

Strategic Risks Report (By Residual Risk Ranking)

Report Date	05 Sep 2017
Comparison Date	In the past 30 Day(s)




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Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 10	Non-delivery of a timely Sustainability and Transformation Plan that can be resourced Risk Owner: Elizabeth Shutler Delegated Risk Owner: Last Updated: 16 Aug 2017 Latest Review Date: 15 Aug 2017 Latest Review By: Dorothy Otile Latest Review Comments: Risk reviewed by Liz Shutler. The residual risk score has increased due to further delays in agreeing a single CCG governance body in East Kent and lack of sign off around Orthopaedics being part of the consultation by one CCG. All actions have been updated with progress.	01 Jun 2016	Cause - STP timescales slip due to national management of the process - Parliamentary timing may not be conducive to timely implementation Effect - Delay to EKHUFT clinical strategy - Poor patient care - Emergency transfer of services will become necessary - Enforcement actions - Trust's provider licence (finance)	AO4: Partnership: Work with other people and other organisations to give patients the best care	I = 5 L = 4 Extreme (20) 	Clinical standards reviewed Control Owner: Elizabeth Shutler	Substantial	I = 5 L = 4 Extreme (20) 	CCG sign off at Governance Boards of the Clinical Models Hurdle criteria, evaluation criteria and long list of options Person Responsible: Elizabeth Shutler To be implemented by: 30 Sep 2017	High	15 Aug 2017 Three of the CCGs signed off the Clinical models and the hurdle criteria. One CCG turned down the Orthopaedics progressing. There is a delay until early September for a review of the decision by the Governing body.	I = 5 L = 2 Moderate (10)
						East Kent Delivery Board in place which meets regularly to ensure delivery of an agreed plan Control Owner: Elizabeth Shutler	Substantial		Presentation of the capital requirements to the NHSE Investment Committee as part of the Pre-consultation Business Case Person Responsible: Elizabeth Shutler To be implemented by: 31 Oct 2017	High		
						Internal Clinical Strategy Group in place Control Owner: Matthew Kershaw	Adequate		Produce Financial Plan linked to delivery of the STP Person Responsible: Nick Gerrard To be implemented by: 31 Oct 2017	High		
						Kent and Medway STP steering group in place Control Owner: Elizabeth Shutler	Substantial		Public consultation on the options in relation to the East Kent elements of the plan Person Responsible: Elizabeth Shutler To be implemented by: 30 Apr 2018	High		
						STP submission to NHS England Control Owner: Elizabeth Shutler	Substantial					

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SRR 16	Failure to maximise/sustain benefits realised and evidence improvements to services from transformational programmes Risk Owner: Matthew Kershaw Delegated Risk Owner: Elizabeth Shutler Last Updated: 17 Jul 2017 Latest Review Date: 17 Aug 2017 Latest Review By: Dorothy Otite Latest Review Comments: Actions reviewed by Action Owners. Progress notes added. Joint risk review meeting planned for 22 August with CEO, COO and Director of HR.	27 Feb 2017	Cause * Lack of experience / capability in the particular area of change * Lack of capacity of those who need to lead and embed the change * Lack of resources to deliver / implement and sustain change * Trust's lack of appetite for change in some areas to be implemented *Unavailability of the space and physical resources to implement and embed the change * Architecture / governance for change is not embedded. Effect * Inability to maintain safe, effective and caring services * Inability to delivery the transformation required to exit Financial special measures * Licence restrictions *Regulatory concerns * Reputational damage	AO3: Provision: Provide the services needed and do it well	I = 4 L = 5 Extreme (20) <div><div></div><div></div></div>	Financial Improvement Director appointed by NHS Improvement following financial special measures. The FID brings vast experience in "turnaround" and has implemented a new methodology for identification and development of improvement programmes. Working alongside the Executive and Programme Support Office. Control Owner: Matthew Kershaw	Substantial	I = 4 L = 4 High (16) <div><div></div><div></div></div>	Approval for 2nd Phase of the Leadership Development Programme Person Responsible: Sandra Le Blanc To be implemented by: 31 Aug 2017	High	15 Aug 2017 Initial feedback was received from NHSI on 9 August 2017. A conference is planned to respond to this and re-submit the business case.	I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>
						Non-executive directors experience in finance and transformation provides additional input into plans / governance. Linked to individual work-streams to provide advice / challenge Control Owner: Matthew Kershaw	Adequate		Recruit into the Transformation Lead position Person Responsible: Matthew Kershaw To be implemented by: 31 Oct 2017	High	23 Aug 2017 Position has been recruited into. Awaiting start date.	
