

## **Bundle Trust Board Meeting in Public 3 July 2025**

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<b>Meeting Title</b>	<b>Trust Board (Public)</b>	<b>Date: 3 July 2025</b>
<b>Report Title</b>	<b>Finance Paper Month 2 2025-26</b>	<b>Agenda Item Number: 12</b>
<b>Lead Director</b>	<i>Jonathan Dunk</i>	<i>Chief Finance Officer</i>
<b>Report Authors</b>	<i>Sue Fox Cheryl Williams</i>	<i>Head of Financial Management Head of Financial Control and Capital</i>

<b>Introduction</b>	Appendices to item 12		
<b>Key Messages to Note</b>	<ul style="list-style-type: none"><li>• Appendix 1 - Statement of Comprehensive Income for the Period Ending 31 May 2025</li><li>• Appendix 2 - Statement of Cash Flow as of 31 May 2025</li><li>• Appendix 3 – Statement of Financial Position as of 31 May 2025</li><li>• Glossary of Terms</li></ul>		
<b>Recommendation</b>	<b>For Information</b> <input type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Assurance</b> <input checked="" type="checkbox"/>

<b>Strategic Objectives Links</b>	<i>7. Spending money well on the care you receive 10. Innovating and investing in the future of your hospital</i>
<b>Report history</b>	None
<b>Next steps</b>	N/A
<b>Appendices</b>	As above.

### Statement of Comprehensive Income For the period ending 31<sup>st</sup> May 2025

	FY25	M2 CUMULATIVE			M2			PRIOR MONTH	
	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	M1 Actual £'000	Change £'000
<b>INCOME</b>									
Outpatient First	31,491	4,529	4,289	(240)	1,825	1,585	(240)	2,704 ▼	(1,118)
Outpatient Procedures	17,850	2,365	2,841	476	1,082	1,558	476	1,283 ▲	275
Chemotherapy delivery	2,638	357	511	154	187	283	95	229 ▲	54
Day Case Admissions	27,317	4,437	4,191	(247)	2,086	1,839	(247)	2,351 ▼	(512)
Elective Admissions	24,882	4,054	3,156	(897)	2,100	1,204	(896)	1,952 ▼	(747)
High Cost Drugs & Devices	32,260	5,493	5,468	(25)	2,751	2,747	(4)	2,721 ▲	27
<b>Total Variable Income</b>	<b>136,439</b>	<b>21,236</b>	<b>20,457</b>	<b>(779)</b>	<b>10,032</b>	<b>9,217</b>	<b>(815)</b>	<b>11,239 ▼</b>	<b>(2,022)</b>
Outpatient Follow up	23,133	3,868	3,868	(0)	1,900	1,900	(0)	1,968 ▼	(68)
Emergency Admissions	113,855	18,508	18,496	(11)	9,595	9,589	(6)	8,907 ▲	682
A&E	28,142	4,807	4,808	1	2,482	2,482	0	2,326 ▲	156
Other Admissions	18,420	2,639	481	(2,158)	1,345	245	(1,100)	236 ▲	9
Maternity Other (Including Deliveries)	0	0	2,156	2,156	0	1,099	1,099	1,057 ▲	42
Maternity pathway (ante/post natal)	10,217	1,727	1,727	(0)	878	878	1	848 ▲	30
Critical Care (adult)	4,301	843	843	(0)	394	394	(0)	449 ▼	(54)
Neonatal	4,225	709	709	(0)	387	387	(0)	322 ▲	65
Imaging	9,054	1,264	1,264	(0)	635	634	(0)	630 ▲	5
Direct Access Pathology	6,309	1,035	1,035	(0)	522	522	(0)	513 ▲	9
Best Practice Tariffs	0	0	0	0	0	0	0	0 ▼	(0)
Other block income	10,657	1,750	1,750	(0)	876	876	(0)	875 ▲	1
<b>Total Block / Fixed Income</b>	<b>228,313</b>	<b>37,149</b>	<b>37,136</b>	<b>(14)</b>	<b>19,013</b>	<b>19,007</b>	<b>(6)</b>	<b>18,129 ▲</b>	<b>878</b>
Non-recurrent & additional income	0	2,472	2,512	40	1,383	2,124	741	388 ▲	1,736
National Block	39,524	6,587	6,587	0	3,294	3,294	0	3,294 ▲	0
<b>Clinical Income</b>	<b>404,682</b>	<b>67,444</b>	<b>66,392</b>	<b>(1,052)</b>	<b>33,722</b>	<b>33,342</b>	<b>(381)</b>	<b>33,051 ▲</b>	<b>291</b>
Non-Patient Income	24,211	4,037	4,476	438	2,019	2,205	186	2,271 ▼	(66)
Donations	11,640	0	(1)	(1)	0	(1)	(1)	(0) ▼	(1)
<b>Non-Patient Income</b>	<b>35,851</b>	<b>4,037</b>	<b>4,475</b>	<b>438</b>	<b>2,019</b>	<b>2,204</b>	<b>185</b>	<b>2,271 ▼</b>	<b>(67)</b>
<b>TOTAL INCOME</b>	<b>440,533</b>	<b>71,482</b>	<b>70,867</b>	<b>(615)</b>	<b>35,741</b>	<b>35,545</b>	<b>(195)</b>	<b>35,322 ▲</b>	<b>224</b>
<b>EXPENDITURE</b>									
Pay - Substantive	(234,896)	(40,348)	(39,982)	366	(20,113)	(19,983)	131	(19,999) ▲	16
Pay - Bank	(22,027)	(3,716)	(3,727)	(12)	(1,779)	(1,830)	(51)	(1,897) ▲	67
Pay - Locum	(5,543)	(930)	(1,228)	(297)	(462)	(578)	(116)	(649) ▲	71
Pay - Agency	(6,783)	(1,315)	(1,234)	80	(652)	(573)	79	(661) ▲	88
Pay - Other	(1,099)	(187)	(178)	8	(93)	(85)	8	(93) ▲	8
Pay CIP	0	(4)	0	4	(2)	0	2	0 ▲	0
Vacancy Factor	31	5	0	(5)	3	0	(3)	0 ▲	0
<b>Pay</b>	<b>(270,317)</b>	<b>(46,495)</b>	<b>(46,349)</b>	<b>145</b>	<b>(23,099)</b>	<b>(23,049)</b>	<b>49</b>	<b>(23,300) ▲</b>	<b>250</b>
Non Pay	(103,800)	(17,877)	(18,078)	(202)	(8,944)	(8,928)	16	(9,150) ▲	221
Non Tariff Drugs (high cost/individual drugs)	(27,849)	(4,650)	(4,996)	(346)	(2,344)	(2,609)	(265)	(2,387) ▼	(222)
<b>Non Pay</b>	<b>(131,649)</b>	<b>(22,527)</b>	<b>(23,074)</b>	<b>(547)</b>	<b>(11,288)</b>	<b>(11,537)</b>	<b>(249)</b>	<b>(11,537) ▼</b>	<b>(0)</b>
<b>TOTAL EXPENDITURE</b>	<b>(401,966)</b>	<b>(69,021)</b>	<b>(69,423)</b>	<b>(402)</b>	<b>(34,387)</b>	<b>(34,587)</b>	<b>(200)</b>	<b>(34,837) ▲</b>	<b>250</b>
<b>EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)</b>	<b>38,567</b>	<b>2,460</b>	<b>1,444</b>	<b>(1,016)</b>	<b>1,354</b>	<b>959</b>	<b>(395)</b>	<b>485 ▲</b>	<b>474</b>
Interest Receivable	360	60	228	168	30	111	81	117 ▼	(7)
Interest Payable	(1,490)	(248)	(124)	124	(124)	(62)	62	(62) ▲	0
Depreciation, Impairments & Profit/Loss on Asset Disposal	(18,286)	(2,962)	(2,961)	1	(1,481)	(1,480)	1	(1,481) ▲	1
Donated Asset Depreciation	(839)	(140)	(139)	1	(70)	(69)	1	(70) ▲	1
Share of Income recognised by joint ventures/associates	0	0	0	0	0	0	0	0 ▲	0
DEL Impairments	0	0	0	0	0	0	0	0 ▲	0
AME Impairments	0	0	0	0	0	0	0	0 ▲	0
Unwinding of Discounts	0	0	(126)	(126)	0	(63)	(63)	(63) ▲	0
<b>OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS</b>	<b>18,312</b>	<b>(830)</b>	<b>(1,678)</b>	<b>(848)</b>	<b>(291)</b>	<b>(605)</b>	<b>(314)</b>	<b>(1,074) ▲</b>	<b>469</b>
Dividends Payable	(7,511)	(1,252)	(1,252)	(0)	(626)	(626)	(0)	(626) ▼	(0)
<b>OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS</b>	<b>10,801</b>	<b>(2,082)</b>	<b>(2,930)</b>	<b>(848)</b>	<b>(917)</b>	<b>(1,231)</b>	<b>(314)</b>	<b>(1,699) ▲</b>	<b>469</b>

## Appendix 2

### Statement of Cash Flow As of 31<sup>st</sup> May 2025

	Mth12 2024-25 Unaudited £000	Mth 1 £000	Mth 2 £000	In Month Movement £000
<b>Cash flows from operating activities</b>				
Operating (deficit)/surplus from continuing operations	4,563	(1,066)	(1,655)	(589)
Operating surplus/(deficit) of discontinued operations				
<b>Operating (deficit)/surplus from continuing operations</b>	<b>4,563</b>	<b>(1,066)</b>	<b>(1,655)</b>	<b>(589)</b>
<b>Non-cash income and expense:</b>				
Depreciation and amortisation	17,773	1,551	3,100	1,549
Impairments	7,257	0	0	0
(Increase)/Decrease in Trade and Other Receivables	4,530	522	426	(96)
(Increase)/Decrease in Inventories	(253)	3	3	0
Increase/(Decrease) in Trade and Other Payables	7,363	(9,698)	(9,362)	336
Increase/(Decrease) in Other Liabilities	(2,688)	1,902	1,307	(595)
Increase/(Decrease) in Provisions	(5,873)	(24)	(107)	(83)
Income in respect of capital donations	(6,309)	0	0	0
Other movements in operating cash flows	745	(1)	(2)	(1)
<b>NET CASH (USED IN) GENERATED FROM OPERATIONS</b>	<b>27,108</b>	<b>(6,811)</b>	<b>(6,290)</b>	<b>521</b>
<b>Cash flows from investing activities</b>				
Interest received	1,121	117	228	111
Initial direct costs or up front payments in respect of new right of use assets (lessee)	(21)	0	0	0
Purchase of intangible assets	(1,158)	(157)	(270)	(113)
Purchase of Property, Plant and Equipment	(53,029)	(5,507)	(6,149)	(642)
Receipt of cash donations to purchase capital assets	6,309	0	0	0
<b>Net cash (used in) investing activities</b>	<b>(46,778)</b>	<b>(5,547)</b>	<b>(6,191)</b>	<b>(644)</b>
<b>Cash flows from financing activities</b>				
Public dividend capital received	30,174	0	0	0
Capital element of finance lease rental payments	(1,529)	380	405	25
Unwinding of discount	0	(63)	(126)	(63)
Interest element of finance lease	(821)	(62)	(124)	(62)
PDC Dividend paid	(6,712)	0	0	0
<b>Net cash generated from/(used in) financing activities</b>	<b>21,112</b>	<b>255</b>	<b>155</b>	<b>(100)</b>
<b>(Decrease)/increase in cash and cash equivalents</b>	<b>1,442</b>	<b>(12,103)</b>	<b>(12,326)</b>	<b>(223)</b>
<b>Opening Cash and Cash equivalents</b>	<b>27,208</b>	<b>28,650</b>	<b>28,650</b>	
<b>Closing Cash and Cash equivalents</b>	<b>28,650</b>	<b>16,547</b>	<b>16,324</b>	<b>(223)</b>

Statement of Financial Position as of 31<sup>st</sup> May 2025

	Mar-25 Unaudited	May-25 YTD Actual	YTD Mvmt	% Variance
<b>Assets Non-Current</b>				
Tangible Assets	233.5	236.3	2.8	1.2%
Intangible Assets	15.4	15.2	(0.2)	(1.4%)
ROU Assets	18.3	18.5	0.2	1.1%
Other Assets	2.7	2.7	(0.0)	(0.0%)
<b>Total Non Current Assets</b>	<b>270.0</b>	<b>272.8</b>	<b>2.8</b>	<b>1.0%</b>
<b>Assets Current</b>				
Inventory	5.5	5.5	(0.0)	(0.1%)
NHS Receivables	8.9	8.3	(0.6)	(7.2%)
Other Receivables	12.6	12.9	0.2	1.8%
Cash	28.7	16.3	(12.3)	(43.0%)
<b>Total Current Assets</b>	<b>55.7</b>	<b>43.0</b>	<b>(12.7)</b>	<b>(22.9%)</b>
<b>Liabilities Current</b>				
Interest-bearing borrowings	(1.5)	(1.3)	0.2	(15.2%)
Deferred Income	(9.3)	(10.6)	(1.3)	14.1%
Provisions	(6.2)	(6.1)	0.1	(1.7%)
Trade & other Creditors (incl NHS)	(70.4)	(61.7)	8.7	(12.3%)
<b>Total Current Liabilities</b>	<b>(87.4)</b>	<b>(79.7)</b>	<b>7.7</b>	<b>(8.8%)</b>
<b>Net current assets</b>	<b>(31.6)</b>	<b>(36.7)</b>	<b>(5.1)</b>	<b>16.0%</b>
<b>Liabilities Non-Current</b>				
Long-term Interest bearing borrowings	(19.1)	(19.8)	(0.7)	3.8%
Provisions for liabilities and charges	(1.3)	(1.3)	(0.0)	0.8%
<b>Total non-current liabilities</b>	<b>(20.4)</b>	<b>(21.1)</b>	<b>(0.7)</b>	<b>3.6%</b>
<b>Total Assets Employed</b>	<b>217.9</b>	<b>214.9</b>	<b>(3.0)</b>	<b>(1.4%)</b>
<b>Taxpayers Equity</b>				
Public Dividend Capital (PDC)	324.4	324.4	0.0	0.0%
Revaluation Reserve	27.3	27.3	(0.0)	(0.1%)
Financial assets at FV through OCI reserve	(2.6)	(2.6)	(0.0)	1.9%
I&E Reserve	(131.2)	(134.1)	(2.9)	2.2%
<b>Total Taxpayers Equity</b>	<b>217.9</b>	<b>214.9</b>	<b>(3.0)</b>	<b>(1.4%)</b>

## GLOSSARY OF TERMS

Abbreviation	Full name	Explanation
A/L	Annual Leave	Impact of staff annual leave
BAU	Business as usual	In the context of capital expenditure, this is the replacement of existing capital assets on a like for like basis.
BPP	Better payment practice	This requires all NHS Organisations to achieve a public sector payment standard for valid invoices to be paid within 30 days of their receipt or the receipt of the goods or services – the target for this is 95%
CDEL	Capital Departmental Expenditure Limit	Trusts maximum amount of capital expenditure available to be spent for the current year set by Regional NHS team and reviewed every financial year.
CIP	Cost Improvement Programme	Scheme designed to improve efficiency or reduce expenditure
COVID	COVID-19	Costs associated with COVID-19 virus
E&T	Education & Training	
ERF	Elective Recovery Fund	Additional non recurrent funding linked to recovery
HCD	High Cost/Individual Drugs	
NHP	New Hospital Programme	National capital funding for major hospital redevelopments
PDC	Public Dividend Capital	A form of long-term government finance which was initially provided to NHS trusts when they were first formed to enable them to purchase the Trust's assets from the Secretary of State. Public dividend capital (PDC) represents the Department of Health's (DH's) equity interest in defined public assets across the NHS.
R&D	Research & Development	
YTD	Year to date	Cumulative costs for the year
Other frequently used abbreviations		
Accelerator	Accelerator Funding	Additional funding linked to recovery
Block	Block value	Block income value linked to 19/20 values
Top-up	Top up Funding	Additional block income linked to 19/20 values
Covid	COVID Funding	Additional block funding to cover incremental COVID-19 expenditure

# MKUH Anti-Racism Programme

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How to use this pack



Click to get started



# Introduction

There is no place for racism at Milton Keynes University Hospital NHS Foundation Trust.

Every colleague, patient and visitor should be treated with respect here. Everyone must be included and given equal opportunity. Right now, this is not the case for our colleagues from Black, Asian and minority ethnic backgrounds whose experiences are not equitable, nor fair.

When I became aware of this concerning picture, I commissioned two independent experts – Roger Kline and Yvonne Coghill - to listen to our team and help us shape a plan of action to improve race equality.

On the following pages, you can read our response to their recommendations and learn about the steps we are taking to achieve equality for everyone.

It is our Trust's number one priority to provide patients with high quality care. We will only achieve this if we have a confident, supported and skilled team who enjoy a safe, respectful and fair workplace. Our determined action to improve race equality is a big step forward in ensuring that is the case.

Joe Harrison  
Chief Executive Officer

*In this report, we have used the terms 'BME', 'BAME', 'ethnic minority' and 'mixed'. We acknowledge that these terms are not the preferred choices of some individuals. However, for consistency, we have adopted the language used by Yvonne Coghill, our expert advisor and author of one of the reports we commissioned.*



# Contents

Support available



Full reports



Recruitment & career progression



Staff experience



Disciplinaries



Training



Sickness absence



Leavers



Priorities and next steps



# Support available

If you are affected by the details in this report, support is available.

On these pages you will find links to helpful resources. If you are experiencing racism and need immediate support, please reach out to your line manager, HR team or get in touch with a Freedom To Speak Up Guardian / Champion.

**Freedom to Speak  
Up**



**Supporting You**

Health & Wellbeing  
Resource Booklet



**Trade unions**



**Citizen Advice**





## Employee Assistance Programme (EAP)

Helpline: 0330 380 0658



Link: <https://www.vivup.co.uk>

## Face to face or telephone counselling



Link: <https://www.vivup.co.uk>



Intranet link: Contact Us

## HR Team

Our HR team is dedicated to resolving any issues, and ensuring a positive work environment for all employees.

# Full reports

You can read the reports in full by clicking the buttons below.



## Yvonne Coghill's report

Read more



## Roger Kline's report

Read more



## NHS Annual Staff Survey findings

Read more



# WELCOME TO MILTON KEYNES UNIVERSITY HOSPITAL



FREE  
TO USE  
CASH  
MACHINE

# Recruitment & career progression

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## Key facts

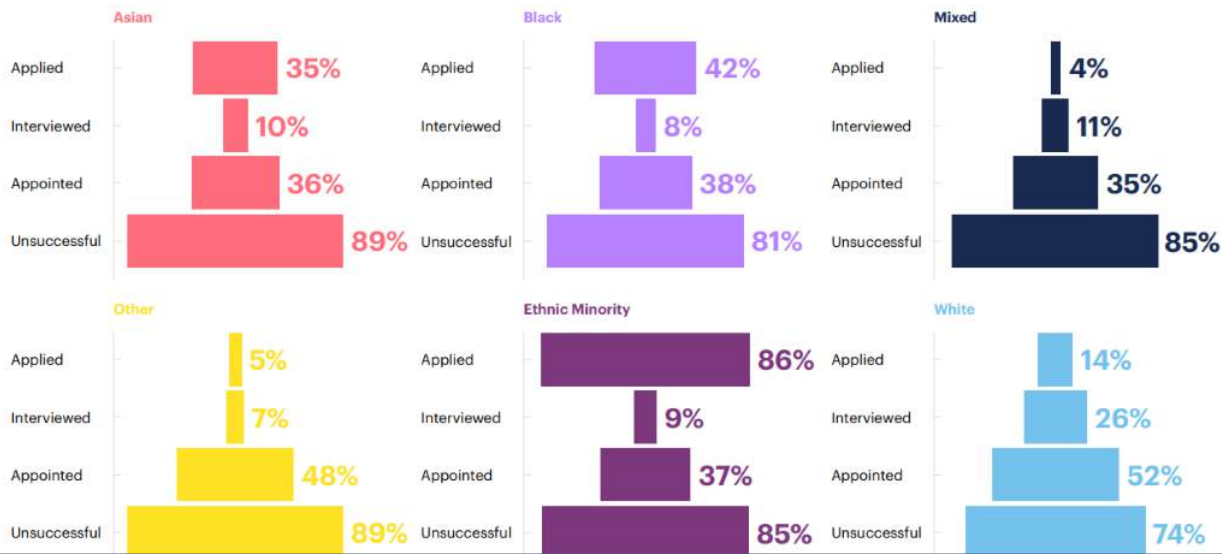
- Ethnic minority people apply for posts in substantial numbers but there is a significant drop in numbers at the shortlisting, interview and appointment stages of the process.
- Compared to Asian and Black applicants, White applicants are more likely to be appointed from application.
- Compared to Asian and Black applicants, White applicants are more likely to be appointed from shortlisting.
- The higher up the AfC pay band, the lower the representation of ethnic minority staff.
- There is a belief that career progression for BME staff is slow, and nepotism is widespread.

**Click the buttons below for key recommendations and next steps.**

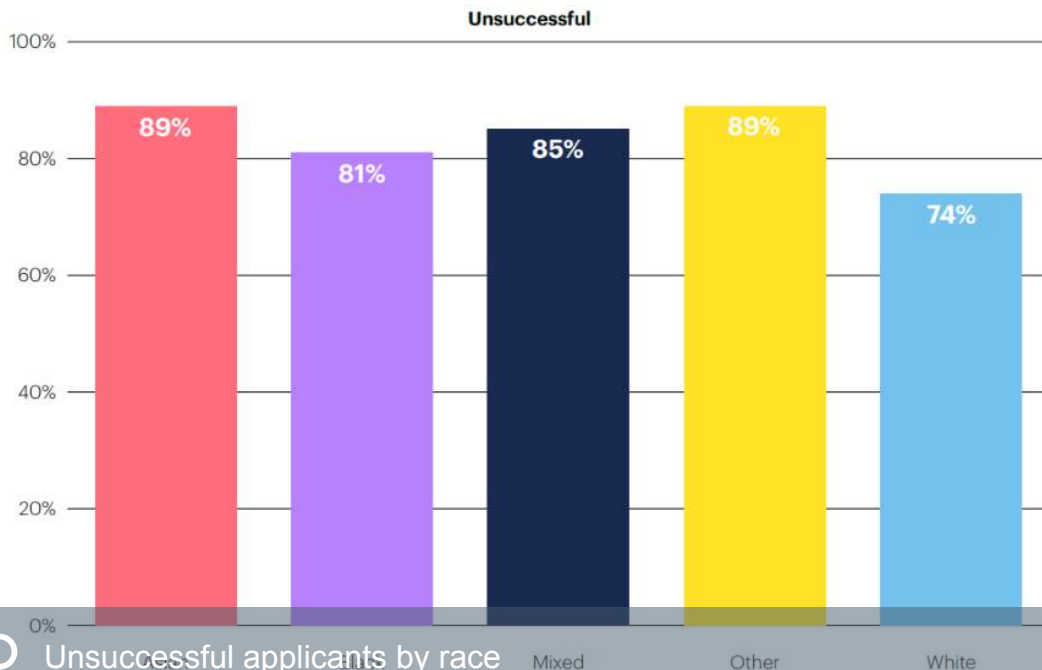
**Value-based  
recruitment training  
& support for  
internal candidates**

**Career progression  
audit including  
secondments and  
fixed-term contracts**

**Focus on making  
access to training,  
promotion and  
recruitment  
equitable**



Overall success rate from application to appointment



Unsuccessful applicants by race

# Staff experience

## Key findings - harassment, bullying or abuse

- Black (Caribbean) and Asian (Pakistani) staff report highest levels of abuse from managers.
- Mixed (other) and Asian (Bangladeshi) staff report highest levels of abuse from colleagues.
- White (Irish) staff reported highest levels of abuse from patients in the last 12 months.



