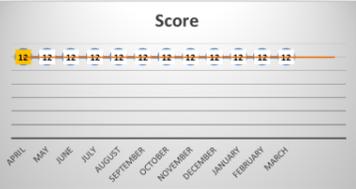
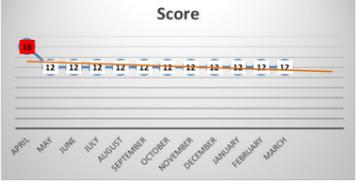
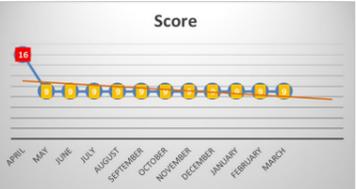
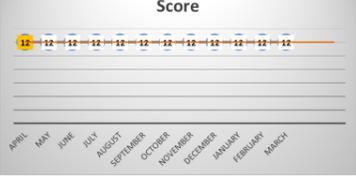
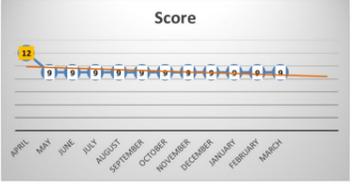


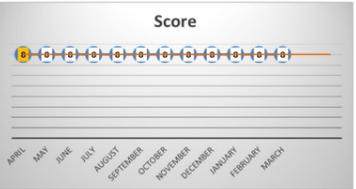
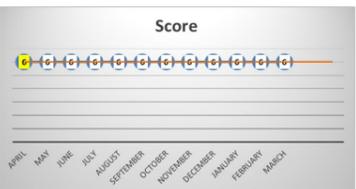
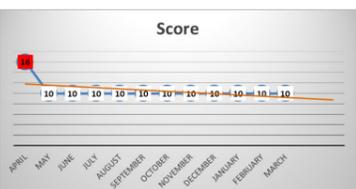
Meeting of the Trust Board

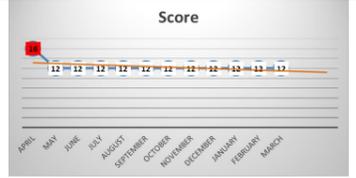
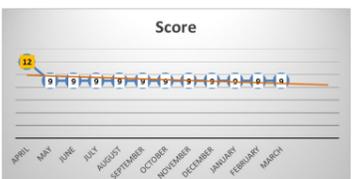
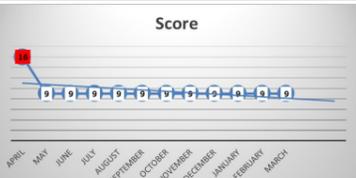
Wednesday, 14 May 2025

Title of Report	Board Assurance Framework		Agenda Item	4.1b																																											
Author	Matthew Capper, Director of Strategy and Partnership/Company Secretary Claire Cowell, Integrated Governance Lead																																														
Lead Executive Director	Matthew Capper, Director of Strategy and Partnership/Company Secretary																																														
Executive Summary	<p>Board Assurance Framework: The BAF is used to record and report the organisation’s strategic objectives, risks, controls, and assurances to the board.</p> <p>The review and refresh of the Trust’s BAF for the 2025/26 reporting period has now been completed and a draft produced. Further work to hone the BAF items will now be carried out through the Board sub-committees.</p> <p>All of the controls, mitigations and scoring have been refreshed and updated.</p> <p>In summary there are:</p> <ul style="list-style-type: none"> • 10 strategic risks that have been carried forward from the last reporting period. • 2 new strategic risks identified (Finance and People domains) • 1 mandated strategic risk relating to EDI <p>The current spread of strategic risks is shown on the heat map below:</p> <table border="1" data-bbox="448 1216 1533 1608"> <thead> <tr> <th colspan="2" rowspan="2"></th> <th colspan="5">Likelihood</th> </tr> <tr> <th>1 Rare</th> <th>2 Unlikely</th> <th>3 Possible</th> <th>4 Likely</th> <th>5 Almost certain</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Impact</th> <th>5 Catastrophic</th> <td>5</td> <td>10</td> <td>15</td> <td>20</td> <td>25</td> </tr> <tr> <th>4 Major</th> <td>4</td> <td>8 (1)</td> <td>12 (2)</td> <td>16 (6)</td> <td>20</td> </tr> <tr> <th>3 Moderate</th> <td>3</td> <td>6 (1)</td> <td>9 (1)</td> <td>12 (2)</td> <td>15</td> </tr> <tr> <th>2 Minor</th> <td>2</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> </tr> <tr> <th>1 Insignificant</th> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>						Likelihood					1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain	Impact	5 Catastrophic	5	10	15	20	25	4 Major	4	8 (1)	12 (2)	16 (6)	20	3 Moderate	3	6 (1)	9 (1)	12 (2)	15	2 Minor	2	4	6	8	10	1 Insignificant	1	2	3	4	5
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Proposal and/or key recommendation:	The Board is asked to note the report and to be given assurance.																																														
Purpose of the report (Please mark with ‘X’ the box to indicate)	Assurance	X	Approval																																												
Governance Process:	The BAF and Risk and Issues are reviewed at relevant committees and Executive Lead check is in place.																																														

Committee/Group and Date of Submission/approval:					
Patient First Domain/True North priorities (tick box to indicate):	<i>Please mark with 'X' the priorities the report aims to support:</i>				
	Priority 1: (Sustainability) X	Priority 2: (People) X	Priority 3: (Patients) X	Priority 4: (Quality) X	Priority 5: (Systems) X
Relevant CQC Domain:	<i>Please mark with 'X' the CQC domain the report aims to support:</i>				
	Safe: X	Effective: X	Caring:	Responsive: X	Well-Led: X
Identified Risks, issues and mitigations:	Contained within the report				
