

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: Significant Risk Register Report

Meeting date: 4 December 2025

Board sponsor: Sarah Hayes, Chief Nursing and Midwifery Officer (CNMO)

Paper Author: Associate Director of Quality Governance (on behalf of Director of Quality Governance)

Appendices:

None

Executive summary:

Action required:	Assurance
Purpose of the Report:	<p>This paper presents the current Significant Risk Report to ensure Board oversight of those risks rated as high and above (15>).</p> <p>All have an assigned Executive Director and are required to be updated monthly and reported through Trust Management Committee (TMC) and the appropriate Board Sub Committees to Board. This paper demonstrates movement in month, details those risks that have been de-escalated from the Significant Risk Register due to the mitigations in place and new risks.</p>
Summary of key issues:	<p>The majority of the risks contained in the significant risk report have had a 'review' within the last four weeks. As of 24 November 2025, when the Significant Risk Register was extracted there were currently 44 risks on the Significant Risk Register. There are 11 risks with associated overdue actions. These have been escalated with risk owners and delegates and Accountable Executives informed.</p> <p>There have been four new risks approved since the last report to the Board and two existing risks escalated.</p> <p>There have been four risks closed since the last report to the Board and two risks de-escalated.</p> <p>Monthly meetings are in place with the Executive leads for each significant risk (and their deputy/wider team as requested) to ensure regular monthly oversight and scrutiny.</p> <p>The last Risk Review Group meeting was held on 17 November 2025. A deep dive was received from William Harvey Hospital (WHH) Care Group and Strategic Development, Capital Planning and Estates.</p>



	There were no escalations from the meeting but Care Group and Corporate leads were asked to ensure that all risks are up to date – with significant risks reviewed at a minimum monthly. Care Groups were also asked to ensure they are reviewing the monthly emerging risk report via their Care Group governance meetings.
Key recommendations:	The Board of Directors is asked to receive and NOTE the Significant Risk Report for assurance purposes and for visibility of key risks facing the organisation.

Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the Corporate Risk Register (CRR):	This paper provides an update on the significant risks (to be known as the 'significant risk report') to the Trust which replaces the CRR.
Resource:	Yes. Additional resource will be required to mitigate some of the significant risks identified. The position of Head of Risk Management is currently vacant and essential cover is being provided by the Associate Director for Quality Governance ahead of a review and restructure of work within the wider team. At present there is reduced corporate support for risk although some temporary support (two days per week) is due to commence on 26 November 2025.
Legal and regulatory:	Yes. The Trust is required to comply with the requirements of a number of legal and regulatory bodies including but not limited to: <ul style="list-style-type: none"> • NHS England (NHS) • Care Quality Commission (CQC) • Health and Safety Executive (HSE)
Subsidiary:	2gether Support Solutions (2gether) Spencer Private Hospitals (SPH)

Assurance route:

This was previously considered by:

The Risk Review Group (17 November 2025). New approved risks are reflected in this paper to ensure timely reporting but will be formally presented at Trust Management Committee (TMC) on 3 December 2025.

Reporting is also received monthly at the Finance and Performance Committee (FPC), and bi-monthly at Quality and Safety Committee (Q&SC) and People and Culture Committee (P&CC).

It should be noted that as the Risk Register is a live document the supporting information was extracted on 24 November 2025.



SIGNIFICANT RISK REPORT

1. Purpose of the report

- 1.1 This report is provided to ensure the Board are aware of all risks rated high (15) and above on the Trust risk register.
- 1.2 This paper presents movement in month and details those risks that have been de-escalated from the Significant Risk Register due to the mitigations in place.
- 1.3 The last Risk Review Group took place on 17 November 2025. A deep dive presentation was provided by William Harvey Hospital (WHH) Care Group and Strategic Development, Capital Planning and Estates. Several new risks were approved which are detailed in Section 4.


2. Background

- 2.1 A comprehensive review and refresh of the Corporate, Care Group and Specialty level risk registers was launched in November 2023. This followed an initial review and recommendations made by an External Consultant on behalf of the Trust in October 2023. Phase 1 of this work was concluded at the end of March 2024. Phase 2 will involve embedding the processes and governance improvements introduced and continuing to develop the risk culture in the organisation.
- 2.2 One of the outputs of the Trust Risk Review was the creation of a Significant Risk Report. The latest is summarised in Section 3 of this report.
- 2.3 The Risk Review Group was established in early February 2024. The Group, which meets monthly and is chaired by the CNMO. Deep dives are presented by all Corporate and Clinical Care Groups twice a year.


3. Current Significant Risk Register

- 3.1 There are currently 44 risks in total on the Significant Risk Report. This is the same as the last report to the Board.
- 3.2 There have been four new risks approved since the last report to the Board and two existing risks escalated.
- 3.3 There have been four risks closed since the last report to the Board and two risks de-escalated.
- 3.4 There are overdue actions associated with 11 of the risks (marked in bold for clarity). These have been escalated for immediate attention with the Risk Owners and Delegates and Accountable Executives informed.
- 3.5 The Significant Risk Register is summarised below:




