

## Board Assurance Report

<b>PRINCIPAL RISK: 5 –FAILURE TO SUSTAIN AN ENGAGED AND EFFECTIVE WORKFORCE</b>		<b>Executive Lead: Executive Director of HR</b>
Strategic Priorities		
SP1 – To consistently deliver safe, effective high quality care achieving a positive staff and patient experience		
SP2 – to eliminate the variability of access to and outcome from our acute and community services		
SP4 – To develop extended clinical networks that benefit the patients we serve		
SP5 – To provide efficient and cost effective services and deliver better value healthcare		
<b>Purpose of Report:</b>		
To provide assurance to the committee that the controls in place to manage/reduce risks identified in the Board Assurance Framework (BAF) Document have been tested. The outcome of testing the controls will result in either positive assurance being provided or where a negative result has been obtained an action plan will be provide with this report.		
	<b>Date Submitted to Audit and Assurance Committee</b>	<b>17<sup>th</sup> September 2015</b>
<b>Information contained within this report has been scrutinised and challenged by lead Committee(s) to assure themselves of the effective operation of each key control relating to the principle risk as detailed below: (Executive lead to insert names and dates of Committees who have reviewed this report</b>		
OD & Workforce Committee – 4 <sup>th</sup> November 2014, 6 <sup>th</sup> January 2015, 3 <sup>rd</sup> February 2015, 3 <sup>rd</sup> March 2015, 7 <sup>th</sup> April 2015, 5 <sup>th</sup> May 2 <sup>nd</sup> June, 7 <sup>th</sup> July		
Audit and Assurance Committee – 20 <sup>th</sup> November 2014, 15 <sup>th</sup> January 2015, 12 <sup>th</sup> March, 21 <sup>st</sup> April, 17 <sup>th</sup> September 2015		
Declaration: As lead executive, having taken reasonable steps to test the effectiveness of controls to mitigate the risks of not achieving clinical sustainability, I recommend to the Audit and Assurance Committee that appropriate actions are being taken to close gaps in assurance and controls.		
<b>Recommendation to A &amp; A Committee: (To be completed by lead Executive)</b>		
To note actions completed and on-going in relation to Principal Risk 5		
<b><i>The evidence required by committee should be: proportionate, Appropriately independent, Demonstrate controls have been robustly tested / audited</i></b>		
<b>Report compiled by:</b> <b>Lee Radford – Deputy Director of TED</b> <b>Latest review September 2015</b>		

RISK 5.1 Failure to recruit, retain and develop competent leaders		
RAG: Gross Impact	4	Gross RAG Score 16
Gross Likelihood	4	
Net Impact	4	Net RAG Score 12
Net Likelihood	3	
<b>Key Controls in place:</b> (what controls/systems are in place to assist in securing delivery of our objectives)		
Effective and robust recruitment campaigns to attract individuals of the right calibre		
Proactive media campaigns – highlighting the successes of the Trust		
Leadership and Management Development Programmes – general staff, nursing and medical		
Board Development Programme		
Executive Team – individual and team coaching		
Effective personal development and new system (Appraisal)		
Recruitment & Selection Policy and Procedure		
TED Strategy		
Workforce Strategy		
Organisational Development Strategy		
Leadership Strategy		
<b>Sources of Assurance:</b> (The evidence that shows we are reasonably managing our risks and objectives are being delivered)		
Annual Staff and quarterly Pulse surveys – associated action plans		
Appraisal outcomes		
Recruitment data considered by OD and Workforce Committee		
Executive team monitor publication of positive media stories and ensure positive impact on reputation of the Trust		
Monitoring of staff in post and vacancies at OD and Workforce Committee, which provides assurance to TMB and the Board of Directors		
Exit Interview data – used to highlight themes and develop future work priorities to aid retention.		
Leadership and management development programme, attendance and annual showcase of project achievements		
TED Annual Report		
Board Development action plan reviewed at Board of Directors		
Programme of work for individual and executive team		
Training Needs Analysis		
<b>Assurance on Controls:</b> (where we have tested/audited our controls/systems to ensure they are adequate and effective)		
Internal Audit have audited our recruitment processes full review October 2013 and follow up May 2014. Significant assurance for Recruitment and		

