**Request for information under the Freedom of Information Act – 2022.1120**
**Released – 28 March 2022**

Thank you for your email received 4 March 2022 requesting information regarding risk management.

Please find detailed below a summary of your request, together with our response.

***Summary of your original request:***

***1. Please provide a copy of your organisations Risk Management Strategy***

The Trust does not currently have a risk strategy only a risk management policy.

***2. Please provide a copy of your organisations Risk Management Policy if this is a separate document to the Strategy***

Please see the Trust's Risk Management Policy attached.

***3. Please provide your organisations Risk Appetite Statement***

Please see attached.

***4. Please provide your organisations approach to risk tolerance***

This is confirmed in conjunction with the Risk Management Policy and risk appetite.

***5. Please provide the minutes and any associated papers from the last meeting where your Board of Directors reviewed the Trust's risk appetite statement and setting the risk tolerance levels within the organisation***

Please find attached Board part one minutes (page 8 of 10) for February 2021 and the Audit and Risk Chair's assurance report (page 1) of the November 2020 meeting.

***6. Please provide a copy of your organisations latest Corporate Risk Register Report***

We are unable to provide a copy of this report as if we were to release this information it would likely prejudice the commercial interests of the Trust due to the sensitive information it contains. Therefore this information is exempt from disclosure by virtue of section 43(2) of the Freedom of Information Act 2000, Commercial Interests.

Section 43(2) is a qualified and prejudice-based exemption which requires that I provide evidence of harm in disclosure and a public interest test. I have included the relevant part of this exemption and the evidence of harm and public interest test below.

> ***Section 43 – Commercial Interests***
> *(2) Information is exempt information if its disclosure under this Act would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).*

**Evidence of Harm**
Disclosure of the information requested would be likely to damage the commercial interests of the Trust as it would assist competitors by providing sensitive information that may assist them.

**Public Interest Test**

**Factors Favouring Disclosure**
The disclosure of the information requested would contribute towards the aims of openness and accountability which the Freedom of Information Act promotes. It would also show that there is transparency in the use of public funds and that public money is being used effectively.

**Factors Favouring Non-Disclosure**
To release this information would weaken the Trust's position in a competitive environment by revealing market-sensitive information or information of potential usefulness to competitors.

The provision of the information requested would be likely to prejudice the commercial interests of the Trust which would result in the less effective use of public money.

**Balancing Test**
Whilst we note that the provision of the information requested would ensure that we remain open and accountable, this is outweighed by the need for the Kent Community Health NHS Foundation Trust to protect the commercial interests of the Trust.
I have therefore determined that the public interest in maintaining the exemption at section 43(2) outweighs that in disclosure and, in accordance with section 17(1) of the Act, this information is exempt.

***7. Please provide a copy of your organisations latest Board Assurance Framework***

This is available on the Trust website in the February board papers:
Board-papers-February-2022.pdf (kentcht.nhs.uk)

***8. Please provide a copy of your latest Risk Management Internal Audit report***

This report is exempt under section 43 – Commercial Interests. Please see full exemption detailed at question 6.

***9. Please confirm how your organisation records risk – do you use a system, if so which system e.g. in house, Ulysses, Datix, Radar etc, or do you use excel spreadsheets?***

The Trust uses Datix.

***10. Please provide the risk management role structure within your organisation including the Banding of these roles***

Copy attached.

Kent Community Health
NHS Foundation Trust

# Risk Management Policy

| | |
|---|---|
| **Document Reference No.** | CQS029 |
| **Status** | Approved |
| **Version Number** | Version 1.4 |
| **Replacing/Superseded policy or documents** | Risk Management Policy Version 1.3 |
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| **Acknowledgements** | |
| **Contact Point for Queries** | Risk and Incident Management Team |
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| **Committee** | Audit and Risk Committee |
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| **Review Date** | January 2024 |
| **Review criteria** | This document will be reviewed prior to review date if a legislative change or other event dictates. |

## Key References

| |
|---|
| Annual Governance Statement – Guidance (Department of Health, 2012) |
| Governing the NHS: A guide for NHS boards (Department of Health and NHS Appointments Commission, 2003) |
| Management of Risk: Guidance for Practitioners (Office of Government Commerce) |

## Document Tracking Sheet

| Version | Status | Date | Issued to/approved by | Comments / summary of changes |
|---|---|---|---|---|
| 1.1 | Approved | August 2019 | | New Policy |
| 1.2 | Approved | February 2020 | | Updated Policy |
| 1.3 | Approved | November 2020 | CARM (virtual) | Minor amendments |
| 1.4 | Approved | January 2021 | CARM | Minor amendments |

## CONTENTS

## FOREWORD

As accountable officer, the Chief Executive has overall responsibility for risk management. Specific responsibilities are delegated to senior managers throughout the organisation. The Board oversees risks, establishes a risk appetite for high level risks on a risk by risk basis and encourages proactive identification and mitigation of risks.

The top risks identified through the risk management process that have a significant impact on the ability of the trust to deliver its strategic goals are documented in the Board Assurance Framework.

Risk management is a core component of job descriptions within the trust. A range of risk management training is provided to members of staff and there are procedures in place which describe roles and responsibilities in relation to the identification, management process of escalation and de-escalation to be followed. All relevant risk policies and procedures are available to colleagues on the intranet.

Leadership and co-ordination of risk management activities is provided by the corporate services director, assistant director of corporate operations and the Risk Management Team with support from all members of the Executive Team. Risk management training is part of staff induction and training updates for existing colleagues are also provided.

It is incumbent upon the Audit and Risk Committee to work closely with other committees of the Board to make sure all issues relating to finance, risk management and internal control are considered in a holistic and integrated way throughout the system.

Risk identification, prioritisation, mitigation or elimination occurs through assessment and grading using a nationally-recognised matrix of impact and likelihood. Incident reporting is a factor in the ongoing assessment of risk and results in the instigation of changes in practice. (19-20 Annual Report (Parliament)).

## 1.0 Purpose and Scope

**1.1** The purpose of the Policy is to define the framework and systems the Trust will use to identify, manage and eliminate or reduce to a reasonable level risks that threaten the Trust's ability to meet its objectives and achievement of its values. The Policy applies equally to all staff, patients and areas of the Trust with regard to all types of risk, both clinical and non-clinical and seeks to provide a consistent and reasoned approach to risk management to support taking decisions in the best interest of staff, patients and the public.

## 2.0 Risk Management

**2.1** Risk management refers to the proactive process for identifying and assessing risks, and then planning and implementing the appropriate response to control the risk. To be effective, a consistent approach needs to be adopted to allow risks of all sources to be identified, assessed and appropriately responded to.

Risk management must be integrated into the normal business processes and practiced continuously; it is not a one-off exercise.

To be successful, colleagues at all levels must be aware of their responsibilities and be committed to them.