Risk Ref	Risk Register	Title	Residual Risk Score	Status compared to October report	Target Risk Score	Actions summary
678	Care Group - Diagnostics, Cancer and Buckland Accountable Executive: Chief Medical Officer (CMO)	Insufficient Pharmacy support for the safe (and secure) use of medicines on wards	High (15)		Low (4)	<p>Request purchase of Sunrise medicines app for use by pharmacy staff with aim of improving processes on the system which have been impacted when switching to epma e.g. ordering and screening (Home function is required to improve MR process)</p> <p>Awaiting outcome of decision. Note new version will be introduced in 2026 – unclear on impact to pharmacy team</p> <p>Person Responsible: Deputy Lead CS Pharmacist Due: 31 Oct 2025</p> <p>Review impact of new workflow procedures and identify how to reduce workload for clinical team further in the dispensary</p> <p>Person Responsible: Lead Pharmacist for Clinical Operations and Workforce Due: 01 Oct 2025</p> <p>Identify causes of late nights for clinical pharmacy staff and identify strategies to reduce the commitment (clinical staff provide a late-</p>



						<p>night commitment which is Time Off In Lieu (TOIL) based which reduces clinical capacity).</p> <p>Person Responsible: Lead Pharmacist for Clinical Operations and Workforce Due: 01 Oct 2025</p> <p>Propose a new model of working to support review of most at risk patients. Proposal to include impact on other patients for CQC and Trust to review</p> <p>Person Responsible: Lead General and Specialist Medicine Pharmacist Due: 1 Oct 2025</p>
679	<p>Care Group – Diagnostics, Cancer and Buckland</p> <p>Accountable Executive: CMO</p>	Failure to supply, from Pharmacy, scheduled chemotherapy treatments to patients	Extreme (20)		High (15)	<p>Assurance of completion of Air Handling Unit (AHU) Airis Q action plan by the Accountable pharmacist/Estates/production manager. Action plan and document uploaded and in process via the refurb work planned</p> <p>Person Responsible: Pharmacy Quality Assurance & Quality Control Lead Due: 01 Dec 2025</p> <p>Create and appoint to a substantive Accountable pharmacist to replace current interim role. Interview set for 11/09/25. Unable to</p>



						<p>appoint and interim has finished. Director of Pharmacy to cover for interim whilst further recruitment happens.</p> <p>Person Responsible: Director of Pharmacy Due: 30 November 2025</p> <p>Replacement of the unit with offsite licensed facility as part of the Integrated Care System (ICS) strategy and linked to the national aseptic review. Meetings regarding future state of the Aseptic Services Unit (ASU) for Kent & Medway (K&M) progressing and Trust Chief Executive Officer (CEO) is Senior Responsible Officer (SRO)</p> <p>Person Responsible: Director of Pharmacy Due: 30 Sep 2029</p> <p>Completion of the remedial aseptic work at Kent & Canterbury Hospital (K&C) and validation of the facilities at K&C</p> <p>Person Responsible: Director of Pharmacy Due: 19 Dec 2025</p>
1350	Care Group – Diagnostics, Cancer and Buckland	Failure to provide ward stock medicines in a timely fashion due to obsolescence of Pharmacy TWS	High (15)		Very Low (3)	Discuss finances with Diagnostics, Cancer and Buckland (DCB) Finance Lead again to ensure we are clear on costs, cost benefits and savings.




	Accountable Executive: CMO	Distribution robot				<p>Person Responsible: Chief Pharmacy Technician Due: 31 January 2026</p> <p>Start discussions around the tendering process with 2gether procurement team and manufacturers.</p> <p>Person Responsible: Pharmacy Stores and Distribution Lead Due: 31 January 2026</p> <p>Attendance at FPC for final business case approval.</p> <p>Person Responsible: Chief Pharmacy Technician Due: 31 March 2026</p>
1679	Corporate People and Culture Accountable Executive: Chief People Officer (CPO)	There is a risk of failure to address poor organisational culture	High (15)	↔	Low (4)	<p>Development of new People and Culture Strategy and Delivery Plan which will include culture change</p> <p>Person Responsible: Norman Blissett, CPO Due: 31 Dec 2025</p>
1814	Corporate – Strategic Development & Capital Planning Accountable Executive: Chief Strategy & Partnerships Officer (CPSO)	Loss of access to key operational / clinical systems from threats (cyber air con, break of external circuits, fire, floods etc) for a protracted period	High (15)	↔	Moderate (10)	<p>Review cyber team roles and responsibilities. Waiting on output from Cyber Assessment Framework (CAF)/Data Security and Protection Toolkit (DSPT) assessment, which is due to be submitted at the end of June 25.</p> <p>Person Responsible: Head of Infrastructure,</p>




						<p>Cyber and Frontline Services Due: 30 Sep 2025</p> <p>Training needs analysis to be undertaken for IT staff in relation to cyber.</p> <p>Person Responsible: Head of Infrastructure, Cyber and Frontline Services Due: 31 Dec 2025</p> <p>Review and update current IT incident and cyber response plans. Extended date to ensure CAF recommendations are included</p> <p>Person Responsible: Head of Infrastructure, Cyber and Frontline Services Due: 31 Oct 2025</p> <p>Run regular (at least yearly) internal exercises to test plan and response with the IT team. Date extended to align with updated cyber response action</p> <p>Person Responsible: Head of Infrastructure, Cyber and Frontline Services Due: 31 Dec 2025</p> <p>Review privileged access rights to key infrastructure systems (as per DocIT)</p> <p>Person Responsible: Head of Infrastructure,</p>
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						<p>Cyber and Frontline Services Due: 31 Mar 2026</p> <p>Review of external facing systems that currently do not support Multi-Factor Authentication (MFA)</p> <p>Person Responsible: Head of IT Applications Due: 31 Mar 2026</p>
1891	<p>Corporate Operations</p> <p>Accountable Executive: Chief Operating Officer (COO)</p>	Misalignment between Demand and Capacity across the Trust's urgent and emergency care pathway	Extreme (20)		Low (6)	<p>Conduct a comprehensive review of current Emergency Department (ED) processes and identify areas for improvement – focussing initially on the opportunity to reduce the number of patients spending 12+ hour in ED. Refresh of Clinical Decision Unit (CDU) model as part of Same Day Emergency Care (SDEC) capital build process as an enabler. Colocation of Urgent Treatment Centre (UTC) to fully utilise Emergency Floor footprint. Review from September with Emergency Care Improvement Support Team (ECIST) support is underway at WHH and areas of good practice with be transferred to QEQM. To be included and referenced in UEC Improvement Plan that now has structure and governance within the Programme Board to TMC. CDU estates</p>




