

## **Bundle Trust Board Meeting in Public 2 May 2024**

- 1.1 10:00 - Agenda  
Item 0 - Agenda Board Meeting in Public - 02.05.24
- 1.2 10:00 - Apologies  
*Chair*  
Item 1.0 Place Holder Template
- 2 10:00 - Declarations of Interest  
*Chair*  
Item 2.0. Declarations of Interest
- 3 10:02 - Patient Story  
*Chief Nursing Officer*  
Item 3 Patient Story
- 4 10:22 - Minutes of the Last Meeting  
*Chair*  
Item 4 Minutes Trust Board Meeting in Public 07.03.24
- 5 10:24 - Matters Arising and Action Log  
*Chair*  
Item 5 Board Action Log 07.03.24
- 6 10:26 - Chair's report  
*Chair*  
Item 6.0 Place Holder Template
- 7 10:31 - Chief Executive's Report  
*Chief Executive*  
Item 7.0 Place Holder Template  
Item 7.1 Place Holder Template  
Item 7.2 MKUH 2 May 2024 BLMK ICB Update FINAL
- 8 10:41 - Serious Incident and Learning Report  
*Chief Medical Officer/Chief Corporate Services Officer*  
Item 8 SI report for Trust Board May 2024
- 9 10:46 - Maternity Patient Survey 2024 interim report
- 10 10:51 - Performance Report  
*Chief Operating Officer*  
Item 10 2023-24 Executive Summary M12 Coversheet  
Item 10.1 2023-24 Executive Summary M12  
Item 10.2 2023-24 Board Scorecard M12
- 11 11:01 - Finance Report  
*Chief Finance Officer*

- Item 11 Public Finance Report Month 12
- 12 11:11 - Workforce Report  
*Chief People Officer*  
Item 12 Workforce Report M12 2023/4 Board
- 13 11:21 - Quality Priorities 2024/25  
*Chief Corporate Services Officer*  
Item 13 Quality Priorities 2024 5
- 14 11:26 - Declaration of Interests Report  
*Chief Corporate Services Officer*  
Item 14.0 Declaration of Interest - Trust Board  
Item 14.1 Consultants  
Item 14.2 Managers & Decision Making Staff  
Item 14.3 Gifts & Hospitality Register
- 15 11:31 - Risk Register Report  
*Chief Corporate Services Officer*  
Item 15 Trust Board - April 2024 - Risk Management Report  
Item 15a Significant Risk Register - as at 28th March 2024  
Item 15b Corporate Risk Register - as at 26th March 2024
- 16 11:36 - Board Assurance Framework  
*Chief Corporate Services Officer*  
Item 16 Board Assurance Framework 22nd April 24
- 17 11:41 - (Summary Reports) Board Committees  
*Chairs of Board Committees*  
Item 17.0 Place Holder Template
- 18 11:46 - Forward Agenda Planner  
*Chair*  
Item 18 Forward Agenda Planner - Public Board
- 19 11:50 - Questions from Members of the Public  
*Chair*  
Item 19.0 Place Holder Template
- 20 11:54 - Motion To Close The Meeting  
*Chair*  
Item 20.0 Place Holder Template
- 21 11:56 - Resolution to Exclude the Press and Public

*The chair to request the Board pass the following resolution to exclude the press and public and move into private session to consider private business:*

*"That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted."*

Item 21.0 Place Holder Template

22 11:58 - Next Meeting in Public  
*Thursday, 04 July 2024*

## Agenda for the Board of Directors' Meeting in Public

Meeting to be held at 10:00 am on Thursday 02 May 2024  
in the Conference Room at the Academic Centre and via MS Teams

Item No.	Timing	Title	Purpose	Lead	Paper
Introduction and Administration					
1	10:00	Apologies	Receive	Chair	Verbal
2		Declarations of Interest <ul style="list-style-type: none"><li>Any new interests to declare</li><li>Any interests to declare in relation to open items on the agenda</li><li>2024/25 Register of Interests – Board of Directors - <a href="#">Register of Interests - Milton Keynes University Hospital (mkuh.nhs.uk)</a></li></ul>	Information	Chair	Verbal
3		Patient Story	Receive and Discuss	Chief Nursing Officer	Attached
4		Minutes of the Trust Board meeting held in public on 07 March 2024	Approve	Chair	Attached
5		Matters Arising and Action Log	Note	Chair	Attached
Chair and Chief Executive Updates					
6	10:20	Chair’s Report	Information	Chair	Verbal
7	10:25	Chief Executive’s Report <ul style="list-style-type: none"><li>Virtual wards Update</li><li>BLMK ICB xxx 2024</li></ul>	Receive and Discuss	Chief Executive	Verbal  Verbal  Attached
Patient Safety					
8	10:35	Serious Incident and Learning Report	Receive and Discuss	Chief Medical Officer/Chief Corporate Services Officer	Attached

Item No.	Timing	Title	Purpose	Lead	Paper
<b>Patient Experience</b>					
9	10:40	Maternity Patient Survey 2024 interim report	Receive and Discuss	Chief Nursing Officer	Attached
<b>Break – 10:50 (10 mins)</b>					
10	11:00	Performance Report Month 12	Receive and Discuss	Chief Operating Officer	Attached
<b>Finance</b>					
11	11:10	Finance Report Month 12	Receive and Discuss	Chief Finance Officer	Attached
<b>Workforce</b>					
12	11:20	Workforce Report	Receive and Discuss	Chief People Officer	Attached
<b>Assurance and Statutory Items</b>					
13	11:25	Quality Priorities 2024/25	Receive and Discuss	Chief Corporate Services Officer	Attached
14	11:30	Declaration of Interests Report	Receive and Discuss	Chief Corporate Services Officer	Attached
15	11:35	Risk Register Report	Receive and Discuss	Chief Corporate Services Officer	Attached
16	11:40	Board Assurance Framework	Receive and Discuss	Chief Corporate Services Officer	Attached
17	11:45	(Summary Reports) Board Committees	Assurance and Information	Chairs of Board Committees	Verbal
<b>Administration and Closing</b>					
18	11.50	Forward Agenda Planner	Information	Chair	Attached
19		Questions from Members of the Public	Receive and Respond	Chair	Verbal
20		Motion To Close The Meeting	Receive	Chair	Verbal
21		Resolution to Exclude the Press and Public  The Chair to request the Board pass the following resolution to exclude the press and public and /move into private session to consider	Approve	Chair	

Item No.	Timing	Title	Purpose	Lead	Paper
		private business: “That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.”			
12:00		Close			
Next Meeting in Public: Thursday, 04 July 2024					

# **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

**Apologies**

**Heidi Travis**

**Receive**

# TRUST BOARD IN PUBLIC

**Virtual/Teams**

Thursday, 02 May 2024

## Declarations of Interest

- Any new interests to declare.
- Any interests to declare in relation to open items on the agenda.

**Heidi Travis**

**Verbal/Information**



# David's Story

Janet Page  
Lead Dementia Nurse



# Admissions into hospital

## Previous

- Admitted reduced consciousness levels-hypoactive delirium (temporary mental state that creates symptoms of reduced activity)
- Wife stated behaviour had been escalating at home
- 1 week into admission physical aggression on the ward- prescribed short-term sedative
- 1 week into admission seen by the dementia nurse
- Regular antipsychotic medication started 2 weeks after admission

During this admission a diagnosis of dementia was inputted onto eCare

## Recent

- Admitted reduced consciousness levels-hypoactive delirium
- Wife stated behaviour had been escalating at home
- 1 day into admission seen by dementia nurse
- 2 days into admission seen by Mental health liaison team- plan to increase antipsychotic medication when displaying increased challenging behaviour.
- Information shared with consultant and ward staff, medications utilised once delirium settled and showed signs of agitation
- No further aggression episodes

# Dementia nurse impact

'I first met Janet at the beginning of when my husband Dave was in hospital. She has given me great support and always on hand to talk to.

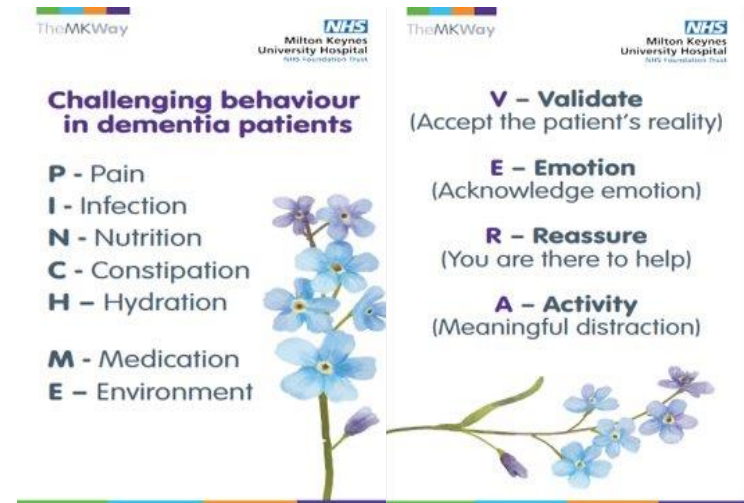
As Dave has been in hospital a lot this year Janet has always been helpful, kind and I don't know what I would have done without her.'

Linda- David's wife

**Now capturing 88.5% of patients with a dementia diagnosis in hospital on eCare. Average of 65 patients in hospital inpatient wards per day in Milton Keynes Hospital.**

# Dementia nurse

- Providing support to patients and relatives
- Promoting dementia awareness
- Education
- Develop links between services-  
Mental health liaison team  
Frailty  
Charities  
Community
- Promote a safe hospital environment



# John's Campaign

The campaign calls for a policy welcoming family carers onto the wards outside of the normal visiting times, according to the needs of the person with a dementia and not restricted by stated visiting hours.

Involving the family carer from admission to discharge has been proven to help ensure a better quality of care, an improved patient experience and improved outcomes



**Milton Keynes  
University Hospital**  
NHS Foundation Trust

## **We welcome relatives and carers**

We welcome the relatives and carers of patients on our wards and we would like to work in partnership with you.



If you would like to support care out of visiting hours, please talk to the nurse in charge to let them know who you are caring for and their needs. You will then be allocated a carers pass.

**Please speak to the Nurse in Charge for  
more information.**

# Ongoing projects

- Education to meet the criteria of Tier 2 training as recommended by Department of Health. This will ensure anyone that has regular contact with people living with dementia have the knowledge, skills and attitude to meeting the needs of these individuals.
- Connections with the community to promote the dementia role in hospital– Alzheimer's society, Age UK, MK Carer's, GP practices and Care homes.
- Producing support leaflets for the hospital - e.g. Nutrition and cognition.
- Develop strategies to support challenging behaviours within the hospital.



## Dementia Awareness Week



On **Thursday 16 May** we will be hosting an event in the **Marquee** from **11am - 3pm**.

Everyone is welcome to join us and find out more about the services we offer at MKUH and the wider community.





# BOARD OF DIRECTORS MEETING

Minutes of the Trust Board of Directors Meeting in Public  
held on Thursday, 07 March 2024 at 10.00 hours in the Academic Centre, Milton Keynes University  
Hospital Campus and via Teams

## Present:

Alison Davis (Chair)	Trust Chair	(AD)
Joe Harrison	Chief Executive Officer	(JH)
John Blakesley	Deputy Chief Executive	(JB)
Gary Marven	Non-Executive Director	(GM)
Mark Versallion	Non-Executive Director	(MV)
Haider Husain	Non-Executive Director	(HH)
Heidi Travis (Joined @ 11:12am)	Non-Executive Director	(HT)
Dr Ian Reckless	Chief Medical Officer	(IR)
Danielle Petch	Chief People Officer	(DP)
Yvonne Christley	Chief Nursing Officer	(YC)
Emma Livesley	Chief Operating Officer	(EL)
Jonathan Dunk	Chief Finance Officer	(JD)

## In Attendance:

Kate Jarman	Chief Corporate Services Officer	(KJ)
Andy Forbes	Public Governor	(AF)
Rachel Medill	Public Governor	(RM)
Maxine Taffetani	Healthwatch Milton Keynes Representative	(MT)
Keith McLean	Representative Governor, Milton Keynes Council	(KM)
Elaine Gilbert	Divisional Chief Midwife	(EG)
Ganesh Baliah	Associate Non-Executive Director	(GB)
Precious Zumbika-Lwanga	Associate Non-Executive Director	(PZL)
Zoe Tidman	HSJ Wilmington Healthcare Representative	(ZT)
Lorna Squires	Deputy Director - Quality Strategy, Leadership and Governance, NSH England	(LS)
Samantha Penny (for item 3)	Pre-assessment Nurse	(SP)
Lisa Barnes (for item 3)	Patient Experience Lead	(LB)
Timi Achom	Assistant Trust Secretary	(TA)
Amanda Godden	Committee Secretary	(AG)

## 1 Welcome and Apologies

- 1.1 AD welcomed all present to the meeting. There were apologies from Jason Sinclair (Associate Non-Executive Director), Dev Ahuja (Non-Executive Director), Tom Daffurn and William Butler (Public Governors) and Tracy Rea and Yolanda Potter (Staff Governors).

## 2 Declarations of interest

- 2.1 There were no declarations of interest in relation to the agenda items.

## 3 Patient Story

- 3.1 LB and SP began the presentation by introducing themselves and provided a background of the presentation which was around the support available for British Sign Language (BSL) Patients and Staff in the hospital.

- 3.2 LB stated that BSL was recognised as a language in its own right in 2003 and uses a combination of hand gestures and facial expressions. An estimate of over 151,000 adults and children use BSL as their first language.
- 3.3 LB shared a video of a patient experience and provided a demonstration of the SignLive system. She explained that SignLive was a deaf-owned organisation headquartered in the UK. It offered online BSL video interpreting services and Deaf and hard-of-hearing individuals can use an app to interact with anyone, anytime. MKUH Charity had supplied 10 iPads within the Trust to offer this valuable service which would be funded for one year.
- 3.4 SP emphasised that having this system as a backup ensures accessibility for patient hospital visits at any time, which is crucial for when staff are unable to reach patients in emergencies or when there is a shortage of available BSL interpreters.
- 3.5 It was noted that efforts were being made to ensure staff awareness and training on using the SignLive system, particularly in emergency situations. It was further noted that positive feedback had been received from both staff and patients regarding its use.
- 3.6 Regarding charity funding after one year, HH stated that the MKUH Charity funded several initiatives for more than a year and developed business cases during that time. He suggested that LB and SP discuss this with Vanessa Holmes, the Associate Director of Charity and Fundraising.
- 3.7 In response to HH's question about data privacy when using the system, LB responded that the system had gone through information governance and a Data Protection Impact Assessment (DPIA) before implementing the project.
- 3.8 In response to GM's question about the system translation service for people who do not speak English as their first language, SP advised that this option was being reviewed and that there may be other apps that could be helpful in this regard.
- 3.9 On behalf of the Board, AD thanked SP and LB for the presentation.

#### **4 Minutes of the Trust Board Meeting in Public held on 11 January 2024**

- 4.1 The minutes of the Trust Board Meeting in Public held on 11 January 2024 were **reviewed** and **approved** by the Board subject to an addition around bridging the P&L (Profit and Loss statement) with the Trust cash position to item 13 (Finance report)

#### **5 Matters Arising**

- 5.1 There were no actions due for review.
- There were no other matters arising.

#### **6 Chair's Report**

- 6.1 AD advised that compliance reports for the year had been completed and submitted ahead of deadlines and that Roger Kline would attend the next Inclusion Leadership Council (ILC) meeting in April 2024 for discussions with the Board and other members of staff regarding this. AD further stated that the gender pay gap was decreasing year on year however, this was being closely monitored.
- 6.2 International Women's Day was being celebrated in the hospital on 8 March 2024, with various events and online activities planned for staff, including presentations on work boundaries and dealing with burnout.

- 6.3 The LGBTQ+ month was successful, and upcoming events included Windrush commemoration on June 22, 2024, and South Asian History Month from July 18 to August 17, 2024. There was also ongoing work with the talent management program.
- 6.4 The Board **noted** the Chair's Report.
- 7 Chief Executive's Report – Overview of Activity and Developments**
- 7.1 JH reported that the Shadow Secretary of State for Health, Wes Streeting, visited the Trust two weeks ago, primarily to discuss the hospital's work on digital and the NHS app. The Shadow Secretary of State acknowledged the impact of technology on the NHS and budget implications. It was noted that these budget implications consisted of ongoing revenue investment and tech investment. However, there was an opportunity to leverage this investment for further improvement with plans to review cost pressures and service developments, with a clear focus on the 2024/25 budget.
- 7.2 In terms of Industrial action, IR reported that the most recent junior doctors' strike took place from February 24 to 28 2024, impacting emergency, elective pathways and waiting times. It was noted that there were currently no further strikes scheduled. IR also advised that SAS doctors have conducted national ballots, the outcome of which is a consensus to proceed on strike actions, posing a major concern for the hospital due to their seniority and experience. It was further noted that Consultants had rejected an offer from the government, which had been renegotiated and had gone back out to Union representatives. A positive feedback around negotiations was anticipated around mid-April 2024.
- 7.3 JH provided an overview of the outcome of the recently concluded staff survey. It was highlighted that the Trust performed above average in all seven areas measured. He noted that the hospital stood out as a place where staff look forward to coming to work more than anywhere else in the NHS, indicating high satisfaction levels. However, there were areas identified for improvement, such as motivation and speaking safe, which would be addressed accordingly. Efforts would focus on promoting equitable opportunities for career advancement and reinforcing the Trust's zero-tolerance policy against racism and discrimination. These initiatives align with ongoing external reviews, contributing to our continuous improvement efforts as an organisation. A formal presentation detailing the survey findings would be brought to the board in May 2024 for further discussion and analysis.
- 7.4 JH advised that the Academic Centre was now under the ownership of Milton Keynes University Hospital. The acquisition of the Academic Centre presents the Trust with various opportunities to explore its optimal utilisation. There was ongoing engagement in assessing different options to make the best use of this facility, which included creating additional space.
- 7.5 Health and Safety Executive Inspection Update  
KJ advised that the Health and Safety Executive conducted an inspection in January 2024, focusing on two specific areas outlined in the Health and Safety at Work Act. The inspection targeted the Trust's handling procedures and violence prevention measures. Two separate teams of inspectors were deployed, each focusing on one of these areas. The inspection spanned multiple locations across the Trust over a two-day period and involved thorough assessments, including engagement with staff members across various wards and departments.
- 7.5.1 Following the inspection, the inspectors were provided with comprehensive information which addressed their inquiries. Subsequently, two improvement notices had been received based on their findings. These notices highlighted concerns regarding an inadequate number of competent staff for manual handling and violence and aggression. The Health and Safety Executive emphasised the need for additional competent personnel to ensure effective implementation of safety measures and management of risks, particularly related to violence prevention and musculoskeletal disorder management.
- 7.5.2 A detailed report containing numerous actionable items was generated as a result of the inspection. This report would be presented to the Audit committee for a review and the development of a detailed action plan. The committee will convene in the coming weeks to scrutinise the report and ensure

accountability for addressing the identified issues. A comprehensive report outlining the actions taken and any follow-up measures will be presented to the public board in May 2024.

- 7.5.3 JH asked the Board to note that steps had been taken to address the first improvement notice by recruiting an individual for the role and ensuring there was coverage while they were off duty. This information was communicated to the Health and Safety Executive.

7.6 External Reviews Update

KJ provided an update on the Cultural Improvement Programme and Board Governance Review. It was noted that the Organisational Cultural Improvement Programme aims to enhance the experience of Black, Asian, and Minority Ethnic staff and consisted of two parts: Programme A (recruitment, retention, and progression) and Programme B (bullying, harassment, and discrimination), potentially running concurrently. External support was provided by Roger Kline for Programme A and Yvonne Coghill for Programme B. Each programme had defined outcomes, with the possibility of additional outcomes emerging. The final scope and start dates were still being finalised. It was highlighted that the Board Governance Review led by Lorna Squires from NHS England was underway. This involved Lorna observing Board and Committee meetings to assess governance areas.

- 7.7 The Board **noted** the Chief Executive's update

**8 Update on review of maternal women admitted to ICU during 2023**

- 8.1 IR provided an update on the review of maternal women admitted to ICU during 2023.
- 8.2 The review centred on the occurrence of six missed appointments for pregnant or recently given birth women in 2023, totalling 20 missed appointments, prompting concerns about the unusually high number over an eight-month period. The review of the cases had been completed, and a draft report had been completed. Plans were in place for a multi-professional meeting on March 20th to discuss the findings. Initial discussions indicated positive findings from the review, highlighting positive aspects of care provided, alongside identified learning points focusing on the management of blood products and the provision of higher levels of care within the maternity footprint. ***A written report is scheduled to be presented to the Clinical Risk Committee on March 18, 2024.***

- 8.3 The Board **noted** the update on the review of maternal women admitted to ICU during 2023

**9 Update on British Orthopaedic Association invited review of hip and knee arthroplasty services**

- 9.1 IR provided an update on British Orthopaedic Association invited review of hip and knee arthroplasty services.
- 9.2 It was noted that concerns were raised regarding revision rates following primary operations, particularly joint replacements within the Trust. Despite previous efforts and extensive work in this area, the metric remains outside confidence limits. As a result, a team of six orthopaedic surgeons have been tasked with conducting a review. Information, including National Joint Registry data, has been provided to aid in the assessment.
- 9.3 The Board **noted** the update on British Orthopaedic Association invited review of hip and knee arthroplasty services.

**10 Serious Incident and Quality Improvement Report**

- 10.1 IR presented the report outlining the management of processes/systems in relation to serious incidents and quality improvement in the Trust.

It was noted that there were two new Serious Incidents (SIs) reported in January 2024. A thematic review was underway. These were being investigated together since both relate to the recognition and management of ectopic pregnancy. Three further incidents were reported in February involving patients who died under admission, improper gentamicin dosing, and other circumstances leading to

community pressure ulcers. Additionally, themes of violence and abuse from patients was noted. Process was place with Chaplaincy/Security/Health & Safety to follow through & ensure support for staff.

- 10.2 KJ provided an overview of the Quality Improvement Report, highlighting the introduction of NHS IMPACT (Improving Patient Care Together) as the new, unified approach to NHS improvement. This initiative aims to foster continuous improvement and high performance within systems and organizations to address current challenges and enhance patient care outcomes.
- 10.3 The QI team had completed the NHS Impact self-assessment template on behalf of MKUH, aligning with the Trust's QI strategy and development plan. Five self-assessment benchmarking options were identified for each of the NHS Impact statements.
- 10.4 Planning for Quality Improvement (QI) initiatives for 2024/25 had commenced, with plans set for sign-off in April 2024. The 2024/25 NHS England listing of QIPs and National Quality Account statutory mandatory audits for each division had been shared with all divisional leads.
- 10.5 KJ also provided progress summaries for ongoing QI projects, including:
- Sepsis: Initiatives include the development of a dashboard in the Emergency Department for timely identification of potential sepsis cases, review of NICE Sepsis guidance, and discussions on improvement initiatives for discharged patients. Plans for updating Trust policies and education packages was pending NICE updates.
  - NICE Guidance: Compliance monitoring has transitioned to Radar, resulting in a positive response with a reduction in NICE non-compliance. NICE benchmarking is utilized for QIPs where guidance is available.
- 10.6 The Board **noted** the Serious Incident and Quality Improvement Report.

## **11 Healthy Weight Declaration**

- 11.1 IR presented the Healthy Weight Declaration report.
- 11.2 The issue of excess body weight, a global and national concern, is particularly pronounced in Milton Keynes. It was noted that efforts are being made to address this, including projects such as the Type 2 diabetes wearables initiative, improvements in local weight management services for exercise and the anticipated pilot of semaglutide. IR highlighted the partnership with and the need for joint commitment with Milton Keynes City Council under the auspices of The MK Deal. The core commitments covered various aspects, including staff health, travel policy, and reducing the stigma of obesity.
- 11.3 The Board **supported** and **approved** the adoption of the Healthy Weight Declaration

## **12 Maternity Assurance Group Update**

- 12.1 YC presented an overview of the matters discussed and reviewed at the Maternity Assurance Group meeting for December 2023 and January 2024.
- 12.2 The Board noted the appointment of Elaine Gilbert, Divisional Chief Midwife which would enhance the leadership structure within Women and Children's services. YC stated that Maternity staffing remained robust despite busy periods, with 1-to-1 care sustained between 99% and 100%. A review of the roster shifts patterns and allocation of non-clinical time was being undertaken to enhance both patient safety and staff well-being.

Feedback from service users indicated increased waiting times, prompting a detailed review of triage processes to address delays in obstetric review and pain relief.

12.3 During a quality assurance visit in November 2023, the Trust was examined regarding the Foetal Anomaly Screening Programme (FASP). Concerns regarding a potential increase in babies born with unexpected anomalies were noted, prompting a review of such cases and an assessment of compliance with the national screening programme criteria. No cases met the criteria for a screening incident set by the Screening Quality Assurance Services (SQAS). The visit resulted in ten improvement recommendations, scheduled for completion within 3-12 months. By April 2024, three recommendations would be met, followed by five by July 2024, and the final two within 12 months, requiring audit evidence, shared learning, and implementation of a training programme.

12.4 The Board **noted** the Maternity Assurance Group Update

### **13 Performance Report Month 10 (January 2024)**

13.1 EL presented the Performance Report for Month 10 touching upon various operational aspects and challenges faced by the Trust. Notably, there were six days of industrial action in January 2024, impacting organisational changes with a critical incidence declared between 25 and 26 January due to capacity pressures, marking a significant occurrence

13.2 The percentage of Emergency Department (ED) attendances that were admitted, transferred, or discharged within 4 hours was 75.7%, remaining consistent with performance in recent months. This was above the national performance of 70.3% and above the performance of all but one other Trust within Peer Group.

13.3 Diagnostic pathways had improved, particularly in MRI performance. At the end of January 2024, 9,604 patients were waiting for a diagnostic test. Of these, 61.1% were waiting less than 6 weeks while challenges persisted in areas like CT due to staffing constraints. The Community Diagnostics Centre opened earlier this year and was expected to enhance diagnostic capacity further. Cancer care performance had improved, with achievements in meeting statutory responsibilities for two-week wait performance. However, challenges remained in achieving targets for 28-day delivery against pathways. Despite fluctuations, the Trust was on track to meet anticipated targets by the end of the year.

13.4 The Board **noted** the Performance Report for Month 10 (January 2024)

### **14 Finance Report Month 10 (January 2024)**

14.1 JD reported a deficit of £2.5 million for January 2024, which was £2.6 million worse than planned. He stated that the monthly deficit for January alone amounted to £0.1 million. The increase in the year-to-date deficit was attributed to the industrial action conducted by junior doctors. Consequently, the Trust has adjusted its full year forecast for the fiscal year ending March 31, 2024, from a break-even scenario to a deficit of £1.8 million, reflecting the additional impact of industrial action in December 2023 and January 2024. This forecast was slightly lower than the £2 million deficit projected last month, as estimates had been updated with more recent information.

14.2 Elective Recovery Fund (ERF) continued to perform well with the Trust's January (M10) ERF position showing an expected £7.5m over performance compared to the target. £9.2m was reported as the Year-To-Date ERF benefit. Efforts to address the efficiency gap between income and spending, particularly in capital, were ongoing, with discussions and updates expected. Looking ahead to 2024/25, continuity in workforce funding provides a foundation for financial planning, albeit in a challenging environment. The Trust aims to enhance productivity reporting and align future plans with national expectations, with a focus on workforce management and investment. In addition to this, JH stated that despite operational challenges, the Trust remained a high performer in the region, managing significant patient volumes while maintaining financial stability.

14.3 The Board **noted** the Finance Report for Month 10 (January 2024)

### **15 Green Plan Update**

15.1 Deferred to July 2024

## **16 Workforce Report**

16.1 DP highlighted the following from the report:

- The Trust's headcount continued to increase with vacancy rate remaining at its lowest point for over 12 months. However, challenges in filling healthcare assistant roles persisted due to local competition, necessitating continued recruitment strategies and improvement initiatives.
- Efforts to manage temporary staffing had shown progress, with enhanced oversight on agency expenditure. Bank usage was under review with rostering permissions revised from M10 to ensure the appropriate level of management authorisation was gained for cover and that the reason for the request is valid and accurate.
- Training and appraisals remained robust, with ongoing initiatives to streamline processes and introduce new appraisal templates. Additionally, the establishment of two new networks, neurodiversity and international recruits, aimed to support workforce retention and integration.
- Operational planning for system and regional returns was underway in collaboration with HR and Finance, with an expected further growth in headcount within the Trust for the next 12 months.

16.2 DP advised that the proposal for a fast-track service to expedite appointments for staff on sick leave or restricted duties garnered board support, aligning with efforts to enhance workforce capacity and patient care efficiency. Members of the board expressed concerns about the implementation of the fast-track service and its impact on staff well-being, highlighting the importance of supportive measures. Further considerations include accommodating staff awaiting non-health-related services and ensuring occupational health support for affected employees. Overall, the board noted that proposed initiatives aimed to optimise workforce utilisation and enhance patient outcomes while addressing staffing challenges effectively.

16.3 The Board **noted** the Workforce Report

## **17 Risk Register Report**

17.1 KJ presented a report analysing all risks listed on the Risk Register as of February 22, 2024. The discussion highlighted the transition period between risk registers from the 2023/24 financial year to the 2024/25 period, with necessary adjustments being made to the risks. Additionally, there was ongoing discussions on the BAF for the 2024/25 financial year.

17.1 The Board **noted** the Risk Register Report

## **18 Board Assurance Framework**

18.1 The Board **noted** the Board Assurance Framework

## **19 Forward Agenda Planner**

19.1 The Board **noted** the Forward Agenda Planner.

## **20 Questions from Members of the Public**

20.1 There were no questions from the public.

## **21 Any Other Business**

21.1 None

The meeting closed at 12:16pm





Updated: 07/03/24

## Trust Board Action Log

Action No.	Date added to log	Agenda Item No.	Subject	Action	Owner	Completion Date	Update	Status Open/ Closed
32	11-Jan-24	7	Chief Executive's Report – BLMK ICB December 2023	JH meeting with the Council and Community Mental Health providers update	KJ/JH	02-May-24		Open
35	07-Mar-24	8	Update on review of maternal women admitted to ICU during 2023	A written report is scheduled to be presented to the Clinical Risk Committee on March 18, 2024.	IR	02-May-24		Open

# **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

**Chair's Report**

**Heidi Travis**

**Verbal/Information**

# **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

**Chief Executive's Report**

**Joe Harrison**

**Verbal/Receive/Discuss**

## **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

### **Chief Executive's Report**

- Virtual wards Update

**Joe Harrison**

**Verbal/Receive/Discuss**

**Date** 2 May 2024

**ICB Executive Lead:** Maria Wogan, Chief of Strategy and Assurance, and MK Link Director, Bedfordshire, Luton and Milton Keynes (BLMK) ICB

**Report Author:** Geoff Stokes, Interim Programme Director – Governance, Bedfordshire, Luton and Milton Keynes (BLMK) ICB

**Report to the:** Board of Directors, Milton Keynes University Hospital NHS Foundation Trust

**Item:** [secretariat to add item number] – Bedfordshire, Luton and Milton Keynes Integrated Care Board Update

### **Reason for report to the Board**

- (a) To update the Board on the work of the ICB.

## **1.0 Executive Summary**

- 1.1 This report summarises key items of business from the BLMK Integrated Care Board (ICB) and BLMK Health and Care Partnership (a joint committee between the local authorities and the NHS in Bedfordshire, Luton and Milton Keynes) that are relevant to Milton Keynes University Hospital NHS Foundation Trust.

## **2.0 Recommendations**

- 2.1 The Board is asked to **note** this report.

## **3.0 Key Implications**

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk	✓

- 3.1 This report provides a summary of items discussed by the ICB and Health and Care Partnership. Each individual report considered at those meetings identifies the relevant implications as listed above.

## **4.0 Report**

### **4.1 Bedfordshire, Luton and Milton Keynes Integrated Care Board – Public Meeting**

The Board of the ICB met on 22 March 2024 and a summary from the meeting is given below. The following items were discussed.

#### **Acting on resident feedback**

Resident stories are shared with the Board each quarter to ensure important insights and experiences are heard and considered. Assurance was given to the Board that these insights inform the development of strategies, for example neighbourhood working, the procurement of musculoskeletal services and work to improve health equity.

### **Chair and Chief Executive reports**

Significant work has been undertaken to influence national policy to benefit residents in Bedfordshire, Luton and Milton Keynes. The Board was informed about work being undertaken by the Chair, Dr Rima Makarem regarding end-of-life care and Chief Executive, Felicity Cox, reflected on work with Parliamentary Under Secretary of Health and Care, Rt. Hon. Andrea Leadsom MP to influence decisions on capital for primary care estates, including ambitions for the development of a community diagnostic centre in Luton. Information was also provided to the Board about further industrial action by junior doctors, health care assistants and consultants, which is expected to increase pressure on services over the coming months.

### **BLMK Health and Care Strategy**

The ICS is working to help people live longer lives in good health. To achieve this, a multi-year system plan is being developed, using population health data and intelligence from communities to agree how we will respond to changes in our population and tackle the causes of early death in our area – including cardiovascular disease, cancer and respiratory conditions. The Board welcomed the report, especially with reference to preventing poor health in the short and medium-term. It was agreed that a Board seminar will be held to develop the strategy further.

### **Improving Access to Radiotherapy – Mount Vernon Cancer Centre Review Update**

Up to a third of BLMK residents are treated with radiotherapy following a cancer diagnosis. Residents have told us that travel out of area to access cancer treatment in Oxford or London is a barrier, with some people opting for palliative care instead of travelling. A two-year patient transport pilot to help patients travel out of area for treatment has been established with Luton Council, but the re-provision of cancer care from Mount Vernon gives us the opportunity to bring a satellite radiotherapy centre to our area. Radiotherapy could be devolved to general hospital sites either at the Luton and Dunstable Hospital or the Lister Hospital in Stevenage. Capital funding is required, and public consultation will be needed to determine the location of the site. The Board endorsed the BLMK Cancer Board's recommendations to bring a satellite site closer to BLMK.

### **Place Based Reports**

Following the establishment of place-based teams and collaboratives, the following updates were provided:

- Milton Keynes Place based team is focused on delivering against the objectives outlined by the MK Deal. This quarter, work has stepped up on the Bletchley Pathfinder work, which aims to tackle inequalities and focus on prevention of ill health.
- Bedford Borough Place team is establishing, with new team members joining over the coming weeks. Connections between the team and the Council has enabled six Bedford Borough placement students with learning disabilities to join the Oliver McGowan project as trainers with lived experience. Discussions are taking place about the potential of Universal Studios UK being built in Bedford and the impact this will have on local services.
- The One Luton Place team is establishing, with team members appointed into new roles. Some successes include the creation of family hubs and the development of the Luton 2040 strategy, which the ICB is supporting with a [Luton 2040 pledge](#).
- Central Bedfordshire Place team is now establishing with a central focus on children's outcomes. It has launched the '[Everything OK?](#)' website which is designed to signpost young people between 10 and 18 years old to relevant local and national information, advice, and support.
- Mental Health, Learning Disabilities and Autism Collaborative – work is being undertaken to establish the Mental Health Collaborative and the Board endorsed the next steps for the collaborative which includes a shadow meeting of the collaborative committee in April.