						Phase 1 of Leadership & Development programme with EY & Plum in place Control Owner: Sandra Le Blanc	Adequate		Implementation Team to deliver 8 point agenda (including reviewing programme, project and improvement methodology and ensuring a consistent process for the Transformation journey) Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2017	High	15 Aug 2017 Implementation team meeting on the 18 August will finalise project/programme methodology.	
						Skills audit complete Control Owner: Sandra Le Blanc	Adequate					
						Take learning from others – Strategic Development Team and Clinicians have gone on visits to other NHS and European / International hospitals Control Owner: Elizabeth Shutler	Adequate					
						Time limited (until end November 2017) implementation team in place for the Transformation Programme Control Owner: Elizabeth Shutler	Limited					
						Transformation and Financial governance architecture in place (including programme structure; reporting methodology and clinical and non-clinical engagement). Control Owner: Matthew Kershaw	Adequate					

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SRR 5	Failure to achieve financial plans as agreed by NHSI under the Financial Special Measures regime Risk Owner: Nick Gerrard Delegated Risk Owner: Last Updated: 06 Jul 2017 Latest Review Date: 10 Aug 2017 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed by Nick Gerrard. No change in risk scores. Progress notes added to all actions. At month 4 Trust marginally better than plan. There are however, a number of emerging concerns particularly staff costs related to slippage on agency reduction and activity plans in Q2 not being achieved.	20 Jan 2016	Cause Due to: * Failure to reduce the run rate * Poor planning * Poor recurrent CIP delivery (See Risk Ref. 1037) * Inability to collect income due * Poor cash management * Operational pressures relating to Emergency Care, High Agency usage * Failure to deliver RTT, A&E and cancer targets (See CRR 28) * Political climate (Brexit) and price inflation * Inability to deliver the planned levels of activity and collect the planned levels of income * Workforce pressures including inability to recruit (See SRR 9) * Lack of capability and Capacity of Finance and PSO staff * Lack of capacity and capability to deliver operational and financial performance (See SRR 12) * Inability to secure external support for key projects * Demand from CCG's higher or lower than annual plan * Failure to secure all the contractual income due from commissioners (See Risk Ref. 101) * Failure to deliver the CQUIN programme (See CRR 53) * Financial Special Measures governance not embedded * Additional costs of reconfiguring services across sites due to temporary move of acute medicine, acute geriatric medicine and Stroke from the K&C site(See CRR 51) * Negative impact of the new PAS and EMR implementation (See CRR 37) Effect Resulting in * Potential breaches to the Trust's Monitor licence * Adverse impact on the Trust's ability to deliver all of its services * Impact on ability to deliver the longer term clinical strategy * Poor reputation * Impact on organisational form	AO3: Provision: Provide the services needed and do it well	I = 5 L = 5 Extreme (25) 	Cash Committee in place Control Owner: Nick Gerrard Clinical engagement in delivery of CIPs requiring Clinical Practice changes Control Owner: Paul Stevens Cost Improvement Plan targets in place with workstream in support Control Owner: Nick Gerrard Financial Improvement Committee in place Control Owner: Nick Gerrard Financial Improvement Director in place to provide support Control Owner: Matthew Kershaw Financial Improvement Oversight Group (FIOG) in place to review key metrics Control Owner: Nick Gerrard Financial Recovery Plan in place Control Owner: Nick Gerrard Fortnightly confirm and challenge meetings with the Divisions (including Corporate) Control Owner: Nick Gerrard Monthly FSM review meetings with NHSI Control Owner: Nick Gerrard New approach to developing CIPs in place Control Owner: Nick Gerrard Payment by results infrastructure (coding and data quality) Control Owner: Nick Gerrard Process in place for responding to commissioner challenge of activity and cost date Control Owner: Nick Gerrard Production planning in place to ensure projection of activity plans in order to take remedial action if required Control Owner: Nick Gerrard Programme Support Office (PSO) in place with clear targets, milestones, grip & control and accountability to deliver the CIP Control Owner: Nick Gerrard	Adequate Limited Adequate Adequate Substantial Adequate Adequate Adequate Substantial Substantial Adequate Adequate Adequate	I = 5 L = 3 High (15) 	"Developing the Finance Team - Still