

Board of Directors' Meeting 6 May 2021

Agenda item	107/21			
Report	Risk Management Report (Q4)			
Executive Lead	Director of Governance and Communications			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	
	Our people	√	Effective	
	Our service delivery	√	Caring	
	Our partners	√	Responsive	
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	All BAF risks	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting			
	For information			
	For consent			
Presented to:	Senior Leadership Committee – Operational (monthly basis) Chief Executive Team Meetings			
Dependent upon (if applicable):				
Executive summary:	<p>In conjunction with presentation of the BAF as a previous item, a summary of the high level risk register is presented herewith, showing all risks with an inherent risk score of 15 and above, as at the end of Q4 2020/21.</p> <p>As this is the position at end of Q4 2020/21, the register also shows the year end position as at 31 March 2021.</p> <p>Oversight by the executive team has taken place, in conjunction with our teams to understand and support further mitigation of risks, and this will continue.</p> <p>In conjunction with the work completed on the 2021/22 risk appetite, with support from our internal auditors, further work will be undertaken to ensure that a robust risk management process continues to be developed.</p>			
	Appendix A - Operational Risk Register, high level scores, Q4 Appendix B – Trust Risk Appetite, 2021/22			

1.0 Operational Risk Register (with scores of 15 and above)

- 1.1 As board members will be aware, Kevin Street, former Risk Management Consultant, undertook a review of the Trust's Risk Management processes and structure during the second quarter of 2020. Now that Mr Street has left the organisation, that work continues to progress, in alignment with the work progressing on the BAF.
- 1.2 The high level operational risk register will be presented to the Board on a quarterly basis, alongside the BAF.
- 1.3 The Executive Risk Management Committee has continued to meet, but a former Operational Risk Management Committee was stood down (purposely) some 12 months ago. However, is intended that this latter committee be re-introduced as its loss had not afforded the Trust-wide forum for discussion of the type of risks presented herewith, other than within divisional teams, thus leading to the potential for silo working. It is essential that our divisional teams understand the risks which may affect not only their division, but other areas of the Trust.
- 1.4 Risk Management training is to be rolled out across the Trust with milestones in place to ensure that all of our leaders understand the role of our risk management processes, and to provide a consistent method of risk scoring – which will be supported by the use of a Trust-wide risk appetite matrix.
- 1.5 2021/22 will see more improvements in the form of Trust-wide communications to highlight the improvements being made in our risk management processes, increased engagement with our teams to reduce the potential for escalation to avoid accountability, and multi-disciplinary forums to support constructive but supportive challenge.
- 1.6 A summary of the Q4 high level operational risk scores, and therefore end of 2020/21, is provided at appendix A.

2.0 Risk Appetite for 2021/22

- 2.1 With facilitation by the Trust's internal auditors, the Board members discussed the Trust's proposed risk appetite for 2021/22. A copy of the outcome is provided at appendix B. This will be included in the revised Risk Management Policy, to be brought to board next month.

3.0 Conclusion

- 3.1 The Board is asked to take assurance from this report, recognising that our risk management framework is in place, but that work will continue to make this more robust.

