The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

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| **Meeting:** | Board of Directors (in Public) | | |
| **Meeting Date:** | 6 October 2020 | **Agenda item:** | 14 |
| **Report Title:** | Board Assurance Framework (BAF) | | |
| **Author:** | Mustafa Kahn – Risk Manager | | |
| **Executive Sponsor:** | Carmel O'Brien - Director of Patient Safety | | |

| **Implications** | | | | | |
|---|---|---|---|---|---|
| **Link to key strategic objectives**<br>*[highlight which KSO(s) this recommendation aims to support]* | | | | | |
| **KSO1** | **KSO2** | **KSO3** | **KSO4** | **KSO5** | **KSO6** |
| ***Safe and compassionate care*** | ***Modernise hospital and estate*** | ***Staff engagement*** | ***Partnership working, clinical and financial sustainability*** | ***Healthy lives staff and patients*** | ***Investing in our staff*** |

| | | |
|---|---|---|
| **Board assurance framework** | All – Board Assurance Framework attached | |
| **Significant risk register** | All Significant Risks | |
| | Y/N | If Yes state impact / implications and mitigation |
| **Quality** | Y | |
| **Legal and regulatory** | Y | |
| **Financial** | Y | |

| **Assurance route** | |
|---|---|
| **Previously considered by:** | Board Sub - Committees<br>Assurance and Risk Executive Group review all significant risks |

| **Executive summary** | | | | | |
|---|---|---|---|---|---|
| **Action required:**<br>*[highlight **one** only]* | Approval | Information | Discussion | **Assurance** | Review |
| **Purpose of the report:** | The Board Assurance Framework (BAF) is to be received by the Board for assurance | | | | |
| **Summary of Key issues:** | The BAF reflects the 6 Key Strategic Objectives identified within the Corporate strategy. Each of the Key Strategic Objectives has a 'Principal Risk' and Significant Risks (those scoring 15 or above) aligned to the most relevant Key Strategic Objective. Risks aligned to each Key Strategic Objective are overseen by a Board Committee as shown below: | | | | |

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|---|---|
| | • KSO1 – QUALITY Quality Committee<br>• KSO2 – QUALITY Finance & Activity Committee<br>• KSO3 – ENGAGEMENT People Committee<br>• KSO4 – ENGAGEMENT Finance & Activity Committee<br>• KSO5 – HEALTHY LIVES Quality Committee<br>• KSO6 – HEALTHY LIVES People Committee<br><br>Each one page BAF section includes the Key Strategic Objective, relevant risk appetite statements, target risk ratings, Principal Risk, aligned Significant Risks, rationale for principal risk rating, controls and assurances, gaps in assurance, emerging risks and opportunities.<br><br>The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director.<br><br>Principal risks have been assessed and added to Datix for each of the 6 Key Strategic Objectives;<br><br>For KSO1 Risk ID 2592 is the Principal Risk rated 16<br>For KSO2 Risk ID 2757 is the Principal Risk rated 16<br>For KSO3 Risk ID 2758 is the Principal Risk rated 12<br>For KSO4 Risk ID 2759 is the Principal Risk rated 12<br>For KSO5 Risk ID 2760 is the Principal Risk rated 12<br>For KSO6 Risk ID 2761 is the Principal Risk rated 12<br><br>Following discussion at the Assurance and Risk Group in September 2020, it was decided that Risk ID 2483; 'CQC Section 31 and Section 29A Risk of further regulatory notices' should be moved from KSO2 and realigned with KSO1. |
| **Recommendation:** | The Board of Directors is asked to:<br>• Note the current position relating to the BAF and Significant Risks aligned to the BAF<br>• Confirm the position as presetned |
| **Acronyms** | BAF - Board Assurance Framework |