						<p>changes in progress and nearly complete with a Standing Operating Procedure (SOP) for utilisation. Extensive bed modelling has taken place as part of the winter planning process for Board review in October.</p> <p>A series of improvement weeks across both sites are taking place throughout the year looking to improve ED process and patient flow with partners. From a capital perspective, a new SDEC will be built on both sites from Aug 25 to May 26 and a revised clinical model will be introduced upon completion.</p> <p>Person Responsible: Deputy COO Due: 30 Nov 2025</p>
2123	<p>Care Group – Diagnostics, Cancer and Buckland</p> <p>Accountable Executive: CSPO</p>	<p>Health and Safety Risk to staff and the potential unavailability of records at the point of need due to lack of storage space for Health Records.</p>	High (15)		Low (4)	<p>Agreement of new Retention Policy which will reduce the number of physical notes needed to store</p> <p>Person Responsible: Des Holden, CMO Due: 30 Nov 2025</p> <p>Strategy to be developed and agreed regarding the creation of new health records</p> <p>Person Responsible: Des Holden, CMO Due: 30 Nov 2025</p>



						<p>Creation of Health Records Digital Strategy</p> <p>Person Responsible: Director of Digital Transformation and Information Technology Due: 30 Nov 2025</p> <p>Intention to move Health Records under Digital team (Corporate SD – Director of Information) pending consultation. This will enable alignment with digital strategy</p> <p>Person Responsible: Managing Director of DCB Due: 30 Nov 2025</p>
2234	<p>Care Group – Diagnostics, Cancer and Buckland</p> <p>Accountable Executive: CMO</p>	Failure to meet national histopathology Turnaround Time (TAT's) to support cancer pathway	High (16)		Moderate (8)	<p>Kent and Medway Pathology Network (KMPN) Digital Histopathology & AI project to improve performance & resilience. NB: this is an adjunct to maintaining service delivery and performance and NOT all histology cases can be reported using AI. The digital pathology project is on hold at Maidstone and Tunbridge Wells NHS Trust (MTW), but validation of reporting by digital image is proceeding slowly at EKHUFT, with the breast pathologists about to enter phase 2 (live case dual reporting with digital image and microscope). Each</p>



						<p>pathologist will have to be validated for each sub-discipline they report before they can switch to digital reporting. AI roll out for assisted reporting can only follow after validation of digital reporting.</p> <p>Person Responsible: Head Biomedical Scientist Cellular Pathology Due: 31 Dec 2026</p> <p>Trust involved in discussions regarding a Kent & Medway Joint Venture. Trust to ensure areas of pressure are highlighted and worked up.</p> <p>Person Responsible: Des Holden, CMO Due: 31 Jan 2026</p>
2599	<p>Corporate – Medical</p> <p>Accountable Executive: CMO</p>	There is a risk of inadequate medical staffing levels and skills mix to meet patients' needs	High (15)		Moderate (9)	<p>Programmes to support career progression and attraction of consultant posts for long term locums becoming substantive (i.e. Certificate of Eligibility of Specialist Registration (CESR)).</p> <p>Person Responsible: Des Holden, CMO Due: 28 November 2025</p> <p>To develop and implement a standard operating procedure for recruitment for hard to recruit posts</p>




						Person Responsible: Head of People and Culture Services Due: 31 Oct 2025
2808	Care Group – QEQM	There is a risk of patient harm occurring due to delays in recognising and escalating deteriorating patients in ED due to capacity	High (15)	NEW (escalation)	Low (6)	<p>An ED specific NEWS2 SOP is being developed</p> <p>Risk score increased due to recent incidents relating to lack of escalation</p> <p>Person Responsible: Specialist Nurse Practitioner Due: 30 Nov 2025</p> <p>Participation in relevant audits relating to deteriorating patients and development and implementation of robust actions to address gaps and identified areas where improvement is needed. Audits – sepsis and deteriorating patient – ongoing.</p> <p>Person Responsible: Specialist Nurse Practitioner Due: 31 Jan 2026</p> <p>Ensuring full compliance with resus training (paediatric and adult) for all remaining staff that require it within department, in particular medical staff.</p> <p>Person Responsible: Consultant Due: 31 Dec 2026</p>
2844	Care Group – Diagnostics,	Inability to take on new patients for homecare for	High (15)	NEW	Very low (3)	Offer overtime to the home care teams to




