

Board Assurance Framework

Report Date	18 Jan 2018
Risk Status	Open
Risk Register	1. Strategic Risk Register
Control Status	Existing
Action Status	Outstanding

Board Assurance Framework

AO1: Patients. Help patients take control of their own health														
Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee

Board Assurance Framework

AO1: Patients. Help patients take control of their own health

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 2	Failure to maintain the quality and standards of patient care	Cause *The Trust recently came out of Quality Special Measures and needs to ensure the momentum for the improvement journey is sustained. * The withdrawal of the junior doctors in medicine from the K&C site and the level of uncertainty about where services will be delivered has added operational pressure across the Trust, in particular the WHH & QEQM sites. Effect - Loss of autonomy; - Impact on staff morale; - Increased operational pressure on the two acute sites; - Staff health and well being issues; - Staff retention issues; - Reputational damage; - Decline in pace and development of services; and - Regulatory concerns	I = 5 L = 5 Extreme (25)	Agreed Improvement Plan in place with supporting Divisional plans. Control Owner: Sally Smith	Quality Improvement Programme Manager manages the updates to the Improvement Plan on at least a monthly basis.	Improvement Board monitor progress (meets monthly) BoD receives exception and progress reports (bi-monthly)	NHSIP Progress Review meetings - provides challenge over progress of Trust in meeting deadlines CQC Inspection 07/15 - improved rating Internal Audit on CQC readiness completed - adequate assurance given. CCG assurance provided monthly	Adequate		I = 5 L = 4 Extreme (20)	Delivery of the emergency pathway improvement work. Actions as per CRR 28 & 61 Person Responsible: Jane Ely To be implemented by: 30 Mar 2018	17 Jan 2018 Dorothy Otite Implementation in progress and monitored weekly as a minimum.	I = 4 L = 2 Moderate (8)	Quality Committee
				External Consultancy and NHSI/E support in delivering the improvement programme. Control Owner: Jane Ely				Adequate			Implementation of the new High Level Improvement plan Person Responsible: Sally Smith To be implemented by: 31 Mar 2018	09 Jan 2018 Sally Smith Delivery largely on track - exceptions are being prioritised and managed by the central team with the Divisions. This will be reported at the Improvement Plan Board.		
				External help from Community Trust, social care, CCGs to deliver improvements in the emergency pathway. Control Owner: Jane Ely	Twice daily site meetings; Twice daily site 'huddles'; Board Rounds; Length of stay meetings; Weekly monitoring of the improvement initiatives; Escalation policies and procedures.	Patient Safety Board Management Board Quality Committee Board of Directors	Fortnightly whole system calls Weekly MADE (Multi Agency Discharge Event) calls (CEO level) CCG contract meetings NHSI performance meetings	Limited	Delivery is not evident at present.		Strengthen the Improvement Team by recruiting staff to its former level. Person Responsible: Emma Kelly To be implemented by: 31 Mar 2018	08 Jan 2018 Emma Kelly Band 7 (1 WTE) Quality Improvement Facilitator for CQC Programme appointed. Due to start on 5th March 2018. Recruitment not yet agreed for Programme Lead or Programme Support/Administration maternity cover but being discussed by executive team. Programme Support last working day 1st March 18 and Programme Lead 23rd March 18. Clinical Lead still involved but PAs to be agreed formally via job planning (proposal 2x PAs if time allows in job plan).		
				Quality Strategy is in place. Control Owner: Sally Smith	Published on the Trust website	Approved by QC and monitored quarterly by the QC (objectives are monitored)		Limited			Implementation of the Quality Strategy Person Responsible: Sally Smith To be implemented by: 31 Mar 2018	09 Jan 2018 Dorothy Otite Overall progress good - exceptions are ED performance and number of Never Events reported.		