## 2.2 What is a risk?

Risk is the possibility that loss or harm will arise from a given situation. In the context of this policy, this encompasses anything from the possibility of injury to an individual patient or member of staff, to anything which impacts upon the Trust's ability to fulfil its aims and objectives.

## 2.3 Why manage risk?

Risk taking is inherent in everything the Trust does: treating patients, determining service priorities, managing a project, purchasing new medical equipment, taking decisions about future strategies, or even deciding not to take any action at all. In the NHS risks are managed continuously – sometimes consciously and sometimes without realising it.

Risk appetite is the amount and type of risk that an organisation is willing to accept in order to meet its objectives (Strategic Goals).

The Trust recognises that:

- It is not possible to deliver services and achieve positive outcomes for service users without risk; however, these risks must be managed in a structured and controlled way.
- Methods of controlling risks must support innovation and learning to achieve maximum benefit.
- The Trust may accept some high risks where the controls are not yet in full mitigation.

## 2.4 Trust Appetite:

- Kent Community Health NHS Foundation Trust has a low appetite for risks that impact on safety and security, both individually and organisationally. Therefore, the trust will seek to substantially control all risks that have the potential to cause significant harm to service users.
- Kent Community Health NHS Foundation Trust has a moderate risk appetite for risks that impact on operational delivery, reputational damage and has financial consequences which could jeopardise the Trust's viability; therefore the Trust will balance the impact of risks with the potential opportunities, accepting those which provide a satisfactory level of reward.
- Kent Community Health NHS Foundation Trust has the greatest appetite to pursue quality improvement and innovation and is prepared to take opportunities where positive results can be anticipated.

## 3.0 Risk Management Framework and Monitoring

The risk management framework is collected policies, systems and tools that the organisation uses to manage risk. This policy is an important part of the Framework.

Intrinsic to the framework is the need to learn lessons for incidents and near misses, feeding that back into the assessment of risk. The Risk Framework is set out in the Annual Governance Statement of the organisation.

## 3.1 Risk assessment and management process

The process outlined below will ensure substantial risks to the achievement of strategic objectives are escalated to the relevant group and beyond if necessary.

A consistent and on-going approach throughout the organisation will ensure risks can be effectively discussed and communicated, with a common basis of understanding, and will ensure actions to treat risk are prioritised correctly. The steps of risk assessment are described below:

## 3.2 Identifying risk

Everyone is responsible for identifying risk within their area of responsibility.

Risks can be identified after an adverse event has occurred, known as reactive risks, or before an event has occurred, known as potential risks.

Risks can be identified from a variety of sources. The following is an example of different methods of identifying risk. (Please note this list is not exhaustive):

Potential non-achievement of objectives | Claims | Complaints | Audits | Incidents | Near misses | Health and safety Legislation | Patient feedback.

A risk assessment form is available on the health and safety pages of Kent Community Health NHS Foundation Trust's intranet. These documents can be used before adding risks to Datix.

## 3.3 Analysing risk

When describing the risk, the cause and impact of the risk occurring, in relation to a specified objective should be clearly stated. Once a risk has been clearly written, controls can be identified and plans can be put into place to reduce the likelihood or the consequence of it occurring.

If there are plans in place already to reduce the risk, these are known as "controls". If plans will be put in place in the future, this is known as the "action plan".

## 3.4 Assessing risk

Risks are rated based on controls already in place; the action plan to gain further control in the future does not affect the current risk rating so should not be considered.

The risk rating is established by looking at the two elements of the risk: the severity level of the impact between 1 and 5, (with 1 being insignificant and 5 being catastrophic) and the likelihood of the consequence occurring between 1 and 5, (with 1 being rare and 5 being almost certain).

When considering the severity level of the impact, the most likely impact should be used. In most cases this would not be the most extreme level.

Multiplying the severity level of the impact by the likelihood of the impact occurring provides the risk rating. The risk rating will therefore be a value between 1 and 25.

When risks are initially assessed, both the initial and current risk rating will be the same, but as actions progress and the risk is reassessed, the current rating should reduce. In exceptional circumstances, if actions are unsuccessful or circumstances change, the residual rating may increase.

## 3.5 Categorising risk

Risks will be categorised according to their effect: a full list of potential risk effect categories is on flo here.

The categorisation determines the functional area to which the risk is reported to and allows integrated reporting across incidents, complaints, claims and risk.

| | | ← *Impact / Severity* → | | | | |
|---|---|---|---|---|---|---|
| | | Insignificant | Minor | Moderate | Major | Catastrophic |
| | | | | | | |
| ↓Likelihood ↓ | | **1** | **2** | **3** | **4** | **5** |
| Rare | 1 | 1 | 2 | 3 | 4 | 5 |
| Unlikely | 2 | 2 | 4 | 6 | 8 | 10 |
| Possible | 3 | 3 | 6 | 9 | 12 | 15 |
| Likely | 4 | 4 | 8 | 12 | 16 | 20 |
| Almost Certain | 5 | 5 | 10 | 15 | 20 | 25 |

The scores obtained from the risk matrix are assigned grades as follows:

| | |
|---|---|
| 1 – 6 | Low risk |
| 8 – 12 | Medium Risk |
| 12 – 25 | High Risk |

### 3.6 Treating risk

Based on the risk assessment, the head of service (or delegated responsible person) will decide an appropriate risk response:

- Treat the risk (the most common response) – in which case an action plan to gain further control will be written.
- Tolerate the risk - in which case no further action will be taken to reduce the risk, although the risk should still be documented along with a detailed description of the controls, as the effectiveness of these will need to be monitored.
- Terminate the activity giving rise to the risk.
- Transfer the risk – place the hazard and associated risks under the control of a body outside the organisation who have the necessary system and competencies to effectively manage the risk. It may also be possible to transfer risk actions between directorates if the risks can be more easily addressed with the skill set in the alternative directorate. This will be determined and agreed at the Corporate Assurance and Risk Management Committee.
- These decisions must be documented on Datix

Action plans must include a deadline for completion, and a named individual responsible for completing the actions. Where deadlines are not met, it is acceptable for these to be extended, but deadlines should not be extended routinely. The extension of action plans is monitored by the Risk Management Team and reported to the Corporate Assurance and Risk Management Group.

As actions are completed, they become additional controls. As controls change the risk should be reassessed. If the controls are effective than the current risk rating should decrease. The Risk Management Team will monitor the effectiveness of action plans by comparing the initial risk rating with the current risk rating.

### 3.7 Adding / updating a risk on a risk register

The Risk Register is a ‘live’ document that is maintained electronically on the Datix Risk Management System. All staff including Directors and heads of service have access to Datix and amendments can be made at any time to ensure the information is current.

Risks must be reviewed regularly and at least on a bimonthly basis. Where review deadlines lapse, the Risk Management Team will follow this up through the bimonthly risk meetings with services/directorates.

## 4.0 Management responsibility for different levels of risk in the organisation

Heads of service are responsible for validating all risk assessments and for ensuring sufficient controls are in place. Risks which are rated as high will be reported to the director responsible for the service raising the risk by exception. The head of service should ensure an action plan to gain further control is documented, taking advice from the subject matter expert where applicable.

