

Front Sheet

Title of Meeting	Trust Board	Date	26 th September 2019
Title of Paper	Board Assurance Framework		
Author	Siobhan Neaves – Interim Risk Manager Samantha Chalmers – Trust Risk Manager & Health & Safety Lead		
Executive Director	Mary Mumvuri Executive Director of Nursing and Quality		

Purpose: the paper is for:	• Delete as applicable
• Approval:	

Recommendation:	
The Board are asked to receive and review the Board Assurance Framework, confirming the current process for gathering assurance and ensuring that appropriate assurance is provided and that any new risks are included under the appropriate Strategic Objective.	
Summary of Key Issues:	• No more than five bullet points
The Board Assurance Framework provides assurance to the Trust Board that any risks which may impact on achieving the strategic objectives have been identified and actions put in place to mitigate them. A summary of key controls and evidence is added as appendix 1.	

Report History:
Reviewed by relevant executive director and Executive Management Team prior to submission to Trust Board.

Strategic Objectives:	• Select as applicable
<input checked="" type="checkbox"/> Consistently deliver an outstanding quality of care <input checked="" type="checkbox"/> Recruit retain and develop the best staff making KMPT a great place to work <input checked="" type="checkbox"/> Put continuous improvement at the heart of what we do <input checked="" type="checkbox"/> Develop and extend our research and innovation work	

- ☒ Maximise the use of digital technology
- ☒ Meet or exceed requirements set out in the Five Year Forward View
- ☒ Deliver financial balance and organisational sustainability
- ☒ Develop our core business and enter new markets through increased partnership working
- ☒ Ensure success of our system-wide sustainability plans through active participation, partnership and leadership

Implications / Impact:

Patient Safety:

Risks relating to Patient Safety are covered under the first three Strategic Objectives

Identified Risks and Risk Management Action:

Not applicable

Resource and Financial Implications:

Not applicable

Legal/ Regulatory:

Compliance with Annual Governance Statement disclosure requirement
Accountable Officer memorandum

Engagement and Consultation:

Reviewed by EMT prior to submission to Trust Board

Equality:

Not applicable

Quality Impact Assessment Form Completed: ~~Yes~~/ No

Summary

The current process for undertaking risk management and assurance reviews include:

- Risks are carefully described using a consequence descriptor (IF-THEN-RESULTING IN)
- Controls are coded, monitored and assigned using a calibrated tool
- Each risk identified is linked to a performance measure
- All risks are assigned a key control and evidence is identified to demonstrate that the control is working (see appendix 1)
- Risks to quality, finance, performance, high level risks and strategic risks are reviewed by the executive team and board committees
- The risk team monitor and manage changes to the BAF, ensuring executive input
- All risks are assigned a target value as per the control calibration tool (see appendix 1)

The Top Risks are

- Risk ID 5965 Exiting the EU (Rating of 25 – Extreme)
- Risk ID 6097 2019/20 CIP Programme (Rating of 20 – Extreme)
- Risk ID 6098 Long Term Financial Sustainability (Rating of 20 – Extreme)
- Risk ID 5920 Financial risk to KMPT due to out-of-area PICU beds (Rating of 20 – Extreme)
- Risk ID 3164 Capital Projects – Availability of Capital (Rating of 16 – Extreme)

Supplementary assurance information has been provided with this paper relating to the key controls for each risk. The purpose is to demonstrate that evidence can be provided for each key control and that the control is being monitored and assessed for quality and impact.

Risk Movement

Risk ID 5875 (CMHTs Demand and Capacity) has been reduced from an Extreme rating (4x4) to a High rating (4x3). This is because there has been a small but sustainable improvement seen over the last 3 months.

Risks recommended for Removal

The Board are asked to consider the removal of 'perinatal', 'liaison psychiatry' and 'increased investment in CRHT' relating to the five year forward view under **Strategic Objective 6, as these are well controlled and there are** no risks related to them currently. Risk ID 5920 is to remain under Strategic Objective 6.



New Risks


Two new risks are being drafted and are recommended for inclusion into the BAF as the digital strategy has been reviewed.

- Risk ID 6192 – IF the Trust does not invest Capital funds into the Clinical Technology Strategy THEN key projects within the strategy will not be delivered RESULTING IN not realising the full benefits of the digital strategy (Rating of 6 – Moderate)
- Risk ID 6193 – IF the Mobile RiO solution does not get approved and funded THEN mobile staff would not realise the benefits to utilising mobile devices to access clinical records RESULTING IN the inability to improve productivity and quality of care (Rating of 6 – Moderate)

Recommendations


- The Board to receive the BAF and to confirm that they are satisfied with the progress against these risks and that sufficient assurance has been received.
- Agree to the removal of the item regarding five year forward view