Underpowered?" presented to FPC July 2016 setting out how the Leadership Development Programme would be deployed to support financial staff improvement Person Responsible: Nick Gerrard To be implemented by: 29 Sep 2017 Develop the Cost Improvement Plan for 2018/19 Person Responsible: Nick Gerrard To be implemented by: 29 Dec 2017 Deliver the Financial Recovery Plan Person Responsible: Nick Gerrard To be implemented by: 31 Mar 2018 Ensure that the development of the Trust's clinical strategy, "Delivering Our Future" and that of the wider Kent & Medway STP, drive financial improvement and recovery in the Trust through to 2020/21. Person Responsible: Elizabeth Shutler To be implemented by: 30 Apr 2018	High High High	23 Aug 2017 Initial feedback was received from NHSI on 9 August 2017. A conference is planned to respond to this and re-submit the business case. 10 Aug 2017 The objective is to have 50% of 18/19 CIPS identified and developed with a 'green' status by the end of September 2017 and 100% by the end of December 2017. The complete 18/19 financial plan should be ready by end January/early February conditional on national planning guidelines. 10 Aug 2017 The Financial Recovery Plan is in progress. Ahead of plan in Q1. Detailed progress reviewed at FIOG, FIC, FPC, EMT, MB, EPRs, Board and with NHSI. 16 Aug 2017 Timeline for this action is being reviewed by the Programme Board and will be advised following this.	I = 5 L = 2 Moderate (10) 







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						Regular reporting on the Trust's Financial position to the Trust Board and senior management team (including ensuring the impact of any financial decisions on safety, quality, patient experience and performance targets is recognised and understood). Control Owner: Nick Gerrard	Adequate					
						Robust plans in place for the delivery of operational performance targets Control Owner: Jane Ely	Limited					
						Vacancy Control Panel in place Control Owner: Elizabeth Shutler	Adequate					
						Workforce and Agency Control Group in place Control Owner: Sandra Le Blanc	Adequate					

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SRR 8	Inability to attract, recruit and retain high calibre staff (substantive) to the Trust Risk Owner: Sandra Le Blanc Delegated Risk Owner: Andrea Ashman Last Updated: 14 Aug 2017 Latest Review Date: 14 Aug 2017 Latest Review By: Dorothy Otile Latest Review Comments: Risk reviewed by Sandra Le Blanc. The level of risk remains unchanged at this time. Whilst there are actions being progressed the impact of these actions will not be realised immediately and require time to take effect. Staff turnover is increasing slightly and there are still gaps particularly in the EDs. There are a lot of focussed activity with leading time to take effect.	23 Feb 2016	Cause * It is widely known that there is a national shortage of healthcare staff in specific occupational groups / specialities. * It is a highly competitive recruitment market for these hard to fill roles, * Potential negative impact of Brexit * The Trust progressing the work on its finances under the financial special measures regime, cultural issues identified in the CQC inspection * Proximity to London has impacted on the ability to attract and retain high calibre staff. * QE geographical location impacting on recruitment of staff * Increase in staff turnover due to retirement and voluntary resignation (exit interview suggests retirement accounts for 25% of turnover figures) * Uncertainty due to the STP plans Effect * Potential negative impact on patient outcomes and experience * High agency spend - potential breach of NHSI agency cap * Financial loss * Reputational damage * Negative impact on staff health and wellbeing.	AO2: People: Identify, recruit and develop talented staff	I = 5 L = 4 Extreme (20) 	The Trust has a plan in place that supports the retention of the majority of newly qualified nursing staff locally. Control Owner: Sally Smith	Adequate	I = 5 L = 3 High (15) 	Finalise plan for recruitment to hard to fill roles Person Responsible: Jaz Mallan To be implemented by: 29 Jul 2016	High	21 Aug 2017 Awaiting progress notes from Action Owner. Reminder sent.	I = 5 L = 2 Moderate (10)
						Divisional Great Place to Work Action Plans in place Control Owner: Jane Waters	Adequate		Report to Strategic Workforce Committee (SWC) on retention Person Responsible: Andrea Ashman To be implemented by: 30 Sep 2017	High	02 Aug 2017 Retention remains a concern for the Trust and in particular retention of new starters. The survey completed by Picker achieved a completion rate of 40% and will be presented to the next SWC meeting. Other initiatives are being reviewed as part of the Great Place to Work programme.	