Anna Milanec
Director of Governance and Communications
April 2020

Appendix A

Summary High Level Operational Risks as at 31 March 2021

Record Ref	Created Date	Risk Area	Sub Risk Area	Risk Category	Risk Title	Inherent Impact Value	Inherent Likelihood Value	Inherent Matrix Value	Residual Impact Value	Residual Likelihood Value	Residual Matrix Value	Updated Date
949	2015-01-20	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Clinical	Non compliance with Critical Care Standards (GPICS) for 24/7 Consultant Intensivist Cover at PRH (CQC Section 29A in place)	5	5	25	5	4	20	2021-03-04
105	2009-03-31	2b Medicine and Emergency Care Division	Emergency Assessment	Patient Flow	Department overcrowding & Ambulance Offload delays	5	5	25	5	4	20	2021-03-12
1586	2019-05-10	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Workforce	Consultant Anaesthetists cover at PRH	5	5	25	5	4	20	2021-03-18
1620	2019-08-14	2f Radiology Centre	Radiology Service	Informatics	NPSA Safety alert 16: Early Identification of failure to act on Radiological Imaging Reports	5	5	25	5	4	20	2021-03-17
1642	2019-09-23	2a Surgery, Anaesthetics and Cancer Division	Surgery	Booking and Access	RTT for all surgical specialities	4	5	20	4	5	20	2020-11-02
1313	2017-11-30	2g Therapies Centre		Clinical	Risk to patient safety from inpatient therapy workforce falling below safe staffing levels	4	5	20	4	5	20	2021-03-10
1899	2020-09-11	2a Surgery, Anaesthetics and Cancer Division	MSK	Clinical	Risk to elective orthopaedic patients who are awaiting surgery	4	5	20	4	5	20	2021-03-05
1898	2020-09-08	2g Therapies Centre		Clinical	Therapy Services do not comply with the national staffing requirements leading to compromised sub-standard care to neonatal and paediatric inpatients	4	5	20	4	5	20	2021-03-04
1707	2019-12-05	2f Radiology Centre	Radiology Service	Informatics	Risk of delayed diagnosis or incorrect clinical management of patients created by duplicate electronic patient records (results being allocated to an incorrect patient record related to the same of different patient).	4	5	20	4	5	20	2020-12-07
1671	2019-11-07	2a Surgery, Anaesthetics and Cancer Division	Surgery	Patient Flow	Mixed sex breaches SAU clinic	4	5	20	4	5	20	2021-01-20
807	2013-10-31	2a Surgery, Anaesthetics and Cancer Division	Scheduled Care Management Team	Workforce	Failure to recruit nurses to fill Trust-wide vacancies and short-term staffing issues including Theatres (scheduled care)	5	4	20	5	4	20	2021-03-05
1783	2020-04-07	2i COVID-19		Clinical	Covid19 - Risk of not being able to see priority cancer or other urgent patients due to Covid19	5	5	25	4	4	16	2021-03-31
1789	2020-04-07	2i COVID-19		Clinical	Covid19 - Effect of Pandemic surges and limited capacity leading to delays in treatment for elective patients (including screening programmes) and cancer and other life threatening conditions that cannot be diagnosed and treated.	5	5	25	4	4	16	2021-03-31

Record Ref	Created Date	Risk Area	Sub Risk Area	Risk Category	Risk Title	Inherent Impact Value	Inherent Likelihood Value	Inherent Matrix Value	Residual Impact Value	Residual Likelihood Value	Residual Matrix Value	Updated Date
1779	2020-04-07	2i COVID-19		Clinical	Covid19 - Delay of cancer surgical treatment and diagnosis in face of overwhelming Pandemic surge.	5	5	25	4	4	16	2021-03-31
1871	2020-06-30	2b Medicine and Emergency Care Division	Diabetes and Endocrine	Clinical	There is a risk of patient harm due to the lack of clinical capacity to deliver Diabetic Foot Clinics	4	5	20	4	4	16	2021-02-19
1236	2017-07-04	2a Surgery, Anaesthetics and Cancer Division	Ophthalmology	Workforce	Risk to provision of ophthalmology service due to shortage of consultant medical staff for key specialists	4	5	20	4	4	16	2021-03-09
1733	2020-01-09	2c Women and Children's Division	Obstetrics & Midwifery	Business Continuity	Risk of the Maternity Service not implementing sustainable Continuity of Carer models of care	4	5	20	4	4	16	2021-02-15
1949	2020-10-23	2c Women and Children's Division	Paediatrics & Neonatology	Business Continuity	Impact of vulnerable Paediatric Radiology Service on the provision of Paediatric services at SaTH.	4	5	20	4	4	16	2021-03-25
1889	2020-08-21	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Workforce	Inability to recruit anaesthetic theatre practitioners to fill vacancies	5	4	20	4	4	16	2021-03-22
1966	2020-11-27	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Business Continuity	Issues that affect flow, efficiency and patient safety in Cepod/ Trauma lists matt	4	5	20	4	4	16	2020-11-27
1872	2020-07-01	2b Medicine and Emergency Care Division	Respiratory	Clinical	Insufficient Medical workforce to meet demand within Respiratory including lung cancer	4	5	20	4	4	16	2020-12-18
1468	2018-08-23	2a Surgery, Anaesthetics and Cancer Division	Surgery	Business Continuity	Urology Demand & Capacity Mismatch. Significant Work Force Challenge	4	5	20	4	4	16	2021-01-26
1428	2018-07-17	2b Medicine and Emergency Care Division	Medicine Management	Estate & Infrastructure	Ward kitchen areas in wards 15/16, 10/11, 8/9 and 6/7 and AMU RSH are not fit for purpose	4	5	20	4	4	16	2021-03-31
1699	2019-11-25	2d Pathology Centre		Training	Inadequate governance of point of care testing (POCT) within SaTH	4	5	20	4	4	16	2021-02-17
1971	2020-12-08	2f Radiology Centre		RTT	Failure to comply with DM01 standard and meet phase 3 recovery standard of 100% of last year's MRI/CT activity by October 2020	4	5	20	4	4	16	2021-03-10
1493	2018-10-18	2e Pharmacy Centre		Clinical	National shortages of Critical Care medicines	4	5	20	4	4	16	2021-01-20
1825	2020-05-06	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Patient Flow	DSU PRH, escalation and safeguarding concerns	4	5	20	4	4	16	2020-11-19
1953	2020-11-02	2g Therapies Centre		Workforce	Lack of space in the therapy base at RSH	4	5	20	4	4	16	2021-02-04
1084	2016-04-11	2a Surgery, Anaesthetics and Cancer Division	Ophthalmology	Booking and Access	Ophthalmology patients waiting longer than the recommended follow up time may come to harm (past maxs to wait)	4	5	20	4	4	16	2021-03-09
984	2015-06-17	2g Therapies Centre		Workforce	Therapy Care Group inability to meet national clinical quality standards, guidelines and service specifications	4	5	20	4	4	16	2021-03-04