Strategic Objective 1							Consistently deliver outstanding quality of care																																														
<div>Risk Report</div> <table><tr><td rowspan="5">LIKELIHOOD</td><td>5</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td>5875</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td>6052</td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td>4083</td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td colspan="2"></td><td colspan="5">CONSEQUENCE</td></tr></table>							LIKELIHOOD	5						4			5875			3				6052		2				4083		1								1	2	3	4	5			CONSEQUENCE					<div></div> <div>Opened: 10/10/2018 Target rating: 6 Target Date: 29/03/2020</div>	<div>Risk ID 5875: IF CMHTs cannot meet system demand for mental health assessment and treatment THEN there will be delays and failures to provide core CMHT functions RESULTING IN clinical care not being provided, poor patient experience, patient safety issues, staff stress and welfare and potential reputational damage as a result of not delivering commissioned services.</div> <div>Performance Metric: Improvement seen in the 4 week wait trajectory by end of March 2020.</div> <div>Performance Metric Status: Not Met</div> <div>BAF Owner: Chief Operating Officer</div> <div>Directors Comment: The MHIS business case has now been shared with commissioning colleagues and the Trust is now waiting final sign off before recruitment commences. The business case has identified the exact additional staff required to comply with the 4 week wait, implementation of initial interventions and caseload management of 40 cases per clinicians, through demand and capacity modelling.</div>
LIKELIHOOD	5																																																				
	4			5875																																																	
	3				6052																																																
	2				4083																																																
	1																																																				
		1	2	3	4	5																																															
		CONSEQUENCE																																																			
							<div></div> <div>Opened: 06/03/2019 Target: 3 Target Date: 31/03/2020</div>	<div>Risk ID 6052: IF KMPT are unable to have effective means for continuously assessing, improving and monitoring quality of care to ensure a systematic and sustainable approach THEN KMPT will not be able to evidence compliance with regulatory fundamental standards RESULTING IN an inconsistent quality of care across the organisation and potential impact on patient experience, safety and clinical outcomes and not being a provider of choice.</div> <div>Performance Metric: CQC Well Led ratings; Enforcement Actions</div> <div>Performance Metric Status: Met</div> <div>BAF Owner: Executive Director of Nursing & Quality</div> <div>Directors Comment: KMPT will continue to use a variety of methods to assess quality of care. These include review of performance data and soft intelligence through the Quality Performance Review meetings with Care Groups, CliQ Checks, deep dives, thematic reviews, 15 Step Challenge. We will triangulate our information with external reports such as from CCG Quality Visits, CQC Insight reports; System wide Quality Surveillance Reports, service users and carers feedback and CQC MHA Reviews, specialist audits in areas such as Health &</div>																																													



		Safety, Infection Prevention and Control, Restrictive interventions and Safeguarding.
	<div></div> <div>Opened: 23/03/2012 Target rating: 4 Target Date: 30/09/2019</div>	<p>Risk ID 4083: IF we do not have effective means for measuring, monitoring and assessing the risks associated with anchor points THEN we will be exposing patients to patient safety risks RESULTING IN self-harm and or death from suspension from anchor points and may mean patient safety, financial penalty, reputational damage and prosecution</p> <p>Performance Metric: Reduced number of moderate to severe harm incidents involving anchor points</p> <p>Performance Metric Status: Met</p> <p>BAF Owner: Executive Director of Nursing & Quality</p> <p>Directors Comment: As additional assurance, evidence for the ligature management process has been shared with the CCG and a Quality Visit took place in June 2019. The final report has been issued and will be shared with Quality Committee. Ligature risks are mitigated operationally through individual patient risk assessments, environmental checks, use of formal observations and therapeutic interventions. Trends and themes relating to ligature incidents will be reviewed by the Ligature Standards Group to inform the Prevention of Suicide Group. The IQPR report includes number of such incidents where harm has been caused.</p>
<p>Linked Risks (Current Rating):</p> <p>Risk ID 5875: 4248 Community Flow, High Caseloads & Unallocated Cases (4 Mod); 5623 Referral to assessment within 4 weeks (9 High); 6031 – 6040 CMHTs Demand & Capacity (16 Extreme)</p> <p>Risk ID 4083: 2667: H&S Compliance (9 High)</p>	<p>Assurances:</p> <ul style="list-style-type: none">• Risk ID 5875: CAPA; Caseload alignment tool; monitored by Trust Board• Risk ID 6052 – Capital Programme oversight of environmental improvements and new projects; Quality Performance Meetings; CQC Well Led Inspection report February 2019; CQC Engagement meeting feedback; MHA reviews; QPR Performance and Quality report; patient safety incidents.• Risk ID 4083: Monitored by NHS England via STEIS; therapeutic observations and engagement; Health & Safety Audits; Refurbishment programme is reducing anchor points; <i>National Standards for Mental Health unit builds</i>	
<p>Performance Report</p> <div><div></div><div>X</div><div></div><div></div></div>	<p>Key Controls:</p> <ul style="list-style-type: none">• Risk ID 5875: Pre and Post transition demand and capacity review; Choice and Partnership model implemented; Care Group management overview; QPR oversight; Recruitment policy; CliQ Checks; Caseload Management tool; Completion of 4 week caseload transitions between health & KCC	

	<ul style="list-style-type: none"> • Risk ID 6052 – Achievement of good/outstanding regulatory standards; Implementation of care pathways; Environmental improvements to estate; CliQ-Checks; CCG Quality Visits; CQC Mental Health Act Reviews; Thematic deep dives • Risk ID 4083: Health & Safety Risk Assessment (HS20); Annual Ligature Audits; Ligature inventory; Oversight by Prevention of Suicides and Homicide Group; Ligature Champions; Refurbishment programme includes anti-ligature wardrobes; Digital technology e.g. door top alarms; standardised ligature cutters
--	---

