The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	2 August 2022	**Agenda item:**	14
Report Title:	Report on Significant Risks contained within the Trust's Risk Register (All risks with a current score of 15 or more)		
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Implications					
Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*					
KSO 1	**KSO 2**	KSO 3	**KSO 4**	KSO 5	KSO 6
Safe and compassionate care	**Modernise hospital and estate**	Staff engagement	**Partnership working, clinical and financial sustainability**	Healthy lives staff and patients	Investing in our staff

Board assurance framework	KSO 1 KSO 2 KSO 4	
Significant risk register	All Significant risks – report attached	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	Risks in relation to the quality of care that patients receive, as well as the quality of patient experience, are aligned to KSO 1
Legal and regulatory	Y	Risks in relation to potential legal and regulatory action faced by the Trust (particularly in relation to CQC enforcement notices) are aligned to KSO 1.
Financial	Y	Risks in relation to the financial costs of modernising the hospital's estate and digital infrastructure are aligned to KSO 2.

Assurance route	
Previously considered by:	Safe Executive Group – July 2022 Hospital Management Board – July 2022

Executive summary					
Action required: *[highlight **one in bold**]*	Approval	Information	Discussion	**Assurance**	Review
Purpose of the report:	This report is to provide the Board with assurance regarding the management of all risks classified as 'significant' (Risks scoring 15 and above) currently contained on the Trust's Significant Risk Register.				
Summary of Key issues:	Divisional Leadership Teams (DLTs) are responsible for reviewing moderate risks (those graded at 8-12). DLTs also review any Significant Risks relevant to their division prior to review at the Trust's Safe Executive Group, in line with the new governance arrangements as of April 2022. All significant risks have nominated Executive leads who approve the risk review each month.				

	As of 20 July 2022, the Trust has 16 Significant Risks on the Trust Risk Register. This is an increase of three from the previous meeting of the Board in Public in June 2022. These 16 risks include the 2 Principal Risks aligned with KSO 1 and KSO 2. Two of the new risks are aligned with KSO 1, with the other aligned to KSO 4. The Significant Risk grading breakdown is: • 3 risks scoring 20 (includes 1 Principal Risk) • 11 risks scoring 16 (includes 1 Principal Risk) • 2 risks scoring 15 Significant risks are aligned to the Trust's Key Strategic Objectives and Principal Risks as included in the Board Assurance Framework (BAF). A summary of the Key Strategic Objectives and alignment of existing Significant Risks is attached as **Appendix 1** (BAF summary sheet). Principal risks for each of the Key Strategic Objectives have been approved as part of the implementation of the BAF. A detailed report of all Risk Register entries scoring 15+ as of 20 July 2022 is attached as **Appendix 2.**
Recommendation:	The Board is invited to: • Note the contents of the report • Receive assurance relating to the management of existing Significant Risks
Acronyms	BAF – Board Assurance Framework DLT - Divisional Leadership Teams SEG – Safe Executive Group HMB – Hospital Management Board A&RF – Assurance and Risk Forum

Report

1. Introduction

Divisions review their Significant (15 and above) risks monthly and their Moderate (8-12) risks at least every three months as part of their Divisional Board meetings. The Assurance and Risk Forum (A&RF) receives a report from each Division detailing the review undertaken, and the current position for all their risks, including significant risks. A separate report detailing all significant risks across the Trust is received by the Safe Executive Group (SEG).

Significant risks are aligned to the Trust's Key Strategic Objectives as detailed in the BAF. All Significant Risks are aligned to the six Key Strategic Objectives as shown below, along with responsible committees and lead Executive Directors. This alignment is shown in full in **Appendix 1**.

BAF ALIGNMENT	NUMBER
KSO1 QUALITY - Safe & Compassionate Care	8 (including principal risk)
KSO2 QUALITY - Estate & Infrastructure	7 (including principal risk)
KSO3 ENGAGEMENT – Staff Engagement & Culture	0
KSO4 ENGAGEMENT – Patient Pathways & Sustainability	1
KSO5 HEALTHY LIVES – Patient Outcomes	0
KSO6 HEALTHY LIVES – Maximising Staff Potential	0

2. Summary position Significant Risks

There are currently 16 Significant Risks on the Risk Register.