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1964	2020-11-20	2a Surgery, Anaesthetics and Cancer Division	Surgery	Clinical	Bridgnorth SLA - cystoscopy capacity linked to cancer pathway	4	5	20	4	4	16	2021-03-18
1571	2019-04-15	2b Medicine and Emergency Care Division	Unscheduled Care Management Team	Workforce	Registered Nurse Vacancies within USC medicine	4	5	20	4	4	16	2021-03-31
1796	2020-04-14	2b Medicine and Emergency Care Division	Unscheduled Care Management Team	Clinical	Affect of Covid 19 on RTT services (Cardiology, Diabetes, Endocrine, Stroke, and CoE)	4	5	20	4	4	16	2021-01-14
1413	2018-06-19	2b Medicine and Emergency Care Division	Renal	Clinical	There is a risk of patient harm due to insufficient Renal dialysis capacity	4	5	20	4	4	16	2021-02-26
1797	2020-04-15	2b Medicine and Emergency Care Division	Unscheduled Care Management Team	Clinical	There is a risk of a negative affect on service delivery on Medical Wards due to the Covid 19 pandemic	4	5	20	4	4	16	2021-02-15
1706	2019-12-04	2a Surgery, Anaesthetics and Cancer Division	Scheduled Care Management Team	Patient Flow	No Surgical Admissions Lounge/Area at the PRH site	4	5	20	4	4	16	2021-02-05
1888	2020-08-21	2b Medicine and Emergency Care Division	Diabetes and Endocrine	Estate & Infrastructure	There is a risk of patient harm due to a lack of capacity to facilitate group sessions for diabetic pump users	4	5	20	4	4	16	2021-02-19
532	2012-04-23	2d Pathology Centre		Informatics	Amended Reports not Updating on Review	4	5	20	4	4	16	2021-02-17
1907	2020-09-24	2a Surgery, Anaesthetics and Cancer Division	Surgery	Equipment (clinical)	EUS ultrasound platform	4	4	16	4	4	16	2021-02-01
1212	2017-05-31	2a Surgery, Anaesthetics and Cancer Division	Oncology and Haematology	Booking and Access	Haematology 24 Hour triage service - inferior to Oncology service lack of capacity	4	4	16	4	4	16	2021-03-01
1635	2019-09-13	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Security	Multiple Keys to access medicine cupboard impacting medicines security in Critical Care Departments.	4	4	16	4	4	16	2021-03-04
853	2014-02-28	2f Radiology Centre	Fluoroscopy	Radiology / Radiotherapy Equipment	RSH Vascular Lab	4	4	16	4	4	16	2021-03-17
2025	2021-03-05	2a Surgery, Anaesthetics and Cancer Division	Oncology and Haematology	Clinical	Lack of side room capacity on Ward 23	4	4	16	4	4	16	2021-03-05
2006	2021-02-01	2e Pharmacy Centre		Workforce	Inability to recruit to Specialist Pharmacist for Paediatrics and Neonates Post	4	4	16	4	4	16	2021-03-01
1401	2018-06-11	2e Pharmacy Centre		Informatics	Radiopharmacy Computer programme	4	4	16	4	4	16	2021-01-20