Where risks cannot be immediately mitigated, they should be added to the relevant risk register.

**Risk Ownership**

### 4.1 Chief Executive

The Chief Executive, as the accountable officer, is the individual with overall responsibility for ensuring an effective risk management system is in place and resourced.

### 4.2 Corporate Services Director

The Corporate Services Director has accountability delegated from the Chief Executive to ensure robust risk management systems and processes are in place.

### 4.2.2 Directors

Directors are responsible for:

- Ensuring the risk management process is being used in their directorate and understood by staff.
- Reviewing risk registers and all high-level risks and ensuring a plan to implement adequate controls within appropriate timescales is in place.
- Approving the decision to terminate an activity which is giving rise to a risk which cannot be adequately controlled.

- Reviewing and disseminating the triangulation report to AD/CSD.

### 4.3 Heads of Service, Team leaders and Manager

These officers are responsible for implementing this policy within their areas and across departments.

### 4.4 All employees

All employees are responsible for:

- Familiarising themselves with this policy
- Reporting risks and incidents as per the policy.
- Being aware of known risks in their working environment. Team/department managers will be able to inform employees of these.
- Attending any relevant training as advised by their line manager.

### 4.5 Head of Risk

The development and implementation of risk management processes will be overseen by the Head of Risk who will work with and gain additional support from other members of Trust leadership.

## 5.0 Committees and Groups

### 5.1 Audit and Risk Committee

The committee is responsible for the oversight of the system of control in the Trust and for providing assurance to the Board that the model of risk management is effective.

**5.2** The Board has delegated responsibility for the detailed scrutiny of the Board Assurance Framework (BAF) to its Audit and Risk Committee (ARC). The committee seeks to assure the Board that effective risk management systems are in place. It achieves this by managing the development of the risk management policy, internal and external audit reviews, calling executive directors to account for their risk portfolios and by monitoring the BAF at each of its meetings.

### 5.3 Strategic Workforce Committee

The committee provides assurance to the Board on the organisational priority of creating and maintaining Kent Community NHS Foundation Trust as the place where people want to work, delivering high quality care to our patients. This will include the identification of risks in these areas and ensuring these risks are escalated to the Board as appropriate through direct reporting, the Executive Team and the assurance framework.

### 5.4 Quality Committee

The committee has delegated responsibility from the Board for the risk management of patient safety and clinical effectiveness. The operational directorates' quality groups meet monthly and report their outputs to the Quality Committee, providing assurance that clinical risks are managed appropriately.

### 5.5 Finance, Business and Investment Committee

The committee provides assurance relating to business and investment activity within the trust on behalf of the Board. Provision of assurance in relation to these areas will be given. This will include the identification of risks and ensuring these risks are escalated to the Board as appropriate through direct reporting, the Executive Team and the assurance framework.

### 5.6 Executive Team meeting

The meeting is chaired by the Chief Executive. The operational management of risk is central to the Executive Team's role which performance manages the BAF by reviewing it in detail on a monthly basis.

The purpose of the review is to establish for each risk:

- Whether the risk is accurately described,
- Whether the ratings represent the organisation's exposure to the risk, given the current controls,

- Whether the risk meets the BAF threshold,
- Whether the risk can be linked in a parent/child relationship to an existing risk on the BAF
- Whether the actions identified are sufficient and suitable for the appropriate mitigation of the risk where appropriate

In addition, the Executive Team will review the risks described on the BAF to ensure they accurately describe the organisation's risk exposure. Where new high risks arise, the director responsible for mitigating the risk should ensure this is added to the BAF through the executive team meetings and on advice of the Corporate Assurance and Risk Management Group.

### 5.7 Management Committee

The committee will monitor and review all risks described on the Board Assurance Framework and escalate local risks which are in relation to the Trust's strategic priorities ensuring risks are accurately detailed and rated with effective action plans.

### 5.8 Corporate Assurance and Risk Management Group

The Corporate Assurance and Risk Management (CARM) Group reviews risks and incidents identified from all directorates across the Trust and ensures they are adequately described on the risk register. Additionally the group identifies themes and trends among medium and above graded risks, which, when combined may present a higher risk than indicated by their individual risk rating. Risk/incident deep dives are also periodically performed in conjunction with the review of the triangulation report. Areas of concern are escalated to the Executive Team as appropriate.

### 5.9 Patient Safety and Clinical Risk Group

The Patient Safety and Clinical Risk Group reviews, by service, their top three risks based on need for escalation. Additionally the group identifies themes and trends throughout clinical services. Areas of concern are escalated to the Executive Team as appropriate.

### 5.10 Operational directorates' quality groups

Operational directorates' quality groups are chaired by the respective director and they review all newly identified and high-rated risks on a monthly basis. All risks are discussed and those new risks which cannot be mitigated are approved for escalation on to the organisation-wide risk register. The group will also review patient safety performance including complaints, claims and incident data and patient feedback. Where additional risks are identified, the group will make sure these are added to the risk register. Highlight reports will be provided to the Quality Committee, including assurance of achievement against quality standards.

### 5.11 Links between assurance committees

For the risk process to be effective, clear links are established between the Board committees (ARC, Quality, FBI). This is achieved in several ways:

There is joint membership between the Audit and Risk Committee, the Quality Committee and the FBI Committee.

The BAF is considered by Board committees, ensuring a shared understanding of risk across the organisation.

All committee minutes are a standing item on the Board agenda.

## 6.0 Business continuity (e.g. pandemic plans and decision process)

6.1 Directorate risks and incidents were documented via the new 'COVID-19 Reset Risk Register' to capture them in a centralised repository. This offered complete transparency in addition to full sight of risks across the board which in turn resulted in greater learning and 'best practice' in terms of mitigating and controlling similar risks. Risk and Incident management dashboards provide bespoke local live dynamic data which offers full risk and incident oversight. This has been designed to use in conjunction with reports which provide a wider general trust picture. Risks continued to be reviewed in detail and escalated via meetings such as Patient Safety and Clinical Risk Group (PSCRG) and Corporate Assurance and Risk Management (CARM).

## 7.0 Training and Awareness

**7.1** A key challenge in implementing this policy is ensuring all staff is aware of what this policy requires of them.

The head of risk meets individually with executive directors to ensure risk management remains an effective on-going process in their directorate. Advice and support is provided with regard to implementing the processes defined within this policy and all high-graded risks are reviewed and updated as appropriate. Where the need is identified, additional training sessions are arranged.

Risk management awareness training sessions are tailored to individuals, services and directorates and delivered by the Risk Management Team. This training is provided on a targeted basis and on request..

Online 'How to' training is available through flo.

