The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	4 October 2022	**Agenda item:**	13
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 – 8 September 2022 Hospital Management Board (HMB) – 19 September 2022 (meeting cancelled due to Bank Holiday for the Funeral of Queen Elizabeth II). Represented to HMB on 3 October 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 15 September 2022, the Trust has 16 Significant Risks on the Trust Risk Register. This position remains unchanged since the previous meeting of the Board in Public in August 2022. These 16 risks include the 2 Principal Risks aligned with KSO 1 and KSO 2. 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 15 September 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	April Board Report	May Position	June Board Report	July Position	August Board Report	Current Report
20	3	3	3	3	3	3
16	6	7	8	9	11	11
15	1	2	2	2	2	2
Total	10	12	13	14	16	16

As of 15 September 2022, the Trust has 16 Significant Risks on the Trust Risk Register. This position remains unchanged from the previous month. These 16 risks include the 2 Principal Risks aligned with KSO 1 and KSO 2.

Current Significant Risks - Key Updates

Risk ID 392: KSO 2; There is a direct risk to life and safety of patients, visitors, and staff of the Trust due to the potential of catastrophic failure of the roof structure due to structural deficiencies. Risk within theatres escalated following the incident on 28 July 2022. Planned work has been moved forward to commence on 19 September 2022, with a completion date of April 2023. A request for release of £5M from 2023/24 funding has been made to the Regional RAAC NHSI team due to Theatres not having been surveyed.

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.
The Endoscopy Unit was handed over to the Trust on the 5th of September for deep cleaning opened for patients from the 19th of September. This will enable the Trust to progress with the plan to failsafe main theatres.

The Estates team are working through the backlog maintenance workplan, with a completion date of 31st of March. The MRI scanner project is underway, with the first MRI removed, and the project is on track for completion.

Internal work on the ENT ventilation has been completed, with deadline for external work completion by October 2022. Changing room work has commenced and will also be completed in October 2022.

The Diagnostic Assessment Centre (DAC) business case was approved by Board and approval is now awaited from the National team.

The ED expansion business case has been approved and design work has begun, with project completion deadline of the 31st of March 23. Oversight of the backlog maintenance workplan and the capital workplan is via the Estates Capital Delivery and RAAC Forum, which meets monthly.
The current grading of Risk ID 2757 remains at Catastrophic (5) x Likely (4) = 20.

Risk ID 2989: KSO 2; Potential reduction in funding for the RAAC programme. £80M has been awarded to the QEH to support the RAAC programme. Further updates are awaited regarding the identified additional funding.
The current grading of Risk ID 2989 remains at Catastrophic (5) x Likely (4) = 20.

Risk ID 2592: *KSO 1*: Sub-Optimal Care and Treatment. This risk had been reviewed by the Acting Medical Director in-month and proposal made to Safe Executive Group on 8 September 2022, to increase this significant risk from a 16 to a 20 in view of the sustained period of high bed occupancy and demand which is likely to continue and impact on performance. This was appropriately considered in adherence with policy, utilising the risk scoring matrix. It was agreed that there was a lack of evidence to warrant the increase in Likelihood from a 4 (likely) to a 5 (almost certain) and that the grading would remain at 16. As part of the Trusts Top 3 Risks, it will continue to have complete oversight and will be reviewed every month.
The current grading of Risk ID 2989 remains at Major (4) x Likely (4) = 16.

Risk ID 2788: Risks associated with high number of clinical Pharmacist vacancies.
Details of establishment (E) v actual (A) figures were presented to Quality Committee on 27 September 2022. Additional mitigations have been put into place and the risk assessment has been expanded to include potential impact on service delivery, patient safety and staff welfare. This continues to be closely monitored as there is a lack of assurance that the mitigations can be applied consistently. Mitigation actions include looking for locum Pharmacists in the short term to cover the gaps, reviewing the skill mix within the team and considering potential different ways of working across the service as a whole.
The current grading of Risk ID 2788 is Major (4) x Likely (4) = 16.
A detailed report of all Risk Register entries as of 15 September 2022 currently scoring 15+ is attached as **Appendix 2.**

Amendment to the Trust's Top 3 Risks.

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. Since the last public Board meeting on 2 August 2022, there has been a change to the Top 3 Risks for the organisation. The changes detailed below were proposed and approved at Hospital Management Board on 15 August 2022.

- The theme of "Cyber Risk" has been removed.

Significant work has been undertaken to raise Trust-wide awareness of the importance of cybersecurity, as well as taking action to recognise and address Trust vulnerabilities to cyber-attack. Whilst it is not suggested that either cyber-related Significant risk be downgraded at present, it was agreed that cyber should be re-moved as a Top 3 Risk in recognition of the substantial increase in Trust-wide aware-ness. This proposal was supported by the Deputy CEO, who is the Executive sponsor of the cyber significant risks.