Strategic Objective 2							Recruit retain and develop the best staff making KMPT a great place to work																																														
<div>Risk Report</div> <table><tr><td rowspan="5">LIKELIHOOD</td><td>5</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td>3808</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td>3738 5148</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td colspan="2"></td><td colspan="5">CONSEQUENCE</td></tr></table>							LIKELIHOOD	5						4			3808			3			3738 5148			2						1								1	2	3	4	5			CONSEQUENCE					<div></div>	<p>Risk ID 3808: IF we fail to recruit appropriate numbers of healthcare professionals THEN this will impact on the ability to meet safe staffing requirements RESULTING IN continued reliance on agency staff, increased cost and potentially lower quality service to patients.</p> <p>Performance Metric: Vacancy rate, reduced use of agency/bank/NHSP staff, over performance on Agency Cap (national target)</p> <p>Performance Metric Status: Not Met</p> <p>BAF Owner: Director of Workforce & Comms</p> <p>Directors Comment: Brilliant People meetings in place and two meetings for the Workforce Modelling task and finish group have taken place. Medical Improvement Plan in place, overseen by Executive Management team. Continuing strategy for CESR recruitment. Development of recruitment strategy. Culture work. Employer branding.</p>
								LIKELIHOOD	5																																												
									4			3808																																									
									3			3738 5148																																									
2																																																					
1																																																					
		1	2	3	4	5																																															
		CONSEQUENCE																																																			
<div></div>	<p>Risk ID 3738: IF we do not have engaged employees THEN this would impact on staff morale, recruitment, retention, absence and productivity and have a potential impact on patient experience RESULTING IN loss of reputation and business</p> <p>Performance Metric: Response rate and staff engagement indicator from annual staff survey</p> <p>Performance Metric Status: Not Met</p> <p>BAF Owner: Director of Workforce & Comms</p> <p>Directors Comment: Staff Survey monthly meetings with Care Groups. Just and learning approach with Big Conversation event, staff survey and focus groups being held. Survey attracted 1175 responses. Plan in place to feedback to staff, leaders and completed for Executive team. Leadership and management development, plus career development work. Talent management and succession planning. Freedom to Speak Up Guardian. Preventative work on sickness absence. Improvements to appraisal and supervision.</p>																																																				
<div></div>	<p>Risk ID 5148: IF we do not retain our employees THEN this would impact on staff morale, absence and productivity and have a potential impact on patient experience RESULTING IN impact on Turnover, Absence etc.</p> <p>Performance Metric: Turnover rate</p>																																																				


	<p>Opened: 05/03/2017 Target Rating: 6 Target Date: 31/03/2020</p>	<p>Performance Metric Status: Not Met BAF Owner: Director of Workforce & Comms Directors Comment: Data pack from NHSI retention programme received and follow up call undertaken, with plan to relaunch retention work stream in October. Further work is being undertaken on exit interviews, robust appraisal and supervision processes and career pathways to improve staff retention. Leadership and management development</p>
<p>Linked Risks (Current Rating): 3954: Recruiting an effective workforce (16 Extreme) 4617: Revalidation of Nurses (2 Low) 4540: Recruitment & retention of medical staff (6 Moderate) 5073: Appraisals (8 High)</p>	<p>Assurances:</p> <ul style="list-style-type: none"> • Risk ID 3808: Inpatient Establishment review; Inpatient Safer Staffing fill rates; Introduction of HR2U; Monitoring of recruitment and retention; Monitored by CCG and CQC • Risk ID 3738: Workforce Committee oversight; Green Button activity; Leadership and management development; <i>Report to Trust Board – Staff Survey and appraisals</i>; Cultural audit tender specification • Risk ID 5148: External monitoring – various bodies; NHSI Cohort 2 retention project; HR2U <i>(Text in italics denotes a 3rd line control)</i> 	
<p>Performance Report</p> 	<p>Key Controls:</p> <ul style="list-style-type: none"> • Risk ID 3808: Review of Roster templates; Escalation policy; Medical Recruitment & Retention group; Consultant mentoring in place; Recommend a Friend; Review of end to end recruitment process; SafeCare Pilot. • Risk ID 3738: Quarterly Staff Friends & Family Test Survey; NHS Staff Survey; Staff Forums and Groups in place; Care Group and Staff Awards; Green Button on i-connect; HR2U; Freedom to Speak Up Guardians; Big Conversation events; Agreement of 'Just learning' approach review of culture; EMT Working With Days • Risk ID 5148: Exit Interviews; Supervision and Appraisals; NHSI retention programme cohort 2 	