Current Significant Risk scoring profile:

Score	March Board Report	April Board Report	May Position	June Board Report	July Position	Current Report
20	3	3	3	3	3	3
16	6	6	7	8	9	11
15	1	1	2	2	2	2
Total	10	10	12	13	14	16

As of 20 July 2022, the Trust has 16 Significant Risks on the Trust Risk Register. This is an increase of three from the previous meeting of the Board in Public in June 2022. These 16 risks include the 2 Principal Risks aligned with KSO 1 and KSO 2. Two of the new risks are aligned with KSO 1, with the other aligned to KSO 4.

The first new risk added to the Significant Risk Register was aligned to KSO 1 - **Risk ID 2957:** *Risk of paediatric patient harm due to lack of MH support in the community.* There is a growing concern that there is a risk to patient safety and experience on Rudham ward (Paediatric In-patient Ward) due to the number of paediatric and adolescent patients with serious mental health needs, admitted without a clear pathway for transfer of care. There are also an increasing number of paediatric and adolescent patients with significant behavioural and social needs admitted due to a lack of available home support. It is recognised that remaining on an acute ward for extended periods is likely to have a significant impact on the mental health, behaviour and recovery of patients admitted for mental health concerns and poses a risk to the safety and experience of other patients, their families, and staff on Rudham ward.

Risk ID 2957 was upgrade from its previous grading of Major (4) x Possible (3) = 12 to Major (4) x Likely (4) = 16, moving it to a Significant Risk. This risk is under the Chief Nurse for Executive sponsorship.

The second new risk added to the Significant Risk Register was aligned to KSO 1 - **Risk ID 2788:** *Risks associated with high number of Clinical Pharmacist vacancies*. This risk was already on the Clinical Support Services risk register with a grading of Major (4) x Possible (3) = 12. However, it was proposed to increase this risk to Significant due to the worsening Pharmacist vacancy rate (61% as of the end of June 2022). This proportion of Pharmacy vacancies represents a risk to the capacity of existing pharmacy staff to deliver expected standard of ward-based care and medicines management. Following discussion at Safe Executive Group, this risk was upgraded to Significant with a grading of Major (4) x Likely (4) = 16. This risk is under the Chief Operating Officer for Executive review.

The third new risk added to the Significant Risk Register was aligned to KSO 4 - **Risk ID 3034:** *Risk of deviation from the planned breakeven position for the financial year 2022/23.* This risk is in recognition that the Trust and the ICS has agreed to achieve a breakeven position within the financial year 2022/23. This is a substantial change of position from the Trust's previous plan, which was for a £8.2million deficit for the financial year. Although the Trust has achieved a financial position in line with the plan at Q1 there remains a significant challenge in reaching the breakeven position for the full year. This risk is under the Director of Finance for Executive sponsorship. The current grading of this risk is Major (4) x Likely (4) = 16.

Current Significant Risks - Key Updates

Risk ID 392: *Roof Integrity* has been thoroughly reviewed in-month. Work has commenced on Windsor ward to install the failsafe. Castleacre ward will move to Brancaster ward in early July to enable the installation of a failsafe. The second round of the roof plank survey is ongoing. The current grading for Risk ID 392 remains at Catastrophic (5) x Likely (4) = 20.

Risk ID 2757: *KSO 2: Sub-optimal care & treatment associated with Estate, infrastructure & equipment* has also been reviewed in-month. Significant work continues throughout the Trust's estate, with the new Endoscopy Unit planned to open in September.

An emergent risk is being explored in relation to the condition of the floor and a potential need to reinforce/replace some of the first-floor structure. This is due to the ongoing failsafe installation work and the deterioration of the building infrastructure. However, it is not felt this emergent risk represents a Significant risk at present. The current grading of Risk ID 2757 remains at Catastrophic (5) x Likely (4) = 20.

Risk ID 2592: *KSO 1: Sub-Optimal Care and Treatment* has been reviewed by the Acting Medical Director in-month. The current risk narrative has been amended to ensure the current position in relation to sustained extremely high patient demand is captured in the risk narrative. Given that there are now 7 other Significant Risks aligned to this Principal Risk, it is felt that the current grading of Major (4) x Likely (4) = 16 remains appropriate and reflects the current risk climate.