### **Operational Plans and the Joint Forward Plan**

The Board discussed the operational plan being developed for 2024/25 against a backdrop of significant financial pressure. The Board recognised the need to undertake service redesign on some pathways to deliver efficiencies and asked that due regard be given to the increase in pressure on services following the pandemic, population growth and not losing sight of the progress made to deliver quality care for residents. It was agreed that partners would hold on to the system's mission to deliver equity for all residents and achieve parity of esteem across all services. In addition to the operational plan, the Board reviewed plans for the Joint Forward Plan and agreed that an updated version of the report should be published. Following approval by the Board, the updated Joint Forward Plan was published on 28 March 2024 and can be found [here](#).

### **Delegation of Specialised Commissioning**

The Board received a briefing on the delegation of specialist commissioning, which BLMK ICB will host as part of a six-ICB joint endeavour for the East of England region from 1 April 2024. This will see the six ICBs working collaboratively on decisions for specialised services (including cancer, for example) on behalf of the region. The Board agreed the Delegation and Collaboration Agreements.

### **Strategic Approach to the Provision of Non-emergency Patient Transport**

The Board was briefed on the new approach being taken by the ICB to develop an innovative non-emergency transport service that utilises existing arrangements (ambulances) and works with the voluntary, community and social enterprise sector to create an improved patient transport service locally. The Board recognised the complexity of this contract, but welcomed the opportunity to explore new approaches and how this could work to add capacity and greater flexibility to the system. Further detail will be provided in the autumn of 2024.

### **Operational updates**

The Board welcomed the appointment of a Chief Midwife to support maternity services and recognised that the local maternity and neonatal system report should in future be received by the Quality and Performance Committee.

Operational updates were provided from primary care, where the Board was appraised on the increase in the number of GP appointments available in the system, and work being taken to boost numbers of people in BLMK using the NHS app to access primary care services.

The latest financial position for the ICS was reported, with the system expected to break even at the end of the 2023/24 financial year. In month 10, the ICB reported that a deficit was reported for the first time (£7.6m), because of increased costs due to industrial action. However, funding has since been provided nationally to support this, which changes our forecast end of year position. The Board was, however, appraised of the risks that remain in the system.

## **4.3 BLMK Health and Care Partnership**

The latest meeting of the Bedfordshire, Luton and Milton Keynes Health and Care Partnership (HCP) took place on 14 March 2024. The main points covered at the meeting are as follows.

### **Resident's story – Collaborative Targeted Outreach Programme**

The Collaborative Targeted Outreach Programme was run in partnership with the University of Bedfordshire aimed at young people in deprived areas of BLMK. The young people were given the opportunity to talk with practitioners, clinicians and trainees to find out more about careers in midwifery, theatre and the ambulance service. Due to technical difficulties the planned video could not be shown of students and their teachers sharing their experiences but was circulated following the meeting.

### **Update on delivery of BLMK Health and Care Strategy and priorities for 2024/25**

Examples of the progress made on delivery of the Health and Care Strategy was given as well as some of the enabling work for future delivery. The HCP heard that 2024/25 will be a challenging year for all partners with difficult decisions having to be made to provide a balanced financial plan. NHS planning guidance and financial parameters have been delayed and subsequently the deadline for submission of the final plans has also been delayed until 2 May 2024.

The two 'golden threads' run throughout the plans for 2024/25 – developing neighbourhoods and responding to the findings from the Denny Review of inequalities.

The Health and Care Partnership agreed that they will meet formally twice per year, with another two in-person seminars held jointly with the Board of the Integrated Care Board.

### **Our System Improvement Journey**

The HCP heard of a partnership with the Institute for Healthcare Improvement (IHI) to work on addressing health inequalities across BLMK. This partnership will help to deliver deliverable, measurable and sustainable programmes of improvement.

### **People Plan Update**

In 2023, NHS England produced the first long-term workforce plan which identified the need for a significant investment in training and education and measures to tackle retention and recruitment.

The People Board includes representatives from all partner organisations to oversee the development of work across BLMK on six workstreams aimed at implementing the People Plan.

### **BLMK Advancing Health Equality Event 17 May 2024**

The next planned joint seminar between the HCP and the Board of the ICB will be focussed on inequalities, including responses to the Denny Review. It is intended that this will be an annual event and colleagues were asked to suggest what should be included in the event and areas of good practice.

## **5.0 Next Steps**

None

---

## **List of appendices**

None

## **Background reading**

Public Board papers can be found on the ICB's [website](#).



<b>Meeting Title</b>	<b>Trust Board of Directors</b>	<b>Date: 2 May 2024</b>
<b>Report Title</b>	<b>Serious Incident Report</b>	<b>Agenda Item Number: 8</b>
<b>Lead Director</b>	<b>Dr Ian Reckless, Medical Director and Deputy Chief Executive Kate Jarman, Director of Corporate Affairs and Communications</b>	
<b>Report Author</b>	<b>Tina Worth, Head of Patient Safety &amp; Legal Services</b>	

<b>Introduction</b>	<b>Assurance Item</b>		
<b>Key Messages to Note</b>	This report provides a monthly overview of management processes/systems in relation to serious incidents in the Trust.		
<b>Recommendation</b> (Tick the relevant box(es))	<b>For Information</b> <input checked="" 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)	1. <i>Keeping you safe in our hospital</i> 3. <i>Ensuring you get the most effective treatment</i> 4. <i>Giving you access to timely care</i> 7. <i>Spending money well on the care you receive</i>
---	--

<b>Report History</b>	Serious Incident Review Group
<b>Next Steps</b>	Monthly incident/SI overarching issues reporting
<b>Appendices/Attachments</b>	Trends in graphical format

### For Board Information: Quality Governance Changes

The move to full implementation of the Patient Safety Incident Response Framework will take place in May. There is some change in structures (line management) to support this and better define roles and responsibilities to create a Patient Safety Team. This team will work closely with the Improvement and Effectiveness Team, Health and Safety and Regulatory Compliance Team, Legal Services Team, Risk Management Team, Information Governance Team and Patient Experience Team.

This will also see a change in reporting to Board, with a bi-monthly report (i.e. every public Board following the Trust Executive Committee) receiving an Integrated Quality Governance Report, with a section on each of the areas listed above. This reporting will start in July. Individual reports will be received by the Quality and Clinical Risk Committee and (for Information Governance and Risk Management the Audit Committee) for each specialist area on an escalation basis (and annual reporting cycle).

### Serious Incident Report for February and March 2024

This report summarises patient safety incidents, trends and issues to note.

There were three new SIs reported in February and none in March 2024. See table below.

Reference	Division	Category	Details
2024/1712	Maternal death	Maternity Services	This is a Central North West London NHS FT (Mental Health Trust) led SI and will subsequently be closed from a Trust perspective
2024/1716	Unexpected death	Ward 18	Death of a patient under a Deprivation of Liberty Safeguard (DOLS) – falls related
2024/1870	Medication error	Ward 17	Patient administered Gentamicin (and antibiotic) without levels being checked. <i>Previous and ongoing work regarding medicines safety and the administration of this drug with alert flag on eCARE</i>

### Trends and Concerns

Incidents are reviewed to look for any trends or issues of concern that require escalation outside the investigation process (e.g. into a quality improvement programme or for potential external review).

The following issues have been identified below:

- Continued high volume of community acquired pressure ulcers reported
- Continued high volume of violence and abuse especially in relation to patients with complex mental health. *Note Trust introducing Restraint and Restrictive Practice Policy.*
- Ownership of care and where responsibility sits for patients under more than one consultant and/or patients in the Emergency Department (ED) undergoing specialty review.

- The importance of consistently checking and acting upon test results to ensure timely and appropriate patient care. Incidents occur particularly when staff leave the organisation and there is no generic reporting account for sharing results.
- The importance of specialists attending promptly when referred to, ensuring comprehensive care for patients across different medical disciplines.
- The balance between risk and maintaining privacy and dignity and encouraging independence with falls management.
- Adherence to Trust policy when confirming patients' identification as per Trust policy. A recent reported never event related to this with the wrong patient undergoing a biopsy intended for another.

### **Moving to the Patient Safety Incident Response Framework (PSIRF)**

PSIRF set to be rolled out trust wide from 1 May 2024. Updates of note regarding preparation include:

- Inhouse PSIRF training continues for staff who will be active leaders in facilitating learning events, investigations and engaging patients and families. 309 booked to date with 180 completing Part A; and 135 Parts A and B to date, with positive feedback.
- The patient and family leaflet co-designed by the Patient Safety Partners (PSPs) about incident investigations and duty of candour is now available on the intranet and internet and ready for printing.
- Radar changes necessary to support PSIRF are almost complete and ready for testing. New safety dashboards are under development. These will provide live patient safety data at various levels (Trust wide, Divisional, CSU, ward/departments).
- Working with the complaints team to develop a clear process for managing complaints where there are patient safety concerns and where a PSIRF approach may better meet the needs of the patient/family and optimise learning.

### **Shared Learning from Incidents**

Learning generated from incidents and during discussions at SIRC meetings are shared via the 'Spotlight on Safety' message in the weekly CEO Newsletter. During February and March 2024, the following individual learning/reflection/discussion or 'what's trending' points have been shared with the following themes:

- A recent incident has highlighted the limitations of addendums when updating a patient's record. The addendum function does not provide a time stamp and therefore any additional information can easily be missed. Best practice is to create a new clinical note when updating a patient's record.
- Recent incidents have highlighted the risk of patients being issued duplicate Transdermal patches. There are several factors that could increase the likelihood of duplicate patches:
  - The patch is in an unusual position.
  - Staff are unaware the patient has a patch in place, particularly when patients have transferred in with missing documentation.
  - The patient is unaware they have a patch on.
  - When patients are admitted overnight it can be hard to see if patches are already applied due to environmental factors such as poor lighting.
- There are many 'Power Plans' in eCare which are specially designed care plans for various conditions and events. Examples include gentamicin, sepsis and falls prevention and management.

- The importance of checking TTOs/discharge letters are checked & updated to include TTOs and discharge letter been updated to include any changes made to home medications (e.g., new, stopped, suspended, or dose changes) & for any referrals that are required? e.g. districts nurses.
- The Dignity MKUH Staff provide for a deceased patient reflects the care they received in life, After Death Care is a vital part of this process.
- How can we redesign our systems to support us and reduce the chances of error? PSIRF is a new national safety framework which gives us tools and techniques to support those involved whilst exploring how and why things don't go as planned. It is nearly always the system which has not supported us to do our job rather than an individual or team that has made an error.
- The importance or reporting on Radar near misses to prevent the same thing happening to someone else. This enables the necessary changes to be made to mitigate the risk and prevent it becoming an incident in the future. We can learn so much from the experiences of others.
- The benefits of Advanced Care Planning for both patients and their loved ones. The PACT form was created in response to an observation that some patients were perhaps being admitted to hospital when they or their family felt they would be better cared for at home.
- Protected personal information on Radar reports. When Radar reports are being shared internally or with external healthcare providers it is normal to use a redacted version to help protect this data. When this is contained in an event description, Radar cannot redact that data resulting in a data breach. Therefore, when completing Radar reports the need to ensure personal information is only added in the appropriate fields when prompted.
- Potential problems of email communication, which could contribute to missed treatment opportunities. Important information such as diagnoses and follow-ups could be lost and therefore there is a need for receipt confirmation.
- The need to ensure that any results from bloods or other tests are reviewed in a timely fashion. It remains the responsibility of the 'requester' to check and action results. None of us work 24/7 and are all members of teams so this responsibility can be shared if the handover is thorough and safe.
- Although eCARE has many benefits, including the ability to remotely review patients and prescribe medications, if there are any concerns about the patient's condition, deterioration, or a high NEWS, a full face-to-face review is required by an appropriately skilled clinician and a record of this review documented on eCARE
- Updated guidelines in the Emergency Department in the care of patients in police custody (Royal College of Emergency Medicine Guideline)

## **HM Coronial Inquests**

Focus on falls prevention noted in coronial requests with assurances sought on appropriate risk assessments and care planning for known, at risk patients. Ongoing work with Trust Falls Prevention Lead and initiatives regarding 'bay watch' nursing approach with at risk patients cohorted in bays and a designated nurse allocated to stay in the bay to oversight.

## **Inquests of note**

### **Forthcoming Inquest 1: (as referenced previously & awaiting date after previous adjournment)**

A concern was raised by family that the patient had been found with food in his mouth. He developed aspiration pneumonia and was treated with antibiotics, fluids, oxygen and pain

relief. However, despite best efforts, sadly passed away. Cause of death was reported as follows:

- 1a) Aspiration pneumonia
- 1b) Chronic dysphagia
- II) Learning disability, Type 2 Diabetes

Inquest previously adjourned and awaiting new date. There has been collaborative working with CNWL to draft an Eating and Drinking at Risk policy and supporting information, and the implementation of the Oliver McGowan training for all staff.

**Forthcoming inquest 2: (May 21 -22)**

Death following an elective duodenal polypectomy. Cause of death given as:

- 1a) Peritonitis
- b) Perforated duodenum
- c) Endoscopic duodenal polypectomy

<b>Meeting Title</b>	<b>Trust Board</b>	<b>Date: May 2024</b>
<b>Report Title</b>	2023-24 Executive Summary M12	<b>Agenda Item Number: 10</b>
<b>Lead Director</b>	John Blakesley, Deputy CEO	
<b>Report Author</b>	Information Team	

<b>Introduction</b>	Purpose of the report: Standing Agenda Item
<b>Key Messages to Note</b>	<p><b>Emergency Department:</b></p> <ul style="list-style-type: none"> <li>- There were 8,784 ED attendances in March 2024, an increase of 431 attendances when compared to February 2024.</li> <li>- The percentage of attendances admitted, transferred, or discharged within 4 hours was 78.1, an improvement compared to 76.9% in February 2024.</li> <li>- 82.3% of ambulance handovers took less than 30 minutes in March 2024 and 97.9% took less than 60 minutes.</li> </ul> <p><b>Outpatient Transformation:</b></p> <ul style="list-style-type: none"> <li>- There were 37,059 outpatient attendances in March 2024, 128.5% of the attendances seen in March 2024.</li> <li>- 13.3% of these appointments were attended virtually and 5.5% of patients did not attend.</li> </ul> <p><b>Elective Recovery:</b></p> <ul style="list-style-type: none"> <li>- There were 2,510 elective spells in March 2024.</li> <li>- At the end of March 2024, 34,727 patients were on an open RTT pathway: <ul style="list-style-type: none"> <li>o 4,376 patients were waiting over 52 weeks.</li> <li>o 936 patients were waiting more than 65 weeks.</li> </ul> </li> <li>- At the end of March 2024, 10,843 patients were waiting for a diagnostic test. Of these, 60.7% were waiting less than 6 weeks.</li> </ul> <p><b>Inpatients:</b></p> <ul style="list-style-type: none"> <li>- Overnight bed occupancy in adult G&amp;A beds was 93.3% in March 2024.</li> <li>- A considerable proportion of beds were unavailable due to: <ul style="list-style-type: none"> <li>o 115 super stranded patients (length of stay 21 days or more).</li> </ul> </li> </ul> <p><b>Human Resources:</b></p> <ul style="list-style-type: none"> <li>- In March 2024: <ul style="list-style-type: none"> <li>o Substantive staff turnover was 13%.</li> <li>o Agency expenditure remained well below the threshold of 5%, at 2.4%.</li> <li>o Appraisals was 92% and mandatory training was 94%.</li> </ul> </li> </ul> <p><b>Patient Safety:</b></p> <ul style="list-style-type: none"> <li>- In March 2024, the following infections were reported: <ul style="list-style-type: none"> <li>o E-Coli: 3</li> <li>o C.Diff: 2</li> <li>o MSSA: 1</li> </ul> </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 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>1. <i>Keeping you safe in our hospital</i></li> <li>2. <i>Improving your experience of care</i></li> <li>3. <i>Ensuring you get the most effective treatment</i></li> <li>4. <i>Giving you access to timely care</i></li> <li>5. <i>Working with partners in MK to improve everyone's health and care</i></li> <li>6. <i>Increasing access to clinical research and trials</i></li> <li>7. <i>Spending money well on the care you receive</i></li> <li>8. <i>Employ the best people to care for you</i></li> <li>9. <i>Expanding and improving your environment</i></li> <li>10. <i>Innovating and investing in the future of your hospital</i></li> </ol>
---	---

<b>Report History</b>	
<b>Next Steps</b>	
<b>Appendices/ Attachments</b>	ED Performance – Peer Group Comparison

## Trust Performance Summary: M12 (March 2024)

### 1.0 Summary

This report summarises performance against key performance indicators and provides an update on actions to sustain or improve upon Trust and system-wide performance.






This commentary is intended only to highlight areas of performance that have changed or are in some way noteworthy. It is important to highlight that some local transitional or phased targets have been agreed to measure progress in recovering performance. It should however also be noted that NHS Constitutional Targets remain, as highlighted in the table below:

Indicator ID	Indicator Description	Transitional Target	Constitutional Target
4.1a	ED 4 hour target (includes UCS)	76%	95%
4.2	RTT Incomplete Pathways <18 weeks	47.4%	92%
4.5b	RTT Patients waiting over 65 weeks	0	0
4.6	Diagnostic Waits <6 weeks	85.6%	99%

To ensure that the continued impact of COVID-19 is reflected, monthly trajectories are in place to ensure that they are reasonable and reflect a realistic level of recovery for the Trust to achieve.

### 2.0 Operational Performance Targets

March 2024 performance against transitional targets and recovery trajectories:

ID	Indicator	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1a	ED 4 hour target (includes UCS)	76%	76%	74.9%	78.1%	✓	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks	47.4%	47.4%		36.2%	✗	▲		
4.5b	RTT Patients waiting over 65 weeks	0	0		936	✗	▲		
4.6	Diagnostic Waits <6 weeks	85.6%	85.6%		60.7%	✗	▼		
4.9	62 day standard (Quarterly) 🏥	85%	85%		52.7%	✗	▼		

The percentage of ED attendances that were admitted, transferred, or discharged within 4 hours was 78.1%, remaining consistent with performance in recent months. This was well above the national performance of 74.2% and above the performance of all but two other trusts within our Peer Group (see Appendix 1). For the whole of 2023/24, the performance was below the threshold at 74.9%.

The volume of open RTT pathways was 34,727, increasing by 100 compared to February 2024. Of this total, 936 patients had waited more than 65 weeks for treatment. The Trust has robust recovery plans in place to support an improvement in RTT performance and to reduce patient waiting times. The cancellation of non-urgent elective activity and treatment for patients on an incomplete RTT pathway is also being proactively managed.



Cancer waiting times are reported quarterly, six weeks after the end of a quarter. They are initially published as provisional data and later finalised in line with the NHSE revisions policy. In Q3 2023/24, our 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) was 52.7% against a national target of 85%, declining from 68.0% in the previous quarter. The percentage of patients to begin cancer treatment within 31 days of a decision to treat dropped to 94.1% and remained below the national target of 96%. The percentage of patients to attend an outpatient appointment within two weeks of an urgent GP referral for suspected cancer was 76.3% against the national target of 93%. The 28 Day Faster Diagnosis performance was 73.5%, down from 74.1% in the previous quarter.

### 3.0 Urgent and Emergency Care

During March 2024, three of the five key indicators saw a month-on-month improvement:

ID	Indicator	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.4	Cancelled Ops - On Day	1%	1%	0.85%	0.56%	✓	↓	✓	
3.2	Ward Discharges by Midday	25%	25%	17.2%	21.1%	✗	↑	✗	
3.5	Patients not meeting Criteria to Reside	50			76	✗	↑		
3.6b	Number of Super Stranded Patients (LOS>=21 Days)	50			115	✗	↑		
3.9b	Ambulance Handovers <60 mins (%)	100%	100%	96.7%	97.9%	✗	↓	✗	

#### Cancelled Operations on the Day

In March 2024, 15 operations were cancelled on the day for non-clinical reasons. Most of the cancellation reasons were related to equipment issues and insufficient time. For the whole of 2023/24, performance was less than the 1% threshold at 0.85%.

#### Patients not Meeting Criteria to Reside

The number of inpatients not meeting the criteria to reside at the end of March 2024 was 76 against a threshold of 50. This was a decrease compared to 88 reported last month.

#### Length of Stay (Stranded and Super Stranded Patients)

The number of super stranded patients (e.g. length of stay of 21 days or more) at the end of the month was 115. This was an improvement compared to 140 reported in February 2024.

#### Ambulance Handovers

In March 2024, ambulance handovers to the Emergency Department taking less than 30 minutes was 82.3%; a slight decrease in performance from 83.1% last month.

Ambulance handovers to the Emergency Department taking less than 60minutes was 97.9%; a slight decrease in performance from 98.4% last month.

## 4.0 Elective Pathways

ID	Indicator	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight Bed Occupancy - Adult G&A	92%	92%	90.9%	93.3%	✗	▲	✓	
4.2	RTT Incomplete Pathways <18 weeks	47.4%	47.4%		36.2%	✗	▲		
4.4	RTT Total Open Pathways	39,636	39,636		34,727	✓	▼		
4.6	Diagnostic Waits <6 weeks	85.6%	85.6%		60.7%	✗	▼		

### Overnight Bed Occupancy

Overnight bed occupancy decreased to 93.3% from 94.7% in February 2024. This was above the desired 92% threshold. For the whole of 2023/24, bed occupancy was better than the 92% threshold at 90.9%.

### RTT Incomplete Pathways

The Trust's Incomplete Pathways <18 weeks at the end of March 2024 was 36.2% and the number of patients waiting over 65 weeks was 936. Total RTT open pathways was 34,727.

### Diagnostic Waits <6 weeks

At the end of March 2024, performance was 60.7% compared with 64.7% in February 2024.

## 5.0 Patient Safety

### Infection Control

In March 2024, the following infections were reported:

Infection	Number of Infections
E-Coli	3
C.Diff	2
MSSA	1
P. aeruginosa bacteraemia	0
Klebsiella Spp bacteraemia	0
MRSA bacteraemia	0

ENDS

### Appendix 1: ED Performance - Peer Group Comparison

Several other NHS Acute Trusts have historically been considered as peers of MKUH. Their ED performance compared to MKUH over the past three-months can be found below:

#### January 2024 to March 2024 ED Performance Ranking

MKUH Peer Group Comparison - ED Performance	Jan-24	Feb-24	Mar-24
Homerton Healthcare NHS Foundation Trust	84.0%	81.1%	82.5%
The Hillingdon Hospitals NHS Foundation Trust	68.1%	73.5%	78.4%
Milton Keynes University Hospital NHS Foundation Trust	75.7%	76.9%	78.1%
Buckinghamshire Healthcare NHS Trust	69.5%	69.8%	74.6%
Barnsley Hospital NHS Foundation Trust	55.4%	63.0%	73.8%
Northampton General Hospital NHS Trust	62.1%	64.7%	73.6%
Mersey and West Lancashire Teaching Hospital (Formerly Southport and Ormskirk)	67.9%	66.8%	72.6%
Oxford University Hospitals NHS Foundation Trust	63.7%	65.0%	72.2%
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	55.2%	61.3%	70.7%
The Princess Alexandra Hospital NHS Trust	57.7%	59.9%	65.5%
North Middlesex University Hospital NHS Trust	59.6%	61.9%	65.3%
Mid Cheshire Hospitals NHS Foundation Trust	60.1%	62.0%	60.6%

OBJECTIVE 1 - PATIENT SAFETY										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
1.1	Mortality - (HSMR) ★		92.8	92.8		95.2	✗	▲		
1.2	Mortality - (SHM)		100.0	100.0		91.9	✓	▲		
1.3	Never Events		0	0	1	0	✓	▲	✗	
1.4	Clostridium Difficile		13	13	27	2	✗	▲	✗	
1.5	MRSA bacteraemia (avoidable)		0	0	0	0	✓	▲	✓	
1.6	Falls with harm (per 1,000 bed days)		0.12	0.12	0.13	0.13	✗	▲	✗	
1.7b	Midwife to birth ratio (Actual for Month)		28			28	✓	▲		
1.8	Incident Rate (per 1,000 bed days)		50	50	59.85	60.98	✓	▲	✓	
1.9	Duty of Candour Breaches (Quarterly)		0	0	1	0	✓	▲	✗	
1.10	E-Coli		27	27	34	3	✗	▲	✗	
1.11	MSSA		17	17	14	1	✓	▲	✓	
1.12	VTE Assessment		95%	95%	97.7%	94.7%	✗	▲	✓	
1.14	Klebsiella Spp bacteraemia		14	14	10	0	✓	▲	✓	
1.15	P.aeruginosa bacteraemia		9	9	6	0	✓	▲	✓	

OBJECTIVE 2 - PATIENT EXPERIENCE										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.2	RED Complaints Received		0	0	2	1	✗	▲	✗	
2.3	Complaints response in agreed time		90%	90%	67.4%	65.9%	✗	▲	✗	
2.4	Cancelled Ops - On Day		1%	1%	0.92%	0.56%	✓	▲	✓	
2.5	Over 75s Ward Moves at Night		1,500	1,500	1,608	161	✗	▲	✗	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight Bed Occupancy - Adult G&A		92%	92%	80.6%	93.3%	✗	▲	✓	
3.2	Ward Discharges by Midday		25%	25%	16.6%	21.1%	✗	▲	✗	
3.3	Weekend Discharges		63%	63%	60.3%	54.5%	✗	▲	✗	
3.5	Patients not meeting Criteria to Reside		50			76	✗	▲		
3.6a	Number of Stranded Patients (LOS>=7 Days)		184			263	✗	▲		
3.6b	Number of Super Stranded Patients (LOS>=21 Days)		50			115	✗	▲		
3.8	Discharges from PDU (%)		12.5%	12.5%	10.2%	10.2%	✗	▲	✗	
3.9a	Ambulance Handovers <30 mins (%)		95%	95%	78.5%	82.3%	✗	▲	✗	
3.9b	Ambulance Handovers <60 mins (%)		100%	100%	96.4%	97.9%	✗	▲	✗	

OBJECTIVE 4 - KEY TARGETS										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1a	ED 4 hour target (includes UCS)		76%	76%	74.4%	78.1%	✓	▲	✗	
4.1b	Total time in ED no more than 12 hours		95%	95%	93.4%	95.3%	✓	▲	✗	
4.1c	Triage within 15 Minutes		90%	90%	65.1%	67.5%	✗	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks		47.4%	47.4%		36.2%	✗	▲		
4.4	RTT Total Open Pathways		39,636	39,636		34,727	✓	▲		
4.5a	RTT Patients waiting over 52 weeks		1,920	1,920		4,376	✗	▲		
4.5b	RTT Patients waiting over 65 weeks		0	0		936	✗	▲		
4.6	Diagnostic Waits <6 weeks		85.6%	85.6%		60.7%	✗	▲		
4.7	All 2 week wait all cancers (Quarterly) ✎		93%	93%		76.3%	✗	▲		
4.8	31 days Diagnosis to Treatment (Quarterly) ✎		96%	96%		94.1%	✗	▲		
4.9	62 day standard (Quarterly) ✎		85%	85%		52.7%	✗	▲		
4.9b	28 Day Faster Diagnosis (Quarterly) ✎		75%	75%		73.5%	✗	▲		

OBJECTIVE 5 - SUSTAINABILITY										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
5.1	Total Referrals Received		Not Available		198,656	14,287	Not Available	▲	Not Available	
5.1b	Total A&Es		0	0		2,700	✗	▲		
5.1c	Total RTT Non-Admitted Open Pathways		32,776	32,776		28,836	✓	▲		
5.1d	Total RTT Admitted Open Pathways		6,860	6,860		5,891	✓	▲		
5.2	A&E Attendances		103,507	103,507	101,045	8,784	✗	▲	✓	
5.3	Elective Spells		25,968	25,968	26,572	2,510	✗	▲	✓	
5.4	Non-Elective Spells		28,660	28,660	29,620	2,647	✗	▲	✗	
5.5	OP Attendances / Procs (Total)		409,197	409,197	439,375	37,059	✓	▲	✓	
5.6	Outpatient DNA Rate		6%	6%	5.9%	5.5%	✓	▲	✓	
5.7	Virtual Outpatient Activity		25%	25%	14.7%	13.3%	✗	▲	✗	

OBJECTIVE 7 - FINANCIAL PERFORMANCE										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
7.1	Income £'000		367,665	367,665	412,960	47,093	✓	▲	✓	
7.2	Pay £'000		(222,774)	(222,774)	(258,769)	(35,243)	✗	▲	✗	
7.3	Non-pay £'000		(100,853)	(100,853)	(123,006)	(14,008)	✗	▲	✗	
7.4	Non-operating costs £'000		(44,038)	(44,038)	(31,161)	2,953	✓	▲	✓	
7.5	I&E Total £'000		0	0	23	795	✓	▲	✓	
7.6	Cash Balance £'000			29,995		27,208	✗	▲		
7.7	Savings Delivered £'000		17,335	17,335	17,335	1,690	✓	▲	✓	
7.8	Capital Expenditure £'000		(46,842)	(46,842)	(42,479)	(5,487)	✗	▲	✗	
7.9	Elective Spells (% of 2019/20 performance)		102%	102%	103.1%	139.4%	✓	▲	✓	
7.10	OP Attendances (% of 2019/20 performance)		112%	112%	111.4%	128.5%	✓	▲	✗	

OBJECTIVE 8 - WORKFORCE PERFORMANCE										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
8.1	Staff Vacancies % of establishment		10.0%	10.0%		3.7%	✓	▲		
8.2	Agency Expenditure %		5.0%	5.0%	3.8%	2.4%	✓	▲	✓	
8.3	Staff Sickness % - Days Lost (Rolling 12 months) ✎		5.0%	5.0%		4.7%	✓	▲		
8.4a	Appraisals (excluding doctors)		90%	90%		92.0%	✓	▲		
8.5	Statutory Mandatory training		90%	90%		94.0%	✓	▲		
8.6	Substantive Staff Turnover		12.5%	12.5%		12.6%	✗	▲		

OBJECTIVES - OTHER										
ID	Indicator	DQ Assurance	Threshold 2023-24	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
O.1	Total Number of NICE Breaches		8	8		32	✗	▲		
O.2	Rebooked cancelled OPs - 28 day rule		90%	90%	79.7%	83.3%	✗	▲	✗	
O.4	Overdue Incidents >1 month		TBC	TBC		262	Not Available	▲		
O.5	Serious Incidents		75	75	38	0	✓	▲	✓	

Key: Monthly/Quarterly Change		YTD Position	
▲	Improvement in monthly / quarterly performance	✓	Achieving YTD Target
▬	Monthly performance remains constant	▬	Within Agreed Tolerance*
▼	Deterioration in monthly / quarterly performance	✗	Not achieving YTD Target
✎	NHS Improvement target (as represented in the ID columns)	✗	Annual Target breached
✎	Reported one month/quarter in arrears		

Data Quality Assurance Definitions	
Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * / No independent Assurance
Red	Unsatisfactory and potentially significant areas of improvement with/without independent audit

\* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

<b>Meeting Title</b>	<b>Public Board</b>	
<b>Report Title</b>	<b>Finance Paper Month 12 2023-24</b>	<b>Agenda Item Number: 11</b>
<b>Lead Director</b>	<b>Jonathan Dunk</b>	<b>Chief Finance Officer</b>
<b>Report Authors</b>	<b>Sue Fox Cheryl Williams</b>	<b>Head of Financial Management Head of Financial Control and Capital</b>

<b>Introduction</b>	This report provides an update on the financial position of the Trust at Month 12 (March 2024).		
<b>Key Messages to Note</b>	<p>The Trust is reporting a small surplus of £23k (on a Control Total basis) to the end of the financial year which is broadly in line with the break-even plan. The monthly result for March was a surplus of £0.8m. There are several underlying adjustments in the month 12 position including adjustments for central pension contributions and provisions for backdated payroll changes.</p> <p>There is a continued pay cost burden from bank and premium agency costs to cover escalation areas, strike impact, vacancies, and supernumerary nursing arrangements.</p> <p>The savings target for the year is £17m (4.8% of expenditure) and the full plan achievement was reported to March.</p>		
<b>Recommendation</b> <i>Tick the relevant box(es)</i>	<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>	<p>7. <i>Spending money well on the care you receive</i></p> <p>10. <i>Innovating and investing in the future of your hospital</i></p>
-----------------------------------	--

<b>Report history</b>	None
<b>Next steps</b>	To note the contents of this report.
<b>Appendices</b>	Pages 11-13

## FINANCE REPORT FOR THE MONTH TO 31<sup>st</sup> MARCH 2024

### TRUST BOARD

#### CONTENTS

1	Executive Summary	Page 3
2	Financial Performance	Page 4
3	Clinical Income	Page 5
4	Efficiency Savings	Page 6
5	Capital	Page 7
6	Cash	Page 8
7	Statement of Financial Position (Balance Sheet)	Page 9
8	Recommendations to the Board	Page 10
9	Appendices	Pages 11-13
10	Glossary of terms	Page 14

## EXECUTIVE SUMMARY

**(1 & 2.) Revenue** – Clinical revenue for Integrated Care Board (ICB), NHS England (NHSE) contracts, and variable (non-ICB income) is above plan, due to Elective Recovery Fund (ERF) over-performance, high-cost drugs (HCD) over performance and additional funding for Urgent and Emergency Care (UEC) and other non-recurrent allocations.

Other revenue is below plan due principally to donated income received.

**(3. & 4.) Operating expenses** – Pay costs are higher than plan due to the combined cost of temporary staff in escalation wards (£4m), supernumerary costs of international recruits (£1.5m) and industrial action costs (£1.5m). Bank and Agency expenditure has reduced in March. Non-pay is above plan due to drugs costs (£5.5m), clinical consumables in unfunded escalation areas (£5.3m) and clinical outsourcing (£5m). A number of year end adjustments were made in March including £9m for nationally funded pension contributions which is offset by income.

**(7.) Control Total Deficit** - The Trust is reporting a small surplus position to the end of March.

**(8.) Industrial Action costs** – Direct costs associated with cover during junior doctor and consultant strikes and estimated lost income because of cancellations.

**(10.) Financial Efficiency** – £17.3m efficiency delivered to date (£5m recurrent + £12m non-recurrent).

**(11.) Cash** – Cash balance is £27.2m, equivalent to 26 days cash to cover operating expenses.

**(12.) Capital** – Capital expenditure is higher than plan, due to in to the additional in year funded national approved schemes. The year end position is line with the forecast which takes account of the change in donated funding, recognising that £5m private donor funding will not be received until 2024/25 and also includes the approved IFRS16 allocation. In addition the Trust received agreement to have an additional £5m approved for its 23/24 CDEL allocation.

