

Top 10 corporate risks

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1	Quality and Operations	57	CQC inspection March 2014	The quality, safety, financial and reputational consequences associated with the CQCs' published report into the Trust	N	5	5	25	Interim Chief Executive	Mar-17	Externally facilitated workshop with CCG leads has taken place as a starting point to build better relationships with commissioners. The High level action plan was sent to the CQC on 23 September 2014. There has been divisional engagement with the more detailed, local action plans that are required. The Trust is in Special Measures with Monitor and subject to a monthly review meeting. A series of diagnostic programmes have commenced; these include divisional governance and data quality. A Ward to Board governance review has taken place and a report issued which highlights over 50 actions to be taken.	A series of engagement events with staff have taken place, but more work of staff engagement is be required; this is being aligned with the We Care programme developments. An interim Improvement Director has undertaken an initial review of the Trust and an Programme manager identified to follow through the HLIP, supported by an Improvement Plan Delivery Board with staff involvement. A formal Improvement Director was appointed by Monitor and she has overseen the publication of the NHS Choices Action Plan on their website. A clinical lead to support the programme was appointed in November 2014 alongside a dedicated Programme Manager. A cultural change programme is being developed and embedded. This programme is subject to constant monitoring and specific risks identified as part of the on-going monitoring. The date for re-inspection is 13 July 2015 and this too subject to a separate programme, with clear workstreams identified.	5	4	20	↔
2	Performance	34	A&E performance standards	The 2011/12 Operating Framework contained a number of new standards relating to A&E performance. These are now used as internal stretch targets and Monitor has reverted to compliance against the four-hour admission/discharge standard for A&E at 95%.	N	5	5	25	Director of Operations	Jun-15	There has been financial support in terms of reablement funding which the Trust has been utilising. EKHUFT have been in discussion with Commissioners and Provider Partners with regards reablement schemes and support for 2014/15, with a view to building on the work undertaken during this winter, especially with regards additional external capacity. Analysis of Delayed Transfer of Care patients is sent daily to Community/Social Service and other Health care providers. EKHUFT have also worked with Social Services to ensure the accuracy of reportable DTOC's as well as the inclusion of a 'working total' to provide an internal early warning system for each acute site. Multi-agency teleconferences are held twice weekly, increasing to daily when under sustained pressure. There has been minimal impact of community schemes for admission avoidance.	Quarterly meetings are held with the Chief Executive, Chairman, Chief Operating Office and the Non-Executive Directors to review the performance of A&E. These meetings are used as a way of discussing the operational issues facing the departments and how to address these. There is an Urgent Care Integrated Care Board which is chaired by Commissioners. The increased pressure recognised throughout the year to date continues. Mitigations include, surge resilience funding, additional consultant weekend cover, recruitment to vacant middle grade and substantive consultant posts, increased psychiatric liaison serves and joint post for a critical care paramedic resource at the QEQM for 3 months. The impact of the Perfect Week required evaluation.	4	4	16	↔

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3	Finance	27	Internal - Financial Efficiency Improvements and Control	Trust fails to meet its savings target for 2014/15, the £25.2 million and the 2016/17 £9.0 million targets and without action with Trust will miss its CIP target by more than £10 million. Working Capital may be insufficient to support Trust's investment and capital replacement plan through a reduction of EBITDA compared to plan or increased debt compared to plan. This would also impact on the Financial risk rating for the Trust. Cost control, performance management systems fail to prevent avoidable cost increases and reduced financial efficiency. Delivery of the annual plan is adversely impacted due to delays in the completion of significant service developments. Opportunities to improve efficiency or patient care are delayed reducing profitability and ability to deliver plan agreed with the Board and Monitor. Trust slow to respond to reduced profitability, impacting on achievement of plan and future financial stability.	N	5	5	25	Director of Finance and Performance	Apr-16	Framework for 3 year rolling Efficiency programme in place. Focus on high value cross cutting themes. Key areas for efficiency improvement identified through benchmarking assessments. Programme Boards, with Executive leadership, formed to manage key corporate improvement areas, e.g. theatre productivity, revisions to patient pathways. Assurance provided through extended gateway process, including tracking system. Routine reporting of planning and performance of efficiency programme through Management Board meetings and Finance & Investment Committee.	Full plan for 2015/16 to be submitted to March 2015 F&IC. Merging the resources of the Programme Office with the Service Improvement team to explore and develop a wider, more effective range of CIP schemes. Likely to benefit from the arrangements being made with CCGs Performance monitored at monthly meetings and recovery plans produced to confirm full achievement at year end. The focus of control is around ongoing project review and scrutiny from Trust committees and expert technical departments. New Project Management system introduced.	4	4	16	↔
4	Finance	29	External - CCG Demand Management, Contract Negotiations and Financial Challenges	Movement from block to cost per case for non-elective work increases the risk associated with demand fluctuations, activity capture and competition. Proposed further changes to contract types that could change the balance of risk between commissioner and provider. The transfer of activity to Specialist Commissioning Contracts and Public Health Contracts increases the risk of challenge for non-payment due to non-commissioned activity	N	5	5	25	Director of Finance and Performance & Director of Operations	Apr-16	Contract monitoring in place. Detailed activity plans to monitor variances. Data capture has been tested and checked for robustness. The contract for this year has negotiated out a number of issues that led to previous contracting disputes. The separation of SCG and CCG commissioners has been a problem and does increase the risk associated with the split issue should be less this financial year. The capped PbR contract will effectively encourage a reduction in activity is managed. The Trust is more exposed to a financial problem resulting from over performance of this contract. Increase in contract value should occur in 2015/16.	The contract allows for a more collaborative approach to contract management, plus a cap on fines of £4million. The capped PbR contract gives a potential "amnesty" on coding issues. No risk of new challenges over pricing and coding, however, any income above the CCGs threshold will not generate a payment. Fines will not exceed the £4million contract value. The proper management of the contract in 2015/16 should provide the financial headroom to allow for service change to be completed.	4	3	12	↔