## Key findings - discrimination

- Mixed and other staff report the highest levels of discrimination from colleagues.

According to staff, there are **additional factors** contributing to staff experience:

- Poor behaviors and biases that go unchallenged.
- Lack of leadership training.
- Lack of 360 feedback for managers.



## Staff Experience - key recommendations

- Conducting bespoke surveys and focus groups with employees from diverse backgrounds to gather first-hand insights on their experiences and challenges.
- Analysing and monitoring of ESR data for patterns related to recruitment, promotion, and retention can reveal systemic issues.
- Implementing exit interviews to understand why employees leave can provide valuable feedback.
- Collaborating with diversity and inclusion experts to conduct an external review of policies and practices can help identify areas for improvement and actionable steps to foster a more inclusive environment.

- Publicising available support channels and resources for staff who experience or witness racial discrimination.
- Working with the Trust's BAME network to help identify microaggressions, incivilities and nuanced racial discrimination.



# Disciplinaries

## Key facts:

- In 2024, Black staff were 1.51 times relatively more likely to enter the formal disciplinary compared to White staff and this is an increase on 2022.

## Key recommendations:

- Monitor disciplinary and complaints systems to make sure that they are not disproportionately affecting ethnic minorities.
- Adopt a just and learning culture.

## Work in progress:

- Just & learning culture panels to avoid unnecessary formal processes.
- Ongoing review of the policies.

**Just & learning culture**  
Disciplinary policy & procedure on Radar



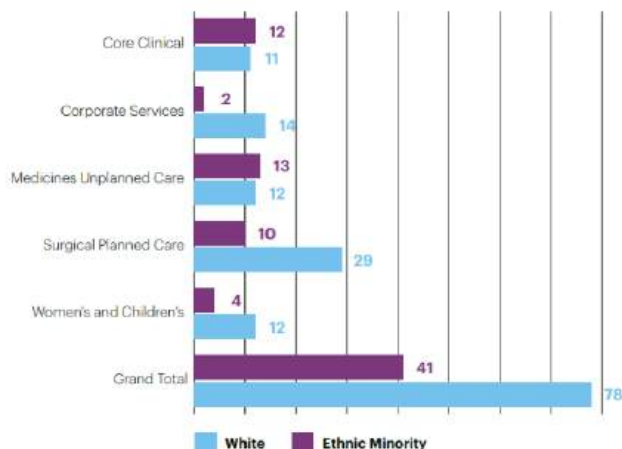
**Health & wellbeing support**  
Link to our resource pack



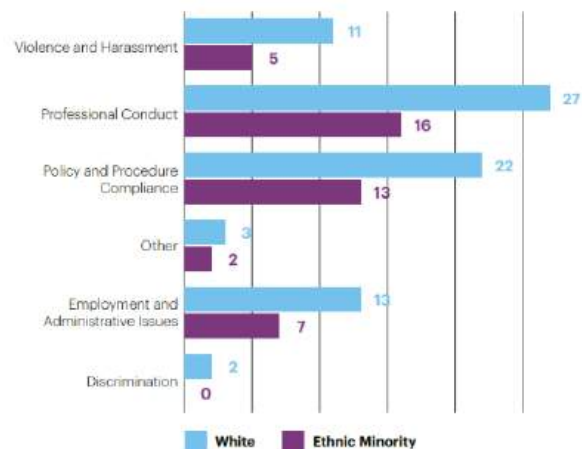
**Mandatory reporting**  
Link to the MKUH reports



**Figure 28: Formal disciplinary by Divisions**

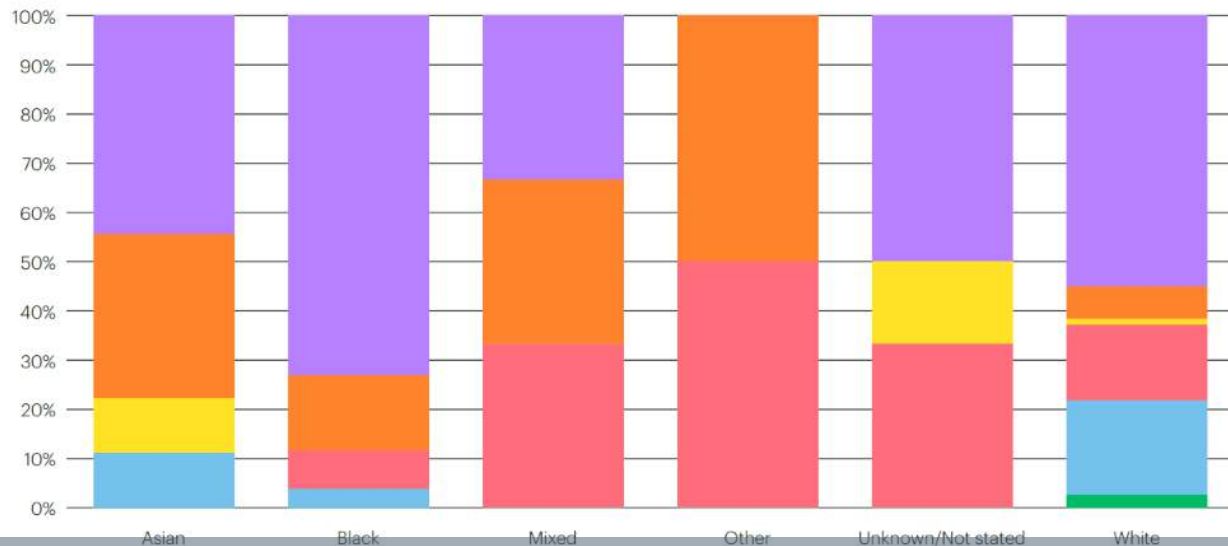


**Figure 29: Formal disciplinary allegations by ethnicity**



Formal disciplinarys by ethnicity and outcome

**Figure 30: Formal disciplinary outcomes by ethnicity**



Formal disciplinary outcome by ethnicity

# Training

## Key findings:

- White staff are more likely to complete personal development and leadership training, and Black and Asian staff are more likely to complete clinical training.
- Leadership training
  - Surgical Planned Care: BME employees are underrepresented by -43.1%
  - Women's and Children's: BME employees are underrepresented by -20.1%
  - Core Clinical: BME employees are overrepresented by +28.9%
- Personal Development training
  - Women's and Children's: BME employees are underrepresented by -25.1%

### Access to training

Encourage and work with managers to ensure equity in access to development and leadership training.



### Reporting

Report and monitor on training access by ethnicity, staff group and department.



## **A new Study Leave & Educational Funding policy**

Coming soon...



## **Annual Training Needs Analysis (TNA)**

This will be part of the Study Leave & Educational Funding policy toolkit.

Access to the CPD funding via planned TNA.



## **Review of management & leadership offer and creation of a Learning & Development brochure**

Coming soon...



# Sickness absence

The overall number of days lost due to sickness is lower among Black, Asian and ethnic minority staff compared with White staff.

There is a general decrease in the average days lost per absence occurrence over the three periods.

Figure 48: Sickness average days lost by ethnicity (2022 – 2024)

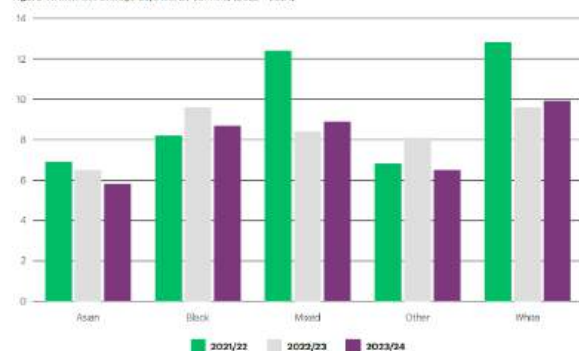
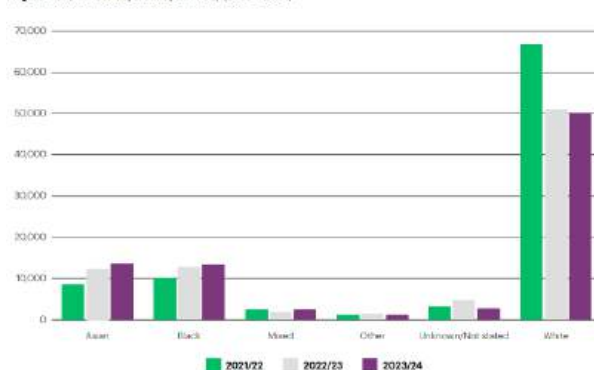


Figure 40: Sickness days lost by ethnicity (2022 – 2024)



Over the three periods, the overall average days lost per absence occurrence decreased from 10.9 days in 2021/22 to 8.6 days in 2023/24, with an overall average of 9.4 days across all groups.

# Leavers

## Key findings

- The turnover rate among Black staff, while reduced in 2023/24, has been consistently higher compared to other groups. Mixed staff saw a significant rise in their turnover rate in 2023/24.



## Key recommendations

- Further improve the flexible work arrangements.
- Working with our networks to define health and wellbeing initiatives.
- Career development and opportunities.
- Enhanced communication and embedded feedback mechanisms.

# Priorities and next steps

**1**

**No More Tick Boxes  
- Creating positive  
action**

**2**

**Continual  
engagement with  
Inclusion  
Leadership Council  
and JCNC**

**3**

**Addressing bias  
and driving  
improvement**

**4**

**Ensuring  
accountability &  
governance through  
an updated EDI  
strategy**

**5**

**Equity in career  
development &  
talent management**

**6**

**Monitoring of a data  
dashboard of key  
workforce  
measures**

**7**

**Addressing poor  
behaviours**





Let us know what you think  
our top priority should be.

**Unbiased recruitment**

☐

**Equity in career progression**

☐

**Improved staff experience**

☐

**Application of HR processes**

☐

**Access to training**

☐

**Addressing poor behaviours**

☐



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Corporate Risk Register															
Reference	Description	Impact of risk	Owner	Last review	Next review	Status	Inherent score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-035	<p>IF there is a high turnover of staff due to: work pressure, not having the opportunity to work at the top of their licence, lack of capacity for development, lack of capacity for supervision / support. Also difficulty in recruiting. Loss of staff to primary care which offers more attractive working hours.</p> <p>THEN there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines.</p>	<p>LEADING TO:</p> <p>1. increased length of stay due to TTO delay</p> <p>2. increase in prescribing errors not corrected</p> <p>3. increase in dispensing errors</p> <p>4. increase in missed doses</p> <p>5. failure to meet legal requirements for safe and secure use of medicines</p> <p>6. harm to the patients</p> <p>7. adverse impact on mental health of Pharmacy staff</p> <p>All resulting in adverse patient outcomes.</p> <p>Lack of financial control on medicines expenditure</p> <p>Breach of CQC regulations</p>	Helen Smith	15-May-2025	30-Jun-2025	Planned	20	20	6	Actively recruiting staff (20-Feb-2025)	Business Case for additional staff(05-Apr-2022), Temporary role realignment towards patient facing roles(05-Apr-2022), Use of Agency Staff(05-Apr-2022), Prioritisation of wards(28-Jun-2022), Band 6 Pharmacist roles changed to band 6-7(09-Sep-2024), Restructure senior clinical team(09-Sep-2024), Enhance E&T team(09-Sep-2024)	Low	Treat	Recruitment continues. 5 new starters planned for August. Significant change expected at this point.	07-Aug-2019
RSK-134	<p>If there is insufficient funding, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims,</p>	<p>Leading to service failure and regulatory intervention</p> <p>THEN the Trust will be unable to meet its financial performance obligations or achieve financial sustainability</p>	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	20	8	Work with ICS partners and NHSE to mitigate financial risk.	Cost and volume contracts replaced with block contracts (set nationally) for clinical income(04-Nov-2021), Top-up payments available where COVID-19 leads to additional costs over and above block sum amounts (until end of March 2022)(04-Nov-2021), Budgets to be reset for FY22 based on financial regime; financial controls and oversight to be reintroduced to manage financial performance(04-Nov-2021), Cost efficiency programme to be reset to target focus on areas of greatest opportunity to deliver(04-Nov-2021), The current funding has now been clarified .The trust will work with BLMK system partners during the year to review overall BLMK performance(21-Mar-2022), Internal budgetary review/financial performance oversight processes to manage/mitigate cost pressures. Financial efficiency programme identifies headroom for improvement in cost base. Close monitoring/challenge of inflationary price rises(16-Nov-2022), Financial efficiency programme identifies headroom for improvement in cost base.(04-Sep-2023), Close Monitoring/challenge of inflationary price rises(04-Sep-2023), Medium Term financial modelling commenced with ICS partners.(04-Sep-2023), Escalation of key issues to NHSE regional team for support(04-Sep-2023), Close monitoring of Elective Recovery Fund ( ERF) activity and income(09-Jan-2024)	High	Treat	Risk transferred from Datix	01-Apr-2022
RSK-202	<p>IF Financial Efficiency schemes are not fully developed</p> <p>THEN There is a risk that the Trust will not deliver the required level of savings</p>	LEADING TO potential cash shortfall and non-delivery of its key targets	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	20	8	Divisions to have fully implemented all savings plans which have resulted in in year reductions for their respective savings targets	Divisional CIP review meetings in place attended by the DoF, divisional managers and finance business partners(23-Nov-2021), Cross-cutting transformation schemes are being worked up(23-Nov-2021), Savings plan for 21/22 financial year not yet fully identified(23-Nov-2021), Divisional CIP review meetings in place attended by the DoF, divisional managers and finance business partner. There are no cross-cutting transformation schemes yet identified and savings of around £9.2m as the end of Oct 223 have been identified against the £17m target. Whilst this shortfall can be mitigated this year, the risk is around the underlying financial position.(16-Nov-2022), Fully identified CIP programme of £23.8m for 2024/25 by the end of Sept 2024(12-Aug-2024), Engagement of consultancy to support help delivering the CIP programme(12-Aug-2024), Further on-going support from external consultancy until the end of March 25(31-Dec-2024), Grip & Control and Matrix support through divisional Strategic Transformation and Efficiency Portfolio (STEP) meetings held every 2 weeks(14-Apr-2025)	Medium	Treat	Risk transferred from Datix	01-Apr-2022
RSK-305	<p>If there is insufficient strategic capital funding available in relation to NHP</p> <p>THEN the Trust will be unable to invest in the site to maintain pace with the growth of the Milton Keynes population's demand for hospital services</p>	LEADING To financial loss and reputational damage	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	20	10	Agreement from the National NHP to fully fund the NHP scheme to an agreed design .	The trust has a process to target investment of available capital finance to manage risk and safety across the hospital(06-Dec-2021), Trust is discussing this with the regional Capital Team and with the ICB capital allocations for 23/24.(16-Nov-2022), The Trust has established management processes to prioritise investment of available capital resources to manage emerging risk and safety across the hospital.(04-Sep-2023), The Trust is responsive in pursuing additional NHSE capital programme funding as/when additional funding is available.(04-Sep-2023), The Trust is agile in responding to alter notified capital slippage from across the ICS and wider region to take advantage of additional capital budget(04-Sep-2023), Trust is awaiting the capital funding allocation as part of the 25/26 planning guidance and will review the risk once this is produced by the National Capital team(31-Dec-2024)	Medium	Treat	On-going conversations with regional and national capital team	01-Apr-2022

Corporate Risk Register																
RSK-456	<p>IF there is an increasing demand on the Blood Sciences service and staffing levels are no longer sufficient to provide a robust 24/7 service</p> <p>THEN staff will be unable to continue to meet service demands</p>	<p>LEADING TO:</p> <p>1.The inability to cover 24/7 service and several gaps in the rota, which has already been evidenced 4 times in the last 3 months and this will result in no Out of hours cover which will mean the Trust will need to consider closing AE/Maternity and Theatres</p> <p>2.Chief BMS having to cover shifts and calling people on sickness leave to help cover shifts due to lack of staff</p> <p>3.An increasing delay in the turnaround time of results – KPI’s for Biochemistry are significantly failing to meet the demands of the urgent service</p> <p>4.Risk of losing limited expertise knowledge from department due to sickness</p> <p>5.The inability to provide resilience cover for shifts due to having insufficient numbers enough to cover the shifts.</p> <p>6.Increase in overdue governance and quality tasks</p> <p>7.More samples are marked ‘urgent’ as clinicians hear of possible delays which exacerbates the problem.</p> <p>8.A backlog of samples at the end of the day which is carried over to the following day or beyond which impacts integrity of samples from GP’s</p> <p>9.Senior scientific staff spend more time doing routine bench work to address the increase, compromising laboratory governance issues</p> <p>10.Increasing levels of stress related sickness and turnover of staff, sickness rate is around 6%</p> <p>11.Back of trained and competent staff impacts on the training and development of new and existing staff members</p> <p>12.Routinely having to stop electrophoresis analysis, Haemoglobinopathy analysis and other areas due to staffing issues</p> <p>13.Pool of Bank resource significantly reduced, and adequate agency staff not easily available to cover these shortages</p>	Rebecca Potter	19-May-2025	19-Jun-2025	Planned	20	20	8	<p>Recruitment of staff (19-May-2025),</p> <p>Training &amp; Competency progression new staff (19-May-2025),</p> <p>Monitor staff available for out of hours rota (19-May-2025),</p> <p>Quality support offered to Manager and Seniors to help close gap prior to replacement 8a starting (01-May-2025)</p>	<p>Use of Agency, Locum and Bank Staff(17-May-2023),</p> <p>Currently utilising the 8a Chief BMS to cover shifts where possible.(17-May-2023),</p> <p>Prioritisation of urgent work(17-May-2023),</p> <p>Existing staff offered overtime(17-May-2023),</p> <p>Increase WTE staff resource in Chemistry within budget(23-Jun-2023),</p> <p>Recruit Haematology bank Bnd 4 resource(23-Jun-2023),</p> <p>Recruit Chemistry bank Bnd 6 resource(23-Jun-2023),</p> <p>Recruit Haematology agency Bnd 6 resource(23-Jun-2023),</p> <p>Recruit Chemistry Agency Bnd 6 resource(23-Jun-2023),</p> <p>Recruitment of B8a, following resignation of Chemistry Operations Manager(22-Nov-2024)</p>	Low	Treat	<p>Staffing remains short, particularly in light of upcoming LIMS project and expected retirement of management team members.</p>	02-Mar-2023	
RSK-457	<p>If there are insufficient staffing levels (radiographers)</p> <p>THEN there will be reduced capacity in the department resulting in closure of the 3rd CT Scanner</p>	<p>LEADING TO delays to patient diagnosis and treatment, potential missed diagnosis; increased stress / increased sickness and potentially inability to retain staff</p>	Mike Pashler	16-May-2025	16-Jun-2025	Planned	20	20	6	<p>Use of agency radiographers until sufficient staffing in place (16-May-2025)</p>	<p>Prioritising 2WW patients at the expense of urgent, routine and planned/cancer follow-up patients(27-Jun-2023),</p> <p>Signposting patients to PALS Team, where appropriate(27-Jun-2023),</p> <p>Recruitment of staff(27-Jun-2023)</p>	Low	Treat	<p>Recent agency contract has not been renewed, meaning there are large gaps in CT capacity. This is leading to further increases in waiting lists for 2WW, cancer f/u, urgent and routine patients.</p>	22-Jun-2023	
RSK-558	<p>IF the Trust does not fully deliver its efficiency programme</p> <p>THEN there is the potential that the Trust will not have adequate cash to cover its revenue and capital expenditure as it falls due.</p>	<p>Leading to the Trust requiring to request revenue loan support for DHSC; delays to payments and lack of adherence to best practice payment code</p>	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	20	5	<p>Senior Finance team are reviewing on a weekly basis the cash position which is dependent on the funding outcome for Q4 for ERF which has not been confirmed</p>	<p>Regular exec lead efficiency review meetings(01-Jul-2024),</p> <p>Regular monthly oversight of cash by regional NHSE team(12-Aug-2024),</p> <p>Grip &amp; Control" and Matrix Team Support have been strengthened across each division to foster idea generation and development. This is being facilitated through new divisional Strategic Transformation and Efficiency Portfolio (STEP) meetings, held every two weeks. Additionally, oversight is provided through monthly Divisional Financial Performance reviews and the Transformation Board.(14-Apr-2025)</p>	Low	Treat		11-Jun-2024	
RSK-591	<p>If the Ultrasound service cannot meet the demands of the maternity service and the required SBLv3 scan requirements</p> <p>Then there is a risk to clinical safety for women, including those under a SBL v3 pathway at booking, those that enter am SBL v3 pathway during their pregnancy and any other woman that requires additional USS that is time critical.</p>	<p>Leading to undiagnosed fetal compromise which could result in Fetal compromise leading to operative delivery or impacted birth choices, unplanned admission to NNU or fetal demise.</p>	Katy Philpott	10-Jan-2025	11-Feb-2025	Overdue	20	20	2		<p>Audit of SBL v3 compliance to required standard needed for MIS and ensuring patient safety(19-Nov-2024)</p>	Low	Treat	<p>Risk assessment received and attached to risk</p>	19-Nov-2024	
RSK-036	<p>If there is no capacity in the Pharmacy Team</p> <p>THEN there is a risk that Pharmacy and Medicines Policies and Procedures may not be reviewed and updated in a timely manner, nor new policies developed</p>	<p>Leading to:</p> <p>Potential for Policies &amp; Procedures to be out of date</p> <p>Potential for staff to follow out of date Policies &amp; Procedures</p> <p>Failure to meet CQC requirements</p> <p>Lack of guidance for staff</p> <p>Potential harm to patients</p>	Helen Smith	15-May-2025	01-Jun-2025	Pending	16	16	6	<p>Recruitment of staff (07-Jan-2025)</p>	<p>Use of remote bank staff to update policies(28-Sep-2021),</p> <p>Business Case for additional Pharmacy staff(19-Apr-2022)</p>	Low	Treat	<p>5 new starters in August will free up more senior staff to undertake governance roles. Expected change at this point.</p>	01-Oct-2021	
RSK-142	<p>IF there is insufficient capacity and ongoing unsustainable demand for dietetic input for Paediatric patients (both inpatient and outpatient) . IF Home Enterally Fed Paediatrics patients continue to be seen our outpatient structure which is not adequate to meet their demands and needs. This means that these high risk groups of Children and Young People are not accessing the necessary specialist nutritional support at the appropriate time in their development</p> <p>THEN staff may be unable to cover a service that has not been serviced correctly, and the paediatric team cannot provide a full dietetic service to children and young people in the Milton Keynes area</p>	<p>LEADING TO patient care and patient safety may be at risk, vulnerable children may become nutritionally compromised, the service may be unable to assess and advise new patients and review existing patients in a timely manner, and there may be an impact on patients nutritional status and longer term dietary management on what is a very vulnerable group of patients. The majority of our caseload is infants or tube fed infants and children where there nutrition and growth is a priority.</p>	Elizabeth Pryke	23-May-2025	27-Jun-2025	Planned	16	16	6	<p>Redway clinic to be started for children on HEF</p>	<p>Existing staff are working some additional hours but this remains insufficient to meet the needs of the service(04-Nov-2021),</p> <p>In contact with commissioners to discuss service provision</p> <p>Collecting additional data (feedback from stakeholders, benchmarking etc) to support business case(05-Feb-2023)</p>	Low	Treat	<p>Aiming to start Redway school HEF clinic in next month. Have emailed MKUH contracts manager re CNWL SLA - waiting for a response</p>	01-Nov-2021	