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1329	2018-01-22	2e Pharmacy Centre		Informatics	Trust is non-compliant with requirements for Electronic prescribing and medicine administration (EPMA) system	4	4	16	4	4	16	2021-01-20
955	2015-02-25	2c Women and Children's Division	Paediatrics & Neonatology	Clinical	Access to Mental health services out of hours CAMHS	4	4	16	4	4	16	2021-01-07
1975	2020-12-08	2c Women and Children's Division	Gynaecology and Fertility	Workforce	Insufficient Staffing - Gynae-oncology Clinical Nurse Specialist (CNS)	4	4	16	4	4	16	2020-12-08
672	2012-12-04	2c Women and Children's Division	Gynaecology and Fertility	Informatics	Fertility Database not compliant and not supported by IT	4	4	16	4	4	16	2021-02-15
1948	2020-10-23	2c Women and Children's Division	Centre wide	Miscellaneous	Delayed case review investigations due to a lack capacity for investigators to undertake investigations	4	4	16	4	4	16	2021-02-26
1976	2020-12-08	2c Women and Children's Division	Centre wide	Workforce	W&C Care Group Structure is not sufficient in terms of breath an depth to offer adequate management of services to ensure effective business delivery and Improvement	4	4	16	4	4	16	2021-02-15
1419	2018-06-29	2a Surgery, Anaesthetics and Cancer Division	Ophthalmology	Workforce	Paediatric Ophthalmology Service	4	4	16	4	4	16	2021-03-09
1788	2020-04-07	2i COVID-19		Clinical	Covid19 - Effect of prolonged stress on staff during Covid19 pandemic	4	4	16	4	4	16	2021-03-26
626	2012-08-20	2b Medicine and Emergency Care Division	Emergency Assessment	Workforce	Lack of a sustainable Consultant workforce	5	5	25	5	3	15	2021-03-11
1208	2017-05-23	2d Pathology Centre		Clinical	Failure to meet national standards for histopathological reporting of lymphomas / Risk of incorrect diagnosis	5	5	25	5	3	15	2020-12-22
881	2014-07-03	2b Medicine and Emergency Care Division	Emergency Assessment	Workforce	There is an increased likelihood of patient harm due to insufficient consultant cover within the acute medicine service	5	5	25	5	3	15	2021-04-01
1557	2019-03-01	2a Surgery, Anaesthetics and Cancer Division	Ophthalmology	Clinical	Inability to access drugs at the point of need means the one stop service is at risk	5	5	25	5	3	15	2021-03-09
1122	2016-08-30	2b Medicine and Emergency Care Division	Emergency Assessment	Workforce	Lack of sustainable senior doctor workforce	5	5	25	5	3	15	2021-03-11
1996	2021-01-14	2b Medicine and Emergency Care Division	Respiratory	Clinical	Significant staffing and equipment challenges on the COVID wards	5	4	20	5	3	15	2021-01-15
1927	2020-10-08	2b Medicine and Emergency Care Division	Respiratory	Clinical	Respiratory patients who have been screened negative for COVID and shielded as per NICE guidelines (NG179) are being brought in to an amber area for their lung biopsies in Radiology at PRH & RSH	5	4	20	5	3	15	2020-12-18