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5	Operational	3	Patient safety, experience and clinical effectiveness compromised through inefficient clinical pathways, patient flow & delayed transfers of care	Unplanned use of extra beds with un-resourced staffing and patients outlying form their appropriate speciality, which may compromise patient safety and resulting delays	N	4	5	20	Chief Nurse and Director of Quality & Director of Operations	Apr-16	Managed by General Managers and Senior Site Matrons in post at KCH, QEQM and WHH. Leadership & management programmes are underway to facilitate changes. Monitoring and assurance provided by daily bed meetings (0900hrs, 1600hrs and 1645hrs - UCLTC), weekly operational meetings, fortnightly NEDs meetings to review capacity and flow data, monthly site lead meetings with UCLTC Top Team reviewing length of stay and net admission to discharge ratio (RR) and fortnightly performance improvement meetings chaired by CN&DoQ commenced. Updated weekly to ensure immediacy of the information required. Performance dashboard includes indicators of additional beds and outliers. Review of bed management system currently considering a move to an electronic system supporting real time reporting. The Emergency Care Improvement Programme is in place which covers LOS. This risk is linked to risk number 34 - A&E targets	Bed management review of current systems & group established to review national processes & benchmark current practice. Linked to reduction of additional beds/outliers through improved systems & bed management systems. Medical Director, Chief Nurse & bed holding Divisions reviewing, with consultants & matrons. EC-IST review of whole system, recommendations driving improvements with work programme to support better patient flows. Progress & successes to be measured e.g. Internal Waits Audit, defining Top 10 pathways of care for high risk specialities to improve efficiencies around capacity and reduce readmissions, extending Outpatient Clinic sessions from 3.5hrs to 4hrs, EDD and EDN accuracy and timeliness, qualitative analysis of UCLTC Morbidity & Mortality meetings, review of Discharge and Choice Policy and review of job plans to enable more timely ward rounds. Capacity profiling shows reduction in extra beds & improvements in outliers. Reablement schemes agreed with commissioners to improve flow outside the Trust.	4	3	12	↔
6	Quality	59	Staff survey and staff engagement	The objective to improve the overall score in the staff survey is not likely to be met. The scores from the staff Friends and Family Test (FFT) showed a deterioration in performance from Q1 to Q2, in the section staff recommending the Trust as a place to work, following the national publication of the CQC inspection reports	N	4	5	20	Director of HR	Mar-17	The We Care programme has been established for two years and the next step is to commission the services of a partner to support the next steps in the programme. The "delivering our cultural change" was initiated in September 2014. It is anticipated that the programme will take between 18-24 months to complete, but a diagnostic phase is required in order to guide the specific work streams. A preferred supplier has been identified and a culture change programme manager recruited. The programme of staff listening exercises will continue and a revised raising concerns policy approved.	The We Care Steering Group will monitor delivery of the plan, through their monthly meetings, with regular reports to the Quality Board. Local issues and actions will be monitored by Division through the quarterly FFT surveys and executive performance reviews. Collaboration with our external partners to develop and agree overall programme progress "checkpoints", which will include feedback from front line staff and those involved in delivering the programme will take place. This will allow the identification of:- <ul style="list-style-type: none">• emerging issues to help the Executive Team identify positive and negative drivers for staff engagement and motivation;• any of quick wins by which senior leadership can demonstrate listening and connection with front line staff;• any changes required to the programme in response to feedback. The success of this programme will be monitored by the Board through the production of a quarterly report, reporting against key milestones and outcomes, evaluating progress and making recommendations on changes as necessary.	4	3	12	↔