## 8.0 GLOSSARY & ABBREVIATIONS

### 8.1 Glossary:

| Term | Meaning |
|---|---|
| Action plan | Something that is going to be done to mitigate the risk (to reduce the likelihood or the consequence of it occurring). An action plan will be on-going over a specified period of time and will be owned by an individual. |
| Board Assurance Framework (BAF) | The Board Assurance Framework (BAF) is a tool to assist the Board in assessing and mitigating the principal risks to the achievement of strategic objectives. The tool also identifies gaps in control measures and gaps in assurances, as well as providing a means to monitor the work that is being done to mitigate the risk.<br><br>The BAF is comprised of strategic risks identified against the strategic goals and objectives of the Trust.<br><br>To provide assurance these risks are being effectively managed, the BAF details the controls in place to mitigate each risk, any gap in control, assurance of the controls' effectiveness, the actions planned and being executed together with the date by when the actions are due to be completed. Each action on the BAF is given a red, amber, and green (RAG) status. This enables actions that have either breached their initial target completion date or are considered unachievable to be identified more readily, and enables action owners to be held to account. |
| Control | Something that is already in place to reduce the consequence or likelihood of a risk effect occurring. If a control will be put in place in the future then this forms part of an "action plan" and is not considered a control. |
| Datix | Datix is the computerised risk management tool used by KCHFT. It brings together information from risk, incidents, complaints and claims and facilitates reporting between these disciplines. |
| Gross risk rating | The risk identified at the point the risk is initially recorded. This rating will reflect controls in place at the time the risk was identified. |
| Net risk rating | The level of risk currently remaining, given the controls currently in place. This risk rating should reduce as actions identified are implemented. |
| Risk rating | Once the impact and likelihood of a risk being realised has been evaluated, multiplying the consequence score by the likelihood score will give the risk rating: a value between 1 and 25. |
| Risk register | A risk register summarises information gained from the risk management process. It provides a description of the risk, the current controls in place, the current risk rating, a summary of the action plan, the date by when the actions are due to be completed by, the person responsible for completing the actions as well as the residual risk rating. It is used to communicate information about risk around the organisation.<br><br>Risk registers are produced from Datix, the computerised risk management tool used by KCHFT. |

| Term | Meaning |
|---|---|
| Risk response | Describes whether the risk will be treated, tolerated, terminated or transferred. Commonly known as the “four T’s”. |
| Tolerated risk | KCHFT tolerates risks under the following circumstances:<br>• The risk score is in line with the corporate risk appetite.<br>• Further controls are prohibitive for reasons of cost, resources or operational constraints.<br>• The trust has developed all possible internal controls and is reliant upon third party activity to further reduce the risk.<br><br>Where risks are tolerated above the corporate risk appetite, they remain under review. The trust will implement further controls as soon as circumstances allow. |

### 8.2 Abbreviations:

| Abbreviation | Meaning |
|---|---|
| ARC | Audit and Risk Committee |
| BAF | Board Assurance Framework |
| CARM | Corporate Assurance and Risk Management Group |
| FBI | Finance, Business and Investment Committee |
| PSCRG | Patient Safety and Clinical Risk Group |

Kent Community Health
NHS Foundation Trust

# Kent Community Health NHS Foundation Trust
# RISK APPETITE

## 1. Introduction

Risk appetite is defined as “The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time’ (HMT Orange Book definition 2004).

The Trust recognises that It is not possible to deliver services and achieve positive outcomes for service users without risk; however, these risks must be managed in a structured and controlled way. Current methods of controlling risks support innovation and learning to achieve maximum benefit and the Trust may accept some high risks where the controls do not fully mitigate the risks or are still being embedded.

Given the changing landscape initiated by the pandemic and its impact on the system the Trust has taken this as an opportunity to review risk appetite to support key decision making moving forward.

As we enter the next phase of recovery from the covid-19 pandemic the Board has had the opportunity to consider and discuss what the risk appetite is to support key decision making and how it aligns to the future priorites of the Trust.

## 2. Risk Appetite

The risk appetite is viewed from the organisational, system and national context, recognising the complexities and interdependencies of risk with a consideration of red lines. As a result, our risk appetite is a consideration of the situation through a number of lenses detailed below.

### 2.1 Red Lines

Red lines are defined as a likely result of an action that the Trust will not accept, these are agreed as:

- Requires Improvement or Inadequate rating from the CQC
- Financial deficit over 3 years
- Trust ‘going concern’ assessment
- Direct Employment law

### 2.2 Categorisation of Risk

In determining the acceptable level of risk against different catergories a number of tools were considered. Risks have been grouped by type to consider the transfer of risk between different catergories. Those in the lower levels of risk appetite should be considered in terms of transferring risk away from them to other areas. A higher level of risk appetite means that the trust is more open to seeking innovation and non-traditional methods in these areas.

| Risk Aspect | Target score | Narrative |
|---|---|---|
| Sustainability (Green) | 5 | Longer term benefits will generally out way short term problems with innovations sought and potential opportunities pursued to support the long term future of the planet, our staff and the trust. |
| Financial | 5 | Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself. |
| Operational | 4+ | The organisation will be eager to explore new models of service delivery where this provides patient benefit this will include staff working at the limit of their competency and our openness to innovation |
| Workforce and recruitment | 4+ | We want to have a culture in place which supports assessed risk in the use of workforce skills and competencies, looking at what is needed rather than the traditional approaches |
| IT / Digital | 4+ | IT will be used to support clinical innovation. Preferred risk in this area to clinical risk |
| Innovation | 4 | Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control. |
| Compliance / Regulatory | 4 | Chances of losing any challenge are real and consequences would be significant. A win would be a great coup. |
| Estate | 4 | Our estates will be used for the benefit of our population and staff even when this may not directly benefit the sovereign organisation |
| Patient care & Quality | 4 | We will respond to the patient and carer voice take opportunities to empower a patient centred culture |
| Collaboration with system partners | 4 | Opportunities for focused and targeted system leadership and collaboration will be sought and implemented where it is judged the trust is best placed to deliver it and it can add significant value. |
| Reputation | 3 | Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation. |

### 2.3 Risk Capacity

Current risk capacity has been taken into consideration for the risk appetite to be wholly formed. Risk capacity will vary and be dependent on a number of environmental and contextual factors, the table below illustrates a view of current risk capacity within four key areas of trust priority:

| Category | Context |
|---|---|
| Workforce | Current workforce capacity for further projects or iniatives is very limited. Tier 1 redeployment is still active.<br>Work on the vaccine centre has reduced capacity for further recruitment and training.<br>**Limited capacity for holding further risk without actively creating it through ceasing or amending other work.** |
| Financial | Through a number of different system based schemes and projects where KCHFT have taken financial risk for the system or in pursuit of agreed goals, KCHFT hold significant amounts of system financial risk. |

| | |
|---|---|
| | **Limited capacity for holding further risk without actively creating it through ceasing or amending other work.** |
| Quality | Redeployment of staff to tier 1 services means quality variation of some clinical and non clinical services. Need to work innovatively in support of system and organisational reset to meet significant requirements. Have demonstrated ability to hold higher acuity patients on caseloads throughout pandemic.<br>**Some capacity for formally holding further risk with careful consideration.** |
| System Leadership | Forefront of system decision making and delivery in a number of areas including Covid vaccination, Discharge to Assess (DTA), KMCR, Learning Development and Autism, specific ICP work. Broad context of held risk<br>**Limited capacity for holding further risk without actively creating it through ceasing or amending other work. Could consider an increased focus of the area of work resulting in a narrower spread of initiatives.** |

### 2.4 Decision Making Framework

To support the use of this as a decision making tool, a risk decision framework has been developed for use throughout the organisation in the implementation of trust priorities. This is being tested with a broad range of services currently.