Resource implications:	None directly				
Sustainability and /or Public and patient engagement considerations:	N/A				
Integrated Impact assessment:	N/A				
Legal and Regulatory implications:	Maintenance and oversight of risk is a regulatory and statutory duty overseen by the Care Quality Commission (CQC), Ofsted and Health and Safety Executive to implement effective risk management systems. It is also a criteria within the NHS Foundation Trust Code of Governance, and the Compliance Framework.				
Appendices:	Included				
Freedom of Information (FOI) status:	This paper is disclosable under the FOI Act				
For further information please contact:	Name: Matthew Capper Job Title: Director of Strategy and Partnership/Company Secretary Email: m.capper@nhs.net				
Please mark with 'X' - Reports require an assurance rating to guide the discussion:	No Assurance		There are significant gaps in assurance or actions		
	Partial Assurance		There are gaps in assurance		
	Assurance	X	Assurance minor improvements needed.		
	Significant Assurance		There are no gaps in assurance		
	Not Applicable		No assurance required.		

ID	Patient First Domain	Lead Committee	Date Added	Full Description of Risk -	Initial Consequence	Initial Likelihood	Initial Risk Rating	Controls	Current Consequence	Current Likelihood	Current Risk Rating	Direction of Travel	Forecast	Mitigations to reduce risk	Target Consequence	Target Likelihood	Target Risk Rating	Target date	Exec Owner	Senior Manager Lead	Update position	Date closed	Corporate Risk Register / Issues log mapping
BAF1(25)	Sustainability	FPPC	Apr-25	(Carry Forward) There is a risk that the trust does not effectively manage its in-year budgets, run rate and CIP resulting in the non delivery of the agreed in year control total.	4	3	12	1. Finance, Performance and Planning Committee oversight. 2. Business planning and budget setting processes in place. 3. Divisional finance business partners. 4. Weekly financial recovery and CIP performance reviews linked to SDR. 5. Budget statements/budget holder meetings 6. NHSE Improvement Director support. 7. System finance and recovery forum (CFO attending) 8. Application of "Grip and Control" checklists, and "Core/Level 2-3-4" NHSE controls 9. Self-assessment and implementation of HFMA sustainability checklist 10. VCP and enhanced non-pay controls	4	3	12			<ul style="list-style-type: none"> Medical staffing project being implemented Trust wide recruitment freeze. Agreed budgets at divisional level. Greater oversight of month and forecast position CIP programme and related governance and oversight. Revised finance recovery strategy and implementation plan. Revised SFI and SoRD. Director for Director of Development, Productivity and Efficiency JD Revised finance and performance governance (ToR) 	4	3	12	Mar-26	CFO	Paul Kimber	May 25 - All controls are being operated. External reviews of current controls are being undertaken and actions will be implemented. Budget setting is nearing completion. CIP identification continues and incorporates system expectations. A recruitment freeze across the trust has been initiated. Full updates are provided through the monthly Finance recovery report which is presented to Executive, Committee and Board.		Risk 2052: If the trust does not deliver its 24/25 efficiency programme then the financial performance vs. control total could be at risk. Risk 2055: ERF / Elective Activity Plans. Risk 2058: Unchecked staff growth. Risk 2126: Potential for S&A Divisional CIP target for 2024/25 not being achieved. Risk 2156: WCYP Division unable to identify efficiency schemes to meet CIP target. Risk 2172: Trust wide blood glucose and ketone contract expires 26th August, unable to extend will have a financial & operational impact.