A detailed report of all Risk Register entries as of 20 July 2022 currently scoring 15+ is attached as **Appendix 2.**

Whilst the Trust currently has 16 Significant Risks (including 2 Principal Risks), it is important that the Trust's Board be aware of the Top 3 Risks for the organisation. These have been highlighted in **Appendix 3.**

3. **Significant Risks aligned to KSO 1:**

There are currently 8 (including the Principal Risk) Significant Risks aligned to KSO 1 as follows:

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	INITIAL SCORE (CXL)	CURRENT SCORE (CXL)	TARGET SCORE (CXL)	COMMENTARY
2592	**KSO1 Principal risk** There is a risk that patients may receive sub-optimal care / treatment, with failures in: - Outcome - Safety - Experience	Medical Director	Major (4) x Almost Certain (5) **= 20**	Major (4) x Likely (4) **= 16**	Major (4) x Rare (1) **= 4**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, with narrative and controls remaining up to date. No change to the grading at this time. Risk reviewed by Medical Director in June 22. The Trust's Medical Director and Chief Nurse have met with NSFT counterparts to agree improved processes for CYP with mental health needs. No change to the risk grading at this time.
2643	There is a risk that patients are unable to access safe and effective diagnostic imaging at the trust to service level standards, which may affect their clinical care, due to insufficient	Medical Director	Major (4) x Likely (4) **= 16**	Major (4) x Likely (4) **= 16**	Moderate (3) x Rare (1) **= 3**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been subject to the usual review processes in month, and that the risk narrative and controls remained up to date. No change to the risk grading was proposed. Risk reviewed by Division in July 22. Occasional issues remain in relation to delays in

	staff in diagnostic imaging.					scan bookings/reporting. Risk grading remains appropriate at 16. Risk reviewed by Medical Director in June 22. There are concerns that extensive changes to governance processes and the bedding-in period for new staffing cohort pose a short-term risk of increase in human error, including unexpected urgent test findings not being reported on correctly. Risk grading to remain at 16.
2244	Lack of MH beds in the community leading to a potential 12-hour A&E breach	Chief Operating Officer	Moderate (3) x Likely (4) = **12**	Major (4) x Likely (4) = **16**	Moderate (3) x Unlikely (2) = **6**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, including a divisional review and executive review. No change to the risk grading at this time. Risk reviewed by COO in June 22. The risk narrative and risk controls remain up to date. No change to the risk grading at this time. Risk reviewed by ED Matron; no change to the risk at this time as all risk narrative and mitigations remain up to date.
2915	There is a risk that patients will come to harm as a result of increased waiting times for elective surgery	Chief Operating Officer	Major (4) x Likely (4) = **16**	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) = **4**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had gone through the correct review processes in month, including Executive review. No change to the grading at this time. Risk reviewed by COO and Deputy COO in June 22. Risk controls and narrative remain up to date; risk grading remains appropriate at 16.
2199	Timely Access to Emergency Care including Time Spent in the Emergency Department	Chief Operating Officer	Major (4) x Likely (4) = **16**	Moderate (3) x Almost Certain (5) = **15**	Moderate (3) x Possible (3) = **9**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, and that the narrative and controls remained up to date. No change to the risk grading at this time.

						Risk reviewed by COO in June 22. Risk controls and narrative remain up to date. Risk grading remains appropriate at 15 Risk reviewed by ED matron - no change to the risk grading, narrative or controls at this time as all narrative remains consistent with current climate
2984	There is a risk that patients may come to harm due to delays in ambulance handover	Chief Operating Officer	Catastrophic (5) x Possible (3) = 15	Moderate (3) x Almost Certain (5) = 15	Major (4) x Rare (1) = 4	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, with narrative and controls updated. No change to the risk grading at this time. Risk reviewed by COO in June 22. Risk narrative updated to reflect cause of the risk. No change to risk grading at this time. Risk reviewed by ED Matron in June 22 - no change to the risk grading, controls or narrative at this time as all narrative remains consistent with current climate.