	Cancer and Buckland	medicines due to the service exceeding its capacity to support patients and the processes involved				<p>keep invoice backlog <4 weeks.</p> <p>Person Responsible: Chief Pharmacy Technician Due: 31 Dec 2025</p> <p>Halt new oral oncology patients progressing to home care route via dispensary based on assessment of ability to attend the hospital regularly to collect prescription.</p> <p>Person Responsible: Lead Cancer Services Pharmacist Due: 31 Mar 2026</p> <p>Review income and team size in line with NMHC guidance.</p> <p>Person Responsible: Chief Pharmacy Technician Due: 31 Mar 2026</p> <p>To repatriate some home care services in-house.</p> <p>Person Responsible: Pharmacy Medicines Value Team Lead Due: 31 Mar 2026</p> <p>Consider moving staff from dispensary telemeds to home care to support patients on to home care and bring capacity into balance as well as assess impact of going in dispensary.</p> <p>Person Responsible: Chief Pharmacy Technician Due: 30 June 2026</p>
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						<p>NHS Professionals (NHSP) to support outsource screening.</p> <p>Person Responsible: Chief Pharmacy Technician Due: 31 July 2026</p> <p>Outsource screening</p> <p>Person Responsible: Pharmacy Medicines Value Team Lead Due: 31 August 26</p>
2982	Care Group – Diagnostics, Cancer and Buckland	Inappropriate medicines use within Surgical Specialities (includes variety of care groups) and insufficient supervision and support to junior pharmacy staff	High (15)	NEW	Moderate (12)	<p>Recruit to 8a vacancies</p> <p>Person Responsible: Lead Pharmacist Critical Care and Surgery Due: 1 Dec 2025</p> <p>Rotational posts to be filled when next Band 6 and 7 pharmacists rotate</p> <p>Person Responsible: Lead Pharmacist for Clinical Operations and Workforce Due: 31 Jan 2026</p> <p>External review</p> <p>Person Responsible: Des Holden, CMO Due: 31 March 2026</p>
3105	Care Group - Critical Care, Anaesthetics and Specialist Surgery Accountable Executive: CMO	Patient harm to Head and Neck cancer operations delayed or aborted due to aged Leica microvascular microscope breakdown	High (16)		Low (4)	<p>Leica Microscope trial still running with a further bid submitted. Meeting to review decisions and submission to Medical Devices Group (MDG) for consideration of funding route.</p> <p>Person Responsible: Procurement Facilitator</p>




						– Decontamination Contract Manager Due: 31 March 2026
3354	<p>Queen Elizabeth Queen Mother Care Group</p> <p>Accountable Executive: CSPO</p>	Clinical environment not fit for purpose in many areas	High (16)		Moderate (9)	<p>Working with 2gether to create a clear targeted investment list of areas required to improve environment. Currently focused on ventilation in core areas and awaiting proposal.</p> <p>Person Responsible: Managing Director Due: 31 Dec 2025</p> <p>Targeted review of heating and cooling needs across the estate to inform a focussed long-term capital investment programme</p> <p>Person Responsible: Managing Director Due: 31 Dec 2025</p> <p>Creation of a transparent system to see open estates requests and to be prioritised by triumvirate with 2gether</p> <p>Person Responsible: Ben Stevens, CSPO Due: 31 Dec 2025</p> <p>Pilot of handyman role approved by 2gether to focus on patient and staff environment improvements</p> <p>Person Responsible: Managing Director Due: 04 Dec 2025</p>



						<p>Consider external review of 2gether cleaning service to enhance standards and gain best value for money</p> <p>Person Responsible: Ben Stevens, CSPO Due: 25 Dec 2025</p>
3367	<p>Corporate Medical</p> <p>Accountable Executive: CMO</p>	Lack of timely review of diagnostic test results	Extreme (20)		Low (6)	<p>Developing the Compass technology for the Inbox on Sunrise for consultants to review and all results that are allocated to them. To trial this functionality within a team or number of users to identify any potential flaws.</p> <p>Person Responsible: Chief Clinical Information Officer Due: 30 June 2025</p> <p>Audit take place of below process. The radiology process should mirror the pathology process already in place. The failsafe is sent to the Multidisciplinary Meeting (MDM) coordinator. A copy of the results are sent to the requesting clinician. Every week a spreadsheet is generated based on specific Systematized Nomenclature of Medicine Clinical Terms (SNOMED) codes. This spreadsheet is sent to all of the MDM coordinators who will</p>





						<p>look for any new cases relevant to their specialty. The MDM coordinators will add it to the MDM list for discussion.</p> <p>Person Responsible: Consultant Radiologist Due: 31 Dec 2025</p> <p>Endoscopy Patient Tracking List (PTL) does not readily allow tracking or feedback results to the original referring clinician. The task and finish group concluded the management system needs to change to mirror imaging. This has been costed and the case will be brought by the care group.</p> <p>Person Responsible: Consultant Gastroenterology Due: 1 January 2026</p>
3384	<p>Corporate – Strategic Development & Capital Planning</p> <p>Accountable Executive: CSPO</p>	The ability to deliver safe and effective services & implement improvements across Trust estate is compromised due to financial constraints for capital funding and assets replacement	High (16)		Moderate (12)	<p>Progress to full business case for the replacement of maternity facilities at QEQM</p> <p>The Business Case continues to be developed with the new P23 partner (IHP). RIBA Stage 4 is due to complete in Dec/Jan to enable to business case to be completed and submitted to Trust and NHSE governance</p> <p>Person Responsible: Director of Strategy & Business Development Due: 31 Jan 2026</p>