BAF2(25)	Sustainability	FPPC	Apr-25	(Carry forward) - ISSUE - Limited capital money owing to capital monies already committed to multi-year projects and static national capital funding will impact on the trusts ability to tackle the trusts backlog maintenance requirements. This in turn will impact on the quality of care provided and impact the trusts ability to meet its other statutory and recovery objectives.	5	4	20	1. Completion of Trust prioritisation matrix, including risk register entries 2. Programme review and approval by Trust Executive each financial year 3. Proposal paper drafted setting out options to address findings of the 6-Facet survey 4. Submission of capital plans and requests via the system to secure minimum fair share of operating capital allocation 5. Application for additional capital funds where available, e.g. PDC, charity, grants, etc.	4	4	16			<ul style="list-style-type: none"> Risk based prioritisation matrix produced and being used for the capital spend discussions. Explore strategic capital finance options. Develop and implement Estates and Facilities Strategy Review Medway and Swale CIL funding availability and build into development control plan. Member of the ICB strategic estates group (ToR). Capital prioritisation part of Finance Committee ToR. 	4	3	12	Mar-26	COO	Neil Mcelduff	May 25 - The capital allocation programme has been set for 25/26 and risk areas identified. Actions to mitigate these risks are underway (see risk registers) The draft Estates and Facilities Strategy phase one has been completed. The decarbonising programme (Solix) is underway which will have a positive impact on both estate and financial positions. Further green sustainability programme funding is being pursued. Place assessment ratings received and a recovery action plan is being produced. Backlog maintenance is being prioritised.		Risk 2135: Multiple areas of non-compliance with H&S legislation within E&F may lead to harm and/or enforcement action. Risk 2158: Backlog Maintenance impacting on the infrastructure and clinical safety.
BAF3(25)	Sustainability	FPPC	Jun-23	(Carry forward) A number of independent reports into the drivers of deficit at the Trust have identified the financial culture of the organisation as a contributory factor in the performance. Without addressing the culture the Trust may struggle to deliver its financial plans. Failure to address this as an issue could impact the Trust's exit from NOF4.	4	4	16	1. Budget holder meetings 2. Budget holder training (stat man) 3. Finance Training Policy 4. Mandatory objective in appraisal form 5. Sustainability work stream within Patient First 6. Communication via senior managers meetings and Trust Management Board 7. Compliance reporting to FPPC (as part of payables update) and to the Audit and Risk Committee. 8. Better Business Case trained staff. 9. Audit tracker	4	4	16			<ul style="list-style-type: none"> Budget holder training part of Stat and Man training. Communication from CEO and CFO outlining staff responsibilities Business planning and budget ownership by divisions. Core financial policy refresh and relaunch. Link through to the trust cultural transformation programme. 	3	3	9	Mar-26	CFO	Exec	May 25 - Trust Management Board review completed and approach supported (Trust Leadership Team (Committee proposal)) Business planning finalisation and budget sign-off undertaken under new regime. Finance and governance audits pulled into a single tracker. Tracker is reviewed by the Finance Committee and Trust Leadership monthly. Weekly sessions on reducing waste, productivity, CIP ect promote good governance.		Risk 2052: If the trust does not deliver its 24/25 efficiency programme then the financial performance vs. control total could be at risk. Risk 2055: ERF / Elective Activity Plans. Risk 2126: Potential for S&A Divisional CIP target for 2024/25 not being achieved. Risk 2156: WCYP Division unable to identify efficiency schemes to meet CIP target.