Corporate Risk Register															
RSK-638	IF the POCT Poccellerator Informatics System was to fail  THEN Pathology will be unable to assign new lots of consumables to the devices. Pharmacy will still dispense consumables but staff will be unable to use them.	LEADING TO the Trust being unable to provide POCT glucose and ketone tests; Potential mismanagement of diabetic patients; delay in diagnosis and treatment of patient; reputational damage; potential litigation	Phillip Dickson	21-May-2025	19-Jun-2025	Planned	16	16	6	NovaNet middleware system installed following renewal of contract. IT will need to create a new server to house the system. (01-May-2025), POCcellerator system to be replaced. Options appraisal to be completed to identify best system for MKUH, to allow all device types to connect (21-May-2025), Implementation of a business continuity plan to provide clear instructions on how to deal with equipment faults and failures. (21-May-2025)	Nova StatStrip SOP (POCT16WI) developed and available to staff via Radar and Q-Pulse(24-Mar-2025), Actioning analyser issues is covered in staff training, which is refreshed every 24 months.(24-Mar-2025), Ward staff reminded of the current process to communicate directly with the DISN team if a patient has an abnormal glucose or ketone result.(24-Mar-2025), All current lots have been assigned, and the Trust can maintain sufficient stock to last 2-3 months whilst the system remains functional(24-Mar-2025), Expiry of POCT access has been extended from 12 months to 24.(24-Mar-2025), Ram has been increased on current server to try and stabilise the system.(24-Mar-2025), Devices set to lock-out if the QC result is more than 3 points of standard deviation from the mean.(24-Mar-2025), Further communication sent out reminding ward staff to contact the POCT team of any device issues.(24-Mar-2025), Devices can be shared between departments where necessary in an emergency situation, in conjunction with the site team(24-Mar-2025), POCT review non-conformances and investigate repeated non-returns(24-Mar-2025), EQA provider, WEQAS has been advised of issue(24-Mar-2025)	Low	Treat	Risk remains high. Whilst BCP is not yet published contingency instruments and sharing of instruments in place	20-Feb-2025
RSK-016	IF there is a lack of flow in the organisation  THEN there may be an unsafe environment for patients	LEADING TO a potentially impact on bed space capacity, ambulance queues, missed Emergency Access Targets and overcrowding into ED/radiology corridors creating Health & Safety hazard and continued pressure, leading to poor patient care/treatment, nursing patients outside of cubicles in corridors and the middle of majors,and delays in discharge/transfer and the potential for an increase of incidents being reported regarding assessment/care/treatment, and or significant number of patients with a high acuity/ dependency being cared for in areas that are not suitable for safe care	Kirsty McKenzie	15-May-2025	02-Jun-2025	Pending	25	15	12		EPIC consultant in place to aid flow within department and speed up decision making(22-Sep-2021), Recruitment drive for more nurses/HCA's ongoing. Active management of Nursing/Consultant and Registrar gaps in rota daily to ensure filled.(22-Sep-2021), RAT-ing process and specialty referrals having a RAG system developed to prioritise sickest patients to be assessed.(22-Sep-2021), Walking majors and resus reconfigured. Expanded Cubicle space in Majors - extra 10 spaces, increased capacity using Acorn Suite.(22-Sep-2021), Internal escalation policy in place. CSU lead developing trust escalation criteria to alert trust leads to problems sooner - diverting patients to; Ambulatory care(22-Sep-2021), Since Covid pandemic, phasing plan in place with red and green zones within ED.(22-Sep-2021), Escalation plan for ED to mitigate patient pressures(22-Sep-2021)	Low	Treat	No change	07-Mar-2016
RSK-093	IF there is insufficient staffing within the dietetics department in paediatrics  THEN they will be unable to assess and advise new outpatients and review existing outpatients in a timely manner.	LEADING TO an impact on patients nutritional status and longer term dietary management on what is a very vulnerable group of patients. The majority of our caseload is infants or tube fed infants and children where there nutrition and growth is a priority	Elizabeth Pryke	23-May-2025	27-Jun-2025	Planned	16	15	6	To seek approval for additional bank dietetic hours to try and reduce OP waiting list (additional OP clinics)	1. Dietetic manager has been given approval to source a band 6 experienced locum paediatric dietitian to provide cover.(22-Oct-2021), 2. As a back up plan,a band 5 basic grade dietitian is also being sourced from the locum agency, with the expectation that senior dietetic staff can cover the complex paediatric cases.(22-Oct-2021), 2 new starters to join the team in the next few weeks will start to increase paediatric dietetic provision - to review waiting list once new starters in post(19-Apr-2022), Paediatric Dietetic Assistant Practitioner appointed - to start on 9.5.22, after induction will help to reduce risk(29-Apr-2022), additional paediatric dietitian employed on bank contract for 2 sessions / week to help with long waiting lists - monitor waiting lists on a monthly basis(05-Feb-2023), review of patient pathways to reduce need for outpatient appointments(09-May-2023)	Low	Treat	Staff member fully back from long term leave next week therefore staffing improved. To put in a bank request for additional hours to try and reduce OP waiting list	01-Oct-2021
RSK-526	IF the Trust does not have a sufficient capital expenditure limit (CDEL) Then the Trust will not be able to complete the level of planned capital investment	Leading to insufficient capital expenditure putting a risk on the trusts backlog maintenance and planned clinical replacement programme	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	15	6	Agreement to be reached with the National team around the funding of the 25/26 CDEL	Trusts 24/25 planning process will prioritise capital based on clinical need and key maintenance risks(20-Mar-2024), The trust will pro-actively manage in-year underspend across other capital schemes(20-Mar-2024), Discussions are on-going with the National NHSE Capital team about the CDEL allocation(20-Mar-2024), The Trust's 25-26 capital plan has prioritised allocations based on clinical need and key estates risks.(14-Apr-2025)	Medium	Treat		20-Mar-2024
RSK-527	IF there is inaccurate and late recording of clinical activity on the trusts E-Care system Then there is a risk that the Trust's clinical activity will be understated	LEADING to a loss of income through the ERF	Daphne Thomas	15-May-2025	07-Jun-2025	Planned	15	15	8	In year monitoring of clinical income		Medium	Treat	ERF continues to be reviewed monthly and in detail. No change to Risk Score	20-Mar-2024
RSK-549	IF Trust does not adapt to climate change impacts  THEN the hospital will be impacted not only in its operations to maintain safe patient service, but will face surge in activity due to its adverse effects	LEADING TO unintended harm to patients, loss of services, loss of estates capabilities, cancellation of electives, increased staff risk or sickness.	Julie Orr	24-Feb-2025	24-Mar-2025	Overdue		15	10	Climate Change Adaptation Strategy plan in place	Local Resilience Forum(04-Jun-2024), Local Health Resilience Partnership(04-Jun-2024), MKUH Adverse Weather and Health Policy(04-Jun-2024)	Low	Treat	Risk Review Date Audit completed - Next Review Date updated	03-Jun-2024
RSK-557	IF the Trust does not follow the SFI's and cannot demonstrate to regulators that there is appropriate governance and controls in place  THEN the Trust may be in breach of the annual planning guidance relating to "Grip and Control"	Leading to Regulator interventions being imposed on the Trust and removal of local independence and approvals.	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	16	15	4	On going over sight required to ensure adherence to SFI's with any breaches to be escalated to CFO (22-May-2025)	Targeted trust wide communication strategy(01-Jul-2024), Trust wide Non clinical Non Pay weekly review group(01-Jul-2024)	Low	Treat	Review of risk Treatment Type. Risk has outstanding controls to mitigate risk, therefore Treatment Type should be 'Treat'. Risk updated.	11-Jun-2024
RSK-587	IF the Trust approach to the adoption of clinical digital systems continues as it is without changes to attitudes for engaging in digital work and resources focused on supporting clinical adoption of those systems  THEN the use and development of such systems as eCARE will remain as it is now.	LEADING TO a continuation in the frequency of clinical incidents raised, levels of frustration with those systems, and a missed opportunity to drive quality, efficiency and productivity benefits.	Craig York	19-May-2025	13-Jun-2025	Planned	15	15	4	•Expansion of adoption resources/staff focused on driving the adoption of clinical digital systems. •Consideration across clinical operational and financial leadership on releasing time to staff to engage in training and system development work. •Aligned internal communication on the positive opportunities linked to clinical digital system adoption.		Low	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	17-Oct-2024

Corporate Risk Register															
RSK-658	IF the savings required by NHSE of £650k in the Finance and Procurement teams are implemented THEN there is a risk that there will be an impact on the quality of services provided to the rest of the organisation and externally .	LEADING TO diminished financial control, less reliable financial information, lower compliance with regulatory requirements and poorer decision-making on financial matters. There is an additional risk to team morale with a further impact on motivation and productivity.	Daphne Thomas	15-May-2025	09-Jun-2025	Planned	15	15	10	Cost-cutting Corporate Services in the Transformation Programme to identify savings towards the £650K target	Support from PA Consulting to review proposals(07-May-2025), All proposals to be reviewed and approved by Quality Committee to ensure no adverse quality impact(12-May-2025)	Medium	Treat		07-May-2025
RSK-206	IF the Trust is unable to recruit staff of the appropriate skills and experience; there continues to be unplanned escalation facilities; There are higher than expected levels of enhanced observation nursing; and there is poor planning for peak periods / inadequate rostering for annual/other leave.  THEN the Trust may be unable to keep to affordable levels of agency and locum staffing	LEADING TO Adverse financial effect of using more expensive agency staff and potential quality impact of using temporary staff	Karan Hotchkin	16-May-2025	07-Jul-2025	Planned	16	12	9	On going monitoring of agency and locum spend	Weekly vacancy control panel review agency requests(23-Nov-2021), Control of staffing costs identified as a key transformation work stream(23-Nov-2021), Capacity planning(23-Nov-2021), Robust rostering and leave planning(23-Nov-2021), Escalation policy in place to sign-off breach of agency rates(23-Nov-2021), Fort-nightly executive led agency reduction group meeting with aim of delivering reduction in both quantity and cost of agency used(23-Nov-2021), Agency cap breaches are reported to Divisions and the FIC(23-Nov-2021), Divisional understanding of how to reduce spend on temporary staffing to be developed(23-Nov-2021), Weekly Agency review by Executive Directors(10-Jul-2023), Workforce is discussed as apart of the monthly exec led performance review meetings(14-Apr-2025)	Medium	Treat	Additional controls are in place for long lines of agency that require an Exec sign off	01-Apr-2022
RSK-226	IF the Research Nurses have a clinic room without a couch or trolley  THEN they will be unable to perform their procedures and examinations	LEADING TO safety risk to patients, decrease patients recruitment	Antoanela Colda	21-Jan-2025	21-Feb-2025	Overdue		12	3	Following R&D presentation and constant review of the circumstances, MKUH Space Committee has planned to allocate clinical space at Outpatients, replacing Eye Clinic Department.	Phlebotomy procedures will be undertaken in the Blood Taking Unit(25-Nov-2021), Physical assessment using consultant's clinic rooms(25-Nov-2021), Request submitted to the Space Committee for additional space(25-Nov-2021)	Low	Treat	Next review date updated to 21st February as moderate risks need to be reviewed at least monthly.	25-Nov-2021
RSK-254	IF Nursing & midwifery staff do not follow the correct medication administration workflow, and do not scan the patient wristband...  THEN patients could receive medication which is prescribed for another patient.	LEADING TO potential harm to patients	Craig York	19-May-2025	13-Jun-2025	Planned	12	12	9	Drive adoption of CareAware Connect, including the support from senior Nursing Leadership. (05-Jun-2024), Remove the ability for nurses and midwives to document medication administration via the drug chart and route them via the medications administration wizard (MAW)	eCARE alert if mismatch between wrist band & electronic drug chart. Correct workflow taught in eCARE training. Monthly scanning compliance report(26-Nov-2021), CareAware Connect going live by August 2023(11-Apr-2023)	Low	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	25-Jan-2023
RSK-263	IF the Trust Fire Compartmentation are not surveyed and remedial works funded  THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices	Darren Hutchings	16-May-2025	18-Jun-2025	Planned	20	12	8	Re-review of Hospital Streets and Ward Kitchens/Pantries to be planned. Remedials on Theatres to be actioned. (18-Sep-2024), Outstanding compartmentation items from last survey to be prioritised on risk basis, on a rolling program (14-Apr-2025)	fire door maintenance, fire alarm system, compartmentation inspections and remedials, fire damper inspections and remedials, automatically closing fire doors, emergency lighting, fire extinguishers and other elements of the fire strategy mitigates the reliance on any one component of fire safety(29-Nov-2021), Mandatory fire training(29-Nov-2021), Fire wardens(29-Nov-2021), Annual Capital bids rolling program(29-Nov-2021), Annual audit regime in place(29-Nov-2021), Authorised Engineer (AE)appointment made March 2020(29-Nov-2021), Annual audit in place(29-Nov-2021), Annual Remedial programme in place, risk based priority(29-Nov-2021), Identified remedials were completed Jan 2021(29-Nov-2021), 21/22 programme approved at May 2021 Trust Exec Group(29-Nov-2021), Audit completed June 2021, included all plant room spaces(29-Nov-2021), Works identified including 140 fire doors to be fitted on electrical cupboards. Prioritisation on risk basis, Order for £10K placed with Nene Valley(29-Nov-2021)	Low	Treat	Work being carried out currently looking at higher risk areas.	25-Aug-2021
RSK-264	IF the Trust Fire Doors are not regularly surveyed and remedial works funded  THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices.	Darren Hutchings	28-May-2025	30-Jun-2025	Planned	8	12	8		A combination of fire door maintenance, fire alarm system, compartmentation inspections and remedials, fire damper inspections and remedials, automatically closing fire doors, emergency lighting, fire extinguishers and other elements of the fire strategy mitigates the reliance on any one component of fire safety(29-Nov-2021), Mandatory fire training(29-Nov-2021), Fire wardens(29-Nov-2021), Pre commitment to continual rolling program of updates and refurbishment. BAU funding. £300k invested on Phase 2 2023/24(29-Nov-2021), Plant Room Doors surveyed(29-Nov-2021), Guaranteed Capital agreed brought service in house January 2020(29-Nov-2021), Authorised Engineer (AE) appointed April 2023(29-Nov-2021), Many Fire Doors have been replaced since Jan 2020 as part of the prioritisation programme(29-Nov-2021), Rolling programme with backlog to overcome issues, on annual business case.(29-Nov-2021), 21/22 programme approved at May 2021 Trust Exec Group(29-Nov-2021), Options for new AE, out to tender(29-Nov-2021), Fire Door Asset List updated 2024(19-Dec-2024)	Low	Treat	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	29-Nov-2021
RSK-265	IF there is local power failure and failure of emergency lights, due to age of existing fittings and lack of previous investment  THEN there may be a failure to protect persons allowing a safe evacuation of the area	LEADING TO poor patient experience and safety, non-compliance with regulation, loss of reputation	Darren Hutchings	16-May-2025	20-Jun-2025	Planned	20	12	6	Whilst general improvement in testing, PPM task is not fully resourced and therefore not able to achieve target testing schedule. Additional resources are required. (20-May-2025)	Future investment requirements identified by PPM , reactive maintenance and Estates Specialist Officer(30-Nov-2021), PPM checks in place with regular testing by direct labour(30-Nov-2021), Rolling program of capital investment(30-Nov-2021), Rolling PPM program PPM 3 hour E-light testing program in place(30-Nov-2021), List of known remedials to be completed and prioritised(30-Nov-2021), P4 reporting being connected.(26-Mar-2024), C&B replaced failed lights and remedial works 24/25(26-Mar-2024)	Low	Treat	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	25-Aug-2021

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RSK-266	<p>IF the Trust are unable to take up the New Hospital Plan</p> <p>THEN The Trust would have to fund all future developments from either internally generated funding defined for backlog investment or borrow the money</p>	LEADING TO the Trust being unable to meet the needs of the future MK population with regard to the size and quality of the estate	Rebecca Grindley	16-May-2025	01-Jun-2025	Pending	16	12	4	Development of OBC	Seed funding approved by DHSC to support the development of a Strategic Outline Case (SOC)(30-Nov-2021), SOC has been formally completed(30-Nov-2021), Regular monthly meetings on a formal basis with NHSE/I and DHSC(30-Nov-2021), Regular dialogue taking place with NHSE/I Strategic Estates Advisor(30-Nov-2021), Regular dialogue taking place at Board level(30-Nov-2021), Monthly reporting structure in place with NHSE/I(30-Nov-2021), Programme Board chaired by CEO set-up with agreed ToR(30-Nov-2021), Wider engagement with MK Council(30-Nov-2021), Wider engagement with senior colleagues in the Trust commenced(30-Nov-2021), Engagement with CCG undertaken(30-Nov-2021), SOC Submitted to NHSEI, OBC to be progressed in quarter 4(30-Nov-2021)	Medium	Treat	Continued Engagement with NHP	30-Nov-2021
RSK-425	<p>IF the current mechanisms used for reporting on RTT status continue, along with the current use (and third-party support) of the tools to populate PTL reporting, pathways can 'drop' from the PTL due to legacy logic and rules deeply embedded in the PTL build to cleanse the PTL</p> <p>THEN the data available for submission will continue to require significant overhead to review, rectify and improve (i.e. veracity etc.)</p>	LEADING TO an inability to submit with short turnarounds, continued challenges in seeing patient pathways, prioritizing care etc. and potentially a risk to patient safety as a result.	Craig York	19-May-2025	13-Jun-2025	Planned	12	12	6	<p>DQ Working Group Focus on RTT and PTL content will scope work required.</p> <p>Action delayed while clinic outcome forms web tool is replaced and waiting list task and finish groups continue.</p> <p>Work in progress with national team re: FDP and potential PTL replacement tools.</p>	Business Case being submitted by late spring to implement RTT functionality.(11-Apr-2023)	Medium	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	25-Jan-2023
RSK-448	<p>IF the GE Voulson E10 obstetric ultrasound machines are more than 5 years old</p> <p>THEN there may be reduced accuracy in imaging and reduction in image quality; ongoing further costing to replace probes and complete maintenance; higher risk of equipment breakdown</p>	LEADING TO potential unnecessary further testing and patient stress; potential withdrawal from service and cancelation of lists; breach of Public health England's Fetal anomaly screening programme (FASP) guidance	Alexandra Godfrey	16-May-2025	07-Jun-2025	Planned	12	12	12	Replacement obstetric ultrasound machines (07-May-2025)	Regular servicing and QA programming to ensure accuracy and functionality(17-Apr-2023), Ensuring probes are repaired and maintained.(17-Apr-2023), Switch older machine with newer machine for those undertaking the 12 and 20 week screening scans(17-Apr-2023)	Low	Treat	Risk Management Audit on Next Review Dates of Risks with Current Risk Rating of 8 or more. Next Review must be no more than 1 month. Therefore Next Review Date has been updated to reflect this.	21-Mar-2023
RSK-472	<p>IF staff and service users (Trustwide) are subject to violence and unacceptable behaviour</p> <p>THEN staff/services users may sustain physical/psychological injury</p>	LEADING TO potential significant harm; increased staff sickness/reduction in morale, recruitment and retention difficulties, lack of staff; increased length of stay for patients and poor patient experience; HSE enforcement notice; complaints and litigation; adverse publicity	Rachel Collins	16-May-2025	30-Jun-2025	Planned	25	12	4	Widen environmental study to consider patients with mental health, learning disability, dementia etc – holistic approach to care, environment, distraction therapies (07-Mar-2025), Documented strategy Review policy, local risk assessments, warning system Review and implement flagging of behaviours on ecare and through staff communication between team(s) (03-Mar-2025)	CCTV in high-risk areas(04-Aug-2023), Presence of security in Emergency Department (ED)(04-Aug-2023), Posters displayed in wards/department(04-Aug-2023), Staff communicate patient behaviours during handovers and not on patients notes(04-Aug-2023), Follow conflict resolution training(04-Aug-2023), De-escalate/Staff withdraw from situation if person becomes challenging(04-Aug-2023), Where known aggressor – dynamic assessment, have an escape route, consider seeing patient in twos, do not work alone, do not work in a closed space, consider screens/barriers between aggressor and staff, consider security presence to see patient Ensure panic alarms/call bells within easy reach Call for assistance where situations are escalating(04-Aug-2023), Application of 3 tier warning system – verbal, behavioural, red card – overseen by Head of Security(04-Aug-2023), Enforcement/criminal prosecution where possible(04-Aug-2023), Conflict resolution training mandatory for all staff and Breakaway training available adhoc(04-Aug-2023), Security available - Code victor 2222 Police available – 999 Support for staff through manager/Occupational Health & Wellbeing Services/Employee Assistance Programme Staff support through Staff Debrief available through Chaplaincy service Support also available through Head/Deputy Head of Security/Health & Safety Advisor Staff victims of crime support document – referral to Victims First(04-Aug-2023)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	31-Jul-2023
RSK-493	<p>IF mailing groups on the directory are not kept up to date by IT and HR</p> <p>THEN communications from departments intended for dissemination do not reach intended staff and</p>	LEADING TO risk by ineffective communication	Victoria Balaktsoglou	28-May-2025	30-Jun-2025	Planned	12	12	6	HR and IT to work together to create staff-group specific acute user group lists within AD for comms team to use	When issuing notices intended for all clinical staff to ensure there is a statement to encourage dissemination to relevant staff(02-Nov-2023)	Low	Treat	Ticket raised with IT (#INC-258860) to get acute user email groups updated with data HR have offered to provide.	02-Nov-2023
RSK-545	<p>IF the Trust is unable to access information from the legacy Risk Management System (RLDatix).</p> <p>THEN the Trust will be unable to comply with information requests from Solicitors / Coroners / FOIs and will be unable to access incidents/complaints/claims/safety alerts prior to November 2021.</p>	LEADING TO inability to defend effected litigation cases; impact on reputation of Trust; Breach of GDPR regulations; inability to access trends data > 2.5+ years prior.	Paul Ewers	16-May-2025	16-Jun-2025	Planned	20	12	12	Transfer of data (excluding documents) to Radar Analytics, Recruitment of Data Analyst to review which documents can be deleted AND to convert the remaining data into a format that can be transferred to Radar Analytics.	Current RLDatix Licence to 01/12/25(29-May-2024), Transfer of RLDatix documents into MS Team folder(29-May-2024), IT Department to write script on server to identify which documents in MS Teams relate to which record in RLDatix.(29-May-2024)	Low	Tolerate	Risk reviewed, no change to risk or controls	13-May-2024
RSK-645	<p>IF the capacity to increase CPAP appointments is not increased</p> <p>THEN patients will face significant delays in appointment waiting times</p>	LEADING TO delays in treatment, DM01 breaches (of initial diagnostic) and potentially patient safety issues/harm	Alexandra Peers	29-Apr-2025	09-May-2025	Overdue	16	12	4	Appointment of STP Physiologist and/or extension of FTC for 1x Physiologist who is currently covering a Mat Leave vacancy (short-term support for team) (14-Apr-2025), Service Development - Implementation of 1x Band 7 Physiologist post (14-Apr-2025), Urgent patients expedited / Consideration of electronic referral process	Capacity of 18x CPAP new appointments per week(31-Mar-2025), Senior Chief Respiratory Physiologist complies Rota and priorities DM01 requests(31-Mar-2025), Colleagues working additional 2x Bank shifts per week since September 2024(31-Mar-2025), Urgent CPAP patients (65+ weekers) are prioritised(31-Mar-2025), The annual departmental budget is £155k(31-Mar-2025), Approval for continuation of DM01 Recovery and CPAP Follow Up clinics on Bank(31-Mar-2025)	Low	Treat	Risk approved onto the CRR at TEC - 9th April 2025	27-Mar-2025