Measures								
Ref	All Figures in £'000	Month 12 YTD			Full Year			RAG
		Plan	Actual	Var	Plan	Forecast	Var	
1	Clinical Revenue	325,497	370,073	44,576	325,497	370,073	44,576	
2	Other Revenue	42,168	46,736	4,569	42,168	46,736	4,569	
3	Pay	(222,774)	(260,971)	(38,196)	(222,774)	(260,971)	(38,196)	
4	Non Pay	(100,853)	(124,617)	(23,764)	(100,853)	(124,617)	(23,764)	
5	Financing & Non-Ops	(24,139)	(23,384)	754	(24,139)	(23,384)	754	
6	Surplus/(Deficit)	19,900	7,838	(12,061)	19,900	7,838	(12,061)	
7	Control Total Surplus/(Deficit)	(0)	23	23	(0)	23	23	

Memos								
8	IA Cost	-	5,248	5,248	-	5,248	5,248	
9	High Cost Drugs	(23,048)	(25,654)	(2,606)	(23,048)	(25,654)	(2,606)	
10	Financial Efficiency	17,335	17,335	-	17,335	17,335	-	
11	Cash	29,995	27,208	(2,787)	29,995	27,208	(2,787)	
12	Capital Plan - CDEL (excluding Donated )	(26,320)	(32,966)	(6,646)	(26,320)	(32,966)	(6,646)	

### Key messages

The Trust is reporting a small surplus position (on a Control Total basis) to the end of March 2024. This is in line with plan. This position is heavily reliant on non-recurrent mitigation and income from ERF.

The Trust has achieved its annual efficiency target, however this is supported by non-recurrent schemes of material value.

ERF performance is currently above the 102% target, with income showing £15.5m above the target as at M12.

The capital expenditure programme is £6.6m above plan which is due to the in year nationally approved schemes which were not in the original plan. The Trust has had agreement to have an additional £5m for its approved 23/24 ICS CDEL allocation.



## FINANCIAL PERFORMANCE

### 2. Summary Month 12

Financial performance on a Control Total basis is small year to date surplus and a surplus of £0.8m in month, against a break-even plan. Overspends on pay costs are partly offset by increased income year to date.

### 3. Clinical Income

Clinical income shows a favourable variance of £45m YTD and £17m in-month. This is due to the income recognised for UEC, ERF and HCD over-performance, along with deferred income to support the current cost pressures. Further detail is included in Appendix 1.

### 4. Other Income

Other income shows a favourable variance of £17m YTD and £10m in month. The in-month variance is due to income received at year end for clinicians' pensions and is wholly offset by expenditure.

### 5. Pay

Pay spend is above plan by £38m YTD and £19m in month. This is due to some year-end adjustments including £10m for clinicians' pensions which is offset by income.

### 6. Non-Pay

Non-pay is above plan by £24m YTD and £7m in month due to increased spend on drugs and clinical consumables relating to both escalation areas, additional activity and inflationary pressures.

### 7. Non-Operating Expenditure

Non-operating expenditure is above plan in-month due to impairments.

All Figures in £'000	Month 12			Month 12 YTD			Plan		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Clinical Revenue	27,125	43,781	16,656	325,497	370,073	44,576	325,497	370,073	44,576
Other Revenue	1,769	12,128	10,359	21,646	38,321	16,676	21,646	38,321	16,676
Total Income	28,894	55,908	27,015	347,143	408,395	61,252	347,143	408,395	61,252
Pay	(18,487)	(37,445)	(18,958)	(222,774)	(260,971)	(38,196)	(222,774)	(260,971)	(38,196)
Non Pay	(8,526)	(15,619)	(7,092)	(100,853)	(124,617)	(23,764)	(100,853)	(124,617)	(23,764)
Total Operational Expenditure	(27,014)	(53,063)	(26,050)	(323,627)	(385,587)	(61,960)	(323,627)	(385,587)	(61,960)
EBITDA	1,880	2,845	965	23,516	22,807	(709)	23,516	22,807	(709)
Financing & Non-Op. Costs	(1,986)	(2,052)	(66)	(23,517)	(22,785)	732	(23,517)	(22,785)	732
Control Total Deficit (excl. top ups)	(106)	794	899	(0)	23	23	(0)	23	23
Control Total Deficit (incl. top ups)	(106)	794	899	(0)	23	23	(0)	23	23
Donated income	0	(4,966)	(4,966)	20,522	8,415	(12,107)	20,522	8,415	(12,107)
Depreciation	(54)	(47)	7	(622)	(569)	53	(622)	(569)	53
Impairments & Rounding	0	(31)	(31)	0	(31)	(31)	0	(31)	(31)
Reported deficit/surplus	(160)	(4,250)	(4,091)	19,900	7,838	(12,061)	19,900	7,838	(12,061)

### Key message

The financial position on a Control Total basis is small surplus of £23k YTD and a surplus of £0.8m in month. The YTD deficit is due to the continued spend on premium staffing costs and a challenging financial plan which includes a savings target of 5% (£17m). This equates to £1.4m in Month 12.

Deferred income of £10m has been released to support the current position, this is £5m higher than the budget year to date.



## CLINICAL INCOME

### 8. Block contracts.

The Trust block contracts (c£242m) makes up around 74% of the total clinical income, covering all activity except for planned care (covered by ERF), diagnostic imaging, HCD and devices, specialised chemotherapy activity, and the Community Diagnostic Centre (CDC).

### 9. Elective Recovery Fund (ERF).

Planned care income is managed through the ERF scheme. The target for MKUH originally assigned was 109% above 2019/20 activity level which was revised to 106% following appeal. This has subsequently been reduced by a further 4% to 102%, to compensate for the industrial action.

The Trust's March (M12) ERF position shows an expected £13.4m over performance compared to the target. Combined with the Advice and Guidance (A&G) diverts of £2.1m, £15.5m has been reported as the YTD ERF benefit.

The Trust has developed a reporting model to estimate and track our performance against ERF targets using our internal data and nationally reported guidance on the ERF rules.

Activity and the ERF payment due was estimated internally in March for months 1-12 using:

1. April (M1) to January (M10) fully coded activity ("freeze data");
2. February (M11) partially coded activity ("flex data"); and
3. March (M12) indicative activity which has a high volume of uncoded activity.

This showed estimated overall activity of 134% versus 2019/20, and a potential additional ERF payment of £15.5m (average of £1.29m per month), which includes an ERF provision to reflect a risk of a shortfall in payment, of £1.9m.

The **day case, elective admissions**, and **outpatient attendances** are tracking above plan, whilst **outpatient procedures** are below. The estimated position includes an accrual for the high volume of uncoded inpatient activity and uncoded procedures appearing as attendances.

### Key message

Overall, ERF consistently over performed in 2023/24 and which is endorsed by the nationally reported performance. £15.5m of additional income has been included in the financial position, based on a mix of ICB payments received, reported performance, internal estimates, and ICB A&G information.

**Other Activity:** Follow up attendances, unplanned admissions, critical care, and maternity activity is part of the fixed block, so the cost of additional activity is unfunded. Currently unplanned admissions, HCD and Devices, Maternity Pathway, Critical Care and Diagnostic Imaging are all over performing.

## EFFICIENCY SAVINGS

10. The efficiency target for 2023/24 is £17.3m. This equates to around 5% of expenditure for the year. The Trust has well established processes for the review and quality impact assessment of financial efficiency schemes prior to approval and implementation.

The table below reflects the year end position. £17.3m was reported externally (via the national PFR system) which represents schemes delivering in year and additional ERF to M12. Whilst target was delivered this was largely through non-recurrent means and income generation.

Division	Current Status Pipeline							Non	
	Target	Tracker Value	Green	Amber	Red	Total	Variance	Recurrent	Non Recurrent
Medicine	3,450	2,424		21	23	2,468	(982)	2,448	20
Surgery	2,600	1,789	-	262	-	2,051	(549)	512	1,538
Womens and Childrens	1,400	1,690	-	-	-	1,690	290	585	1,105
Core Clinical	2,500	565	217	210	79	1,071	(1,429)	712	359
Corporate	2,385	3,000	1,411	530	-	4,941	2,556	738	4,203
Trustwide	5,000	-	5,300			5,300	300		5,300
<b>Total</b>	<b>17,335</b>	<b>9,468</b>	<b>6,928</b>	<b>1,023</b>	<b>102</b>	<b>17,521</b>	<b>186</b>	<b>4,995</b>	<b>12,525</b>

11. Work is progressing at an urgent pace with identifying schemes for the 2024/25 financial year since last year's legacy of non-recurrent savings makes the task for the new financial year more challenging.

### Key message

The Trust has achieved the efficiency requirement of £17.3m for the 2023/24 financial year. Non recurrent savings schemes make up the majority of the identified savings which represents a significant pressure moving into the new financial year. Work is progressing well with identifying savings schemes for the new financial year.

## CAPITAL - OVERVIEW YTD

12. The YTD spend to the end of March is £41.4m which includes donated funded schemes of £8.4m which is excluded from CDEL. The CDEL spend position is £33m which is £6.6m above the CDEL plan reflecting the additional in year nationally approved schemes. This position has recognised £5.7m of donated funding relating to the radiotherapy centre.
13. The Trust's ICS CDEL approved allocation is £18.3m, an increase of £5m in month which was approved by the National Capital team. The Trust also has Nationally approved CDEL of £11m, an additional £6.6m in year, and £3.7m for IFRS16 lease funding. The total approved CDEL for the year is £33m which includes ICS allocation, leases and nationally approved funding.
14. In addition, the Trust has external funding from donations of 8.4m, which has reduced by £5m due to the timing of the donor funding that is now expected in 2024/25 rather than 2023/24 which is excluded from the CDEL allocation. The Trust's total spend for 2023/24 including donated is £41.4m.
15. The full breakdown of all funding and sources of application is shown in the table below.

	ICS Required Funding 2023/24	ICS Approved CDEL Allocation 2023/24 including bonus	National Approved CDEL Allocation 2023/24	Total CDEL	Externally Funded	Total Capital
Funding Subcategory	Internally Funded	Internally Funded	Nationally funded		Externally Funded	
	£m	£m	£m	£m	£m	£m
Depreciation	18.27	13.27	5.00	18.27		
IFRS16			3.66	3.66		
<b>PDC Funded National ( detailed below)</b>			<b>11.04</b>	<b>11.04</b>		
New Hospital Programme			2.68	2.68		
Digital Diagnostic Funding - Pathology			0.36	0.36		
Digital Diagnostic Funding - Imaging			0.27	0.27		
CDC - Lloyds Court & Whitehouse Park			3.95	3.95		
Urgent & Emergency Care Funding*			3.00	3.00		
Endoscopy Funding*			0.31	0.31		
Blood cell Exchange*			0.06	0.06		
LED Lighting*			0.29	0.29		
Cybersecurity & Frontline Digitalisation Funding*			0.12	0.12		
<b>Sub Total CDEL</b>	<b>18.27</b>	<b>13.27</b>	<b>19.70</b>	<b>32.97</b>		<b>32.97</b>
<b>Total Donated Funding</b>					<b>8.41</b>	<b>8.41</b>
<b>Total Capital</b>						<b>41.38</b>

Capital Item	Value of approved BC £m	23/24 YTD Mth 12 Plan £m	23/24 YTD Mth 12 Actual £m	YTD Variance to YTD Plan £m	Status
£m	£m	£m	£m	£m	
<b>Pre-commitments from 22/23</b>	<b>1.66</b>	<b>2.08</b>	<b>1.66</b>	<b>- 0.42</b>	
<b>Scheme Allocations For 23/24 schemes (detailed below)</b>	<b>20.53</b>	<b>16.19</b>	<b>20.53</b>	<b>4.34</b>	
CBIG including IT and Contingency	4.65	4.59	4.65	0.06	
Strategic Radiotherapy	4.31	1.91	4.31	2.40	
Strategic Salix	0.46	1.99	0.46	- 1.53	
Hospital capacity ( Build & Fees)	3.71	0.00	3.71	3.71	
Funding to be allocated	-	7.70	0.00	- 7.70	
Purchase of Academic Centre & Modular Ward	2.73	-	2.73	2.73	
CDC	2.74	-	2.74	2.74	
Flat Roofs	1.04	-	1.04	1.04	
Fire Safety	0.70	-	0.70	0.70	
Various number of small schemes	1.02	-	1.02	1.02	
Derecognition	- 0.83	-	- 0.83	- 0.83	
<b>(ICS CDEL Requested)</b>	<b>22.19</b>	<b>18.27</b>	<b>22.19</b>	<b>3.92</b>	

New Leases Impact under IFRS 16		2.36	-0.26	-2.62	
<b>(ICS CDEL Inc IFRS16)</b>	<b>22.19</b>	<b>20.63</b>	<b>21.93</b>	<b>1.30</b>	

<b>Nationally approved schemes ( detailed below)</b>	<b>11.04</b>	<b>5.69</b>	<b>11.04</b>	<b>5.35</b>	
NHP	2.68	1.16	2.68	1.52	
Digital Diagnostic Funding - Pathology	0.36	0.30	0.36	0.06	
Digital Diagnostic Funding - Imaging	0.27	0.27	0.27	- 0.00	
CDC - Lloyds Court & Whitehouse Park	3.95	3.95	3.95	- 0.00	
Endoscopy	0.31	0.00	0.31	0.31	
IT ( Cybersecurity & Frontline Digitalisation)	0.12	0.00	0.12	0.12	
Medtech Funding - Sickie Cell	0.06	0.00	0.06	0.06	
LED Lighting	0.29	0.00	0.29	0.29	
UEC ( supporting Hospital Capacity Schemes)	3.00	0.00	3.00	3.00	
<b>CDEL Submitted capital plan Including Nationally Approved</b>	<b>33.23</b>	<b>26.32</b>	<b>32.97</b>	<b>6.65</b>	

<b>Donated Funded Schemes ( excluded from CDEL)</b>	<b>8.41</b>	<b>20.52</b>	<b>8.41</b>	<b>- 12.11</b>	<b>-</b>
<b>Submitted CDEL capital plan</b>	<b>41.64</b>	<b>46.84</b>	<b>41.38</b>	<b>- 5.46</b>	

## CASH

### 16. Summary of Cash Flow

The cash balance at the end of March was £27.2m, £2.8m lower than the planned figure of £30m and a £1.7m increase on last month's figure of £25.5m (see opposite).

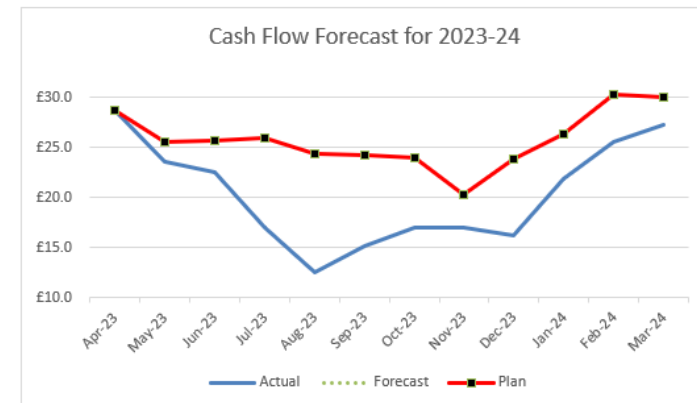
The FY24 Plan for cash was aligned with the planned I&E breakeven position – to end the year with the same cash balance as starting.

### 17. Cash arrangements 2024/25

The Trust will continue to receive block funding for FY25 which will include an uplift for growth plus any additional incentive funding linked to activity delivery and funding for high-cost drugs on a pass-through basis.

### 18. Better Payment Practice

The Trust has fallen below the national target of 95% of all bills paid within the target timeframe in terms of value and volume. This is due the ongoing issues with agency invoicing and NHS approvals. Both issues are being addressed and action plans are in progress to resolve them. NHS payment runs have been increased to weekly from bi-weekly to improve the target. This metric will continue to be monitored in accordance with national guidance and best practice.



Better payment practice code	Actual M12 YTD	Actual M12 YTD	Actual M11 YTD	Actual M11 YTD
	Number	£'000	Number	£'000
<b>Non NHS</b>				
Total bills paid in the year	69,370	204,910	64,394	185,364
Total bills paid within target	64,060	191,571	59,362	173,395
Percentage of bills paid within target	92.3%	93.5%	92.2%	93.5%
<b>NHS</b>				
Total bills paid in the year	2,146	10,542	1,987	9,919
Total bills paid within target	1,632	5,337	1,503	4,945
Percentage of bills paid within target	76.0%	50.6%	75.6%	49.8%
<b>Total</b>				
Total bills paid in the year	71,516	215,451	66,381	195,283
Total bills paid within target	65,692	196,908	60,865	178,339
Percentage of bills paid within target	91.9%	91.4%	91.7%	91.3%

### Key message

Cash at the end of the financial year was £2.8m lower than the original plan due to the combined effect of the forecast deficit position, capital expenditure impacts and differences due to non-cash I&E elements (deferred income release from prior years and accrued ERF).

## BALANCE SHEET

### 19. Statement of Financial Position

The key movements include:

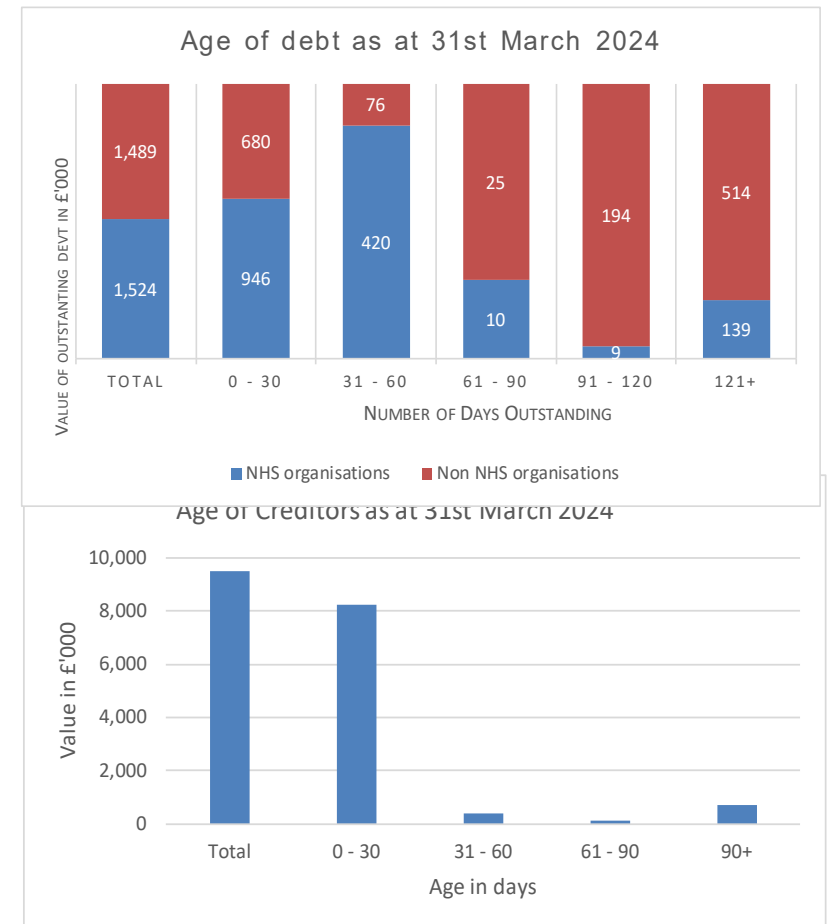
- Non-Current Assets have increased from March 23 by £28.2m; this is driven by capital purchases in year offset by in year depreciation.
- Current assets have increased by £1m; this is due to the decrease in cash £2.8m, offset by a £3.7m increase in receivables.
- Current liabilities have increased by £11.5m; this is due to the £9.3m increase in payables, and £8.9m increase in Provisions; offset by the £6.4m decrease in deferred income.
- Non-Current Liabilities have decreased from March 23 by £5.2m; this is mainly due to the Right of Use assets, related to IFRS 16.

### 20. Aged debt

- The debtors position as of March 24 is £3.0m, which is a decrease of £0.3m from the prior month. Of this total £0.7m is over 121 days old;
- The three largest NHS debtors are, NHS England £0.2m relating Salary recharges £0.2m, CNWL for Non-Patient SLA £0.1m and Oxford University hospitals £0.8m relating to Pharmacy and Renal recharges. The largest Non-NHS debtors include £0.3m for overseas patient, £0.2m with Medical Property Management £0.1m for utility recharges, Hollister Ltd £0.1m relating to salary recharges and University of Buckingham for Leadership/training recharges £0.1m.

### 21. Creditors

- The creditors position as of March 24 is £9.5m, which is an increase of £1.5m from the prior month. This increase is mainly due to increases in Capital and Pharmacy creditors. £1.2m is over 30 days with £1.1m approved for payment.



### Key message

Main movements in year on the statement of financial position are the reduction in cash of £8.1m, the current assets increase of £14.8m, the non-current assets increase of £14.4m, and the current liabilities increase of £13.3m.

## **RECOMMENDATIONS TO BOARD**

22. Trust Board is asked to note the financial position of the Trust as of 31<sup>st</sup> March 2024 and the proposed actions and risks therein.

## Statement of Comprehensive Income For the period ending 31<sup>st</sup> March 2024

	FY23	M12 CUMULATIVE			M12			PRIOR MONTH	
	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	M11 Actual £'000	Change £'000
<b>INCOME</b>									
Outpatients	50,893	52,598	65,184	12,585	4,738	5,891	1,153	5,472	▲ 419
Elective admissions	31,551	32,277	35,671	3,394	2,724	3,859	1,136	3,363	▲ 497
Emergency admissions	84,791	86,736	86,729	(7)	6,658	6,658	0	6,723	▼ (65)
Emergency adm's marginal rate (MRET)	0	0	0	0	0	0	0	0	▲ 0
Readmissions Penalty	0	0	0	0	0	0	0	0	▲ 0
A&E	19,738	20,219	20,225	7	1,731	1,738	7	1,730	▲ 8
Other Admissions	2,168	2,218	2,215	(2)	197	197	(0)	168	▲ 29
Maternity	20,418	20,891	20,882	(8)	1,831	1,832	1	1,638	▲ 194
Critical Care & Neonatal	6,713	6,867	6,872	5	587	587	0	520	▲ 67
Excess bed days	0	0	0	0	0	0	0	0	▲ 0
Imaging	6,815	7,005	7,022	17	634	650	17	589	▲ 61
Direct access Pathology	5,792	5,921	5,921	(0)	588	588	(0)	506	▲ 81
Non Tariff Drugs and Devices (high cost/individual drugs)	21,142	20,597	20,609	11	1,837	1,837	(0)	1,660	▲ 177
Other (inc. home visits and best practice tariffs)	5,965	311	25,035	24,724	(220)	10,273	10,494	4,678	▲ 5,595
CQUINS	0	0	0	0	0	0	0	0	▲ 0
Contract Risk Provision - General challenge & CIP offset	0	0	0	0	0	0	0	0	▲ 0
RTT Plans	0	0	0	0	0	0	0	0	▲ 0
Other Adj	0	0	0	0	0	0	0	0	▲ 0
National Block/Top up	69,513	69,858	69,858	(0)	5,822	5,822	(0)	5,822	▲ 0
MKCCG Block adj	0	0	0	0	0	0	0	0	▲ 0
Prior Month Adj	0	0	0	0	0	0	0	0	▲ 0
Contract Income CIP	0	0	0	0	0	0	0	0	▲ 0
Delayed Discharges	0	0	0	0	0	0	0	0	▲ 0
Brokerage	0	0	0	0	0	0	0	0	▲ 0
<b>Clinical Income</b>	<b>325,497</b>	<b>325,497</b>	<b>370,073</b>	<b>44,576</b>	<b>27,125</b>	<b>43,781</b>	<b>16,656</b>	<b>32,870</b>	<b>▲ 10,911</b>
Non-Patient Income	21,646	21,646	38,322	16,676	1,769	12,128	10,359	2,065	▲ 10,063
Donations	20,522	20,522	8,415	(12,107)	0	(4,966)	(4,966)	0	▼ (4,966)
<b>Non-Patient Income</b>	<b>42,168</b>	<b>42,168</b>	<b>46,736</b>	<b>4,569</b>	<b>1,769</b>	<b>7,162</b>	<b>5,393</b>	<b>2,065</b>	<b>▲ 5,097</b>
<b>TOTAL INCOME</b>	<b>367,665</b>	<b>367,665</b>	<b>416,810</b>	<b>49,145</b>	<b>28,894</b>	<b>50,942</b>	<b>22,049</b>	<b>34,935</b>	<b>▲ 16,008</b>
<b>EXPENDITURE</b>									
Pay - Substantive	(202,165)	(202,165)	(214,560)	(12,395)	(16,800)	(25,593)	(8,792)	(17,457)	▼ (8,135)
Pay - Bank	(11,241)	(11,241)	(19,048)	(7,807)	(942)	(742)	200	(1,815)	▲ 1,073
Pay - Locum	(3,065)	(3,065)	(7,410)	(4,344)	(253)	(597)	(345)	(610)	▲ 13
Pay - Agency	(5,591)	(5,591)	(9,376)	(3,784)	(434)	(843)	(409)	(848)	▲ 5
Pay - Other	(821)	(821)	(10,578)	(9,757)	(68)	(9,669)	(9,601)	(78)	▼ (9,591)
<b>Pay</b>	<b>(222,774)</b>	<b>(222,774)</b>	<b>(260,971)</b>	<b>(38,196)</b>	<b>(18,487)</b>	<b>(37,445)</b>	<b>(18,958)</b>	<b>(20,809)</b>	<b>▼ (16,635)</b>
Non Pay	(77,805)	(77,805)	(98,962)	(21,158)	(6,579)	(13,586)	(7,007)	(8,263)	▼ (5,323)
Non Tariff Drugs (high cost/individual drugs)	(23,048)	(23,048)	(25,654)	(2,606)	(1,947)	(2,033)	(85)	(2,235)	▲ 202
<b>Non Pay</b>	<b>(100,853)</b>	<b>(100,853)</b>	<b>(124,617)</b>	<b>(23,764)</b>	<b>(8,526)</b>	<b>(15,619)</b>	<b>(7,092)</b>	<b>(10,498)</b>	<b>▼ (5,120)</b>
<b>TOTAL EXPENDITURE</b>	<b>(323,627)</b>	<b>(323,627)</b>	<b>(385,587)</b>	<b>(61,960)</b>	<b>(27,014)</b>	<b>(53,063)</b>	<b>(26,050)</b>	<b>(31,307)</b>	<b>▼ (21,756)</b>
<b>EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)</b>	<b>44,038</b>	<b>44,038</b>	<b>31,222</b>	<b>(12,816)</b>	<b>1,880</b>	<b>(2,121)</b>	<b>(4,001)</b>	<b>3,627</b>	<b>▼ (5,748)</b>
Interest Receivable	360	360	1,399	1,039	30	227	197	105	▲ 122
Interest Payable	(687)	(687)	(680)	7	(57)	(50)	7	(18)	▼ (33)
Depreciation, Impairments & Profit/Loss on Asset Disposal	(16,622)	(16,622)	(16,660)	(38)	(1,411)	(1,410)	1	(1,421)	▲ 12
Donated Asset Depreciation	(622)	(622)	(569)	53	(54)	(47)	7	(47)	▲ 0
Profit/Loss on Asset Disposal & Impairments	0	0	0	0	0	0	0	0	▲ 0
DEL Impairments	(560)	(560)	(698)	(138)	(47)	(185)	(138)	(47)	▼ (138)
AME Impairments	0	0	0	0	0	0	0	0	▲ 0
Unwinding of Discounts	0	0	0	0	0	0	0	0	▲ 0
<b>OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS</b>	<b>25,907</b>	<b>25,907</b>	<b>14,014</b>	<b>(11,893)</b>	<b>341</b>	<b>(3,586)</b>	<b>(3,927)</b>	<b>2,200</b>	<b>▼ (5,786)</b>
Dividends Payable	(6,007)	(6,007)	(6,176)	(169)	(501)	(665)	(164)	(501)	▼ (164)
<b>OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS</b>	<b>19,900</b>	<b>19,900</b>	<b>7,838</b>	<b>(12,061)</b>	<b>(160)</b>	<b>(4,250)</b>	<b>(4,091)</b>	<b>1,699</b>	<b>▼ (5,949)</b>

**Statement of Cash Flow**  
**As of 31<sup>st</sup> March 2024**

	Mth12 2022-23 £000	Mth 12 £000	Mth 11 £000	In Month Movement £000
<b>Cash flows from operating activities</b>				
Operating (deficit)/surplus from continuing operations	(2,225)	13,970	17,549	(3,579)
<b>Operating (deficit)/surplus from continuing operations</b>	<b>(2,225)</b>	<b>13,970</b>	<b>17,549</b>	<b>(3,579)</b>
<b>Non-cash income and expense:</b>				
Depreciation and amortisation	14,941	17,229	15,772	1,457
Impairments	1,899	0	0	0
(Increase)/Decrease in Trade and Other Receivables	(8,203)	(3,720)	(19,531)	15,811
(Increase)/Decrease in Other Assets	0	0	0	0
(Increase)/Decrease in Inventories	(1,096)	(127)	6	(133)
Increase/(Decrease) in Trade and Other Payables	(7,239)	544	(2,341)	2,885
Increase/(Decrease) in Other Liabilities	(1,935)	(6,967)	(930)	(6,037)
Increase/(Decrease) in Provisions	420	8,698	(399)	9,097
NHS Charitable Funds	(181)	(8,415)	(13,383)	4,968
Other movements in operating cash flows	1,730	885	(5)	890
<b>NET CASH (USED IN) GENERATED FROM OPERATIONS</b>	<b>(1,889)</b>	<b>22,097</b>	<b>(3,262)</b>	<b>25,359</b>
<b>Cash flows from investing activities</b>				
Interest received	871	1,399	1,172	227
Addition of ROU assets	(40)	0	0	0
Purchase of intangible assets	(2,673)	(425)	(59)	(366)
Purchase of Property, Plant and Equipment	(25,097)	(34,087)	(21,202)	(12,885)
Process from sale of Property, Plant and Equipment	0	252	0	-
<b>Net cash (used in) investing activities</b>	<b>(26,939)</b>	<b>(32,861)</b>	<b>(20,089)</b>	<b>(13,024)</b>
<b>Cash flows from financing activities</b>				
Public dividend capital received	8,040	11,039	9,878	1,161
Capital element of finance lease rental payments	(2,235)	(4,374)	(616)	(3,758)
Unwinding of discount	0	(698)	(513)	(185)
Interest element of finance lease	(378)	(680)	(630)	(50)
PDC Dividend paid	(4,760)	(5,725)	(2,638)	(3,087)
Receipt of cash donations to purchase capital assets	181	8,415	13,383	(4,968)
<b>Net cash generated from/(used in) financing activities</b>	<b>848</b>	<b>7,977</b>	<b>18,864</b>	<b>(10,887)</b>
<b>(Decrease)/increase in cash and cash equivalents</b>	<b>(27,980)</b>	<b>(2,787)</b>	<b>(4,487)</b>	<b>1,700</b>
<b>Opening Cash and Cash equivalents</b>	<b>57,975</b>	<b>29,995</b>	<b>29,995</b>	
<b>Closing Cash and Cash equivalents</b>	<b>29,995</b>	<b>27,208</b>	<b>25,508</b>	<b>1,700</b>



Statement of Financial Position as of 31<sup>st</sup> March 2024

	Mar-23 Audited	Mar-24 YTD Actual Unaudited	YTD Mvmt	% Variance
<b>Assets Non-Current</b>				
Tangible Assets	204.3	241.4	37.1	18.2%
Intangible Assets	19.6	16.6	(3.0)	(15.3%)
ROU Assets	24.4	18.6	(5.8)	(23.8%)
Other Assets	3.3	3.2	(0.1)	(3.0%)
<b>Total Non Current Assets</b>	<b>251.6</b>	<b>279.8</b>	<b>28.2</b>	<b>11.2%</b>
<b>Assets Current</b>				
Inventory	5.2	5.3	0.1	1.9%
NHS Receivables	9.8	12.0	2.2	22.4%
Other Receivables	6.0	7.5	1.5	25.0%
Cash	30.0	27.2	(2.8)	(9.3%)
<b>Total Current Assets</b>	<b>51.0</b>	<b>52.0</b>	<b>1.0</b>	<b>2.0%</b>
<b>Liabilities Current</b>				
Interest -bearing borrowings	(1.8)	(1.5)	0.3	(16.7%)
Deferred Income	(18.0)	(11.6)	6.4	(35.6%)
Provisions	(2.8)	(11.7)	(8.9)	317.9%
Trade & other Creditors (incl NHS)	(51.5)	(60.8)	(9.3)	18.1%
<b>Total Current Liabilities</b>	<b>(74.1)</b>	<b>(85.6)</b>	<b>(11.5)</b>	<b>15.5%</b>
<b>Net current assets</b>	<b>(23.1)</b>	<b>(33.6)</b>	<b>(10.5)</b>	<b>45.5%</b>
<b>Liabilities Non-Current</b>				
Long-term Interest bearing borrowings	(22.7)	(18.2)	4.5	(19.8%)
Deferred Income	(1.0)	(0.5)	0.5	(50.0%)
Provisions for liabilities and charges	(1.8)	(1.6)	0.2	(11.1%)
<b>Total non-current liabilities</b>	<b>(25.5)</b>	<b>(20.3)</b>	<b>5.2</b>	<b>(20.4%)</b>
<b>Total Assets Employed</b>	<b>203.0</b>	<b>225.9</b>	<b>22.9</b>	<b>11.3%</b>
<b>Taxpayers Equity</b>				
Public Dividend Capital (PDC)	283.2	294.2	11.0	3.9%
Revaluation Reserve	60.5	64.6	4.1	6.8%
Financial assets at FV through OCI reserve	(2.6)	(2.6)	0.0	0.0%
I&E Reserve	(138.1)	(130.3)	7.8	(5.6%)
<b>Total Taxpayers Equity</b>	<b>203.0</b>	<b>225.9</b>	<b>22.9</b>	<b>11.3%</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%
CBIG	Clinical Board Investment Group	Capital approval meeting overseeing small scale capital schemes including equipment replacement and building work.
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
Maple Centre	Maple Centre	The initial project name for the Maple Centre was the Pathway Unit - a 23hr ambulatory care facility currently under construction

<b>Meeting Title</b>	Trust Board	<b>Date: May 2024</b>	
<b>Report Title</b>	Workforce Report – Month 12	<b>Agenda Item Number: 12</b>	
<b>Lead Director</b>	Danielle Petch, Chief People Officer		
<b>Report Author</b>	Louise Clayton, Deputy Chief People Officer		
<b>Introduction</b>	Standing Agenda Item		
<b>Key Messages to Note</b>	This report provides a summary of workforce Key Performance Indicators for the previous 12 months up to 31 March 2024 (Month 12) and relevant Workforce and Organisational Development updates to Trust Board.		
<b>Recommendation (Tick the relevant box(es))</b>	For Information <input checked="checked" type="checkbox"/>	For Approval <input type="checkbox"/>	For Review <input type="checkbox"/>

<b>Strategic Objectives Links (Please delete the objectives that are not relevant to the report)</b>	Employ and retain the best people to care for you
<b>Report History</b>	This is the first version of this report
<b>Next Steps</b>	JCNC & TEC
<b>Appendices/Attachments</b>	None

## 1. Purpose of the report

- 1.1. This report provides a summary of workforce Key Performance Indicators as at 31 March 2024 (Month 12), covering the preceding 13 months.