BAF4(25)	Sustainability	FPPC	Apr-25	(New) There is a risk that if not properly managed the trusts financial position will lead to compromises in patient safety, health and safety and staff moral.	4	3	12	1. TMB (TLT) oversight and ToR 2. Finance, Performance and Planning Committee oversight. 3. Quality Assurance committee oversight. 4. Trust combined impact assessments (quality, equality and finance) included in business plan process. 5. IQPR dashboard 6. NHSE Improvement Director support. 7. System finance and recovery forum (CFO attending) 8. Staff surveys (National, Pulse, listening events) 9. CQC remit 10. (-ve) Health and Safety compliance dashboard	4	3	12			<ul style="list-style-type: none"> Develop a Health and Safety compliance dashboard to enable tracking of impact. Ensuring all decisions are subject to the trusts combined impact assessment process. Implement effective business planning to ensure all risks are known and being managed. 	4	3	12	Mar-26	CEO	Exec	May 25 - All business plans, CIP's, workforce considerations are having the combined impact assessment approach applied. Risks identified through business planning have been shared with the relevant committees and mitigations are being designed.		To be mapped
BAF5(25)	People	People	Apr-25	(New) - There is a risk that the reported levels of incivility in the trust will adversely impact its aim to be an employer of choice and have the most engaged staff in the NHS.	3	4	12	1. -ve Potential duplicate reporting of incivilities via multiple 2. WRES/WDES indicator collection and reporting 3. True North objective	3	4	12			<ul style="list-style-type: none"> Streamline reporting of incivilities Improved data reporting. Continue to make improvements to the trusts WRES/WDES indicators to bring them into line with best practice. 	3	3	9	Mar-26	CPO	Dominika Kimber	May 25 - New mindfulness sessions and menopause café initiatives being held in the wellbeing hub. Sexual harassment and abuse risk assessment learning sessions for divisions have commenced. Reporting pathways being reviewed.		Being mapped

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BAF8(25)	People	People		(Carry forward) - There is a risk that staff will not feel confident to raise concerns and that their concerns will be dealt with by the organisation. This may lead to worsening engagement levels and impact on quality of patient care.	4	3	12	1. People Strategy and implementation plan. 2. Culture intervention: The cultural transformation programme ToR. 3. Dedicated intranet page launched displaying regular updates (monthly) on actions taken following staff feedback and concerns. ("You said we did, we all have a voice") 4. Independent external Freedom to Speak-Up service remit and accompanying strategy. 5. Monthly FTSU performance reports. 6. Dedicated leadership behaviour /competency focus within the implementation plan to support people strategic initiative.	4	2	8			1. Link trust programme to the NHSE Behaviours Framework. 2. Ensure management essentials offer is consistent. 3. Routine surveys and engagement. 4. FTSU policy published. 5. Dignity at Work Advisors. 6. Implement phase two of the Cultural transformation programme.	4	2	8	Mar-26	CFO	Dominika Kimber	May 25 - Outputs from the cultural transformation listening events are being compiled and reported. National staff survey results have been released and the outputs have been reported. Actions plans to address gaps are built into the People strategic objectives. The new starter survey and quarterly Pulse surveys have restarted. The FTSU policy has been updated and the strategy drafted.		
BAF7(25)	People	People	Sep-23	(National requirement) - Should the Trust fail to deliver its strategic objectives relating to EDI, there is a risk that our people will not be able to thrive at work and that the Trust will not meet its statutory obligations to its employees. This may lead to poor employee experience and negative impact on staff wellbeing, both at work and in general. IMPACT: Failure to meet the requirements of the Equality Act 2010; increase in staff turnover; increase recruitment and retention challenges; and therefore impact negatively on quality of patient care and experience.	2	3	6	1. Trust-wide culture, engagement and leadership programme to provide staff and leaders with skills to engage and retain staff. 2. Executive team and Trust Board have committed to EDI Objectives as part of their personal objectives (HIA1); although now signed off, work is required over 2024/25 to support delivery of those objectives 3. All forms of discrimination (including bullying and harassment) must be managed effectively and we need to understand what preventative/proactive measures can be taken. 4. Advice and signposting regarding concerns around discrimination (bullying and harassment) must be easily accessible and volunteer advisors must be competent and trained in their roles.	2	3	6			1a. Review of the People Strategic Initiative (Leadership and Behaviours) and implementation of the agreed actions. 1b. Development of Behaviours Framework (aligned with Trust Values, incorporating all existing tools referencing behaviours e.g. Compact, Our Leadership Way, Nolan Principles) 1c. Development of examples of negative staff behaviours to be included in the Behaviours Framework 2. Periodic meetings with Executive Team and whole board to support delivery of HIA1 Objectives that were agreed before 31 March 2024 3a. Anti-bullying and harassment group to be reviewed and re-established. 3b. Revised Bullying, Harassment, Discrimination and conflict resolution policy to be launched and communicated by the Exec (wider comms plan) 3c. New duty to protect staff from sexual harassment and actions relating to the Sexual Safety Charter will be embedded into Trust's policies and processes 4. Trained Dignity at Work Advisors will become available to advise staff. Ongoing support will be provided by the Head of EDI. 5. Cultural transformation programme.	2	3	6	Mar-26	CPO	Alister McClure	May 25 - NHSE plan to develop a similar Framework - we are continuing to liaise with them. All Exec objectives contain an EDI element. Cultural transformation Programme diagnostic phase has been completed and feedback is being received and analysed..		