### 2.5 Priorities Risk Appetite

The table below sets out the Trust risk appetite in the context of the Trust post pandemic priorities. These support the consideration of risk in these areas and will seek to promote the implementation of the new trust priroities.

# Kent Community Health NHS Foundation Trust – Risk Appetite

Kent Community Health NHS Foundation Trust

| Category | Ambition | Appetite | Benefit/Reward | Risk | What this means medium term | What this means now |
|---|---|---|---|---|---|---|
| Reputation | To continue to be an organisational that delivers, and is seen to deliver high quality care and is a place people want to come and work. | 3 - Open | KCHFT has a good reputation which attracts staff currently and can be used to give licence and credibility to value adding initiatives which may be unavailable in a poor reputation scenario | Loss of public and regulator confidence bringing greater scrutiny, less freedom. Less attractive place to work | To consider all potential delivery options and may choose higher risk ones provided they also providing an acceptable level of reward (and VfM). Putting our reputation 'on the line' would be carefully but proactively considered where we can. | We consider our reputation a currency to be used wisely rather than protected for itself.<br>We recognise that our reputation is valuable and should be used in a considered way where we can generate benefit<br>Recent Example: Covid mass Vaccination programme (appetite link to Quality/Workforce/System) |
| Quality and Patient Care | We want to deliver the highest quality of care, seeking new ways to put patients at the heart of what we do, utilising resources innovatively and striving for continuous improvement. | 4 - Seek | Greater quality of care for patients through finding new ways of driving up standards, pushing forward inclusion or delivering better care to more people | Inability to demonstrate traditional outcomes or process – regulator impact, CQC rating | We recognise that all service delivery has risk for patients. We will seek to implement and have a broad definition of "greatest good" in our determination of risk. We will seek innovative delivery models. We will be eager to innovate and choose options offering potentially higher rewards despite greater inherent risk. | We will not take risks that are likely to take us below a 'good' rating in the CQC, however, we will seek novel and innovative solutions which may not have full evidence base.<br>Recent/Current example: We may consider permanently raising the level of patient acuity in our hospitals (link to system collaboration and leadership/workforce) |

# Kent Community Health NHS Foundation Trust – Risk Appetite

Kent Community Health NHS Foundation Trust

| Category | Ambition | Appetite | Benefit/Reward | Risk | What this means medium term | What this means now |
|---|---|---|---|---|---|---|
| Workforce | An organisation operating at the highest level of workforce engagement, performance and efficiency delivering high quality care to our patients ensuring our culture and values remain at the core of what we do | 4-5 Seek/ Proactive | KCHFT becomes a sought after employer and an organisation viewed as dynamic and bureaucracy light; our culture and values remain at the core of everything we do. | Legal challenge, reputational detriment | We start from the point of what is best for the member of staff whilst delivering excellent care to our patients and find ways to enable this outside of tradition and perceived best practice. We want to have a culture in place which supports taking risk for the benefit of our workforce | We want to maintain the high levels of engagement reported through the staff survey. Will ask and allow people to work at the top of their competencies outside of traditional boundaries. Recent example: extension of the academy to therapists |
| System Collaboration and Leadership | To target our resources and focus to the areas we can generate the most benefit and value for our population | 4 - Seek | KCHFT adds value in the system, collaborating or leading as most appropriate through focused and successful action | In targeting our resources and focus there are things we will not do – partnership and reputational risk if not collaboratively driven. | We will seek, support and/or create the system opportunities that we are best placed to deliver; aligned with the system priorities that add value and are sustainable. | We will not take up every opportunity for system leadership. We will target our capacity to the areas which we feel we can add value and are best placed to lead. Recent examples: moving out of the social care elements of home with support. Taking on the Mass Vaccination Programme |

## 3. Recommendations

1) Sign off of the new Trust Risk Appitite as developed through the board Seminar
2) Risk Appitite decision making framework continues to be developed with operational services

**Assistant Director of Corporate Operations**
**April 2021**

Kent Community Health NHS Foundation Trust

**CONFIRMED Minutes**
**of the Kent Community Health NHS Foundation Trust (KCHFT) Board Meeting held on Thursday 11 February 2021**

**virtually on MS Teams**

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|---|---|
| **Present:** | John Goulston, Trust Chair (Chair)<br>Sola Afuape, Non-Executive Director<br>Pippa Barber, Non-Executive Director<br>Paul Bentley, Chief Executive<br>Paul Butler, Non-Executive Director<br>Pauline Butterworth, Chief Operating Officer<br>Peter Conway, Non-Executive Director<br>Gordon Flack, Director of Finance / Deputy Chief Executive<br>Louise Norris, Director of Workforce, Organisational Development and Communications<br>Dr Sarah Phillips, Medical Director<br>Gerard Sammon, Director of Strategy and Partnerships<br>Bridget Skelton, Non-Executive Director<br>Dr Mercia Spare, Chief Nurse<br>Nigel Turner, Non-Executive Director |
| **In Attendance:** | Gina Baines, Committee Secretary (minute-taker)<br>Natalie Davies, Director of Corporate Services<br>Louise Harley, District Nurse Caseload Manager (agenda item 1.6)<br>Claire Venes, Local Clinical Resource Manager, Canterbury Long Term Services (agenda item 1.6) |

**11/02/01 Introduction by Chair**

Mr Goulston welcomed everyone present to the Public Board meeting of Kent Community Health NHS Foundation Trust (the Trust).

**11/02/02 Apologies for Absence**

Apologies were received from Prof. Francis Drobniewski, Non-Executive Director.

The meeting was quorate.

**11/02/03 Declarations of Interest**

Ms Barber declared her voluntary role to support the Trust's mass vaccination programme in a clinical capacity.

Ms Afuape confirmed that she was undertaking a piece of work with the Nursing and Midwifery Council and Cafcass on aspects of their equality, diversity and inclusion strategies.

**11/02/04 Minutes of the meeting of 5 November 2020**

The minutes were read for accuracy.

The following amendment was suggested:

05/11/02 Patient Story – to add after paragraph 4: Prof. Drobniewski offered his sympathies and asked if Mr Dawes felt it would be helpful if families were offered clearer training in how to administer a safe emergency dose of, for example, painkilling medication particular of individuals like him who had experience working in the care sector. Mr Dawes agreed that it would.