Strategic Objective 3							Put continuous improvement at the heart of what we do																																														
<div>Risk Report</div> <table><tr><td rowspan="5">LIKELIHOOD</td><td>5</td><td></td><td></td><td></td><td></td><td>5965</td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td>3763</td><td>5966</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td colspan="2"></td><td colspan="5">CONSEQUENCE</td></tr></table>							LIKELIHOOD	5					5965	4						3		3763	5966			2						1								1	2	3	4	5			CONSEQUENCE					<div></div> <div>Opened: 18/01/2019 Target rating: 16 Target Date: 29/11/2019</div>	<div>Risk ID 5965: IF The UK exits the EU without a deal, THEN There may be far ranging implications for business continuity including travel, access to medicines, supplies, interruptions to power telecommunications and other utilities, access to fuel, delay to capital projects, cost pressures and staffing, RESULTING IN failure to deliver core business for extended periods which may result in poor patient experience, patient safety including delays in accessing treatment and support, increased length of stay and medical implications of failure to access medicines and financial implication of delay to projects and increased costs</div> <div>Performance Metric: number of activations of significant incident plan (critical)</div> <div>Performance Metric Status: Unknown</div> <div>BAF Owner: Executive Director of Nursing & Quality</div> <div>Directors Comment: The situation remains changeable and in review, with updates provided by the NHS England EU Exit Senior Responsible Owner. Planning has mirrored the worst case scenario; following guidance as issued to date and being mindful of any changes in government policy as they are revealed. KMPT has a well formed plan in place to ensure that a No Deal Exit from the European Union and any consequences of that on business as usual will be minimised for the Trust. Any update to planning assumptions and policy will duly be reflected into an update of the Trust’s Plan for No Deal Exit as it arises.</div>
								LIKELIHOOD	5					5965																																							
4																																																					
3		3763	5966																																																		
2																																																					
1																																																					
		1	2	3	4	5																																															
		CONSEQUENCE																																																			
<div></div> <div>Opened: 18/01/2019 Target rating: 6 Target Date: 01/11/2019</div>	<div>Risk ID 5966: IF the Trust does not adequately provide the mechanisms to manage the change to inpatient services at the St Martins site in Canterbury including appropriate governance of change, timely implementation of new clinical models, achieving of agreed targets in reducing demands for hospital beds and provision of adequate resource and facilities THEN there will be onward impact on operational services including the ability to maintain provision of previously agreed clinical models RESULTING IN inability to provide commissioned services to the level of quality desired and reputational damage to the Trust, patient harm and increased pressure on other services becoming detrimental to patient experience, and potential need to resort to private sector beds or opening of the Littlestone unit.</div> <div>Performance Metric: Out of Area Bed use, % of Occupied Bed Days, Delivery of new services (enabling projects), shorter LOS</div>																																																				

		<p>Performance Metric Status: Not Met</p> <p>BAF Owner: Executive Director of Transformation</p> <p>Directors Comment: Enabling projects continue to meet project targets, despite summer holiday "blip" in August, thought to be due to annual leave of key clinicians. Presentations by CCGs made to HOSC/HASC during July-August. Decision now made by CCGs to conduct formal public consultation. Precise timelines for this are still being finalised with the CCG. This does not affect the work programme at Samphire/Heather ward or the relocation of Cranmer and handover of the St Martins west site to Homes England. The risk of an adverse outcome to the consultation is being mitigated by close working with CCG and other partners, and by investment in the consultation process and materials.</p>
	 <p>Opened: 01/04/2014 Target Rating: 4 Target Date: 31/03/2020</p>	<p>Risk ID 3763: IF we do not deliver the Estates Transformation programme THEN we will have an estate that is unfit for purpose and does not support delivery of the clinical services/strategy RESULTING IN harm, damage or loss to quality of services, business, staff and service user experience</p> <p>Performance Metric: Positive/negative feedback from staff user forums as part of CQC action plan</p> <p>Performance Metric Status: Met</p> <p>BAF Owner: Executive Director of Finance</p> <p>Directors Comment: National capital position confirmed, programme will be reinstated. Implementation plan being drafted.</p>
<p>Linked Risks (Current Rating): 5076: HR Team BC Plan (4 Moderate) 4043: Heating on TMHU (8 High)</p>	<p>Assurances:</p> <ul style="list-style-type: none"> • Risk ID 5965: This is monitored by the LHRP partners and central government • Risk ID 5966: This is monitored by the Board; Joint CCG and KMPT Programme Board in place to maintain oversight and assurance. • Risk ID 3763: Regular reports on individual capital projects to SEG; FPC report on progress versus plans; Monthly report to E&IMT TB reviewing key milestones <p><i>(Text in italics denotes a 3rd line control)</i></p>	
<p>Performance Report</p> 	<p>Key Controls:</p> <ul style="list-style-type: none"> • Risk ID 5956: Local business continuity plans, Significant incident plan and subject specific plans, instruction and support from LHRP and central government • Risk ID 5966: PMO support from KMPT Transformation Team • Risk ID 3763: Capital Planning & Estates Risk Register in place and reviewed regularly; FPC monthly review of Estates Programme risks and Capital Planning allocation; Estates transformation lead in place 	