## 2. Summary of Key Performance Indicators (KPIs) and Compliance

Indicator	Measure	Target	03/2023	04/2023	05/2023	06/2023	07/2023	08/2023	09/2023	10/2023	11/2023	12/2023	01/2024	02/2024	03/2024
<b>Staff in post</b> (as at report date)	Actual WTE		3618.5	3636.0	3697.4	3710.4	3776.8	3744.1	3758.3	3775.2	3820.9	3826.0	3834.9	3850.3	<b>3869.1</b>
	Headcount		4142	4165	4206	4222	4293	4261	4278	4296	4351	4352	4368	4381	<b>4402</b>
<b>Establishment</b> (as per ESR)	WTE		3907.7	3951.1	3956.4	3956.0	3963.2	3965.5	3962.0	3996.0	4005.3	4001.9	4012.1	4008.1	<b>4018.1</b>
	% Vacancy Rate - Trust Total	<b>10.0%</b>	7.4%	8.0%	6.5%	6.2%	4.7%	5.6%	5.1%	5.5%	4.6%	4.4%	4.4%	3.9%	<b>3.7%</b>
	% Vacancy Rate - Add Prof Scientific and Technical		33.2%	31.2%	24.4%	24.4%	25.6%	25.1%	20.6%	16.1%	15.7%	19.5%	18.6%	17.7%	<b>16.1%</b>
	% Vacancy Rate - Additional Clinical Services (Includes HCAs)		7.7%	9.3%	6.4%	5.3%	0.3%	3.1%	3.4%	8.2%	9.5%	11.1%	16.0%	15.3%	<b>15.3%</b>
	% Vacancy Rate - Administrative and Clerical		5.0%	4.3%	3.0%	3.0%	2.8%	3.1%	3.7%	3.6%	3.1%	2.1%	1.5%	1.6%	<b>1.4%</b>
	% Vacancy Rate - Allied Health Professionals		12.0%	13.6%	16.5%	17.4%	17.1%	15.3%	16.9%	15.0%	16.0%	16.0%	15.3%	13.1%	<b>12.1%</b>
	% Vacancy Rate - Estates and Ancillary		8.6%	11.9%	8.4%	7.2%	6.2%	7.0%	7.8%	8.0%	4.6%	4.9%	3.6%	3.8%	<b>4.3%</b>
	% Vacancy Rate - Healthcare Scientists		1.7%	1.8%	6.3%	9.3%	6.2%	6.1%	6.0%	4.2%	0.0%	-1.7%	-0.5%	0.2%	<b>-0.9%</b>
	% Vacancy Rate - Medical and Dental		3.9%	2.9%	0.0%	0.0%	0.0%	1.4%	0.4%	0.0%	0.0%	-2.3%	-1.8%	-1.0%	<b>-1.3%</b>
	% Vacancy Rate - Nursing and Midwifery Registered		7.1%	7.9%	7.7%	7.1%	7.6%	6.2%	4.3%	4.2%	2.5%	1.3%	-0.8%	-2.0%	<b>-2.2%</b>
<b>Staff Costs (12 months)</b> (as per finance data)	% Temp Staff Cost (% , £)		15.3%	15.3%	15.3%	15.1%	14.8%	14.5%	14.0%	13.7%	13.4%	12.7%	12.4%	12.2%	<b>12.2%</b>
	% Temp Staff Usage (% , WTE)		14.5%	14.3%	14.3%	14.2%	14.0%	13.8%	13.5%	13.3%	13.1%	12.8%	12.6%	12.4%	<b>12.2%</b>
<b>Absence (12 months)</b>	% , 12 month Absence Rate	<b>5.0%</b>	4.8%	4.7%	4.7%	4.6%	4.5%	4.5%	4.5%	4.5%	4.6%	4.6%	4.7%	<b>4.7%</b>	4.7%
	- % , 12 month Absence Rate - Long Term		2.4%	2.4%	2.4%	2.4%	2.3%	2.4%	2.3%	2.4%	2.5%	2.5%	2.6%	<b>2.5%</b>	2.6%
	- % , 12 month Absence Rate - Short Term		2.4%	2.3%	2.3%	2.2%	2.2%	2.2%	2.2%	2.1%	2.1%	2.1%	2.2%	<b>2.2%</b>	2.1%
	% , In month Absence Rate - Total		4.1%	4.0%	3.9%	3.9%	4.2%	4.0%	4.1%	5.1%	5.0%	5.6%	5.6%	<b>5.0%</b>	4.5%
	- % , In month Absence Rate - Long Term		2.2%	2.3%	2.3%	2.5%	2.4%	2.3%	2.3%	3.0%	3.0%	3.1%	3.0%	<b>2.8%</b>	2.6%
	- % , In month Absence Rate - Short Term		1.9%	1.6%	1.6%	1.4%	1.8%	1.7%	1.8%	2.1%	2.0%	2.5%	2.6%	<b>2.2%</b>	1.9%
<b>Starters, Leavers and T/O rate</b> (12 months)	WTE, Starters (In-month)		61.8	46.8	62.6	44.0	73.3	35.6	56.0	27.0	58.9	24.8	46.0	38.0	<b>41.4</b>
	Headcount, Starters (In-month)		65	53	71	52	83	42	62	30	68	28	51	42	<b>48</b>
	WTE, Leavers (In-month)		45.3	22.6	25.4	33.8	41.8	37.2	45.4	18.3	27.3	29.6	38.7	28.0	<b>28.6</b>
	Headcount, Leavers (In-month)		52	27	30	40	47	42	58	24	30	38	44	34	<b>36</b>
	% , Leaver Turnover Rate (12 months)	<b>12.5%</b>	16.4%	15.3%	14.9%	14.9%	14.4%	14.1%	14.1%	13.1%	13.0%	12.9%	12.8%	13.0%	<b>12.6%</b>
<b>Statutory/Mandatory Training</b>	% , Compliance	<b>90%</b>	94%	95%	95%	95%	96%	95%	95%	95%	96%	96%	95%	94%	<b>94%</b>
<b>Appraisals</b>	% , Compliance	<b>90%</b>	91%	89%	91%	93%	93%	91%	90%	89%	89%	90%	90%	91%	<b>92%</b>
<b>Time to Hire (days)</b>	General Recruitment	<b>35</b>	41	43	51	49	50	43	50	49	46	50	48	44	<b>43</b>
	Medical Recruitment (excl Deanery)	<b>35</b>	87	78	70	75	49	51	53	98	93	45	62	69	<b>52</b>
<b>Employee relations</b>	Number of open disciplinary cases		20	19	19	13	13	16	19	20	21	21	22	21	<b>19</b>

- 2.1. **Temporary staffing usage** continues to reduce, now at 12.2% with a 3.1% improvement in cost from the beginning of the financial year. Bank usage is currently under review to ensure that all Nursing and Healthcare Support Worker requests are scrutinised by senior nursing prior to being paid on Health Roster.
- 2.2. The Trust's **headcount continues to increase** and there are now 4402 employees in post. The **vacancy rate** remains at its lowest point for over 12 months, at **3.7%** with improvements across Nursing and Midwifery, Healthcare Scientists, and Professional Scientific and Technical staff groups. Recruitment into deanery gaps and some locum consultant posts account for the over established position in the Medical and Dental staff group. Cover of maternity leave, sick leave, and recruitment to roles funded through Whitehouse Park account for the over-establishment of Healthcare Scientists. Over-recruitment to staffing for the escalation wards accounts for the over-establishment of Nursing staff.
- 2.3. **Staff absence is at 4.7%** for the 12-month period and is at 4.5% in month, which is on trend for the time of year and is predicted to improve further into M1. Managers continue to support staff back to work in line with our sickness absence and attendance policy.
- 2.4. **Staff turnover** has decreased to its lowest point for over 12 months to 12.6%, just 0.1% away from achieving the KPI for the year. Retention projects in areas of high turnover continue and the HRBPs are carrying out bespoke pieces of work where turnover is high. Turnover is highest for Additional Clinical Services (including HCAs) and Healthcare Scientists staff groups, however reductions in turnover have been achieved incrementally through the year. Healthcare Support Workers remain an area of focus for improved retention.
- 2.5. **Time to hire** has reduced slightly to 43 days. The manageable delays in processes are being reviewed to close the timeline where possible. The Specialist Recruitment Managers are working with Divisions to support with recruitment to help close the gaps where clinical commitments delay the administration of recruitment.
- 2.6. The number of **open disciplinary cases** is 19. A detailed Employee Relations case report is produced monthly to JCNC.
- 2.7. **Statutory and mandatory training** compliance is at 94% and **appraisal** compliance is at 92% (see Appendix 1 for TEC Members compliance).
- 2.8. There is currently an over-establishment of nurses. There are some areas such as Theatres that appear to be over-recruited due to their budgeted establishment being set against Operating Department Practitioners rather than Nursing roles. There has also been some over-recruitment to nursing posts to allow for escalation wards to be covered by substantive staffing over the winter.
- 2.9. There are **96 HCSW vacancies** (B2 and B3 and including Maternity Support Workers) across the Trust with 34 HCAs/MSWs going through pre-employment, 19 HCAs/MSWs are fully cleared with booked start dates. There are 36 candidates booked to attend interviews.

### 3. Continuous Improvement, Transformation and Innovation

- 3.1. The Staff Health and Wellbeing Team are introducing a new service provision for employees who are waiting for hospital appointments and are unable to carry out the duties of their role pending receiving treatment or consultation as referred through their GP. The **Rapid Access Service** could reduce sickness absence for staff members who will be able to return to work sooner once they are on a treatment pathway for their health condition. The team are working with Patient Access to identify hospital appointments that are available due to patient cancellation in order to offer these to staff who are on sickness absence or restricted duties. The process would not be at the detriment to patients.

### 4. Culture and Staff Engagement

- 4.1. **Roger Kline**, an external consultant who specialises in race discrimination and culture in the NHS, has now met with eight groups of staff to understand their experiences in the Trust. This work is part of a programme of activities to tackle racism and race inequality, with a particular focus on recruitment, career progression and talent management. Feedback on improvement work taking place as an outcome of this review will be shared with the wider Trust as part of the cultural inclusion programme of work.
- 4.2. The **Freedom to Speak Up Annual Report** has now been completed and will be submitted to Workforce and Development Assurance Committee in May before being submitted to the following Board meeting.
- 4.3. **Learning at Work Week** commences on 13<sup>th</sup> May in the tent with the theme 'Learning Power'. The first event of its kind in the Trust, each day will focus on a different professional group and each day will provide a marketplace with stands showcasing different development opportunities, bitesize learning sessions throughout the week and pop-up coaching sessions.

### 5. Current Affairs & Hot Topics

- 5.1. **Operational Workforce Planning** for system and regional returns was submitted on 22nd April with triangulation with Finance and Performance Teams to ensure a unified and transparent approach to growth over the next 12 months.

### 6. Recommendations

- 6.1. Members are asked to note the report.

<b>Meeting title</b>	<b>Trust Board</b>	<b>Date: 02 May 2024</b>
<b>Report title:</b>	<b>Quality Priorities 2024/25</b>	<b>Agenda item: 13</b>
<b>Lead director</b>	<b>Kate Jarman</b>	<b>Director of Corporate Services</b>
<b>Fol status:</b>	<b>Public</b>	

<b>Report summary</b>	<p>The Trust is required to set three 'quality priorities' in the annual Quality Account, which must be agreed and approved by the Council of Governors.</p> <p>At the meeting of the Council of Governors held on 17 April 2024, the CoG agreed on 1,3 and 5 as preferred priorities from the list that was presented to them for the 2024/25.</p>			
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b>	<b>Approval</b>	<b>To note</b>	<b>Decision</b>
<b>Recommendation</b>	<p>The Board is asked to note the three quality priorities that were approved by the Council of Governors at the meeting held on 17 April 2024.</p>			

<b>Strategic objectives links</b>	Patient safety, patient experience, clinical effectiveness, well governed
<b>Board Assurance Framework links</b>	
<b>CQC regulations</b>	All domains
<b>Identified risks and risk management actions</b>	
<b>Resource implications</b>	
<b>Legal implications including equality and diversity assessment</b>	Pursuant to individual risks

<b>Report history</b>	Quality and Clinical Risk Committee Council of Governors 17 April 2024
<b>Next steps</b>	Trust Board of Directors 2 May 2024
<b>Appendices</b>	Papers follow

## 1. Background

The Trust agreed the below three priorities for improvement in 2023/24, forming the three 'quality priorities' in the annual Quality Account, which were agreed and approved by the Council of Governors.

### Quality priorities for 2023/24 were:

- **Priority 1:** Reduction in deep tissue injuries (pressure ulcers)
- **Priority 2:** Improvement in sepsis management
- **Priority 3:** Improvement in the reporting rates of low harm incidents

Good progress was made against these priorities in the year – this will be reported in the Quality Account.

The Trust has always selected the priorities to cover the three domains of quality (safety, experience, effectiveness), which also aligns with the organisation's three core strategic objectives.

### Quality priorities for 2024/25:

The following were proposed to the Governors to select three from the list, following discussion around areas of priority at the Quality and Clinical Risk Committee in March.

1. Continued focus on sepsis management improvements (particularly as Martha's Rule is introduced to support parents' right to a second opinion and the Trust continues its sepsis management quality improvement programme in ED)
2. Improving complaint response times
3. Reducing the number of complaints citing poor communication
4. Improving prescribing safety for Gentamicin (an antibiotic)
5. Reducing the number of falls
6. Effective implementation of the Patient Safety Incident Response Framework

Following due consideration of all the proposed options, the Council of Governors selected and unanimously approved the following as the preferred priorities for the Trust for 2024/25:

- **Priority 1:** Continued focus on sepsis management improvements (particularly as Martha's Rule is introduced to support parents' right to a second opinion and the Trust continues its sepsis management quality improvement programme in ED)
- **Priority 2:** Reducing the number of complaints citing poor communication.
- **Priority 3:** Reducing the number of falls.

## 2. Recommendation

The Board is asked to note the three priorities that were approved by the Council of Governors for inclusion in this year's Quality Account.



<b>Meeting Title</b>	<b>Trust Board - Public</b>	<b>Date: 2 May 2024</b>
<b>Report Title</b>	<b>Declarations of Interests – 2023/24</b>	<b>Agenda Item Number: 14</b>
<b>Lead Director</b>	Kate Jarman, Director of Corporate Affairs	
<b>Report Author</b>	'Kemi Olayiwola, Trust Secretary	

<b>Introduction</b>	This is to provide the Trust Board with an update on the returns submitted for 2023/24 FY ending.		
<b>Key Messages to Note</b>			
<b>Recommendation</b> (Tick the relevant box(es))	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input checked="" 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)	N/A
---	-----

<b>Report History</b>	N/A
<b>Next Steps</b>	
<b>Appendices/Attachments</b>	<ul style="list-style-type: none"> <li>a. A summary of Trust Board members' current register of interests for 2023/24 (<b>Appendix 1</b>).</li> <li>b. A summary of the register of interests of Consultants (<b>Appendix 2</b>)</li> <li>c. A summary of the register of interests of Managers and decision-making staff for 2023/24 (<b>Appendix 3</b>).</li> <li>d. A summary of the Hospitality and Gifts register for 2023/24 (<b>Appendix 4</b>).</li> </ul>

## DECLARATIONS OF INTERESTS REPORT

### 1. Introduction

In compliance with the guidelines for managing conflicts of Interest in the NHS and the Counter Fraud framework, the Trust is required to maintain and publish a register of gifts, hospitality and conflicts of interest. This is to ensure that there is greater transparency, accountability and ethical conduct in place at the Trust.

Pursuant to the above provisions:

- MKUH has a Conflicts of Interest, Hospitality, Gifts, Donations and Sponsorship Policy that includes reference to gifts, hospitality and sponsorship with reference to fraud, bribery and corruption under the Bribery Act 2010.
- The policy is published on the Trust website and assessable to all staff at all levels. The Staff are also aware of the requirements of the policy, and the need to update the register as soon as an actual or a potential conflict of interest arises.
- The Trust also schedules and circulates a request to update the register to board members, consultants and other decision-making managers on an annual basis at the least, in compliance with the annual governance declaration which is an annual report requirement for publishing on the Trust website subject to Board approval of the effectiveness of the process.

The purpose of this report is to provide the Audit Committee with an update on the returns submitted for 2023/24.

### 2. Background

In line with the Trust's Conflicts of Interest, Hospitality, Gifts, Donations and Sponsorship Policy, all 'decision making staff' (defined as AfC band 8A and above, staff involved in contracting and procurement, and all consultant medical staff), Non-Executive Directors and members of the Council of Governors were asked in March 2024 to submit their declarations of interests for 2023/24FY ending.

For this declarations exercise, an online solution was utilised with a view to improving the rate of returns for the Trust's Consultants and managers especially. This is to ensure that an improvement is sustained from previous years and over the next couple of years, subject to continuous improvement of the solutions questionnaire.

### 3. Update on 2023/24 Returns

At the close of the exercise, the following figures were achieved and benchmarked against previous returns:

Categories	Current Returns 2023/24	Previous Returns 2022/23	Previous Returns 2021/22
Trust Board	All Board members submitted their declarations (100%)	All Board members submitted their declarations (100%)	
Trust Consultants	121 (56% ) out of 215	152 (71%) out of 215	158 (80%) out of

			198
Band 8A+ (Managers)	163	138 (65%) out of 214	148 (74%) out of 201
Procurement Staff	16 submitted	17 submitted	

#### 4. Plans for 2024/25

The Trust Secretariat will continue to improve the process towards ensuring that all relevant staff submit their declarations of interest, and that they provide the full details.

The Trust Secretariat will, also take steps to ensure that all staff are better informed on how to report offers of gifts and hospitality, whether accepted or not. This is an area the secretariat considers an area of continuous improvement.

#### 5. Recommendation

The Board is asked to:

- **Note** the report and the appended registers and approve for publication on the Trust's website in compliance with the requirement for 02023/24 Annual Report.

# APPENDIX 1: BOARD OF DIRECTORS – DECLARATIONS OF INTERESTS 2023/24

Director	Role	Do you, your spouse, partner or family member hold or have any of the following: <ul style="list-style-type: none"> <li>A directorship of a company?</li> <li>Any interest or position in any firm, company, business or organisation (including charitable or voluntary) which does or might have a trading or commercial relationship with the Foundation Trust?</li> <li>Any interest in an organisation providing health and social care to the NHS?</li> </ul>	Do you or your spouse, partner or family member have a position of authority in a charity or voluntary organisation in the field of health and social care?	Do you, your spouse, partner or family member have any connection with an organisation, entity or company considering entering into a financial arrangement with the Foundation Trust, including but not limited to lenders or banks?	Dates during which the interests were held	Action taken to manage any potential conflict  <i>[Board and Committee agendas are proactively and continuously scrutinised to ensure that Board members are not exposed to potential conflicts and at every Board and Committee meeting, members are asked to declare any conflicts that they may have]</i>
Ian Reckless	Medical Director	Yes –  Director, JTER Trading Ltd (retail and property services)  Director, ADMK (wholly owned subsidiary of MKUH NHS Foundation Trust)	No	No	July 2019 to date	Always declared

		<p>Spouse is employed as a Consultant Anaesthetist in the NHS in the region</p> <p>Non-Executive Director, Royal Orthopaedic Hospital NHS Foundation Trust</p> <p>CMO, BLMK Integrated Care Board</p>			<p>November 2022 to date</p> <p>From 15 April 2024</p>	
Professor Joe Harrison	Chief Executive Officer	<p>Sister, Ruth Harrison, Director of Durrow Ltd – Current</p> <p>Spouse, Samantha Harrison, Non Executive Director DHSC – Current</p> <p>Spouse, Samantha Harrison, Various Management Consultancies - March 2023 to present.</p> <p>Spouse, Samantha Jones , Chair of Keys - Current</p>	No	No	To date	Always declared
John Blakesley	Deputy CEO	Yes – Director of ADMK Limited, wholly owned subsidiary of the Trust	No	No	July 2019 to date	
Devdeep Ahuja	Non-Executive Director	Yes – RTW Plus Limited - Director - Appointed 12 June 2018	No	No	To date	- Update declarations regularly

		DPA Equity Ltd - Director - Appointed 22 March 2021  Urgent Locum Ltd - Director - Appointed 4 February 2023  Normedica International Ltd - Director - Appointed 14 April 2023  Bucks Consultants Limited - Director - Appointed 6 February 2024				- Declare interests to the specific topics in meetings  - If applicable, not be involved in discussions or decisions around the specific topics.
Haider Husain	Non-Executive Director	Yes-  Director & CEO of Paracat Ltd  Director & COO of Healthinnova Limited  British Standards Institute (BSI) Committee member – Healthcare Organisation Management  Associate Non-Executive Director, Medicines and Healthcare products Regulatory Agency Board  Bucks. Oxfordshire & Berkshire West ICB  Dementia Carers Count	No	No	Feb 2018 to date  March 2019 to date  Apr 2019 to date  September 2020 to date  July 2022 to date	If any perceived conflict of interest arises between my roles I would declare this straight away and excuse myself from the discussion

					June 2021 to date	
Danielle Petch	Chief People Officer	Yes-  Husband is Director of S4 Software Solutions Ltd.	No	No	To date	There is no conflict - company not associated with MKUH.
Kate Jarman	Director of Corporate Affairs	Yes – Faculty Member of the Good Governance Institute  Board Member – Milton Keynes Urgent Care Centre  Member of the Labour Party  Member of Women’s Equality Party  Trustee – Milton Keynes Arts for Health Trustee	No	No	Nov 2020 to date	Always declared
Alison Davis	Trust Chair	Nil			To date	
Heidi Travis	Non-Executive Director	CEO Sue Ryder Charity	No	No	To date	No direct conflict with MKUH
Emma Livesley	Director of Operations	Nil	No	No	To date	
Beverley May Messinger	Non-Executive Director (till Jan 2024)	Yes –			April 2022 to date	

		Non-Executive Director - Your Housing Group, Warrington  Non-Executive Director - Government Actuary Department  Spouse is employed at the Estates Department of an NHS provider				
Yvonne Christley	Chief Nursing Officer	No	No	No		
Gary Marven	Non-Executive Director	Non-Executive Director, MLL Telecom	No	No	April 2022 to date	I am not involved in any procurement process
Jason Sinclair	Associate Non-Executive Director	No	No	No		
Ganesh Balial	Associate Non-Executive Director	Yes – Deputy Chief CNO/Chief AHP at Kettering General Hospital (University Hospitals Northamptonshire)  UHN and my role at Suffolk & North East Essex ICB	No	No	To date	
Mark Versallion	Non-Executive Director	Yes – Lesnewth Estates Ltd	No	No	To date	There are no conflicts



		Mark Versallion No conflict				
Jonathan Dunk	Chief Finance Officer	Cambridge University Hospitals NHS Foundation Trust Emma Dunk (wife) Head of legal services Ongoing	No	No	To date	
Precious Zumbika-Lwanga	Associate Non-Executive Director	Yes –  Carus Advisory Services Ltd Milton Keynes Community Foundation Worktree	No	No	To date	Declare where required - Currently no conflict

## Consultants

Name	Position within, or relationship with, the Trust	Type of interest (see Guidance Notes)	Description of interest (including for indirect interests, details of the relationship with the person who has the interest)	The relevant dates of the conflict	Time commitment to the interest	Additional comments including any mitigating actions undertaken	Did you receive any hospitality, gifts, reward or inducements during the last 12 months? Please tick all that apply	If applicable, please state the origin in each case	If applicable, please add all dates of receipt in each case	If applicable, please state the actual or estimated value in each case	Consent for this information to be published on registers that Milton Keynes University Hospital NHS Foundation Trust holds. If consent is NOT given please give reasons in the next box	Reasons for not giving consent for this information to be published	I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to Milton Keynes University Hospital NHS Foundation Trust...
Ian Reckless	Consultant, CMO and De	Non-Financial	Professor Director, BLMK ICB (from Various - all longstanding)		Minimal unless otherwise	Declarations made as ap	Hospitality;	Hosted at an HSJ dinner by Haltian (Scandinavian		£100	Yes;		Agree
anja johansen-bibby	consultant O&G	Nil;					None;				Yes;		Agree
henry owles	consultant geriatrician	Nil;	n/a				None;				Yes;		Agree
Debbie Phillips	Consultant Surgeon	Nil;					None;				Yes;		Agree
Simon Ray-Chaudhuri	Consultant Surgeon. Clir	Nil;					None;				Yes;		Agree
Joy Halliday	Consultant	Nil;					None;				Yes;		Agree
Nandini Gupta	Consultant	Nil;					None;				Yes;		Agree
Stacey Tsang	Consultant Orthodontist	Financial;	Work in Private practice From September 2023		1 day every other week on a non working day.		None;				Yes;		Agree
Tamer Othman Elholiby	Radiology consultant	Non-Financial	Professor Director at vitalscan rad	10/2022		Non applicable	None;	Non applicable	Non applicable	Non applicable	Yes;	Non applicable	Agree
Joyce Elliot	Consultant Obstetrician	Nil;					None;				Yes;		Agree
Kadir Hasan	Consultant Radiologist	Nil;					None;				Yes;		Agree
Dr Victoria Alner	Consultant Geriatrician, Nil;						None;				Yes;		Agree
Anwar Rashid	Consultant anaesthetist	Nil;					None;				Yes;		Agree
Sarah La'Porte	Consultant Radiologist	Financial;	Director of Vitalscan	Since 2022	5 hours per week	Only during non NHS tin	None;				Yes;		Agree
Sarah La'Porte	Consultant Radiologist	Non-Financial	Professor Reporting for Circle Hea	Since 2011	2 hours per week	Only during non NHS tin	None;				Yes;		Agree
Lynn Cooke	Consultant Acute Medic	Nil;	Not applicable	Not applicable	Not applicable	Not applicable	None;	Not applicable	Not applicable	Not applicable	Yes;		Agree
Brendan Slavin	Consultant Anaesthetist	Nil;		N/A	N/A	N/A	None;				Yes;		Agree
Krystian Pawelec	Consultant General and	Nil;					None;				Yes;		Agree
Shindo Puthoor Francis	Consultant ED	Financial;	- I am providing a 3 Day	November 2023 and Jan 3 days per trip		The trip is well planned i	Hospitality;	Travel and hotel paid for 15-17 November 2023 ,	Travel ticket and Hotel -		Yes;		Agree
George MacFaul	Consultant Gastroenter	Nil;					Hospitality;	Guest of Tillotts Pharma 21-23rd Feb 2024	travel, hotel, meals and		Yes;		Agree
James Bursell	Consultant Paediatrician	Indirect;	I have a role as NHS Eng	Started roel February 201.5 PAs		Always declare relevant	None;				Yes;		Agree
Sarah La'Porte	Consultant Radiologist	Non-Financial	Professor Reporting for InHealth	Since 2011	1 hour per week	Only during non NHS tin	None;				Yes;		Agree
Dr Madhavi Bhogle	Consultant physician	Nil;	None	N/A	N/A		None;	N/A	N/A	N/A	Yes;		Agree
Prudence Evans	Consultant Radiologist	Nil;					None;				Yes;		Agree
Dr V Hariharan	Consultant Anaesthetist	Nil;					None;				Yes;		Agree
Dr Rohith Shetty	Consultant Paediatrician	Nil;					None;				Yes;		Agree
Arul Ramasamy	Honorary Professor Trau	Financial;	Member of Surgeons LLI	April 2022 - Present		Variable based upon requested activity by the Tr	None;				Yes;		Agree
Dr Richard Butterworth	Consultant Neurologist i	Nil;					Gifts;	A couple of thank you gi	Christmas 2023	Total about £30-50	Yes;		Agree
Wameedh Taj-Aldeen	Gastroenterology consu	Nil;	Not applicable	Not applicable	Not applicable	None	None;	Not applicable	None	Not applicable	Yes;	Not applicable	Agree
hamid manji	consultant anaesthetist,	Financial;	Private Practice: The Sax	The Saxon Clinic - weekl	see above	none	None;	n/a	n/a	n/a	Yes;	n/a	Agree
Caroline Walker	Consultant	Financial;	Occasional paid work de	Nov 2023 onwards	Approx 6 hours per month		None;				Yes;		Agree
Dushyant Mital	Consultant Physician	Financial;	1) Private Practice Clinic 1) 2x Thursday evenings	1) 2 Hours a month on a	Above activities declare	None;	None;				Yes;		Agree
Mallikarjun Bharamgouc	Consultant Anaesthtics,	Nil;					None;				Yes;		Agree
Mark Draper	Consultant	Nil;					None;				Yes;		Agree
Indranil Misra	Consultant Paediatrician	Nil;	N/A	N/A	N/A		None;	N/A	N/A	N/A	Yes;	N/A	Agree
Mr Areeb Moosavi	Consultant Ophthalmolc	Nil;	1) Two Private Practice s	Ongoing. No conflict.	2 sessions per week dec	Private Practice never c	None;	n/a	n/a	n/a	Yes;	n/a	Agree
peter thomas	ED consultant	Nil;					None;				Yes;		Agree
Wassim Shamsuddin	Consultant Anaesthetist	Non-Financial	Professor I am employed through	Ongoing	4 PA's towards external	Other than my External	None;				Yes;		Agree
Dr Donna Edwards	Consultant Radiologist	Nil;	nil	nil	nil	nil	None;	nil	nil	nil	Yes;	n/a	Agree
Osama Ezawah	Consultant Radiologist	Nil;				Private practices 1) Saxo	None;				Yes;		Agree
Anil K Hemandas	Consultant Surgeon	Nil;				Director for private heal	None;				Yes;		Agree
John Jacob	Consultant	Nil;					None;				Yes;		Agree
Achal khanna	Cons surgeon	Financial;	Private practice - Saxon	N/a	20 hours per week in pri	N/a	None;	N/a	N/a	N/a	Yes;	N/a	Agree
Syed Hasan Raza	Consultant Physician, Clir	Nil;	NA	NA	NA	NA	None;	NA	NA	NA	Yes;		Agree
Andy Hacker	Consultant	Nil;					None;				Yes;		Agree
Prithwiraj Chakrabarti	Consultant Microbiologi	Financial;	I have given a lecture on 5/03/2024 (	I have taken half a day (1-2 in a year)		None. I also have accept	None;				Yes;		Agree
Eleanor Tyagi	Consultant Anaesthetist	Nil;					None;				Yes;		Agree
Kyi toe	Consultant Surgeon	Nil;					None;				Yes;		Agree
Prakash Gupta	Gastroenterologist	Non-Financial	Personal; Director of company - PI	Incorporated 3/8/2018 t	Zero. Company is essent	Company is dormant.	None;	NA	NA	NA	Yes;	NA	Agree
Malik Asif Humayun	Consultant	Financial;Non-Financial	Work as Regional adviso	NA	bi weekly clinics at Saxo	All private activity is out	Other;	Speaker Grant (£750) from Astra Zeneca.			Yes;		Agree
moyna dwyer	consultant	Non-Financial	Personal; husband owned compar	none	none	no	None;	na	na	na	No;	company, mostly linked	Agree
Lazarus Anguava	Consultant Paediatrician	Nil;					None;				Yes;		Agree
Shveta Chana	Consultant Paediatrician	Nil;					None;				Yes;		Agree

