

## Board of Directors (in Public)

### Item 4.2

**Subject:** High Risk Report  
**Date of meeting:** 10/06/2025  
**Prepared by:** Helen Martin, Head of Risk Management  
**Purpose of report:** To Note

BAF Reference	Impact on BAF
All	The report includes high level risks which continue to be considered in respect of any implications for the BAF.

<b>Level of assurance (please tick)</b> To be used to provide the Board / Committee with a guide on the extent of assurance and evidence of assurance provided within the report		<input checked="" type="checkbox"/>
<b>Level of assurance</b>	<b>Description</b>	
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.	<input type="checkbox"/>
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.	<input checked="" type="checkbox"/>
Moderate	There is an adequate system of internal control, however, in some areas weakness in design and/or inconsistent application of controls puts the achievement and some aspects of the system objectives at risk.	<input type="checkbox"/>
Low	There is a compromised system of internal control as weaknesses in the design and / or inconsistent application of controls puts the achievement of the system objectives at risk.	<input type="checkbox"/>
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.	<input type="checkbox"/>

# 1. Executive Summary

The Risk Registers contain significant risks identified as having potential impact on the trust objectives. These include risks identified and escalated by the Clinical Divisions.

Risks are reviewed monthly at each Divisional Governance meeting and quarterly by the Risk Management Committee.

This report provides an update of risks with residual scores of 15 or higher along with the action plans in place to control and/or mitigate them.

This information is up to date as at 30 May 2025.

# 2. Key Issues

There are currently **four** risks that have a score of 15 or above. This report is correct as of 2<sup>nd</sup> June 2025.

The risks are as follows:

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
Surgery - Risk 00000155	Perfusion Manager	Jan 2015	May 2025	15	9
Description	There is a risk to running of core and additional theatres lists.				
Controls	Use of agency staff may be available only if necessary / ongoing workforce planning to account for departmental age demographics,  Current establishment of 12 WTE. Two trainees recruited and due to qualify Sept 25 and Sept 26 respectively. Current, vacancy rate of 2 x WTE plus 1 x WTE of maternity leave. Additional 2 x WTE unplanned absence due to illness. Potential for medium to long term. Current demographics mean that further retirements could happen in coming years. Advertised for replacements in January 2025 with no success, current perfusion job vacancy rate high nationally. Further advertising planned including for a new trainee to start Sept 2025.				
Actions	Trainee appointed September 2023 who will qualify September 2025. With further trainee appointed September 2024 , qualifying September 2026.  Use of locum perfusionists.				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
<b>Corporate Services - Risk 00001067</b>	<b>Estates Manager</b>	<b>Oct 2018</b>	<b>May 2025</b>	<b>16</b>	<b>6</b>
<b>Description</b>	There is a risk to the structural integrity of the surgical corridor floor				
<b>Controls</b>	<p>structural inspection carried out June/July 2021. TDE appointed as contractor and have completed propping works to rectify the issue.</p> <p>follow up inspection completed in 2024 to review current controls and check for any further deterioration. further works now required to install additional structural supports following receipt of report. risk increased to 16 until structural works are completed. funding for works approved at Jan 25 CMG for completion April 25</p>				
<b>Actions</b>	annual assessments by structural engineer				

Risk ID ↑	Risk Owner	Date	Review Date	Residual Score	Target Score
<b>Surgery - Risk 00001810</b>	<b>Divisional Director of Operations, Surgery</b>	<b>Nov 2022</b>	<b>May 2025</b>	<b>16</b>	<b>12</b>
<b>Description</b>	There is a risk to delivery of financial balance within the Surgical Division				
<b>Controls</b>	<p>Income recovery plan in place through theatre staffing recruitment to deliver core and additional capacity</p> <p>A range of divisional controls have been established, including Matron check and challenge meetings, deep dive review of Theatre non-pay, introduction of departmental accountability meetings, introduction of theatre cancellation meetings</p> <p>WLIs being undertaken as much as possible</p> <p>Focussed management of theatre staffing to optimise capacity in theatres</p> <p>Identification of potential CIP schemes</p>				
<b>Actions</b>	<p>Exploration of income allocation for Urgent Surgery activity by the Senior Finance Team</p> <p>Divisional Review Meetings established</p> <p>Business cases for pay &amp; non-pay to deliver WLIs and additional activity in Thoracic and Cardiac Surgery</p> <p>M6 forecast being undertaken</p> <p>Full review of activity plans for both NEL and Elective PODs</p> <p>CIP Planning has commenced for 2025/26 with divisional schemes identified and each department being set a savings target</p> <p>WLIs will be stopped with a view to deliver this activity in the core sessions</p>				

Risk ID ⇄	Risk Owner	Date	Review Date	Residual Score	Target Score
Corporate Services - Risk 00001944	Chief Operating Officer	Dec 2023	May 2025	16	12
Description	There is a risk that clinical letters are not being sent to external partners such as GP's and patients				
Controls	<p>Weekly report on the known letters in EPRO being sent to Operational teams to allow for a review of patients in the system *Additional review/metrics in the report now updated</p> <p>Weekly task &amp; finish group established with Digital, Operational &amp; Supplier colleagues to identify any gaps in Letter Flow</p> <p>Senior Leadership restarted in the Trust (since a further issues was identified) to look at options for recovery (with the number of letters that haven't been sent out the Trust)</p>				
Actions	<p>Further training of administration staff on EPRO processes and develop SOP's to support ongoing management of the system</p> <p>Risk review to be completed in line with Trust Risk &amp; Governance Policy</p> <p>Ops Team and Admin team meeting held to share the current position on the letter issues</p> <p>Reviewed training plan with EPRO to be agreed in support of the Admin teams</p> <p>A second EPRO linked audit tool to be created for the clinical teams</p> <p>All letters sent out from Mar 25</p> <p>Technical updates to EPRO actioned</p> <p>Final PSIRF Closure Report</p> <p>Smaller Task &amp; Finish Group in place</p> <p>Upgrade of EPRO system following task &amp; finish group findings</p> <p>Further review being undertaken by CDIO</p>				

Static score	Increasing score	Decreasing score	New Risk
⇄	↑	↓	◆

### 3. Recommendation

The Board of Directors is asked to note the content of this report and be assured the Trust has systems and processes in place for the identification, management and escalation of risks.