3.2 New Significant Risks aligned to KSO 1

Two new Significant Risks have been aligned to KSO 1 as follows:

RISK ID	SUMMARY DESCRIPTION	EXECUTIVE OVERSIGHT	INITIAL SCORE (CXL)	CURRENT SCORE (CXL)	TARGET SCORE (CXL)	COMMENTARY
2788	Risk of medication-related harm to patients resulting from lack of pharmacist capacity	Chief Operating Officer	Moderate (3) x Unlikely (2) = **6**	Major (4) x Likely (4) = **16**	Moderate (3) x Rare (1) = **3**	Risk reviewed at Safe Executive Group in July 22 and approved for addition to Significant risk register with a grading of Major (4) x Likely (4) = 16. Risk reviewed by COO in July 22. The proposal to upgrade the risk to Significant was approved for escalation to the Safe Executive Group in-month.

						Risk noted to have been requested for upgrade to Significant. Following discussion with the Risk and governance lead for Clinical support services, this risk will be taken forward to the Chief Operating Officer for executive sponsorship, before being taken onward to the Safe Executive Group for ratification.
2957	If paediatric patients with mental health needs do not receive timely intervention it could lead to significant deterioration in their mental health and poor patient outcomes	Chief Nurse	Major (4) x Possible (3) = 12	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) **= 4**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month. No change to the grading at this time. Risk reviewed by Chief Nurse in July 2022. Risk narrative and controls amended to reflect latest position. No change in the risk grading at this time.

4. **<u>Significant Risks aligned to KSO 2</u>**

There are currently 7 (including the Principal Risk) Significant Risks aligned to KSO 2 as follows:

Risk ID	Summary description	Lead Exec	Initial Score (CxL)	Current Score (CxL)	Target Score (CxL)	Commentary
2757	There is a risk that patients may receive sub-optimal care/treatment, with failures associated with: • Estate • Digital Infrastructure • Medical equipment	Deputy CEO	Major (4) x Almost Certain (5) **= 20**	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Rare (2) = 8	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes. No change to the risk grading was considered at this time. Risk reviewed by Deputy CEO in June 22. The latest update from the Health and Safety Compliance Manager was noted and approved. No change to the risk grading at this time. Risk reviewed on 24.06.22

						with the Director of Estates and Facilities and the Estates Capital Manager. The Estates capital allocation for 2022-23 is £3m, and the list of projects will be prioritised by HMB in July. £1.5m has been secured for backlog maintenance, of which, £1.05 has been attached to the reduction of significant risk in statutory compliance. Work continues at pace on the new endoscopy unit, the ground floor is planned to open in September, and the first floor planned to open in October.

392	There is a direct risk to life and safety of patients, visitors and staff due to the potential of catastrophic failure of the roof structure due to structural deficiencies.	Director of Finance	Catastrophic (5) x Almost Certain (5) **= 25**	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Rare (1) = 4	Risk reviewed at Safe Executive Group in July 22. The latest update from the Director of Estates and Facilities and the Estates Capital Manager was noted; risk grading remains appropriate at 20. Risk reviewed on 24.06.22 with the Director of Estates and Facilities and the Estates Capital Manager. There are currently: • 52 Acrow props in place. • 1528 steel and timber failsafe's are now in place – this includes 150 failsafe's across the gym, 238 failsafes across the ramp, 151 steel and 610 timber failsafes across Brancaster, The Butterfly Suite has 63 steel and 15 timber, and NICU has 219 steel failsafes. • 40 planks are supported in CCU via a steel and timber failsafe, which was custom designed and fitted to replace 18 props previously in place. • 56 areas of the Trust are affected by either Acrow props of timber/steel failsafe's. • Castons continue to resurvey roof planks across the site. The RAAC year 2 programme is on target. West Dereham is now open and contractors have started work on Windsor ward to fit the failsafe. Castleacre will move to Brancaster in early July for the failsafe to be fitted onto Castleacre. Investigations on capacity and demand has started in Theatres as part of the RAAC enabling work.