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											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	09 Jan 2018 Dorothy Otite Consultation is likely to commence in the Spring of 2018.		
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: 08 Jan 2018 Latest Review Date: 08 Jan 2018 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed by Liz Shutler. No change to the risk scores. This remains a moderate risk to the Trust due to financial constraints on capital funding and the volume of work required. A new action has been added around the identification of alternative sources of capital other than the DoH.	Cause - Backlog of work (£74million); - 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	I = 3 L = 5 High (15)	An assessment of the maintenance required has been undertaken to understand the overall position Control Owner: Elizabeth Shutler Interim Estates Strategy in place Control Owner: Fin Murray Prioritisation exercise for capital spend has been completed to ensure resources are used in the most effective / efficient way Control Owner: Elizabeth Shutler Prioritised Patients Environment Investment Committee (PEIC) action plan in place for 2017/18 Control Owner: Fin Murray Risk assessed condition survey carried out every 5 years (rolling interim plan every 18months) Control Owner: Fin Murray Statutory Compliance dashboard in place Control Owner: Fin Murray	Deputy Director of Estates and Director of Capital receive information from all areas of the Trust regarding maintenance and undertake a first pass at prioritisation. Capital PLanning Group - review the prioritisation exercise *Approved by Management Board Management Board receives reports from Director of Strategy and Capital Planning. Business cases are received on an ad-hoc basis - some of which require improvement to infrastructure PEIC Action Plan available to view Reviewed by Estates Managers Meeting (Chaired by Head of Engineering and Compliance) Reviewed by Executives monthly	FPC receive reports about Backlog maintenance showing the risks. - Strategy approved by the Trust Board - New NED in place to provide challenge FPC and Trust Board receives quarterly reports on capital spend. *Plan approved by SIG in May 2017 *SIG monthly reviews progress of action plan Expenditure against plan reported to SIG 6 monthly review by IAGC		Adequate Adequate Adequate Adequate Adequate		I = 3 L = 4 Moderate (12)	Seeking to identify alternative sources of capital other than the DoH with a view to reporting back to MB and the Trust Board Person Responsible: Fin Murray To be implemented by: 31 Mar 2018 Develop pre-consultation Business Case for presentation to NHSE Investment Committee Person Responsible: Elizabeth Shutler To be implemented by: 30 Apr 2018	08 Jan 2018 Dorothy Otite New action added in January 2018. 08 Jan 2018 Dorothy Otite Approved medium list of options in November 2017.	I = 3 L = 2 Low (6)	Quality Committee

AO2: People: Identify, recruit and develop talented staff

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
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AO2: People: Identify, recruit and develop talented staff

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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: 09 Jan 2018 Latest Review Date: 12 Dec 2017 Latest Review By: Andrea Ashman Latest Review Comments: Risks reviewed and assurance records checked / amended. Controls reviewed.	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 * Increase in acuity of patients 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 * Increase in stress levels and anxiety in key staff groups	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	*Dedicated Practice Development Nurse lead for supporting students on placement. *Progress monitoring and clinical support of all students. *Mentor support and training	*Regular meetings with Canterbury ChristChurch University - Contract monitoring meetings, faculty learning placement committee, curriculum group attended regularly. *100% students who apply to work with us are offered a post. *Monitoring of numbers of newly qualified nurses recruited and reported within N+M workforce plan. This demonstrates an improvement from 50% to 70% since 2014.		Adequate		I = 5 L = 3 High (15)	Devise & work towards implementing revised recruitment process Person Responsible: Andrea Ashman To be implemented by: 30 Mar 2018	05 Dec 2017 Andrea Ashman The 10 projects have been reviewed and a proportion have been completed. The corporate governance structure for workforce CIPs has been reviewed and new work streams identified including oversight of the recruitment projects. These are currently being worked up but projects are on track.	I = 5 L = 2 Moderate (10)	Strategic Workforce Committee
				Divisional Great Place to Work Action Plans in place Control Owner: Jane Waters	- Plans available for all to access on Staff zone - Reviewed at the Divisional Management Boards	Progress of Plan reviewed quarterly at MB and annually at the SWC		Adequate	Action Plan requires updating following receipt of the Annual NHS Staff Survey Results		Implement plan for recruitment to hard to fill roles Person Responsible: Jaz Mallan To be implemented by: 31 Mar 2018	15 Dec 2017 Jaz Mallan This is an on-going plan which is reviewed and updated on a monthly basis by the Resourcing Team and Head of Strategic Resourcing, and in turn sent to the HRBP's for review and further updates prior to reporting by the Trust Secretary to the BoD's.		
				Hard to recruit plan in place and being implemented Control Owner: Andrea Ashman	*Updated fortnightly by the Resourcing team *Sent to the HRBPs on a monthly basis	*Signed off at the end of July 2017 *Reported monthly as part of the high level CQC improvement plan		Limited	Plan may not be progressing					
				implementation of retention plan as agreed with the Strategic Workforce Committee Control Owner: Andrea Ashman	Discussed at the Workforce CIP meeting	Regularly reviewed at SWC (deep dives on Turnover and Exit information)		Adequate						
				New People Strategy agreed by the Board incorporating attraction, retention, engagement and development of staff Control Owner: Sandra Le Blanc	People strategy agreed by Board in October 2016	Implementation plan reviewed by SWC periodically	Implementation plan up date provided to September 17 SWC	Limited	KPIs being finalised					
				Occupation Health run a series of Mindfulness and Resilience and One to One Counselling (including active referrals) Control Owner: Emma Palmer	Highlight Occupational Health reports Director and Deputy Director of HR Exit Interviews and Picker Survey reports highlight areas of concerns	Occupational Health Reports to SWC quarterly								
				Recruitment process in place Control Owner: Andrea Ashman	Length of time to recruit is monitored monthly and provided as part of the IPR	Workforce KPI reviewed by the SWC at every meeting		Limited	Programme of work being looked at to reduce time to hire (target to reduce this to 8 weeks)					

