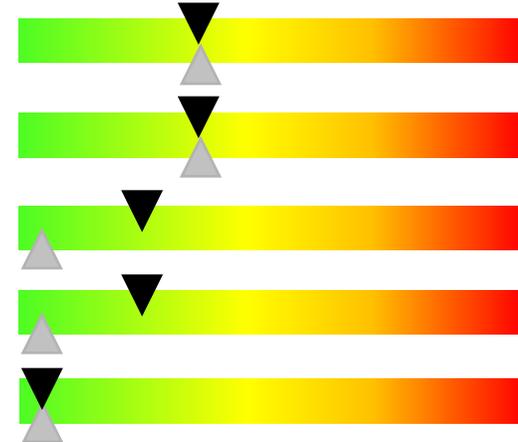
Communications and Engagement Work Stream Progress Report

Period covered: to 30/3/2011

Assurance

- Detailed project plans & product specifications in place
- On plan / on specification
- Resolution of key risks
- Preparedness for HDD Part 1
- Status of SHA assurance

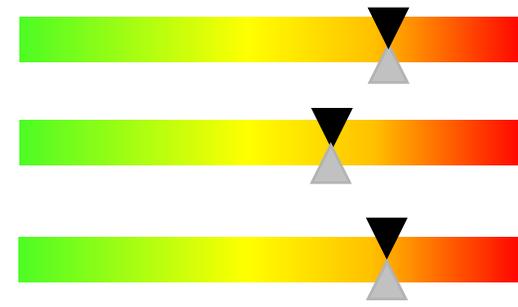
Current status



Ability to evidence

- Attendance at events for members, stakeholders, staff
- Every member of staff has received the “good to great” presentation and understands the journey to FT and beyond
- Good turnout at the elections and all seats are filled

Current status



Key: This report ▼ Last report ▲

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Risk Log

Risk (Scoring 15+)	Likelihood	Impact	Mitigating action	Due date	Owner
Failure to engage staff, which in turn leaves them with a lack of understanding around the FT process and unwilling to support the process			<ul style="list-style-type: none"> Implementation and monitoring of the communications and engagement strategy to address 		Mark Wightman
Robust membership/governor strategy			<ul style="list-style-type: none"> Draft membership strategy presented at TB development session 06/01/11 and further work required over role of governor in light of the Health Bill 		Stephen Ward / Mark Wightman

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Issue Log

Issue Description	Date Raised	Current Status
<ul style="list-style-type: none">Lack of engagement with members, which could lead to lethargy about the election process	January 2011	Actions in the communications and engagement plan to address
<ul style="list-style-type: none">Inability to “sell” the role of the governor and therefore the inability to elect to all of the seats on the Council of Governors	January 2011	Actions in the communications and engagement plan to address