The Board **AGREED** the Minutes, subject to the amendment.

**11/02/05 Matters arising from the meeting of 5 November 2020**

06/08/10 NHS England/Improvement (NHSE/I) Board Assurance Framework (BAF) for Covid-19 (KCHFT) – Dr Spare confirmed that this action had been completed and had been reflected in the infection prevention and control (IPC) board assurance framework.
05/11/9 Chief Executive's Report – Service Story; The One You Service story has been deferred to September 2020 following the decision to invite the Canterbury Long Term Service district nurses to present their story at the February Public Board meeting.

The Board **RECEIVED** the Matters Arising.

**11/02/06 Service Impact Story – Community Nursing**

Dr Spare welcomed Ms Claire Venes and Ms Louise Harley to present their story to the Board.

Claire Venes explained that through the pandemic the community nursing teams had experienced a significant increase in the demand for end-of-life care in addition to the other aspects of care they delivered. Care included syringe driver monitoring and verification of death, as well as support to families, relatives and carers. Because of the relentless workload, staff were unable to return to the office and decompress. This was affecting their well-being and mental health. Louise Hartley realised this and escalated her concerns. With the help of Clare Fuller, Lead Practitioner Palliative and End of Life Care, it was recognised that the staff needed a safe space where they could talk together about their experiences. A pilot was set up and there were two sessions in October, November and December. These listening sessions were well received by those who attended and it was agreed that the sessions would be rolled out across the Trust.

Louise Harley added that her service felt overwhelmed at the time. Patients were scared to go to the usual places of care and all teams were seeing more palliative and end-of-life patients. Nurses were constantly being called to patients in care home to give STAT dose medication. When the care homes became affected by COVID, nurses had to attend in full personal protective equipment (PPE). It felt like they were going to war. For example, she was called to a care home where two patients required medication for comfort and anxiety. When she arrived she was presented with seven patients, each at a different stage of end-of-life. Each patient required specific care and a nurse needed to be mentally and emotionally prepared to provide that care. PPE had to be donned and doffed for each patient. The relentlessness of the care meant that staff had no time or space to reflect on their experience. Patients were presenting with more complex needs; they were vulnerable and scared. Some did not want services coming into their homes in case they brought in the COVID infection which led to them refusing care. This in turn led to crisis management which was very difficult to manage. The team would have its daily handover but this was not always the place to reflect on experiences nor did staff want to take their experiences home to their families. The end-of-life sessions gave staff the chance to open up which staff welcomed.

Dr Spare confirmed that these sessions had been rolled out across the organisation to the other community teams and was being coordinated by the End of Life Care Team.

In response to a question from Mr Turner as to how the community nurses coped with the unpredictable situation in East Kent with the new COVID variant, Louise Harley explained how the teams had learned various coping strategies in the first wave and that they had received support through the redeployment of staff into their teams. Staff found an inner strength to support each other and this prepared them for the second wave. It was not easy but they were as ready as they could be. Anxiety among staff had been high and some felt vulnerable. There was a fantastic team supported by great leadership. The high level of demand was continuing.

In response to a question from Ms Afuape regarding the responsiveness of the Trust in supporting teams with the increased levels of sickness and absence, Claire Venes confirmed that there had been increased sickness. This had been managed internally through regular meetings with clinical leads to discuss staffing and move staff internally. There was also support from the professional lead nurse for east Kent who held meetings regularly to redeploy staff. Staff had gone above and beyond to cover sickness and maintain the service.

In response to a question from Ms Afuape as to how the Trust would sustain the long-term requirement for mental and emotional support to staff, Dr Spare reflected that although the overall number of COVID patients was declining, this was not the case for the community nurses where the number of COVID patients remained high. It was important to continue to listen and ensure that the support staff needed remained in

place. Staff were worried about the culmative effect of the pandemic. The Trust would continue to ensure that various resources were available to them to support their mental and emotional well-being.

In response to a question from Pippa Barber regarding the community nursing teams' experience of support from the members of the wider multidisciplinary teams (MDT), Claire Venes indicated that there had been some issues at the beginning around hospice support but this had been rectified. Louise Harley added that ways of working had changed as some other services were not going into patient homes. The teams had felt supported by the wider MDT.

On behalf of the Board, Mr Goulston thanked the community nursing teams for the work that they had done and reflected that the listening events would play an important part in supporting the health and well-being of staff.

The Board **RECEIVED** the Service Impact Story.

Ms Claire Venes and Ms Louise Harley left the meeting.

**11/02/07 Trust Chair's Report**

Mr Goulston presented the verbal report to the Board for information.

Mr Goulston, on behalf of the Board and the Council of Governors, thanked all the staff of the Trust for their extraordinary efforts in responding to the pandemic during the last few months.

He and Mr Bentley had been meeting informally with the Governors and he had been meeting weekly with the non-executive directors to keep them abreast of developments. At the Kent and Medway Care Partnership Board meeting that week, the group had discussed the lessons that had been learnt from the challenges of the current wave and how the healthcare system had adapted. The chair of Maidstone and Tunbridge Wells NHS Trust had thanked the community services for the discharge work they had done which in turn had enabled the acute trusts to increase their admissions. The number of medically fit patients still in hospital was at very low levels.

The Department of Health and Social Care had published a white paper that day which set out legislative proposals for a Health and Social Care Bill. This paper looked at the future of integrated care systems and would be discussed by the Board in due course. The Council of Governors would also discuss it at their development day in March. Mr Wilf Williams, Accountable Officer of Kent and Medway Clinical Commissioning Group (CCG), Mr Bentley and Mr Sammon would be at that meeting to discuss the impact of the proposals and what it meant for the Trust.

The Board **RECEIVED** the Trust Chair's Report.

**11/02/08 Chief Executive's Report**

Mr Bentley presented the report to the Board for information.

COVID had been hard for so many people that the Trust served and Mr Bentley's thoughts continued to be with them and their families. He thanked all the staff for their outstanding continued efforts.

In response to a question from Mr Goulston as to how the vaccination programme was progressing with patient facing staff at the Trust and whether it would meet the deadline of mid-February, Mr Bentley responded that the take-up of the vaccination amongst patient facing staff was 72 per cent as of earlier that week. This was comparable to other trusts in Kent but he would like to see a faster take-up in the Trust. There was both a local and national concern that some groups specifically the black, Asian and minority ethnic (BAME) communities were slower to come forward to have their vaccination and work was being undertaken in the workforce and in the wider community to explain the benefits and importance of receiving the vaccination and to improve the take-up.

In response to a question from Ms Skelton regarding the mass vaccination centres, Mr Bentley commented that the centres had been stood up at pace and staff had been learning to improve the flow through of people to ensure that their experience was smooth and quick. With regards to how the Trust was minimising the nervousness of people coming forward for the vaccination, the Trust was using internal and external media to communicate with them and working with MPs, local councils and the voluntary sector to raise awareness and encourage people to come forward.