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				Staff Performance Appraisals in place Control Owner: Jane Waters	*HR BPs carry out audit on the quality of the process and monitor the numbers of appraisals that take place	- Regular monitoring through a number of routes - Divisional Governance Boards, EPR meetings and Strategic Workforce Committee and Board	Annual staff survey results and the Picker Exit survey	Limited	Achieved target set by the Board and now moving towards monitoring of the quality of appraisals		Develop and implement a plan to recruit nurses from the UK and Europe Person Responsible: Jaz Mallan To be implemented by: 31 Mar 2018	09 Jan 2018 Dorothy Otite A working group has been established. December 2017 meeting deferred. 1st meeting will now be held in January 2018. The working group will be looking at employer brand, career development, recruitment incentives, reward framework, quality and presentation of recruitment materials, return to practise, advertising and strategy & a recruitment events planner.		
				Training plans in place in each division / corporate area that supports staff development. Control Owner: Andrea Ashman	- Each Division agrees their training plan - HR BPs review the plans on an annual basis	- Annual review by the Divisions - Annual reports to the Integrated Education Board		Adequate	*Funding gap - more bids than can be supported *Understanding of process and outcomes					
				Working Group in place to review Consultant vacancies and recruitment Control Owner: Sandra Le Blanc	- Monthly meeting led by HR Director and Deputy Medical Director - Action log in place to evidence this	- Report to Management Board, SWC and Board - gaps and improvement in process		Adequate						
											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	09 Jan 2018 Dorothy Otite Strategic Development Days to review Clinical Strategy to be held third week in January 2018. This will feed the modelling of workforce requirements and targeted recruitment plans.		
											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: 29 Jun 2018	09 Jan 2018 Dorothy Otite Inaugural meeting has taken place. Progress is being made with agreeing KPIs.		
											Revise and implement Divisional Great Place to Work Action Plans Person Responsible: Jane Waters To be implemented by: 29 Mar 2019			

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Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
											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	12 Dec 2017 Dorothy Otite People Strategy is progressing. KPIs were presented to the SWC in November 2017. Progress of the implementation plan will be reported to the SWC in January 2018.		