Strategic Objective 4							Develop and extend our research and innovation work																																											
Risk Report							<div><div><div></div></div><div>Opened: 10/08/2017 Target Rating: 1 Target Date: 31/03/2020</div></div>	<div><div><div></div></div><div>Risk ID 5345: IF we don't increase activity (including recruitment) that improves the academic profile of the Trust THEN this will impact on reputational gain and patient outcomes RESULTING IN diminished attractiveness of the Trust in terms of recruitment and tendering and patient choice Performance Metric: Increase in research recruits (MET); Increase in bid submissions (MET); Number of presentations in academic forums (not yet monitored) Performance Metric Status: Not Met BAF Owner: Interim Medical Director Directors Comment: NIHR activity is ongoing and at 336 recruits against our target of 557, we expect to exceed this again this FY. Activity, however, is expected to be lower than previous years due to a reduction in studies available, hence our need to start developing our own home grown research pipeline. Our Research Quality & Governance Manger as well as three Research Assistants for the Open Dialogue RCT and the PATH, perinatal European bid have now joined the team over the Summer to enable their delivery. The Physical Health in Mental Health NIHR bid was not successful but is being taken forward elsewhere. We also have several new Clinicians taking on the role of Principal Investigator for NIHR Portfolio studies.</div></div>																																										
<div><div>LIKELIHOOD</div><table><tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td>5345</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td colspan="2"></td><td colspan="5">CONSEQUENCE</td></tr></table></div>	5									4							3		5345					2							1									1	2	3	4	5			CONSEQUENCE			
5																																																		
4																																																		
3		5345																																																
2																																																		
1																																																		
		1	2	3	4	5																																												
		CONSEQUENCE																																																
Linked Risks (Current Rating): 3808: Recruitment (12 High)							<div>Assurances:</div> <ul style="list-style-type: none">Risk ID 5345 - National clinical research governance arrangements; <i>Annual report to Board; Report ERN comprehensive research network</i> <i>(Text in italics denotes a 3rd line control)</i>																																											
Performance Report							<div>Key Controls:</div> <ul style="list-style-type: none">Risk ID 5345 – Increasing principle investigators and R&D links across the organisation in line with the R&D Strategy; R&D SoP; Statistical analytical software available on the Cloud; Monitored by CEOG and Quality Committee; Annual report to the Board; Report ERN comprehensive research network.																																											
<div><div></div><div></div><div>X</div><div></div></div>																																																		


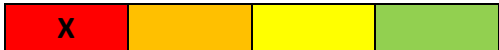
Strategic Objective 5							Maximise the use of digital technology																																																			
Risk Report <table><tr><td rowspan="5">LIKELIHOOD</td><td>5</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td>6192 6193</td><td></td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td colspan="2"></td><td colspan="5">CONSEQUENCE</td></tr></table>							LIKELIHOOD	5						4						3						2			6192 6193			1								1	2	3	4	5			CONSEQUENCE					NEW Opened: 19/09/2019 Target Rating: 2 Target Date: 31/03/2020			Risk ID 6192 IF the Trust does not invest Capital funds into the Clinical Technology Strategy THEN key projects within the strategy will not be delivered RESULTING IN not realising the full benefits of the digital strategy Performance Metric: Board Approved Strategy, funding approved for deployment Performance Metric Status: Not Met BAF Owner: Executive Director of Finance Directors Comment: This is a new risk.			
								LIKELIHOOD	5																																																	
									4																																																	
3																																																										
2			6192 6193																																																							
1																																																										
		1	2	3	4	5																																																				
		CONSEQUENCE																																																								
Risk ID 6193 IF the Mobile RiO solution does not get approved and funded THEN mobile staff would not realise the benefits to utilising mobile devices to access clinical records RESULTING IN the inability to improve productivity and quality of care Performance Metric: Business Case Approval, Strategy Approval Performance Metric Status: Not Met BAF Owner: Executive Director of Finance Directors Comment: This is a new risk in development.																																																										
Linked Risks (Current Rating):							Assurances: <ul style="list-style-type: none">Risk ID 6192 - None identifiedRisk ID 6193 - None identified																																																			
Performance Report <table><tr><td></td><td></td><td>X</td><td></td></tr></table>									X		Key Controls: <ul style="list-style-type: none">6192 Scrutiny by Trust Board6193 Scrutiny by Trust Board																																															
		X																																																								


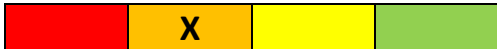
Strategic Objective 6							Meet or exceed requirements set out in the Five Year Forward View
Risk Report							<div></div> <div>Opened: 11/12/2018 Target: 9 Target Date: 31/03/2021</div>
LIKELIHOOD	5				5920		
	4						
	3						
	2						
	1						
		1	2	3	4	5	
CONSEQUENCE							
<div>Risk ID 5920: IF KMPT continues with under commissioned PICU bed numbers THEN this patient group will not receive the appropriate care within KMPT services and patients being placed in private &/or out of area beds RESULTING IN increased cost pressures, poor patient experience, patient flow issues where step down placements required, stress for families and carers having to visit relatives out of area, and a negative impact on KMPT reputation as a provider of choice.</div> <div>Performance Metric: Number of female PICU beds reduced to 6 or less in 2019/20 and cease from 2020/21</div> <div>Performance Metric Status: Not Met</div> <div>BAF Owner: Chief Operating Officer</div> <div>Directors Comment: The procurement process is in operation and the remaining developments described below continue;</div> <div><ul style="list-style-type: none">• Development of a community clinical team (Extra Care service) through a reconfiguration of KMPT resources and invest to save option• A weekly PICU clinical review group led by the interim Medical Director to support a reduction of length of stay and numbers admitted to female PICU• Development and review of the newly developed step down service agreed with Cygnet. The Community Engagement service has been developed with commissioners to support women with a diagnosis of Personality Disorder. The women, who have been in PICU, are supported back into the community through a short term rehabilitation model of up to 12 weeks. The CMHTs engage proactively with the women to ensure robust care planning is in place for their discharge back to their community.• Review of procurement options with a preferred provider whilst KMPT continue to outsource female PICU• Consideration of KMPT building its own PICU. Affordability and national Capital planning will need to be considered for this longer term proposal.</div>							