- The theme of "Risk of Patient Harm due to Delays in Accessing Treatment" has been split into two. A risk of harm due to delays in the Urgent and Emergency Care pathways and delays in the Elective pathway. This will ensure increased visibility for the 7 Significant risks that previously made up the one top risk - "Risk of Patient Harm due to Delays in Ac-cessing Treatment.". In addition, the updated Top 3 Risks more acutely reflect the trend of unprecedented levels of patient demand and bed pressure that the Trust has sustained over recent months and continues to face.

The Top 3 Risks 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 on 8 September 22 where the proposal to increase the rating from 16 to 20 increase in Likelihood from a 4 to a 5) was discussed. Whilst there was recognition of the significant ambulance delays, work is being undertaken internally to try and address this and it was felt that there was a lack of evidence that harm was "expected to occur at least daily, >50%" as defined in the framework for a likelihood of 5. Agreed that risk rating would remain at current rating - Consequence 4 (Major) x Likelihood 4 (Likely) = 16. Risk reviewed by Acting Medical Director in August 22. Risk controls remain the same. Risk has been escalated for potential increase in grading to 20, due to continued poor performance against several aligned Significant risks (ED waiting times, Ambulance offload delays, MH waiting times). Proposal will be discussed at

						August Assurance and Risk Forum and highlighted to Safe Executive Group if appropriate.
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 staff in diagnostic imaging.	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 on 8 September 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 updated by Radiology Governance Lead on 08.09.22. The risk still remains, but work is ongoing, and this should ease the situation moving forwards. Radiology had some success with last month's vacancies (AUG22). This month (Sept22) further vacancies are out, and it is hoped that they will be filled as there are strong applicants for interview. See below for last month's outcome and upcoming vacancies Previous interviews outcome 3x RDA assigned 0x Housekeeper assigned 1.8 x Lead Radiographers assigned 2 x Sonographer trainees assigned New vacancies for this month 1 x R&G Lead 2 x Radiology ops leads 1 x NM tech/radiographer. 1 x RDA Filling these vacancies will improve our ability to offer swift access to diagnostics.
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**	08.09.22 Risk reviewed by COO. The trend of increasing numbers of patients presenting to ED that was seen in June 2022 has stabilised. Plan to consider reducing the likelihood next month if the number of acute cases continues to decrease. No change to risk rating at this time. Risk reviewed by COO in July 22. Risk narrative and controls reflective of current climate. No change to the grading at this time. Risk reviewed by UEC matron - no change to the risk grading, narrative or controls at this time as all narrative remains consistent with current climate
2915	There is a risk that patients will come to harm as a result of increased	Chief Operating Officer	Major (4) x Likely (4) = **16**	Major (4) x Likely (4) **= 16**	Major (4) x Rare (1) = **4**	08.09. 22. Risk reviewed by COO. Risk narrative and controls reflective of current situation, including Theatre RAAC position. No change to rating at this time.

	waiting times for elective surgery					Risk reviewed by the COO in August 22. The latest update from the Deputy COO was noted and approved. No change to the risk grading at this time. Risk reviewed by Deputy COO in July 22. The Trust has received a letter from the national team, indicating that a strong operational focus on long waits and cancer long waits must remain, with reduction of 62-day and 78-week waits remaining a critical priority for the remainder of the year. Risk grading to remain the same.
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 by Divisional Head of Midwifery in September 2022. There has been a slight reduction in the number of children with MH needs seen over the last 2 months. Interviews for MH post are ongoing. The ICS has opened a "lighthouse" unit for children with eating disorders, which will reduce Trust activity. No change to the risk grading is proposed at this time. Risk reviewed by Division in August 22. No change to the risk at present, additional roles currently awaiting financial approval before advertisement.
2788	There is a 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**	14.09.22 Risk updated by Risk and Governance manager. Ward pharmacist services has been withdrawn from all clinical areas. Current establishment - 28 pharmacists - 19 posts are vacant - 68% vacancies. 3 senior pharmacists - 2 posts are vacant. (3x Band 8a pharmacists and 1x Band 7 pharmacist to start before December 2022, however 2x Band 7 pharmacists will be leaving the trust in October 2022). Discussed with DLT and agreed risk to remain the same 08.09.22 Risk reviewed by COO. A revised Risk Assessment has been drafted to reflect the latest position and include the potential impact on service delivery, patient safety and staff welfare and will be discussed at DLT to ensure mitigations remain appropriate. No change to risk rating at this time, pending outcome from DLT.

						Risk reviewed by COO in August 22. Additional mitigations added to reflect latest position. Risk grading to remain the same.
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 by COO 08.09. 22. Risk narrative and controls reflective of current situation. No change to the rating at this time. Risk reviewed by the COO in August 22. The Trust Board has approved the ED phase 1 expansion business case. No change to the risk grading at this time. 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	08.09. 22. Risk reviewed by COO. Risk narrative and controls reflective of current situation. No change to the grading at this time. Risk reviewed by COO in August 22. Phase 1 of the ED expansion plan was approved at Trust Board. No change to the risk grading at this time. 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