Retention and limited assurance for process					
Regular feedback is received from attendees regarding the effectiveness of our leadership and management development offering – this together with the annual plan are used to review the programmes delivered and ensure they remain fit for purpose.					
Internal Audit of Return to Work interviews completed during July/August 2014 – reported to Board of Directors in September 2014 – actions included the recruitment of HR Business Partners and coaching and training of managers					
Actions associated with OD/TED workforce strategies monitored by OD & Workforce Committee					
<b>Gaps in Control:</b> (Where are we failing to put controls/systems in place? Where are we failing in making them effective? Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed)					
1.0 Robust system for talent management and succession planning					
2.0 Development and implementation of leaders to operate effectively in a service line management model					
3.0 Gap analysis and development of ‘middle tier’ managers					
4.0 Lack of comprehensive Leadership Strategy					
<b>Gaps in Assurance (Negative Evidence)</b> (Where are we failing to test/audit that our controls/systems, on which we place reliance, are effective. Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed.)					
<b>Action and Time Scales to close Gaps in Control and Assurance</b>					
Gap Ref No.	Action to close gap	Timescale	Lead Owner	Update	Closed (Y/N)
1.1	Develop and implement talent management and succession planning process	June 2016	Director and Deputy Director HR	Requirement referenced in Workforce Strategy, activity to commence	N
2.1	Develop and implement service line management development programme	March 2015	Director and Deputy Director of HR and Deputy Director TED	Strategic Leadership Event 19 September 2014 reviewed effectiveness of current structures.  Service Line Management Maturity Assessment completed and considered by Exec Team and Finance & Performance	Y  Y

				Committee.	
3.1	Complete TNA for middle managers and provide development opportunities to close identified gaps	July 2015	Director and Deputy Director TED	Training needs analysis process developed and data being captured. Utilise data from TNA and focus groups to develop training interventions to enhance effectiveness of middle managers.	Y
4.1	Development of Trust-wide Leadership Strategy	June 2015	Director of HR	Leadership Strategy has been completed and presented to Workforce and OD Committee in June 2015.	Y

<b>RISK 5.2 – LOW LEVELS OF STAFF SATISFACTION, HEALTH AND WELL BEING</b>			
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RAG: Gross Impact	4		Gross RAG Score 16
Gross Likelihood	4		
Net Impact	4		Net RAG Score 12
Net Likelihood	3		
<b>Key Controls in place:</b> (what controls/systems are in place to assist in securing delivery of our objectives)			
Sickness Absence Policy and Procedure			
Health and Well-being group – subcommittee of OD and Workforce Committee			
Occupational Health Services			
Action plans submitted resulting from the ‘Team Conversations’			
Enhanced support mechanism for staff who are absent with stress related illness			
<b>Sources of Assurance:</b> (The evidence that shows we are reasonably managing our risks and objectives are being delivered)			
National NHS Staff Survey results – associated action plans			
Annual Occupational Health Report – identifying attendances and Trends			
Annual NHS Staff Survey Outcomes and associated action plan			
Outputs of quarterly staff survey and staff FFT results			
Analysis of sickness absence data and reasons for absence, analysis of OH referrals and trends reported to OD & Workforce Committee, TMB and Board of Directors			
<b>Assurance on Controls:</b> (where we have tested/audited our controls/systems to ensure they are adequate and effective)			
Benchmark data assessed for Annual NHS Staff Survey and Staff FFT			

Benchmark sickness absence data reported to Board of Directors					
<b>Gaps in Control:</b> (Where are we failing to put controls/systems in place? Where are we failing in making them effective? Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed)					
1.0 Lack of evidence that Quality for All has been embedded across the Trust					
2.0 Absences related to stress remains high					
<b>Gaps in Assurance (Negative Evidence)</b> (Where are we failing to test/audit that our controls/systems, on which we place reliance, are effective. Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed.)					
<b>Action and Time Scales to close Gaps in Control and Assurance</b>					
Gap Ref No.	Action to close gap	Timescale	Lead Owner	Update	Closed (Y/N)
1	Extensive communications campaign to further engage managers in leading the implementation of Quality for All across the Trust	Nov 2014	Director of HR	Team Conversations campaign completed. 67 action plans completed and actioned.	Y
		Oct 2015	Deputy Director HR	Review actions to ensure embedded  On-going Programme of staff engagement being developed.	N  Y
		May 2015	Director of HR	Listening week undertaken across all three sites. outcomes to be collated and themed and action plan developed. Ongoing Executive engagement sessions have been booked for the year.	Y
2	Develop and implement mechanism for individual stress risk assessment – ensure appropriate support plans are developed	Oct 2014	Director of HR/Health and Safety Manager	Risk assessment tool developed and agreed by Health and Safety Committee – 9.10.14	Y
		July 2015		Individual RA stress assessment in place Stress focus groups undertaken and outcomes reported to OD & Workforce	Y

		Oct 15	Deputy Director HR	Committee – 03/02/15 Review number of staff off with stress	N
		Nov 15	Deputy Director HR	Review outcome of next staff survey	N