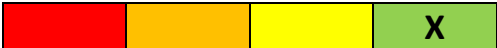
		<p>The Chief Operating Officer has a strategic steering group in place with commissioners and the STP mental health work stream.</p>
	 <p>Target: tbc Target Date: 31/03/2020</p>	<p>If KMPT are unable to deliver required standards outlined in the five year forward view THEN there would be delays in delivery of key services, possible financial contract penalties and a reputational risk RESULTING IN risk to patient safety, poor patient experience and clinical outcomes</p> <p>Perinatal – KMPT is continuing to support increase in access to specialist perinatal mental health services. From August 2018 the Trust is the lead provider for the delivery of new Mother and Baby Inpatient Unit for Kent, Surrey and Sussex. Completed, service in place and operating effectively</p> <p>Liaison Psychiatry - deliver Core 24 mental health liaison standards for adults in nearly 50% of acute hospitals subject to hospitals being able to successfully recruit.</p> <p>Risk/Assurance - Kent and Medway STP has one Core 24 service at Medway Hospital (Oct 2017)</p> <ul style="list-style-type: none"> • QEQM and Medway Hospital is now 24/7 • Successful transformation bid to develop and implement 24/7 model at Pembury and Maidstone Hospitals in 2018/19 however funding is not committed past March 2020 <p>NHSE bid for Wave 2 liaison monies for 24/7 at Darenth Valley and William Harvey submitted in June 2019. Awaiting outcome of bid.</p> <p>Increased investment in CRHT – Clinical Care Pathways Programme has been established and includes a project stream to redesign urgent and emergency access to crisis care. This project will engage with key stakeholders to agree and support the development of the operational delivery model for the future. STP and KMPT urgent care pathway work aligned, KMPT have submitted a bid for national monies to increase crisis assessment options in June 2019 – awaiting outcome. Aligned to the bid is the option to develop Crisis Cafes in each of the localities</p>

Linked Risks:	Assurances: <ul style="list-style-type: none"> • Risk ID 5920 – SDIP to be developed by December 2019 •
<p style="text-align: center;">Performance Report</p> <div data-bbox="246 378 743 427"> <div style="display: inline-block; width: 25px; height: 20px; background-color: red; text-align: center; line-height: 20px;">X</div> <div style="display: inline-block; width: 50px; height: 20px; background-color: orange;"></div> <div style="display: inline-block; width: 50px; height: 20px; background-color: yellow;"></div> <div style="display: inline-block; width: 50px; height: 20px; background-color: lightgreen;"></div> </div>	Key Controls: <ul style="list-style-type: none"> • Risk ID 5920 – Budget monitoring; Patients presenting with high risk are placed on 1:1 obs; Blue light meetings; Regular interface with Finance; Proposed risk summit facilitation by the Medical Director •

Strategic Objective 7							Deliver financial balance and organisational sustainability	
Risk Report								
LIKELIHOOD	5				6097 6098		 Opened: 10/04/2019 Target Rating: 12 Target Date: 31/03/2020	Risk ID 6097: IF the Trust fails to deliver the annual cost improvement programme THEN the Trust could fail to deliver the Trust control total of a breakeven position in 2019/20 RESULTING IN an increased risk that the Trust misses its use of resources target. This will also have an impact on the Trust to deliver long term financial sustainability. Performance Metric: New Performance Management Framework in place with monthly Quality Performance Reviews (QPRs) Performance Metric Status: Unknown BAF Owner: Executive Director of Finance Directors Comment: The pipeline of scheme ideas is progressing with the current CIP gap of £0.7m in September, as reported to Trust Board. The CIP governance is still in place which includes routine meetings with the Care Groups regarding CIPs. There are a number of ideas in the pipeline to close the gap.
	4				3164			
	3							
	2							
	1							
			1	2	3	4	5	
		CONSEQUENCE						
							 Opened: 10/04/2019 Target Rating: 12 Target Date: 31/03/2020	Risk ID 6098: IF the Trust fails to reduce the underlying financial deficit THEN the Trust could fail to deliver the long term financial sustainability RESULTING IN the Trust being unable to develop a robust financial strategy during 2019/20 that will demonstrate how the Trust will return to break even or generate a surplus by March 2020 on a recurrent basis. The financial strategy will set out a three year financial plan. Performance Metric: New Performance Management Framework in place with monthly Quality Performance Reviews (QPRs) Performance Metric Status: Unknown BAF Owner: Executive Director of Finance Directors Comment: The Trust is currently producing its long term plan (LTP) as part of the Kent and Medway STP LTP. System and individual control totals have been released by NHSI/E for the five year period. The first draft of the LTP will be presented to the Finance and Performance Committee in September for an initial discussion. The final draft will be presented to the Trust Board in October