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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: Susan Acott Delegated Risk Owner: Sandra Le Blanc Last Updated: 12 Dec 2017 Latest Review Date: 17 Jan 2018 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed by Sandra Le Blanc. No change in risk scores. Hospital Directors are now in post at QEQM and WHH to support a greater site focus. A business case has been approved for site management appointment to posts. The recruitment of the substantive CEO is in progress. The revised EY/Plum Leadership Development programme will be presented to Management Board for approval at the end of January with a view to commencing the programme in the Spring of 2018.	Cause *The Trust is not meeting its constitutional standards *Large number of complex priorities that need to be delivered including the sustainability and transformation plan, A&E recovery plan, Financial Special Measures 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 *Changes in senior leadership (New Director of Finance and Interim CEO) *Governance structure fails to support the delivery of CIPs *Increased Patient activity in A&E during the winter period 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)	I = 3 L = 4 Moderate (12)	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	- BPs exist with clear job descriptions and provide support to each Division to ensure delivery of Strategic Objectives - Line Management appraisals in place	Support within divisions Report to EPRs		Adequate		I = 3 L = 3 Moderate (9)	Recruitment for a substantive Chief Executive Person Responsible: Sandra Le Blanc To be implemented by: 28 Feb 2018	09 Jan 2018 Dorothy Otite Job advertised with closing date extended to beginning of February 2018. Interviews scheduled for February 2018.	I = 3 L = 2 Low (6)	Strategic Workforce Committee	
				Director of Finance in place with continuity in delivery of the FSM Control Owner: Susan Acott	*Reports to the CEO	*Supported and Continuity by the FID *Reports produced and the FPC provides oversight of the FRP	Delivery of FRP and monthly reporting to the NHSI	Adequate			Complete the review of related team capability (e.g. site management and validation) Person Responsible: Jane Ely To be implemented by: 30 Mar 2018				17 Jan 2018 Dorothy Otite Team capability has been reviewed resulting in the appointment of Hospital Directors at QEQM and WHH to support a greater site focus. Business case has been approved for site management appointment to posts. Matron of the Day and GM of the Day has also been implemented.
				Each Divisional Director is responsible for one of the national Performance Standards e.g. Cancer, ED, 18weeks (Capacity) Control Owner: Jane Ely	*Reviewed at 121s with COO at least monthly and appraisals (discussion around resources required for their teams) *ED and Flow: Site management in place as part of the recovery plan	Reviewed at EPR monthly - capacity discussed	*Regular contract performance meetings with the CCGs *NHSI single oversight/performance review meetings monthly	Limited	Reviewing related team capability (e.g.validation)						
				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: Susan Acott	Meetings taking place monthly with minutes and actions	Exceptional reports to MB to highlight issues with wider organisational impact		Adequate							
				Experienced Interim Chief Executive in place (experienced CEO in the NHS) Control Owner: Elizabeth Shutler	Objectives agreed with the Interim Chair - appointment until 31 March 2018	Reports to the Board	Liaised with NHS Improvement	Adequate			Review the interim matrix organisational structure Person Responsible: Susan Acott To be implemented by: 30 Mar 2018				17 Jan 2018 Dorothy Otite This is a new action. First update will be required by February 2018.
				External Consultancy Support (2020, A&E Improvement Director, Financial Improvement Director) supporting Divisions and the Corporate Team to deliver transformation programmes (Capacity) Control Owner: Jane Ely	*Regular reports through the Executive Team meetings and Management Board *Financial Improvement Director reports to CEO *2020 - 2 site based teams for 12 weeks with targeted support	*Reviewing monthly at Board Sub-Committees and Executive (Quality, FPC and SWC) and weekly telephone calls with NEDs *Performance Reviews (IPR)	*Peer review and Benchmarking (Reports by Consultants include this) *Weekly single oversight meetings (twice a week meetings with NHSI and NHSE)	Adequate	Sustainability of the 2020 improvements following their exit						
				Interim Hospital Directors in place at WHH and QEQM (Capacity) Control Owner: Jane Ely	Reporting to the COO			Limited							

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				Leadership Development Plans and targeted development plans for individuals in place (Capability) Control Owner: Sandra Le Blanc	- Senior Leadership has 6 monthly objectives and appraisals - Executive review succession plans and talent pipeline for Senior Leadership and key posts quarterly	- Nominations Committee review the Appraisals, objectives and Talent pipeline six monthly - Latest update of the talent pipeline went to the Nominations Committee in April 2017 - The CE has 6 monthly objectives and appraisals - done by Chair of the Board SWC - regular updates and reports on Leadership development		Adequate			Review of key action plans in line with capacity and capability (A&E Improvement Plan; FSM plan and Cancer) Person Responsible: Jane Ely To be implemented by: 30 Mar 2018	17 Jan 2018 Dorothy Otite Further targeted PRM support for A&E recovery has been provided via NHSE/I - Carnal Farrar commissioned to provide PMO support. NHSI has appointed an improvement Director for A&E who commenced in post in January 2018. 20-20 will be leaving at the end of January and the Service Improvement Team will pick up the activities. Theatre and bed capacity for RTT has been revised. Additional work is progressing in terms of 62 day cancer achievement of 85% and to reduce the numbers of 52 week waits in RTT		
				Leadership development programme in place for Clinical staff all professions (Capability) Control Owner: Sally Smith	The programme reflects the shared purpose framework and Trust values, and the Quality Strategy.	The Senior Leadership & Quality Forum meet every 6 weeks with the Chief Nurse to review progress.		Adequate	Work in progress to refresh the fortnightly band 7 catch up forums.					
				New clinician development programme (now into the 6th cohort) (Capability) Control Owner: Paul Stevens	5 programmes have already been completed and from these cohorts several doctors have gone on to take on leadership roles in the organisation			Adequate	*Routine monitoring of Clinician Development Programme by SWC					
				Outline Programme Plan in place for the Leadership Development Programme (Capability) Control Owner: Sandra Le Blanc	Reports to Management Board monthly	Reports to SWC and Board monthly	NHSI review - Initial feedback was received from NHSI on 9 August 2017. A conference is planned to respond to this and re-submit the business case.	Limited	Re-submission of the business case to NHSI following MB approval		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: 30 Apr 2018	08 Jan 2018 Jane Waters Transformation Implementation Team have been discussing framework as part of their work and are in the process of developing a proposal. EY/Plum programme is awaiting approval by EMT, Management Board and FPC during Jan 2018. It will then go back to NHSI		
				Recent appointment to two key posts in the Trust below Executive Director level (Capability) Control Owner: Sandra Le Blanc	*The two posts are the Head of Transformation reporting to the CEO and Director of Strategy and Business Development reporting to the Director of Strategy and Capital Planning and Deputy Chief Executive. *Induction programme in place			Adequate						