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RSK-664	IF there is no authorising person for for decontamination in post  THEN there will be no day to day operational support for decontamination.	LEADING TO errors going unnoticed and unmanaged in terms of compliance. possible use of unsafe equipment; reputational damage to the trust if equipment is continued to be used without the appropriate evidence of compliance records.	Lisa Charles	28-May-2025	19-Jun-2025	Planned	16	12	4	estates to source a third party AP(D) to oversee the documentation sign off for decontamination and support the CP(D)'s, Ensure testing schedule is current as a preventative for breakdowns.	AE(D) bi-monthly visits to check reports(19-May-2025), Highlighted all gaps in control to Estates management and asked to be sighted in their remedial actions plan.(19-May-2025), Maintenance schedule for decontamination equipment.(19-May-2025)	Low	Treat		16-May-2025
RSK-260	IF people working at height are not correctly trained  THEN there is a risk from fall from height	LEADING TO staff/contractor injuries, potential claims, non compliance with statutory regulations and loss of reputation	Benjamin Hazell	19-May-2025	19-May-2025	Overdue	15	10	5	Refresher Ladder Training to be arranged and delivered. Quote to be obtained from Alan Hambridge. (20-Sep-2023), Cherry Picker has been sold, and will be replaced with a hire in service with operator as and when needed. This will negate the need for staff training, storage and maintenance of the kit, and reduce the risks to the workforce. (18-Sep-2024), Manual alternative to Cherry Picker to be sourced. (11-Dec-2024)	Staff training. Ladder/equipment inspections(29-Nov-2021), Written processes and Working at Height Policy reviewed regularly(29-Nov-2021), New lifting equipment purchased(29-Nov-2021), General H&S training conducted(29-Nov-2021), Cherry Picker obtained- staff trained(29-Nov-2021), RAMS from contractors reviewed by Compliance Manager(29-Nov-2021), Edge protection in place in all locations where plant or PV panels exist(29-Nov-2021), On going Contract in place for Edge Protection and Latchways systems Inspections and Maintenance.(29-Nov-2021), Trained RP in August 2021(29-Nov-2021), RP has been appointed by Alan Hambridge(29-Nov-2021)	Low	Treat	Noted that Ladder asset have been tagged and added to PPM checks. No change to risk rating	25-Aug-2021
RSK-275	IF The Trust does not recruit suitably qualified estates personnel THEN there will be a shortfall of qualified skilled estates staff to perform Statutory Maintenance, Emergency On-Call & Day to Day reactive Breakdown requests and Appointed Persons	LEADING TO the Trust being at risk and service delivery systems will increasingly fail directly affecting clinical service and patient care	Darren Hutchings	16-May-2025	20-Jun-2025	Planned	15	10	5	Recruitment, current vacancies in Estates Services - 1 x Fitter, 1 x Estates Officer and 1 x vacancy Estates Officer in May (10-Feb-2025)	Agency staff option to back fill to current vacancies, whilst recruitment process continues if required(30-Nov-2021), Change paper put through to TEG for additional resources, better R&R payments and to bring 7 day working over longer hours by introducing a shift pattern which should protect the service availability, enhance remuneration closer to market rate and make on-call sessions less onerous. Approved subject to funding like date March 2022(30-Nov-2021), Validation pending on some changes to funding going through(30-Nov-2021)	Low	Treat	Have appointed Senior engineer with now a vacant estates officer position and 2 fitter positions.	23-Apr-2024
RSK-575	IF the current method for using smart cards to log into eCARE (CIS 1.0) is not updated by Oracle Health to use NHS England's newer method (CIS 2.0), NHS England reduce their support of CIS 1.0, and there is a technical outage to CIS 1.0  THEN NHS England may not investigate and resolve the outage outside of normal working hours (Mon-Fri 9-5), which could leave MKUH without access to eCARE for an extended period of time,	LEADING TO significant risk to patient care, operational management of the Hospital site, and data collection for commissioning. Inability to access and use eCARE for multiple days over a weekend could lead to an impact to patient care, cancelled clinics or theatre lists, slower flow through the hospital, and gaps in reporting data.	Craig York	19-May-2025	13-Jun-2025	Planned	15	10	5	Implement CIS 2.0	Escalation to NHS England and Oracle Health International CIO(30-Sep-2024)	Low	Treat	NHS England have confirmed MKUH will still have out of hours support until change to CIS 2 is completed.	13-Sep-2024
RSK-651	IF tests are not entered into LIMS and authorised in a timely fashion  THEN results will breach turnaround times	LEADING TO potential for delayed and missed diagnosis and treatment; tests may be repeated which poses an operational and financial pressure to Pathology	Rebecca Potter	21-May-2025	19-Jun-2025	Planned	15	10	6	Overseas doctors to be onboarded and trained in referral procedures (06-May-2025), Review of process and reassignment of responsibilities (06-May-2025), Extra resource for authorisation of Chemistry-Immunology results (06-May-2025), Review of departmental SOPs, responsibilities and authorities with regards to all aspects of referrals to be clarified (06-May-2025), Review of handbook, work instructions and Winpath to ensure TAT align., Review each test for correct coding, Removal or improvement of generic send away codes in WPE	Results are entered in order of receipt(23-Apr-2025), Queries are run periodically to highlight outstanding results(23-Apr-2025), Any abnormal results (those outside of the reference range or highlighted by sender as abnormal) are identified on receipt are prioritised(23-Apr-2025), Deputy Manager has returned on bank to carry on with this function(23-Apr-2025), Cases are chased once they breach two weeks overdue.(23-Apr-2025), Where possible results are entered before chasing(23-Apr-2025), Lists are run monthly to capture those that are outstanding.(23-Apr-2025), Samples are only sent to miscellaneous reference/referral labs following clinical approval.(23-Apr-2025)	Low	Treat	Risk remains high. increasing demands on bank B6 have meant this has been deprioritised for a short while.	23-Apr-2025
RSK-215	IF Child Protection (CP) Medicals are not completed  THEN there is potential for delay in proceedings for Child Protection which may lead to compliance issues for the Trust and impacts on children, families and staff	LEADING TO legal and regulatory issues for MKUH, the police, and Social Services. Delays in appropriate multi-agency safeguarding children actions being taken and potential for increased risk to the child's safety and potential litigation against the Trust	Sarah Sandham	16-May-2025	31-May-2025	Pending	9	9	6	Head of safeguarding and Named Doctor to review the CP medical internal MKUH process for booking CP medicals and data capture as part of gap analysis (07-Apr-2025)	Social Service made aware that the earlier we know about CP Medicals the easier it is to get them in and out(24-Nov-2021), Ongoing discussions are being held with BLMK and CNWL and Designated Doctor to progress toward an agreeable pathway(24-Nov-2021), A interim process has been agreed that SW requesting CP Medical contacts the SGC Lead who will coordinate booking through ward 4 and discuss with on call consultant(24-Nov-2021)	Low	Treat	A QI project is currently underway to review all Processes regarding Child Protection Medicals	24-Jan-2022
RSK-274	IF the Trust worn flooring is not replaced  THEN there is a risk of failure of flooring	LEADING TO trip hazard & infection control issues	Benjamin Hazell	19-May-2025	19-May-2025	Overdue	15	9	6	Regular funded replacement programme required. (22-Apr-2025)	Capital bid to be placed annually(30-Nov-2021), Ward 6 and Ward 1 full floor replacement completed(30-Nov-2021), Business Case written, funded 21/22(30-Nov-2021), Adhoc floor repairs made with temporary taping of any failures occurring(30-Nov-2021), Going to the market for new contractor, out to tender(30-Nov-2021), Crown Industrial flooring making small repairs(30-Nov-2021), 3 year + 1 +1 . contract awarded. Annual audit of Common areas, corridors and circulation, includes repairs(03-Mar-2022), Major works funded by emergency business case, smaller repairs funded under revenue repairs(20-Sep-2023)	Low	Treat	B/Case to be written to obtain funds for repairs this year 2025 rolling programme	25-Aug-2021
RSK-276	If the flat roofs identified in the Langley Roof report and 6 facet survey as requiring replacement or upgrading, are not replaced  THEN there is a risk of roof failure in relation to flat roofs across the Trust	LEADING TO Water ingress - Potential damage to equipment, disruption to service, damage to reputation	Anthony Marsh	16-May-2025	30-Jun-2025	Planned	15	9	3	Replacement/upgrade of flat roofs identified in the 6 facet survey. Ongoing replacement works since Jan 24. Funded in 2024/25 Programme (12-May-2025)	Inspections and repairs as needed(30-Nov-2021), Updated annual 6 facet survey by Oakleaf(30-Nov-2021), Large patch repairs undertaken as emergency business cases(30-Nov-2021), 1 x Post Grad roof fully replaced 19/20(30-Nov-2021), Ward 10 - 50% of roof patch repairs completed 19/20(30-Nov-2021), Phase 1, Phase 2 and Community Hospital survey completed.(52 roof leaks noted in 12 months Jan 19 -Aug 20) 16 leaks in 1st week of October 2020(30-Nov-2021), Pharmacy small roof replaced September 20(30-Nov-2021), Business Case approved for 4 to 5 year rolling programme(30-Nov-2021), Community Hospital work completed July 2021(30-Nov-2021), Phase 1 and Phase 2 of the hospital works outstanding. Funding to be approved(30-Nov-2021)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	21-Dec-2022



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RSK-300	<p>IF the call bell system is not replaced/upgraded</p> <p>THEN the call bell system could fail as parts obsolete for some systems to obtain</p>	LEADING TO increased risk to patients and possible service disruption and poor patient experience	Benjamin Hazell	16-May-2025	03-Jun-2025	Pending	12	9	6	Wards with obsolete equipment require replacement. Spares have increased as old system been replaced. Replacement program on hold due to lack of capital funding and reviewing Ascom's contract performance. BH to advise if any obsolete equipment. (03-May-2023)	An emergency back up system of 30 units has been purchased in the event of current system failing. There is also an additional spare unit(30-Nov-2021), Ward 4, 5 and Milton Mouse & A&E Majors were replaced in FY18/19(30-Nov-2021), ADAU replaced as emergency business case October 2019(30-Nov-2021), Endo replaced in Jan 2020(30-Nov-2021), Vizcall no longer in business, plan to replace all Vizcall systems in 20/21 - Vizcall test equipment and spares purchased for in house support(30-Nov-2021), Above the line funding for 2 x wards and ED agreed for 2021 with Ascom. Ward 2A and ED will be completed in 2023/2024(30-Nov-2021), Milton Mouse and Urology have been added to the Ascom system 2024(26-Mar-2024)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021	
RSK-401	<p>IF the GE OEC 7900 Fluorostar and GE OEC 9900 Image Intensifiers are not replaced</p> <p>THEN a patient may be at risk whilst under General Anaesthetic in theatre due to failing/faulty equipment; it will become more difficult to source parts;</p>	LEADING TO potential harm to patients; inability/delay in repairing equipment following failure/fault; missed opportunity to reduce the radiation dose to the patient (due to new equipment enhancements)	Deborah Dolling	16-May-2025	30-Jun-2025	Planned	9	9	6	Purchase and implementation of new Image Intensifier (17-Mar-2025)	Maintain routine servicing/QA and physics checks to monitor equipment performance(24-Nov-2022), Liaise closely with Theatre operational managers and admissions to fulfil Imaging's commitment to cover these cases(24-Nov-2022), Attend weekly admissions meeting to monitor the theatre lists being booked to foresee any preventable issues with over booking of units.(24-Nov-2022), Liaise closely with Theatre to co-ordinate a plan when emergencies arise(24-Nov-2022)	Low	Treat	Risk Owner updated	24-Nov-2022	
RSK-434	<p>IF there is insufficient capacity of outpatient appointments</p> <p>THEN Patient Access will be unable to provide patients within designated timescales</p>	LEADING TO a delay in diagnosing and treating patients; cancellation of appointments to ensure patients are appropriately prioritised; increasing waiting lists; breach in national appointment timescales; patients being moved in clinics without clinical validation.	Felicity Maple	27-May-2025	30-Jun-2025	Planned	9	9	6		Fortnightly ASI reports are produced and circulated at a senior level identifying polling ranges and patients waiting on e-Referral worklists.(10-Feb-2023), Divisions reviewing capacity & demand planning.(10-Feb-2023), WLIs are being held in services to expedite long waiting patients.(10-Feb-2023), Patients are booked according to referrals priority and wait time(10-Feb-2023), Many services have referral assessment services in order to clinically triage referrals(10-Feb-2023), All services have been requested to ensure that there are firebreaks within their clinic templates to mitigate disruption due to clinic cancellations(10-Feb-2023), Daily 78+ week report circulated to monitor longest waiting patients.(10-Feb-2023), Capacity & Demand planning for all services to be completed(10-Feb-2023), Cleanse of the Patient Tracking Lists for the following services to be undertaken, utilising additional non-recurrent resource - Ophthalmology; ENT; Urology; Trauma & Orthopaedics; Gynaecology(10-Feb-2023)	Low	Treat	Felicity Maple approved next review date for 28 March 2025 - no other information changed	06-Feb-2023	
RSK-459	<p>IF there is insufficient capacity to maintain a core team of trained radiographers</p> <p>THEN there will be a decreasing number of trained CT staff within the department.</p>	LEADING TO a potential inability to provide a 24-7 emergency CT service	Mike Pashler	16-May-2025	16-Jun-2025	Planned	15	9	4	Recruit substantive staff to increase capacity for training (16-May-2025)	Offering fast-track training to allow staff to volunteer for extra duties to facilitate training(28-Jun-2023), Employ agency staff to cover substantive staff(28-Jun-2023)	Low	Treat	JD review and planned recruitment. Staffing pressures ongoing due to sickness and annual leave.	27-Jun-2023	
RSK-574	<p>IF there are insufficient staff within the Cyber Security Team</p> <p>THEN the team will have insufficient capacity to meet the demand on the service.</p>	LEADING TO potential vulnerability; critical BAU actions being picked up by existing staff	Oliver Chandler	19-May-2025	13-Jun-2025	Planned	9	9	3		Critical Cyber functions distributed to others in IT.(25-Sep-2024)	Low	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	25-Sep-2024	
RSK-020	<p>IF there are ligature point areas in ED for Adult and C&amp;YP in all areas of department</p> <p>THEN ED patients may use ligature points to self harm. There has been an incident where a mental health patient used a door closer as a ligature point.</p>	LEADING TO increased safety risk to patients, safe and adverse publicity	Kirsty McKenzie	16-May-2025	02-Jun-2025	Pending	12	8	8	Mental Health pathway to be reviewed by the Corporate Team (17-Jan-2025)	Patients assessed and those at risk of self harming are placed in an area they can easily be observed.(22-Sep-2021), New mental health room has been ligature and risk assessed by CNWL team(22-Sep-2021), Remind all staff about keeping swipe doors closed so they don't access rooms where they are not observable Last ligature audit was April 2019 and actioned.(22-Sep-2021), Risk Assessment of adult and C&YP areas reviewed April 2019(22-Sep-2021), Check list in place to risk asses each Adults and C&YP attending with MH/DSH issues to identify personalised action plan(22-Sep-2021), Follow up ligature RA completed as advised by H&S lead for trust Risk Assesment completed - identified need for collapsible clothes hangers in public toilets - request to estates to install and completed; x1 non-compliant cord pull also in toilet - changed(22-Sep-2021), Repeat Ligature Risk Assessment for 2020 required(22-Sep-2021), ensure all staff are aware of the new Policy - "Ligature Risk Awareness"(22-Sep-2021), E-Care Risk Assessment Tool to be reviewed/adapted(10-Aug-2022)	Low	Treat	discussed with safeguarding BJ.. noting a small number of identified pt with known MH issues who are high risk who are frequent attenders to ED.	05-Aug-2014	
RSK-090	<p>IF the Trust cannot access and report on inpatient activity for Therapy &amp; Dietetics,</p> <p>THEN Therapy Services are unable to determine demand in order to plan and develop services effectively.</p>	LEADING TO poor patient experience, inability to demonstrate the effectiveness of the service and an inability to benchmark and compare data with other Trusts due to lack of data submission	Robert Baddeley	16-May-2025	06-Jun-2025	Planned	15	8	6	To create standard Operating Procedure for eCare contact forms - to be part of Inpatient Operating Guideline, Manual data collection using Teams survey (06-May-2025), Standard Operating Procedure for ecare patient data (07-May 2025)	Therapies Service working with the Information Team to establish where data is located by validating data entries(21-Oct-2021), Therapies Service collecting manual data to validate eCARE entries and to enable submission of benchmarking data(21-Oct-2021), Inpatient data/ dashboard to be created to show live patient contact activity. This will support with the modelling of the inpatient services in order to predict and meet future demands(21-Oct-2021), Contact another Trust that uses Cerner to discuss Therapy data reporting(14-Dec-2022)	Low	Treat	Second version of inpatient activity dashboard is being tested for accuracy.	21-Nov-2021	

Corporate Risk Register															
RSK-230	IF a major incident was to occur requiring the trust to respond above service levels  THEN there could be an impact to normal service. Eg/elective and inpatient care.	LEADING TO changes in routine working processes and procedures across the Trust for the duration of the major incident response and recovery phases.	Julie Orr	03-Apr-2025	01-May-2025	Overdue		8	8		Major incident response plan (IRP)(25-Nov-2021), Action Cards have been removed from the Major Incident Response Plan and are held as a separate annex(25-Nov-2021), CBRN arrangements outlined within the IRP(25-Nov-2021), Mass casualty response outlined within the IRP(25-Nov-2021), Regional casualty dispersal process in place(25-Nov-2021), Local resilience Forum working group meetings attended, with tactical and strategic levels represented by CCG and NHSE&I(25-Nov-2021), Training and Exercise programme in place to ensure the Trust meets national best practice and statutory obligations(25-Nov-2021), EPRR annual work plan in place and agreed with Accountable Emergency Officer (AEO) that is scrutinised and reviewed through the Emergency Planning Steering Committee on a quarterly basis attended by senior and key staff(25-Nov-2021), Annual NHSE&I EPRR Core Standards review conducted by BLMK CCG to ensure MKUH is meeting its statutory obligations, with internal report sent to Managing Board and Trust Public Board for sign-off(25-Nov-2021), Development and delivery of EPRR Work Programme 2024 - to be signed off by Emergency Planning Steering Committee in February 2024.(15-Nov-2023)	Low	Tolerate	Review Date Audit - Next Review date updated to reflect Trust Policy	25-Nov-2021
RSK-236	IF there is inability to retain staff employed in critical posts  THEN we may not be able to provide safe workforce cover	LEADING TO clinical risk. Increasing temporary staffing usage and expenditure Increased turnover Decreased stability rates Increased stress levels within trust Reduced morale	Louise Clayton	16-May-2025	06-Jun-2025	Planned	16	8	8	Creation of retention toolkit (08-Apr-2025)	Variety of Organisational Development and Reward initiatives, including Event in the Tent, P2P, Schwartz Rounds, Living our Values, Annual Staff Awards and feedback from staff being acted upon(25-Nov-2021), Monitoring via staff survey feedback and local action plan based outcomes(25-Nov-2021), Health and Wellbeing promotion, education and prevention via Staff Health and Wellbeing(25-Nov-2021), Online onboarding and exit interview process in place(25-Nov-2021), Flexible working and Agile Working policies in place(25-Nov-2021), MK Managers Way in place(25-Nov-2021), Recruitment and retention premia in place, including Golden Hello for Midwives(25-Nov-2021), Enhanced social media engagement in place and ongoing(25-Nov-2021), Annual funding initiatives to upskill staff and retain them through ongoing education e.g. Chief Nurse Fellowships, PGCE and Rotary Club Bursary fund(25-Nov-2021), Refer a Friend Scheme introduced in 2022 to improve retention and recruitment.(10-May-2022), International Recruitment ongoing to recruit 125 nurses in 2022, attraction campaign to commence in 2022 with national advertising of the Trust as employer of choice.(10-May-2022), Attraction Campaign to launch Autumn 2022 with programme of events and mixed media advertising through to March 2023(31-Oct-2022), Staff Survey Action Plans for key areas of focus(20-Jul-2023), Review of Retention Frameworks in Core Clinical post-implementation(20-Jul-2023), Review of local induction/onboarding process(20-Jul-2023)	Low	Tolerate	Risk Reviewed - Controls updated. No change to Risk Score	02-Jan-2023
RSK-262	IF the Trust Fire Dampers are not surveyed and remedial works funded  THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices.	Darren Hutchings	16-May-2025	20-Jun-2025	Planned	20	8	8	All fire dampers identified, requires ongoing capital funding to maintain and resurvey as required.	A combination of fire door maintenance, fire alarm system, compartmentation inspections and remedials, fire damper inspections and remedials, automatically closing fire doors, emergency lighting, fire extinguishers and other elements of the fire strategy mitigates the reliance on any one component of fire safety(29-Nov-2021), Mandatory fire training(29-Nov-2021), Fire wardens(29-Nov-2021), Authorised Engineer (AE)appointed March 2020(29-Nov-2021), Annual inspections(29-Nov-2021), Funded annual remedial programme(29-Nov-2021), Site wide Damper annual audit, risk based approach to any remedials(29-Nov-2021), £10K of repair work ordered and new inspection(29-Nov-2021), Changed Theatre 5 Damper, remaining 6 faults to be replaced 2022/2023(03-Mar-2022), Fire Damper O&M to be checked for Ward 22/Endo and added to maintenance schedule if appropriate(26-Mar-2024)	Low	Tolerate	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	25-Aug-2021