4. Significant Risks aligned to KSO 2

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 06.09.22 with the Director of Estates and Facilities and approved by Deputy CEO. The new endo unit was handed over to the Trust on the 5th of September for deep cleaning to start, it will be open for patients from the 19th of Sept - this will enable the Trust to progress with the plan to

						failsafe main theatres - and this work starts on the 19th of September. The Estates team are working through the backlog maintenance workplan to address the 1.5m significant risk items. This work is to be completed by the 31st of March. MRI scanner project is now underway, the first MRI has now been removed, and the project is on track for completion. ENT ventilation work - internal work has been completed, and external work will be completed by October. Changing room work has commenced and will be completed in October. ED expansion business case has been approved and design work has begun, the project is to be completed by 31st March 23. Oversight of the backlog maintenance workplan and the capital workplan is via the Estates Capital Delivery and RAAC Forum, which meets monthly. Module 2 is due on site in November to enable decanting of admin teams - to support the RAAC programme. The Inspire Centre is due to be demolished in early 2023 as part of the RAAC programme - services will be re-provided in modular buildings on the QEH site. The DAC business case was approved by the Board, approval is now awaited from the national team.
392	There is a direct risk to life and safety of patients, visitors and staff due to the potential of	Director of Estates	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 on 8 September 22. Assurance was given that the risk had been through the correct review processes in month.

	catastrophic failure of the roof structure due to structural deficiencies.					No change to the grading at this time. Risk reviewed on 26.08.22 with the Director of Estates and Facilities. The Trust has formally written to the regional RAAC NHS I team to request £5M from the 2023-2024 funding allocation, and that this be brought forward to 2022-23 due to Theatres not having been surveyed, and the increased risks due to the incident on the 28th of July. A response is awaited, but the Trust is moving forward with planning work to start theatres on the 19th of sept, with a completion date of April 2023. The effect on the elective recovery programme is being reviewed by the Deputy COO, and will be discussed at HMB on 5th of Sept. A steering group has been set up for the Theatres work, and the design team are working through the stages of the failsafe programme. Surveying continues, there have been additional calls from the theatres staff regarding their heightened awareness of the roof. These reports have not raised any further issues with the RAAC panels. • 70 Acro 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 timbers, 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 Acro props of timber/steel failsafe's. • Castons continue to re-survey roof planks across the site.
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 Estates	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 on 8 September 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 on 25.08.22 with the Director of Estates and Facilities. £80M has been awarded to the QEH to support the RAAC programme, with the regional RAAC team working with the national team to support the additional funding that was identified as £130m. Further updates are awaited. Risk reviewed in August with the Director of Estates and Facilities and the Estates Capital Manager. The 25% drawdown was accessed by the Trust, and we are waiting for the business case to be approved before further monies are released.
2849	Digitally enabled clinical services are rendered unavailable due to a cyber incident affecting patient throughput, outcomes and safety.	Deputy CEO	Catastrophic (5) x Likely (4) **= 20**	Major (4) x Likely (4) **= 16**	Moderate (3) x Possible (3) **= 9**	07.09.22 Risk reviewed by Head of Cyber Security and approved by Deputy CEO. No change to the risk grading at this time. Risk reviewed by Deputy CEO in August 22. The latest changes from the head of Cybersecurity were noted and approved. No change to the risk grading at this time.

						Risk reviewed by Head of Cybersecurity in August 22. Risk narrative amended to reflect latest position, including on-going phishing attacks against the Trust. No change to the risk grading at this time.
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 CEO	Major (4) x Likely (4) = **16**	Major (4) x Likely (4) = **16**	Moderate (3) x Possible (3) = **9**	07.09.22 Risk reviewed by Head of Cyber Security and approved by Deputy CEO. No change to the risk grading at this time. Risk reviewed by Deputy CEO in August 22. The latest updates from the head of cybersecurity were noted and approved. Risk grading to stay the same. Risk reviewed by head of cybersecurity in August 22. Risk narrative updated to reflect latest position, particularly in relation to security patching compliance vulnerabilities. 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	Deputy CEO	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 on 8 September 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 the Deputy CEO in August 22. The update from the project lead was noted, including the recommendation to maintain the risk grading until procurement has been approved by Treasury. No change to the risk grading at this time. Risk reviewed by EPR project lead in August 22. Although confirmation has been received from NHSD that they will

						support the procurement, it is suggested that this risk should remain at the current grading until that has been approved by Treasury (October at the earliest). Therefore, risk grading to remain the same.
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 on 8 September 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 Deputy CEO in August 22. The latest update from the project lead was noted and approved. Risk grading to remain the same. Risk reviewed by Project lead in August 22. Risk narrative and controls remain up to date; New Hospital Project remains vital to the Trust, due to ongoing concerns in relation to the building integrity. No change to the risk grading at this time.

5. **<u>Significant Risks Aligned to KSO 4</u>**

One risk is aligned to KSO 4 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 breakeven 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 reviewed by Director of Finance 15.09.22. There is potential for further scrutiny from ICS and / or Regulatory bodies which may impact on future development. Month 5 position is near to plan. No change to grading at this time. Risk reviewed by Director of Finance in August 22;

						Controls and narrative amended to reflect latest position. No change to the risk grading at this time.

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 15 September 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