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AO2: People: Identify, recruit and develop talented staff														
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				Substantive staff in place for Executive and Divisional Director positions (Capacity) Control Owner: Sandra Le Blanc	* Currently no vacancies exist for Executives and Divisional Directors except for the CEO *Succession plans in place	The Nominations Committee reviews Succession plans; Appraisals and Performance Development Plans for Executives and Divisional Directors six-monthly		Adequate	Vacancy for substantive CEO		Strategic Workforce Committee to be provided with an outline of the new clinicians leadership programme, including outcomes and evaluation Person Responsible: Paul Stevens To be implemented by: 30 Apr 2018	09 Jan 2018 Dorothy Otite Report prepared and will be presented to the SWC at the April 2018 meeting		
				Targeted resources into key CIP schemes in place e.g. patient flow, Cardiology (Capacity) Control Owner: Philip Cave	Head of PMO and Financial Improvement Director posts in place	Regular updates to the Executive Team from the Head of PMO to identify gaps		Limited	Recruit into identified gaps		Development of senior, middle non-clinical leaders against the EKHUFT leadership framework Person Responsible: Sandra Le Blanc To be implemented by: 31 Jul 2018	17 Jan 2018 Dorothy Otite The revised EY/Plum proposal was presented to EMT in 20 December 2017; 31 January 2018 to Management Board with a view to commencing the programme in the Spring of 2018.		
				Transformation Programme in place (designed and resourced) (Capacity) Control Owner: Simon Hayward	*Governance structure in place which links to Financial Special Measures	*Approved by the Trust Board on 10 April *Time limited implementation team in place (Purpose agreed by EMT in June 2017) *Reports to EMT and the Transformation Board		Limited			Design and deliver the Executive Development and Leadership Development Programme Person Responsible: Sandra Le Blanc To be implemented by: 31 Jul 2018	17 Jan 2018 Dorothy Otite The revised EY/Plum proposal was presented to EMT on 20 December 2017; 31 January 2018 to Management Board with a view to commencing the programme in the Spring of 2018.		
AO3: Provision: Provide the services needed and do it well														
Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee

Board Assurance Framework

AO3: Provision: Provide the services needed and do it well

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee			
SRR 5	Failure to achieve financial plans as agreed by NHSI under the Financial Special Measures regime Risk Owner: Philip Cave Delegated Risk Owner: Baines Last Updated: 15 Dec 2017 Latest Review Date: 16 Jan 2018 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed by Phil Cave. No change to risk scores. The Financial Recovery Plan is in progress. The Trust is on plan year to date at month 9 by £0.1m and has notified NHSI that due to A&E and Winter pressures the Trust is likely to exceed the plan by circa £10m.	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) * Inability to resource the Trust's A&E improvement plan (estimated at £9.5 million) Effect	I = 5 L = 5 Extreme (25)	Cash Committee in place Control Owner: Philip Cave	*Led by the Director of Finance *Report on Daily and weekly cash balances	*Monthly review by FIOG; and FPC	*Submission of cash profile/capital plan to NHSI and Department of Health (on a 13 week rolling basis)	Substantial		I = 5 L = 4 Extreme (20)	Develop the Cost Improvement Plan for 2018/19 Person Responsible: Philip Cave To be implemented by: 31 Jan 2018	16 Jan 2018 Dorothy Otite The Trust has identified £20.7m of 18/19 CIPS (PID, QIA and goal, method outcome). Further CIPS are being reviewed as part of the Strategy week. 16 Jan 2018 Dorothy Otite Scope agreed and field work started week commencing 15 January 2018. 16 Nov 2017 Dorothy Otite Roll-out in progress over the next six months. Implementation date revised to end March 2018. 16 Jan 2018 Dorothy Otite The Financial Recovery Plan is in progress. On plan year to date at month 9 by £0.1m and CIP behind plan by £0.2m. Detailed progress reviewed at FIOG, FIC, FPC, EMT, MB, EPRs, Board and with NHSI. 08 Jan 2018 Dorothy Otite Consultation is likely to commence in the Spring of 2018.	I = 5 L = 2 Moderate (10)	Finance & Performance Committee			
				Clinical engagement in delivery of CIPs requiring Clinical Practice changes Control Owner: Paul Stevens	*Clinical engagement forums led by CEO and Medical Director *Review by the Confirm & Challenge meetings with Divisions	*Review by FIC; and feeds into the FPC and Board	Annual survey of Medical Engagement scale (last done in September 2016 with two of three scales rated low)	Limited	Poor clinical engagement		External support from PwC on readiness to exit FSM and review internal financial controls Person Responsible: Philip Cave To be implemented by: 06 Feb 2018						
				Cost Improvement Plan targets in place with workstream in support Control Owner: Philip Cave	*Monthly Executive Performance Review and Key Metric Reviews *Fortnightly confirm and challenge meetings with the Financial Improvement Director (FID)	* Executive review weekly * Turnaround report to FPC * Exception reports to BoD	- NHSI challenge at Performance Review meetings (monthly) - NHSI carrying out deep dive review around sustainability for 2017/18, 2018/19 (including Governance) - Appointment of Financial Improvement Director	Adequate			Design and implement training for clinicians Person Responsible: Elisa Llewellyn To be implemented by: 30 Mar 2018						
				Financial Improvement Committee in place Control Owner: Philip Cave	*Governance structure & ToR in place *Chaired by the CEO	Reporting to the FPC monthly	NHSI and the FID attend FIC meetings	Adequate			Deliver the Financial Recovery Plan Person Responsible: Philip Cave To be implemented by: 31 Mar 2018						
				Financial Improvement Director in place to provide support Control Owner: Susan Acott	Reports to CEO	- Report to Executive Team and Board - Report to FPC	Appointed by NHSI and reports to NHSI	Substantial			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						
				Financial Improvement Oversight Group (FIOG) in place to review key metrics Control Owner: Philip Cave	*Chaired by the Finance Director	*Monthly reports to FIC	NHSI and FID attend FIOG meetings	Adequate									
				Financial Recovery Plan in place Control Owner: Philip Cave	- Divisions, PSO and FID developed plans	*Board received plan on 10/04/17 *Reviewed at FPC monthly	* Approved by NHSI in April 2017 with monthly Financial Special Measures (FSM) meetings to review progress	Substantial									
				Fortnightly confirm and challenge meetings with the Divisions (including Corporate) Control Owner: Philip Cave	*Chaired by the Financial Improvement Director	*Monthly review by FIC		Adequate									
				Monthly Financial Special Measures (FSM) review meetings with NHSI Control Owner: Philip Cave	DoF and DDoF produce slides with FSM position for review with the Executives	*Internal pre-meet review prior to meeting with NHSI. *Following FSM meeting, update at MB and FPC	Feedback from NHSI positive year to date	Substantial									

Board Assurance Framework

AO3: Provision: Provide the services needed and do it well

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
		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		New approach to developing CIPs in place Control Owner: Philip Cave	Led by Financial Improvement Director	Review of progress of CIP monthly by the FPC	*Part of review process at monthly FSM meetings *Internal audit on CIPs with substantial assurance	Substantial			"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: Philip Cave To be implemented by: 31 Jul 2018	16 Jan 2018 Dorothy Otite The revised EY/Plum proposal has been presented to EMT in 20 December 2017; 31 January 2018 to Management Board with a view to commencing the programme in the Spring of 2018.		
				Payment by results infrastructure (coding and data quality) Control Owner: Philip Cave	*Data validation done monthly by team *Monthly Contracts, Finance and Internal Contracting meeting to review activity and income level *Monthly confirm and challenge meetings with the Financial Improvement Director	*Review by the FOIG; and monthly report to the Finance & Performance Committee	External Audit: *External validation of clinical coding data *Positive External Audit results on costing as part of National Audit "Costing Assurance Review"	Adequate	Clinical activity not consistently captured, coded and costed.					
				Process in place for responding to commissioner challenge of activity and cost date Control Owner: Philip Cave	*Escalated through the FD to the CEO	*Escalate concerns to NHSI *Finance & Technical Group meetings with NHSI	*New MoU signed with the Commissioners	Adequate	Trust is seeking assurance from NHSE/I about next steps - Commissioners challenge					
				Production planning in place to ensure projection of activity plans in order to take remedial action if required Control Owner: Philip Cave	*Information and Income Teams monitor and report on plan *Information Team produce monthly update of Productivity plans (with forward looking indicators)	Review by the FIOG; and FIC if escalation is required		Adequate						
				Programme Support Office (PSO) in place with clear targets, milestones, grip & control and accountability to deliver the CIP Control Owner: Philip Cave	*Weekly CIP tracking *Direct line management by Director of Finance	*Monthly reports to MB, EPR and FPC	Regular contact with NHSI	Adequate						
				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: Philip Cave	*Review by Executive Management Team *Divisions attend FPC on a four monthly rolling basis	*Regular updates to FPC, Board, Management Board and Transformation Board *Review at the A&E Governance Board (currently meeting three times a week)	Monthly FSM meetings with NHSI and FID.	Adequate						