Ben Dietsch	Consultant in Palliative Care	Non-Financial	Professor	My role as Trust employ	Ongoing since last decla	1. 2 PA's/week; 2. 6 PAs/week.	Gifts;		1. Packet of sunflower seeds	1. December 2023; 2. De	Estimated 1. £2 And 2. < Yes;	Agree
Dr Ayesha Dias	Consultant ED	Nil;	na	na	na	na	None;				Yes;	Agree
Nikolaos Makris	Consultant, Associate M	Financial;		Partner in MKCA LLP for	April 2022 to present	approximately 80 sessions per year, outside of cc	None;				Yes;	Agree
Navreet Ghuman	Consultant Anaesthetist	Financial;		Private Practice	no conflict done in own	0.5 to 1 day a week	None;				Yes;	Agree
Dr Faryal Nizami	Consultant	Financial;		Director of private pract	Since May 2020	One day a week on 'my i	None	None;			Yes;	Agree
Ammar Miri	locum consultant	Nil;		I work in community ind	NA	I work in the community hospitals only during m	None;				Yes;	Agree
Ms Annabelle E Williams	EGS & Colorectal Consul	Nil;					None;				Yes;	Agree
Sonpreet Rai	Consultant	Financial;		Private Medical Practice - Circle Health Group,	Genesis Care UK, HCA UK, OneWelbeck. Clinical Din		None;				Yes;	Agree
Rebecca Papadopoulos	Consultant Ophthalmologist	Nil;					None;				Yes;	Agree
mya aye	consultant paediatrician	Non-Financial	Professor	member of Joined BNF	f August 2022	3 years	-	None;	NA	NA	NA	Agree
Dr.Awais Bokhari	Consultant Cardiologist	Financial;		Private Practice	Every Friday PM	As part of Job Plan- Ever	None	None;	N/A	N/A	N/A	Agree
Daniel Sedgewick	Consultant in Emergency	Non-Financial	Professor	External employment as	From September 2023	2 days per week	Agreed on job plan. Car	None;				Agree
Daniel Sedgewick	Consultant in Emergency	Non-Financial	Professor	External Employment fo	Since February 2019	1 day per week	As agreed on job plan. C	None;				Agree
Richard OHara	Consultant Surgeon	Nil;		Consultant Surgeon pro	None as detailed in job	Not applicable as not in	Not applicable	None;				Agree
Daniel Sedgewick	Consultant in Emergency	Non-Financial	Professor	External employment- E	Since December 2021	EOC Doctor- occasional ;	Careful rota deconflictio	None;				Agree
Daniel Sedgewick	Consultant in Emergency	Non-Financial	Professor	External Bank role- HM	July 2023-	Very occasional bank wc	Rota deconfliction	None;				Agree
Dr Dinesh Kumar	Consultant Physician	Financial;Indirect;		Joint Director for DINVA	nil	out of normal working h	intend to work in the bu	None;				Agree
Jennifer Doyle	Consultant Oculoplastic	Financial;Non-Financial	II	I have a private practice	ongoing	I do 5 PA's jobshare NHS	Geographically my priva	None;				Agree
Shoma Banerjee	Consultant Rheumatology	Nil;					Hospitality;		Bimekizumab (UBC phrn	24th Nov-25th Nov	£100 estimate	Agree
Robert McCormick	Consultant Urologist	Financial;		I am investing in a new f	Investment is being mad	Indefinite	None	None;				Agree
ANDREW COONEY	CONSULTANT	Financial;		I am CD for T&O. In my	r 2024/25/26	n/a	Currently, I do not unde	None;				Agree
Jeyakumar Singanayagar	Consultant radiologist -	Financial;		Private practice at Saxon	Private practice at Saxon	Wednesday AM 9.30 to	No interference with my	None;	Not applicable	Not applicable	Not applicable	Agree
Clare Woodward	Consultant GUM	Nil;						None;				Agree
Anwar Rashid	Consultant anaesthetist	Financial;		Private practice Saxon clinic,	Blakelands and Spir	1 day a week either at Saxon or Blakelands..	No f	None;				Agree
Preeti Dewan	Consultant anaesthesia	Financial;		Private practice at the Saxon clinic as part of con	Private practice in my fr	Work on a flexible rota t	Other;		Income from private practice			Agree
Muneer Mohammad	Consultant Gastroenter	Nil;						None;				Agree
Rachel Soulsby	Consultant Surgeon	Nil;						None;				Agree
Atif Malik	Consultant	Non-Financial	Professor	Private Practice Circle H	Ongoing	As per job plan for regul	Separate from NHS prac	None;				Agree
Sriram Naithilath	Consultant	Nil;		I am a director of a company providing anaesthesia but no	conflict with NHs job			None;			Not required to give	Agree
Vinod Kumar Daripally	Consultant	Nil;		None	n/a	n/a	nil	None;	n/a	n/a	n/a	Agree
Simon Bowman	Rheumatology Consult	Financial;		As part of my role at Uni	from 6.4.2023: Argenx, i	varies depending on der	There are no currently u	None;				Agree
Adnan Qureshi	Consultant colorectal su	Financial;Indirect;Non-F		CMR , Rise health care, f	April 2023-April 2024	Staff training, Private pr	No	None;				Agree
Janet Costa	Medicine Consultant	Nil;		N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A	Agree
Sarah Davis	Consultant	Nil;						Gifts;	Patients	Dec 2023	<£50	Agree
Dr Bajju Saradananda Pr	Consultant Radiologist	Financial;		Private practice -Saxon (	Saxon Clinic and InHealt	Saxon Clinic- 2hours. In	None	None;				Agree
Dr Dinakar Unnithan	Consultant Radiologist	Nil;		NA	NA	NA	None	None;	NA	NA	NA	Agree
Angus Campbell of Duns	Consultant Urological Su	Nil;		NA	NA	NA	None;	None;				Agree
Lucy Matthews	Consultant Neurologist	Nil;						Gifts;	small food gift from pati	December 2023		Agree
DR Cathryn Mainwaring	Consultant Geriatrician	Nil;						None;				Agree
Prof Attila Kardos	Substantive - Consultant	Financial;		Speaker fee from TomTe	October 2023, November	Stress echo course, Webinar, Grant successfully	Other;		as above	as above	Philips medical/Tomtec	Agree
Nidhi Shandil Singh	Consultant Gynaecologist	Financial;		I was preceptor on two separate days in 2024 at Lister General Hospital for	Robotic surgery and re		None;					Agree
Mitul Sharma	Consultant Histopathology	Financial;		Started private practice, Commenced in	October	Time shifted, no more t	I am on a rota and there	None;				Agree
Arjun Prakash	Locum Consultant Gastr	Financial;		Director of Medsphere L	n?A	Minimal	N/A	None;	N/A	N/A	N/A	Agree
Katie Russell	Consultant Anaesthetist	Financial;		Ad hoc Anaesthetic locu	no conflict	Ad hoc day shifts	nil	None;	N/A	N/A	N/A	Agree
Basheer Peer Mohamed	Consultant	Indirect;		I undertake private prac	throughout the year	outside the job plan	none required	None;				Agree
Joel Humphrey	consultant	Financial;		Member of LLP offering	From June 2022	Variable , out of contrac	n/a	None;				Agree
Dr Niketa Chawda	Consultant Paediatrician	Nil;		na	na	na	na	None;				Agree
Mr Adam Shakir	Consultant	Financial;		Circle Healthcare, Gene	2023 to current	8 hours / week		None;				Agree
Alison Hunt	ENT consultant and CSU	Financial;Non-Financial	I	Private practice and Dire	Rolling - I undertake priv	2.5 half sessions per week		None;			Personal preference	Agree
Mr Kailash Nakade	Consultant Gynaecologist	Nil;		not applicable	not applicable	not applicable	not applicable	None;	not applicable	N/A	N/A	Agree
Richard Craig	Consultant Trauma and	Financial;		1. Clinical private practic	5/4/23-4/4/24	8 hours per week		None;				Agree
Husham Abuleis	Consultant	Financial;		Private Practice at Saxon	First and Third Friday of	16.00-18.00	If I am on call from 17.0	None;				Agree
Jyothi Srinivas	Consultant	Nil;						None;				Agree
kadir hasan	consultant radiologist	Nil;						None;				Agree
Lilia Wong	Consultant	Nil;		Nil	Nil	Nil	Nil	None;	Nil	Nil	Nil	Agree
Bhavin Soneji	Consultant Orthodontist	Nil;						None;				Agree
Jay Joshi	Consultant Radiologist	Financial;		Vitalscan Ltd	Since February 2023	8 hours per week		None;				Agree
Jen Isherwood	Consultant breast surger	Nil;		none	none	none	none	None;	nil	nil	nil	Agree
Dr Lazlo Halmay	Consultant Cardiologist	Nil;		N/A	N/A	N/A	N/A	None;				Agree
Jonathan Mark Jenkins	Consultant Radiologist	Non-Financial	Professor	Have a role providing Ra	Ongoing since last decla	as above	n/a	None;	n/a	n/a	n/a	Agree
Alaa Nour	Fixed-term locum post.	Indirect;		I work at NGH 12 hours	: Most weeks.	12 hours a week, most v	No conflicts. Reflected o	None;				Agree
Mark Davies	Consultant Cardiologist	Financial;		Honoraria from AstraZen	e 6th March 2024, 13th Dr	1 hr outside regular work commitments		None;				Agree
julian flynn	Consultant T+O	Nil;						Gifts;	Pens and a diary from M	Nov 2023 from medi	. At A few pounds	Agree
Julian Flynn	Consultant T+O	Financial;		Private practice outside	Private practice is perfor	c. 20 hours / week	I am very clear that priv	Other;	as per previous statement			Agree
Dr Amer Saleem	Consultant Respiratory f	Nil;						None;				Agree
Ravi Madhotra	Consultant gastroentero	Nil;		none	NA	NA	None	None;	NA		NA	Agree
harry boardman	consultant cardiologist	Non-Financial	Professor	honorary contract as co	continuous	currently work 1 day a week	at OUH	None;				Agree

## Managers

Name	Role in the Trust	Type of interest (see Guidance Notes above)	Description of interest (including for indirect interests, details of the relationship with the person who has the interest)	The relevant dates of the conflict	Time commitment to the interest	Additional comments including any mitigating actions undertaken	Relevant dates (from and to)	In the last twelve months have you received any of the following? Please tick all that apply	If applicable, please indicate the origin in each case	Please provide the actual or estimated value in each case	Please indicate the date of receipt in each case
Jose Samoes	Senior Chief Cardiac Phys	Nil	N/A	N/A	N/A	N/A	N/A	None;			
Louise James	Head Optometrist	Nil	N/A	N/A	N/A	N/A	N/A	None;			
Lizzie Vella	Operational Manager- Sp	Nil						None;			
Claire Turton	Lead Occupational Thera	Nil	None	N/A	N/A	N/A	N/A	Other;	N/A	N/A	N/A
Deepa Austin	Associate Chief Nurse	Nil						None;			
Philip McCue	Point of Care Service Ma	Nil						Gifts;			
Celia Hyem-Smith	Outpatient Therapy Serv	Nil	N/A	N/A	N/A	N/A	N/A	None;	Nova Biomedical (Amazon	£50	21/03/24
Malcolm Ormond	Programme Manager	Nil	n/a	n/a	n/a	n/a	n/a	None;	N/A	N/A	N/A
Cornelia Libal	Chief Pharmacy Informat	Nil						None;			
Robyn Pape	Ward Manager, Ward 23	Nil						None;			
Alexandra Stock	Matron	Nil						None;			
Suzanne Birchall	Clinical Procurement Nur	Nil						Other;	Sponsorship to attend n	£750 to cover attendanc	28/11/23 to 30/11/23
Katherine Denning	Deputy Associate Direct	Nil						None;			
Arosha Hettiarachchi	Operations Manager - Ge	Nil	N/A	N/A	N/A	N/A	N/A	None;	n/a	n/a	n/a
Helen Chadwick	Clinical Director for Phar	Nil						None;			
Rebecca Bason	Head of Staff Health & W	Nil						None;			
Victoria Doig	Senior Sister	Nil						None;			
Wendy bellenger	Head of Practice Educati	Nil						None;			
Marea Lawford	Head of Decontaminatio	Nil						Hospitality;	cost of hotel and attendi	£100.	01.11.23- 02.11.23
Sarah Knight	Childrens Physiotherapy	Nil						None;			
Chris Lindesay	Divisional Director	Nil						None;			
Susan Delaney	Superintendent Radiogra	Nil	nil					None;			
Lisa Johnston	Head of Procurement	Nil						None;			
Osama Ezwawah	Consultant Radiologist	Nil						None;			
Lisa Antonini	Communication and Eng	Nil						None;			
Charlotte Naqvi	Workforce Lead NHP	Nil	nil	nil				None;			
Jacob Prichard	Head of Communication	Nil						None;			
Jo Klimera	ADO Education & OD	Nil						None;			
Deborah Dolling	Deputy Imaging Services	Nil	None	None	None	N/A	N/A	None;	N/A	N/A	N/A
Catherine Watson	Orthodontics/OMFS dep	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Sue Fox	Head of Financial Manag	Nil	n/a	n/a	n/a	nil return	n/a	None;			
Annie Sarmiento	Medical Matron	Nil	n/a	n/a	n/a	n/a		None;			
Georgia Meakes	HR Business Partner	Nil						None;			
Stephen Thomas	Accountable Pharmacist	Nil	None	None	None	None	None	None;	None	None	None
Jessica Canavan	IT Programme Manager	Nil						None;			
Jessica Dixon	ADO Core Clinical	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Cheryl Williams	Head of Financial Contro	Nil						None;			
Mary Plummer	Matron	Nil						None;			
Alexandra Peers	Operations Manager (Int	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Margaret Pickard	Operations manager can	Nil	N/A	N/A	N/A	N/A	N/A	None;			
Sara-Jane King	Service Manager	Nil						None;			
Sue Milner	Head of Resourcing	Nil						None;			

Emily Dawson	SACT Clinical Nurse Man	Nil							None;			
Sue Coombs	Head of Learning & Deve	Nil							None;			
Tejal Gorasia	Pharmacy Cancer Manag	Nil							None;			
Rebecca King	Superintendent Radiogra	Nil	n/a	n/a	n/a	n/a	n/a		None;	n/a	n/a	n/a
Alan Dutta-Plummer	Pharmacy Business Man	Nil							None;			
Emma Codrington	Associate Chief Nurse	Nil	N/a	N/a	N/a	N/a	N/a		None;	N/a	N/a	N/a
Grant Barker	Blood Science Manager	Nil							None;			
Melanie Kennedy	Lead Diabetes Specialist	Nil							None;			
Anthony (Tony) Marsh	Associate Director of Est	Nil	Trustee of Willen Hospic	15/2/24 -	Occasional Council Meet	N/A	15/2/24 -		None;			
Laura Crump	CNIO	Nil							None;			
Anna O'Neill	Head of Patient Safety ar	Nil				none			None;			
Helen Bass	Assistant Director of HR	Nil							None;			
Janice Styles	Consultant Midwife	Nil	NA	NA	NA	NA	NA		None;			
Ian Fabbro	Deputy Chief Informatio	Nil	No interests						None;			
Robert Holloway	IT Integration & Develop	Nil							None;			
Jane Adderley	Advanced Nurse Practitic	Nil							None;			
Emma Thorne	Safe Staffing Matron	Nil							None;			
Karan Hotchkin	Deputy Chief Finance Off	Nil	Nothing to declare	N/A	N/A	N/A	N/A		None;			
Jacqueline stretton	Head of QI	Nil							None;			
Tina Worth	Head of Patient Safety &	Nil							None;			
Jana Karaaslan	ICU and Pre assessment	Nil	NIL	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Nicola Lester	Transformation Program	Nil							None;			
Helen Botwood	Pathology Support Mana	Nil	N/A	N/A	N/A	N/A	N/A		None;			
David Wiles	Finance Systems Manage	Nil							None;			
Thomas Duncckley	Head of Employee Relati	Nil							None;			
Angela Legate	Associate Chief Nurse	Nil	N/A	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Felicity Medina	Deputy Associate Directc	Nil							None;			
Alison Marlow	Senior Communications	Nil							None;			
Amanda Brice	Cellular Pathology Labor	Nil							None;			
Jennifer Barker	General Manager Wome	Nil							None;			
Alison McEvoy	Haematology lab operati	Indirect	Sysmex user group meet	21st November 2023	28 hours		21.11.2023 to 22.11.202	Hospitality;		as described above	the cost of a room in the n/a - this was provided b	
Julie Goodman	Head of Patient and Fam	Nil							None;			
NAOMI AVERY	CLINICAL SITE MANAGER	Nil							None;			
Ben Powell	Operations Manager Che	Nil							None;			
Brayden Williams	Therapies Admin Manag	Nil	N/A	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Samantha Burns	Head of Validation	Nil							None;			
AYCA AHMED	MEDICAL EQUIPMENT M	Non-Financial Profession	NA	NA	NA	NA	NA		None;	NA	NA	NA
Divyansh Gulati	Consultant in Emergency	Nil	I am a director of a limite	None	None				None;	none	none	none
Michelle Ncube	Lead Cancer Nurse	Nil							None;			
Dawn Budd	Information Governance	Nil							None;			
Ann Gibbons	Head of IG (Job Share)	Nil							None;			
Jamie Friend	Clinical Site Manager	Nil	N/A	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Mohammed Panjwani	Finance Business Partner	Nil							None;			
Elizabeth Pryke	Dietetic Service Lead	Nil	Nil	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Vanessa Holmes	Associate Director, Chari	Non-Financial Profession	Trustee of two local char	See q 8	Harry's Rainbow 3-4 hou	Both declared and appro	Harry's Rainbow since Se	Hospitality;		Invite to the Milton Keyn	£75	21/3/2024
Sally Burnie	Head of Cancer and Canc	Nil	N/A	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Daphne Thomas	Deputy CFO	Non-Financial Profession	Member of Board of Tru	n/a	1 meeting per quarter - 2	I am a trusteee of the Ed	Both positions are curren	None;				
Emma Sarnecki	matron	Nil							None;			
Amman Chasmawala	Principal Pharmacist - Ac	Nil	n/a	n/a	n/a	n/a	n/a		None;	n/a	n/a	n/a
Viorica Voiculescu	Nurse Endoscopist	Nil	N/A	N/A	N/A	N/A	N/A		None;			
Justin Collier	Business Intelligence Apr	Nil	NA	None	None				None;	NA	None	NA
Mike Stark	Estates Manager	Nil	N/A	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Aiza Mubashir	Principal Pharmacist - Hc	Nil	N/A	N/A	N/A	N/A	N/A		None;	N/A	N/A	N/A
Lee Poulastides	Head of Informatics	Nil							None;			
Lisa Bergin	Operations Manager - Ac	Nil	n/a	n/a	n/a	n/a	n/a		None;	n/a	n/a	n/a
phil eagles	Estates Lead Strategic De	Nil							None;			
Marie Delaney	Chief Biomedical Scientis	Nil							None;			

Nicola Cornish	Medical Education Manager	Nil						None;			
Nataliya Lawson	HR Business Partner	Non-Financial Personal	I am a part of a charitable	February and March 202	N/A		Only items that are no lo	N/A	Other;	N/A	N/A March and February 202
Julia Ellaway	Superintendent Pharmacist	Nil						None;			
Heather Titcombe	Associate Director of Tra	Nil						None;			
Sarah Crane	Head of Chaplaincy	Nil	Nil	Nil	Nil	Nil	Nil	None;	Nil	Nil	Nil
Philip Ball	Freedom to Speak Up Gu	Nil						None;			
Emma Livesley	Chief Operating Officer	Nil						None;			
Claire McGillycuddy	Associate Director of Op	Nil						None;			
Navreet Ghuman	Consultant Anaesthetist	Nil						None;			
lesley kilby	ANNP	Nil	NIL	NIL	NIL	NIL	N/A	None;			
Chris Wiggins	Head of Data Engineering	Nil						None;			
laura sturgeon	Inpatient Therapy service	Nil						None;			
Hasan Raza	Consultant Physician, Cli	Nil	NA	NA	NA	NA	NA	None;	NA	NA	NA
Jill McDonald	Associate Director of Pha	Nil						None;			
Richard Oldfield	Superintendent Radiogra	Nil	na	na	na	na	na	None;	na	na	na
Nazia Hussain	Pathology Service Manag	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Caroline Catharell	Head of Costing	Nil	n/a	n/a	n/a	n/a	n/a	None;	n/a	n/a	n/a
Julie	Associate Chief Nurse , C	Nil						None;			
Hitesh Patel	Associate Director of Per	Nil	Not Applicable	Not Applicable	Nor Applicable	Not Applicable	Not Applicable	None;			
Anne-Marie James	Clinical Coding Services I	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Sally Parker	Head of HR Services & Sy	Nil	Nil	Nil	Nil	Nil	Nil	None;			
Lynn Wren	Deputy Head of Research	Nil						None;			
Rizalea Echalse	Microbiology Chief Biom	Nil	Nil	Nil	Nil	Nil	Nil	None;	Nil	Nil	Nil
Jamie Stamp	Head of Therapy	Nil						None;			
Deborah Noble	Breast Imaging manager	Nil						Gifts;	Christmas gift from surge	10.00 travel mug	december 23
Katie Selby	Women's Health Clinical	Nil						None;			
Rebecca Grindley	Programme Director	Nil						Hospitality;	Dinner with Haltian, Din	£35, £30	Sept 2023, December 2
Mike Pashler	Radiographer	Nil	Nil	N/A	N/A			None;			
patricia flynn	divisional cheif nurse sur	Nil						None;			
Natasha Parkhill	Finance Business Partner	Nil						None;			
Edward Steven Hall	Head of Hotel Services	Financial	Compass Group small sh	Shares in Compass Group	None		NHS supplies & MKUH su	Employed by Compass G		n/a	n/a
Dawn Budd	Information governance	Nil						None;			
Adam Biggs	Emergency Planning Offi	Nil						None;			
Denzil Pereira	Vascular Superintendent	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Shireen Race	Ward Manager	Nil	NA	NA	NA	NA	NA	None;	NA	NA	NA
Angela Legate	Associate Chief Nurse IP	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Matthew Burnett	Principal Pharmacist	Nil						None;			
Judy Preston	Lead Nurse Safeguarding	Nil						None;			
Sharon Robertson	Safeguarding Adults Leac	Nil						None;			
Matthew Sandham	Clinical and Operational	Nil						Hospitality;	Haltian Dinner, Morgan	£35 + £30	September and Decembe
Louise Clayton	Deputy CPO	Nil						None;			
Paula Robinson	Head of Imaging Services	Nil						None;			
Matej Kovac	eCARE Development Ma	Nil						None;			
Mahamayagodage Dias	Project lead- ISF	Nil	N/A	N/A	N/A	N/A	N/A	None;	N/A	N/A	N/A
Lisa Antonini	Communication and Eng	Indirect	Dinner with Contractors	7th December 2023	3 hours in my own time			Hospitality;		£30 approx	7th December 2023
Deborah Noble	Breast Imaging Manager	Nil						Gifts;	From surgical team at Ch	£10	December 23
Reena Raithatha	Principal Pharmacist - Vir	Nil	n/a	n/a	n/a	n/a	n/a	None;	n/a	n/a	n/a
Rebecca Blackwell	Operational Manager	Nil	N/A	N/A	N/A	N/A	N/A	None;	n/a	N/A	N/A
Lisa Viola	Neonatal Matron	Nil						None;			
Jacky Palmer	Operations Manager	Nil						None;			
Antoanela Colda	Research and Developm	Nil						None;			
rabinder randhawa	consultant chest physicia	Nil						None;			
Francisca Mngola	Principia Pharmacist Wo	Nil	NIL	N/A	N/A	N/A	N/A	None;	NA	NA	NA
Kirsty McKenzie-Martin	Matron	Nil	NIL					None;			
Roopa Kotak	HR Business Partner	Nil						None;			
Susan Delaney	Superintendent radiogra	Nil	nil	n/a	n/a		n/a	None;	n/a	n/a	n/a
Alia Al-Mahdi	Cancer and Clinical Trials	Non-Financial Profession	none	none	none			None;	n/a	n/a	n/a

Carlos Gonzalez Dominguez	Principal Pharmacist - M	Nil							None;			
Michael James Murphy	Principal Pharmacist Edu	Nil							None;			
Ollie Chandler	IT Manager	Nil							None;			
andrew kerr	Cancer manager	Nil	None	N/A	N/A	n/A	N/A		None;			
Elaine Gilbert	Divisional Chief Midwife	Nil	n/a	n/a	n/a	n/a	n/a		None;	n/a	n/a	n/a
Helen Leigh	Senior Sister	Non-Financial Personal							None;			
Andrew James	Doctor	Financial	LLP member	Ongoing	Under 1 hour		Ongoing		None;		Commercial rate	Annual

### 2023/24 FY Ending Hospitality Register and Declaration of Gifts and Hospitality

DATE VISIT/GIFT ETC	Name	DESCRIPTION OF HOSPITALITY/GIFT RECEIVED INCLUDING LOCATION IF RELEVANT	SUPPLIER OR DONATOR OF THE GIFT/HOSPITALITY, NAME OF COMPANY AND BUSINESS ACTIVITY	TITLE OF MEMBER OF STAFF RECEIVING THE HOSPITALITY OR GIFT	VALUE OF HOSPITALITY OR GIFT
N/A	Ian Reckless	Hospitality	Hosted at an HSJ dinner by Haltian (Scandinavian tech company which holds contracts with MKUH)	Consultant – Chief Medical Officer	£100
15-17 November 2023 , 15-17 Jan 2024	Shindo Puthoor Francis	Hospitality	Travel and hotel paid for by BAPIO on both occasions.	Consultant	Travel ticket and Hotel – not sure of the price
21-23rd Feb 2024	George MacFaul	Hospitality	Guest of Tillotts Pharma to ECCO 2024 Stockholm (IBD conference)	Consultant	Travel, hotel, meals and conference registration included.
December 2023	Dr Richard Butterworth	Gifts	A couple of thank you gifts from patients during Christmas 2023	Consultant	Total about £30-50
N/A	Asif Humayun	Other (Speaker Honorarium)	Speaker Grant from Astra Zeneca.	Consultant	£750
1. December 2023; 2 December 2023.	Benjamin Dietsch	Gifts	Packet of sunflower seeds given by a patient at MKUH in clinic. Value <£5. 2. Packet of shortbread biscuits (Christmas 2023) from mother of clinic patient - I gifted this to the MKUH palliative care team	Consultant	Estimated 1. £2 And 2. <£5



24th Nov- 25th Nov	Shoma Banerjee	Hospitality	Bimekizumab (UBC pharma company) educational events which included hospitality	Consultant	£100 estimate
	Preeti Dewan	Other	Income from private practice	Consultant	N/A
December 2023	Sarah Davis	Gifts	Patients	Consultant	£50
December 2023	Lucy Matthews	Gifts	small food gift from patients (biscuits and chocolates)	Consultant	N/A
Nov 2023 from medi . Ad hoc gifts from patients	Julian Flynn	Gifts	Pens and a diary from Medi braces. Very occasional chocolates / wine from patients.	Consultant	A few pounds
21/03/24	Philip McCue	Gifts	Nova Biomedical (Amazon gift card on my retirement)	Manager	£50
28/11/23 to 30/11/23	Suzanne Birchall	Sponsorship	Sponsorship to attend national conference from Medstrom Ltd	Manager	£750 to cover attendance, accommodation and transport
01.11.23- 02.11.23	Marea Lawford	Hospitality	cost of hotel and attending a 1 day seminar/ training day delivered by Steris.	Manager	£100.
n/a - this was provided by	Alison McEvoy	Hospitality	the cost of a room in the hotel and meal (approx £200)	Manager	the cost of a room in the hotel and meal (approx £200)

the company.					
21/3/2024	Vanessa Holmes	Hospitality	Invite to the Milton Keynes Business Achievement Awards (a guest of a corporate supporter) for networking and promotion of our Gala Ball event	Manager	£75
December 23	Deborah Noble	Gifts	Christmas gift from surgeons	Manager	£10.00 travel mug
September and December 2023	Matthew Sandham	Hospitality;	Haltian Dinner, Morgan Sindall Dinner	Manager	£35 + £30
7th December 2023	Lisa Antonini	Hospitality;	N/A	Manager	£30 approx.
Sept 2023, December 2023	Rebecca Grindley	Hospitality	Dinner with Haltian, Dinner with Morgan Sindall.	Manager	£35, £30

<b>Meeting Title</b>	<b>Trust Executive Committee</b>	<b>Date: 4<sup>th</sup> April 2024</b>
<b>Report Title</b>	<b>Risk Register Report</b>	<b>Agenda Item Number: 15</b>
<b>Lead Director</b>	<b>Kate Jarman, Director of Corporate Affairs</b>	
<b>Report Author</b>	<b>Paul Ewers, Senior Risk Manager</b>	

Introduction	The report provides an analysis of all risks on the Risk Register, as of 26 <sup>th</sup> March 2024.		
Key Messages to Note	Please take note of the trends and information provided in the report.		
	<b>Risk Appetite:</b> This is defined as the amount of risk the Trust is willing to take in pursuit of its objectives. The risk appetite will depend on the category (type) of risk.		
	Category	Appetite	Definition
	Financial	Open	Willing to consider potential delivery options and choose while also providing and acceptable level of reward and value for money
	Compliance/ Regulatory	Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
	Strategic	Seek	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk
	Operational	Minimal/ As low as reasonably practicable	Preference for ultrasafe delivery options that have a low degree of inherent risk and only for limited reward potential
	Reputational	Open	Willing to consider potential delivery options and choose while also providing and acceptable level of reward and value for money
	Hazard	Avoid	Preference to avoid delivery options that represent a risk to the safety of patients, staff, and member of the public
	<b>Note:</b> The Risk Appetite statements are currently under review.		
Recommendation (Tick the relevant box(es))	For Information <input type="checkbox"/>	For Approval <input type="checkbox"/>	For Review <input checked="" type="checkbox"/>

<b>Strategic Objectives Links (Please delete the objectives that are not relevant to the report)</b>	<i>Objective 1: Keeping you safe in our hospital</i> <i>Objective 2: Improving your experience of care</i> <i>Objective 3: Ensuring you get the most effective treatment</i> <i>Objective 4: Giving you access to timely care</i> <i>Objective 7: Spending money well on the care you receive</i> <i>Objective 8: Employ the best people to care for you</i> <i>Objective 10: Innovating and investing in the future of your hospital</i>

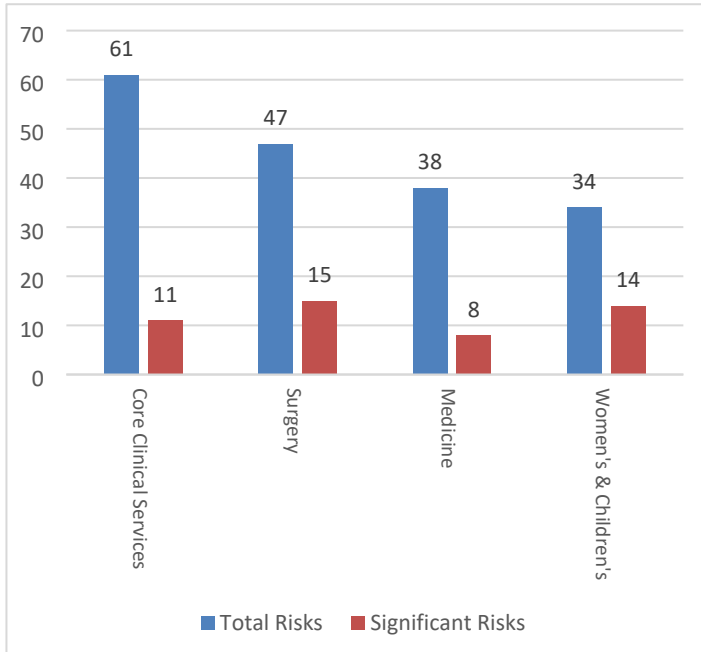
<b>Report History</b>	The Risk Report is an ongoing agenda item
<b>Next Steps</b>	
<b>Appendices/Attachments</b>	Appendix 1: Corporate Risk Register Appendix 2: Significant Risk Register

## Risk Report

### 1. INTRODUCTION

This report shows the risk profile of the Trust, the aim of providing the Committee with assurance that the Risk Management process is being effectively managed and highlighting key areas of concern.

### 2. RISK PROFILE

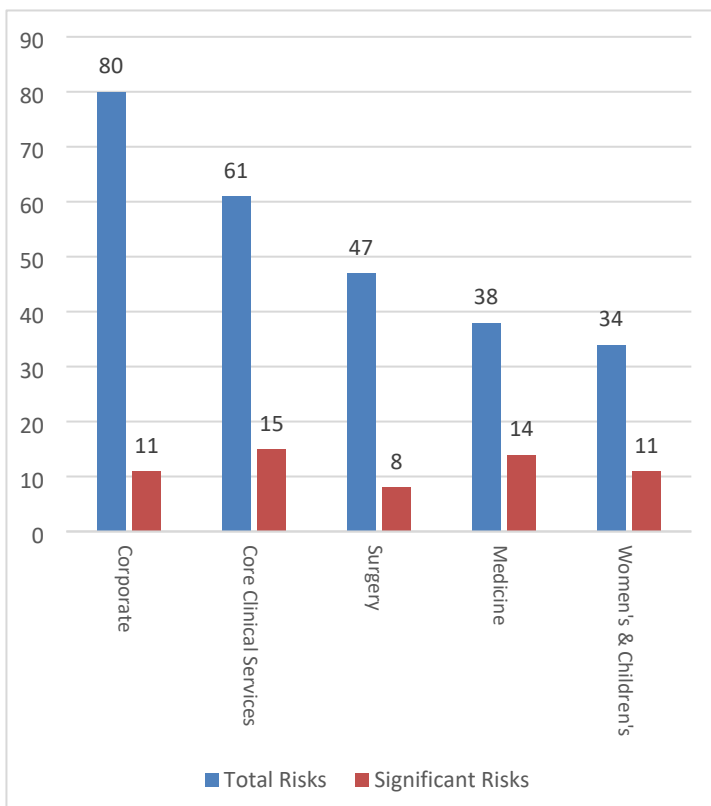


#### 2.1 Risks by Risk Category

The Risk Category chart shows that the majority of risks identified and added to the Risk Register are in relation to Operations and Hazards (Safety). These two categories make up 221 (85%) of the 260 risks, and 50 (85%) of 59 of the Significant Risks (graded 15 or above).

Strategic risks are generally recorded on the Board Assurance Framework, so it is not unexpected that there are few strategic risks on the Risk Register.

Significant (15+) risks currently make up around 23% of all risks recorded on the risk register.

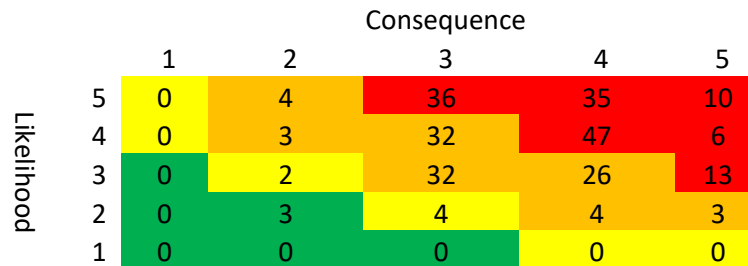


#### 2.2 Risks by Division

The Divisional chart shows that most risks identified relate to corporate departments (for example, Estates, Workforce etc). These departments represent 31% of the risks on the Risk Register. However, it should be noted that the Divisions represent 48 (81%) of the Significant risks.

## 2.3 Risk Heatmaps

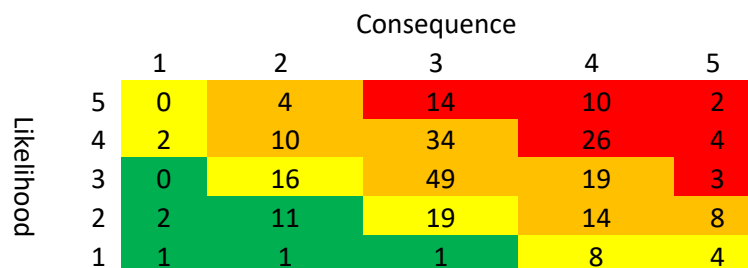
### Inherent Risk Score:



The above chart shows all 260 risks and how they are distributed in relation to their **Inherent Risk Score** (known as 'Original' score on Radar). This is the level of risk with no controls in place – in other words the level of risk the Trust would be exposed to if our controls were to fail.

This demonstrates that 147 (57%) risks were graded as significant (red) risks before any controls were put in place. 104 (40%) were graded as moderate (amber) risk and 9 (3%) risks were graded as low/very low (yellow/green) risk.

### Current Risk Score:

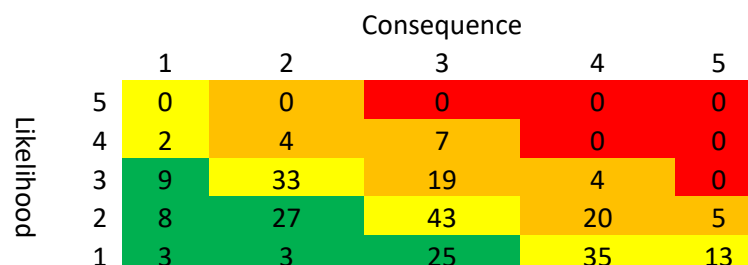


The above chart shows all 260 risks and how they are distributed in relation to their **Current Risk Score**.

This demonstrates that 59 (23%) risks are currently graded as significant (red) risks, 138 (53%) are currently graded as moderate (amber) risk and 65 (25%) risks are currently graded as low/very low (yellow/green) risk.

Comparing the Inherent Risk Score and Current Risk Score heatmaps, they show the impact the Risk Owners feel the controls are having on the risks. For example, before controls 147 significant risks were identified whereas, when taking the existing controls into account, this has reduced to 59.

### Target Risk Score:



The above chart shows all 260 risks in relation to their Target Risk Score.

There are no risks where the Target Risk Score is significant. There are 59 (23%) risks that have a moderate Target Risk Score – these will need reviewed to ensure that the score aligns with Trust's risk appetite. The remaining 201 risks (77%) have a low/very low Target Risk Score.

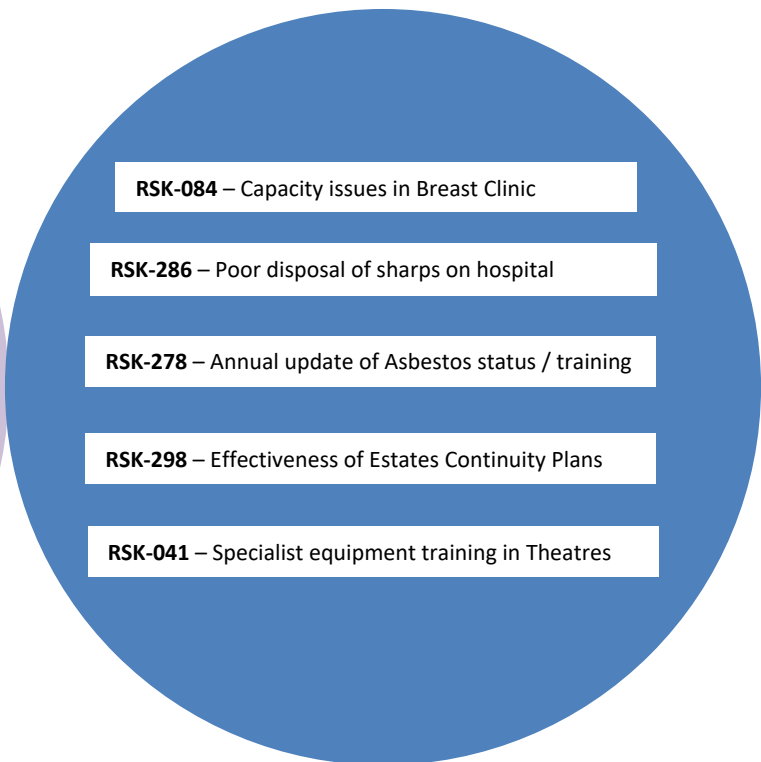
## 2.3 High Consequence / Low Likelihood Risks

There are 12 risks (a decrease of 1 from the last report) where the potential consequence is graded a major or significant (4 or 5) and the likelihood of them occurring is rare (1). Due to the mathematics of the Risk Matrix scoring, this means that they are considered low risk; however, they have the potential to be significant risks should they happen. The below graphic demonstrates how these risks are distributed across the Divisions and which risk are on the Corporate Risk Register.