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RSK-269	IF the Trust fails to comply fully with current DoH HTM 04-01 Parts A&B, Addendum relating to Water Systems and HTM 00 as identified in the Water Risk assessment  THEN The Trust will be unable to provide assurance of a fully compliant water safety system	LEADING TO Increased risk to patients and staff, loss of reputation, financial loss to the Trust.	Benjamin Hazell	19-May-2025	23-Jun-2025	Planned	16	8	8		A Water Services Management Group operates quarterly, with agreed membership and agenda items(30-Nov-2021), Audit document and action plan has been circulated to the Group for discussion and progression at the next meeting(30-Nov-2021), Independent contractor commissioned to regularly test water outlets. Controls and testing regimes in place(30-Nov-2021), Review and Water Services Management Group membership includes independent contractor and Authorising Engineer(30-Nov-2021), Whole site risk assessments are current and risk reviewed at each meeting(30-Nov-2021), Risk assessment undertaken of augmented care areas(30-Nov-2021), House keepers are flushing water out lets in clinical areas and return flushing sheets to estates, Hotel Services Audit manager to track progress and compliance(30-Nov-2021), Tender awarded to Evolution, 2 year contract commenced 1st July 2019. extended for 6 months. New tender to be drafted(30-Nov-2021), Phase 1 and Cancer Centre risk assessments completed(30-Nov-2021), Phase 2 Risk Assessment completed June 2021, actions underway(30-Nov-2021), Audit and Risk assessments for outlying buildings planned 2022(30-Nov-2021), Ben Hazell is trained and appointed Appointed Person (AP)(22-Mar-2023), Controls and action recommendations being reviewed by Compliance Officer(31-Mar-2023), Cleaning of Phase 1 Cylinders and Calorifiers, and descaling of phase 1 calorifiers(22-Jun-2023), Ongoing engineering improvements actioned when identified(20-Dec-2023), Water Coolers being changed across the Trust to direct feed and Healthcare equipment recommended(20-Mar-2024)	Low	Tolerate	No significant changes to note	21-Dec-2022
RSK-301	IF the existing foul water drainage system is not suitably maintained or repaired  THEN the system could fail	LEADING TO cause flooding, contamination and loss of service	Darren Grace	19-Mar-2025	30-Apr-2025	Overdue		8	6	Proactive maintenance commitment, reactive CCTV of problem areas (20-May-2025)	Reactive maintenance repairs, using Trust owned CCTV for inspections and remedial works.(30-Nov-2021), Wards 1-5 identified as risk areas(30-Nov-2021), Some CCTV inspection has been completed(30-Nov-2021), Multiple areas descaled ongoing programme(30-Nov-2021)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
RSK-421	IF there are shortages of medicines with minimal notice or little warning  THEN there may be insufficient medicines to meet the needs to the Trust.	LEADING TO possibility of cancellation of patient appointments/operations or a delay to treatment/discharge; Increased cost to the trust in sourcing medicines off of contract prices, courier charges, staff time	Nicholas Beason	16-May-2025	05-Jun-2025	Planned	10	8	6		Actively working on reducing any impact from medicines out of stock - sourcing where possible. Regional procurement, NHS England and mutual aid all being used.(20-Jan-2023), increase capacity of pharmacy procurement team(09-Jun-2023), Additional team members trained in procurement(30-Oct-2023)	Low	Treat	significant shortages continue	27-Nov-2022
RSK-510	IF MKUH does not have a reliable temperature monitoring systems that covers all medicines storage locations (room, fridge and freezers)  THEN the Trust is unable to have assurance that medicines are stored appropriately and the Trust will not be compliant CQC recommendations made in 2019	LEADING TO Potential patient safety event due to administration of inappropriately stored medicines; Failure to resolve a previous CQC recommendation; Potential larger financial loss due to delay in noticing temperature excursion events leading to increased dispose of medicines.	Vivian De Vittoris	16-May-2025	30-Jun-2025	Planned	15	8	4	Trust-wide temperature monitoring system for the monitoring of temperature in all medicine storage locations (room, fridge and freezer) to be implemented	Redesign of temperature monitoring forms(18-Jan-2024), Redesign of temperature monitoring guidance and disseminated to clinical areas(18-Jan-2024), Teaching sessions in senior nurses meeting & pharmacy(18-Jan-2024), Safe and secure handling audit to gain assurance and identify deficiencies(18-Jan-2024), The use of stand-a-lone thermometers for temperature monitoring (but requires user to manually record temperatures)(18-Jan-2024), Escalation to Chief Pharmacist for issue awareness at executive level(18-Jan-2024)	Low	Treat	To liaise with Helen re: plan for capital	15-Jan-2024
RSK-010	IF the Radar Risk Management System does not meet the needs to the Trust and of legal reporting requirements THEN the Trust will not have an appropriate system to manage incidents, complaints, claims, compliments, safety alerts, documentation, audits, risks and other risk/governance related activity.	LEADING TO an inability for the Trust to defend itself against future claims/litigation leading to potential financial penalties, improvement notices, PFD notices from HM Coroner, adverse publicity etc., an inability to evidence compliance with CQC regulations and freedom of information requests, and potential for an increase in incidents, complaints and claims due to lack of learning from incidents.	Paul Ewers	16-May-2025	16-Jun-2025	Planned	20	6	6		Project Manager identified along with 3 members of staff to provide cover and support to the project where necessary(06-Sep-2021), Radar Project Plan in place(06-Sep-2021), Radar Risk Assessment in place(06-Sep-2021), Working Groups identified to support design/build of system in line with Trust's requirements(06-Sep-2021), Radar Healthcare have a dedicated Project Manager and team in place to support MKUH with implementation(06-Sep-2021), Clearly defined roles added to the Project Plan(06-Sep-2021), Escalation process in place to Exec Sponsor(06-Sep-2021), Communication Strategy Developed(06-Sep-2021), Enhancements / Developments to Radar System required to support staff in reporting incidents.(23-Dec-2022), Radar moving server from Windows to Linux to provide more stable analytics system, with improved speed and functionality(23-Dec-2022), Redesign of Analytics to meet the needs of the Trust(08-Jun-2023), System redesign to meet the needs of the new Patient Safety Incident Response Framework (PSIRF)(08-Jun-2023), Training and Comms in relation to Documentation Process (including, how to access the latest versions)(09-Aug-2023), MKUH/Radar Programme Board(29-Jan-2024)	Low	Tolerate	Risk reviewed, no change to risk or controls	28-Apr-2021
RSK-033	If the laundry contractor (Elis) can not provide an efficient and effective service. Then there may be: Delayed deliveries from Elis 2. Shortage deliveries from Elis 3. Lack of contingency stock	Leading to: 1. Delayed linen distribution throughout the trust. 2. Delayed personal care – negative impact on patient experience. 3. Delayed clinics and surgical lists (theatres). 4. Staff health and wellbeing – stress. 5. Waste of staffing resources – staff without linen to distribute. 6. In case of a Major Incident there would not be enough laundry to provide a good level of patient care.	Aiden Ralph	21-May-2025	24-Jun-2025	Planned	12	6	6		1. Escalated issue internally and externally.(27-Sep-2021), In daily contact with laundry company to ascertain their position.(11-Feb-2022), There is a lock on the dirty linen store to prevent employees/patients/visitors entering.(11-Feb-2022), Contract review meetings with Elis every quarter.(15-Dec-2022), MKUH has a contract with Elis which has contingency plans in place.(15-Dec-2022)	Low	Tolerate	Review Date Audit - Next Review date updated to reflect Trust Policy	01-Dec-2022

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RSK-115	<p>IF annual and quarterly test reports for Autoclaves and Washer Disinfectors used for critical processes are not being received in a timely manner from the Estates department and there is no Authorised Person (D) to maintain the day to day operational aspects of the role</p> <p>THEN the Trust will be unable to prove control, monitoring and validation of the sterilisation process as a control measure. Both units are reviewed only 1 day per month - a bulk of this time is spent checking records and the other aspects of the role do not get the sufficient time required to review and follow up.</p>	<p>LEADING TO possible loss of ISO 13485 accreditation due to non-compliance to national standards. Inconsistent checks or lack of scheduled tests for the steam plant also increase the risk.</p>	Darren Hutchings	15-May-2025	30-Jun-2025	Planned	20	6	6	<p>AE(D) to appoint AP(D) for Endoscopy. Assessment due Feb-March, 2025 (10-Feb-2025)</p>	<p>Estates management informed and plans in place to receive reports on time and to standard.</p> <p>Independent monitoring system in place monitoring machine performance. Weekly PPM carried out on machinery.</p> <p>An action plan has been created by estates, to include training the specialist estates officer so he can gain the recognised qualification he needs to carry out the role of the Authorised person for decontamination (AP(D)) and for additional training of the estates competent persons (CP(D) who test the decontamination equipment.(29-Oct-2021),</p> <p>A meeting took place in January with estates managers, where HSDU were seeking assurance that the service would be covered. Estates have agreed to look for a plan to mitigate the risk and to keep HSDU fully informed. HSDU have informed the AE(D), so he is now aware that the site will not have any day to day operational AP(D) cover.</p> <p>Estates nominated person AP is undergoing training and awaiting final sign off and official appointment to role.(21-Jan-2022),</p> <p>Mechanical Engineer is trained and appointed as AP, for HSDU.(04-Apr-2023),</p> <p>Appointed AP(D)(27-Jul-2023)</p>	Low	Treat	<p>Reviewed by Compliance Officer and Estates Manager, no change to risk rating.</p>	25-Aug-2021
RSK-158	<p>IF the escalation beds are open across the medical and surgical divisions.</p> <p>Then the additional patients that will need to be seen will put additional unfunded demand on the Inpatient Therapy &amp; Dietetic Services.</p>	<p>LEADING TO:</p> <p>Patients deconditioning, nutritional needs of patients may not be met and increased Length Of Stay (LOS), high volume of patients will not be seen daily, priority will be given to new assessments, discharges and acute chests. Majority of patients may only be seen once a week for rehabilitation which is insufficient to maintain a patient's level of function.</p> <p>Staff morale will reduce as they will not be providing the appropriate level of assessment and treatment to their patients.</p> <p>Increases use of agency staff as unable to fill with longer term contracts</p>	Laura Sturgeon	16-May-2025	30-Jun-2025	Planned	16	6	6	<p>Inpatient Therapies business case submitted to increase staffing for resilience against a predicted use of escalation beds to reduce use of agency (02-Apr-2025)</p>	<p>Therapy staff attend board rounds and work with the MDT to determine priority patients. The skills mix and workforce is reviewed twice weekly between Occupational Therapy and Physiotherapy to determine cover for the base wards.</p> <p>To work closely with community services to raise awareness and to increase discharge opportunities i.e. in reaching</p> <p>Therapies working with Long stay Tuesday initiative</p> <p>Therapies supporting new discharge pathway/process in the Trust</p> <p>Over recruitment of PT and OT band 5's</p> <p>Locum cover for vacant posts.</p> <p>Daily attendance at 10.30 system wide discharge call.</p> <p>Inpatient Therapy Service participation in MADE events.</p> <p>Review of staffing model across inpatient medical and frailty wards.(12-Nov-2021),</p> <p>To ensure that inpatients teams are aware of open escalation areas and patient are prioritised in line with agreed criteria(12-Apr-2023),</p> <p>agency physiotherapist and occupational therapist to cover additional workload.(09-May-2023),</p> <p>inpatient improvement project- aiming to review patient pathways to optimise staffing(09-May-2023),</p> <p>Inpatient teams aware of who covers additional areas as the open</p> <p>Complex med physio ward 12</p> <p>stroke OT- ward 12</p> <p>AAFT- 2B</p> <p>AAFT/SDEC bedded SDEC</p> <p>ortho- DSU</p> <p>Escalation areas to be managed by substantive staff members. back fill of locum cover to be checked within existing structures (30-Dec-2024)</p>	Medium	Tolerate	<p>escalation and reverse boarding beds remain in use. Locum agreements in place, have been filled for approx. 50% of hours available. risk remains unchanged</p>	27-Nov-2018
RSK-159	<p>IF patients referred to the Occupational Therapy and Physiotherapy inpatient services covering complex medical are not seen in a timely manner.</p> <p>THEN there will be a delay in these patients being assessed, treated and discharged.</p>	<p>LEADING TO deconditioning of vulnerable/complex patients requiring a short period of therapy; increased length of stay; potential readmission, increased demand for packages of care requiring double handed provision. patient experience and long term quality of life will also be impacted as patients are being discharged as more dependent on care.</p>	Laura Sturgeon	28-May-2025	30-Sep-2025	Planned	20	6	6	<p>each team to review skill mix to provide resilience in team, introduce support workers where required (07-May-2025)</p>	<p>Daily prioritisation of patients</p> <p>cross covering and review of skill mix</p> <p>locum cover x1 OT and x1 PT in place</p> <p>Ward book for escalation wards setup and band 7 reviews the caseload on the ward daily Monday- Friday and requests the most urgent are reviewed.</p> <p>Recruitment process ongoing but vacancies have reduced slightly.</p> <p>Over recruitment of band 5 OT and PT roles.</p> <p>Non-recurrent funding application for increase in therapy assistants over winter months.(12-Nov-2021),</p> <p>Review of Governance Structure(19-Apr-2022),</p> <p>Review Model of Care(19-Apr-2022),</p> <p>Review Workforce Model and Structure(19-Apr-2022),</p> <p>Recruitment and Retention of staff(19-Apr-2022),</p> <p>Education and Training of staff(19-Apr-2022),</p> <p>workforce plan to improve retention(09-May-2023),</p> <p>recruitment of bank staff for any gapped posts. premium agency utilised only when essential(09-May-2023),</p> <p>winter proposal for therapy services- enhanced number of support workers for winter period.(09-May-2023),</p> <p>regular attendance at MADE ( Multiagency Discharge Event) to improve flow of patients and safe timely discharge.(09-May-2023)</p>	Low	Tolerate	<p>long term sickness continues to affect support worker provision. Registered posts currently staffed.</p>	04-Mar-2019
RSK-204	<p>IF data sent to external agencies (such as NHS Digital, Advise Inc and tenders) from the Procurement ordering system contain patient details</p> <p>THEN there is a risk that a data breach may occur with reference to GDPR and Data Protection Act as the procurement department deals with large volumes of data.</p>	<p>LEADING TO a data breach and potential significant fine</p>	Lisa Johnston	16-May-2025	07-Jun-2025	Planned	16	6	6		<p>All staff attend an annual mandatory training course on Information Governance(23-Nov-2021),</p> <p>Staff are encouraged to use catalogues which reduces the requirements for free text(23-Nov-2021),</p> <p>Data sent out to external agencies is checked for any patient details before submitting(23-Nov-2021)</p>	Medium	Tolerate	<p>Ongoing risk</p>	01-Apr-2022
RSK-205	<p>IF there is Incorrect processing through human error or system errors on the Procurement systems</p> <p>THEN there is risk that there may be issues with data quality within the procurement systems</p>	<p>LEADING TO Incorrect ordering resulting in a lack of stock and impacting on patient safety</p>	Lisa Johnston	16-May-2025	07-Jun-2025	Planned	12	6	6		<p>Monthly reviews on data quality and corrections(23-Nov-2021),</p> <p>Mechanisms are in place to learn and change processes(23-Nov-2021),</p> <p>Data validation activities occur on monthly basis(23-Nov-2021),</p> <p>A desire to put qualifying suppliers in catalogue(23-Nov-2021)</p>	Medium	Tolerate	<p>Risk transferred from Datix</p>	01-Apr-2022

Corporate Risk Register															
RSK-207	IF there is major IT failure internally or from external providers  THEN there is a risk that key Finance and Procurement systems are unavailable	LEADING TO 1. No Purchase to pay functions available ie no electronic requisitions, ordering, receipting or payment of invoices creating delays for delivery of goods. 2. No electronic tenders being issued. 3. No electronic raising of orders or receipting of income	Karan Hotchkin	16-May-2025	07-Jun-2025	Planned	12	6	6		If its an external issue, SBS the service provider of the purchase to pay and order and invoicing has a business continuity plan in place(23-Nov-2021), If its an internal issue. The Trust has arrangements with the CCG who also use SBS to use their SBS platform(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-209	IF staff members falsely represent themselves, abuse their position, or fail to disclosure information for personal gain  THEN the Trust/Service Users/Stakeholders may be defrauded	LEADING TO financial loss and reputational damage	Karan Hotchkin	16-May-2025	07-Jun-2025	Planned	12	6	6		Anti-Fraud and Anti-Bribery Policy(23-Nov-2021), Standards of Business Conduct Policy including Q&A section(23-Nov-2021), Standing Orders(23-Nov-2021), Local Counter Fraud Specialist in place and delivery of an annual plan(23-Nov-2021), Proactive reviews also undertaken by Internal Audit(23-Nov-2021), Register of Gifts and Hospitality(23-Nov-2021), Register of Declarations(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-211	IF the presence of colonisation with pseudomonas aeruginosa is identified during routine water sampling from any outlets in the Cancer Centre.  THEN this will present an increased risk of infection in immuno-suppressed cancer patients. Mitigations in place to avoid risk to patients and staff in Cancer Centre	LEADING TO susceptible patients within augmented care units such as Ward 25 and chemotherapy Suite potentially coming to harm	Sharon Burns	28-May-2025	01-Jul-2025	Planned	16	6	6		For direct contact with patients water where testing has shown absence of P.aeruginosa(23-Nov-2021), For direct contact with patients water supplied through a point of use (POU) filter(23-Nov-2021), For direct contact with patients sterile water (for wound washing if required)(23-Nov-2021), Signs at all taps alerting people to refrain from drinking or brushing teeth with water(23-Nov-2021), Bottled water available(23-Nov-2021), Correct installation and commissioning of water systems in line with HTM 04-01 is adhered to. Schematic drawings are available for water systems(23-Nov-2021), Flushing of water outlets is carried out daily and documented (07:00 – 09:00 HCA)(23-Nov-2021), Plans for sampling and microbiological testing of water is in place(23-Nov-2021), replacement of pipework to hand wash basins in patient bays(27-Feb-2023), replacement of pipework not yet removed/ replaced remains an option(17-Apr-2023), close monitoring of cleaning by domestic team (taps) and water sampling by external authorised company. pt. information includes safe use of drinking water(17-Apr-2023)	Medium	Tolerate	Ongoing review with risk assessment/ mitigations	16-Mar-2021
RSK-232	IF there is an extreme prolonged weather conditions (heat/cold)  THEN there is potential for wards/departments to be unable to maintain/provide effective service provision at required standards during prolonged extreme weather conditions	LEADING TO Service disruption/delays, Staff health & wellbeing, Patient safety, Adverse media publicity Breaches of Health & Safety at Work Act, Management of Health & Safety at Work Regulations, Workplace Health, Safety & Welfare Regulations	Julie Orr	18-Dec-2024	21-Apr-2025	Overdue		6	6		Business continuity plans in some areas(25-Nov-2021), Heat wave plan(25-Nov-2021), Extreme weather policy(25-Nov-2021), Cold Weather Plan(25-Nov-2021), Development and delivery of new national Adverse Weather and Health Plan to be implemented into EPRR Work Programme 2024 - to be signed off by Emergency Planning Steering Committee in February 2024.(15-Nov-2023)	Low	Tolerate	Adverse Weather Impact will occur on an annual basis, with current incident report outlining such events with recommendation to support Climate Change Adaptation measures	10-Apr-2022
RSK-233	IF we are unable to recruit sufficient staff  THEN we may not have safe staffing levels in the hospital	LEADING to reduced service delivery, reduction in patient experience and care.	Helen Bass	16-May-2025	31-May-2025	Planned	16	6	3	Recruitment plans by role (23-Dec-2024)	Apprenticeship routes for nursing(25-Nov-2021), System in place to recruit student nurses from placements at MKUH(25-Nov-2021), Enhanced adverts, social media and recruitment open day tool kit for Divisions to use(25-Nov-2021), NHS People Plan strengthens action on education and new roles(25-Nov-2021), National NHS England recruitment publicity(25-Nov-2021), International Recruitment of 100 Nurses in 2023(31-Oct-2022), Recruitment and retention premia or certain specialties(11-May-2023), Advanced Nurse Practitioner development and integration in progress(11-May-2023), New SAS grade established(11-May-2023), New publication for International Medical Graduates developed(11-May-2023), Action down policy in place(11-May-2023), Routine/Regular evidence based trends inform early recruitment activity(11-May-2023), Shared recruitment campaigns for HCSW(19-Jul-2023), Recruitment Specialists impacting hard to recruit areas(19-Jul-2023), Maintain current headcount of recruitment team by making FTC employees substantive(13-May-2024)	Low	Treat	Continue to monitor this risk.	01-Nov-2021
RSK-238	IF poor moving and handling practice happens,  THEN staff and patients may get injured due to poor moving and handling	LEADING TO litigation, sickness absence and increased temporary staffing backfill. Staff and/or patient injury Subsequent reduction in staff numbers Poor reputation and publicity Potential risk of litigation and prosecution	Joanna Klimera	16-May-2025	30-May-2025	Pending	12	6	6	Triangulate Data (25-Apr-2025)	Currently manual handling training is carried out every three years and the Manual Handling and Ergonomics Advisor visits all departments to carry out risk assessments, offer advice and ad-hoc training as required(25-Nov-2021), Training is currently being provided ad-hoc by an external company(10-May-2022), Occupational Health are employing a MSK Physio to provide staff support post injury.(10-May-2022), The Trust is exploring bank contracts for trainers to meet demand(10-May-2022), Set up standing agenda for Manual Handling Steering Group(18-Oct-2023), Create action plans for top areas identified through group(18-Oct-2023)	Low	Tolerate	Risk reviewed - Controls updated	01-Nov-2021



Corporate Risk Register															
RSK-252	IF eCARE does not prevent non-prescribers from prescribing medication which could then be administered to a patient  THEN there could be limitations in restricting access to individual Smart Card holders permissions or individuals do not adhere to the correct workflow	LEADING TO Medications could be prescribed and administered to a patient that are not clinically required & could be contraindicated	Craig York	16-May-2025	31-Jul-2025	Planned	9	6	6		eCARE training of correct process -eCARE training includes advice on only performing tasks related to professional registration and job role(26-Nov-2021), Code of conduct - NMC -eCARE pop up requires staff to state who advised them to prescribe medication & how (verbally/written)(26-Nov-2021), Monthly audit of in place a mechanism where medications prescribed by non-physicians are audited monthly against the known list of Non-Medical Prescribers/pharmacists/Midwives. Inconsistencies will be escalated to CNIO for investigation(15-Dec-2021), SOP to be produced to support monthly audit.(16-Feb-2022), Accepted risk & continue to do as a monthly audit, with assistance identified and acted on.(11-Apr-2023)	Low	Tolerate	Existing mechanisms in place for review and action.	25-Jan-2023
RSK-279	IF pedestrians in the hospital grounds walk over the verges, grassed areas, mounds, slopes, sloped/high curbs and do not stick to the designated pathways  THEN Patients, visitors and staff could slip, trip or fall causing injury including fractures, sprains, strains	LEADING TO legal and enforcement action against individuals/and or the Trust leading to fines/compensation/exposure in local press leading to adverse publicity	Darren Hutchings	16-May-2025	31-Mar-2026	Planned	12	6	6		Sloping curbs painted yellow where they may be crossed(30-Nov-2021), Fencing or railings in some areas to deter access(30-Nov-2021), Rolling Paths annual program to repair paths and roads(30-Nov-2021), Grass kept cut by grounds team(30-Nov-2021), Ongoing review of grounds to control access(30-Nov-2021), Keep off the Grass signage in place(30-Nov-2021), Areas suitable to install knee high fencing identified. High risk areas with slopes actioned. Continual review to identify and prioritise for installation in future years.(04-Mar-2022)	Low	Tolerate	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
RSK-281	IF the lift located in Outpatients (servicing levels 3, 4 of yellow zone, and Staff Health & Wellbeing) fails  THEN disabled & mobility reduced/sight impaired individuals unable to access workplace or services – unable to fulfil contractual obligations. Persons entrapped in lift unable to exit. Delayed access/treatment of an individual taken ill whilst trapped. Claustrophobia, panic attacks, psychological harm, deterioration of condition	LEADING TO Reduced availability of staff, unable to carry out duties, reduced clinical input/unable to see clients (internal/external) in a timely manner – increased workload for other staff leading to increased work pressure/stress  Loss of income of external clients who cannot be seen due to absence of clinician  Service user dissatisfaction – complaints/reputation of service and organisation affected  Adverse publicity if unavailability of service reported to local press/reputation of organisation and service affected  The organisation would be in breach of statutory duties under Health & Safety At Work etc Act 1974, Equality Act 2010 – failure to provide safe access/egress/safe place of work – potentially leading to enforcement action/further interest of Health & Safety Executive Inspectorate	Darren Hutchings	16-May-2025	17-Feb-2026	Planned	12	6	6		There is an SLA in place that states that the lift will be repaired within 4 hours, normally 1-2hours(30-Nov-2021), ResQmat are on the landings on floors 3 & 4 and should be used in the event disabled persons and those with limited mobility, are unable to leave their respective floors, although staff are not trained in their use(30-Nov-2021), Call bell/telephone in lift to call for assistance(30-Nov-2021), Monthly lift inspections in place(30-Nov-2021), 6 Monthly PPM in place(30-Nov-2021), Annual insurance inspections in place(30-Nov-2021), ResQmat training video in place created by Manual Handling adviser(30-Nov-2021), Refurbishment of ward 14 lift carried out(30-Nov-2021), Luig Cowley Lift awaiting upgrades, parts delivered, to be installed December 2024,FY 24/25(30-Nov-2021), On the Capital Programme(30-Nov-2021), Outpatients Business Case approved for M&E study, with any identified anticipated to be completed end of FY 2022(30-Nov-2021), Tender raised to replace control panels, hydraulic tanks(03-Mar-2022)	Medium	Tolerate	This project has been completed however we are still waiting for O&M Manual and completion certificate	25-Aug-2021
RSK-283	IF medical equipment is damaged due to misuse, inappropriate use, storage, transportation, and/or inappropriate cleaning  THEN the medical equipment may be unavailable due to damage	LEADING TO delay in patient care and treatment; cost of parts; cost of repairs; purchasing replacement	Ayca Ahmed	16-May-2025	18-Jun-2025	Planned	12	6	6		Training in the use of medical equipment(01-Jul-2022), Auditing PPMs(01-Jul-2022), Medical Devices Management policy- following processes(01-Jul-2022), Discuss at the monthly MDG meetings(31-Aug-2023)	Low	Tolerate	updated consequence as per our current assessment for damaged/misused medical equipment review.	16-Oct-2018
RSK-284	IF staff members do not adhere to the Medical Devices Management Policy  THEN they may not follow the correct procurement procedures for Capital and Revenue medical equipment purchases	LEADING TO them being not fit for purpose equipment being purchase; more costly; non-standardised; lack maintenance contract; lack of training for staff; incompatible/lack of consumables and accessory; additional IT integration costs	Ayca Ahmed	16-May-2025	18-Jul-2025	Planned	12	6	6		Medical Devices Group meetings are held monthly to discuss procurement(01-Jul-2022), BC review for capital medical equipment purchase(18-Dec-2023), Checklist for procurement team to make sure prior to purchase they liaise with the MEM team(21-Dec-2023), AUDITING PPMs(16-Feb-2024)	Low	Tolerate	updated consequence as per our assessment and judgement on the current processes as per the MDEM policy.	16-Oct-2018
RSK-291	IF the existing surface water drainage system is not suitably maintained or repaired  THEN the surface water drainage system could fail	LEADING TO flooding and contamination and loss of service	Darren Hutchings	16-May-2025	02-Mar-2026	Planned	6	6	4	Full site has been surveyed and remedial works planned. Some issues outstanding, but nothing significant. Being reviewed by Strategic Development for Capital in FY25 (31-Mar-2023)	Reactive maintenance repairs(30-Nov-2021), CCTV works has indicated areas of root re-growth with pipe damage to storm water pipes, works being undertaken during summer/autumn 2021(30-Nov-2021), BDP created scope for full site survey under the HIP program to identify shortfall in current data and future plan requirements. A new link is likely to be required as part of South Site development(30-Nov-2021), Road Gulley on PPM(30-Nov-2021)	Low	Treat	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	25-Aug-2021
RSK-299	IF the Summary Record of Estates 5 year and Prioritised Backlog Maintenance risk based priority programme is not fully implemented  THEN plant and equipment may fail in various areas of the hospital	LEADING TO infection control, financial implications, loss of services and reputation damage	Anthony Marsh	16-May-2025	31-Aug-2025	Planned	9	6	4	Ongoing reviews, identified backlog issues driving Capital Plan. Outstanding funding of Capital works required. Operational impact of significant works to be considered. (12-May-2025)	All areas are reviewed on a monthly basis by Estates Service Manager, or sooner if equipment/plant breakdown demands(30-Nov-2021), Business cases for plant replacement to be put forward FY21/22(30-Nov-2021), Compliance Officer reviewing to identify significant costs(30-Nov-2021), Annual review of recent 6 Facet Survey to identify future funding requirements e.g. Roof, Ventilation, Plant, HV, drainage(30-Nov-2021), Annual Physical 20% of site 6 facet survey undertaken, remainder of site updated with desktop exercise(03-Mar-2022)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	31-Mar-2022