| KEY STRATEGIC OBJECTIVE | PRINCIPAL RISK | LEAD EXEC | MONITORING COMMITTEE | ALIGNED SIGNIFICANT RISKS |
|---|---|---|---|---|
| **QUALITY**<br>**1**: To consistently provide safe and compassionate care for our **patients** and their families | **2592 - Current Rating 4 x 4 = 16**<br>There is a risk that patients may receive sub-optimal care / treatment, with failures associated with:<br>• Outcomes<br>• Safety<br>• Experience | Chief Nurse<br>&<br>Medical Director | Quality Committee | 2699 - COVID-19 (Trust)<br>2703 – COVID (Medicine)<br>2199 – A&E performance<br>2634 – Cancer waiting times<br>2679 – End of Life Care<br>2643 – Diagnostic Imaging<br>2640 – Transfusion service staffing<br>2762 - Non Invasive Ventilation Therapy<br>2483 – Reputational damage / CQC regulatory notices |
| **QUALITY**<br>**2**: To modernise our **hospital** (estate, digital infrastructure and medical equipment) to support the delivery of optimal care | **2757 – Current Rating 4 x 4 = 16**<br>There is a risk that patients may receive sub-optimal care / treatment, with failures associated with:<br>• Estate<br>• Digital Infrastructure<br>• Medical equipment | Chief Operating Officer | Finance & Activity Committee | 392 – Roof<br>2343 – Cyber crime |
| **ENGAGEMENT**<br>**3**. To strengthen staff engagement to create an open culture with Trust at its centre | **2758 - Current Rating 4 x 3 = 12**<br>There is a risk that Trust leaders may be unable to strengthen staff engagement and trust impacting on the development of an open culture at the Trust | Deputy CEO | People Committee | No Significant Risks aligned |
| **ENGAGEMENT**<br>**4**: To work with **patients** and **system partners** to improve patient pathways and ensure clinical and financial sustainability | **2759 - Current Rating 4 x 3 = 12**<br>There is a risk that the Trust is unable to work effectively with patients and system partners to improve patient pathways. This could impact the Trust's ability to ensure clinical and financial sustainability. | Finance Director | Finance & Activity Committee | No Significant Risks aligned |
| **HEALTHY LIVES**<br>**5**: To support our **patients** to improve health and clinical outcomes | **2760 - Current Rating 4 x 3 = 12**<br>There is a risk that the Trust is unable to adequately support our patients to improve their health and clinical outcomes | Medical Director | Quality Committee | No Significant Risks aligned |
| **HEALTHY LIVES**<br>**6**: To maximise opportunities for our **staff** to achieve their true potential so that we deliver outstanding care | **2761 - Current Rating 4 x 3 = 12**<br>There is a risk that Trust leaders are unable to maximise opportunities for staff which could impact on the ability of staff to deliver outstanding care | HR Director | People Committee | No Significant Risks aligned |

# KEY STRATEGIC OBJECTIVE 1 – QUALITY

**EXECUTIVE OWNER:** Chief Nurse
**RESPONSIBLE COMMITTEE:** Quality Committee
**DATE LAST REVIEWED:** September 2020
**NEXT REVIEW SCHEDULED:** October 2020

**Strategic Objective**
To consistently provide safe and compassionate care for our patients and their families

**Principal Risk – 2592 (16)**
There is a risk that patients may receive sub-optimal care / treatment, with failures associated with:

- Outcomes
- Safety
  Experience

**Aligned Significant Risks**
**2699** COVID-19 (15) Trust-wide
**2703** COVID (15) Medical division
**2199** A&E Performance (15)
**2634** Cancer waiting (16)
**2679** End of life care (16)
**2643** Diagnostic Imaging (16)
**2640** Transfusion service staffing (16)
**2762** Non Invasive Ventilation Therapy (15)
**2483** Reputational damage associated with CQC regulatory notices (16)

**Risk Appetite** We have a **VERY LOW** risk appetite for risks which may compromise safety.
We have a **LOW** risk appetite for risks which may affect our patients' experience of our services

**Rationale for Current Risk Score**

- 7 of 12 of Trust's current significant risks aligned to this objective
- Trust in Special Measures & and outstanding CQC notices
- Trust below target against majority of KPIs associated with quality and safety
- Trust below target against majority of KPIs associated with operational performance
- Trust consistently below target against majority of KPIs associated with patient experience
- Very high demand for services & Trust running at high capacity
- Delayed transfers of care continuing to exceed national standard
- Inconsistent compliance with standards and policies
- Sub-optimal pathways and variable flow through the organisation
- COVID-19 risks reduced

**Initial Risk Rating: 5(C) x 3 (L) = 15**
**Current Risk Rating: 4(C) x 4 (L) = 16**
**Target Risk Rating: 1 - 5**
**Risk behaviour: AVOID - MINIMAL**

**Emergent Risks**

- Care of the deteriorating patient

**Future Opportunities**

- Participation in the NHSE/I Learning from Deaths collaborative
- Development of closer partnership working in STP and with other partners
- Partnership working with NNUH to support palliative care
- Special Measures funding secured for 'Preparing for High Performance'