Board Assurance Framework

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Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Robust plans in place for the delivery of operational performance targets Control Owner: Jane Ely	Divisional management of the standards through Governance and Business Boards	*Compliance reports to Executive Performance Reviews, Management Board, Finance and Performance Committee Board of Directors and Council of Governors *Review at A& E Governance (meeting three times a week)	External review from: * CCG's through monthly performance reviews; * NHSI through 6 weekly progress review meetings; *Single Oversight meetings with NHSI, NHSE, KCC etc.)	Limited	Key operational performance targets (A&E, RTT, Cancer) not being met					
				Signed MoU in place that provides greater clarity on specific areas of agreement which were previously disputed Control Owner: Philip Cave	*Contract management meetings with CCGs *2018/19 planning discussions with CCGs	Review at EMT, FPC and FIC	MoU signed with the CCGs	Adequate						
				Vacancy Control Panel in place Control Owner: Susan Acott	Chaired by the Deputy Chief Executive	*Escalation to weekly EMT meetings *Review at Confirm and Challenge sessions with the FID		Adequate						
				Workforce and Agency Control Group in place Control Owner: Sandra Le Blanc	Chaired by Director of HR	Monthly review by FIC		Adequate						

Board Assurance Framework

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Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 16	Failure to maximise/sustain benefits realised and evidence improvements to services from transformational programmes Risk Owner: Susan Acott Delegated Risk Owner: Simon Hayward Last Updated: 20 Dec 2017 Latest Review Date: 17 Jan 2018 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed by the Delegated Risk Owner (Head of Transformation). No change in risk score. A further review of the risk will take place once the new plan is agreed. A review and assessment of the current Transformation Programme is now complete. A meeting is planned with the CEO and Deputy CEO to discuss the new plan (including identifying areas to be included in the programme). Once agreed meetings will be arranged with the Executive and Divisional Leads during January and February 2017. The plan will be reviewed at the Transformation Board on 16 February 2018 with a view to developing the plan further.	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 deliver the transformation required to exit Financial special measures * Licence restrictions * Regulatory concerns * Reputational damage	I = 4 L = 5 Extreme (20)	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: Susan Acott	Direct line reporting to the Chief Executive as well as NHS Improvement	Chairs Confirm and Challenge sessions with the Divisional Teams and Executives to ensure delivery moves at pace and any blocks addressed. Involved in development of the financial special measures governance process and has attended the Finance and Performance Committee who oversee the delivery of the financial position of the Trust on behalf of the Board.	Financial Improvement Director liaises with NHS Improvement to discuss the Trust's engagement and performance.	Substantial		I = 4 L = 4 High (16)	Approval for 2nd Phase of the Leadership Development Programme Person Responsible: Sandra Le Blanc To be implemented by: 31 Jan 2018	17 Jan 2018 Dorothy Otite The revised EY/Plum proposal was presented to EMT on 20 December 2017. It will be presented to the Management Board for approval on 31 January 2018 with a view to commencing the programme in the Spring of 2018.	I = 4 L = 2 Moderate (8)	Board of Directors
				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: Susan Acott	Working relationships between linked NED and Lead Executive	Non-executive input at Board of Directors and Committees in relation to development and delivery of the transformation and financial recovery plans.		Adequate			Agree a Transformation programme of work with clear owners and milestones that links to the Strategic Objectives Person Responsible: Simon Hayward To be implemented by: 30 Mar 2018	17 Jan 2018 Dorothy Otite A review and assessment of the current Transformation Programme is now complete. A meeting is planned with the CEO and Deputy CEO to discuss the new plan (including identifying areas to be included in the programme). Once agreed meetings will be arranged with the Executive and Divisional Leads during January and February 2017. The plan will be reviewed at the Transformation Board on 16 February 2018 with a view to developing the plan further.		
				Phase 1 of Leadership & Development programme with EY & Plum in place Control Owner: Sandra Le Blanc	Implementation plan in place and completed for Phase . Alignment review completed and shared with NHSI	EMT workshops held between February and April 2017 to agree transformation work-streams linked to financial recovery CIPs and annual priorities.		Adequate						
				Take learning from others – Strategic Development Team and Clinicians have gone on visits to other NHS and European / International hospitals Control Owner: Elizabeth Shuttler	*Programme Manager does monthly horizon scanning *Periodic trips to other European Health Services *Periodic visits to other NHS Trust with similar issues to identify good practice.	*Reports on Horizon Scanning are presented for information to EMT and Management Board. * Presentations to committees and Board on an ad hoc basis.	Clinical Senate reviews held periodically - reviews models of care and adherence to best practice	Adequate	Links to transformation / service improvement from learnings not explicit.					
				Time limited implementation team in place for the Transformation Programme Control Owner: Simon Hayward	*Implementation Team in place to deliver 8 point agenda *Skills audit complete	*Purpose agreed by EMT in June 2017 *Reports to EMT and the Transformation Board *Programme, project and improvement methodology for the Transformation journey was signed off by the Transformation Board in October 2017	Review by NHSI	Limited						