RISK 5.3 LOW LEVELS OF PARTICIPATION IN TRAINING AND APPRAISAL			
RAG: Gross Impact	4	Gross RAG Score 16	
Gross Likelihood	4		
Net Impact	4	Net RAG Score 12	
Net Likelihood	3		
<b>Key Controls in place:</b> (what controls/systems are in place to assist in securing delivery of our objectives)			
Appraisal {Policy and Procedure			
Mandatory Training Policy			
TED Strategy			
Annual completion of Training Needs Analysis and review of training programmes			
Employee self –service launched to allow employees to access training records on line			
<b>Sources of Assurance:</b> (The evidence that shows we are reasonably managing our risks and objectives are being delivered)			
Appraisal training attendance records			
Monitoring of appraisal completion rates			
Monitoring of mandatory training attendance			
Monthly and quarterly workforce reports which contain data on appraisal and mandatory training completion rates to OD & Workforce Committee, Trust Management Board and Board of Directors			
Divisional monthly performance reports and escalations (as appropriate to TMB)			
TED Annual Report presented to TMB and Board of Directors			
Evidence of assessment of training offering, mandatory training numbers and effectiveness of TED Strategy considered at TED Committee			
Staff received letter regarding individual ownership and responsibility for completion of mandatory training			

<b>Assurance on Controls:</b> (where we have tested/audited our controls/systems to ensure they are adequate and effective)					
Internal Audit review of Mandatory Training Survey – Benchmarking report December 2013					
<b>Gaps in Control:</b> (Where are we failing to put controls/systems in place? Where are we failing in making them effective? Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed)					
<b>Gaps in Assurance (Negative Evidence)</b> (Where are we failing to test/audit that our controls/systems, on which we place reliance, are effective. Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed.)					
1.0 Mandatory training compliance remains below the 90% target					
2.0 Appraisal rates remain below the 98% target					
<b>Action and Time Scales to close Gaps in Control and Assurance</b>					
Gap Ref No.	Action to close gap	Timescale	Lead Owner	Update	Closed (Y/N)
1	Provide on-going mandatory training to incorporate new legislations	Aug 2015	Deputy Director TED	Roll out of new e-learning workbooks was rolled out in April 2015.	Y
					Y
3	Enhance reporting of appraisal data	May 2015	Deputy Director HR	ESR is improving accuracy of appraisal data. This will help identify areas of focus for attention and further action.  Appraisal quality audited in April 2015 and shows strong improvement. Further improvements in ESR will continue throughout the year.	Y
		Sept 15	Deputy Director HR	Incremental pay policy review to ensure staff undertake appraisal prior to increment to be reviewed	N

RISK 5.4 FAILURE TO RECRUIT AND RETAIN APPROPRIATELY QUALIFIED WORKFORCE			
RAG:	Gross Impact	4	Gross RAG Score 16
	Gross Likelihood	4	
	Net Impact	4	Net RAG Score 12
	Net Likelihood	3	
<b>Key Controls in place:</b> (what controls/systems are in place to assist in securing delivery of our objectives)			
Monitoring of Staff in post numbers by staff group			
Monitoring of Pay expenditure by staff group			
Monitoring of nursing staff numbers and rotas			
Staff group specific recruitment campaigns, Local, National and International e.g Registered Nurses			
Recruitment and Retention Policy			
Daily staffing report to executive team to monitor Registered Nurses staffing numbers			
Medical Workforce Strategy			
<b>Sources of Assurance:</b> (The evidence that shows we are reasonably managing our risks and objectives are being delivered)			
Monthly staff in post data – reported to OD & Workforce Committee, TMB and Board of Directors			
Monthly pay expenditure by staff group – reported to OD & Workforce Committee, TMB and Board of Directors			
Recruitment of international nurses has been successful with high levels of retention.			
The Trust has recruited 140 Registered nurses, 56 of which were international. Subsequently only 4 international nurses have left the Trust this is a higher retention level than other local trusts.			
<b>Assurance on Controls:</b> (where we have tested/audited our controls/systems to ensure they are adequate and effective)			
Detailed board report regarding compliance of nurse staffing numbers, identifying trend analysis and ‘hot spot’ areas – Board of Directors monthly			
<b>Gaps in Control:</b> (Where are we failing to put controls/systems in place? Where are we failing in making them effective? Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed)			
1.0 Staff numbers in post remain below acceptable levels			
<b>Gaps in Assurance (Negative Evidence)</b> (Where are we failing to test/audit that our controls/systems, on which we place reliance, are effective. Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed.)			
<b>Action and Time Scales to close Gaps in Control and Assurance</b>			