						implementation of retention plan as agreed with the Strategic Workforce Committee Control Owner: Andrea Ashman	Adequate					
						New Appraisal Process in place Control Owner: Jane Waters	Limited		Review and plan re: age profiling to form part of succession planning Person Responsible: Sandra Le Blanc To be implemented by: 30 Sep 2017	Medium	02 Aug 2017 HRBPS are developing workforce plans to include age profiling as part of the broader measures to address shortfalls in workforce capacity. This was discussed at the workforce CIP meeting in July and is being progressed.	
						New People Strategy agreed by the Board incorporating attraction, retention, engagement and development of staff Control Owner: Sandra Le Blanc	Limited					
						Recruitment process in place Control Owner: Sandra Le Blanc	Limited		Devise & work towards implementing revised recruitment process Person Responsible: Andrea Ashman To be implemented by: 30 Sep 2017	High	21 Aug 2017 Awaiting progress notes from Action Owner. Reminder sent.	
						There is an agreed programme to recruit 50 nurses from the Philippines for 2017/18. Control Owner: Andrea Ashman	Limited					
						There is an agreed programme to recruit 90 nurses from EU / India for 2016/17. Control Owner: Andrea Ashman	Limited		Develop and agree set of KPIs to measure the effectiveness of the People Strategy which will be reported regularly to the SWC Person Responsible: Sandra Le Blanc To be implemented by: 30 Nov 2017	High	14 Aug 2017 Bi-monthly updates are presented to SWC - last update in July 2017. KPI's to be developed by end November 2017.	
						Training plans in place in each division / corporate area that supports staff development. Control Owner: Andrea Ashman	Adequate		Implement Divisional Great Place to Work Action Plans Person Responsible: Jane Waters To be implemented by: 31 Mar 2018	Medium	14 Aug 2017 Staff Friends and Family test shared with the EMT and it is going to SWC in September 2017. Great Place to Work action plans updated in line with the Staff Friends and Family test.	
						Working Group in place to review Consultant vacancies and recruitment Control Owner: Sandra Le Blanc	Adequate					
									Develop and implement a plan to recruit nurses from the UK and Europe Person Responsible: Jaz Mallan To be implemented by: 31 Mar 2018	High	14 Aug 2017 Action added to 4Risk on 14 August 2017.	
									Implementing a long term workforce plan that enables us to attract and retain high calibre staff Person Responsible: Andrea Ashman To be implemented by: 29 Jun 2018	High	14 Aug 2017 Workforce plan completed to support the Clinical Strategy. Presented to SWC in July 2017 and the Clinical Strategy Group. Plan forms part of the Pre-Consultation Business Case (PCBC).	

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									To produce and implement a People Strategy that focusses on attracting, developing, engaging and retaining staff. Person Responsible: Sandra Le Blanc To be implemented by: 01 Apr 2019	High	14 Aug 2017 People Strategy is progressing. Latest progress of the implementation plan reported to the SWC in July 2017.	