2989	Potential the Trust may not receive the quantum of national capital funding it has requested to ensure the current hospital is safe and compliant which is £130m for the next 3 year allocation	Director of Finance	Catastrophic (5) x Almost Certain (5) = **25**	Catastrophic (5) x Likely (4) = **20**	Catastrophic (5) x Unlikely (2) = **10**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in month, as evidenced by the update from the Health, Safety and Compliance manager below. No change to the risk grading at this time. Risk reviewed on 24.06.22 with the Director of Estates and Facilities and the Estates Capital Manager. The 25% drawdown was made available from the 13th of June, and the Trust will be accessing this. Risk reviewed at Safe Executive Group in June 22. The latest update from the Health and Safety Manager was noted; assurance was given that the Trust's appropriate risk management processes had been followed. No change to the risk grading at this time. Risk reviewed (interim) by the Health and Safety Manager 01.06.22: The Trust has been informed that a 25% drawdown of 2022-23 funding will be available shortly. The 25% drawdown will enable design and steel fabrication works to be undertaken. The business case was approved at the Trust board meeting on the 5th of April, and is with the regional NHS I team prior to submitting to the national team. At this stage, there are no timescales known for the approval of the business case and the release of the £30M funding.

2849	Digitally enabled clinical services are rendered unavailable due to a cyber incident affecting patient throughput, outcomes and safety.	Deputy Chief Executive	Catastrophic (5) x Likely (4) = **20**	Major (4) x Likely (4) = 16	Moderate (3) x Possible (3) = 9	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct risk review processes in-month, including a thorough review at directorate level. No change to the risk grading. Risk reviewed at digital risk review meeting in July 22. A business case for back-up storage solution is being worked up. No change to the risk grading at this time. Risk reviewed by Deputy CEO in June 22. The latest updates from the digital risk review meeting were noted and approved; no changes to the risk grading were proposed.
2853	Clinical or other personal confidential data is stolen as a result of a cyber incident. This may also lead to subsequent unauthorised disclosure, even mass disclosure, depending how many records are stolen	Deputy Chief Executive	Major (4) x Likely (4) = 16	Major (4) x Likely (4) = 16	Moderate (3) x Possible (3) = **9**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct risk review processes in-month, including a thorough review at directorate level. No change to the risk grading. Risk reviewed at digital risk review meeting in July 22. Business case for back-up storage solution is being worked up; no change to the risk grading at this time. Risk reviewed by Deputy CEO in June 22. The latest updates from the digital risk review were noted and approved. No change to the risk grading at this time.

2999	There is a risk that the EPR project will not be financially viable for the Trust	Medical Director	Major (4) x Almost Certain (5) = **20**	Major (4) x Likely (4) = **16**	Major (4) x Rare (1) = **4**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had followed the correct review processes in-month, and that the risk narrative remained up to date. No change to the risk grading at this time. Risk reviewed at EPR project forum in July 22, chaired by the Deputy CEO. Slight amendments made to the controls and narrative to reflect latest position. Risk grading remains at 16. Risk reviewed by EPR project lead in June 22. Risk controls and narrative remain up to date, and risk grading remains appropriate at 16
3018	There is a risk that the new hospital project will not be able to progress and that QEH does not have a sustainable long-term solution.	Deputy CEO	Major (4) x Almost Certain (5) = **20**	Major (4) x Likely (4) = **16**	Moderate (3) x Unlikely (2) = **6**	Risk reviewed at Safe Executive Group in July 22. Assurance was given that the risk had been through the correct review processes in-month, and that the risk narrative and controls remained up to date. No change to the risk grading at this time. Risk reviewed by Deputy CEO in July 22. Risk narrative and controls reflect current position, and risk grading remains appropriate. Risk reviewed by project lead in July 22. Risk narrative and controls remain up to date, no change to the grading at this time.