Gap Ref No.	Action to close gap	Timescale	Lead Owner	Update	Closed (Y/N)
1.1	International recruitment campaigns – Northern Ireland, Greece and Rome	November 2015	Deputy Director of Nursing	International recruitment campaigns ongoing to recruit 120 nurses	Y
1.2	Local and International Recruitment Campaigns	September 2015	Deputy Director of Nursing/HR	<p>Local Campaigns commence 16/02/15 supported by improved branding</p> <p>European recruitment campaigns to commence – March 2015</p> <p>Wider International recruitment campaigns to commence September 2015.</p> <p>Local campaign April 2015 culminated in recruitment day 15 appointments made. Contracts made for EU and non EU international recruitment. May 2015 recruitment to commence June 2015. Successful Philippines international recruitment completed in August 2015 and further European recruitment being carried in September 2015.</p>	Y
1.3	Enhance local media campaigns	<p>March 2015</p> <p>Aug 2015</p>	<p>Deputy Director of Nursing/HR</p> <p>Deputy Director of Nursing/HR</p>	<p>TMP Engaged in developing SFH Media presence brand to aid recruitment of staff. A recruitment video has been developed and this was shared with staff at the Team brief in April.</p> <p>Video utilised in recruitment process benefits to be assessed. Recruitment video completed and used as part of recruitment campaign.</p>	<p>Y</p> <p>Y</p>

RISK 5.5 – FAILURE TO ENSURE HIGH QUALITY OF SAFE TRAINING AND EDUCATION PROVISION		
RAG: Gross Impact	4	Gross RAG Score 16
Gross Likelihood	4	
Net Impact	4	Net RAG Score 12
Net Likelihood	3	
<b>Key Controls in place:</b> (what controls/systems are in place to assist in securing delivery of our objectives)		
Health Education England Quality Standards.		
Workforce and OD Committee		
Training, Education and Development Committee		
TED Strategy		
Workforce Strategy		
Pre-Registration nursing Practice Learning Committee		
Training, Education and Development Committee		
Organisational Development Strategy		
Undergraduate and Post Graduate Medical Education Committees		
Drop in session for junior doctors with Medical Director and Post Graduate Medical Education Directors		
<b>Sources of Assurance:</b> (The evidence that shows we are reasonably managing our risks and objectives are being delivered)		
Annual Health Education England Quality Visit of multi-professional training and education		
Annual GMC survey		
Director of Post Graduate Medical Education quarterly report to the Board.		
Foundation trainees end of placement surveys.		
TED Annual Report		
HEI quality visits		
Health Education East Midlands Action plans are monitored on a monthly basis by the Workforce and OD Committee		
HR Monthly Board reports		
<b>Assurance on Controls:</b> (where we have tested/audited our controls/systems to ensure they are adequate and effective)		
Monthly reporting to the Workforce and OD Committee on multi-professional training and education and associated action plans		
Annual Health Education East Midlands annual quality review		
NMC Quality reviews of education provision		

Actions associated with OD/TED workforce strategies monitored by OD & Workforce Committee					
<b>Gaps in Control:</b> (Where are we failing to put controls/systems in place? Where are we failing in making them effective? Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed)					
<b>Gaps in Assurance (Negative Evidence)</b> (Where are we failing to test/audit that our controls/systems, on which we place reliance, are effective. Please ensure that for each gap you provide additional information in the action and timescales section on how the gap will be closed.)					
1.0 Our ability to engage with trainees informally to identify potential patient safety/educational issues early					
2.0 Our ability to engage with service in order to provide assurance that trainees are well supported and service provision is effective.					
<b>Action and Time Scales to close Gaps in Control and Assurance</b>					
Gap Ref No.	Action to close gap	Timescale	Lead Owner	Update	Closed (Y/N)
1.1	To develop informal sensing approaches with student nurses and AHP trainees to sense check the quality of their training and education.	June 2015	Deputy Director TED	Focus groups being developed.  Focus group for nursing students set for 11 <sup>th</sup> June 2015. These groups will take place once a quarter and AHP trainees will also be invited.	Y
1.2	Medical Director to lead T&O team development sessions to help improve communication, behavioural standards and surgery site markings and consent process. This is a significant risk for the Trust as HEEM have made it clear that T&O trainees could be removed from the Trust in August 2015 if sustained improvements are not implemented.	June 2015	Medical Director & Head of Service.	Team development sessions have taken place on a 6 weekly basis and have been very positive. During a recent HEEM informal visit trainees had reported improvements in communication and behavioural standards. Monthly audits implemented and presented to divisional governance committees have demonstrated high levels of compliance with consent and surgery site markings.	Y