**Controls in Place and Assurance**

- New governance framework and associated reporting structure in place
- Substantive Executive team & Divisional Leadership Teams in place
- Integrated Quality Improvement Plan and associated performance management structure in place. Prioritisation of outstanding actions complete with revised completion dates agreed.
- Progress in addressing Conditions and Notices monitored by Conditions and Notices Oversight Group and Trust Board. 43 of 46 conditions remain. Request to CQC for 5 conditions relating to Maternity to be lifted.
- Peer reviews undertaken and actions monitored by SLT
- HEE/GMC Action Plan achieved and 3 EMC conditions lifted
- Accountability Framework in place to improve performance against standards and KPIs
- Corporate strategy and Quality priorities published underpinning work plans in development
- Effective COVID governance and response & nurse staffing risks mitigated during pandemic
- Risk Management process review undertaken
- Assurance received from NHSI regarding Infection Control (red to amber) 2019
- Documentation Audit of Fundamentals of Care has given positive assurance relating to consultant reviews, VTE prescribing and communication with relatives
- Infection control Board level self-assessment NHSI/E – August 2020

**Gaps in Control and Assurance**

- Diagnostic imaging capacity and associated delays and backlog following pandemic response
- Variable operational performance
- Significant Section 31 Conditions and 29A warning notices – ED & Medicine outstanding, external support requested
- Care of the deteriorating and dying patient

# KEY STRATEGIC OBJECTIVE 2 – QUALITY

**EXECUTIVE OWNER:** **Chief Operating Officer** | **DATE LAST REVIEWED:** **September 2020**
**RESPONSIBLE COMMITTEE:** **Finance & Activity Committee** | **NEXT REVIEW SCHEDULED:** **October 2020**

**Strategic Objective**
To modernise our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care

**Risk Appetite:** We have a **LOW** risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements
We have a **MODERATE** risk appetite for risks related to the Trust estate and infrastructure except where they adversely impact on patient safety and regulatory compliance
We have a **HIGH** risk appetite for the adoption and spread of new technologies whilst ensuring quality for our service users

**Initial Risk Rating: 4(C) x 5 (L) = 20**
**Current Risk Rating: 4(C) x 4(L) = 16**
**Target Risk Rating: 6-10**
**Risk Behaviour: MINIMAL - CAUTIOUS**

**Principal Risk – 2757 (16)**
There is a risk that patients may receive sub-optimal care / treatment, with failures associated with:
- Estate
- Digital Infrastructure
- Medical Equipment

**Aligned Significant Risks**
**392** Roof (20)
**2343** Cyber-crime (15)

**Rationale for Current Risk Score**
- Risk score reflects fact that 3 of the 13 current significant risks are aligned to achievement of this objective
- Old hospital estate with significant backlog maintenance issues
- Significant financial implications associated with further treatment of aligned risks such as roof
- Trust in Special Measures & and outstanding CQC notices
- Many clinical areas known to need refurbishment, upgrades or improved layout or facilities
- Reputational damage – Trust recognised as being digitally 'immature.' (2019 HIMSS Electronic Medical Record Adoption Model (EMRAM) Assessment score for QEH was 0.03950 against national mean of 2.3)
- In partnership with STP colleagues, Trust is on journey to develop ICT technologies and transformational service solutions with clear digital roadmap for delivery for this financial year & beyond.

**Emergent Risks**
- Lack of electronic patient records
- Lack of electronic prescribing
- Lack of capacity in the Estates team

**Future Opportunities**
- Engagement in development of OBC for capital investment in Diagnostic Assessment Centre (DAC)
- Trust has embraced the digital opportunities as a result of COVID including remote working, use of 'TEAMs' and implementation of 'Attend Anywhere' to support remote consultations.
- Discussions with national NHSE&I colleagues for larger scale future site development/investment opportunity
- STP partnership work includes implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution.