Corporate Risk Register															
RSK-217	IF patients are unable to meet their nutritional requirements orally nasogastric tube feeding may be required to meet their nutritional needs; staff may not be confident or competent passing Nasogastric Tubes (NG Tubes) or correctly confirming the position of the Nasogastric tube tip  THEN there is a risk that Nasogastric (NG) Feeding Tubes are not inserted and/or positioned correctly	LEADING TO 1) A Never event if feed/medication or water are inserted into the nasogastric tube and it is incorrectly positioned in the lung. This could result in death. 2) Patients would experience a delay in feeding if staff are not competent placing nasogastric tubes and checking the position of the tube tip.	Jane Radice	16-May-2025	31-Jul-2025	Planned	15	5	5		All NPSA recommendations were acted upon in 2011 in the Trust as per NPSA requirements by the ANP for Nutrition(24-Nov-2021), Nutrition Committee overseeing this alert and is standard item on agenda from Dec 16. Clinical Medical and Nutritional ANP leading on the action plan(24-Nov-2021), Policies, protocols and bedside documentation reviewed to ensure compliance(24-Nov-2021), Ongoing programme of audit. Previous audit data presented to NMB Spring 2016(24-Nov-2021), Dietetic Amalga database identifies patients who require Nasogastric feeding(24-Nov-2021), Trust declared compliance with 2016 Nasogastric Tube Misplacement: Continuing Risk of Death or Severe Harm Patient Safety Alert (NHS/PSA/RE/2016006)(24-Nov-2021), The NG tube used by the trust was changed in 2020 to a tube that is more radiopaque and is therefore easier to interpret on X-ray(24-Nov-2021), pH strips are purchased from one supplier to avoid confusion with colour interpretation(24-Nov-2021), Two nutrition nurses available to place NG tubes if there are no trained clinical staff available(24-Nov-2021), Radiographers trained to interpret x-rays for confirmation of NG tube tip position. This speeds up reporting and avoids junior medical staff having to assess X-rays(24-Nov-2021)	Low	Tolerate	Risk reviewed at Therapies CIG - No change to risk	23-Apr-2014
RSK-242	IF a chemical, biological, radiological, nuclear (CBRN/HAZMAT) incident was to occur through either intentional or unintentional means THEN the Trust would require specialised response through national guidelines and expert advice	LEADING TO potential impact on Trust services and site safety to patients and staff; Possible impact on closing or disrupting ED operations, with further risk to all operations on how the Trust operate depending on the nature of the incident (e.g., Novichok incident at Salisbury)	Julie Orr	16-May-2025	31-Oct-2025	Planned	10	5	5		The outstanding areas identified in South Central Ambulance Service bi-annual audit will be incorporated into revising the CBRN SOP and training programme to be embedded with MKUH EPRR Work Programme 2024. This programme will be presented at the Emergency Planning Steering Committee in February 2024 for sign-off.(15-Nov-2023)	Low	Tolerate	review when new EPO in post after 6 months	26-Nov-2021
RSK-001	IF all known incidents, accidents and near misses are not reported on the Trust's incident reporting system (Radar); THEN the Trust will be unable to robustly investigate all incidents and near-misses within the required timescales;	LEADING TO an inability to learn from incidents, accidents and near-misses, an inability to stop potentially preventable incidents occurring, potential failure to comply with Duty of Candour legislation requiring the Trust to report all known incidents where the severity was moderate or higher, potential under reporting to the Learning from Patient Safety Events (LfPSE) system, and potential failure to meet Trust Key Performance	Anna O'Neill	19-May-2025	30-Sep-2025	Planned	4	4	4		Incident Reporting Policy(06-Sep-2021), Incident Reporting Mandatory/Induction Training(06-Sep-2021), Incident Reporting Training Guide and adhoc training as required. Radar to provide on site & bespoke training IT drop in hub to be set up 2 days a week for staff drop ins(06-Sep-2021), Datix Incident Investigation Training sessions(06-Sep-2021), Daily review of incidents by Risk Management Team to identify potential Serious Incidents and appropriate escalation(06-Sep-2021), Serious Incident Review Group (SIRG) ensure quality of Serious Incident Investigations(06-Sep-2021), SIRG ensure appropriate reporting of Serious Incidents to Commissioners(06-Sep-2021), Standard Operating Procedure re Risk & Governance Team supporting the closure of incident investigations during unprecedented demand on service(06-Sep-2021), Implementation of new Risk Management Software to make incidents easier to report and improve engagement with staff(06-Sep-2021), Staff competence and confidence with Radar reporting, with improved reporting rate, reduction in inaccurate reports on system and/or failure of incidents being reported(01-Apr-2022), Patient Safety Incident Response Framework Policy and Plan(31-Mar-2025)	Low	Tolerate	Audit of Risk Review dates for 8+ risks. Review date must be at least once per month. Therefore Next Review Date updated.	06-Sep-2021
RSK-005	IF policies, guidelines and patient information are not reviewed and amended in a timely manner; THEN staff will be working with out of date information. If policies are not monitored by the relevant Corporate Governance Groups there may be gaps in Quality Assurance in the Trust and in divisions. There may be gaps in continuous improvement and opportunities to improve safety, experience and effectiveness of a Trust process.	LEADING TO potential error in patient care, non-compliance with legislative, national requirements, potential litigation and potential loss of reputation to Trust	Jacqueline Stretton	19-May-2025	31-Aug-2025	Planned	12	4	4		Trust Documentation Policy(06-Sep-2021), Library resource to source current references(06-Sep-2021), Governance Leads provide support to staff reviewing guidelines and policies(06-Sep-2021), Monthly trust documentation report shared with Governance Leads(06-Sep-2021), New process via Trust Documentation Committee for 'removal' of significantly breached documents(06-Sep-2021), Work plan in place to check approval of documents/links to national leaflets(06-Sep-2021), Implementation of Radar Document Management System to improve engagement and access to the documentation process(06-Sep-2021)	Low	Tolerate	Radar system set up to manage Trust documentation. Radar dashboards which provide staff with real time data and access to documentation. Gap in PILs development.	06-Sep-2021
RSK-008	IF the Trust does not have an appropriate system to record mortality and morbidity data; THEN the Trust will not be able to record and/or provide accurate reports for governance or the Trust Board	LEADING TO non-compliance with the National Mortality & Morbidity 'Learning from Death' Framework	Nikolaos Makris	16-May-2025	26-Aug-2025	Planned	15	4	2	IT team to create bespoke solution for Medical Examiners Office to allow collation and review of data	Governance Team putting forward deaths for Structured Judgement Reviews (SJRs) based on previously agreed clinical criteria e.g. sepsis related(06-Sep-2021), Learning from Deaths policy as a tool to indicate required processes and cases that require review(06-Sep-2021), Implementation of the new system - CORs(06-Sep-2021), M&M review meetings on a regular basis with all required SJRs completed(01-Apr-2022)	Medium	Treat	Risk reviewedby Nikos. CORS implemetation ongoing, nearing completion. No change to risk, review in 3 months and then potentially close risk.	06-Sep-2021
RSK-120	IF medical devices are not correctly cleaned/disinfected/decontaminated/sterilised  THEN the devices will not be sufficiently cleaned	LEADING TO possible patient and staff safety issues and cross contamination	Marea Lawford	16-May-2025	02-Apr-2026	Planned	9	4	4		Trust Decontamination Policy in place and accessible to staff(29-Oct-2021), Low risk medical equipment are cleaned on the wards in line with Decontamination Policy(05-Jan-2023), HSDU and Endoscopy Decontamination Unit are accredited to ISO 13485(04-Jan-2024), Specialist equipment used in wards/departments is identified at point of purchase using the PPQ to determine what methods of decontamination are required.(04-Jan-2024), Equipment unsuitable for reprocessing must have an individual Risk Assessment(04-Jan-2024), Quarterly Decontamination Group(04-Jan-2024)	Low	Tolerate	residual risk which requires updating annually	05-Jan-2023

Corporate Risk Register															
RSK-237	IF the Trust is unable to spend the full amount of the Apprenticeship Levy each month  THEN money which could have been used to develop our staff will be forfeit	LEADING failure to maximise taxpayers money. The Trust may not be able to use the apprenticeship levy to fund staff education, training and development. Inability to maximise the new apprenticeship standards may impact on recruitment, retention and career development	Joanna Klimera	16-May-2025	30-May-2025	Pending	15	4	4		Apprenticeship Manager attends the Nursing, Midwifery and Therapies Education Forum to promote apprenticeship benefits(25-Nov-2021), NHS People Plan commitment to support apprenticeships and other key national entry routes(25-Nov-2021), There is a national tender for the radiography apprenticeships underway led by HEE(25-Nov-2021), Apprenticeship strategy approved, maximising Levy use going forwards(25-Nov-2021), Medical apprenticeship consultation ongoing(25-Nov-2021), Review of the Nurse Apprenticeship pathway is underway with newly appointed Head of Practice Education(10-May-2022), New apprenticeships have been created for IT, Data Analyst roles and HR.(10-May-2022), Increase in advertising of apprenticeships across the Trust and through the network through widening participation.(10-May-2022), Increase available apprenticeships(19-Jul-2023)	Low	Tolerate	Risk reviewed - Additional controls identified. No change to risk scoring.	25-Nov-2021
RSK-261	IF adequate PAT testing is not carried out in a systematic and timely manner  THEN untested faulty equipment could be used	LEADING TO poor patient and staff safety and increased claims against the Trust	Darren Hutchings	16-May-2025	31-Mar-2026	Planned	8	4	4		Visual checks carried out by user(29-Nov-2021), 100% PAT testing of all available devices at time of testing annually by contractor(29-Nov-2021)	Low	Tolerate	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	29-Nov-2021
RSK-288	IF the medical oxygen supply fails to function or becomes non-compliant with HTM requirements  THEN the oxygen plant may not be available	LEADING TO potential loss of service, reduced patient safety and substandard care	Mike Stark	16-May-2025	31-Mar-2026	Planned	12	4	4		PPM Schedule, and reactive repairs as required(30-Nov-2021), Robust contingency plan is in place with liquid O2(30-Nov-2021), Steve Goddard has been appointed as Authorised Engineer(30-Nov-2021), Estates Officer has been appointed as AP(30-Nov-2021), SHJ appointed as maintenance contractor(30-Nov-2021), AP training booked for and additional estates officer and estates service manager(30-Nov-2021), VIE capacity upgrade 2021(30-Nov-2021), Draft feasibility to achieve second VIE, and conversion of site to ring main, linked to HIP programme(30-Nov-2021)	Low	Tolerate	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
RSK-293	IF the current fuse boards are not updated to miniature circuit breakers  THEN existing fuse-boards could fail	LEADING to delays in repairs/replacement resulting in possible service disruption and poor patient experience	David Field	27-May-2025	02-Nov-2025	Planned	12	4	4	Subject to Trust Capital programme funding Works updating as part of of ward refurbishments. (23-Mar-2023)	PPM testing and repairs(30-Nov-2021), Fixed electrical testing program in place to identify any potential risks and actions required(30-Nov-2021), Replaced Circuit breakers/fuses FY 20/21(30-Nov-2021), Ward 1 completed 2021(30-Nov-2021), Wards 15, 16 and Milton Mouse have replacement circuit boards fitted as part of ward refurbishment in 2022/2024(21-Dec-2022)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
RSK-294	IF staff do not carry out either informal (i.e. experience-based) or formal risk assessments before attempting a work task  THEN there is a risk of personal injury to staff carrying out routine work	LEADING TO poor staff safety, injury and financial loss	Mike Stark	16-May-2025	31-Mar-2026	Planned	12	4	4		All staff receive formal risk assessment training, and are competency assessed for their roles. Independent External Advisor contractor commissioned to review estates risk assessments and arrangements regularly.(30-Nov-2021), Risk awareness training is performed annually along with asbestos awareness training for all workshop staff as part of the H&S training package(30-Nov-2021), Training plan updated and implemented(30-Nov-2021), Risk Assessments by task type pop up on MICAD PPM tasks for workshop staff.(30-Nov-2021), Weekly huddle meeting with maintenance staff to include H&S(30-Nov-2021)	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	30-Nov-2021
RSK-295	IF there is a lack of knowledge on use or poor condition of ladder  THEN there is a risk of fall from height from ladders	LEADING TO risk of harm to staff, poor public image, a potential investigation by HSE	Benjamin Hazell	19-May-2025	31-May-2025	Pending	12	4	4	A competent training person needs to be identified to provide continual training (19-Mar-2025)	Staff issued with safe use of ladder guidance(30-Nov-2021), Ladder inspections PPM schedule in place to check(30-Nov-2021), New replacement ladders have been installed, tagged and registered(30-Nov-2021), RP Appointed(30-Nov-2021)	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	30-Nov-2021
RSK-258	IF the Switchboard resources cannot manage the service activity  THEN this may result in poor performance	LEADING TO failure To meet KPI's and Emergency Response Units will put Patients, Staff and Visitors at risk and Communication with Users will give poor perception of the We Care action initiative	Rachel Collins	23-May-2025	21-May-2026	Planned	20	3	3		Re-profiled staff rotas(29-Nov-2021), Trained Bank staff employed where possible(29-Nov-2021), IT Department implemented IVR to assist in reducing the volume of calls through the switchboard(29-Nov-2021), Contingency trained staff available to assist(29-Nov-2021), Two additional workstations/consoles created in Estates Information office and Security office to allow for remote working(29-Nov-2021), Review of staff rota profile with Security Manager and Switchboard Manager to confirm current status, If adequate then change the risk profile to tolerate.(04-Mar-2022)	Low	Tolerate	Changed ownership from Alan Brooks to Rachel Collins	25-Aug-2021
RSK-272	IF the Passenger Lifts are not maintained  THEN there is a risk of failure of components or the lift	LEADING to malfunction. Patients or visitors could get stuck in the lift, this could potentially cause panic or delay treatment. The public image of the trust could be affected.	Darren Hutchings	28-May-2025	26-May-2026	Planned	15	3	3		Maintenance Contracts are in place(30-Nov-2021), Insurance inspections are place(30-Nov-2021), Lift modernisation inspection has been completed and 5 year plan underway since FY17/18(30-Nov-2021), Eaglestone lift upgraded and some remedial and safety upgrades during FY19-20(30-Nov-2021), W14 upgraded 2020(30-Nov-2021), Luing Cowley Lift awaiting upgrades, difficult as no alternative when lift not in service.(30-Nov-2021), Maintenance contract awarded.(30-Nov-2021), AE (Authorising Engineer) to be identified.(01-Jul-2022), Remedial works are prioritised on a risk basis. Business case for funding produced, variation to be updated(20-Sep-2023), Upgrade of aged car interiors required. Funding to be identified.(18-Sep-2024)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021



Corporate Risk Register															
RSK-273	If the Trust Wards and Departments fail to demonstrate their medical equipment is maintained to correct standards THEN there is a risk of the Trust not complying with CQC Regulation 15 Premises and Equipment and risk to patient care	LEADING TO non-compliance and negative impact on the reputation of the Trust	Ayca Ahmed	16-May-2025	18-Jun-2025	Planned	15	3	3		Robust PPM maintenance schedule in place, audits of the rolling programme(30-Nov-2021), Audits monitored at Medical Devices Committee(30-Nov-2021), Escalation process in place to respond to 'unfound items'(30-Nov-2021), September 2018 , 6 Years contract approved(30-Nov-2021), Contract KPI's agreed as part of new contract(30-Nov-2021), Annual review of asset base and contract base reset linked to Capital Programme(30-Nov-2021), Loan Medical Equipment Arrangement with Supplier(01-Sep-2023)	Low	Tolerate	updated likelihood as per our assessment on the current position (MVS contract management level)	16-Oct-2018
RSK-002	IF recommendations and actions from audit are not evidenced, monitored and completed in the Trust; THEN required changes to practice may not implemented and we may not be meeting best practice criteria;	LEADING TO potential impact on the top 3 Trust objectives (patient Safety, Clinical Effectiveness, Patient Experience), potential poor quality of service and associated impact on resources and potential CQC concerns re audit activity and learning from national audits	Jacqueline Stretton	16-May-2025	31-Jul-2025	Planned	15	1	1		Audit report templates available to identify audit action plans(06-Sep-2021), Monitoring via Clinical Audit & Effectiveness Committee (CAEB)(06-Sep-2021), Terms of Reference (ToR) for Clinical Audit & Effectiveness Board revised to include quality improvement, GIRFT etc(06-Sep-2021), Escalation/exception reporting to Management Board(06-Sep-2021), Refresh of SharePoint data base to assist with data capture, with Level 1 audit a priority(06-Sep-2021), Structure review - Staff realignment to support audit agenda(06-Sep-2021), Scheduled implementation of Radar audit module(06-Sep-2021), Pilot of new governance approach to reports/CIG meetings(06-Sep-2021)	Low	Tolerate	Audit outcomes captured in Radar including actions from audits. QI team follow up actions with auditor to ensure a 'closing of the loop' or re-audit	06-Sep-2021

<b>Meeting Title</b>	<b>Trust Board (Public)</b>	<b>Date: 3<sup>rd</sup> July 2025</b>
<b>Report Title</b>	<b>Board Assurance Framework</b>	<b>Agenda Item Number: 22</b>
<b>Lead Director</b>	Kate Jarman, Chief of Corporate Services	
<b>Report Author</b>	Paul Ewers, Senior Risk Manager	

<b>Introduction</b>	Assurance Report		
<b>Key Messages to Note</b>	<ul style="list-style-type: none"> <li>There have only been minor review and amendments during May.</li> </ul>		
<b>Recommendation</b> (Tick the relevant box(es))	<b>For Information</b> <input type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Review</b> <input checked="" type="checkbox"/>

<b>Strategic Objectives Links</b> (Please delete the objectives that are not relevant to the report)	<ol style="list-style-type: none"> <li>Keeping you safe in our hospital</li> <li>Improving your experience of care</li> <li>Ensuring you get the most effective treatment</li> <li>Giving you access to timely care</li> <li>Working with partners in MK to improve everyone's health and care</li> <li>Increasing access to clinical research and trials</li> <li>Spending money well on the care you receive</li> <li>Employing and retaining the best people to care for you</li> <li>Expanding and improving your environment</li> <li>Innovating and investing in the future of your hospital</li> </ol>
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<b>Report History</b>	Regular Committee cycle
<b>Next Steps</b>	N/A
<b>Appendices/Attachment</b>	Board Assurance Framework



## Monthly Report to Board

This report includes the new Board Assurance Framework risks that were identified by the Board and Executive Directors to take through the Committee cycle for discussion and challenge.

**Current BAF Risks:** There are currently nine risks against the achievement of the Trust's strategic objectives in 2024/25:

2. Insufficient capital funding to meet the needs of the population we serve
3. Future NHS funding regime is not sufficient to cover the costs of the Trust
4. Patients experience poor care or avoidable harm due to delays in planned care
5. Patients experience poor care or avoidable harm due to inability to manage emergency demand
6. System inability to provide adequate social care and mental health capacity
8. Head & Neck cancer pathway
10. Insufficient staffing levels to maintain safety – Inability to recruit to 'hard to recruit' roles
11. Insufficient staffing levels to maintain safety – Inability to retain staff
12. Vulnerability to Cyber Security breach

Risk in relation to Poor Data Quality is still being Risk Assessed. This will be added to the BAF once the risk assessment is complete.

**Clinical Risk Committee.** The following risk was discussed and it was recognised that the risk would need to be appropriate worded so that it reflects what MKUH can influence/control. The Committee decided that this needs further discussion at Board:

- Widening health inequalities



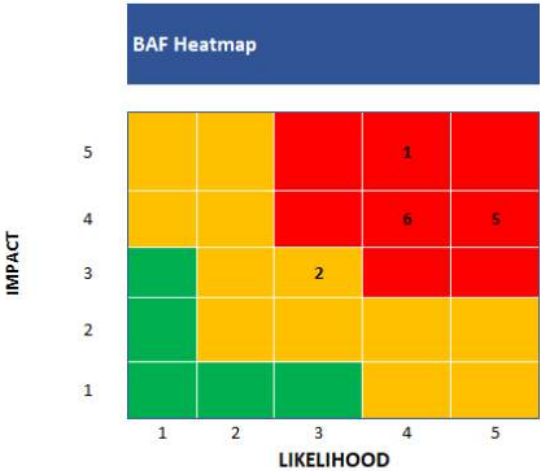
**Longer-term Risks:** Seven longer-term risks have been identified.