				<p>Audits demonstrate strong improvement of consent and site markings. Good feedback continually received from trainees about behavioural improvements. Audit scheduled in June will be used to assess if improvements have maintained sustainability.</p> <p>Further positive feedback received from School and final visit to take place in July 2015.</p>	
1.3	Current Junior Doctors Forums are not working and allowing the Trust to pick up on issues from trainees regarding concerns with training, patient safety and operational issues.	<p>August 2015</p> <p>Ongoing</p>	Director of Post Graduate Medical Education and Deputy Director of TED.	<p>A new standardised approach to JDFs is currently being designed to include quarterly sharing of common interests, improve divisional monitoring and governance processes and feedback mechanisms. New JDF format rolled out 5<sup>th</sup> August and will continue to be sense checked.</p> <p>The Deputy Director of TED is working with HEEM to develop an additional support package that will enable the Trust to work more closely with trainees to obtain early feedback on issues.</p>	<p>Y</p> <p>Y</p>
2.1	Development of the Radiology Team to improve communications and behaviours.	December 2015	Divisional General Manager D&R and Medical Director.	<p>Service review of Radiology has been completed, including work on improving behaviours and communications. Ongoing development and training is currently taking place.</p> <p>Further concerns were reported by</p>	N

				trainees during the GMC visit in June and the Trust is now investigating the possibility of recording of phone calls from ED to Radiology and other specialties.	
2.2	Improvement of variability of locum cover and senior support/leadership in ED.	Ongoing	Head of Service for ED	<p>3 additional middle grade doctors have now been recruited which will result in fewer locums being employed. Middle grade doctors are currently undergoing competency training. End of placement survey of foundation doctors have reported an increase in the quality of locum doctors.</p> <p>Additional consultant now in post which will help increase senior support. Enhanced GMC visit on 4<sup>th</sup> June will assess senior support and quality of locum cover further.</p> <p>Discussions with consultants to extend consultant leadership cover out of hours is currently being discussed. Two additional long term locums have been recruited to increase ED cover but will need to be continued to be monitored.</p>	N
2.3	Improvements in the recording of blood results on the ICE system.	May 2015	Pathology	The ICE system has been made more user friendly to show blood results in a chronological order. Issues still remain that the times that blood results have been taken are not being recorded on manual forms. Communications have been sent out and a further audit has been carried out in April which still show only a 21% compliance. Further strengthening of	Y

				communications to all medical staff is being undertaken. During HEEM visit on 7 <sup>th</sup> May 2015, Trainees reported that the changes made to the ICE system were much more user friendly and was working much better.	
2.4	Improvements required in the way Ophthalmology clinics are run and staffed.  Improved supervision of trainee doctors are required to ensure adequate supervision is in place at all times or trainees will be removed from the Trust in August 2015.	September 2015	Divisional General Manager PCS/Head of Service for Ophthalmology.	Medical Director has met with DGM PCS to discuss these issues and will be scheduling a series of development meetings with the Ophthalmology team to look at identifying and implementing improvements. Head of Service for Ophthalmology has created an action plan and is rapidly progressing urgent actions with support of DGM PCS and Business Managers. Ophthalmology visit set for 11 <sup>th</sup> Sept 2015.	N
2.6	ED Workforce plan is not sustainable and requires further improvements in order to maintain sustainability.	December 2015	Head of Service for ED and Clinical Director for ED	HRBP for ECM and Head of Service are currently improving the ED workforce plan in conjunction with key internal stakeholders. HEEM have created a bespoke support package to help the development of a sustainable workforce plan.	N
2.7	Greater assurance is required from service to ensure that known issues with service provision that may affect trainees or educational visits are identified prior to an educational visit and action plans are in place to address these.	September 2015	DGMS, Medical Education and Quality Manager	A new engagement process between service and medical education will be created to share trainees concerns and to understand at an early stage any service issues that may affect trainees or the outcomes of an educational visit. These outcomes will be fed into the Workforce and OD Committee on a quarterly basis. New JDFs created and rolled out from 5 <sup>th</sup> August 2015. Ongoing sense checking to be	Y

				maintained.	
2.8	GMC Enhanced monitoring of ED.	Ongoing	Clinical Director, Head of Service for ED	A range of issues relating to interactions, pathways, internal and external communications, quality of locum cover and sustainable workforce were identified by the GMC/HEEM. A bespoke support package has now been developed by HEEM to help the Trust to improve these issues over a period of time. A detailed action plan is in place and is being progressed and monitored by the Medical Director and Deputy Director of TED.	N