3386	Care Group – Women, Children and Young People Accountable Executive: CNMO	Potential risk of inaccurate records due to Euroking back copying	High (16)	↔	Low (4)	<p>Work continues to implement MSR 2.1.1 into the Euroking Test environment to then be tested. If the testing is successful, then Trust to decide whether to move this into the live Euroking environment or stick with the current bespoke MSR. Notice to leave Magentus with the procurement of the MIS has been declared. End date of Magentus support as part of NPSA project unclear, however, Trust pushing for the mitigation to take place.</p> <p>Risk review at maternity risk meeting – no further progress with Magentus – everything that can be upgraded has been, except MSR that was rolled back.</p> <p>Person Responsible: Clinical Information Systems (CIS) Manager Due: 25 Dec 2025</p> <p>Procurement of a new Maternity IT system to ensure adequate reporting integration with current systems and patient accessibility</p> <p>Person Responsible: Deputy Director of Midwifery (DoM) Due: 15 Sep 2026</p>
3449	QEQM Care Group	There is a risk that patients who stay in ED	High (16)	↔	Low (6)	Plus 24 Standing Operating Procedure (SOP) in place and



		for over 24 hours may not receive appropriate assessment and review				<p>action to develop and audit tool and audit compliance with this, including quality of and documentation of plans of care and time patient reviewed</p> <p>Person Responsible: Operations Director – UEC QEQM Due: 31 Mar 2026</p>
3553	<p>William Harvey Hospital Care Group</p> <p>Accountable Executive: CSPO</p>	Failure of Cardiac Catheter Suite equipment (Lab 1, 2 & 3) WHH	Extreme (20)		Moderate (10)	<p>Working on solution for a new lab that will act as a decent lab initially, to be implemented by end of financial year. Further lab replacements will then be reviewed once this is completed</p> <p>Person Responsible: General Manager Due: 30 Apr 2026</p> <p>Capital across 2526 and 2627 capital programmes with expected completion of scheme Aug 26. Action and due date extended to reflect comments from Director of Strategy</p> <p>Person Responsible: Director of Strategy & Business Development Due: 31 Aug 2026</p>
3556	<p>Corporate Nursing</p> <p>Accountable Executive: CNMO</p>	Delays in delivery and personal care are resulting in an increased risk of pressure ulcers and falls occurring	High (15)		Low (6)	<p>Ongoing work at care group, board, level, and UEC Improvement Board to support flow through alternative pathways of care.</p> <p>Person Responsible: Deputy COO</p>





						<p>Due: 31 Jan 2026</p> <p>Assess progress of clinician harm reviews and associated learning remains ongoing.</p> <p>Person Responsible: Associate Medical Director</p> <p>Due: 31 Jan 2026</p> <p>Reverse boarding in place to identify patients who need recess and those who are well enough to be cared for in a non-care space. Ongoing monitoring against corridor SOP.</p> <p>Person Responsible: Head of Nursing (HoN)</p> <p>Due: 31 Jan 2026</p> <p>Fundamentals of care training to be completed by staff re-privacy and dignity. Training remains ongoing. New start as planned.</p> <p>Person Responsible: HoN</p> <p>Due: 31 Jan 2026</p>
3557	<p>William Harvey Hospital Care Group</p> <p>Accountable Executive: COO</p>	Increased length of stay for mental health patients awaiting inpatient community beds	High (16)		Moderate (9)	<p>Senior ED leads to review good practice Discharge to Assess (DTA) framework with Deputy COO that could be used for deciding whether a patient with mental health (MH) needs (and no physical health needs) should be admitted into an inpatient bed whilst awaiting an MH bed. There are some circumstances where this might be appropriate, therefore</p>




						<p>having a best practice framework would be helpful.</p> <p>Person Responsible: Deputy COO Due: 31 March 2026</p>
3691	<p>Care Group – Diagnostics, Cancer and Buckland</p> <p>Accountable Executive: CMO</p>	There is a risk to deteriorating patients at K&C due to the lack of appropriate medical cover	High (16)	NEW	Low (6)	<p>The SOP is currently being reviewed to be finalised and implemented asap.</p> <p>Person Responsible: Hospital Medical Director Due: 31 Aug 2024</p>
3700	<p>Corporate – Finance & Performance Management</p> <p>Accountable Executive: Chief Finance Officer (CFO)</p>	Failure to agree a Medium-term Financial Recovery Plan with System / Region and National Partners	Extreme (20)	↔	Moderate (12)	<p>Agreement of the Medium Term Financial Plan (MTFP) with Board, Integrated Care Board (ICB) & NHSE.</p> <p>Person Responsible: Angela van Der Lem, CFO Due: 31 Dec 2025</p>
3702	<p>Care Group – Critical Care, Anaesthetics and Specialist Surgery</p> <p>Accountable Executive: COO</p>	Delayed discharge of patients from Critical Care when medically fit to be transferred to the ward	High (16)	↔	Moderate (8)	<p>Work with site triumvirate on priority for critical care wardables to be discharged from Critical Care Implementation date changed. We care project now underway, process mapping exercise commenced to understand the responsibilities</p> <p>Person Responsible: Director of Nursing (DoN) Due: 31 Oct 2025</p>





3719	Care Group – Diagnostics, Cancer and Buckland Accountable Executive: CMO	There is a risk of patient harm from availability, delays and errors in Systemic Anti- Cancer Therapy (SACT) prescribing for adults due to system failures with the ARIA medonc system being out of date at Kent and Medway Cancer Collaborative (KMCC)	High (15)		Low (5)	New e-prescribing system to be procured and implemented across the Cancer Alliance. Digital Transformation Group leading on the work to mitigate this risk Person Responsible: Head of Operations Due: 28 Nov 2025
3725	Corporate Nursing Accountable Executive: CNMO	Risk of inadequate legal services support due to vacancies and resignations	High (16)		Moderate (12)	Legal structure agreed and approved. Recruitment to commence. Person Responsible: Director of Quality Governance (DQG) Due: 31 Dec 2025
3743	Care Group – QEQM Accountable Executive: CSPO	There is a risk that the lung function equipment will stop working due to age and servicing history	High (15)	NEW (escalation) To be reviewed by Risk Review Group 21/10/25	Low (6)	Loan kit is in place with good engineering oversight and old kit is no longer in use. The procurement process for the three pieces of kit are still with MDG to be signed off and procured. The two kits for FANET- Community Diagnostic Centre (CDC) have been ordered, but this does not mitigate this in- house risk. Person Responsible: General Manager Due: 30 Nov 2025