### Corporate Risks



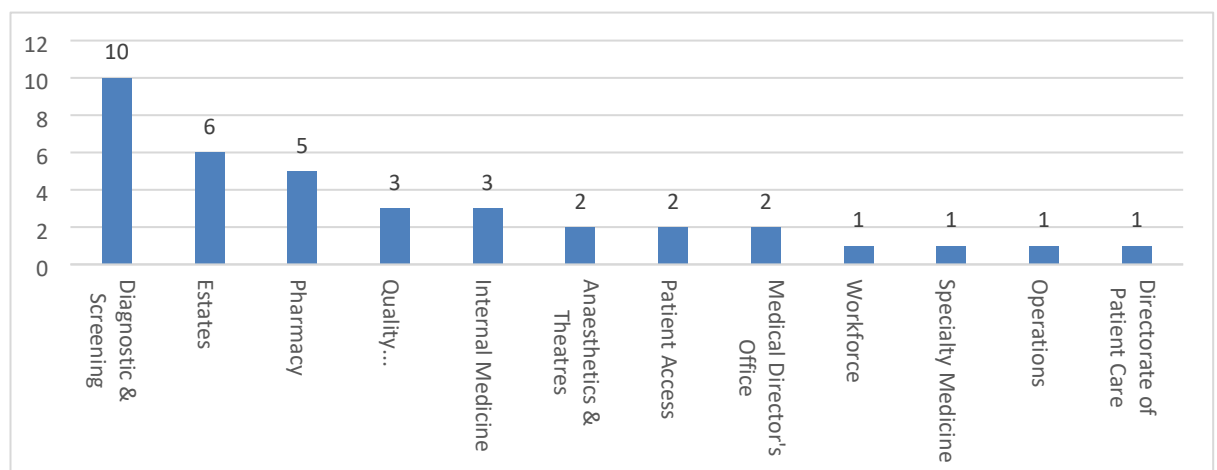
### Divisional Risks



## 3. OVERDUE RISKS

At the time of reporting, there were 37 risks out of 260 risks (14%) overdue their review date. This represents **an increase of 17**.

### 3.1 Total Overdue Risks by CSU/Corporate Department



**3.2 Risks Overdue Review > 1 month = 4.** This is a **decrease of 7** since the last report.

#### 4. NEW RISKS = 7

Radar Reference	Lead Department / CSU /Division	Risk Owner
RSK-519	Diagnostic & Screening – Pathology	Alison McEvoy
RSK-520	Head & Neck – Eye Clinic	Denise Holland
RSK-521	Head & Neck – Eye Clinic	Denise Holland
RSK-522	Internal Medicine	Estelle Cawley
RSK-523	Women's Health	Elaine Gilbert
RSK-525	Internal Medicine	Estelle Cawley
RSK-528	Anaesthetics & Theatres	Arabelle Casey

*Please refer to the appendix for more information on each risk.*

#### 5. CLOSED RISKS = 2

Radar Reference	Risk Owner	Closure Reason
RSK-406	Ayca Ahmed	We have been monitoring the delivery lead times for medical equipment since this risk was identified and put in place. The risk is no longer applicable due to improved delivery lead times which are similar to previous years, from 4 weeks to 12 weeks depending on the supplier and product availability via NHSSC.
RSK-407	Catherine Watson	Risk Owner advised that this is a duplicate of RSK-396. Request for this risk to be closed.

*Please refer to the appendix for more information on each risk.*

#### 6. CHANGING RISKS

##### Risks that have increased: 2

RSK-035	High staff turnover in Pharmacy	Current Risk increase from 16 to 20
RSK-202	Financial Efficiency Schemes not fully developed	Current Risk increase from 16 to 20

##### Risks that have decreased: 5

RSK-159	Occupational Therapy/Physio vacancies/capacity	Current Risk reduced from 15 to 10
RSK-436	Additional Elective Surgery lists	Current Risk reduced from 12 to 9
RSK-521	Eye Clinic Ultrasound Machine	Current Risk reduced from 16 to 9

#### 7. RISK MANAGEMENT TRAINING

From March 2023 there has been a programme of monthly 'Risk Management Simply' training sessions scheduled. The session is mainly aimed at managers and Risk Owners; however, it is suitable and available to any staffing member wishing to attend the course. The Risk Management Simply training session is also part of the MK Manager's Way training programme led by the Workforce team.

**Number of staff trained this month: 14**

**Total number of staff trained: 198**

## 8. RECOMMENDATION

The Committee is asked to review and discuss this paper.

### Key recommendations/decisions for Committee:

The committee is asked to commission the Divisions/Corporate areas to review the risks highlighted in section 2.3 and provide feedback at the next TEC meeting, re what assurance they have that the appropriate controls in place to mitigate the risk. Where controls are outstanding, Divisions to provide an update on progress and an expected completion date.

## DEFINITIONS

<b>Scope:</b>	Scope will either be Organisation or Region. Risks that are on the Corporate Risk Register are assigned the Organisation scope. Risks that are on the local CSU/Division/Corporate Department Risk Registers are assigned the Region scope.
<b>Original Score:</b>	<b>This is the level of risk without any control in place.</b> If the controls in place are not effective and fail, then this is the level of risk the Trust could potentially face, should the risk occur. The score should be used to support the prioritisation of risk activities. Where two Current Risk Scores are the same, the risk with a higher Original Score should be managed first as it has the potential to cause a higher risk, should the controls fail.
<b>Current Score:</b>	<b>This is the level of risk taking into consideration all implemented controls.</b> This is the level of risk the Trust is currently exposed to if the risk was to occur now. You should also consider how effective your controls are. The Current Score is the key risk score used for prioritising risks. However, if you do not have assurance your controls are effective and/or you have two risks with the same Current Score, you should also consider the Original Score.
<b>Target Score:</b>	<b>This is the level of risk that is deemed acceptable, bearing in mind it is not always possible to eliminate risk entirely.</b> I.e. what is will the level of risk be once all suitable and appropriate controls have been implemented? The Target Score should take into account the Trust Risk Appetite Statement (see the Risk Management Framework) which guides the level of risk the Trust is willing to accepted, based on the type of risk. For example, the Trust has a low-risk appetite to risks that could result in harm (these should be managed to as low as reasonably practicable).
<b>Risk Appetite:</b>	The Risk Appetite should be reflective of the level of risk the Trust is willing to accept in pursuit of its objectives. Please see further details regarding the Trust Risk Appetite Statement in the Risk Management Framework.
<b>Risk Response:</b>	Risks that are being managed and are at their Target Risk Score, will be listed as Tolerate. This means that no further action is required, other than ongoing review of the risk. Risks that require further controls to the implemented to bring the score to the Target Risk Score, will be listed as Treat.
<b>Significant Risk:</b>	There are risks where the Current Risk Score is graded 15 or above.



Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-409	<p>IF the demand within the ED department outweighs the departments capacity</p> <p>THEN there could be increased waiting times for patients to be seen; there could be increased triage times, privacy and dignity of patients may be compromised; there could be increased violence and aggression towards health care providers; long length of stay for specialty patients in ED; delayed ambulance handover</p>	LEADING TO medical condition being exacerbated with delayed treatment/hospitalisation/death; privacy and dignity compromised, poor patient experience leading to complaints/claims; vulnerable adults on trolleys in corridor in majors; Lack of space to hoist patients' safety, lack of dignity and respect in hoisting patients in middle of department ;Increase risk of stress and morale burnout of staff due to an inability to give basic nursing care to patients; Trapped in the event of incident/insufficient space to evacuate promptly leading to potential physical injury; Nurses do not have the necessary specific skills or competence to monitor speciality patients in ED such as oncology, Cardiac, gynaecological, endocrinology and acute care of the elderly patients requiring increased enhanced observation; the Trust may receive increased complaints, claims/litigation, enforcement leading to financial penalties/enforcement notices – breaches of Health & Safety at Work etc Act 1974, Manual Handling Operations Regulations 1992, Management of Health & Safety at Work Regulations 1999, Workplace Health Safety & Welfare Regulations 1999; Trust may be in breach of RCEM guidance; negative affect on recruitment and retention - low levels of staffing	Region	Emergency Department	Kirsty McKenzie-Martin	13-Mar-2024	16-Apr-2024	Planned	15	25	8	Review mental health pathways (13-Mar-2024), Reviewing specialist pathways to support flow within ED department (30-Jun-2023), Ongoing Training needs analysis to identify gaps in knowledge (08-Nov-2023)	Rapid assessment and treatment (RAT) in place to support early identification and treatment of acute illness / trauma(13-Dec-2022), RAT area is monitored by a nurse in charge and emergency physician in charge (EPIC) to safety triage patients and initiate any specific tests/ scans or referrals to specialists(13-Dec-2022), Hospital ambulance liaison officer (HALO) in place to support Ambulance off loads.(13-Dec-2022), Daily escalation of pressures in department at site meetings(13-Dec-2022), ED dashboard updated to evidence escalation at site meetings(13-Dec-2022), Escalation to divisional directors for speciality support as requested(13-Dec-2022), Identified nurse to support with complaints in department(13-Dec-2022), Streaming nurse supports with quick rapid assessment and streaming to alternative service accordingly(13-Dec-2022), Standard Operating procedure to support streaming service and expectations of streaming nurse(13-Dec-2022), Streaming nurse to support with quick triage and observations of patients accordingly to ensure high risk patients are diverted	Low	Treat	Risk approved at ED CIG and by triumvirate	20-Sep-2022
RSK-438	<p>IF children and young people &lt;17-years waiting for a mental health bed or a mental health assessment, have an increased length of stay in the Emergency Department</p> <p>THEN the patients may have an increased waiting time; exposure to acute traumatic incidents potentially triggering challenging behaviours; increased pressure on staff</p>	LEADING TO increased risk of self-harm and suicide; increase in complaints; poor patient experience; increased risk of violence/abusive towards staff; staff absence/low morale/stress;	Region	Emergency Department	Kirsty McKenzie-Martin	13-Mar-2024	16-Apr-2024	Planned	15	25	12	Reviewing specialist pathways to support flow within ED department (13-Jul-2023)	Daily escalation of pressures in department at site meetings, (07-Mar-2023), Staff support escalated daily to the Matron of the day at safety huddle(07-Mar-2023), Escalation meetings daily with relevant stakeholders to discuss care and support(07-Mar-2023), CAHMS provide RMN support, if unable escalated at site meeting(07-Mar-2023), Escalation to divisional directors for speciality support as appropriate(07-Mar-2023), ESR training in place to support development of staff(07-Mar-2023), Identified nurse to support with complaints in department(07-Mar-2023), If appropriate and on appropriate risk assessments carried out, patients can use ward 4 or 5 for a shower(07-Mar-2023), Meals provided by cook chill(07-Mar-2023), Families if appropriate encouraged to stay to support patient(07-Mar-2023), In the adult ED Panic button in place in Minors(07-Mar-2023), Body cam worn by staff in high-risk localities	Low	Treat	Risk description simplified following review at Risk & Compliance Board (05/04/23)	08-Nov-2022
RSK-016	<p>IF there is a lack of flow in the organisation</p> <p>THEN there may be an unsafe environment for patients</p>	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	Organisation		Kirsty McKenzie-Martin	13-Mar-2024	16-Apr-2024	Planned	25	20	12	Recruitment drive for more nurses/HCA's ongoing. Active management of Nursing/Consultant and Registrar gaps in rota daily to ensure filled. (13-Mar-2024), Walking majors and resus reconfigured. Expanded Cubicle space in Majors - extra 10 spaces, increased capacity using Acorn Suite., Internal escalation policy in place. CSU lead developing trust escalation criteria to alert trust leads to problems sooner - diverting patients to; Ambulatory care, Since Covid pandemic, phasing plan in place with red and green zones within ED., Escalation plan for ED to mitigate patient pressures	EPIC consultant in place to aid flow within department and speed up decision making(22-Sep-2021), RAT-ing process and specialty referrals having a RAG system developed to prioritise sickest patients to be assessed.(22-Sep-2021)	Low	Treat	No change	07-Mar-2016

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-035	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.  THEN there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines.	LEADING TO: 1. increased length of stay due to TTO delay 2. increase in prescribing errors not corrected 3. increase in dispensing errors 4. increase in missed doses 5. failure to meet legal requirements for safe and secure use of medicines 6. harm to the patients 7. adverse impact on mental health of Pharmacy staff All resulting in adverse patient outcomes. Lack of financial control on medicines expenditure <del>Break of RCG regulations</del>	Organisation		Helen Chadwick	05-Mar-2024	05-Apr-2024	Planned	20	20	6	Actively recruiting staff (01-Dec-2023), Add R&R	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)	Low	Treat	worsening situation with a number of losses at senior level	07-Aug-2019
RSK-110	IF MKUH does not have a dedicated maternity triage area separated from ADAU, with dedicated staffing. THEN calls are answered by a variety of staff and in times of high activity, calls are missed, the staff that are answering the calls are being taken away from other competing priorities AND Delays to triage and ongoing care to service users And Delays to ADAU service users.	LEADING TO service users not being able to access advice resulting in delayed presentation; potential financial risk to the trust should adverse outcomes occur as a result; service users not being triaged and assessed for urgency of clinical need resulting in delayed assessment and possible adverse outcome; Day assessment users being seen alongside triage users results in delays of care with increased risk of poor outcomes and missed care. Poor experience leading to and increase complaints	Region	Women's Health	Natalie Lucas	12-Mar-2024	30-Apr-2024	Planned	16	20	6	Compliance to new pathway audit (15-Sep-2023), Assess feasibility of moving ADAU into a separate area from triage with costing (15-Feb-2024), Review staffing establishment for triage and ADAU to create separate establishment. (23-Feb-2024), Review opening hours for ADAU to assess feasibility for increased opening hours (15-Feb-2024), Identify and create area for telephone triage which is away from the acute triage area (15-Feb-2024), Review obstetric contact for triage and ADAU to ensure timely escalation and review of patients, GAP triage guideline with recent RCOG triage best practice, Review sluice area to have adequate space for testing such as PiGF and FFN (15-Feb-2024), Round table to discuss Triage pathways/processes and procedures., Review feasibility of recording calls within triage for quality and training purposes (28-Mar-2024)	1. Currently unable to staff a dedicated phoneline(26-Oct-2021), 2. RAG rating in place to mitigate current lack of formal maternity triage system(26-Oct-2021), BSOTS was partially put in place and is being audited weekly.(26-Oct-2021), Triage band 7 post to be advertised(12-Apr-2022), Submit business plans for change to the area to support the implementation of triage(27-Apr-2022), Implement MEOWs into maternity(27-Apr-2022), Review the staffing model(27-Apr-2022), Risk assessment to be performed in relation to Triage to understand if the implementation has been successful or if further changes are required(13-Nov-2023), Risk assessment to be performed in relation to Triage to understand if the implementation has been successful or if further changes are required(13-Nov-2023), Review staffing establishment for triage and ADAU to create separate establishment.(15-Dec-2023), Review sluice area to have adequate space for testing such as PiGF and FFN(15-Dec-2023),	Low	Treat	No change to risk	06-Sep-2021
RSK-131	IF the cross-sectional imaging demand continues to increase for CT, MRI and ultrasound. THEN image acquisition and report generation turnaround times will significantly be delayed. This is due primarily from a lack of staffing capacity rather than equipment capacity.	LEADING TO delayed diagnosis and treatment with ultimately poorer patient health outcomes. As well as reputational damage due to long patient imaging waits and financial penalties being incurred from the department of health due to a lack of adherence to internal KPI'S and more importantly DMO1 national imaging datasets. Imaging team members also being affected and decreasing recruitment and retention ability due to pressurised working conditions. Pertaining to cancer pathways, potential increase in the required treatment, potential poorer prognosis for patient, poor patient experience, increase in complaints and litigation cases.	Region	Diagnostic & Screening	Paula Robinson	24-Nov-2023	19-Dec-2023	Overdue	20	20	9	Business Case to be developed for Radiographers (24-Nov-2023), Review of Radiologists - demand and capacity (24-Nov-2023), Recruitment of staff (24-Nov-2023)	Extended working hours and days(04-Nov-2021), Some scans sent off site to manage demand(04-Nov-2021), Reduced appointment times to optimise service(04-Nov-2021), New CT Machine to be implemented(19-Apr-2022)	Low	Treat	Risk remains high. Service is reliant on agency to support service. Increased demands on service and workload pressures. Unable to meet demand with current capacity mostly due to staffing deficit.	01-Jun-2021
RSK-134	If there is insufficient funding, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims,	Leading to service failure and regulatory intervention  THEN the Trust will be unable to meet its financial performance obligations or achieve financial sustainability	Organisation		Karan Hotchkin	11-Mar-2024	11-Apr-2024	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	High	Treat	Risk transferred from Datix	01-Apr-2022

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-202	IF Financial Efficiency schemes are not fully developed  THEN There is a risk that the Trust will not deliver the required level of savings	LEADING TO potential cash shortfall and non-delivery of its key targets	Organisation		Karan Hotchkin	20-Mar-2024	11-Apr-2024	Planned	20	20	8		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	Medium	Treat	Risk transferred from Datix	01-Apr-2022
RSK-305	IF there is insufficient strategic capital funding available in relation to NHP  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	LEADING To financial loss and reputational damage	Organisation		Karan Hotchkin	20-Mar-2024	11-Apr-2024	Planned	16	20	10	Trust is discussing this with the regional Capital Team and with the ICB capital allocations for 23/24. (11-Mar-2024)	The trust has a process to target investment of available capital finance to manage risk and safety across the hospital(06-Dec-2021), 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 funding(04-Sep-2023)	Medium	Treat	On-going conversations with regional and national capital team	01-Apr-2022
RSK-374	IF patients on the cancer pathway wait longer than 62 days  THEN there is the risk treatment has been delayed,	LEADING TO potential harm a risk of potential harm physical or psychological or both	Region	Haematology & Oncology	Sally Burnie	19-Dec-2023	31-Mar-2024	Pending	12	20	8	weekly restore and recovery clinical meetings and weekly operational meetings (13-Jun-2023)		Medium	Treat	Risk continues as high due to current cancer performance and harm review processes in place, ADOs and Execs aware and performance reports produced for TEC	05-Aug-2022
RSK-411	IF child protection medical assessments continue to be undertaken with current workforce arrangements within the Paediatric Assessment unit (PAU) as part of the current consultant and junior doctor and nursing workload .  THEN there will be issues regarding the current workflow and clinical risk within a busy acute/emergency area.	LEADING TO delays and avoidable risk in being able to complete the medical assessments as per RCPCH guidelines and completion of medicolegal child protection reports for multiagency partners and court with the subsequent impact of children suffering further abuse/neglect or death.	Region	Child's Health	Keya Ali	13-Mar-2024	08-Apr-2024	Planned	20	20	10	Junior doctor rota to include allocated slots in the week for child protection medical assessments and report writing (16-Aug-2023), Time for child protection medical assessments to be factored into consultant's job plans with additional consultant on the rota for child protection medical assessments and supervision as per RCPCH standards. (16-Aug-2023), Protected SPA time for Medical Report writing and formal peer review processes. Time for paediatric consultants to meet with junior team and deliver education on interpretation of injuries, multiagency working and child protection processes. (16-Aug-2023), In other areas the service is provided by community paediatricians. Trust to offer service for children under the age of two years only. Further discussions with BLMK ICB to progress this issue (16-Aug-2023), To include child protection activity within the winter escalation policy with a clear process as to how this activity will be managed safely given bed pressures (PAU closed to admissions and children to be seen in PED). (16-Aug-2023), To move location to an outpatient or day care setting ensuring appropriate IT support/ equipment and support staff/ chaperone available. (16-Aug-	Clinicians currently try and complete this work within regular workload or work additional hours without remuneration.(20-Dec-2022), Wherever possible the examinations are undertaken during the quieter times to enable an appropriate chaperone is present.(20-Dec-2022), Wherever possible cubicles are used for examinations(20-Dec-2022), The safeguarding nurses try and make themselves available. This has an impact on safeguarding team's capacity.(20-Dec-2022), HIE access on eCare SystmOne on certain computers only.(20-Dec-2022), Social worker requested to attend medical assessment(20-Dec-2022)	Low	Treat	Reviewed no change to risk	28-Sep-2022

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-417	<p>IF the Gastroenterology Department has an overwhelming number of new and follow up patients on their waiting list, and there is a significant demand on follow up capacity</p> <p>THEN there may be insufficient capacity to meet the demand on the service and recover the backlog of patients</p>	LEADING TO Patients not being seen in a timely manner, Urgent referrals not being seen as quickly as they should, poor patient experience, competing priorities between new and follow up demand.	Region	Specialty Medicine	Elizabeth Vella	16-Jan-2024	31-Mar-2024	Pending	20	20	10	PTL validation of all patients over 18 weeks (02-Oct-2023), Admin validation of Non-RTT (02-Oct-2023), Recruitment of nursing staff to enable more OPA capacity and implementation of IBD PIFU (28-Mar-2024)	Patients Expedited through WLI sessions(13-Jan-2023), Triaging of referrals where possible(13-Jan-2023), Slot utilisation report has been created and used by Patient Access and Medicine Division to ensure all slots are fully utilised and not wasted.(13-Jan-2023), Patient Pathway Coordinators ensure results are reviewed and follow up appointments booked when needed- linked to PTL validation.(13-Jan-2023), Clinical Validation of the non-RTT starting with the most overdue patients. This relies on free sessions and is slow progress at 25 patients per session.(13-Jan-2023), PIFU is implemented in Gastro, only small numbers of around 10-15 per month. Clinical triage is increasing numbers being put on PIFU.(13-Jan-2023), Patient Pathway Coordinators are now starting to review some clinics ahead of time to identify any duplicate appointments.(13-Jan-2023), One off report was run identifying over 200 duplicates, all duplicates were removed by Medicine Division.(13-Jan-2023),	Low	Treat	Risk reviewed at Specialty Medicine CIG - No changed to risk.	21-Oct-2022
RSK-427	<p>IF there is an increase in demand for inpatient and ED CT scans</p> <p>THEN some scans will be routinely waiting a number of days to be performed.</p>	LEADING TO potential delays to patient treatment; delays to discharge.	Region	Diagnostic & Screening	Michael Pashler	14-Dec-2023	31-Mar-2024	Pending	16	20	6	Purchase and installation of 4th CT scanner (15-Sep-2023), Recruitment of Radiographers (15-Sep-2023)	Recruitment of Imaging Assistants(08-Feb-2023), Patients are prioritised based on clinical urgency to minimise risks as best as possible(09-Feb-2023), Adopting a fluid approach to managing the workload. Adapting to changes in priority at short notice (09-Feb-2023)	Low	Treat	JD review and planned recruitment. Risk remains high due to staffing pressure and wait times.	20-Oct-2022
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>	LEADING TO: 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 2.Chief BMS having to cover shifts and calling people on sickness leave to help cover shifts due to lack of staff 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 4.Risk of losing limited expertise knowledge from department due to sickness 5.The inability to provide resilience cover for shifts due to having insufficient numbers enough to cover the shifts. 6.Increase in overdue governance and quality tasks 7.More samples are marked ‘urgent’ as clinicians hear of possible delays which exacerbates the problem. 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 9.Senior scientific staff spend more time doing routine bench work to address the increase, compromising laboratory governance issues 10.Increasing levels of stress related sickness and turnover of staff, sickness rate is around 6% 11.Lack of trained and competent staff impacts on the training and development of new and existing staff members	Region	Diagnostic & Screening	Rebecca Potter	22-Mar-2024	19-Apr-2024	Planned	20	20	8	Recruitment of staff (22-Mar-2024), Recruit Haematology bank Bnd 4 resource (19-Jan-2024), Recruit Chemistry bank Bnd 6 resource (22-Mar-2024), Training & Competency progression new staff (22-Mar-2024), Sickness Monitoring (22-Mar-2024)	Use of Agency, Locum and Bank Staff(17-May-2023), Currently utilising the 8a Chief BMS to cover shifts where possible.(17-May-2023), Prioritisation of urgent work(17-May-2023), Existing staff offered overtime(17-May-2023), Increase WTE staff resource in Chemistry within budget(23-Jun-2023), Recruit Haematology agency Bnd 6 resource(23-Jun-2023), Recruit Chemistry Agency Bnd 6 resource(23-Jun-2023)	Low	Treat	CBMS's still covering OOH rota	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>	LEADING TO delays to patient diagnosis and treatment, potential missed diagnosis; increased stress / increased sickness and potentially inability to retain staff	Region	Diagnostic & Screening	Michael Pashler	14-Dec-2023	31-Mar-2024	Pending	20	20	6	Recruitment of staff (15-Sep-2023)	Prioritising 2WW patients at the expense of urgent, routine and planned/cancer follow-up patients(27-Jun-2023), Signposting patients to PALS Team, where appropriate(27-Jun-2023)	Low	Treat	JD reviewed and planned recruitment.	22-Jun-2023

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-472	IF staff and service users (Trustwide) are subject to violence and unacceptable behaviour  THEN staff/services users may sustain physical/psychological injury	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	Organisation		Anthony Marsh	26-Mar-2024	26-Apr-2024	Planned	25	20	10	Widen environmental study to consider patients with mental health, learning disability, dementia etc – holistic approach to care, environment, distraction therapies (10-Jan-2024), Review breakaway training provision ensure rolling programme in place Update to Conflict resolution training to include what to do in the event of an incident, support, what happens next (18-Dec-2023), Training for staff in managing patients with mental health, learning disability, dementia etc De -escalation procedure/techniques (22-Mar-2024), Listening events on the road, staff engagement sessions (11-Dec-2023), Ensure feedback from incidents to staff and lessons learnt shared amongst wider organisation (22-Mar-2024)	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	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	31-Jul-2023
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	Organisation		Tina Worth	07-Mar-2024	31-Mar-2024	Pending	20	16	12		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,	Low	Treat	Overall incident reporting rate has shown to be increasing. referenced in governance meetings that certain types of incidents remain lowly reported though.	06-Sep-2021
RSK-036	If there is no capacity in the Pharmacy Team  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	Leading to: Potential for Policies & Procedures to be out of date Potential for staff to follow out of date Policies & Procedures Failure to meet CQC requirements Lack of guidance for staff Potential harm to patients	Organisation		Helen Chadwick	05-Mar-2024	01-May-2024	Planned	16	16	6	Recruitment of staff (05-Mar-2024)	Use of remote bank staff to update policies(28-Sep-2021), Business Case for additional Pharmacy staff(19-Apr-2022)	Low	Treat	governance gap analysis in process	01-Oct-2021
RSK-053	IF the old building management system (BMS) does not effectively regulate the temperature within orthopaedic theatres 11 & 12. THEN when the the outside temperature is warm, and the temperature in theatres increases to above 25-26 degrees theatre staff are unable to regulate this from the theatre suite, and estates are also unable to reduce the temperature.  **The recommended temperature perform orthopaedic surgery is 19 -20 degrees.	LEADING TO Patients – increases the possibility of infections, performing joint replacements at higher temperatures goes against manufacturers recommendations when using bone cement as the cement sets too quickly. Cancellations in surgery,  Staffing - This also has a detrimental impact of staff that could be wearing x-ray gowns and are scrubbed, wearing gowns, gloves & face masks, making the staff and clinicians feel unwell and unable to work.	Region	Anaesthetics & Theatres	Arabelle Casey	31-Jan-2024	30-Jun-2024	Planned	9	16	4	Implementation of surgical block as part of new hospital build	Estates department are currently investigating. We are unable to put controls into place at this time.(01-Oct-2021), Improved alignment with Estates to investigate issues and make plans to resolve(03-Jun-2023), Plan in place to resolve issues with AHU for 27th-29th December(07-Dec-2023)	Low	Treat	NO further update	18-Jun-2021



Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-055	IF the staffing within theatres is not made adequate THEN the elective and emergency operating lists will not be covered	LEADING TO not achieving the required target and potentially cancelling patients, which will increase patient waiting times, reduction in income and increased costs to fulfil staffing i.e. Agency and Bank spend	Region	Anaesthetics & Theatres	Arabelle Casey	10-Mar-2024	30-Jun-2024	Planned	12	16	9		<p>This risk is currently being mitigated by the use bank, approx. 80 /100 shifts of varying lengths per week. Agency staff approx. 300 hours per week.</p> <p>Even with the additional support from bank and agency staff we still struggle to provide staff for all sessions, this has recently led to cancelling lists.</p> <p>These risks are exacerbated when staff are off sick or absent for training / annual leave.(01-Oct-2021), GAPS: There are significant gaps in the theatre rota - 19 WTE posts are required to meet latest review of theatre staffing requirements.(01-Oct-2021), Recruited to 8x WTE(27-Apr-2022), Recruited 5x International Nurses(27-Apr-2022), Approval of Business Case for 10x additional members of staff(27-Apr-2022), 10x additional members of staff to be recruited(27-Apr-2022), Recruitment programme is underway(13-Jun-2022), Recruitment evening 20th March(03-Jun-2023)</p>	Medium	Treat	Robust rolling recruitment programme in place 17 x Agency staff in place 14 x International nurses now recruited Workforce Business Case being presented to Execs 10.02.23	24-Jun-2021
RSK-080	IF the pathway unit is not in place THEN moderate to severe head injury patients will not be appropriately cared for and will not be treated in accordance with NICE guidance (CG176: Head injury: assessment and early management, updated September 2019) These patients may frequently fall under the remit of the T&O Team or be nursed on a surgical ward when they should be under a neurological team.	LEADING TO Potential reduction in patient safety - T&O surgeons and nursing teams may be unaware of how to care for patients with moderate to severe head injuries especially patient who are anticoagulated. Clinicians may have to wait for an opinion from the Tertiary Centre staff training, competency and experience Serious incidents Reduced patient experience	Region	Musculoskeletal	Jane Waddington	25-Mar-2024	16-Apr-2024	Planned	12	16	8		<p>- On going discussions with Senior Medical Team</p> <p>- CSU Lead to escalate via trauma network</p> <p>- Alert process is in place for escalation within T&amp;O &amp; externally.</p> <p>- Resources available at tertiary site for advice/support(15-Oct-2021), 1, 2 c&amp; 3. mitigating controls</p> <p>- Policy for management of head injuries has been developed</p> <p>- Awaiting appointment of head injury liaison Nurse</p> <p>- Long term plan for observation block to be built.(15-Oct-2021), GAPS:</p> <p>- Trust is not in line with other trauma units - Regional trauma centre advises head injury should not be managed by trauma and orthopaedics and after 24 hours the patient should be referred to neurosurgery.</p> <p>- Potential delay in opinion from Tertiary Centre(15-Oct-2021), Implementation of Pathway Unit(27-Apr-2022)</p>	Low	Treat	Risks graded 8 or above must be reviewed at least monthly. Therefore Risk Review Due changed to 21st July 2023	14-Jul-2011
RSK-088	IF there is overcrowding and insufficient space in the Neonatal Unit.  THEN we will be unable to meet patient needs or network requirements (without the increase in cot numbers and corresponding cot spacing).	LEADING TO potential removal of Level 2 status if we continue to have insufficient space to adequately fulfil our Network responsibilities and deliver care in line with national requirements.	Region	Child's Health	Lazarus Anguvaa	13-Mar-2024	08-Apr-2024	Planned	25	16	9	<p>New Women's &amp; Children's hospital build, Discussions with network to ensure appropriate admission/transfers into unit wherever possible</p> <p>Increase in accommodation added to capital plan (09-Mar-2023),</p> <p>Overcrowding at bedside - ensure prompt removal of equipment when not required. Wall mounted equipment to allow access at cotside</p> <p>Ultimately will not be resolved until new build has been completed and NNU moves across (09-Mar-2023)</p>	<p>1. Reconfiguration of cots to create more space and extra cots and capacity, though this still does not meet PHE or national standards(15-Oct-2021), Business Case for Refurnishing Milk Kitchen and Sluice(15-Oct-2021),</p> <p>2. Parents asked to leave NNU during interventional procedures, ward rounds etc. Restricted visiting during COVID(15-Oct-2021),</p> <p>3. Added to capital plan(15-Oct-2021), x1 cubicle has been removed to provide additional space for staff(09-Mar-2023)</p>	Low	Treat	Reviewed by triumvirate - no change	19-Dec-2022
RSK-107	IF uterine artery doppler are not performed for pregnant women who meet the criteria according to SBLv3  THEN there will be non-compliance with the recommendations by the Saving babies Lives bundle V3	LEADING TO pregnant women with HIGH RISK factors for fetal growth restriction who are at increased risk of perinatal mortality if there is failure to recognize increased risk of & fetal growth restriction and failure to serially scan them from 28 weeks; There will be missed opportunities to discuss high risk cases for early input with fetal medicine team	Region	Women's Health	Faryal Nizami	12-Mar-2024	30-Apr-2024	Planned	16	16	6	Complete 3 months of audits for assurance that implementation has been successful (12-Mar-2024)	We are offering serial scans from 28 weeks to all high risk women which has put significant pressures on demand and capacity of the ultrasound department.(26-Oct-2021), Sonographers to be trained in UAD scanning(27-Apr-2022), Review with Obs and USS when in the service the dopplers will be implemented(12-Oct-2022), Obs USS SOP to be updated to align with fetal growth assessment guideline(07-Mar-2023)	Low	Treat	No change to risk. Awaiting further auditing to demonstrate compliance.	24-May-2021