Board Assurance Framework

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Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Transformation and Financial governance architecture in place (including programme structure; reporting methodology and clinical and non-clinical engagement). Control Owner: Simon Hayward	*Principles for the transformation governance agreed through alignment review, workshops and follow-up work with EY / Plum *Financial recovery governance included input from Financial Improvement Director and linked to Transformation governance.	* EMT review of governance structures via email * Board reviewed the draft proposal (10/4/17)	Discussed at a Financial Oversight meeting with NHSI	Adequate						

AO4: Partnership: Work with other people and other organisations to give patients the best care

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 10	Non-delivery of a timely Sustainability and Transformation Plan that can be resourced Risk Owner: Elizabeth Shutler Delegated Risk Owner: Nicky Bentley Last Updated: 08 Jan 2018 Latest Review Date: 08 Jan 2018 Latest Review By: Dorothy Otite Latest Review Comments: Risk reviewed by Liz Shutler. No change in risk scores. The medium list of options has been approved for public consultation in the Spring of 2018. The CCGs have set up a joint PCBC group and the first meeting is being held during the week of 8 January 2018.	Cause - STP timescales slip due to national management of the process - Parliamentary timing may not be conducive to timely implementation - Lack of CCG leadership Effect - Delay to EKHUFT clinical strategy - Poor patient care - Emergency transfer of services will become necessary - Enforcement actions - Trust's provider licence (finance)	I = 5 L = 4 Extreme (20)	Clinical standards reviewed Control Owner: Elizabeth Shutler	Reviewed at the Clinical Strategy Group	Minutes received by MB	Final response received from Clinical Senate	Substantial	Needs feeding back into the PCBC	I = 5 L = 3 High (15)	Produce Financial Plan linked to delivery of the STP Person Responsible: Philip Cave To be implemented by: 28 Feb 2018	17 Jan 2018 Dorothy Otite The Trust is fully engaged with the STP programme and is feeding into the wider plan. The Board is kept informed.	I = 5 L = 2 Moderate (10)	Finance & Performance Committee
				East Kent Delivery Board in place which meets regularly to ensure delivery of an agreed plan Control Owner: Elizabeth Shutler	- Trust Executive membership of the Board to influence the discussion. - Trust Secretary holds all copies of agendas/minutes	- Reported monthly to Clinical Strategy Board and Management Board	In attendance are all Health economy partners	Adequate			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	10 Nov 2017 Dorothy Otite Consultation is likely to commence in the Spring of 2018.		
				Internal Clinical Strategy Group in place Control Owner: Elizabeth Shutler	Chaired by CEO			Adequate			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: 30 Apr 2018	08 Jan 2018 Dorothy Otite The CCGs have set up a joint PCBC group and first meeting is being held during the week of 8 January 2018.		
				Kent and Medway STP Programme Board in place Control Owner: Elizabeth Shutler	*Trust CEO and Chair of East Kent Delivery Board attends to influence the programme. *Trust CEO is on the Management Board and Chairing the Hospital work stream which Deputy CE is the Lead for *PMO established	- Various Senior Managers involved in STP work streams - Trust Board sighted on presentations to Programme Board	PMO reviewed by NHSE and found to be adequate	Substantial						
				STP submission to NHS England Control Owner: Elizabeth Shutler	Submitted in time	Reviewed by Board	NHSE positive feedback received in July and October 2016	Substantial						