**Controls in Place and Assurance**
- Capital Allocation has been made at an STP level and a Strategic Capital Board is in place with each organisation represented at Executive level.
- The capital programme has been finalised and addresses critical backlog issues and investment requirements on a risk based assessment. Executive level monitoring of progress against the detailed business cases of the plan and the expenditure incurred.
- STP Digital Strategy, and Annual digital plan in place – NED engagement in STP work-stream
- Cyber plan in place, cyber security reports and internal audits to Audit Committee and Board
- Resources identified to deliver digital strategy and cyber plan

**Gaps in Control and Assurance**
- Additional capital has been allocated to the Trust and robust plans and business cases are required to ensure delivery of the capital plans within the year
- Trust has not rolled out electric patient records or electronic prescribing
- Identification and development of transformation schemes to support long term sustainability

# KEY STRATEGIC OBJECTIVE 3 – ENGAGEMENT

**EXECUTIVE OWNER:** Deputy CEO
**RESPONSIBLE COMMITTEE:** People Committee
**DATE LAST REVIEWED:** September 2020
**NEXT REVIEW SCHEDULED:** October 2020

**Strategic Objective**
To strengthen staff engagement to create an open culture with trust at its centre

**Risk Appetite**
We have a **MODERATE** risk appetite for decisions taken in relation to workforce.

**Initial Risk Rating: 4(C) x 3(L)= 12**
**Current Risk Rating:**
**4(C) x 3(L) = 12**
**Target Risk Rating: 12-16**
**Risk Behaviour: CAUTIOUS**

**Principal Risk – 2758 (12)**
There is a risk that Trust leaders may be unable to strengthen staff engagement and trust impacting on the development of an open culture at the Trust

**Rationale for Current Risk Score**
- No significant risks currently aligned to the achievement of this objective
- 2019 National staff survey only Trust in region to show improvement in all areas
- Quarterly Pulse checks showing some improvements
- Freedom to Speak up arrangements strengthened including recruitment of 14 Freedom to Speak up champions
- Culture transformation and behaviour programme in place
- Strengthened health and wellbeing programme

**Emergent Risks**
- Medical engagement
- Medical leadership capacity to deliver improvements
- Staff morale and well-being relating to COVID-19 particularly amongst BAME staff group
- Organisational culture

**Aligned Significant Risks**
No Significant Risks currently aligned to this principal risk

**Future Opportunities**
- CD development programme from March 2020
- Local workforce and community engagement

**Controls in Place and Assurance**
- 12 month Board Development programme commenced
- Leadership Strategy developed, including Divisional Leadership Programme & Senior Leadership programme
- Medical engagement score and survey being repeated
- Trust wide culture transformation under development
- Board capacity and succession planning in place – 90% substantive Board, NED recruitment complete
- CEO and Executives undertaking monthly forums, listening events and targeted briefings for different staff groups including junior doctors, consultants
- People work plan under development
- Annual Staff Engagement programme for 20/21 in place, with 3 priority work-streams – Culture & Learning, Reward & Recognition, and Health & Well-being. Financial support to deliver programme also agreed
- Strengthened emotional wellness support in place for staff with clinical psych and PTSD posts
- Staff survey action plan in place at Trust and Divisional level
- Pulse checks carried out quarterly & staff ideas funded for 2020 /21
- Full-time Head of Staff Engagement seconded to the Trust & substantive Head of Comms & Engagement appointed
- Strengthened reward and recognition programme in place
- Senior Head of Culture started in post in September 2020 and Band 7 OD Lead to be appointed by October 2020
- Civility saves lives training in September 2020 and November 2020
- New BAME and LGBTQ staff networks in place
- Patient Safety Learning Event – 8 September 2020
- Bands 5, 6 and 7 leadership programmes development programmes recommenced in September 2020

**Gaps in Control and Assurance**
- Medical leadership not robust
- Medical engagement in improvement activities not evidenced
- Employee relations KPIs to be further developed
- Mechanisms for engagement with some staff groups e.g. junior doctors to be further developed
- Improved mechanisms for engagement with staff side to be agreed
- Majority of workforce indicators below target

# KEY STRATEGIC OBJECTIVE 4 – ENGAGEMENT

**EXECUTIVE OWNER:** **Finance Director**
**RESPONSIBLE COMMITTEE:** **Finance & Activity Committee**
**DATE LAST REVIEWED:** **September 2020**
**NEXT REVIEW SCHEDULED:** **October 2020**

**Strategic Objective**
To work with patients and system partners to improve patient pathways and ensure clinical and financial sustainability

**Risk Appetite:** We have a **HIGH** risk appetite for partnerships which may support and benefit the people we serve
We have a **HIGH** risk appetite for commercial gain whilst ensuring quality and sustainability for our service users.
We have a **MODERATE** risk appetite for financial/vfm risks which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.