						<p>New equipment, which will not require manual uploads of results, has been identified. The procurement process needs to be followed and where necessary expedited. September procurement not confirmed and still reliance on loan equipment which is not networked.</p> <p>Person Responsible: General Manager Due: 30 Nov 2025</p>
3752	<p>Corporate – Nursing</p> <p>Accountable Executive: CNMO</p>	<p>There is a risk that the Trust is non-compliance with HBN 04-01 2009 as additional beds have historically been put in permanently into four bedded bays to create six bedded bays</p>	High (15)		Low (4)	<p>Recommendation to Executive to pilot removing two additional beds on three wards – decision pending Paper presented to TMC but no decision reached thus far. Review in one month.</p> <p>Decision as to possibly removing additional beds not yet confirmed. Extension due to risk transfer between leads.</p> <p>Person Responsible: Sarah Hayes, CNMO Due: 30 Nov 2025</p> <p>Undertake Trust-wide, a bed space measurement review (to be supported by DoN on each site). Plan to be agreed as to the process for doing this</p>



						Person Responsible: Deputy Chief Nurse (CN) Due: 30 Nov 2025
3764	Care Group - Women's Health Accountable Executive: CNMO	Lack of infrastructure to enable training provision to meet national requirements	High (16)		Low (4)	Pursue renewing the St Paul's House lease Lease agreement discussions underway Person Responsible: Property Services Manager Due: 30 Sep 2025
3782	Corporate – Operations Accountable Executive: COO	Overdue Appointments for Patients on the Diabetes and Endocrine Outpatients PTL	Extreme (20)		Moderate (9)	Procure additional Administration to Validate PTL to make sure that data is correct and clear any duplicates. Decision with Executive. Admin vacancies on hold. Person Responsible: Head of Operations Due: 30 April 2026 Remove a consultant from the ward to support with a second line of Validation by a Clinician to understand if any harm has come to patients and identify patients to be focused on and if any patients would be suitable to be discharged. Person Responsible: Head of Operations Due: 30 April 2026 Letter to long waiters to understand if they still need a follow up and if not discharge supported




						by the additional admin team member Person Responsible: Head of Operations Due: 30 April 2026
3799	Care Group – William Harvey Accountable Executive: COO	Insufficient capacity to deliver gastro OPA in a timely manner	High (15)	↔	Very Low (2)	Continuation of ID Medical gastro clinics being held at the weekend until December 25. Person Responsible: Head of Operations Due: 30 Nov 2025
3803	Care Group – Diagnostics, Cancer and Buckland Accountable Executive: CSPO	Risk of total failure of DartOCM	Extreme (20)	↔	Moderate (8)	Project plan in place – Trust IT, Path IT and KMPN Programme Management Office (PMO) team supporting to deliver Tactical solution by 01.12.25 Person Responsible: General Manager - Pathology Due: 01 Dec 2025
3804	Care Group – Women, Children and Young People Accountable Executive: CNMO	There is a risk to babies that they will not receive mechanical ventilation when being nursed in the Special Care Baby Unit (SCBU) transport rig	High (16)	↔	Low (6)	To purchase a transport rig that is up to date to allow spare parts to be purchased. To take to medical devices group. Person Responsible: Clinical Scientist Due: 30 Dec 2025
3810	Corporate – Nursing Accountable Executive: CNMO	Lack of capital funding to adequately maintain the estate it is not always possible to comply fully	High (16)	↔	Low (4)	




		with Health Technical Memoranda (HTM) and Health Building Note (HBN) standards which enable prevention control measures including cleaning and ventilation				
3830	Care Group – Women, Children and Young People Accountable Executive: CNMO	Demand for maternity services will exceed the current environmental and community capacity required	High (16)	NEW	Low (4)	<p>Rotation of midwifery staff into community settings.</p> <p>Person Responsible: Head of Midwifery and Gynaecology Due: 31 March 2026</p> <p>Review of community staffing rotas.</p> <p>Person Responsible: Head of Midwifery and Gynaecology Due: 31 March 2026</p>
3833	Care Group – QEQM Accountable Executive: CSPO	Lack of Health and Safety Oversight Impacting Safety Culture	High (16)	↔	Low (6)	<p>Pro-active review of Health and Safety Training and Assessment (HASTA) prep quarterly ahead of audits to ensure compliance. Improved results. Will close if consistent by Christmas.</p> <p>Person Responsible: Nurse Due: 31 Dec 2025</p> <p>Site wide Health & Safety (H&S) audit to</p>




						<p>determine investment plan for 2026.</p> <p>Person Responsible: Managing Director Due: 31 Dec 2025</p> <p>Bed store proposal completed and awaiting review at Capital Investment Committee.</p> <p>Person Responsible: Managing Director Due: 31 Dec 2025</p> <p>Site-wide H&S audit to determine investment plan for 2026.</p> <p>Person Responsible: Managing Director Due: 31 Dec 2025</p> <p>Site security walk-around completed in the investment plan to be submitted to Trust Security Group for discussion strike agreement.</p> <p>Person Responsible: Managing Director Due: 31 Dec 2025</p>
3837	<p>Corporate Finance and Performance Management</p> <p>Accountable Executive: CFO</p>	25-26 System delivery of the Financial Position	Extreme (20)		Moderate (12)	<p>Twice monthly Financial Improvement Programme Board.</p> <p>Person Responsible: Director of Finance Due: 31 March 2026</p> <p>Monthly reporting into the Trust's Finance and Performance Committee and Trust Board.</p>