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7	Strategic	63	Board stability and potential loss of organisational memory with significant changes to the BoD	There are a number of significant changes to the Board of Directors at an executive and non-executive level within the next 1-6 months. There is a potential loss of organisational memory and a number of key positions are interim positions	N	4	5	20	Interim Chief Executive	Oct-15	Interim positions at CEO and Chief Nurse and Director of Quality have been identified and are in place. Recruitment into the COO and Director of Finance roles are in place and substantive. There is a recruitment process in place for the soon to be vacant position of Chair. NEDs reaching the end of their tenure will be replaced.	There is stability across the staff in Deputy director posts across key corporate and clinical areas. Monitor will continue to review performance as part of the programme of Special Measures.	2	5	10	New
8	Clinical and operational	60	Difficulty in recruitment of staff against vacancies and national shortages in some hard to recruit posts	There are a number of vacancies within the Trust in nursing, medical and some allied health professionals and, due to national shortages in some of these areas, recruitment has proved problematic because of the competing demands of other organisations. NICE has published guidance on nurse staffing levels in ward areas and plans to publish for A&E	N	4	5	20	Director of HR	Apr-16	The Trust is finalising the six-monthly review into nurse staffing and acuity; the results of which will be presented at the BoD in January 2015. This includes a review of specialist areas as well as general ward based. The vacancy rate for each professional group is being monitored as part of the CQC Improvement Plan and there are targets agreed for each profession and for key specialty areas e.g. A&E, paediatrics and non-obstetric ultrasound. This will be reported at the monthly Monitor performance review meeting. The Trust is 85% through the £2.9 million investment into staffing, which was approved at the Board in November 2013.	The HR director has reviewed the recruitment pathway and there is a close working relationship with HEKSS and the local Universities to develop innovative approaches to training in some areas to release registered staff from some activities. Board paper on ward/specialist area staffing to BoD in Jan-15	4	2	8	↔

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9	Clinical	54	Delays in cancer treatment and potential issues with MHRA compliance due to temporary closure of the aseptic service	Delays in the provision of sterile chemotherapy drugs resulting in patient safety, patient experience, staff morale and clinical trial activity risks	N	4	5	20	Director of Pharmacy	Aug-15	The whole service has been closed temporarily whilst the underlying problems are rectified; this includes ordering chemotherapy agents from an external source. A full RCA is being carried out into the whole service and the gaps in service and stock control identified across the pathway. This will be presented to the QAB once complete and the identified action monitored. An updated position was presented to IAGC in April 2015; there is likely to be a change to the current MHRA licensing to limit activity to Schedule 10 activity. The regional aseptic lead is assisting the Trust to ensure long term stability and safety of the service.	Patients kept informed of the changes to the service and redress for extended parking has been paid by the Trust. There is weekly meeting in place between cancer services and pharmacy. The additional stress being experienced by staff is being managed and further support offered. The Qualified Person (QP) for the service has recently resigned. There is provision in place for locum cover whilst a permanent replacement is identified. The phased re-opening of the service has been affected as a consequence of further staffing difficulties; the vacancies are now being recruited.	4	2	8	↔
10	Quality and Operations	30	Internal - Operational Performance Targets	Trust is fined in year for failure to meet targets such as same sex accommodation, readmissions, delayed Ambulance transfers and non collection of appropriate data. The readmissions fine is financially the most significant.	N	5	4	20	Director of Operations & Chief Nurse & Director of Quality	Apr-16	The unmitigated consequences are significant and the potential in year impact could exceed £5 million and over the 3 years, exceed £10 million. The single largest contract penalty that the Trust is exposed to is associated with readmissions. The financial range of penalty has been valued at £3-£9 million per annum. Some dispute with CCGs over the measurement of readmission penalty; this ranges from £2.5 to £6 million	The contract for 2014/15 is based on the Trust's plan, including its own risk evaluation for readmissions being £3 million. The capped PbR contract removes the exposure for the Trust of any greater fine. Increased focus on readmissions monitored through the new project management programme	2	2	4	↔