**Initial Risk Rating: 4(C) x 3(L) = 12**
**Current Risk Rating: 4(C) x 3(L) = 12**
**Target Risk Rating: 8-12**
**Risk Behaviour: CAUTIOUS - OPEN (INFORMED)**

**Principal Risk – 2759 (12)**
There is a risk that the Trust is unable to work effectively with patients and system partners to improve patient pathways. This could impact the Trust's ability to ensure clinical and financial sustainability

**Rationale for Current Risk Score**
- No Significant Risks currently aligned to the achievement of this objective
- Year on year improvement in Trust's financial position achieved
- Surplus position delivered for 2019/20 with full delivery of CIP and high level of recurrent schemes.
- Month 4 2020/21 position breakeven and in line with national guidance.
- Positive cash flow based on national process.
- Capital envelope across the STP with prioritisation process across the system in place.

**Emergent Risks**
- Robust monitoring is required to ensure the recovery from COVID at a specialty level is aligned with the wider system response
- Lack of capacity in finance & contracting teams
- Capital expenditure envelope across the STP with a system-wide prioritisation process underway.

**Aligned Significant Risks**
No Significant Risks currently aligned to this principal risk

**Future Opportunities**
- Model Hospital / GIRFT and opportunity to be assimilated
- Trust is active partner in STP and able to influence system-wide decisions with financial and clinical impact
- Clinical strategy development between 3 Norfolk Trusts
- National confirmation required for financial architecture for the remaining months of 2020/21.

**Controls in Place and Assurance**
- Actively engaged in the Hospital Services Strategy for Norfolk and Waveney working alongside NNUH and JPUH to deliver the key workstreams including specialty review and redesign and alignment of policies and procedures in light of COVID. This is in line with the principles of the Acute Services Integration programme whilst developing Phase 2 / 3 COVID response.
- Monthly STP updates to Board.
- Regular Board to Board meetings with CCG and acute partners.
- Development and progression of Committees in Common.
- SFIs and associated policies and procedures in place.
- National guidance being followed in the absence of in-year control totals and national suspension of contracting and annual planning process. Monthly updates provided to Finance and Activity Committee on national guidance and the Trust's response.
- Month 2 2020/21 financial reporting in line with national guidance
- CIPs programme in place with schemes being assessed against the current national guidance and requirements.
- Positive cash flows due to national process.
- Capital expenditure envelope is based on STP allocation with prioritisation process in place.

**Gaps in Control and Assurance**
- A Refresh is required of the Long Term Financial Model and 5 year business plan.
- National guidance published for the first four months of 2020/21. Awaiting further national guidance for the remaining months of 2020/21.
- Significant work still to do to drive productivity within Trust and wider STP.

# KEY STRATEGIC OBJECTIVE 5 – HEALTHY LIVES

**EXECUTIVE OWNER:** Medical Director
**RESPONSIBLE COMMITTEE:** Quality Committee
**DATE LAST REVIEWED:** September 2020
**NEXT REVIEW SCHEDULED:** October 2020

**Strategic Objective**
To support our patients to improve their health and clinical outcomes

**Risk Appetite**
We have a **LOW** risk appetite for risks that might compromise the delivery of outcomes for our patients
We have a **HIGH** risk appetite for Clinical Innovation that does not compromise the quality of care.
We have a **MODERATE** risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the Trust.

**Initial Risk Rating: 4(C) x 3 (L) = 12**
**Current Risk Rating: 4(C) x 3 (L) = 12**
**Target Risk Rating: 6-10**
**Risk Behaviour: MINIMAL - CAUTIOUS**

**Principal Risk – 2760 (12)**

There is a risk that the Trust is unable to adequately support our patients to improve their health and clinical outcomes

**Rationale for Current Risk Score**
- No significant risks currently aligned to the achievement of this objective, however, risk grading at 12 reflects current position relating to Clinical Audit, NICE guidance and clinical guidelines
- Trust HSMR and SHMI within expected ranges
- HEE/GMC action plan complete and conditions lifted
- HEE risk rating improved from ISF3 to ISF2

**Emergent Risks**
- Local health inequalities may affect patients' abilities to improve their health and achieve best possible health outcomes
- Trust Clinical Audit function not fit for purpose (moderate risk added to risk register)
- Weekend mortality – more work is being undertaken to understand causes and issues
- The Research lead plans to resign – currently advertising for recruitment to the post

**Aligned Significant Risks**
No Significant Risks currently aligned to this principal risk

**Future Opportunities**
- Development of health promotion strategy
- Development of smoke free hospital site
- Increased STP joint working to improve local health outcomes
- Future work with NHSI and Dr Foster to understand weekend HSMR variance and agree Action Plan
- Revised Learning from Deaths Policy