5. **Significant Risks Aligned to KSO 4**

One new risk has been aligned to KSO 4 in-month as follows:

Risk ID	Summary description	Lead Exec	Initial Score (CxL)	Current Score (CxL)	Target Score (CxL)	Commentary
3034	There is a risk that the Trust will not be able to deliver its financial break-even plan for the financial year 2022/23.	Director of Finance	Major (4) x Almost Certain (5) = **20**	Major (4) x Likely (4) = **16**	Major (4) x Unlikely (2) = **8**	Risk assessment reviewed at Safe Executive Group in July 22 and approved for addition to Significant Risk Register Risk assessment reviewed by Director of Finance and Director of Strategy and Integration and approved for escalation to Safe Executive Group in July 22. Risk Assessment drafted with Deputy Director of Finance and Director of Strategy and Integration in relation to the Trust's newly agreed aim to achieve breakeven position.

6. **Summary and further actions**

This report, and the accompanying annex from the Risk Register, summarise all Significant Risks currently contained on the Risk Register (as of 20 July 2022). All risks have been reviewed by the relevant Executive Director during the last month and will continue to be reviewed in line with the Trust's policy on Risk Management. The report and annex describe any changes which have been undertaken during the risk reviews and also details progress in mitigating risks towards target levels.

The Board is invited to:

- Note the contents of the report
- Receive assurance relating to the management of Significant Risks

APPENDIX ONE: BAF SUMMARY SHEET KEY STRATEGIC OBJECTIVE	PRINCIPAL RISK	LEAD EXEC	MONITORING COMMITTEE	ALIGNED SIGNIFICANT RISKS
1: QUALITY To consistently provide safe and compassionate care for our **patients** and their families	**2592 - Current Rating 4 x 4 = 16** There is a risk that patients may receive sub-optimal care / treatment, with failures associated with: • Outcomes • Safety • Experience	Chief Nurse & Medical Director	Quality Committee	2643 – Delays to accessing diagnostic imaging 2244 - Delays to accessing community mental health beds 2915 – Delays to accessing elective surgery 2957 – Delays to accessing paediatric mental health treatment 2788 – Risk due to the high number of clinical Pharmacist vacancies 2199 - Delays to accessing treatment within ED 2984 – Risk of patient harm due to ambulance offload delays
2: QUALITY To modernise our **hospital** (estate, digital infrastructure and medical equipment) to support the delivery of optimal care	**2757 – Current Rating 5 x 4 = 20** There is a risk that patients may receive sub-optimal care / treatment, with failures associated with: • Estate • Digital Infrastructure • Medical equipment	Deputy CEO	Finance & Activity Committee	392 – Roof 2989 – Potential reduction in funding for the RAAC programme 2849 – Cyber-crime (loss of systems) 2853 – Cyber-crime (theft of data) 2999 – Risk to delivery of the EPR project 3018 – Risk the New Hospital Project does not progress
3: ENGAGEMENT To strengthen staff engagement to create an open culture with Trust at its centre	**2758 - Current Rating 4 x 3 = 12** There is a risk that Trust leaders may be unable to strengthen staff engagement and trust impacting on the development of an open culture at the Trust **2791 – Current Rating 3 x 3 = 9** There is a risk that the underlying organisational culture impacts on the improvements that are necessary to patient and staff experience which will prevent QEH moving forward at the required pace. Specifically, there is a requirement for urgent and significant improvement in relation to staff attitudes and behaviours	Director of People	People Committee	No Significant Risks aligned
4: ENGAGEMENT To work with **patients** and **system partners** to improve patient pathways and ensure clinical and financial sustainability	**2759 - Current Rating 4 x 3 = 12** There is a risk that the Trust is unable to work effectively with patients and system partners to improve patient pathways. This could impact the Trust's ability to ensure clinical and financial sustainability.	Director of Strategy and Integration	Finance & Activity Committee	3034 – Risk of deviation from the planned breakeven position for the financial year 2022/23.
5: HEALTHY LIVES To support our **patients** to improve health and clinical outcomes	**2760 - Current Rating 4 x 3 = 12** There is a risk that the Trust is unable to adequately support our patients to improve their health and clinical outcomes	Medical Director	Quality Committee	No Significant Risks aligned
6: HEALTHY LIVES To maximise opportunities for our **staff** to achieve their true potential so that we deliver outstanding care	**2761 - Current Rating 4 x 3 = 12** There is a risk that Trust leaders are unable to maximise opportunities for staff which could impact on the ability of staff to deliver outstanding care	Director of Patient Safety	People Committee	No Significant Risks aligned