- Conflicting priorities between the ICS and providers
- Lack of availability of skilled staff
- Increasing turnover
- Lack of time to plan and implement long-term transformational change
- Long-term financial arrangements for the NHS
- Growing/ageing population
- A pandemic
- Continued industrial action resulting in significant disruption to service/ care provision
- Political instability and change

# Risk Landscape: Bedfordshire, Luton and Milton Keynes Integrated Care Board

The system wide BAF currently incorporates 14 strategic system risks, as at January 2025.

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services	20	→
BAF0002	Developing suitable workforce	20	→
BAF0003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System	20	→
BAF0004	Widening Inequalities	16	→
BAF0005	System Transformation	20	→
BAF0006	Financial Sustainability & Underlying Financial Health	20	→
BAF0007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation	16	→
BAF0008	Impact of Population Growth on Health and Care Services Infrastructure	20	→
BAF0009	Impact of Rising Cost of Living on Residents and Staff Wellbeing	16	→
BAF0010	Partnership Working	9	→
BAF0011	Health Literacy - Denny Review	16	→
BAF0012	System Collaboration	9	→
BAF0013	VCSE sustainability - Impact on Delivery of ICS Strategic Priorities	16	→
BAF0014	Maternity Services at BHFT	16	→



## Planned System Risk Deep Dives:

Reference	Risk
BAF0013	VCSE Sustainability
BAF0014	Maternity Services at BHFT
NEW	Provider Selection Regime for Community & Mental Health Services
NEW	Benefits realisation from digital transformation
NEW	Estates Infrastructure
NEW	CYP – Complex Care Risk



Risk Profile (2025)

	1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
1 Rare					
2 Unlikely					SR10 Insufficient staffing levels to maintain safety – Inability to recruit ‘hard to recruit’ roles  SR11 Insufficient staffing levels to maintain safety – Inability to retain staff
3 Moderate					SR8 Head & Neck cancer pathway  SR2 Insufficient capital funding to meet the needs of population we serve.
4 Likely				SR12 Vulnerability to Cyber Security breach	SR4 Patients experience poor care or avoidable harm due to delays in planned care.  SR5 Patient experience poor care or avoidable harm due to inability to manage emergency demand.  SR6 System inability to provide adequate social care and mental health capacity
5 Almost Certain			SR13 - Poor Data Quality impacting patient care, operational performance and Trust financial position	SR3 Future NHS funding regime is not sufficient to cover the costs of the Trust.	

## The Board Assurance Framework: Explanatory Notes

The Board Assurance Framework (BAF) details the principal risks against the Trust's strategic objectives.

- The BAF forms part of the Trust's risk management framework, which includes the BAF as a Strategic Risk Register (SRR), the Corporate Risk Register (CRR), and divisional and directorate risk registers (down to ward/ department service level). Risks are also viewed as a Significant Risk Register in various forums where examining high-scoring risk is necessary
- Risks are scored using the 5x5 risk matrix, and each risk is assigned a risk appetite and strategy. Definitions can be found summarised below and are detailed in full in the Trust's Risk Strategy.
- Board sub-Committees are required to rate the level of assurance against each risk reviewed under their terms of reference. There is an assurance rating key included to guide Committees in this work.

### Strategic Objectives

1. Keeping you safe in our hospital
2. Improving your experience of care
3. Ensuring you get the most effective treatment
4. Giving you access to timely care
5. Working with partners in MK to improve everyone's health and care
6. Increasing access to clinical research and trials
7. Spending money well on the care you receive
8. Employing the best people to care for you
9. Expanding and improving your environment
10. Innovating and investing in the future of your hospital

**Risk treatment strategy:** Terminate, treat, tolerate, transfer

**Risk appetite:** Avoid, minimal, cautious, open, seek, mature



Assurance ratings:

Green	<b>Positive assurance:</b> The Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat/ opportunity. There are no gaps in assurance or controls and the current exposure risk rating is at the target level; or gaps in control and assurance are being addressed.
Amber	<b>Inconclusive assurance:</b> The Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy.
Red	<b>Negative assurance:</b> There is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the threat or opportunity.

5X5 Risk Matrix:

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Consequence	1	Insignificant	1	2	3	4	5
	2	Minor	2	4	6	8	10
	3	Moderate	3	6	9	12	15
	4	Major	4	8	12	16	20
	5	Catastrophic	5	10	15	20	25



BAF 2024/25

Strategic Risk 2	Insufficient capital funding to meet the needs of population we serve																																													
Lead Committee	Finance & Investment Committee	Risk Rating	Inherent	Current	Target	Risk Type	Financial																																							
Executive Lead	Chief Financial Officer	Consequence	5	5	5	Risk Appetite	Cautious																																							
Date of Assessment		Likelihood	5	3	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	25	15	10	Assurance Rating	Negative Assurance																																							
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Spending money well on the care you receive 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital					Linked Corporate Risks	RSK-134   RSK-202   RSK-305   RSK-526																																							
Progress: Summary narrative	Current Risk Score remains at 15; however, there remains a level of uncertainty relating to the in-year additional capital being cash backed.																																													
Trend			<div><p>Tracker</p><table><tr><th>Month</th><th>Score</th><th>Target</th></tr><tr><td>June</td><td>20</td><td>10</td></tr><tr><td>July</td><td>20</td><td>10</td></tr><tr><td>Aug</td><td>20</td><td>10</td></tr><tr><td>Sep</td><td>20</td><td>10</td></tr><tr><td>Oct</td><td>20</td><td>10</td></tr><tr><td>Nov</td><td>20</td><td>10</td></tr><tr><td>Dec</td><td>20</td><td>10</td></tr><tr><td>Jan</td><td>20</td><td>10</td></tr><tr><td>Feb</td><td>15</td><td>10</td></tr><tr><td>Mar</td><td>15</td><td>10</td></tr><tr><td>Apr</td><td>15</td><td>10</td></tr><tr><td>May</td><td>15</td><td>10</td></tr></table></div>			Month	Score	Target	June	20	10	July	20	10	Aug	20	10	Sep	20	10	Oct	20	10	Nov	20	10	Dec	20	10	Jan	20	10	Feb	15	10	Mar	15	10	Apr	15	10	May	15	10		
Month	Score	Target																																												
June	20	10																																												
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Apr	15	10																																												
May	15	10																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>The current NHS capital regime does not provide adequate certainty over the availability of strategic capital finance or cash funding.</li> <li>The base line capital budget available for 2025/26 is not sufficient to cover the planned depreciation requirement for operational capital investment. It has been topped up in year through the annual planning incentives relating to the revenue break even position. Consequently, it is difficult to progress investment plans in line with the needs of the local population without breaching the</li> </ul>	<ul style="list-style-type: none"> <li>Established management processes to prioritise investment of available capital resources to manage emerging risk and safety across the hospital.</li> <li>Established processes to ensure responsive pursuit of additional central NHSE capital programme funding as/when additional funding is available.</li> <li>Established processes to ensure agile in response to late notified capital slippage from across the ICS and wider region to take advantage of additional capital budget.</li> <li>In year oversight of BC approvals to</li> </ul>	<ul style="list-style-type: none"> <li>The Trust does not directly control the allocation of operational or strategic NHS capital finance and has informal influence only over local ICS capital.</li> <li>The ICS has limited control on the allocation of operational capital from NHS England.</li> <li>The Trust's revised plan is within its approved allocation but the Trust has allocated capital contingency funding to align spend to its capital allocation</li> </ul>	<ul style="list-style-type: none"> <li>Continued dialogue with Regional and National Capital teams at NHS England by CFO from MKUH and BLMK ICB during 2025/26. <a href="#">Ongoing</a></li> <li>Dialogue with regulators relating to funding for capital schemes. <a href="#">Ongoing</a></li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Internal management capital oversight provided by capital scheme leads.</li> <li>Regular meeting with BLMK and Regional Finance teams to alert them to the Trust's desire to align capital funding to planned depreciation spend for future capital allocations</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>Monthly Performance Board reporting</li> <li>Trust Executive Committee reporting</li> <li>Finance and Investment Committee reporting.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Internal Audit Reporting on the annual audit work programme.</li> <li>External Audit opinion</li> </ul>	<ul style="list-style-type: none"> <li>Limited oversight of ICS capital slippage until notified by partner organisation.</li> <li>BLMK and regional team unable to provide assurance around future capital allocations</li> </ul>	<p>Continued dialogue at an ICB /Regional and National CFO level regarding future capital allocations and funding. <a href="#">Ongoing</a></p>



<div>available capital budget.</div> <div><ul style="list-style-type: none"><li>There is an issue with additional capital funding not being cash backed</li></ul></div>	<div>ensure early oversight of any potential slippages. All BC have been through the internal process as of the end of September</div>			<div>on the Annual Report and Accounts</div>		
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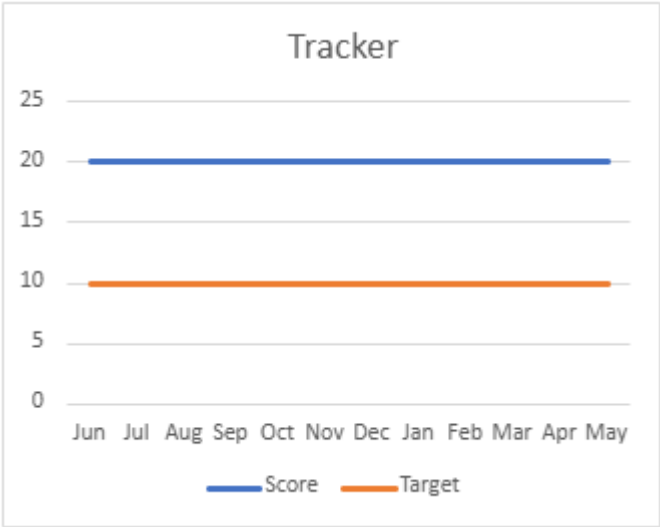
Strategic Risk 3	If the future NHS funding regime is not sufficient to cover the costs of the Trust, then the Trust will be unable to meet its financial performance obligations or achieve financial sustainability and financial liquidity						
Lead Committee	Finance & Investment Committee	Risk Rating	Inherent	Current	Target	Risk Type	Financial
Executive Lead	Chief Financial Officer	Consequence	4	4	4	Risk Appetite	Cautious
Date of Assessment	March 2023	Likelihood	5	5	2	Risk Treatment Strategy	Treat
Date of Review	May 2025	Risk Rating	20	20	8	Assurance Rating	Negative Assurance
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Spending money well on the care you receive 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital					Linked Corporate Risks	None Identified
Progress: Summary Narrative							
Trend	<div><p>Tracker</p><p>Score Target</p></div>						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>• Increase in operational expenditure initially in response to COVID-19 (sickness/enhanced cleaning etc.)</li> <li>• Additional premium costs incurred to treat accumulated patient backlogs.</li> <li>• Prolonged premium pay costs incurred in a challenging workforce environment, including impact of continued industrial action.</li> <li>• Increased efficiency required from NHS funding regime to support DHSC budget affordability and delivery of breakeven financial performance.</li> <li>• Risk of unaffordable inflationary price increases on costs incurred for service</li> </ul>	<ul style="list-style-type: none"> <li>• Internal budgetary review/financial performance oversight processes to manage/mitigate cost pressures.</li> <li>• Financial efficiency programme identifies headroom for improvement in cost base.</li> <li>• Close monitoring/ challenge of inflationary price rises.</li> <li>• Continuing medium term financial modelling with ICS partners.</li> <li>• Escalation of key risks to NHSE regional team for support.</li> <li>• Management</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to influence (negotiate) and mitigate inflationary price rises is modest at local level.</li> <li>• Effective local pay control diminished in a competitive market.</li> <li>• No direct influence national finance payment policy for 2024/25</li> <li>• Limited ability to mitigate cost of non-elective escalation capacity.</li> <li>• Ability to increase block contract value in line with demand for both BLMK ICS and Spec Comm</li> <li>• Inability to recover ERF for</li> </ul>	<ul style="list-style-type: none"> <li>• Maximisation of ERF contribution within envelope. <a href="#">Ongoing monthly tracking</a></li> <li>• Pro-active procurement to minimise inflationary pressures. <a href="#">Part of CIP programme above (Non-Pay cross cutting)</a></li> <li>• Workforce planning in areas of where market forces are a significant inflationary factor. <a href="#">Part of CIP programme above (Non-Pay cross cutting)</a></li> <li>• Discussion with</li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>• Financial performance oversight at budget holder and divisional level management meetings</li> <li>• Resource Control Process for management oversight/approval</li> <li>• Controls for discretionary spending (e.g., WLIs)</li> <li>• Financial efficiency programme 'Better Value' to oversee delivery of savings schemes.</li> <li>• BLMK ICS monthly financial performance reporting (year to date and forecast)</li> <li>• Urgent work to identify and de-risk the CIP delivery plan of</li> </ul>	<ul style="list-style-type: none"> <li>• Systematic monitoring of inflationary price changes in Non-Pay expenditure.</li> <li>• Limited ability to directly mitigate demand for unplanned services.</li> <li>• The break-even plan for 2025-26 has a target of £24m CIP's which remains high risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure resources in 2025/26 plan fully understood by divisions and budget-holders.</li> <li>• The cash implications and need for cash support are also being progressed with NHSE so that any cash drawdowns are planned in advance. Monthly monitoring</li> <li>• Service reviews are planned as part of CIP planning as well as demand management and access to diagnostics both internally and by GP's. <a href="#">Ongoing</a></li> </ul>

<p>delivery.</p> <ul style="list-style-type: none"> <li>Affordability of 2024/25 planning objectives (e.g., backlog recovery) in the context of the evolving financial regime for 2024/25</li> <li>Affordability of 2025/26 planning objectives (e.g., backlog recovery) in the context of the evolving financial regime for 2025/26</li> </ul>	<p>oversight of escalation capacity and controlled decision-making on additional capacity.</p> <ul style="list-style-type: none"> <li>Optimisation of elective recovery funding through optimising elective resources (bed capacity, Theatres, Outpatients clinical areas and elective clinical staff)</li> <li>Continued dialogue with BLMK ICS and Spec Comm on sufficiency of the block element of the service contract</li> <li>Delivery of CIP programme of £23.8m in 2024-25. Ongoing monthly tracking of CIP plan development via</li> </ul>	<p>growth in Spec Comm contract due to ERF target being set at a level which does not recognise growth</p> <ul style="list-style-type: none"> <li>The 2025/26 ERF rules still being finalised – cap has been removed but there will be control/restriction at ICB level – full implications still to be understood</li> </ul>	<p>commissioners regarding block contract value and demand pressures thereon.</p> <p><a href="#">Pressures communicated to ICB by March 2025, to inform next year's block</a></p> <ul style="list-style-type: none"> <li>Plan for the 2025/26 submitted – financial break-even with £24m efficiency programme and restricted ERF/RTT.</li> <li>Enhanced financial controls to deliver financial break-even and remain within financial envelope still being finessed for 2025/26.</li> </ul>	<p>£24m for 2025/26.</p> <p><a href="#">On-going monthly tracking of CIP plan development via Transformation Programme Board</a></p> <ul style="list-style-type: none"> <li>Divisional recovery plans developed for Medicine, Core Clinical and Surgery, with ongoing monitoring</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>Monthly Performance Board reporting</li> <li>Trust Executive Committee reporting</li> <li>Finance &amp; Investment Committee reporting.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Review of drivers of deficit by external</li> </ul>	<ul style="list-style-type: none"> <li>Ensure final rules around ERF caps fully understood internally and with commissioners.</li> <li><a href="#">Additional activity to deliver 60% ERF target to be understood and agreed with divisions including assurance around resource required to deliver.</a></li> <li><a href="#">Agree Indicative Activity Plan with commissioners.</a></li> </ul>
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	<p>Transformation Board.</p> <ul style="list-style-type: none"><li>• Maximisation of ERF income. <a href="#">Ongoing with monthly tracking</a></li><li>• Planning for 2025/26 has been submitted currently subject to NHSE agreement (financial break-even)</li><li>• Close monitoring of the trust cash position on a weekly basis</li></ul>			consultancy		
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Strategic Risk 4	Patients experience poor care or avoidable harm due to delays in planned care						
Lead Committee	Quality Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Safety
Executive Lead	Chief Operating Officer – Planned Care	Consequence	5	5	5	Risk Appetite	Minimal (ALARP)
Date of Assessment	May 2024	Likelihood	5	4	2	Risk Treatment Strategy	Treat
Date of Review	May 2025	Risk Rating	25	20	10	Assurance Rating	Inconclusive Assurance
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment					Linked Corporate Risks	RSK-131   RSK-374   RSK-110   RSK-439   RSK-457   RSK-036   RSK-080   RSK-107   RSK-142   RSK-157   RSK-523   RSK-550   RSK-564   Linked to Strategic Risk 5
Progress: Summary Narrative							
Trend	<div> <div>Tracker</div>  </div>						

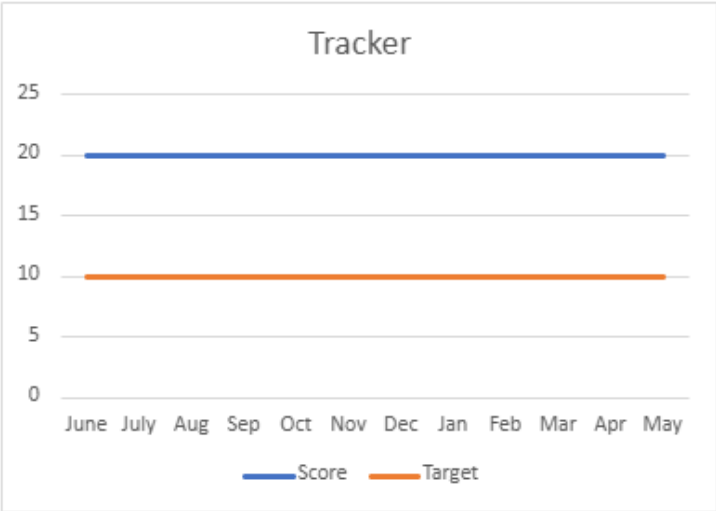


Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>Patients delayed in elective backlogs (including cancer)</li> <li>Delays in elective patient pathways due to diagnostic backlogs</li> <li>Challenged financial position has led to the cessation of all premium cost additional activity schemes. This has reduced available capacity to clear backlogs.</li> </ul>	<ul style="list-style-type: none"> <li>Routine and diligent validation and clinical prioritisation of patient records on waiting lists.</li> <li>Robust application of Access Policy</li> <li>Daily/Weekly management of PTL (Patient Tracking List) up to Executive level.</li> <li>Restore and recovery weekly cancer meetings.</li> <li>Clinical reviews and full harm reviews of long waiting patients, including root cause analysis (RCA).</li> <li>Additional executive capacity to provide greater scrutiny and oversight.</li> </ul>	<ul style="list-style-type: none"> <li>Capacity limitations to meet demand.</li> <li>Limitations of current PTL tool.</li> <li>Poor clinic outcome processes.</li> <li>Insufficient capacity to meet demand across multiple modalities.</li> <li>Reduction in overall Theatre capacity due to refurbishment programme.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of 3 modules of the federated data platform. <a href="#">Significant delay, date TBC</a></li> <li>Implementation of Phase D outpatients, including ambient voice technology. <a href="#">March 2026</a></li> <li>Implementation of WAVE Lite programme of service reviews to improve productivity and efficiency. <a href="#">September 2025</a></li> <li>Working to secure capital to support 2 additional theatres. <a href="#">January 2026</a></li> <li>Development of specialty level trajectories to inform prioritisation of use of additional funding. <a href="#">June 2025</a></li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Internal escalation meetings with performance monitoring of key indicators.</li> <li>Specialty validation and weekly PTL meetings.</li> <li>Participation in NHSE validation sprint</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>ICB &amp; regional scrutiny via performance meetings.</li> <li>Board level performance reporting.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>National performance profile monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>Completeness and accuracy of PTL tool.</li> <li>Lack of theatre capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of 3 modules of the federated data platform. <a href="#">Significant delay, date TBC</a></li> <li>Implementation of Phase D outpatients. <a href="#">March 2026</a></li> <li>Business Case in development to address capacity gap. <a href="#">June 2025</a></li> </ul>

	<ul style="list-style-type: none"><li>• Short term provision of additional resources to clear backlogs.</li><li>• Bank and agency staffing deployed.</li><li>• Changes to the PTL tool to support 18-week performance</li><li>• Detailed capacity and demand analysis at specialty level.</li><li>• Weekly diagnostic PTL meetings.</li><li>• Diagnostic improvement trajectories and action plans developed.</li><li>• Daily escalation of urgent patient requiring booking.</li><li>• Attendance of diagnostic lead at elective PTL to</li></ul>					
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	<p>address urgent requests.</p> <ul style="list-style-type: none"><li>• Continue to increase activity through the community diagnostics centres.</li><li>• Additional funding to support elective recovery received from ICB will provide some additional capacity but not to level previously achieved.</li></ul>					
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Strategic Risk 5	Patients experience poor care or avoidable harm due to inability to manage emergency demand.						
Lead Committee	Quality Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Safety
Executive Lead	Chief Operating Officer – Unplanned Care	Consequence	5	5	5	Risk Appetite	Minimal (ALARP)
Date of Assessment	June 2024	Likelihood	5	4	2	Risk Treatment Strategy	Treat
Date of Review	May 2025	Risk Rating	25	20	10	Assurance Rating	Positive Assurance
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment					Linked Corporate Risks	RSK-016   RSK-131   RSK-409   RSK-427   RSK-457   RSK-036   RSK-095   RSK-523   RSK-550   RSK-564
Progress: Summary narrative							
Trend	<div>Tracker</div> 						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>Inadvertently high demand of emergency presentations on successive days</li> <li>Overwhelm or service failure (for any reason)</li> </ul>	<ul style="list-style-type: none"> <li>Development and use of SHREWD system to track and monitor activity levels across the health system.</li> <li>Adherence to national OPEL escalation management system</li> <li>Adherence to Trust capacity policies</li> <li>Integrated system planning for Winter.</li> <li>Continued development of admission avoidance pathways, SDEC and ambulatory care service provision</li> <li>Risk assessed redeployment of staff to where there is greatest need.</li> </ul>	<ul style="list-style-type: none"> <li>Full scope of SHREWD to be implemented.</li> <li>Higher than expected staff sickness or absences.</li> <li>Staffing vacancies in different professions to meet specific needs.</li> <li>Increased volume of ambulance conveyances</li> <li>Overcrowding in ED waiting areas at peak times</li> <li>Lack of exit flow from ED</li> <li>Unexpected reduction in bed capacity / configuration</li> </ul>	<ul style="list-style-type: none"> <li>MKUH SHREWD project to be completed. <a href="#">September 2025</a></li> <li>Develop and implement real-time oversight of bed capacity through eCARE. <a href="#">December 2025</a></li> <li>Roll out of electronic whiteboards across organisation. <a href="#">September 2025</a></li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Internal escalation including: daily huddle / silver command &amp; site meetings in hours.</li> <li>Designated OPEL status agreed across MK system.</li> <li>Out of hours on call management structure.</li> <li>Major incident plan.</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>System escalation calls with partners.</li> <li>MADE's: Multi-agency Discharge Events.</li> <li>MK Place transformation &amp; redesign projects.</li> <li>ICB challenge.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Audit accreditation &amp; national benchmarking.</li> </ul>	<ul style="list-style-type: none"> <li>Better understanding of the capacity required to meet emergency demand</li> <li>Better understanding of capacity required for patients discharged on a pathway</li> <li>Real-time oversight of bed capacity within organisation</li> </ul>	<ul style="list-style-type: none"> <li>Full capacity and demand exercise. <a href="#">June 2025</a></li> </ul>