**Controls in Place and Assurance**
- Participation in national and local Clinical Audits
- Process in place to review and update policies in accordance with required timescales
- Trust exceeding expectations regarding participation in clinical research. Trust has fastest clinical trial set-up time in the region. The Trust has exceeded the annual target for NIHR trials.
- Research governance framework in place
- HEE/GMC action plan complete and 3 GMC conditions lifted, positive feedback from HEE visit on 21 August 2020
- Assurance received from NHSI regarding progress with Infection Control Action Plan (from red to amber)
- 35 Trust staff have completed Quality Improvement & Service Re-design (QISR) training
- Full Medical Examiner Team in place reviewing 100% in patient deaths and Medical Examiner Officer advert live
- External support from NNUH for End of Life Care in place from 20 August 2020

**Gaps in Control and Assurance**
- Weekend HSMR above expected levels
- Unable to evidence compliance with NICE Guidance
- Clinical Guidelines process not robust
- Some Trust policies remain out of date
- Clinical Audit function
- Bowel and breast screening on hold (nationally) so screening targets will be harder to achieve
- Maternity Transformation programme on hold (nationally)
- Endoscopy capacity reduced to Covid IPAC recommendations

# KEY STRATEGIC OBJECTIVE 6 – HEALTHY LIVES

**EXECUTIVE OWNER:** **HR Director** | **DATE LAST REVIEWED:** **September 2020**

**RESPONSIBLE COMMITTEE:** **People Committee** | **NEXT REVIEW SCHEDULED:** **October 2020**

**Strategic Objective**

To maximise opportunities for our staff to achieve their full potential so that the Trust can deliver outstanding care

**Risk Appetite**

We have a **MODERATE** risk appetite for decisions taken in relation to workforce.

**Initial Risk Rating: 4(C) x 3 (L) = 12**
**Current Risk Rating: 4(C) x 3 (L) = 12**
**Target Risk Rating**: **12-16**
**Risk Behaviour: CAUTIOUS**

**Principal Risk – 2761 (12)**

There is a risk that Trust leaders are unable to maximise opportunities for staff which could impact on the ability of staff to deliver outstanding care

**Rationale for Current Risk Score**

- No Significant Risks currently aligned to the achievement of this objective
- Trust achieving safer staffing levels
- Most workforce related KPIs below trajectory, e.g. sickness, mandatory training and appraisal rates
- National workforce shortages in key clinical areas
- A Nurse staffing review relating to the COVID pandemic was undertaken and although a gap against anticipated activity was identified actual activity was less than projected, the gap did not materialise, and any risks associated with nurse staffing have been successfully mitigated

**Emergent Risks**

- COVID-19 risks related to staff sickness, mental health and wellbeing Difficulties in recruitment and retention for EU nationals now UK has left EU
- Poor trust reputation may affect ability to recruit and retain staff
- Local health inequalities may affect staff's abilities to achieve potential

**Aligned Significant Risks**

No Significant Risks currently aligned to this principal risk

**Future Opportunities**

- Overseas recruitment campaigns
- Further development of staff benefits to encourage healthy lifestyles e.g. car sharing incentives, bicycle loan purchase
- Further development of flexible and forward-thinking employment policies

**Controls in Place and Assurance**

- The development of an Integrated Workforce Plan to be aligned with corporate and clinical strategy
- Leadership Strategy developed, including Divisional Leadership Programme restarted in July 2020, Band 7, Band 6 and 5 development programmes planned to restart in Summer 2020
- Training programmes in place at different levels of the organisation, including training for Quality Improvement practitioners
- There is a plan to bring all HR / Workforce policies in date – there is a Policy Review Group in place chaired by the Director of Strategy
- COVID staff risk assessments are being undertaken
- Safer staffing levels being achieved, daily escalation and process in place to ensure safe staffing
- Recruitment pipeline management in place and compliance with standards monitored. Time to recruit has reduced by a third from over 100 days to 62.5 days (at May 2020).
- Local recruitment events programmed
- Strengthened staff health and wellbeing programme with focus on emotional wellness in place

**Gaps in Control and Assurance**

- Staffing resource in the HR department may affect development and delivery of key trust strategies and policies
- Workforce KPIs below trajectory
- Occupational Health recall systems ineffective and manual process in place
- Lack of effective and consistent mechanisms for addressing poor performance
- COVID staff risk assessments