Record Ref	Created Date	Risk Area	Sub Risk Area	Risk Category	Risk Title	Inherent Impact Value	Inherent Likelihood Value	Inherent Matrix Value	Residual Impact Value	Residual Likelihood Value	Residual Matrix Value	Updated Date
1712	2019-12-15	2b Medicine and Emergency Care Division	Emergency Assessment	Clinical	Patients over the age of 18 not receiving initial assessment within 15 minutes	5	4	20	5	3	15	2021-02-12
1649	2019-09-26	2f Radiology Centre	Radiology Service	Clinical	Management of Governance within Radiology	5	4	20	5	3	15	2021-03-17
1916	2020-10-02	2b Medicine and Emergency Care Division	Cardiology	Workforce	There is an increased likelihood of patient harm due to insufficient consultant cover within cardiology workforce	5	4	20	5	3	15	2021-03-29
1650	2019-09-26	2f Radiology Centre	Radiology Service	Informatics	Potential Security Breach Due to a Lack of a Segregated IT Network for Radiology/Imaging Equipment	5	4	20	5	3	15	2020-12-07
1658	2019-10-24	2d Pathology Centre		Miscellaneous	Laboratory labelling errors leading to misdiagnosis in Cellular Pathology	5	4	20	5	3	15	2021-02-17
1491	2018-09-28	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Workforce	Use of labour ward anaesthetic cover to in elective sections list resulting in no cover for potential labour ward emergencies	5	4	20	5	3	15	2021-03-22
1885	2020-07-23	2b Medicine and Emergency Care Division	Unscheduled Care Management Team	Clinical	The Medicine Specialties are not able to implement the Trust Operational Policy for Clinical Validation and as a result there is potential for patient harm	5	4	20	5	3	15	2021-01-12
1925	2020-10-06	2b Medicine and Emergency Care Division	Respiratory	Clinical	Respiratory patients who have been screened negative for COVID and shielded as per NICE guidelines (NG179) are being brought in to an amber area for their Bronchoscopy procedure at PRH	5	4	20	5	3	15	2020-12-18
2001	2021-01-20	2a Surgery, Anaesthetics and Cancer Division	Head & Neck	Decontamination	Inability to decontaminate ENT nasendoscope volumes to meet demand.	5	4	20	5	3	15	2021-01-20
2024	2021-03-04	2g Therapies Centre		Clinical	Lack of resources to deliver access to Video-fluoroscopy for routine Speech & Language Therapy outpatients.	4	5	20	3	5	15	2021-03-04
1220	2017-06-02	2b Medicine and Emergency Care Division	Cardiology	RTT	There is a significant risk of delayed patient care in the Cardiology Outpatient Service	5	4	20	5	3	15	2021-03-29
1993	2021-01-11	2a Surgery, Anaesthetics and Cancer Division	Surgery	Clinical	DSU Crash bells	4	5	20	3	5	15	2021-02-23
1768	2020-03-18	2c Women and Children's Division	Paediatrics & Neonatology	Workforce	Paediatric Nurse staffing levels do not meet the Unit's template or the RCN safer staffing standards	3	5	15	3	5	15	2021-03-25
1631	2019-08-29	2a Surgery, Anaesthetics and Cancer Division	Oncology and Haematology	Patient Flow	Late plans in Radiotherapy	5	3	15	5	3	15	2020-08-20
1979	2020-12-08	2c Women and Children's Division	Centre wide	Workforce	Insufficient Ward Clerk Hours	3	5	15	3	5	15	2021-02-15

Record Ref	Created Date	Risk Area	Sub Risk Area	Risk Category	Risk Title	Inherent Impact Value	Inherent Likelihood Value	Inherent Matrix Value	Residual Impact Value	Residual Likelihood Value	Residual Matrix Value	Updated Date
1407	2018-06-12	2a Surgery, Anaesthetics and Cancer Division		Estate & Infrastructure	Pre-operative assessment area at PRH	3	5	15	3	5	15	2020-10-01
1997	2021-01-18	2a Surgery, Anaesthetics and Cancer Division	Head & Neck	Estate & Infrastructure	No ventilation to AGP clinic room at RSH	3	5	15	3	5	15	2021-01-28
816	2013-11-26	2f Radiology Centre	Fluoroscopy	Workforce	Interventional Radiology Service Out-of-Hours	5	3	15	5	3	15	2021-03-17
1209	2017-05-23	2d Pathology Centre		Patient Flow	Phlebotomy - capacity	5	3	15	5	3	15	2021-03-02
1637	2019-09-18	2a Surgery, Anaesthetics and Cancer Division	Anaesthetics, Theatres & Critical Care	Clinical	Drug shortages on labour ward - clinical risk	3	5	15	3	5	15	2019-11-04