						Person Responsible: Angela Van der Lem, CFO Due: 31 March 2026
3838	Corporate Finance and Performance Management Accountable Executive: CFO	Failure to deliver the Trust Financial Plan for 25/26	High (16)		Moderate (12)	Mitigating actions will need to be taken if the Trust moves away from plan mid-year. Person Responsible: Director of Finance Due: 31 March 2026 Delivery of workforce headcount reductions (25/26) Person Responsible: Norman Blissett, CPO Due: 31 March 2026
3840	Care Group – Kent & Canterbury and Royal Victoria	There is a risk that patients are coming to harm, dying and having cancer treatment delayed or not commenced due to a breakdown in the surveillance, monitoring and escalation through the urology cancer pathways.	High (15)	NEW	Low (5)	Patients on a non Referral to Treatment (RTT) pathway Working Group - AI solution to be explored. Person Responsible: General Manager Due: 20 Nov 2025 Business case/bid for urology pathway coordinator 3x band 3s, 2x Clinical Nurse Specialist (CNS) and 1x pathway navigator. Person Responsible: General Manager Due: 20 Nov 2025 Development of oncology tracker identified to assist with staging and follow-up.




						<p>Person Responsible: General Manager</p> <p>Due: 20 Nov 2025</p> <p>Recruitment of urology secretaries to meet the demands of the service may need to be taken to BCP.</p> <p>Person Responsible: General Manager</p> <p>Due: 20 Dec 2025</p>
3874	<p>Corporate – Operations</p> <p>Accountable Executive: COO</p>	<p>Risk of patient harm and poor patient experience due to non-RTT follow up backlog</p>	<p>High (15)</p>		<p>Low (6)</p>	<p>Data Algorithm Implementation</p> <p>Person Responsible: Deputy Director of Information</p> <p>Due: 30 Sep 2025</p> <p>Risk stratification by clinical teams to identify high risk cohorts for escalation and review</p> <p>Person Responsible: Dan Gibbs, COO</p> <p>Due: 30 Sept 2025</p> <p>Review and relaunch of all training materials and implementation of awareness and training sessions for operational and administrative staff</p> <p>Person Responsible: Director of Planned Care Recovery</p> <p>Due: 30 Sep 2025</p> <p>Utilisation of existing administrative staff for validation</p>



						<p>Person Responsible: Dan Gibbs, COO Due: 31 Dec 2025</p> <p>Following Risk Stratification for each cohort (and after validation to establish volume of patients per cohort) consider cost option and draft business case if required</p> <p>Person Responsible: Director of Planned Care Recovery Due: 31 Dec 2025</p> <p>Receive quotes from external validation companies re temporary validation workforce and automated AI solutions to clear low risk backlog</p> <p>Person Responsible: Director of Planned Care Recovery Due: 31 Dec 2025</p>
3875	<p>Critical Care, Anaesthetics and Specialist Surgery Care Group</p> <p>Accountable Executive: CNMO</p>	Unable to safely staff theatres across the three sites due to high vacancy levels	High (16)		Low (6)	<p>Posts to be approved on TRAC and recruited to</p> <p>Person Responsible: DoN Due: 30 Sep 2025</p>
3867	Critical Care, Anaesthetics and Specialist Surgery Care Group	Inability to safely staff all three critical care units due to current vacancies within	High (16)		Low (6)	<p>Posts to be approved on TRAC and recruited to</p> <p>Post now out and advertised. Interviews to take place.</p>



	Accountable Executive: CNMO	the nursing establishment				Recruitment still to take place. Person Responsible: Head of Nursing for Perioperative Services Due: 31 Oct 2025
3866	Corporate – People and Culture Accountable Executive: CPO	Risk of inability to deliver Cost Improvement Programme (CIP) due to not achieving planned workforce reductions	High (16)		Moderate (9)	Delivery of planned workforce headcount reductions 2526 Person Responsible: Norman Blissett, CPO Due: 31 Mar 2026
3889	Diagnostics, Cancer and Buckland Care Group Accountable Executive: CMO	Risks to patient safety and service delivery, due to significant workforce shortages in Microbiology.	High (16)	NEW	Moderate (8)	Locum Biomedical Scientist (BMS) workforce to fill vacancies until filled substantively. Person Responsible: General Manager Pathology Due: 31 Oct 2026 Prepare a business case for approval of additional staffing to run a safe AFC-compliant 7-day service. Person Responsible: Head Biomedical Scientist Due: 31 Dec 2025 Implement action plan of tasks or tests to stop, which will include demand management/vetting for duplicate serology tests, reducing meetings and reports, preparing blood culture collection kits, refer antifungal susceptibility testing and