Ms Afuape commented that she was part of a Seacole group who were a group of BAME non-executive directors working with NHSE/I on this matter. They had identified that those organisations which were struggling least had existing relationships with their local communities. She also highlighted that the reluctance of some to come forward for the vaccine was based on hesitancy. It was important to understand this wider context to minimise reinforcing their anxiety.

The Board **RECEIVED** the Chief Executive's Report.

**11/02/09 Board Assurance Framework (BAF)**

Ms Davies presented the report to the Board for assurance.

The board assurance framework continued to be reviewed regularly by the executive and at the Board committees.

Mr Conway confirmed that the Audit and Risk Committee had scrutinised the board assurance framework the previous day and that it was in good shape, dynamic and reflective of the current risks. The Board could rely on it as a useful document even though the situation was changing rapidly.

The management co-ordinating organisation (MCO) risk was included but had not been deemed severe enough to be red rated.

Mr Goulston made a point of accuracy. The report indicated that since the BAF had last been presented to the Board there had been no new risks identified. This was correct in relation to the part two board meetings. However since the part one meeting in November 2020, Risk 113 (vaccination programme) had been added. Ms Davies noted the correction.

The Board **RECEIVED** the Board Assurance Framework.

**11/02/10 People Strategy**

Ms Skelton and Ms Norris presented the report to the Board for approval.

Ms Skelton thanked Ms Norris's team for the work they had done in developing the strategy. Ms Norris confirmed that the strategy had been reviewed and agreed by the Executive. The Strategic Workforce Committee had received the strategy and commended it to the Board for approval.

In response to a question from Mr Butler regarding bank staff and the strategy, Ms Norris responded that bank staff were part of the Trust family; she saw no distinction between them and substantive employees and hoped that some of the bank staff would decide to stay to support services in the future.

Ms Barber praised the layout and presentation style of the strategy and it was agreed that the framework should be applied to the other strategies of the Trust.

Ms Afuape highlighted that the staff networks had a role to play in implementing the strategy and she asked how they could be made more prominent. Ms Norris concurred that their role would be critical in delivering the strategy. The networks were productive and engaged and the Trust's new Workforce Equality, Diversity and Inclusion Lead would be working closely with them to draw their work together. The Trust was progressing with a number of areas including signing up to the Stonewall Diversity Champions Programme and implanting a reciprocal mentoring scheme across all the staff networks. These would provide an opportunity to move forward on the Trust's equality and diversity agenda.

The Strategic Workforce Committee would monitor the delivery of the strategy and provide progress reports to the Board.

The Board **APPROVED** the People Strategy.

**11/02/12 Infection Prevention and Control Board Assurance Framework**

Dr Spare presented the report to the Board for assurance.

In response to a question from Mr Conway regarding the response from landlords to support improving estates compliance, Dr Spare commented that the Trust had taken time to invest in building good relations with NHS Property Services and other landlords. All were supportive of the Trust's efforts to improve compliance to some degree although the age and condition of some buildings did present challenges. Contracts were in place and within those there were key performance indicators for IPC. The main stumbling block would be if the Trust decided to carry out major work on ventilation which would require moving patients out while the work was completed.

Mr Sammon added that Dr Spare was working directly with the matrons in the community hospitals and it was their leadership and attention to IPC in the wards which was key. Dr Spare confirmed that she met with the matrons weekly and discussed with them any issues they might have and the impact of any changes they had made. These meetings were alongside the regular Trust wide outbreak meetings.

In response to a suggestion from Ms Afuape that section five could be more explicit about what the Trust had put in place for prompt identification of those individuals deemed more vulnerable to COVID, Dr Spare agreed to review that section.
**Action** – Dr Spare

Ms Barber confirmed that the Quality Committee was monitoring the IPC BAF. In response to her question regarding what the overall impact of the work had been on the number of outbreaks, Dr Spare responded that there had been a small number of outbreaks following the second peak with the new variant. These had greatly reduced and currently there were only two small outbreaks.

The Board thanked the Infection Prevention And Control Team for their work.

The Board **RECEIVED** the Infection Prevention and Control Board Assurance Framework.

**11/02/13 Annual Planning Process 2021/22 – Budget; Quality Priorities and Accounts**

Ms Davies presented the report to the Board for information.

Mr Conway confirmed that the Audit and Risk Committee had considered the timetable the previous day. The Committee was confident that the timetable was achievable although it would be challenging. Some mitigation had been put in place. Grant Thornton, the auditors would not audit the Quality Account and a two-week extension had been granted by NHSE/I. This would be used if needed.

The Board **RECEIVED** the Annual Planning Process 2021/22 – Budget; Quality Priorities and Accounts.

**11/02/14 Integrated Performance Report**

Mr Flack presented the report to the Board for assurance.

Ms Barber suggested that the Quality Committee should undertake a deep dive into the referral to treatment waiting times in other services that were visiting the prisons. Ms Butterworth agreed that she would arrange a report to be presented at a future meeting.
**Action** – Ms Butterworth

In response to a question from Ms Barber as to why the East Kent Rapid Transfer Service daily commissioned discharge performance continued to be marginally under the target, Ms Butterworth explained that she and her team were working collectively with Kent County Council, the Trust's acute partners and the CCG to identify the resources that were required to help the service to support the restoration of non-COVID activity. With regards to the performance issue, the target had been set prior to the pandemic and the commissioning arrangements had not changed since. This was being looked at as part of the reset.

Ms Norris highlighted that the sickness rate had increased in December and she expected that it would remain at a similar level in January with numbers falling back after that.

The Board **RECEIVED** the Integrated Performance Report.

**11/02/15 Audit and Risk Committee Chair's Assurance Report**

Mr Conway presented the report to the Board for assurance.

The Audit and Risk Committee had met the previous day. It had received positive assurance on cyber security. With regards to the internal audit plan, the Committee encouraged the executive to be Covid congruent, reflecting the current challenges that services now faced and clearly articulating what was needed from the audits. Further work was required on the plan and it would come back to the Committee for approval.

The Board **RECEIVED** the Audit and Risk Committee Chair's Assurance Report.

**11/02/16 Charitable Funds Committee Chair's Assurance Report**

The Board **RECEIVED** the Charitable Funds Committee Chair's Assurance Report.

The Board **RECEIVED** the minutes from the meetings of 8 July and 24 November 2020.

The Board **RECEIVED** the Charitable Funds Annual Report and Accounts 2019/20.

**11/02/17 Finance, Business and Investment Committee Chair's Assurance Report**

Mr Butler presented the report to the Board for assurance.

The meeting of the Committee that had been due to take place on 27 January had been deferred to the 5 March due to the pressures of COVID. This would be followed by the scheduled meeting on 22 March. The key agenda item at both meetings would be the 2021/22 budget which the Committee expected to commend to the Board at the 22 March meeting. The budget would then come to the April Board meeting for approval.

The Board **RECEIVED** the Finance, Business and Investment Committee Chair's Assurance Report.