Appendix B

Risk Appetite Statement 2021/2022

The Shrewsbury and Telford Hospital NHS Trust is committed to improving the health and wellbeing of the people of Shropshire, Telford & Wrekin and providing the best possible healthcare now and in the future. It has set itself a challenging transformation agenda that will deliver its vision of providing excellent care for the communities it serves and is committed to transforming care and strengthening its services by encouraging improvement, innovation, and a collaborative approach.

This statement sets out the Trust's strategic approach to risk-taking by defining its risk appetite thresholds. It is an iterative document that will be reviewed at least annually and modified, so that any changes to the organisations strategies, objectives or its capacity to manage risk are properly reflected. The risk appetite will also be reviewed if there are actual or proposed significant changes to the local healthcare environment. It will be communicated throughout the organisation in order to drive sound risk management and to ensure risks are properly identified and actively managed.

The Board is responsible for determining the nature and extent of the risks it is willing to accept to enable the Trust's objectives to be successfully achieved. Risk in day-to-day activity is unavoidable and the Board will seek to manage risks to a tolerable level. The risk appetite of The Shrewsbury and Telford Hospital NHS Trust is the amount of risk it is willing to accept, tolerate or justify. The Trust's risk appetite has been assessed in accordance with its Risk Management Framework / Strategy

The Shrewsbury and Telford Hospital NHS Trust recognises that its long term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners. As such, the Trust has a low risk appetite to any risks that materially provide a negative impact on quality.

However, The Shrewsbury and Telford Hospital NHS Trust has a greater appetite to take considered risks in terms of transformation and their impact on organisational issues. The Trust has a higher appetite to partnerships and collaboration, digital transformation and innovation and Financial/Value for Money risks where positive gains can be anticipated for the local population, within the constraints of the regulatory environment and delivering on the goals and targets agreed.

Strategic Goals	Risk Appetite	Risk appetite Statement
SG1: We deliver safe and excellent care, first time, every time	LOW	SATH has a LOW risk appetite for risks that may compromise safety and the achievement of better outcomes for patients.
SG2: We work closely with our patients and communities to develop new models of care that will transform our services	SIGNIFICANT	SATH is eager to seek original/creative/pioneering delivery options and to accept the associated SIGNIFICANT risk levels in order to secure successful outcomes and transformation reward/return.
SG3: Our staff are highly skilled, motivated, engaged and live our values. SATH is recognised as a great place to work.	MODERATE	SATH has a MODERATE risk appetite to explore innovative solutions to future staffing requirements, our ability to retain staff and to ensure we are an employer of choice.
SG4: Our high performing and continuously improving teams work together to support and enable the delivery of high quality patient care.	MODERATE	SATH has a MODERATE risk appetite for Clinical Innovation and improvement that does not compromise the quality of care
SG5: Our services are efficient, effective, sustainable and deliver value for money.	HIGH	SATH has a HIGH risk appetite and is eager to pursue options which will benefit the efficiency and effectiveness of services whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.
SG6: We deliver our services utilising safe, high quality estate and up to date digital systems and infrastructure.	HIGH	SATH is open to the HIGH risk appetite required to transform its digital systems and infrastructure to support better outcomes and experience for our patients and public.
SG7: We have outstanding relationships with our partners and collectively strive to improve the quality and integration of health and care services.	SIGNIFICANT	SATH has a SIGNIFICANT risk appetite for collaboration and partnerships which will ultimately provide a clear benefit and improved outcomes for the people we serve.
SG8: We are a learning organisation that sets ambitious goals and targets, operates in an open and transparent way and delivers what is promised.	HIGH	SATH has a HIGH risk appetite for innovation and ideas which may affect the reputation of the organisation but are taken in the interest of ensuring we deliver our goals and targets.