	<ul style="list-style-type: none"><li>• Integrated Discharge Hub operational 7 days a week.</li><li>• Weekly review of top 15 length of stay with COO</li><li>• UEC Steering Group with key workstreams identified</li><li>• System/ Place Transformation steering group to focus on UEC pathways.</li></ul>					
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Strategic Risk 6	System inability to provide adequate social care and mental health capacity.																																													
Lead Committee	Quality Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Safety																																							
Executive Lead	Chief Operating Officer – Unplanned Care	Consequence	5	5	4	Risk Appetite	Minimal (ALARP)																																							
Date of Assessment	June 2024	Likelihood	4	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	20	20	8	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment					Linked Corporate Risks	RSK-438																																							
Progress: Summary narrative																																														
Trend	<div><div>Tracker</div><table><caption>Tracker Data</caption><thead><tr><th>Month</th><th>Score</th><th>Target</th></tr></thead><tbody><tr><td>June</td><td>20</td><td>8</td></tr><tr><td>July</td><td>20</td><td>8</td></tr><tr><td>Aug</td><td>20</td><td>8</td></tr><tr><td>Sep</td><td>20</td><td>8</td></tr><tr><td>Oct</td><td>20</td><td>8</td></tr><tr><td>Nov</td><td>20</td><td>8</td></tr><tr><td>Dec</td><td>20</td><td>8</td></tr><tr><td>Jan</td><td>20</td><td>8</td></tr><tr><td>Feb</td><td>20</td><td>8</td></tr><tr><td>Mar</td><td>20</td><td>8</td></tr><tr><td>Apr</td><td>20</td><td>8</td></tr><tr><td>May</td><td>20</td><td>8</td></tr></tbody></table></div>							Month	Score	Target	June	20	8	July	20	8	Aug	20	8	Sep	20	8	Oct	20	8	Nov	20	8	Dec	20	8	Jan	20	8	Feb	20	8	Mar	20	8	Apr	20	8	May	20	8
Month	Score	Target																																												
June	20	8																																												
July	20	8																																												
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Mar	20	8																																												
Apr	20	8																																												
May	20	8																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>Lack of inpatient mental health provision (including in specialist settings) leading to patients in mental health crisis with no physical health need remaining in the ED or inpatient beds</li> </ul>	<ul style="list-style-type: none"> <li>Lower risk rooms in ED and on some inpatient areas</li> <li>Close working with CNWL around provision of appropriately qualified staff</li> <li>Ensuring a sound legal basis under the provisions of the Mental Health Act</li> <li>Monthly interface meeting with Mental Health/ED</li> </ul>	<ul style="list-style-type: none"> <li>Inappropriate care setting for patient need – although some risk can be mitigated the Trust is not a mental health hospital and the environment is therefore higher risk and less suitable for patient need.</li> <li>Trust treated as a 'safe place' which exacerbates delays in finding an appropriate bed in a specialist setting.</li> </ul>	<ul style="list-style-type: none"> <li>Formal system escalation process and SOP to manage the safety of patients inappropriately left in the Trust's care (awaiting a specialist bed/ placement) which all partners adhere to. <a href="#">September 2025</a></li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Operational information (data) on numbers of patients inappropriately in the ED/ wards and time to appropriate care setting</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>Oversight of management activity</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Independent/ Objective assurance (e.g. Internal Audit)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of system action and assurance</li> <li>Better understanding of the capacity required to meet emergency demand</li> <li>Better understanding of capacity required for patients discharged on a pathway</li> </ul>	<ul style="list-style-type: none"> <li>System-wide mental health care meeting to be convened to agree escalation model and SOP. <a href="#">September 2025</a></li> <li>Full capacity and demand exercise. <a href="#">September 2025</a></li> </ul>
<ul style="list-style-type: none"> <li>Lack of social care capacity for patients with complex needs (adult and child) including patients under</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding expertise in the Trust, with well established relationships with social</li> </ul>	<ul style="list-style-type: none"> <li>Inappropriate care setting for patient need – although some risk can be mitigated the Trust is not a mental health hospital and</li> </ul>	<ul style="list-style-type: none"> <li>Formal system escalation process and SOP to manage the safety of patients inappropriately left in the Trust's care (awaiting a</li> </ul>			<ul style="list-style-type: none"> <li>System-wide social care meeting to be convened to agree escalation</li> </ul>





Deprivation of Liberty Safeguards or other court orders who require specialist care settings or placements	care	<p>the environment is therefore higher risk and less suitable for patient need.</p> <ul style="list-style-type: none"><li>• Trust treated as a 'safe place' which exacerbates delays in finding an appropriate bed in a specialist setting.</li></ul>	specialist social care bed/ placement) which all partners adhere to. <a href="#">September 2025</a>			<p>model and SOP. <a href="#">September 2025</a></p> <ul style="list-style-type: none"><li>• Full capacity and demand exercise. <a href="#">September 2025</a></li></ul>
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Strategic Risk 8	If the pathway for patients requiring head and neck cancer services is not improved, then users of MKUH services will continue to face disjointed care, leading to unacceptably long delays for treatment and the risk of poor clinical outcomes																																													
Lead Committee	Quality & Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Patient Harm																																							
Executive Lead	Chief Medical Officer	Consequence	5	5	5	Risk Appetite	Minimal (ALARP)																																							
Date of Assessment	December 2022	Likelihood	5	3	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	25	15	10	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Giving you access to timely care					Linked Risks	RSK-080																																							
Progress: Summary narrative	We have escalated the issue appropriately to the Commissioners. We are working constructively with Commissioners and other providers to design a future operating model. We are employing additional safety netting in the clinical service day to day.																																													
Trend	<div><p>Tracker</p><table><tr><th>Month</th><th>Score</th><th>Target</th></tr><tr><td>Jun</td><td>20</td><td>10</td></tr><tr><td>Jul</td><td>20</td><td>10</td></tr><tr><td>Aug</td><td>20</td><td>10</td></tr><tr><td>Sep</td><td>20</td><td>10</td></tr><tr><td>Oct</td><td>20</td><td>10</td></tr><tr><td>Nov</td><td>20</td><td>10</td></tr><tr><td>Dec</td><td>20</td><td>10</td></tr><tr><td>Jan</td><td>20</td><td>10</td></tr><tr><td>Feb</td><td>20</td><td>10</td></tr><tr><td>Mar</td><td>20</td><td>10</td></tr><tr><td>Apr</td><td>20</td><td>10</td></tr><tr><td>May</td><td>20</td><td>10</td></tr></table></div>							Month	Score	Target	Jun	20	10	Jul	20	10	Aug	20	10	Sep	20	10	Oct	20	10	Nov	20	10	Dec	20	10	Jan	20	10	Feb	20	10	Mar	20	10	Apr	20	10	May	20	10
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Mar	20	10																																												
Apr	20	10																																												
May	20	10																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>Milton Keynes University Hospital NHS FT does not provide head and neck cancer services but acts as a spoke unit to the hub at Northampton.</li> </ul> <p>Northampton faces:</p> <ul style="list-style-type: none"> <li>Increased demand related to the pandemic.</li> <li>Staffing challenges in the service.</li> <li>Reduced capacity as a consequence of having reduced the scope of work permissible at MKUH as the spoke site.</li> </ul>	<ul style="list-style-type: none"> <li>Milton Keynes University Hospital NHS FT (MKUH) clinicians have escalated concerns (both generic and patient specific) to the management team at Northampton. MKUH clinicians are advocating 'mutual aid from other.</li> <li>Cancer Centres (Oxford, Luton) where appropriate. The issue has been raised formally at Executive level, and with East of England specialist cancer Commissioners.</li> <li>Enhanced safety-netting for patients in current pathway</li> <li>CEO to regional director escalation</li> <li>Report into cluster of serious incidents</li> </ul>	<ul style="list-style-type: none"> <li>No reliable medium to long term solution is yet in place (no definitive position has yet been made by Commissioners)</li> <li>Ongoing delays in response from Oxford University Hospitals NHS FT to NHSE on the potential way forward and the suboptimal process in terms of collaboration / engagement with Milton Keynes University Hospital NHS FT on the proposed service model. Continued concerns with delays in patient pathways and a failure to fully implement the recommendations of the serious incident review investigation commissioned by NHS Midlands (reported November 2022).</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing safety netting for patients in current pathway. <a href="#">Deadline: Out of the control of the Trust</a></li> <li>Regular operational meetings (with OUH) to articulate the service model going forward to the satisfaction of commissioners and others. <a href="#">Deadline: Out of the control of the Trust</a></li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Active monitoring and review of clinical incidents</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>Regional quality team or independent review of pathway</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>To be confirmed</li> </ul>	<ul style="list-style-type: none"> <li>Lack of visibility of outputs of NHS Midlands quality work in relation to the wider pathway.</li> </ul>	<ul style="list-style-type: none"> <li>CMO to follow up with East of England Specialised Commissioners in light of meeting on 10/05/2024. <a href="#">Deadline: Out of the control of the Trust</a></li> </ul>



	<p>produced by Northampton and shared with Commissioners.</p> <ul style="list-style-type: none"><li>• Joint commitment confirmed at Milton Keynes University Hospital NHS FT /Oxford University Hospitals NHS FT exec-to-exec team meeting on 02 October 2023</li><li>• Commissioners visit to MKUH scheduled May 2024 in order to validate findings of East of England review of Northampton pathway.</li><li>• Regional Commissioners and Quality Assurance Teams reviewed the pathway and joined the MDT (10/05/2024)</li><li>• Discussion between CMOs for MKUH, Northamptonshire</li></ul>					
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	<p>Hospitals Group and EoE Specialised Commissioning on 22 November (followed by letter of 06 December). Specific agreements regarding how mutual aid is sought in respect of MK patients when treatment is not timely.</p> <ul style="list-style-type: none"><li>• Contact between EoE Specialised Commissioning CMO, NHS South East Interim CMO and OUH CMO in November 2024, in order to try to progress matters.</li></ul>					
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Strategic Risk 10	Insufficient staffing levels to maintain safety – Inability to recruit to ‘hard to recruit’ roles						
Lead Committee	Workforce & Development Assurance Committee	Risk Rating	Inherent	Current	Target	Risk Type	Patient Harm
Executive Lead	Chief People Officer	Consequence	5	5	5	Risk Appetite	Minimal (ALARP)
Date of Assessment	January 2025	Likelihood	3	2	1	Risk Treatment Strategy	Treat
Date of Review	March 2025	Risk Rating	15	10	5	Assurance Rating	Positive Assurance
Linked Trust Objectives	1 Keeping you safe in our hospital 8 Employing and retaining the best people to care for you					Linked Corporate Risks	RSK-035   RSK-457   RSK-529   RSK-095   RSK-414   RSK-456   RSK-481   RSK-490
Progress: Summary narrative							
Trend	<div>Tracker</div>  <p>Score Target</p>						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>National occupation shortage</li> <li>Changes to right to work regulations</li> <li>Proximity to London for higher banded roles and Cost of Living supplement</li> <li>Regional competition in NHS for qualified/specialty roles</li> <li>Local competition in MK for entry-level roles (band 2-4)</li> </ul>	<ul style="list-style-type: none"> <li>Attraction payments such as Golden Handshake</li> <li>Benchmark of salary against local Trusts</li> <li>Focused HRBP intervention in areas where vacancies and turnover are high.</li> <li>Exploration of rotations in community and shared roles with larger Trusts (OUH)</li> <li>Advertisement in key journals and websites for specific roles</li> <li>Bespoke recruitment for hard to fill roles</li> <li>Development through course funded by apprenticeship levy</li> <li>Shadowing, and work experience opportunities</li> <li>Focus on degree-level apprenticeships for post-A Level students</li> <li>Improvement of benefits</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring Divisional leavers' processes to ensure timely recruitment</li> </ul>	<ul style="list-style-type: none"> <li>Review of staff working to the top of their license. <a href="#">September 2025</a></li> <li>Introduction of Advanced Clinical Practitioners and Nurse Consultants. <a href="#">March 2026</a></li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Divisional teams and planning processes</li> <li>Resourcing Manager and HRBPs</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>Professional lead operational oversight.</li> <li>Deputy / CPO led staffing oversight.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Report through to People Committee and Trust Board</li> <li>Report to ICS/Region</li> </ul>	None Identified	None required



	<p>and advertising of package</p> <ul style="list-style-type: none"><li>• Development of recruitment microsite</li><li>• Exploration and use of new roles to deliver services differently</li><li>• Use of enhanced adverts, social media and recruitment days</li><li>• Creation of recruitment "advertising" films</li><li>• Recruitment Specialists in post to support bespoke recruitment</li><li>• Holding Divisions to account for their elements of time to hire</li></ul>					
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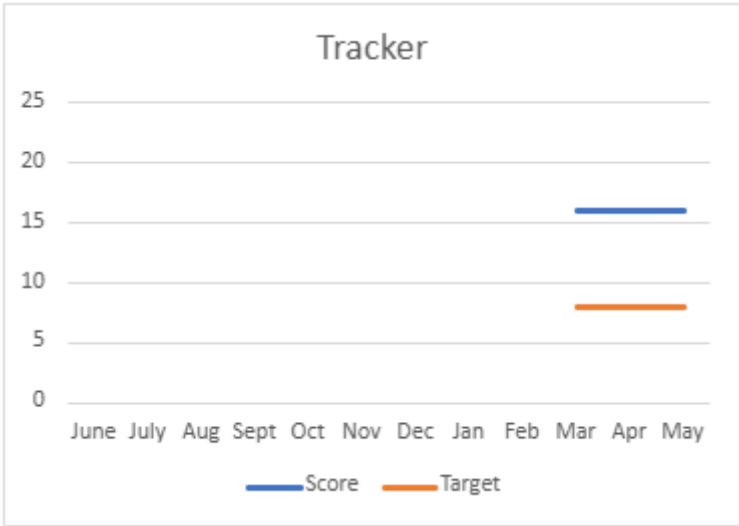


<b>Strategic Risk 11</b>	<b>Insufficient staffing levels to maintain safety - inability to retain staff</b>						
<b>Lead Committee</b>	Workforce & Development Assurance Committee	<b>Risk Rating</b>	<b>Inherent</b>	<b>Current</b>	<b>Target</b>	<b>Risk Type</b>	Patient Harm
<b>Executive Lead</b>	Chief People Officer	<b>Consequence</b>	5	5	5	<b>Risk Appetite</b>	Minimal (ALARP)
<b>Date of Assessment</b>	January 2025	<b>Likelihood</b>	3	2	1	<b>Risk Treatment Strategy</b>	Treat
<b>Date of Review</b>	March 2025	<b>Risk Rating</b>	15	10	5	<b>Assurance Rating</b>	Positive Assurance
<b>Linked Trust Objectives</b>	1 Keeping you safe in our hospital 8 Employing and retaining the best people to care for you					<b>Linked Corporate Risks</b>	RSK-035
<b>Progress: Summary narrative</b>							
<b>Trend</b>	<div> <div>Tracker</div>  </div>						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>National occupation shortage leading to high level of employee choice</li> <li>Proximity to London for higher banded roles and Cost of Living supplement</li> <li>Regional competition in NHS for qualified/specialty roles</li> <li>Local competition in MK for entry-level roles (band 2-4)</li> <li>Management and leadership capabilities</li> <li>Trust culture</li> <li>Increased organisational change and financial scrutiny</li> <li>Pressures and</li> </ul>	<ul style="list-style-type: none"> <li>Exploration and use of current practitioners' jobs to make roles more interesting and support practicing at the top of their license.</li> <li>Retention payments</li> <li>Succession planning</li> <li>Development, improvement, and advertising of benefits package</li> <li>Equitable access to Learning and development programmes</li> <li>Health and wellbeing initiatives</li> <li>Staff recognition - staff awards, long service awards</li> <li>Development of kinder policies with increased special leave</li> <li>Review of staff survey outcomes and creation of action plans for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Leadership development, career coaching, and talent management</li> <li>Increased talent management processes and resource capacity to deliver</li> </ul>	<ul style="list-style-type: none"> <li>Increase in capacity for Organisational Development Team. <a href="#">September 2025</a></li> <li>Progress with cultural change programme. <a href="#">September 2025</a></li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Divisional teams and planning processes</li> <li>Resourcing Manager and HRBPs</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>Professional lead operational oversight.</li> <li>Deputy / CPO led staffing oversight.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Report through to People Committee and Trust Board</li> <li>Report to ICS/Region</li> </ul>	None Identified	None required



challenges with Trust performance	<ul style="list-style-type: none"><li>Review of exit data and creation of plans locally to make improvements</li><li>Retention initiatives led by HRBP and bespoke to role/department</li></ul>					
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Strategic Risk 12	Vulnerability to Cyber Security breach																																													
Lead Committee	Finance & Investment	Risk Rating	Inherent	Current	Target	Risk Type	Operational / Financial / Reputational																																							
Executive Lead	Chief Strategic Development Officer	Consequence	4	4	4	Risk Appetite	Cautious																																							
Date of Assessment	March 2025	Likelihood	5	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	20	16	8	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Spending money well on the care you receive					Linked Corporate Risks	RSK-574																																							
Progress: Summary narrative																																														
	<div>Tracker</div>  <table><caption>Tracker Data</caption><thead><tr><th>Month</th><th>Score</th><th>Target</th></tr></thead><tbody><tr><td>June</td><td></td><td></td></tr><tr><td>July</td><td></td><td></td></tr><tr><td>Aug</td><td></td><td></td></tr><tr><td>Sept</td><td></td><td></td></tr><tr><td>Oct</td><td></td><td></td></tr><tr><td>Nov</td><td></td><td></td></tr><tr><td>Dec</td><td></td><td></td></tr><tr><td>Jan</td><td></td><td></td></tr><tr><td>Feb</td><td></td><td></td></tr><tr><td>Mar</td><td>16</td><td>8</td></tr><tr><td>Apr</td><td>16</td><td>8</td></tr><tr><td>May</td><td>16</td><td>8</td></tr></tbody></table>							Month	Score	Target	June			July			Aug			Sept			Oct			Nov			Dec			Jan			Feb			Mar	16	8	Apr	16	8	May	16	8
Month	Score	Target																																												
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Feb																																														
Mar	16	8																																												
Apr	16	8																																												
May	16	8																																												



Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"><li>Increasing world-wide data security attacks</li></ul>	<ul style="list-style-type: none"><li>Automated software to detect cyber security attacks</li><li>Staff training and awareness</li><li>System testing using phishing emails</li><li>Regularly/annual penetration testing</li><li>Backfill of cyber security team by other senior IT staff</li><li>Software controls for user to stop unauthorised software being installed</li></ul>	<ul style="list-style-type: none"><li>Dedicated cyber security team</li></ul>	<ul style="list-style-type: none"><li>Recruitment of cyber security team. <a href="#">Ongoing</a></li><li>Financial investment required to successfully recruit team. <a href="#">Ongoing</a></li><li>Identify the resources to attract suitably trained staff. <a href="#">Ongoing</a></li><li>Commence training of junior staff to become more proficient. <a href="#">Ongoing</a></li></ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"><li>Reports from software identifying successful defence to attack</li><li>Penetration testing reports</li></ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"><li>Oversight of management activity</li><li>To horizon scan for changes to threats and for appropriate action defence action to be taken. Ongoing</li></ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"><li>Internal Audit testing</li></ul>	<ul style="list-style-type: none"><li>Controls meet current threat levels. As threat levels change this may need to change.</li></ul>	<ul style="list-style-type: none"><li>None identified</li></ul>



Strategic Risk 13	Poor Data Quality impacting patient care, RTT performance and Trust financial position																																													
Lead Committee	Audit & Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Patient Safety, Financial, Reputational																																							
Executive Lead	Chief Operating Officer – Planned Care	Consequence	4	3	2	Risk Appetite	Cautious																																							
Date of Assessment	February 2025	Likelihood	5	5	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	20	15	4	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Spending money well on the care you receive																																													
Linked Corporate Risks																																														
Trend	<div><p>Tracker</p><table><tr><th>Month</th><th>Score</th><th>Target</th></tr><tr><td>June</td><td></td><td></td></tr><tr><td>July</td><td></td><td></td></tr><tr><td>Aug</td><td></td><td></td></tr><tr><td>Sept</td><td></td><td></td></tr><tr><td>Oct</td><td></td><td></td></tr><tr><td>Nov</td><td></td><td></td></tr><tr><td>Dec</td><td></td><td></td></tr><tr><td>Jan</td><td></td><td></td></tr><tr><td>Feb</td><td></td><td></td></tr><tr><td>Mar</td><td></td><td></td></tr><tr><td>Apr</td><td>15</td><td>5</td></tr><tr><td>May</td><td>15</td><td>5</td></tr></table></div>							Month	Score	Target	June			July			Aug			Sept			Oct			Nov			Dec			Jan			Feb			Mar			Apr	15	5	May	15	5
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Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>Outpatient workflows are not digital requiring paper outcome forms to capture data. Forms are manually entered into a bespoke application leading to potential transcription errors. Limited knowledge of RTT rules of some staff therefore outcomes not always entered correctly and delay in updating systems</li> <li>Patient Tracking List (PTL) requires upgrade. Bespoke system with complex algorithm which has had multiple iterations over the years</li> <li>Admitted clock start dates often incorrect defaulting to decision to admit date in 60% of entries</li> <li>Historic data issues have not been fixed at source and are continuing to impact on</li> </ul>	<ul style="list-style-type: none"> <li>Patient access SOPs</li> <li>Reports are being produced to monitor delays in completion.</li> <li>Measures are in place to ensure the PTL remains validated with a dedicated team to identify any potential DQ errors and highlight these to the Data Warehouse team.</li> <li>Now monitored via a report on the PTL Tool.</li> <li>Themes collated and worked through to understand the issue and what can be rectified to prevent the</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>Develop processes to comply with Provider Data Quality Assurance Documents 1 &amp; 2</li> <li>Deployment of Phase D outpatient digitisation programme including ambient voice technology</li> <li>Deployment of FDP modules for Outpatients, elective and RTT</li> <li>Take part in NHSE validation sprint of PTL</li> </ul>	<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Issues Log (positive - 23 rows of issues, down to 13)</li> <li>Validation team in place</li> <li>Specialty, divisional and corporate PTL meetings</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>DQ steering Group</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>System, regional and national performance monitoring</li> </ul>	<ul style="list-style-type: none"> <li>To be confirmed</li> </ul>	<ul style="list-style-type: none"> <li>To be confirmed</li> </ul>



<p>current data quality</p> <ul style="list-style-type: none"><li>• Outpatient procedures not always captured and/or coded leading to loss of income</li><li>• Potential Failure to accurately record patient care episodes at point of care (in e Care)</li><li>• Incorrect coding / capture of Maternity data Post natal</li><li>• Inconsistent reporting of &gt;12hr trolley waits in ED</li><li>• Activity from supplementary systems not fully integrated such as audiology (Auditbase) missing from Secondary Uses Service (SUS) leading to loss of income</li></ul>	<p>same data issue reoccurring once highlighted.</p> <ul style="list-style-type: none"><li>• Recruitment of specific Data Analyst Midwives</li><li>• Data is live on the ED Dashboard and also via a daily report to support daily validation. Daily Sitreps report zero unless information team is otherwise advised, ECDS uses raw data from eCare so includes DQ issues.</li></ul>					
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