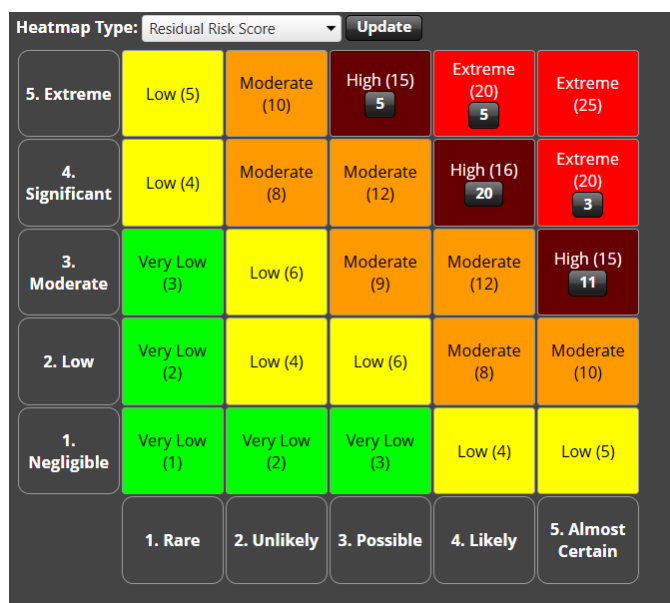
						<p>galactomannan tests externally.</p> <p>Person Responsible: Head Biomedical Scientist Due: 30 Jan 2026</p> <p>Business case approval for staffing positions (1.0 band 5, 1.0 band 3) to continue with East Sussex Sexual Health contract to maintain income.</p> <p>Person Responsible: General Manager Pathology Due: 27 Feb 2026</p> <p>Staff consultation approval of final option to stop AFC-compliant 7-day working temporarily to significantly reduce TOIL Pay protection may be needed.</p> <p>Person Responsible: General Manager Pathology Due: 31 Mar 2026</p>
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3.6 The below table shows the risk register entries by clinical or corporate care group and residual risk score. All Significant Risks have been allocated an Accountable Executive.

Care Group	Residual Risk Score				Total
	15	16	20	25	
CCASS CG		4			4
DCB CG	6	2	2		10
K&C CG	1	1			2
QEQM CG	2	2			4
WHH CG	1	1	2		4
WCYP CG		4			4
Corporate Medical	1	1	1		3



Corporate Nursing	2	2			4
Corporate Operations	1	1	1		3
Corporate Strategic Development	1	1			2
Corporate Finance		1	2		3
Corporate Services					0
Corporate People and Culture	1	1			2
TOTAL	16	21	8	0	44
CHANGE SINCE LAST REPORT	+2	-1	0	0	0



4. Changes since the last report

4.1 New or escalated risks approved for inclusion on the Significant Risk Report since last report

There are six significant risks approved by the Risk Review Group since the last Board of Directors report. These are listed below:

- Inability to take on new patients for homecare for medicines due to service exceeding capacity to support patients and the processes involved (risk ref: 2844). DCB Care Group. Residual risk rating 15 (high).
- Risk that demand for maternity services will outstrip current acute and community capacity (risk ref: 3830). WCYP Care Group. Residual risk rating 16 (high).
- There is a risk to deteriorating patients at K&C due to lack of appropriate medical cover (risk ref: 3691). KCRVH Care Group. Residual risk rating 16 (high) from 12 (moderate).
- There is a risk that patients are coming to harm, dying and having cancer treatment delayed or not commenced due to a breakdown in the surveillance, monitoring and escalation through the urology cancer pathway (risk ref: 3840). KCRVH Care Group. Residual risk rating 15 (high). From 10 (moderate).
- Risks to patient safety and service delivery due to significant workforce shortages in microbiology (risk ref: 3889). DCB Care Group. Residual risk rating 16 (high).
- Inappropriate medicines use within surgical specialties (includes multiple care groups) and insufficient supervision and support to junior pharmacy staff (risk ref: 2982) DCB Care Group. Residual risk rating 15 (high).

4.2 Closure of risk or de-escalation from the Significant Risk Report

The following risks has been closed or de-escalated since the last Board report.



- Staffing mix and experience impact on the ability of the Care Group to provide services to paediatric patients in line with the Royal College of Paediatrics and Child Health (RCPCH) standards (risk ref: 1628). WHH Care Group. Previous residual risk rating 16 (high). Closed 27 October 2025.
- Risk of patient harm and treatment due to unreported Accident & Emergency (A&E) chest x rays (risk ref: 2158). DCB Care Group. Previous residual risk rating 16 (high). Closed 27 October 2025.
- Privacy and dignity will be adversely affected when patients are treated in non-care spaces (risk ref: 1831). QEQM Care Group. Residual risk rating 15 (high). Agreed that there should be one corporate risk as this risk impacts WHH and QEQM sites. Open actions associated with this risk transferred to risk 3556. Closed 31 October 25.
- Delay to patient diagnosis from potential loss of Nuclear Medicine service at WHH (risk ref: 2406). DCB Care Group. Residual risk rating 16 (high). Closed 13 October 25.
- There is a risk that patients will be under dialysed due to slot limitation increasing risk of harm events and increased risk of admissions to hospital/Intensive Therapy Unit (ITU) (risk ref: 2853) KCRVH Care Group. Risk downgraded from 16 (high) to 12 (moderate) on 17 October 2025.
- Risk of flooding due to inadequate maintenance of drainage causing delays in diagnostics and patient health outcomes for multiple care pathways (risk ref: 3849) DCB Care Group. Risk downgraded from 16 (high) to 12 (moderate) on 15 October 2025.

5. Escalations from Risk Review Group

- 5.1** There were no escalations from the meeting but Care Group and Corporate leads were asked to ensure that all risks are up to date – with significant risks reviewed at a minimum monthly. Care Groups were also asked to ensure they are reviewing the monthly emerging risk report via their Care Group governance meetings

6. Conclusion

- 6.1** The Board of Directors is asked to receive the Significant Risk Report for assurance purposes and for visibility of the key risks facing the organisation.