BAF8(25)	Quality	QAC	Aug-24	(Carry forward) - SHMI mortality indices show that Medway Foundation Trust are outside the expected range. There is a risk that patients maybe dying unnecessarily whilst at an inpatient at Medway Foundation Trust or within 30 days of discharge. (To be reviewed once Patient First Breakthrough objective is confirmed)	5	4	20	1. Avoidable #2222 breakthrough objective. 2. Depth of coding level. 3. Mortality Breakthrough Objective. 4. Admission pathway and medical model. 5. Learning from deaths process, End of life care pathway and data validation of deaths processes. 6. Revised breakthrough objective.	4	4	16			1. Review of the emergency admission pathways / medical model with a focus on patients admitted with respiratory disease. 2. Further embedding of learning from deaths methodology including the SJR process to utilise skills of the MDT. 3. Improving identification of end of life and communication with patients and families regarding end of life care. 4. Continue to focus on data quality improvements. 5. Include in the review of medical models. 6. Refresh the Breakthrough Objective.	5	2	10	Mar-26	CNO	James Alegbeleye	May 25 - 1. Review work has been completed and identified specific areas of focus (e.g. Respiratory disease) to target. Recovery actions designed. Recovery programme being rolled out. 2. Completed 3. Completed 4. Data quality continues to be comparable with national metrics. Metrics still show an adverse position SHMI. 5. Medical models being delivered and are kept under review. The next phase of this work is being designed and will form part of the Trusts business plan. 6. Mortality Breakthrough Objective established, root causes and countermeasures identified (as above). Work underway to deliver. Regular reporting to the Board (quarterly).		
BAF9(25)	Patient	QAC	Sep-24	(Carry Forward) - There is a risk that patients and their families may not receive outstanding, compassionate care every time. (link to BAF 4)	4	3	12	1. Weekly FFT huddles to discuss top themes and trends from feedback 2. Divisional and Exec SDR to review the top contributors 3. Monitoring complaints against the trajectory for the quality priority and staff attitude	3	3	9			1. Fundamentals of care programme of work 2. The re-established ward accreditation programme 3. Internal assurance visit schedules 4. Bespoke education, training and intense support in clinical areas	3	3	9	Mar-26	CNO	Nikki Lewis	May 25 - 1. The programme continues to be rolled out and assurance on delivery is being reported through the QAC. 2. The ward accreditation programme continues. Support will continue to be provided to those wards that have not reached the Bronze rating. 3. Schedule being worked through, the outputs of which are fed into QPSSC and QAC. 4. Requirements are being reviewed.	Risk 1256: Lack of compliance with fundamentals of nursing care. Risk 2006: Patients awaiting G4S transport in CT.	

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BAF10(25)	System & Partnership	FPCC, QAC	Jun-23	(Carry forward) - High levels of 'no criteria to reside' patients and a lack of operational performance; for example not meeting constitutional (e.g. RTT) measures has wide-ranging implications, affecting patient care, trust, finances, and overall NHS performance. It's essential for trusts to address these issues promptly to maintain high-quality healthcare services.	4	3	12	1. Focused work through the HARIS group 2. Weekly RTT meeting including robust review of RTT process 3. Reports direct to COO 4. Monthly reporting to TMB Focus on clinical urgent and then long waits Patient P control in operation Use of ERF monies to support increased activity	4	4	16	➔		1. Revising and imbedding acute medical and frailty Model 2. Reviewing the Full capacity protocol, opel triggers and actions. 3. Develop SPOA (Pilot) and virtual wards. 4. Waiting list maintenance and review process in place. 4. Rota of Senior Operational staff on the shop floor.	4	3	12	Mar-26	COO	Divisional Directors	May 25 - Medical / Clinical Model deployed and being reviewed. Waiting list monitoring and reviews continue (including assessing harm) progress being made to reduce in line with national aspirations. Assumptions built into business plan for 25/26. Rostering and job planning activities being deployed and due for completion in May 25.		