	 <p>Opened: 01/02/2010 Target Rating: 6 Target Date: 31/03/2020</p>	<p>Risk ID 3164: IF there is insufficient availability of capital for FY 2019/2020 THEN the Estates Strategy agreed at Board may not be executed in the timescales set out RESULTING IN poor performance on backlog maintenance and capital project delivery.</p> <p>Performance Metric: Continued success with disposals programme has supplemented capital resources, but opportunities are diminishing, making efficient management of the programme ever more critical</p> <p>Performance Metric Status: Not Met</p> <p>BAF Owner: Executive Director of Finance</p> <p>Directors Comment: The Trust has set a robust capital programme for 19/20 as part of its annual planning process. There have been a number of discussions nationally regarding capital pressures. Confirmation has now been received that Trusts can commit to their May capital plan submitted to NHS Improvement (NHSI). The Trust will be submitting a capital forecast to NHSI in September.</p>
Linked Risks:	<p>Assurances:</p> <ul style="list-style-type: none"> • Risk ID 6097 - Audit; CCG monitoring; NHSI; EAC, FPC and Board review of performance; Quality Committee monthly review of key KPIs; Clinical audit implementation and review; QPR meetings with Care Groups; • Risk ID 6098 - Audit; CCG monitoring; NHSI; EAC, FPC and Board review of performance; Quality Committee monthly review of key KPIs; Clinical audit implementation and review; QPR meetings with Care Groups • Risk ID 3164 – Board, FPC and Trust Capital Group oversight; Business Case Review Group 	
<p>Performance Report</p> 	<p>Key Controls:</p> <ul style="list-style-type: none"> • Risk ID 6097 - Monthly Finance Report; New CIP Process; QPR meetings; Care Group Meetings; Finance position and CIP update; Finance and Performance Committee oversight; PMO oversight and COP Track in place; Standing Financial Instructions; Internal Audit; Monthly statements to budget holders; Monthly feedback forms completed by managers and sent to Finance; Agency recruitment restriction • Risk ID 6098 – Monthly Finance Report; New CIP Process; QPR meetings; Care Group Management meetings; Standing Financial Instructions; Internal Audit; Monthly statements to budget holders; Monthly feedback forms completed by managers and sent to Finance • Risk ID 3164 – Clear prioritised capital plan, reviewed regularly with services; Tight design and specification processes and capital programme management 	

Strategic Objective 8							Develop our core business and enter new markets through increased partnership working						
Risk Report													
LIKELIHOOD	5							<p>Risk ID 5456: IF we do not achieve repatriation and Length of Stay targets THEN the forensic services may cost more to run than the budget devolved from NHSE to New Care Models RESULTING in a gap between cost of forensic services and available funds.</p> <p>Performance Metric: No unbudgeted expenditures</p> <p>Performance Metric Status: Unknown</p> <p>BAF Owner: Executive Director of Finance</p> <p>Directors Comment: KMPT continue to be actively engaged in the New Care Model Programme. A business case has been submitted with regards to setting up an Assertive Transition Team within Kent and Medway. The NCM is currently awaiting updated financial information from NHS England (NHSE).</p>					
	4												
	3												
	2				5456								
	1												
		1	2	3	4	5							
		CONSEQUENCE											
Linked Risks:							Assurances:						
							<ul style="list-style-type: none">Risk ID 5456: Numerous quality audits are carried out within the service; Regular inspections by CQC take place; NHSE evaluation of performance; <i>Board oversight; Peer network and other 3rd party assurance (Text in italics denotes a 3rd line control)</i>						
Performance Report							Key Controls:						
							<ul style="list-style-type: none">Risk ID 5456: Regular updates provided to the Trust Finance & Performance Committee; Clear governance process established for the NCM; The DoF is the Executive Lead and attends the NCM Board and sub group; The Trust is also part of the activity modelling group; Strategic partnership with Surrey/Sussex Partnership; Partnership working with 3rd party providers; On-going service evaluation & audits; Quality Assurance process						

Strategic Objective 9		Ensure success of our system-wide sustainability plans through active participation, partnership and leadership				
Risk Report		<div>  </div> <p>Opened: 03/11/2016 Target Rating: 3 Target Date: 31/03/2020</p>				
LIKELIHOOD	5					
	4					
	3					
	2					
	1			4996		
		1	2	3	4	5
		CONSEQUENCE				
Linked Risks		<p>Assurances:</p> <ul style="list-style-type: none"> Risk ID 4996: KMPT taking a leading role in the STP process; <i>Trust Strategy Committee chaired by NED reporting directly to Trust Board; Glen Douglas appointed as CEO of the STP Board; STP has a Performance Management Office which oversees progress.</i> (Text in italics denotes a 3rd line control) 				
Performance Report		<p>Key Controls:</p> <ul style="list-style-type: none"> Risk ID 4996: STP CEO; KMPT CEO representing Trust in Programme Board; Medical Director representing KMPT in Clinical and Professional Board; Medical Director membership on Mental Health Work Stream 				
		<div>  </div>				

Appendix 1 – Summary of key controls and evidence for mitigation

ID	Title	Primary Assurance	Evidence	Gaps identified	Primary Control	Evidence	Gaps identified	IQPR Y/N
Strategic Objective 1: Consistently deliver an outstanding quality of care								
5875	CMHTs Demand and Capacity	3a - Trust Board	Trust Board Minutes	caseload alignment work is currently underway, but not yet fully completed across all CMHTs	2a - Leadership team / Project board Pre and Post transition demand and capacity review		inability to find suitably experienced qualified locum staff	Y
6052	Improving and sustaining quality and safety	3a - Trust Board	QPR Report to Trust Board Quality Digest to QC QPR QIP 2018/19 CCG Quality Visits	Inpatient Quality and Safety peer review, due to commence over the summer.	Achievement of good/outstanding regulatory standards	CQC Well Led Inspection Report February 2019	Clinical care pathways still in implementation phase CliQ-Checks to be extended to non CQC services	Y