SRR 2	Failure to maintain the quality and standards of patient care Risk Owner: Sally Smith Delegated Risk Owner: Last Updated: 24 Apr 2017 Latest Review Date: 11 Aug 2017 Latest Review By: Sally Smith Latest Review Comments: Score remains the same and mitigations are in place to deliver the plan.	20 Jan 2016	Cause *The Trust recently came out of Quality Special Measures and needs to ensure the momentum for the improvement journey is sustained. Effect - Loss of autonomy; - Impact on staff morale; - Reputational damage; - Decline in pace and development of service; and - Regulatory concerns	AO1: Patients. Help patients take control of their own health	I = 5 L = 4 Extreme (20) 	Agreed Improvement Plan in place with supporting Divisional plans. Control Owner: Sally Smith	Adequate	I = 4 L = 3 Moderate (12) 	Implementation of the new High Level Improvement plan Person Responsible: Sally Smith To be implemented by: 31 Mar 2018	High	11 Aug 2017 Monthly meetings with Divisions. Reported through the transformation Board up to Board. Reported to NHSI at the PRM. Slippage plans being developed.	I = 4 L = 2 Moderate (8) 
						Quality Strategy is in place. Control Owner: Sally Smith	Adequate		Implementation of the Quality Strategy Person Responsible: Sally Smith To be implemented by: 31 Mar 2018	Not Set		
SRR 4	Estate Condition - Unable to implement improvements in the Estate across the Trust to ensure long term quality of patient facilities Risk Owner: Elizabeth Shutler Delegated Risk Owner: Fin Murray Last Updated: 16 Aug 2017 Latest Review Date: 16 Aug 2017 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed by Liz Shutler. The residual risk score has increased from 9 (moderate) to 12 (moderate) due to the key action planned to mitigate this risk which currently has a delay of one month due to the CCG Governance process. Latest capital works estimates the spend linked to the Clinical Strategy at £170million.	20 Jan 2016	Cause - Backlog of work (£30million); - The financial constraint on capital funding; - The sheer volume and extent of work required Effect Resulting in poor patient and staff experience, potential breaches to health & safety standards and legislation, inefficiencies and difficulties in moving forward with providing services of the future such as the Clinical Strategy	AO1: Patients. Help patients take control of their own health	I = 3 L = 5 High (15) 	An assessment of the maintenance required has been undertaken to understand the overall position Control Owner: Elizabeth Shutler	Adequate	I = 3 L = 4 Moderate (12) 	Develop pre-consultation Business Case for presentation to NHSE Investment Committee Person Responsible: Elizabeth Shutler To be implemented by: 31 Oct 2017	High	15 Aug 2017 Delay of up to one month due to CCG Governance process.	I = 3 L = 2 Low (6) 
						Interim Estates Strategy in place Control Owner: Fin Murray	Adequate					
						Prioritisation exercise for capital spend has been completed to ensure resources are used in the most effective / efficient way Control Owner: Elizabeth Shutler	Adequate					
						Prioritised Patients Environment Investment Committee (PEIC) action plan in place for 2017/18 Control Owner: Fin Murray	Adequate					
						Risk assessed condition survey carried out every 5 years (rolling interim plan every 18months) Control Owner: Fin Murray	Adequate					
						Statutory Compliance dashboard in place Control Owner: Fin Murray	Adequate					

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SRR 12	Insufficient capacity and capability of the leadership team (Executive and Divisional Directors) to develop and deliver key strategies and recovery plans Risk Owner: Matthew Kershaw Delegated Risk Owner: Sandra Le Blanc Last Updated: 23 Aug 2017 Latest Review Date: 23 Aug 2017 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed jointly by Jane Ely and Sandra Le Blanc . No change in risk scores. Progress notes added to actions. BAF reviewed and updated as part of this. Initial feedback has been received from NHSI about the Leadership Development programme, the business case is due to be re-submitted.	