BAF11(25)	Systems & Partnership	EMC, FPCC	Jun-23	(Carry forward) - There is a risk that conflicting priorities, financial pressures and/or ineffective governance across the ICS results in negative impacts to Medway Foundation Trust's ability to deliver timely, appropriate access to acute care.	4	4	16	1. LAEDB - Oversight dashboard 2. Kent and Medway Integrated Care Board 3. Kent and Medway Integrated Care Partnership Joint Committee 4. Joint development of plans at ICS level 5. Kent CEOs Meeting 6. Trust-wide Flow and Discharge Corporate Project 7. Alignment of Trust, Primary Care, Community and other system partner plans with ICS and ICP plans	3	4	12	➔		1. Review of LAEDB ToR and governance framework, agenda and required reports. 2. Review in-reach with clinical leads	3	3	9	Mar-26	COO	Exec	May 24 - Review underway. Particular focus on the frailty elements to complement the Corporate Project (Flow and Discharge). Acute model is deployed and being monitored. System strategy being drafted with MFT input.		
BAF12(25)	Systems & Partnership	EMC, FPCC, QAC	Jun-23	(Carry forward) - The Trust is under increasing demand and is frequently operating in Opel 4 and Business Continuity. There is a risk that the increase in patients without a criteria to reside and the low discharge profile will reduce flow through the hospital, increase the number of 12 hour delays in our ED and increase demand for bed capacity. This in turn impacts on the quality of care provided and increases the opportunity for harm to occur. In addition this may increase overall Trust mortality as delays in ED over 5 hours correlate with increased risk of mortality. This risk also adds pressure to the financial sustainability of the trust.	4	4	16	1. Regular management meetings to monitor and support progress on improving discharge processes throughout the Trust. 2. Flow and Discharge Corporate project. 3. HCP Discharge Group, Efficiencies Group and LAEDB. 4. TeleTracking. 5. Virtual Ward initiatives 6. Linked to BAF9 improvement of SHMI	4	4	16	➔		1. Create an operational plan that supports the closure of escalation beds. 2. Standardised LoS meetings with divisional care groups to challenge and escalate patients for MD. 3. Review of discharge processes and pathways across the HaCP to reduce NCTR and NCTR LoS. 4. Board Round improvement as part of the reducing LoS CP.	3	3	9	Mar-26	COO	Darren Palmer	May 25 - 1. Plan compiled and in operation but under review owing to seasonal demand. 2. Meetings in place and approach being deployed and effectiveness reviewed. 3. Discharge related work through the HCP being reviewed. Revised community contract will also have an imp. act. The governance for this work is through the UEC programme board. Corporate project underway.		Risk 2154: Harm 25/07/24.
BAF13(25)	Corporate	EMC	Sep-24	(Carry forward) - There is a risk that without continual investments and maintenance (including cyber security) the trust will not be able to deliver on its core responsibilities and duties as well as being able to deploy innovative systems to support the delivery of the trusts aims, objectives and strategic intentions.	4	4	16	1. Digital and data (DDaT) strategy and implementation plan. 2. IT investment summary (business planning item) 3. Board level leadership and oversight (Chief Delivery Officer). 4. Annual maintenance programme. 5. Server upgrade programme. 6. Cyber security review findings and resultant action plan. 7. Links to local and national IT initiatives and programmes (e.g. CSOC).	4	4	16	➔		1. Delivering the DDaT implementation plan. 2. Improved multi-year capital programming. 3. Awareness raising and education on cyber security and associated IT risks. 4. Reviewing and producing a cyber strategy for Medway in collaboration with ICB. 5. Server upgrades programme. 6. Continuation of the trusts digitisation of 'paper case notes' project.	4	3	12	Mar-26	CDO	Adrian Billington	May 25 - Strategy refresh underway and being presented to committees in July.. Capital programme items updated for 2025/26 and reviewed by Executive Committee and FPCC. Cyber deep dive session programmed for the Audit committee in July. The trust has reviewed its cyber security arrangements and is producing a cyber strategy for Medway in collaboration with ICB. The trust main switch upgrade will be completed in June. BC arrangements in place.		Risk 1858: End of support Windows 10 25/10/25. Risk 1860: End of Support Microsoft Office 2016 & 2019 10/25. Risk 1919: Firewalls End of Support/Lifecycle Jan-25. Risk 1962: Core Network Switch Management (Increased risk of Cyber Attack). Risk 1965: There is a risk of the organisation being the target of a Cyber Attack, impacting information systems and/or IT infrastructure. Risk 2067: Deployment and Interfacing of EPR/EPMA System Impacting Patient Safety. Issue 2279: NG checklist not on EPR leading to increase in patient safety incidents.