ID	Title	Primary Assurance	Evidence	Gaps identified	Primary Control	Evidence	Gaps identified	IQPR Y/N
4083	Management of Environmental Ligatures	3e - CQC Inspection	CQC inspection undertaken January 2017 CQC MHA Visits Annual Audit	Slippage of Capital Programme	1e - Controlled access to ligature points and observations Door top alarms	Removal of anchor points as part of the Capital Plan Clinical management that restricts access to anchor points on wards Observation charts	Not all wards have been fully refurbished to the reduced ligature standard	Y
Strategic Objective 2: Recruit retain and develop the best staff making KMPT a great place to work								
3808	Recruitment	2e - People Strategy	Vacancy Rate	No external oversight	2e - People Strategy	Vacancy Rate	Therapeutic Staffing Recruitment & Retention Strategy	Y
3738	Staff engagement, acting on feedback and cultural change	2e - Staff Survey & FFT	Staff Survey Staff Survey Action Plan	Awaiting results of the Cultural Review	2e - People Strategy	Staff Survey	None identified	Y
5148	Retention of employees	3b - NHSI programme	Turnover Rate	Narrow focus to 4 work streams only	3b - NHSI programme	Turnover Rate	National shortages of consultants and registered nurses	Y

ID	Title	Primary Assurance	Evidence	Gaps identified	Primary Control	Evidence	Gaps identified	IQPR Y/N
Strategic Objective 3: Put continuous improvement at the heart of what we do								
5965	Exiting the EU	3e - Central government oversight	Trust Significant Incident Addendum	Significant unknowns remain	2e - Local Business continuity plans	Business continuity plan audit	None identified	N
5966	Enabling projects for the proposed changes to in-patient services at the St Martins site	3a - Board Joint CCG & KMPT Programme Board in place to maintain oversight and assurance			1g - PMO support from KMPT Transformation Team			N
3763	Estates Transformation Programme (Hard)	3e -NHSI oversight	FPC report on progress versus plans	None identified	2b - New Estates Strategy Group	Meeting action log	None, although availability of capital remains a risk across most estate issues	N
Strategic Objective 4: Develop and extend our research and innovation work								
5345	Participation in international research & development	2a - R&D Governance including R&D Group	National clinical research governance arrangements	None identified	2b - CEOG report & QC oversight		None identified	N

ID	Title	Primary Assurance	Evidence	Gaps identified	Primary Control	Evidence	Gaps identified	IQPR Y/N
Strategic Objective 5: Maximise the use of digital technology								
6192		None identified		None identified	3a - Trust Board		None identified	
6193	Mobile RiO Approval & Funding	None identified		None identified	3a - Trust Board		None identified	
Strategic Objective 6: Meet or exceed requirements set out in the Five Year Forward View								
5920	Financial risk to KMPT due to out-of-area PICU bed use	3e - Trust Board	Reports to Trust Board	Community engagement work is ongoing and not complete	2f - Budget monitoring			Y
Strategic Objective 7: Deliver financial balance and organisational sustainability								
6097	2019/20 CIP Programme	2b/3a - EAC, FPC & Board oversight	External audit	None identified	1a - CIP programme	Monthly reports to Trust Board	Appropriate budgeting Reviewing services that cost more than income	Y
6098	Long term financial sustainability	2b/3a - EAC, FPC & Board oversight	External audit	None identified	2d - Long term financial sustainability	Audit	Review of service costs	Y
3164	Capital Projects - Availability of Capital	3a - Trust Board	Board, FPC and Trust Capital Group oversight	None identified	1g - Clear prioritised capital plan, reviewed regularly with services, tight design and	Business Case Review Group	None identified	N

ID	Title	Primary Assurance	Evidence	Gaps identified	Primary Control	Evidence	Gaps identified	IQPR Y/N
					specification processes and capital programme management.			
Strategic Objective 8: Develop our core business and enter new markets through increased partnership working								
5456	New Care Models - Secure Services	3e - Trust is a member of the NCM Board	Partnership agreement in place and approved by Trust Board June 2018	None identified	2b - Trust is a member of the NCM Board	Partnership agreement in place and approved by Trust Board June 2018	None identified	N
Strategic Objective 9: Ensure success of our system-wide sustainability plans through active participation, partnership and leadership								
4996	STP Process	3a - Trust Board	Trust Strategy Committee chaired by NED reporting directly to Trust Board		3e - STP Check and Challenge Process			N

Appendix 2 – Table of target risk values

Inherent (starting) score	Target (without performance measure)	Target (with performance measure)
25	16	12
20	12	9
16	9	6
15	8	6
12	6	4
10	4	3
9	4	2
8	3	2
6	2	1
5	3	2
4	1	N/A
3	1	N/A
2	1	N/A
1	N/A	N/A

The above table shows the Target Ratings as calculated using the Control Calibration Tool.