01 Jun 2016	Cause *Large number of complex priorities that need to be delivered including the sustainability and transformation plan, turnaround plan, cost improvement plans as well as business as usual *The Trust is under the Financial Special Measures regime *Those tasked with delivery have focus diverted due to other urgent external matters *The move of acute medicine, acute geriatric medicine and Stroke from the K&C site *Current Director of Finance is stepping down in the Autumn - loss of focus on FRP (transition/handover process for new Director of Finance) *Governance structure fails to support the delivery of CIPs Effect * Inability to achieve strategic priorities * Failure to come out of Financial special measures * Further Regulation action/concerns * Reputational damage * Financial loss * Negative impact on patient safety / care / experience * Reduced staff morale * Failure to meet operational performance standards (RTT/A&E/Cancer) * Failure to meet regulatory requirements (CQC / NHSI, GMC and HEKSS)	AO2: People: Identify, recruit and develop talented staff	I = 3 L = 4 Moderate (12) <div><div></div><div></div></div>	Business Partnering roles in place (finance, HR & Information) together with support from central governance team. They are an integral part of the Divisional Leadership Team (Capacity) Control Owner: Jane Ely	Adequate	I = 3 L = 3 Moderate (9) <div><div></div><div></div></div>	To finalise the Trust-wide leadership competency framework which will be the basis of a comprehensive diagnostic and structured development / assessment programme. Person Responsible: Jane Waters To be implemented by: 29 Sep 2017	High	15 Aug 2017 Initial feedback was received from NHSI on 9 August 2017. A conference is planned to respond to this and re-submit the business case.	I = 3 L = 2 Low (6) <div><div></div><div></div></div>			
						Each Divisional Director is responsible for one of the national Performance Standards e.g. Cancer, ED, 18weeks (Capacity) Control Owner: Jane Ely	Limited		Development of senior, middle non-clinical leaders against the EKHUFT leadership framework Person Responsible: Sandra Le Blanc To be implemented by: 29 Sep 2017	High	15 Aug 2017 Initial feedback was received from NHSI on 9 August 2017. A conference is planned to respond to this and re-submit the business case.				
						Executive Performance Reviews in place where delivery is challenged with EMT/DD meetings to support senior leadership team in prioritising and highlighting competing pressures (Capacity) Control Owner: Matthew Kershaw	Adequate		Complete the review of related team capability (e.g. site management and validation) Person Responsible: Jane Ely To be implemented by: 31 Oct 2017	Medium	23 Aug 2017 This is a new action added on 23 August 2017. Action Owner will provide updates by the next review.				
						External Consultancy Support (ECIP, Financial Improvement Director) supporting Divisions and the Corporate Team to deliver transformation programmes (Capacity) Control Owner: Jane Ely	Adequate		Transformation Implementation Team to address the priority gaps identified in the skills and capacity audit Person Responsible: Sandra Le Blanc To be implemented by: 30 Nov 2017	High	23 Aug 2017 The Implementation team meeting on the 18 August was expected to finalise the project/programme methodology.				
						Flexibility of current Director of Finance postholder to support transition (Capability) Control Owner: Matthew Kershaw	Adequate		Design and deliver the Executive Development and Leadership Development Programme Person Responsible: Sandra Le Blanc To be implemented by: 31 Jul 2018	High	15 Aug 2017 Initial feedback was received from NHSI on 9 August 2017. A conference is planned to respond to this and re-submit the business case.				
						Leadership Development Plans and targeted development plans for individuals in place (Capability) Control Owner: Sandra Le Blanc	Adequate								
						Leadership development programme in place for Clinical staff (Nursing) (Capability) Control Owner: Sally Smith	Adequate								
						New clinician development programme (now into the 6th cohort) (Capability) Control Owner: Paul Stevens	Adequate								
						Outline Programme Plan in place for the Leadership Development Programme (Capability) Control Owner: Sandra Le Blanc	Limited								
						Recent appointment to two key posts in the Trust below Executive Director level (Capability) Control Owner: Sandra Le Blanc	Limited								
						Substantive staff in place for Executive and Divisional Director positions (Capacity) Control Owner: Sandra Le Blanc	Adequate								

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						Targeted resources into key CIP schemes in place e.g. patient flow, Cardiology (Capacity) Control Owner: Nick Gerrard	Limited					
						Transformation Programme in place (designed and resourced) (Capacity) Control Owner: Sandra Le Blanc	Limited					