

Appendix 1: BAF Quarterly Dashboard

BAF QUARTERLY SUMMARY - 19 February 2026

Risk Ref	Current Risk Score	Target Risk Score	Quarterly Movement in Risk Score	Risk Description	Lead Executives	Board Monitoring Committee
858	12	6		If the trusts EPR is not being actively developed Then there is a strategic risk to the organisation as the EPR may not support corporate objectives, impacting productivity, clinical safety, benefits realisation, and overall ambitions for data as part of the digital strategy Ultimately leading to loss of competitive advantage for the organisation and potential patient safety issues	Andy Raynes	Performance Committee
1021	20	16		"IF" the trust is underprepared for a digital related outage and/or lacks resilience to recover from a digital incident. "THEN" the risk of the trust instigating a Business Continuity or Critical incident increases. "ULTIMATELY" This event could cause impact on accessing systems (clinical and nonclinical) causing disruption at an organisation level that leads to delay in providing patient care due to system availability. Disruption will impact not only an organisation level but regional and national levels. The impact may last for a prolonged period, necessitating cancellations and delays to all aspects of patient care, which could lead to staff burnout. Additionally, it poses a risk to the Trust's reputation, in the patient care that can be given and in rare cases even loss of life and extensive time and cost to recover.	Andy Raynes	Performance Committee
2829	20	8		IF the Trust is not able to achieve financial balance in the current year and beyond THEN the Trust may be subject to regulatory action which will impact on the Trust's ability to provide high quality, sustainable services to patients now and in the future, and may limit the Trust's ability to invest to support its strategic priorities.	Liz Sanford	Performance Committee
2904	16	12		IF the ICS is not able to deliver the scale of financial improvement required in order to achieve breakeven financial performance in the current year and beyond, THEN the ICS and Trust may be subject to regulatory action and potential funding flow changes which could impact on the Trust and ICS's ability to provide high quality sustainable services to patients now and in the future	Liz Sanford	Performance Committee
2985	10	10		IF the Trust is reliant on key suppliers to deliver commissioner requested services THEN the Trust has a higher likelihood of being exposed to financial and service delivery risks.	Liz Sanford	Performance Committee
3649	12	8		IF the Trust does not fully adopt sustainable development approaches into its culture and all aspects of its operations, THEN it may not achieve its required contribution to NHS Net Zero, ULTIMATELY meaning that the Trust fails to fulfil its role to society and the community that it serves and that it will be insufficiently prepared to adapt to the impact of climate change upon the future patterns of healthcare and the physical	Liz Sanford	Performance Committee
3709	12	9		IF we fail to build relationships with wider system partners THEN patients will not get care in a timely, effective and efficient way ULTIMATELY resulting in poorer outcomes and the wasting of resources.	Tim Glenn	Strategic Projects Committee
3711	10	6		IF we fail to innovate THEN we will not realise our ambition to lead nationally and internationally, nor expand our impact locally and regionally ULTIMATELY that will fail to maximise the additional quality added life years that our interventions make.	Tim Glenn	Strategic Projects Committee
3725	20	9		IF the Trust is unable to access a sufficient capital envelope to meet its short and medium term capital requirements, THEN it may not be able to invest in critical service infrastructure or infrastructure that supports innovation and strategic development RESULTING in an inability to deliver against its strategic priorities, provide a high quality working environment and deliver safe patient care.	Liz Sanford	Performance Committee
3730	12	6		IF there are no safe systems and practices in place THEN this could lead to patient harm, increased length of stay and poor trust performance, loss of reputation, reduced CQC ratings and potential financial penalties.	Maura Screamon/Ian Smith	Quality and Risk Committee
3731	9	6		IF effective and evidence-based care is not delivered THEN this could impact clinical patient outcomes and experience, poor service delivery and trust performance, loss of reputation, reduced CQC ratings and potential financial penalties.	Maura Screamon/Ian Smith	Quality and Risk Committee
3732	15	12		IF we do not develop and embed an inclusive leadership culture THEN ULTIMATELY , we risk negatively impacting staff engagement and failing to address the discrimination, bullying, abuse and violence, including sexual abuse, that exists in the organisation.	Oonagh Monkhouse	Workforce Committee
3733	16	9		IF the Trust does not have an affordable workforce plan and delivery plan that is integrated with operational and financial planning ULTIMATELY we may fail to secure a pipeline of appropriately skilled staff and/or deploy staff in the most effective manner.	Oonagh Monkhouse	Workforce Committee
3873	12	8		IF the Trust fails to effectively and productively manage its clinical capacity in a way that ensures timely access for patients referred to Royal Papworth for elective, emergency, cancer and or diagnostic services THEN this could result in unsafe, untimely and uneconomical care impacting negatively on patient outcomes and performance standards ULTIMATELY leading to delayed care and treatment, potential patient harm, increase in patient dissatisfaction and potential regulatory intervention.	Harvey McEnroe	Performance Committee

Dec-25	Jan-26	Feb-26
		12
20	20	20
20	20	20
16	16	16
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12	12	12
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20	20	20
12	12	12
9	9	9
12	15	15
16	16	16
12	12	12