**11/02/18 Quality Committee Chair's Assurance Report**

Ms Barber presented the report to the Board for assurance.

The Board **RECEIVED** the Quality Committee Chair's Assurance Report.

**11/02/19 Strategic Workforce Committee Chair's Assurance Report**

Ms Skelton presented the report to the Board for assurance.

Ms Skelton had been appointed as the Trust's Health and Well-being Guardian. In this capacity, she had attended a launch event on behalf the Board with NHSE/I and a non-executive director diversity and inclusion national event.

The Board **RECEIVED** the Strategic Workforce Committee Chair's Assurance Report.

**11/02/20 Any Other Business**

There was no other business to report.

**11/02/21 Questions from members of the public relating to the agenda**

Ms Ruth Davies, Public Governor Tonbridge and Malling asked how the uptake of the COVID vaccination compared to the uptake of the flu vaccination both in staff and in the public and whether the rates were similar to previous years. Mr Bentley confirmed that the uptake of the flu vaccination amongst staff had been 70 per cent which was the best performance the Trust had achieved. The Trust was on course to exceed that with the COVID vaccination. With regards to the uptake of the flu vaccination amongst the public, he was not sighted on the specific numbers as this vaccination was delivered through primary care and the community pharmacists. The Trust was only responsible for delivering the flu vaccination to staff, children and young people.

Ms Ruth Davies also asked for further information regarding the proposal that the Queen Victoria Hospital NHS Foundation Trust in East Grinstead was to be merged into a super-Trust with Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust with the result that specialist services might only be available to the local population. She queried what the likely impact this might have for Trust patients, particular with regard to dermatology referrals and how this was being addressed. Mr Bentley confirmed that he was aware of the proposal but that it would be around changing organisational form rather than a debate about service configuration. If there were to be any service changes, there would have to be a public consultation process. Ms Butterworth agreed that she was not aware of any potential service changes.

The meeting ended at 11.20am.

**11/02/22 Date and Venue of the Next Meeting**

Thursday 20 May 2021; Kent Event Centre, Kent Showground, Detling, Maidstone, Kent. The meeting will also be broadcast to the public as an MS Teams Live Event.

Kent Community Health
NHS Foundation Trust

# AUDIT AND RISK COMMITTEE (ARAC) CHAIR'S ASSURANCE REPORT

This report is founded on the Audit and Risk Committee meeting held on 23 November 2020.

| Area | Assurance | Items for Board's consideration and/or next steps |
|---|---|---|
| Risk management | 1) BAF: Positive assurance. Further suggestions made regarding enhancements including….. | 1).... trend arrows, inflexion point commentary and the right balance of aspiration/realism in target risks and underpinning confidence assessments. Complexity of risks recognised. See ''governance'' below. |
| | 2) Service Risk Registers: desk-top review of top level risk registers. | 2) Inevitably varied quality of the 10 registers. Support for ongoing coaching/improvement. |
| | 3) Risk Appetite: Discussion on next steps (Executive workshop) and potential principles/worked examples. | 3) Useful ideas suggested re future proofing, system vs local risks, calibration, communication and links to strategic goals. |
| | 4) Corporate Assurance and Risk Management: positive assurance subject to……. | 4).....clarification of the severity/remediation of the Paxton fobbed Fire Door door lock device issues. |
| Assurance (3rd party) | 1) Internal Audit: on track to Plan. One reasonable assurance report (IT Asset Management Lifecycle). Positive assurance received on national themes such as Cloud and Cyber. | 1) New tender for Entreal Feeds: historic and national issues to be double-checked for effective mitigations. |

| Area | Assurance | Items for Board's consideration and/or next steps |
|---|---|---|
| | 2) Counter Fraud: positive assurance including risk mitigations for COVID-19 new ways of working and vulnerabilities.<br><br>3) External Audit: verbal report, nothing material except IFRS 16 (lease treatment) implementation delayed to April 2022. | |
| Assurance (Internal) | 1) Data Integrity: Annual review undertaken. Positive assurance subject to ……. | .....consideration of E-roster and wound management systems/data. |
| Financial reporting and controls | 1) System Financial Risks<br><br>2) Single Tender Waivers and Requisitions: positive assurance.<br><br>3) Losses and Special Payments: noted | 1) System wide financial reporting to resume next month with system financial principles currently being formulated. |
| Governance | 1) System *vs* trust governance and NHSI/CQC targets: discussion.<br><br>2) Vaccine MCO: Board primacy/lead with ARAC supporting governance assurance as requested by Board.<br><br>3) Effectiveness of New Governance Arrangements: way forward agreed | 1) Several themes which the Board might want to discuss<br>-slowing down of phase 3 activity to accommodate vaccine work<br>-meeting minimum CCQ standards a given<br>-system governance facilitated by transparent risk understanding, management and risk sharing<br>-key question when things go wrong: ''was the KCHFT Board sufficiently sighted and asking the right questions?''<br><br>2) Risks could include reputation, financial (income per injection *vs* overhead recovery and take up), people (burn out, bandwidth, redeployment), delivery (majority of locations/providers are third party) and Trust BAU/phase 3 targets (achievement compromised).<br><br>3) ARAC to continue with normal governance assurance through to 2021 Annual Governance Statement (AGS). Thereafter to arrange ''four box model'' feedback from Board and sub-committees. |

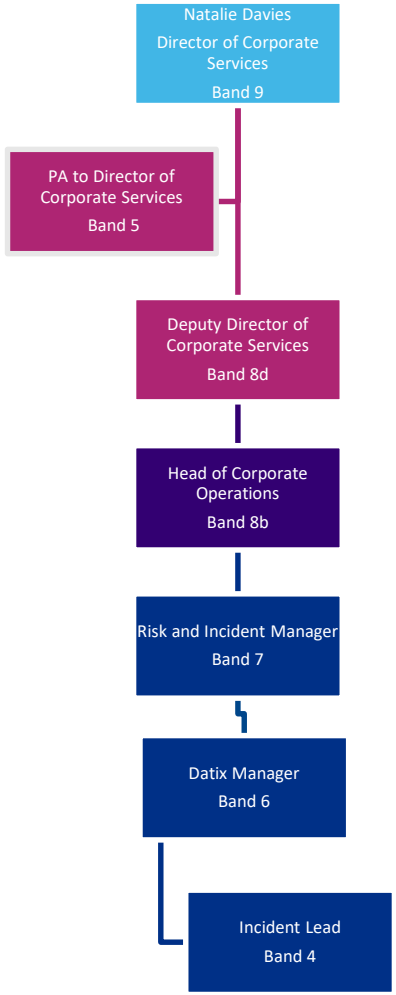
| Area | Assurance | Items for Board's consideration and/or next steps |
|---|---|---|
| Other | | |

**Peter Conway**
**Chair, Audit and Risk Committee (ARAC)**
**November 2020**

# Risk and Incident Team

## structure chart

Kent Community Health
NHS Foundation Trust




we care