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-126	<p>IF cot spacing in the Neonatal Unit does not comply with BAPM guidance or the latest PHE guidance for COVID-19 (the Unit is seeking to increase both total cot spacing and cot numbers by 4 HDU/ITU cots in line with Network 5 year projections of acuity and demand, and spacing in line with National Recommendations)</p> <p>THEN there will be overcrowding and insufficient space in the Neonatal Unit, exacerbated by need for social distancing due to COVID-19. The milk kitchen was condemned due to this</p>	LEADING TO an inability to meet patient needs or network requirements. We will now also be unable to meet PHE recommendations for social distancing This may result in a removal of Level 2 status if we continue to have insufficient space to adequately fulfil our Network responsibilities and deliver care in line with national requirements. This may also impact on our ability to protect babies and their families during COVID	Organisation		Lazarus Anguvaa	13-Mar-2024	08-Apr-2024	Planned	25	16	9		Reconfiguration of cots to create more space and extra cots and capacity, though this still does not meet PHE or national standards(04-Nov-2021), Parents asked to leave NNU during interventional procedures, ward rounds etc. Restricted visiting during COVID(04-Nov-2021), Added to capital plan(04-Nov-2021), Feasibility study completed(04-Nov-2021), Refurnishing of Milk Kitchen and Sluice(04-Nov-2021)	Low	Treat	Reviewed by Triumvirate - no change	19-Dec-2022
RSK-135	<p>IF the Pathology LIMS system is no longer sufficient for the needs of the department, due to being outdated with a limited time remaining on its contract</p> <p>THEN the system is at risk of failure, virus infiltration and being unsupported by the supplier</p>	LEADING TO the Pathology service being halted and contingency plans would have to be implemented. Sensitive information could lost or security of the information could be breached.	Region	Diagnostic & Screening	Rebecca Potter	18-Mar-2024	19-Apr-2024	Planned	16	16	4	UAT to be completed (18-Mar-2024)	Systems manager regularly liaises with Clinysis to rectify IT failures(04-Nov-2021), Meetings with S4 to establish joint procurement take place periodically(04-Nov-2021), Project Manager role identified to lead project for MKUH(04-Nov-2021), High Level Design Completed(01-Dec-2021), Low Level Design to be completed(03-Feb-2022)	Low	Treat	Disciplines due to begin UAT, independently end of Jan 24.	01-Sep-2019
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>	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.	Organisation		Elizabeth Pryke	24-Feb-2024	29-Mar-2024	Pending	15	16	6	In contact with commissioners to discuss service provision Collecting additional data (feedback from stakeholders, benchmarking etc) to support business case (11-Apr-2023), Business Case for paediatric Home enteral feeding service	Existing staff are working some additional hours but this remains insufficient to meet the needs of the service(04-Nov-2021)	Low	Treat	Insufficient time to take this forward with ICB	01-Nov-2021
RSK-157	IF There is insufficient Speech and Language Therapy capacity to meet referrals demands resulting from poor workforce supply/ capacity and inefficient use of clinical time due to IT access.	LEADING TO patients not receiving input in line with Sentinel Stroke Audit National Programme (SSNAP) (communication and and timely input to support patient discharges Delayed discharges, poor patient experience and increased length of staff	Region	Therapies	Jamie Stamp	18-Mar-2024	09-Apr-2024	Planned	16	16	4	To update SLA for Speech and language Therapy, to update on new template, to reflect current provision and to capture activity date for discussion at quarterly review meetings (18-Dec-2023)	Daily updates are provided by the SLT to confirm outstanding referrals and priority patients for that day.(12-Nov-2021), To review opportunities to skill mix current workforce in light of recruitment challenges. For example, meetings to take place with community services to consider increasing therapy assistant time to improve input on the Stroke Unit.(11-Apr-2022), Team Leader is now in post - to ensure that regular meetings are taking place to look at recruitment and training. Band 3 Therapy Assistant (FTC) interviews are scheduled. SSNAP actions plan has been updated to reflect this.(24-Jun-2022), To create Quality Scheduled to capture data relating to Speech and language Therapy activity for discussing at quarterly meetings with the provider. Head of Therapy has met with the Operational lead for medicine to start initial discussion about what data they want captured from a stroke point of view.(24-Jun-2022), To meet with medicine division to understand areas of improvement needed to achieve the SSNAP data for Speech and language Therapy(14-Dec-2022), Arrange meeting with CNWL to discuss current	Medium	Treat	Continue to meet monthly with contract from Acute and Community sides to determine activity. Transformation are supporting with benchmarking and determining activity needed to deliver MKUH reviewed specification requirements as currently community services are suggesting almost double value in current funding. Community services are also suggesting that increased staffing has been provided, activity needs to be provided to evidence this as	12-Nov-2021

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-377	IF Microbiology does not have a Quality Management System and is unable to provide quality assurance  THEN the department may not able to achieve accreditation for the range of tests performed in the department	LEADING TO potential for patients to receive incorrect results or delays in receiving results, diagnosis and treatment, impact on Trust's reputation, financial penalties, loss of Service User Contracts, loss of ICB commissioning, loss of staff, difficulties recruiting staff, inability to manage incidents, audit, Trust policies and equipment records in a timely manner	Region	Diagnostic & Screening	Jessica Dixon	18-Mar-2024	19-Apr-2024	Planned	16	16	8	Improve training and competency programme (18-Mar-2024), ISO 15189:2022 Gap analysis complete for Pathology. Path-wide action plan devised. (18-Mar-2024)	Quality Manager and Quality Associate Practitioner in post(30-Aug-2022), Monthly KPI's to monitor progression(30-Aug-2022), Additional support utilising bank staff as required(30-Aug-2022), Quality Management System in place that is robust in 5 other disciplines within Pathology(30-Aug-2022), Additional training for staff in utilising the QMS and understanding(30-Aug-2022), Monthly departmental and clinical meetings to review, communicate and action decisions(30-Aug-2022), EQA and IQC participation(30-Aug-2022), Audit Programme(30-Aug-2022), Training and Competency programme(30-Aug-2022), Mock UKAS inspection(30-Aug-2022), 1-1's with Senior staff to establish training gaps(30-Aug-2022), Increase formal training within departments for all staff to use Q-Pulse as required(30-Aug-2022), Improved clarity of roles and responsibilities(30-Aug-2022),	Low	Treat	UKAS 2022 Gap analysis underway. Gaps in QMS identified.	01-Jul-2022
RSK-399	IF the staffing establishment within the Pharmacy Aseptic Team is not resilient and there is insufficient senior aseptic staff to complete the higher technical tasks  THEN there is potential for the department to be regularly working over capacity	LEADING TO a breach in regulatory guidance, an ability to maintain the QMS work required.	Region	Pharmacy	Christopher Woodard	01-Dec-2023	29-Feb-2024	Overdue	16	16	12	Review of senior staffing, including succession planning. Develop posts/time for staff to focus purely on quality tasks, not just operational. (31-Oct-2023), work with finance to understand funding streams to enable business case development. (31-Oct-2023), Request QA roles utilising savings made by pharmacy procurement. (31-Oct-2023)	Outsource some patient specific chemotherapy(09-Nov-2022), Discussed at monthly QMS meeting, more critical QMS tasks being prioritised for available time at present(09-Nov-2022), Review of staffing to establish what additional staffing is needed and who to improve retention and development of staff we currently have(09-Nov-2022)	Medium	Treat	Movement of budget to support but still requires resolution	01-Nov-2022
RSK-414	IF The Dermatology Department does not have appropriately trained nursing staff to be able to provide a Phototherapy Service  THEN the service will not be able to provide a phototherapy, which is an integral part of the Dermatology Service	LEADING to patients that are unable to access Phototherapiy being placed potentially on medication unnecessarily to try to manage their conditions in the interim	Region	Specialty Medicine	Suzanne Raven	06-Feb-2024	31-Mar-2024	Pending	16	16	12		List is closed to new referrals(13-Jan-2023), Patients have been reviewed and where appropriate placed on medication(13-Jan-2023), Recruitment of adequately trained phototherapy nurse.(13-Jan-2023)	Low	Treat	No success in recruitment campaign. Advert out for 2nd time. Sitting with Liz Winter.	02-Nov-2022
RSK-424	IF the new information standard regarding SDEC is released without significant operational and technical changes to the way the relevant information is collected  THEN MKUH may not be able to submit the dataset in the required format with the required content  LEADING TO a potential financial and reputational impact to MKUH	Potential financial, reputational, contractual, or operational impacts.	Organisation		Craig York	26-Mar-2024	05-Jun-2024	Planned	12	16	4	Review of data needs, implications on workflow in eCARE, needs to be undertaken before any known work can be scoped.  New data standard has been released, work required on SDEC data collection before consideration for meeting national standards.		Medium	Treat	Paper presented to HIPB and EDs describing the needs to deliver the new SDEC functionality. No decision made in February, with plans for further clinical engagement. Outcome is that MKUH will not be compliant to this standard come July 2024.	25-Jan-2023
RSK-473	IF the Trust does not have a working CTG flatbed scanner  THEN CTGs may not being available on EDM negatively impacting on patient care, the ability to review / audit / investigate / birth reflections	LEADING TO poor patient care / experience; delay in learning & improving from incidents, complaints, claims etc; inability to provide evidence for inquests/claims	Region	Patient Access	Stevie Jones	16-Feb-2024	15-Mar-2024	Overdue	20	16	8	Recruitment of sufficient staff for 2 CTG scanners to be running daily (30-Nov-2023)	Request CTGs from medical records(10-Aug-2023), Obtain a flatbed scanner with a view to increasing to two scanners.(10-Aug-2023)	Low	Treat	Risk reviewed by Tasmane Thorp - Fixed-Term contract in place to run daily scanner and second member of team. Backlog being cleared slower than anticipated. Likelihood reduced to 4, however risk remains.	20-Feb-2023



Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-481	<p>IF there is no designated vascular access team/service or additional staff are not trained to place PICC and midlines</p> <p>THEN patients will not get PICC /midlines or will wait unacceptable lengths of time for appropriate vascular access to be inserted.</p>	<p>LEADING TO Patients not receiving essential medications/nutrition; Patients having to endure multiple peripheral cannula placements; Patients not having their nutritional requirements met, leading to malnutrition and weight loss as an inpatient. There is only one type of parenteral nutrition available for peripheral access; for most patients this does not meet protein or electrolyte requirements; An increased risk of pressure sores and delayed wound healing due to poor nutrition: Increasing the risk of patients suffering thrombophlebitis from peripheral lines used for infusions with high osmolality (PN); Increased risk of arm DVTs from multiple cannulations; Extended length of stay due to delayed treatment and the above; Undue pain and suffering for the patient; Poor patient experience; The potential for clinical negligence/litigation/complaints; Patients needing to go to theatre for central line insertions, which is more distressing for the patient and less cost effective.</p>	Region	Specialty Medicine	Jane Radice	04-Jan-2024	20-Mar-2024	Overdue	20	16	4	<p>Ability for Vascular Access Service to place inpatient PICC lines and inpatient midlines, Implementation of a repair service for patients presenting to ED with fractured tunnelled lines, Vascular Access Service to provide support/intervention for inpatients with line occlusions. i.e to give alteplase, Training for all staff managing patients with all types of central lines, Vascular Access Service to monitor/audit inpatient central lines</p>	<p>Peripheral cannulas are placed. But this limits the parenteral nutrition that can be given. There is only one type of peripheral Parenteral nutrition available and for most patients this does not meet protein and electrolyte requirements.(07-Sep-2023), Peripheral cannula are changed every 48hrs due to the high osmolality of PN(07-Sep-2023), ICU staff are frequently required to assist with cannulation of these patients(07-Sep-2023), When no peripheral access can be obtained, patients have been booked into theatre for a central line. This is a short-term central line that requires removal after 14 days. A PICC line can remain in place for 1 year(07-Sep-2023)</p>	Low	Treat	Risk approved at Specialty Medicine CIG	08-Aug-2023
RSK-482	<p>IF patients are not able to have a PICC line for parenteral nutrition, addaven and cernevit</p> <p>THEN patients will require multiple peripheral cannulas.</p>	<p>LEADING TO patient harm (the risk of thrombophlebitis and DVT) and the potential for litigation and patient complaints.</p>	Region	Specialty Medicine	Jane Radice	05-Feb-2024	13-May-2024	Planned	20	16	4	<p>Ability for Vascular Access Service to place inpatient PICC lines and inpatient midlines, Implementation of a repair service for patients presenting to ED with fractured tunnelled lines, Vascular Access Service to provide support/intervention for inpatients with line occlusions. i.e to give alteplase, Training for all staff managing patients with all types of central lines, Vascular Access Service to monitor/audit inpatient central lines</p>	<p>1.Peripheral cannulas are placed. But this limits the parenteral nutrition that can be given. There is only one type of peripheral Parenteral nutrition available and for most patients this does not meet protein and electrolyte requirements(07-Sep-2023), Peripheral cannula requires changing every 48hrs due to the high osmolality of PN(07-Sep-2023), ICU staff are frequently required to assist with cannulation of these patients(07-Sep-2023), When no peripheral access can be obtained, patients have been booked into theatre for a central line. This is a short-term central line that requires removal after 14 days. A PICC line can remain in place for 1 year(07-Sep-2023)</p>	Low	Treat	Risk approved at Specialty CIG meeting	08-Aug-2023
RSK-483	<p>IF there is no designated vascular access team/service with the skill to repair tunnelled catheters</p> <p>THEN patients are admitted to MKUH, and the line is removed and reinserted or they require transfer to St. Marks or OUH for their line team to repair the line. Two patients with Home PN have required transferring to St. Marks for this reason</p>	<p>LEADING TO poor patient experience/ patient requiring admission for replacement/increased costs; Inadequate number of HCPs trained to place PICC and midlines at MKUH. Inpatients requiring PICC lines have waited up to two weeks for the line to be inserted and some have not received a line at all; There is no inpatient vascular access team at MKUH. Patients are referred to interventional radiology. There is significantly reduced capacity within the IR department to perform routine, urgent 2ww and emergency procedures for both inpatients and outpatients. There are two doctors trained to place PICC lines for all inpatients. There is one nurse in IR currently being trained; Patients receiving parenteral nutrition require PICC lines</p>	Region	Specialty Medicine	Jane Radice	05-Feb-2024	13-May-2024	Planned	20	16	4	<p>Ability for Vascular Access Service to place inpatient PICC lines and inpatient midlines, Implementation of a repair service for patients presenting to ED with fractured tunnelled lines, Vascular Access Service to provide support/intervention for inpatients with line occlusions. i.e to give alteplase, Training for all staff managing patients with all types of central lines, Vascular Access Service to monitor/audit inpatient central lines</p>	<p>Peripheral cannulas are placed. But this limits the parenteral nutrition that can be given. There is only one type of peripheral Parenteral nutrition available and for most patients this does not meet protein and electrolyte requirements.(07-Sep-2023), Peripheral cannula requires changing every 48hrs due to the high osmolality of PN(07-Sep-2023), ICU staff are frequently required to assist with cannulation of these patients(07-Sep-2023), When no peripheral access can be obtained, patients have been booked into theatre for a central line. This is a short-term central line that requires removal after 14 days. A PICC line can remain in place for 1 year(07-Sep-2023)</p>	Low	Treat	Risk approved at Specialty Medicine CIG	08-Aug-2023
RSK-490	<p>IF there is the absence of a competent person to deliver Manual handling and Ergonomic DSE compliance</p> <p>THEN the Trust will be unable to provide training, advice and guidance to staff in relation to manual handling and ergonomics</p>	<p>LEADING TO staff, patients and visitors are at increased of injury, ill health including musculoskeletal injury, sprains, strains, stress – increased sickness absence, low staff morale; Pressure sore development where appropriate equipment is not available and patient is left on floor for a period of time e.g. beds, equipment to manage the fallen patient; Patient experience compromised along with privacy and dignity; Trust at risk of increased staff absence, patient complaints, adverse publicity in local press, claims/litigation and financial costs of settlements; Trust at risk of enforcement action from the Health &amp; Safety Executive Inspectorate for not providing a safe place of work and complying with legislation – verbal advice, improvement/prohibition notices, criminal prosecution, fee for intervention from investigation enquiries</p>	Region	Workforce	Louise Clayton	18-Mar-2024	30-Apr-2024	Planned	16	16	4	<p>Recruit to substantive post (15-Mar-2024)</p>	<p>Recruit temporary cover through agency(28-Sep-2023), Use of external provider to supply training(28-Sep-2023), Advertise role with R&amp;R Premia and removal costs(03-Jan-2024), Review role and training provision(03-Jan-2024)</p>	Low	Treat		17-Sep-2023
RSK-492	<p>IF the Corneal Topographer is not networked to the MKUH internet</p> <p>THEN the machine cannot receive updates, the machine cannot be serviced and the patient information cannot be backed up.</p>	<p>LEADING TO increased risk of malfunction, inability to scan patients; inability to monitor patients; delayed diagnosis and treatment; the machine does not have the most up to date software; potential loss of patient information; increased complaints and litigation; inability to comply with NHS DSPT Standards; vulnerability to cyber attacks</p>	Region	Head & Neck	Louise James	01-Mar-2024	26-Apr-2024	Planned	16	16	6	<p>Corneal Tomography Machine to be networked (26-Mar-2024), Purchase and implementation of a new Corneal Topographer.</p>	<p>Machine is switched on prior to scanning a patient, then switched off straight after use(25-Oct-2023), Individual user login added to the PC. Machine is used by 8 staff members, all with their own username and password(25-Oct-2023)</p>	Low	Treat	No updates at this time.	26-Jul-2023

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-500	IF the capacity to increase Consultant-led Sleep New appointments is not increased  THEN patients will face significant delays in appointment waiting times	LEADING TO DM01 breaches and potentially patient safety	Region	Internal Medicine	Alexandra Peers	11-Mar-2024	01-May-2024	Planned	16	16	4		Operations Team are providing adhoc additional capacity(15-Nov-2023), All referrals are triaged by Chief Respiratory Physiologist(15-Nov-2023), Respiratory Physiology Pathway Administrator reviewing weekly(15-Nov-2023), Operations Respiratory Physiology Pathway Administrator reviewing weekly(15-Nov-2023), Urgent patients prioritised(15-Nov-2023), Change in pathway to allow Chief Respiratory Physiologist to triage patients for Nox(15-Nov-2023), Demand and Capacity Review(15-Nov-2023), Extremely urgent cases are referred to the	Low	Treat	Awaiting updates from CNWL Podiatry re: Business Case to supply a Podiatrist in order to start a Consultant-led Community High Risk Service	18-Oct-2023
RSK-517	IF the Trust is unable to retain the level and scale of staff required to vacant posts within ICU  THEN there will be insufficient staff to meet service demands	LEADING TO an inability to progress service development, financial implication due to high turnover and increased reliance on bank and agency staff.	Region	Anaesthetics & Theatres	Jana Karaaslan	22-Feb-2024	22-Mar-2024	Overdue	25	16	6	Comprehensive approach from application process to induction of the new starters, Offering HR exit interviews to all staff to find exact reasons for leaving the Trust, Accurate use of acuity/Level of care scoring system, Staffing the unit depending on the acuity and recommended Level of care as per GPICS., Creating a welcoming and supportive learning environment for all new starters	A robust approach to recruitment(22-Feb-2024), Comprehensive approach to support new starters, offering supernumerary shifts, and working with practice educator.(22-Feb-2024), Supporting staff health and wellbeing(22-Feb-2024), Providing staff with opportunities for development and career planning(22-Feb-2024), Offering staff a range of opportunities for flexible working(22-Feb-2024), Pulling non-clinical staff to clinical shifts(22-Feb-2024)	Low	Treat	Risk approved at Anaesthetics & Theatres CSU Meeting 17/01/24	22-Nov-2023
RSK-522	IF the pathway for cardiology patients requiring dental review prior to transfer to OUH for cardiology surgery is not clearly defined  THEN there will be a significant increase in length of stay for cardiology inpatients, causing a delay for patients to have their urgent valve surgery	LEADING TO very poor patient experience, with possible deterioration of the patient condition and prognosis	Region	Internal Medicine	Estelle Cawley	06-Mar-2024	05-Apr-2024	Planned	16	16	4	Service Spec of the patient pathway developed and implemented	Patients are being manually 'pushed' through the process on a case-by-case basis(06-Mar-2024)	Low	Treat	Risk given Triumvirate approval via email on 8th February 2024	26-Sep-2023
RSK-523	IF there is not a reduction of VTE prophylaxis errors  THEN there could be a risk of increased hospital acquired thromboembolism cases	LEADING TO extended and/or life long treatment, morbidity, or mortality. AND Increase risk complaints, legal and safety investigations, and reputational and financial risk.	Region	Women's Health	Elaine Gilbert	12-Mar-2024	30-Apr-2024	Planned	16	16	4	VTE pop up alerts to align with maternity assessment times (Within 6hrs of birth and (equals and greater than) than 3 days in patient. (21-Mar-2024), Admission VTE audit (21-Mar-2024), 28 week VTE audit (21-Mar-2024), Booking VTE audit (21-Mar-2024), PN/TTO VTE audit (21-Mar-2024), Admission VTE audit (21-Mar-2024)	Update eCare AN VTE Powerform to align with RCOG national guidance(12-Mar-2024), Update eCare PN VTE Powerform to align with RCOG national guidance(12-Mar-2024)	High	Treat	Setting risk target	12-Mar-2024
RSK-019	IF there is an increased number of incidents of violence and aggression in Emergency Department THEN there will be an impact on patient safety, staff mental and physical health	LEADING TO an increased risk of physical or verbal damage to staff or other patients, risk of delay in care whilst incidents resolved; potential for litigation or claims dependent on harm; Increased staff sickness rate, poor retention and recruitment of staff; negative impact on Trust reputation; poor patient experience	Region	Emergency Department	Sushant Tiwari	13-Mar-2024	16-Apr-2024	Planned	12	15	8	Police panic button in reception and majors (13-Mar-2024), Review of Reception (13-Mar-2024), Single seats to be removed from use in the department as they pose a projectile risk, Fixed row seating in adult and Paeds need review for securing to the floor/ wall., Full review of seating plan iED with a view to future replacement., Waste bins to be secured to prevent the risk of being used as a projectile., Review Fire extinguisher attachments to reduce the risk of them being used as a projectile in ED, Consideration of panic alarms for ED staff (22-Mar-2024), Profile the use of the 4x body camera's for ED staff on shift, Dedicated triage space to include entrance and exit between rooms. 14/03/24 requested and accepted	CCTV cameras in place (dead spot remains in "Streaming")(22-Sep-2021), Conflict Resolution training(22-Sep-2021), unacceptable behaviour posters + national abuse posters(22-Sep-2021), Security forum for Trust(22-Sep-2021), Incidents reviewed on Datix incident reporting system(22-Sep-2021)	Low	Treat	Risk reviewed by Risk Owner. This is an ongoing risk within the department. No change to risk	09-Mar-2009
RSK-101	IF the maternity service at MKUK do not have their own dedicated set of theatres.  THEN maternity are left vulnerable to not having a guaranteed emergency theatre available 24hrs a day.	LEADING TO increased risk of poor outcome for mothers and babies if theatre delay; Psychological trauma for staff dealing with potentially avoidable poor outcome; Financial implication to the trust	Region	Women's Health	Elaine Gilbert	12-Mar-2024	30-Sep-2024	Planned	15	15	6	Hospital new build to include Maternity theatres (12-Mar-2024)	Escalation policy available for staff to use in situations where a 2nd theatre is needed by can not be opened(27-Apr-2022), Elective Caesarean work is completed the Theatre 1 during a booked morning session, Theatre 3 is set for obstetric emergencies.(01-Sep-2022), SOP developed to support in the incidence where two theatres are required(13-Apr-2023)	Low	Treat	Review date moved to 6 months as hospital build not commenced. To be reviewed sooner if changes occur.	06-Sep-2021

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-111	IF there is a national shortage of midwives  THEN there may be insufficient midwives to provide for the needs of MKUH patients	LEADING TO a local negative impact on delivering excellent patient care, patient experience and staff experience.	Region	Women's Health	Elaine Gilbert	12-Mar-2024	30-Apr-2024	Planned	16	15	6	Implement Ockenden 2 (Recalculated headroom/gap) (19-Jul-2023), MSW project (19-Jul-2023)	There are significant efforts to recruit new midwives.(26-Oct-2021), The early recognition by GOLD and the Chief Executive to advertise for new midwives following the Ockenden report.(26-Oct-2021), Also working with NMC to achieve PIN numbers early for newly qualified staff.(26-Oct-2021), Enhanced bank rates.(26-Oct-2021), Rolling job advert for band 5/6 clinical midwives(27-Apr-2022), Review establishment birth rate+ report(27-Apr-2022), Business case for future funding of birth rate+ to be developed.(13-Dec-2022), Business case to be taken to board for agreement.(13-Dec-2022), Workforce retention and recruitment plan(13-Jan-2023), Midwifery workforce plan(13-Jan-2023), Interview and offer shortened MW course places(13-Jan-2023)	Low	Treat	No change to risk scoring.	13-Dec-2022
RSK-158	IF the escalation beds are open across the medical and surgical divisions.  Then the additional patients that will need to be seen will put additional demand on the Inpatient Therapy & Dietetic Services that are already stretched due to long term vacancies.	LEADING TO: 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.  Staff morale will reduce as they will not be providing the appropriate level of assessment and treatment to their patients.	Organisation		Laura Sturgeon	12-Mar-2024	16-Apr-2024	Planned	16	15	6	inpatient improvement project- aiming to review patient pathways to optimise staffing (22-Jan-2024)	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.  To work closely with community services to raise awareness and to increase discharge opportunities i.e. in reaching Therapies working with Long stay Tuesday initiative Therapies supporting new discharge pathway/process in the Trust Over recruitment of PT and OT band 5's Locum cover for vacant posts. Daily attendance at 10.30 system wide discharge call. Inpatient Therapy Service participation in MADE events. Review of staffing model across inpatient medical and frailty wards.(12-Nov-2021), Closure or Reduction in Escalation Beds(19-Apr-2022), To ensure that inpatients teams are aware of open escalation areas and patient are prioritised in line with agreed criteria(12-Apr-2023),	Medium	Treat	escalation and reverse boarding beds remain in use. Locum agreements in place, have been filled for approx. 50% of hours available. risk remains unchanged	27-Nov-2018
RSK-166	IF there is an increasing workload and a lack of Consultant Pathologists  THEN there is a risk that the Cellular Pathology department will be unable to meet the clinical needs of the service	LEADING TO potential inability to meet cancer reporting targets; potential to miss an unexpected malignancy; reporting backlog may also increase	Region	Diagnostic & Screening	Angus Molyneux	18-Mar-2024	19-Apr-2024	Planned	15	15	3	Recruitment (18-Mar-2024), Out source of Reporting work to Source Bioscience (18-Mar-2024)	Outsourcing non-urgent work(12-Nov-2021), Additional hours worked - in house Pathologists(12-Nov-2021), Locum Pathologist in place working limited hours(12-Nov-2021), Prioritising 2 week wait reports(12-Nov-2021), Prioritising urgent reports(12-Nov-2021), Prioritising work based on clinical information(12-Nov-2021), Appoint to substantive Consultant post and LAS post(12-Nov-2021), Purchase additional Microscope for 8th Consultant(11-May-2022), 8th Consultant start date and induction to be	Low	Treat	Cancer alliance funding to support using SBS.	01-Jun-2022

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-170	IF the Autoclave machines are not replaced  THEN there is a risk that the Pathology department will be unable to sterilise bio-hazardous laboratory waste prior to discarding. Accumulation of waste potentially infective, bad odour, and consuming much needed space. External contractors can remove category 1 and 2 waste only, category 3 waste cannot be removed from the site without being processed through the autoclave.	LEADING TO Health & safety risk to the laboratory staff; Failure to meet COSHH regulations in relation to waste management and autoclave of all HG3 known and suspected biological agents/clinical materials waste; potential disruption to the service; potential to affect Trust's reputation; accumulation of waste products; limiting user of autoclave to preserve lifespan	Region	Diagnostic & Screening	Rebecca Potter	18-Mar-2024	19-Apr-2024	Planned	12	15	5	Ensure robust Autoclave contingency plan to deploy contractors to collect and manage hazardous waste is tried and tested (18-Mar-2024), Change control process for safe introduction of replacement autoclaves.	PPE; Gloves, safety goggles, ear defenders and Lab coat worn at all times, with good hand hygiene practice. Heavy duty gloves, full face visor and apron must be worn when unloading.(12-Nov-2021), Health & Safety training and competency procedures for all staff working with HG3 waste and the autoclaves.(12-Nov-2021), The autoclave maintenance is performed once per week to regularly check working order and functionality.(12-Nov-2021), Business Case Development for replacement/repair of autoclaves(11-May-2022), Autoclave thermometric tests and calibrations to ensure correct processing of load. Checking printout of every run to ensure process passed. Only authorised staff to work on autoclaves.(12-Sep-2022), 2nd autoclave being used to supply spares – these will run out(12-Sep-2022), Report deficiencies to Estates. Report incidents onto RADAR and escalate to senior management team(12-Sep-2022),	Low	Treat	Autoclaves ordered, awaiting return from quality checks. Expected on site mid april.	10-Jul-2022
RSK-176	IF the Cellular Pathology workload continues to increase without sufficient staffing resources this will  THEN there is a risk that the department results turnaround time will continue to increase and staffing burnout will occur	LEADING TO further increased turnaround times for processing and reporting specimens for routine and urgent work where a backlog risk has already been identified. This will have a detrimental effect on the patient experience as the potential for missed or delayed diagnosis increases along with stress and wellbeing concerns of the staff.	Region	Diagnostic & Screening	Amanda Brice	15-Mar-2024	19-Apr-2024	Pending	9	15	12	Review of staffing levels and initiation of consultation to extend working hours to include weekends (15-Mar-2024)	Cellular Pathology staff currently work during weekdays and routine cover for weekends is not in place. Weekend cover can be provided by existing staff on a limited and voluntary basis and this impacts on the number of staff available during core hours. The existing work backlog may increase and further work will need to be sent away incurring additional costs(12-Nov-2021), New contract provider for additional dermatology clinics - no change yet to weekend working arrangements(11-Mar-2021)	Low	Treat	Funding available until 31/3/24	01-May-2021
RSK-250	IF staff across MKUH continue to use eCARE in the same way, that the volumes of requests made to the IT Department remain at their current rate, and the volume of change and project work continues at the current volume  THEN the IT Department will become less responsive and a range of functions within eCARE will continue to be left without action	LEADING TO increased clinical risk, increased risk to performance of eCARE, potential disruption to staff, and delays in the deliver or projects and realising their benefits	Organisation		Craig York	26-Mar-2024	05-Jun-2024	Planned	15	15	3	Identification of staff time and resources (11-Apr-2023), Business case being written by the end of spring 2023 to identify the amount of staff time required.  Update Aug 2023 - being reconsidered during early stages of DQ review., Review volumes against historical figures to reflect reality of challenge. Include in business case.  Consider additional posts for all.	Prioritisation of workload is in place to cover the most impacting of issues or projects, however this only reduces the potential impact slightly(26-Nov-2021)	Low	Treat	Raised at TEC by Clinical Directors, noting the inefficiencies in use of eCARE, and a preference for additional support staff available to clinicians across the Hospital, however little support offered beyond the TEC	25-Jan-2023
RSK-271	IF there is insufficient space within the Medical Equipment Library (MEL)  THEN MEL staff will be unable to carry out the required cleaning process to comply with the appropriate guidelines set by CQC and MHRA	LEADING TO Lack of cleaning and processing space due to the growth of the MEL over the years means not keeping unprocessed and processed equipment separately, not complying with CQC Regulation 15: Premises and equipment and MHRA Documentation: Managing Medical Devices January 2021	Region	Estates	Ayca Ahmed	18-Mar-2024	18-Apr-2024	Planned	15	15	3	The MEL dept relocation is on the draft capital plan under estates (16-Feb-2024)	Staff members are taking processed equipment straight to the shelving areas as soon as it is cleaned to avoid cross contamination. This ensure equipment is kept separate, but this is not a productive method of working(30-Nov-2021), Issue has been raised at Space Committee (June 2021)(30-Nov-2021), 2019-2020 Additional office has been provided, outside of the main department for the Service Manager and the Equipment training Auditor. This has created some additional space for the Library(30-Nov-2021), 2019-2020 Additional storage provided outside of main department in the location of a storage facility within a staircase approved and provided for a number of services under an approved Business Case on the Capital Programme(30-Nov-2021)	Medium	Treat	Reviewed by Medical Devices Manager, no change to risk rating.	23-Aug-2020
RSK-324	IF there are significant nursing vacancies within the Paediatric Unit, including Maternity Leave and Long-Term Sickness - we are currently 29% of permanent staff roles unfilled- this is being partially mitigated with use of regular Agency and Bank staff  THEN there will not be sufficient/safe numbers of nursing staff to cover shifts.	LEADING TO an increased risk for children's safety due to the absence of permanent skilled staff; an increased use of agency; an increasing number of shifts that do not comply with national recommended safe staffing levels	Region	Child's Health	Charlie Nunn	13-Mar-2024	08-Apr-2024	Planned	15	15	9	Establishment Review to be completed (27-Dec-2023)	We are using regular Paediatric Agency and Bank staff to fill gaps wherever possible, we are planning a minimum of 50% of permanent staff on each shift. We are constantly advertising and interviewing for replacement staff- we are steadily recruiting. We are effectively managing Long term sickness in accordance with Trust guidance and with the input of HR(09-Feb-2022)	Low	Treat	Reviewed by Triumvirate DC to meet with Head of Paediatrics	19-Dec-2022

Significant Risk Register																	
Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-343	<p>If there is insufficient dietetic staff in post</p> <p>THEN the service may be unable to meet referrals demand</p>	<p>Leading to patients not receiving dietetic input as needed, which could result in:</p> <ul style="list-style-type: none"> <li>- Insufficient dietetic education for adults with complex nutritional issues, including adults with diabetes, gastrointestinal disease, those either malnourished or at risk of malnutrition needing nutritional support etc.</li> <li>- Reduction in patient experience and poorer outcomes</li> <li>- MDT will not work effectively as insufficient dietetic input, increasing workload of other members of MDT</li> <li>- Patients with long term conditions such as Diabetes, CHD etc will not have the support to develop the skills for independence and self-management to achieve good health outcomes</li> </ul>	Region	Therapies	Elizabeth Pryke	07-Mar-2024	01-Apr-2024	Pending	15	15	9		<p>Triaging patient referrals based on clinical need</p> <p>Daily team huddle to try and manage this and ensure communication is good across the team</p> <p>Advised ward staff so they can start first line nutritional support(23-May-2022), Setting up weekend telephone clinic(23-May-2022), Patients triaged as more urgent will be seen - reduced service communicated to senior nurses, consultants etc(14-Jun-2022), Patients triaged as more urgent will be seen - reduced service communicated to senior nurses, consultants etc(14-Jun-2022), Locum started to provide x 2 clinics / week(29-Jun-2022), Locum Dietitian working remotely To go back out to advert for B6 Dietitian(05-Feb-2023), Recruit Band 6 Dietitian(09-May-2023)</p>	Low	Treat	Escalation beds remain open and high level of complex dietetic referrals	02-May-2022
RSK-388	<p>IF Audiology Services do not get a second testing room equipped for the testing of younger and complex children. This area must be accessible for wide wheelchairs</p> <p>THEN there will be a delay in offering appointments to these children</p>	LEADING TO delayed diagnosis, delayed treatment, delayed management and diagnostic breaches.	Region	Head & Neck	Ruth Horner	08-Mar-2024	09-May-2024	Planned	15	15	8	Second testing room equipped for the testing of younger and complex children (12-Feb-2024)	Current room being used to full capacity.(17-Oct-2022), Contact Estates and external company to explore options for conversion of workshop on Level 4 to testing facility(17-Oct-2022)	Low	Treat	Funding applied for on the capital plan 24/25	22-Sep-2022
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	Region	Diagnostic & Screening	Michael Pashler	14-Dec-2023	31-Mar-2024	Pending	15	15	4	Recruit substantive staff to increase capacity for training (15-Sep-2023)	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-513	<p>IF there is not adequate theatre capacity for gynae cases, THEN there will be continued delays in explorative and diagnostic treatment</p>	LEADING TO a risk of mortality and morbidity, AND Increase in complaints, media interest and reputational/financial impact	Region	Women's Health	Jennie Barker	12-Mar-2024	30-Apr-2024	Planned	15	15	6		Additional weekend lists to support capacity(12-Mar-2024), Add hic additional lists when staff available(12-Mar-2024), Referral of certain urogynae surgery cases to be completed offsite(12-Mar-2024)	High	Treat	No change to risk score - to add controls	20-Feb-2024
RSK-520	<p>IF the the Eye Clinic does not have enough space to transport a hospital bed/stretchers, no department hoist, congested waiting room and other rooms at full capacity</p> <p>THEN the department is not accessible to patients that require a bed.</p>	LEADING TO potentially delayed diagnosis/treatment and potential for the patient to sustain permanent vision loss.	Region	Head & Neck	Denise Holland	28-Mar-2024	28-Apr-2024	Planned	25	15	5		Pathway for patient to wait in a bed on the Patient Discharge Lounge and consultation with Doctor occurs there.(05-Mar-2024)	None	Treat	Risk approved at Ophthalmology CIG meeting on 26/02/2024.	02-Feb-2024
RSK-525	<p>IF there is insufficient staff for the Respiratory Nurse Service</p> <p>THEN there is an impact on delivery and efficiency of the services</p>	LEADING TO the Medical Team having to support the service; delayed discharge increasing length of stay for patients; delay in treatment; burn out of existing staff	Region	Internal Medicine	Estelle Cawley	14-Mar-2024	14-Apr-2024	Planned	15	15	6		Medical Team supporting with tasks normally performed by Respiratory Nurse(14-Mar-2024), Rapid Response Team have the skills to commence Non-Invasive ventilation(14-Mar-2024)	Low	Treat	Risk approved at Internal Medicine CIG Meeting 23/02/24	11-Jan-2024



Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Targe t score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
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	Organisation	Kirsty McKenzie-Martin	13-Mar-2024	16-Apr-2024	Planned	25	20	12	Recruitment drive for more nurses/HCA's ongoing. Active management of Nursing/Consultant and Registrar gaps in rota daily to ensure filled. (13-Mar-2024), Walking majors and resus reconfigured. Expanded Cubicle space in Majors - extra 10 spaces, increased capacity using Acorn Suite., Internal escalation policy in place. CSU lead developing trust escalation criteria to alert trust leads to problems sooner - diverting patients to; Ambulatory care, Since Covid pandemic, phasing plan in place with red and green zones within ED., Escalation plan for ED to mitigate patient pressures	EPIC consultant in place to aid flow within department and speed up decision making(22-Sep-2021), RAT-ing process and specialty referrals having a RAG system developed to prioritise sickest patients to be assessed.(22-Sep-2021)	Low	Treat	No change	07-Mar-2016
RSK-035	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.  THEN there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines	LEADING TO: 1. increased length of stay due to TTO delay 2. increase in prescribing errors not corrected 3. increase in dispensing errors 4. increase in missed doses 5. failure to meet legal requirements for safe and secure use of medicines 6. harm to the patients 7. adverse impact on mental health of Pharmacy staff All resulting in adverse patient outcomes. Lack of financial control on medicines expenditure Breach of GCG regulations	Organisation	Helen Chadwick	05-Mar-2024	05-Apr-2024	Planned	20	20	6	Actively recruiting staff (01-Dec-2023), Add R&R	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)	Low	Treat	worsening situation with a number of losses at senior level	07-Aug-2019
RSK-134	If there is insufficient funding, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims,	Leading to service failure and regulatory intervention  THEN the Trust will be unable to meet its financial performance obligations or achieve financial sustainability	Organisation	Karan Hotchkin	11-Mar-2024	11-Apr-2024	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	High	Treat	Risk transferred from Datix	01-Apr-2022
RSK-202	IF Financial Efficiency schemes are not fully developed  THEN There is a risk that the Trust will not deliver the required level of savings	LEADING TO potential cash shortfall and non-delivery of its key targets	Organisation	Karan Hotchkin	20-Mar-2024	11-Apr-2024	Planned	20	20	8		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 trust has a process to target investment of available capital finance to manage risk and safety across the hospital(06-Dec-2021), 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)	Medium	Treat	Risk transferred from Datix	01-Apr-2022
RSK-305	If there is insufficient strategic capital funding available in relation to NHP  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	LEADING To financial loss and reputational damage	Organisation	Karan Hotchkin	20-Mar-2024	11-Apr-2024	Planned	16	20	10	Trust is discussing this with the regional Capital Team and with the ICB capital allocations for 23/24. (11-Mar-2024)	The trust has a process to target investment of available capital finance to manage risk and safety across the hospital(06-Dec-2021), 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)	Medium	Treat	On-going conversations with regional and national capital team	01-Apr-2022

Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Target score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
RSK-472	IF staff and service users (Trustwide) are subject to violence and unacceptable behaviour  THEN staff/services users may sustain physical/psychological injury	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	Organisation	Anthony Marsh	26-Mar-2024	26-Apr-2024	Planned	25	20	10	Widen environmental study to consider patients with mental health, learning disability, dementia etc – holistic approach to care, environment, distraction therapies (10-Jan-2024), Review breakaway training provision ensure rolling programme in place Update to Conflict resolution training to include what to do in the event of an incident, support, what happens next (18-Dec-2023), Training for staff in managing patients with mental health, learning disability, dementia etc De -escalation procedure/techniques (22-Mar-2024), Listening events on the road, staff engagement sessions (11-Dec-2023), Ensure feedback from incidents to staff and lessons learnt shared amongst wider organisation (22-Mar-2024)	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	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	31-Jul-2023
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	Organisation	Tina Worth	07-Mar-2024	31-Mar-2024	Pending	20	16	12		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	Low	Treat	Overall incident reporting rate has shown to be increasing. referenced in governance meetings that certain types of incidents remain lowly reported though.	06-Sep-2021
RSK-036	If there is no capacity in the Pharmacy Team  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	Leading to: Potential for Policies & Procedures to be out of date Potential for staff to follow out of date Policies & Procedures Failure to meet CQC requirements Lack of guidance for staff Potential harm to patients	Organisation	Helen Chadwick	05-Mar-2024	01-May-2024	Planned	16	16	6	Recruitment of staff (05-Mar-2024)	Use of remote bank staff to update policies(28-Sep-2021), Business Case for additional Pharmacy staff(19-Apr-2022)	Low	Treat	governance gap analysis in process	01-Oct-2021
RSK-126	IF cot spacing in the Neonatal Unit does not comply with BAPM guidance or the latest PHE guidance for COVID-19 (the Unit is seeking to increase both total cot spacing and cot numbers by 4 HDU/ITU cots in line with Network 5 year projections of acuity and demand, and spacing in line with National Recommendations)  THEN there will be overcrowding and insufficient space in the Neonatal Unit, exacerbated by need for social distancing due to COVID-19. The milk kitchen was condemned due to this	LEADING TO an inability to meet patient needs or network requirements. We will now also be unable to meet PHE recommendations for social distancing This may result in a removal of Level 2 status if we continue to have insufficient space to adequately fulfil our Network responsibilities and deliver care in line with national requirements. This may also impact on our ability to protect babies and their families during COVID	Organisation	Lazarus Anguvaa	13-Mar-2024	08-Apr-2024	Planned	25	16	9		Reconfiguration of cots to create more space and extra cots and capacity, though this still does not meet PHE or national standards(04-Nov-2021), Parents asked to leave NNU during interventional procedures, ward rounds etc. Restricted visiting during COVID(04-Nov-2021), Added to capital plan(04-Nov-2021), Feasibility study completed(04-Nov-2021), Refurnishing of Milk Kitchen and Sluice(04-Nov-2021)	Low	Treat	Reviewed by Triumvirate - no change	19-Dec-2022

Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Targe t score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
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</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.	Organisation	Elizabeth Pryke	24-Feb-2024	29-Mar-2024	Pending	15	16	6	In contact with commissioners to discuss service provision Collecting additional data (feedback from stakeholders, benchmarking etc) to support business case (11-Apr-2023), Business Case for paediatric Home enteral feeding service	Existing staff are working some additional hours but this remains insufficient to meet the needs of the service(04-Nov-2021)	Low	Treat	Insufficient time to take this forward with ICB	01-Nov-2021
RSK-424	<p>IF the new information standard regarding SDEC is released without significant operational and technical changes to the way the relevant information is collected</p> <p>THEN MKUH may not be able to submit the dataset in the required format with the required content</p> <p>LEADING TO a potential financial and reputational impact to MKUH</p>	Potential financial, reputational, contractual, or operational impacts.	Organisation	Craig York	26-Mar-2024	05-Jun-2024	Planned	12	16	4	<p>Review of data needs, implications on workflow in eCARE, needs to be undertaken before any known work can be scoped.</p> <p>New data standard has been released, work required on SDEC data collection before consideration for meeting national standards.</p>		Medium	Treat	Paper presented to HIPB and EDs describing the needs to deliver the new SDEC functionality. No decision made in February, with plans for further clinical engagement. Outcome is that MKUH will not be compliant to this standard <del>come July 2024</del>	25-Jan-2023
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 demand on the Inpatient Therapy &amp; Dietetic Services that are already stretched due to long term vacancies.</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>	Organisation	Laura Sturgeon	12-Mar-2024	16-Apr-2024	Planned	16	15	6	inpatient improvement project- aiming to review patient pathways to optimise staffing (22-Jan-2024)	<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 Therapies working with Long stay Tuesday initiative Therapies supporting new discharge pathway/process in the Trust Over recruitment of PT and OT band 5's Locum cover for vacant posts. Daily attendance at 10.30 system wide discharge call. Inpatient Therapy Service participation in MADE events. Review of staffing model across inpatient medical and frailty wards.(12-Nov-2021), Closure or Reduction in Escalation Beds(19-Apr-2022), To ensure that inpatients teams are aware of open escalation areas and patient are prioritised in line with agreed criteria(12-Apr-2023), agency physiotherapist and occupational therapist to cover additional</p>	Medium	Treat	escalation and reverse boarding beds remain in use. Locum agreements in place, have been filled for approx. 50% of hours available. risk remains unchanged	27-Nov-2018
RSK-250	<p>IF staff across MKUH continue to use eCARE in the same way, that the volumes of requests made to the IT Department remain at their current rate, and the volume of change and project work continues at the current volume</p> <p>THEN the IT Department will become less responsive and a range of functions within eCARE will continue to be left without action</p>	LEADING TO increased clinical risk, increased risk to performance of eCARE, potential disruption to staff, and delays in the deliver or projects and realising their benefits	Organisation	Craig York	26-Mar-2024	05-Jun-2024	Planned	15	15	3	<p>Identification of staff time and resources (11-Apr-2023), Business case being written by the end of spring 2023 to identify the amount of staff time required.</p> <p>Update Aug 2023 - being reconsidered during early stages of DQ review., Review volumes against historical figures to reflect reality of challenge. Include in business case.</p> <p>Consider additional posts for all</p>	Prioritisation of workload is in place to cover the most impacting of issues or projects, however this only reduces the potential impact slightly(26-Nov-2021)	Low	Treat	Raised at TEC by Clinical Directors, noting the inefficiencies in use of eCARE, and a preference for additional support staff available to clinicians across the Hospital, however little support offered beyond the note.	25-Jan-2023
RSK-002	<p>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;</p>	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	Organisation	Jacqueline Stretton	21-Mar-2024	21-Mar-2024	Overdue	15	12	3		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	Treat	Radar Audit module in development to monitor audit recommendations and improvement actions	06-Sep-2021
RSK-003	<p>IF existing Radar governance system does not support meeting Trust/legal/stakeholder requirements and are unsupported by the Trust IT department or an external IT provider; THEN the Trust is unable to meet statutory and mandatory Good Governance requirements and accreditations:</p>	LEADING TO potential delays in care, inappropriate/incorrect/sub-optimal treatment; potential increase in incidents, complaints and claims; reduced CQC rating and potential enforcement actions	Organisation	Tina Worth	07-Mar-2024	31-Mar-2024	Pending	25	12	4	Implementation of Radar Documentation Module (03-Aug-2023)	SharePoint and Q-Pulse in place(06-Sep-2021), Scheduled implementation of new system Radar(06-Sep-2021), Implementation of Radar Audit Module(24-Mar-2022)	Low	Treat	Risk Manager working collaboratively with radar to get radar function to best meet organisational needs	06-Sep-2021



Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Targe t score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
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	Organisation	Elizabeth Pryke	01-Mar-2024	01-Apr-2024	Pending	16	12	6	review of patient pathways to reduce need for outpatient appointments (05-Dec-2023)	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)	Low	Treat	Ongoing long waiting list for new non urgent referrals (approximately 8 months) - risk to remain	01-Oct-2021
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	Organisation	Karan Hotchkin	11-Mar-2024	11-Apr-2024	Planned	16	12	9		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),	Medium	Treat	Additional controls are in place for long lines of agency that require an Exec sign off	01-Apr-2022
RSK-219	IF metal butterfly needles are used for administering subcutaneous infusions via syringe drivers, and bolus subcutaneous injections, particularly in palliative and end-of-life care  THEN there is a risk that the member of staff (hospital or community) may sustain a needle stick injury as they are withdrawing the needle when the infusion is stopped	LEADING TO the staff being at risk of coming into contact with contaminated blood	Organisation	Emma Codrington	14-Mar-2024	02-Apr-2024	Pending	4	12	3	Purchasing and implementation of Neria Guard giving sets for subcutaneous needle management	MKUH Sharps Management Policy ICM/GL/34 – advises use of safer needle alternatives wherever practical. Alerting ward staffs to be careful when inserting and removing the butterfly needles.(25-Nov-2021)	Low	Treat	Risk reviewed - No change to risk	25-Nov-2021
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	Organisation	Antoanela Colda	06-Mar-2024	11-Mar-2024	Overdue	20	12	3		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	Risk reviewed, no changes. Meeting arranged and presentation 22/02/2024	25-Nov-2021
RSK-229	IF there is poor quality of data input into the eCare system  THEN there could be consequential impact on the data flow into the Trust data warehouse and reporting for both performance management and contracting (commissioners) data	LEADING TO Impacts all performance reporting. Impacts “Contracts” reporting leading to a loss of income for the Trust	Organisation	Ian Fabbro	25-Mar-2024	30-Aug-2024	Planned	12	12	4	Ongoing review of quality of data in eCARE	Extensive list of data quality reports to identify poor data quality(25-Nov-2021), Data Quality team is in place, who undertake a compliance function to review sample records to ensure early capture of data quality issues(25-Nov-2021), Control scripts to identify data quality issues when the data is loaded into the Data Warehouse(25-Nov-2021), On-going review of the quality of data(11-Apr-2023), Data Quality team within the Information team are working regularly with the PTL team to review the quality of outpatient referral data.  New working group, looking at all elements of this topic started early Aug 2023, with the expectation that this action may close or change as a result.	Medium	Treat	Work continues on different aspects of eCARE, however recent business cases for the resource to support some of the larger scale projects have not been successful. Risk remains open and at this rating while the next business case is considered.	25-Jan-2023
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.	Organisation	Adam Biggs	06-Mar-2024	18-Mar-2024	Overdue	16	12	12	Development and delivery of EPRR Work Programme 2024 - to be signed off by Emergency Planning Steering Committee in February 2024. (04-Mar-2024)	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	Low	Tolerate	Risk will be revised following sign-off on the MKUH EPRR annual work plan 2024	25-Nov-2021

Corporate Risk Register

Reference	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
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	Organisation	Adam Biggs	07-Mar-2024	22-Apr-2024	Planned	12	12	12		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 and Health measures will be revised prior to heatwave workshops by UKHSA in April	10-Apr-2022
RSK-254	If Nursing 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	Organisation	Craig York	26-Mar-2024	05-Jun-2024	Planned	12	12	9	Drive adoption of CareAware Connect, including the support from senior Nursing Leadership. (04-Dec-2023)	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	Work has begun on a project to improve access to the mobile devices used by nurses and midwives, which when used, are known to improve the compliance against the processes described in the risk. Unknown delivery date due to complexity of pre-requisites	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	Organisation	Michael Stark	26-Mar-2024	26-Apr-2024	Planned	20	12	8	Outstanding items from last survey to be prioritised on risk basis, on a rolling program (26-Mar-2024)	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), 20% of Hospital streets audited annually on a rolling program(29-Nov-2021), Works identified including 140 fire doors to be fitted on electrical cupboards. Prioritisation on risk basis,	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	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.	Organisation	Michael Stark	26-Mar-2024	26-Apr-2024	Planned	20	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,	Low	Treat	Risk reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	29-Nov-2021

Corporate Risk Register																
Reference	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-269	<p>IF the Trust fails to comply fully with current DoH HTM 04-01 Parts A&amp;B, Addendum relating to Water Systems and HTM 00 as identified in the Water Risk assessment</p> <p>THEN The Trust will be unable to provide assurance of a fully compliant water safety system</p>	LEADING TO Increased risk to patients and staff, loss of reputation, financial loss to the Trust.	Organisation	Ben Hazell	26-Mar-2024	26-Apr-2024	Planned	16	12	8	Water Coolers being changed across the Trust to direct feed and Healthcare environment recommended.	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),	Low	Tolerate	Risk reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	21-Dec-2022
RSK-274	<p>IF the Trust worn flooring is not replaced</p> <p>THEN there is a risk of failure of flooring</p>	LEADING TO trip hazard & infection control issues	Organisation	Paul Sherratt	26-Mar-2024	26-Apr-2024	Planned	15	12	6		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), Ongoing rolling annual program. Major works funded by Capital, with minor works funded from revenue account(22-Sep-2023),	Low	Tolerate	Risk reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	25-Aug-2021
RSK-281	<p>If the lift located in Outpatients (servicing levels 3, 4 of yellow zone, and Staff Health &amp; Wellbeing) fails</p> <p>THEN disabled &amp; 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</p>	<p>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</p> <p>Loss of income of external clients who cannot be seen due to absence of clinician</p> <p>Service user dissatisfaction – complaints/reputation of service and organisation affected</p> <p>Adverse publicity if unavailability of service reported to local press/reputation of organisation and service affected</p> <p>The organisation would be in breach of statutory duties under Health &amp; 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 &amp; Safety Executive Inspectorate</p>	Organisation	Steven Sluter	26-Mar-2024	26-Apr-2024	Planned	12	12	9	Luing Cowley Lift awaiting upgrades, parts delivered, to be installed FY 24/25 (29-Aug-2023)	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), 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,	Low	Treat	Risk reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	25-Aug-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 THEN the data available for submission will continue to require significant overhead to review, rectify and improve (i.e. veracity etc.) LEADING TO an inability to submit with short turnarounds, continued challenges in seeing patient pathways, prioritizing care etc. and potentially impact patient safety as a result</p>	Potential impact to patient care due to an inability to see patient pathways at a system level.	Organisation	Craig York	26-Mar-2024	05-Jun-2024	Planned	9	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>	Business Case being submitted by late spring to implement RTT functionality.(11-Apr-2023)	Medium	Treat	Outcome forms application updated to reduce the data quality issues that are generated in the PTL tool.	25-Jan-2023

Corporate Risk Register																
Reference	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-007	IF the team Fire Warden is not adequately trained or they are not present during a related emergency;  THEN there would be no focal point for fire safety matters for local staff and supporting line managers on fire safety issues, and the team may not be represented in Fire Safety Committee meetings, and they will not be able to organise and assist in the fire safety regime within their local area	LEADING TO staff and other individuals visiting level 1 in Oak House potentially not being evacuate in a timely manner due to the lack of oversight. The lack of single focused oversight could cause confusion, delays in evacuation and people being left behind. This could lead to smoke inhalation, burns, death. Fire checking and prevention procedures may not be robust enough to identify potential hazards and prevent a fire from happening. Breach of statutory regulations	Organisation	Tina Worth	07-Mar-2024	31-Mar-2024	Pending	15	10	5		Fire Warden advised to work within current knowledge and skill gained through mandatory fire training(06-Sep-2021), No team member to attempt to fight fires with equipment untrained to use(06-Sep-2021), Risk assessment shared with team / Staff awareness(06-Sep-2021), Quarterly fire safety audits completed(06-Sep-2021), Good housekeeping practicalities - reiterated at team huddle(06-Sep-2021), Fire safety signage displayed -action cards and assembly points identified, clearly visible to team members and others visiting corridor(06-Sep-2021), Fire alarm system checked regularly in line with Trust policy and is audible in corridor(06-Sep-2021), Team members have undertaken and are up to date with mandatory training (compliance checked monthly)(06-Sep-2021), Team risk assessment for lone working on back of Covid changes which covers fire(06-Sep-2021), Risk & Clinical Governance Team Fire Warden to attend Fire Warden Training(06-Sep-2021), There was a suggestion that posters were put up for staff to follow when Kevin is not in.(21-Dec-2021), There was a recommendation that in light of the working from home arrangements, it might be appropriate for everyone to have the training so that there is adequate cover.(21-Dec-2021), Staff awareness information. Staff have all read & received the Fire	Low	Treat	Risk reviewed. Fire information v3 shared with all of team & acknowledgment form completed & returned to Anna Bignall	06-Sep-2021
RSK-159	Patients referred to the Occupational Therapy and Physiotherapy inpatient services covering medical and surgical wards are not being seen in a timely manner due to the number of long term vacancies and national challenges to recruit to vacant posts.  THEN there will be a delay in these patients being assessed, treated and discharged.	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.	Organisation	Laura Sturgeon	25-Mar-2024	30-Apr-2024	Planned	20	10	3	inpatient improvement programme- to ensure optimal staffing and allocation (22-Jan-2024)	Daily prioritisation of patients cross covering and review of skill mix locum cover x1 OT and x1 PT in place 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. Recruitment process ongoing but vacancies have reduced slightly. Over recruitment of band 5 OT and PT roles. Non-recurrent funding application for increase in therapy assistants over winter months.(12-Nov-2021), Review of Governance Structure(19-Apr-2022), Review Model of Care(19-Apr-2022), Review Equity Tool - Safe Staffing(19-Apr-2022), Review Workforce Model and Structure(19-Apr-2022), Recruitment and Retention of staff(19-Apr-2022), Education and Training of staff(19-Apr-2022), workforce plan to improve retention(09-May-2023), use of agency staff for any gapped posts(09-May-2023), each team to review skill mix to provide resilience in team, introduce support workers where required(09-May-2023), winter proposal for therapy services- enhanced number of support workers for winter period.(09-May-2023), regular attendance at MADE ( Multiagency Discharge Event) to improve	Low	Treat	long term sickness continues to affect support worker provision. Registered posts currently staffed.	04-Mar-2019
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)	Organisation	Adam Biggs	07-Mar-2024	04-Apr-2024	Planned	10	10	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. (04-Mar-2024)		Low	Treat	Trust CBRN Policy is due to be revised following SCAS bi-annual audit. The revised policy will be planned for EPSC sign-off by next meeting in	26-Nov-2021
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	Organisation	Paul Sherratt	07-Mar-2024	29-Mar-2024	Pending	15	10	5	Refresher Ladder Training to be arranged and delivered. Quote to be obtained from Alan Hambridge. (20-Sep-2023), Manual alternative to Cherry Picker to be sourced.	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), Cherry Picker is being 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,	Low	Treat	reviewed by Associate Director of Estates, Estates Engineer, and Compliance Officer, no change to risk score.	25-Aug-2021

Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Targe t score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
RSK-510	<p>IF MKUH does not have a reliable temperature monitoring systems that covers all medicines storage locations (room, fridge and freezers)</p> <p>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</p>	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.	Organisation	Andrew Tse	29-Jan-2024	29-Feb-2024	Overdue	15	10	5	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	Risk reviewed at Quality Learning & Improvement Board (QLIB) - Risk approved onto the Corporate Risk Register.	15-Jan-2024
RSK-010	<p>IF the Radar Risk Management System does not meet the needs to the Trust and of legal reporting requirements</p> <p>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.</p>	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.	Organisation	Paul Ewers	21-Mar-2024	21-Apr-2024	Planned	20	9	6	Redesign of Analytics to meet the needs of the Trust (23-Feb-2024), System redesign to meet the needs of the new Patient Safety Incident Response Framework (PSIRF), Training and Comms in relation to Documentation Process (including, how to access the latest versions)	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),	Low	Treat	Risk reviewed, no change to risk.	28-Apr-2021
RSK-033	<p>If the laundry contractor (Elis) can not provide an efficient and effective service.</p> <p>Then there may be:</p> <p>Delayed deliveries from Elis</p> <p>2. Shortage deliveries from Elis</p> <p>3. Lack of contingency stock</p>	Leading to: <p>1. Delayed linen distribution throughout the trust.</p> <p>2. Delayed personal care – negative impact on patient experience.</p> <p>3. Delayed clinics and surgical lists (theatres).</p> <p>4. Staff health and wellbeing – stress.</p> <p>5. Waste of staffing resources – staff without linen to distribute.</p> <p>6. In case of a Major Incident there would not be enough laundry to provide a good level of patient care.</p>	Organisation	Aiden Ralph	06-Mar-2024	12-Jun-2024	Planned	8	9	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	Treat	Risk Owner changed to Aiden Ralph	01-Dec-2022
RSK-215	<p>IF Child Protection (CP) Medicals are not completed</p> <p>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</p>	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	Organisation	Julie Orr	09-Nov-2023	08-Dec-2023	Overdue	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 (09-Nov-2023), Ongoing discussions are being held with BLMK and CNWL and Designated Doctor to progress toward an agreeable pathway (09-Nov-2023)	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), 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	Discuss with the Head of safeguarding and the designated doctor	24-Nov-2021
RSK-216	<p>If agreed safeguarding processes/ practice and staffing are not in place which includes multi-agency working and information sharing</p> <p>THEN the Trust may be non-compliant with key regulatory and legislative processes including information-sharing agreements.</p>	LEADING TO potential failures in care provision which may have a detrimental effect on patients, their families, staff, and the Trust. The complexities of multi-agency working especially within safeguarding require information sharing between multiple agencies. Currently, there are multiple pathways for sharing of information. Failure to comply with regulations/legislation and information-sharing processes has potential legal and financial implications for the Trust.	Organisation	Julie Orr	07-Mar-2024	31-Mar-2024	Pending	9	9	6	Ongoing training programme for all staff (10-Jan-2024), Named leads -staff development and training in safeguarding roles needed	Memorandum of understanding for the MK Safeguarding adult and children's board and for the subgroups that feed into this multi agency board, of which the Trust is a signatory(24-Nov-2021), There are electronic safeguarding forms available to staff to raise safeguarding concerns to the relevant external safeguarding adult or children's teams, SABR1, MARF. MARF now go to what is known as the Multi-Agency Hub and that has POLICE, EDUCATION, HEALTH AND SOCIAL SERVICES(24-Nov-2021), The Safeguarding Leads attend MARAC AND MARM COMMITTEES which are Multi-Agency(24-Nov-2021), Safeguarding has an electric promoting welfare tab on EDM to identify individuals at risk(24-Nov-2021), Safeguarding children have a sharing information electronic form to help identify to school nurses and health visitors children who have attended or may be at risk due to the child behind the adult(24-Nov-2021), Maternity services use confidential communicate on the Amalga system This has been widened to include children's and also the safe storage and collection of the MARF forms(24-Nov-2021), Trust Safeguarding Committee is multi agency(24-Nov-2021), MKHFT sits on the Milton Keynes Safeguarding Adults and Children's Boards(24-Nov-2021),	Low	Treat	Review risk with the Head of Safeguarding	24-Nov-2021



Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Targe t score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
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.	Organisation	Louise Clayton	07-Mar-2024	30-Apr-2024	Planned	16	9	3	Recruitment plans by role (05-Jan-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)	Low	Tolerate	Risk merged with RSK-233.	01-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	Organisation	Louise Clayton	07-Mar-2024	31-Mar-2024	Planned	16	9	9	Creation of retention toolkit (24-Nov-2023), Review of local induction/onboarding process (24-Nov-2023)	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),	Low	Tolerate	Risk Reviewed - Controls updated. No change to Risk Score	02-Jan-2023
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	Organisation	Anthony Marsh	26-Mar-2024	26-Apr-2024	Planned	15	9	3	Replacement/upgrade of flat roofs identified in the 6 facet survey. Ongoing replacement works since Jan 24. Funder in 2024/25 Programme (29-Jan-2024)	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), Funding for phase 2 included in carbon zero funds to be announced Jan 2024	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	21-Dec-2022
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	Organisation	Michael Stark	26-Mar-2024	26-Apr-2024	Planned	12	9	6	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. (26-Mar-2024)	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)	Low	Treat	Risk reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	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	Organisation	Ayca Ahmed	18-Mar-2024	18-Apr-2024	Planned	12	9	9		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	Reviewed by Medical Devices Manager, no change to risk rating.	16-Oct-2018

Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Targe t score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
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 equioment urchases	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	Organisation	Ayca Ahmed	18-Mar-2024	18-Apr-2024	Planned	12	9	6	Checklist for procurement team to make sure prior to purchase they liaise with the MEM team (16-Feb-2024)	Medical Devices Group meetings are held monthly to discuss procurement(01-Jul-2022), BC review for capital medical equipment purchase(18-Dec-2023), AUDITING PPMS(16-Feb-2024)	Low	Treat	Reviewed by Medical Devices Manager, no change to risk rating.	16-Oct-2018
RSK-300	IF the call bell system is not replaced/upgraded  THEN the call bell system could fail as parts obsolete for some systems to obtain	LEADING TO increased risk to patients and possible service disruption and poor patient experience	Organisation	Steven Sluter	26-Mar-2024	26-Apr-2024	Planned	9	9	3	Wards with obsolete equipment require replacement. Spares have increased as old system been replaced.Upgrade programme to be included in rolling Capital bid of £50K for 24/25 (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	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	25-Aug-2021
RSK-434	IF there is insufficient capacity of outpatient appointments  THEN Patient Access will be unable to provide patients within designated timescales	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.	Organisation	Emma Hunt-Smith	07-Mar-2024	14-Mar-2024	Overdue	9	9	6	Cleanse of the Patient Tracking Lists for the following services to be undertaken, utilising additional non-recurrent resource - Ophthalmology; ENT; Urology; Trauma & Orthopaedics; Gynaecology (05-Dec-2023)	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-	Low	Treat	Impact of Risk - Update added (Patients being moved in clinics without clinical validation), requested by Jessica Goodger, approved by Felicity Medina @ Patient Access Managers meeting 15 May 2023	06-Feb-2023
RSK-448	IF the GE Voulson E10 obstetric ultrasound machines are more than 5 years old  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	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	Organisation	Alexandra Godfrey	12-Jan-2024	31-Mar-2024	Pending	9	9	6	Replacement obstetric ultrasound machines (10-Jan-2024)	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	OPU2 ultrasound machine relocated to ANC2.	21-Mar-2023
RSK-020	IF there are ligature point areas in ED for Adult and C&YP in all areas of department  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.	LEADING TO increased safety risk to patients, safe and adverse publicity	Organisation	Kirsty McKenzie-Martin	13-Mar-2024	16-Apr-2024	Planned	9	8	4	Mental Health pathway to be reviewed by the Corporate Team (04-Dec-2023)	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),	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-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.	Organisation	Michael Stark	26-Mar-2024	26-Apr-2024	Planned	20	8	8	Fire Damper O&M to be checked for Ward 22/Endo and added to maintenance schedule if appropriate	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,	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	25-Aug-2021

Corporate Risk Register																
Reference	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
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	Organisation	Steven Sluter	26-Mar-2024	26-Apr-2024	Planned	20	8	8	P4 reporting being connected., C&B to replace failed lights and remedial works 24/25 Budget of £20K identified.	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)	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	25-Aug-2021
RSK-266	IF the Trust are unable to take up the New Hospital Plan  THEN The Trust would have to fund all future developments from either internally generated funding defined for backlog investment or borrow the money	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	Organisation	Rebecca Grindley	07-Mar-2024	14-Apr-2024	Planned	16	8	8		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), Funding for Outline Business Case (OBC) agreed in Jan '22. Due for	Medium	Tolerate	Trust have team in place to deliver OBC as national programme proceeds. The delay in the national programme increases pressure on the trusts bed capacity. We are unlikely to miss the opportunity to access funding should the programme proceed.	30-Nov-2021
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	Organisation	Michael Stark	26-Mar-2024	26-Apr-2024	Planned	12	8	4	Full site has been surveyed and remedial works planned. (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	Risk reviewed by Associate Director of Estates and Compliance Officer, no change to current 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	Organisation	Steven Sluter	26-Mar-2024	26-Apr-2024	Planned	12	8	4	Ongoing rolling program of refurbishment, subject to funding in Trust Capital programme (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 Associate Director of Estates and Compliance Officer, no change to current risk score.	25-Aug-2021
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	Organisation	Michael Stark	26-Mar-2024	26-Apr-2024	Planned	8	8	4		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), Proactive maintenance commitment(30-Nov-2021), Multiple areas descaled ongoing programme(30-Nov-2021)	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	25-Aug-2021
RSK-402	IF there is a lack of Orthopaedic Therapy staff to provide rehabilitation, discharge planning and equipment to patients in the trauma and elective orthopaedic pathways.  THEN fractured NOF patients may not be able to be offered daily mobilisation; may not have a functional OT assessment within 7 days; elective Orthopaedic patients may not be seen twice a day	LEADING TO potential for length of stay for both trauma and elective patients to increase and reduce patient experience.	Organisation	Laura Sturgeon	25-Mar-2024	07-May-2024	Planned	15	8	3	Pathway review (25-Mar-2024)	Recruitment of vacant posts(01-Dec-2022), Recruitment(01-Dec-2022)	Low	Treat	1 OT post remains vacant- recruited to pending confirmation of start date. No further update regarding ortho-outreach proposal	01-Dec-2022
RSK-421	Ongoing shortages of medicines with minimal notice or little warning	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	Organisation	Nicholas Beason	26-Mar-2024	24-Jun-2024	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-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	LEADING TO potential error in patient care, non-compliance with legislative, national requirements, potential litigation and potential loss of reputation to Trust	Organisation	Jacqueline Stretton	21-Mar-2024	21-Mar-2024	Overdue	12	6	3		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	Treat	Reassigned to J Stretton in line with new structure	06-Sep-2021



Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Target score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
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>	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.	Organisation	David Baker	26-Mar-2024	30-Sep-2024	Planned	20	6	6		Estates management informed and plans in place to receive reports on time and to standard. Independent monitoring system in place monitoring machine performance. Weekly PPM carried out on machinery. 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), 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. Estates nominated person AP is undergoing training and awaiting final sign off and official appointment to role.(21-Jan-2022), Mechanical Engineer is trained and appointed as AP, for HSDU.(04-Apr-2023), Appointed AP(D)(27-Jul-2023),	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	25-Aug-2021
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>	LEADING TO a data breach and potential significant fine	Organisation	Lisa Johnston	11-Mar-2024	11-Apr-2024	Planned	16	6	6		All staff attend an annual mandatory training course on Information Governance(23-Nov-2021), Staff are encouraged to use catalogues which reduces the requirements for free text(23-Nov-2021), Data sent out to external agencies is checked for any patient details before submitting(23-Nov-2021)	Medium	Tolerate	Ongoing risk	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>	LEADING TO Incorrect ordering resulting in a lack of stock and impacting on patient safety	Organisation	Lisa Johnston	11-Mar-2024	11-Apr-2024	Planned	12	6	6		Monthly reviews on data quality and corrections(23-Nov-2021), Mechanisms are in place to learn and change processes(23-Nov-2021), Data validation activities occur on monthly basis(23-Nov-2021), A desire to put qualifying suppliers in catalogue(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-207	<p>IF there is major IT failure internally or from external providers</p> <p>THEN there is a risk that key Finance and Procurement systems are unavailable</p>	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	Organisation	Karan Hotchkin	11-Mar-2024	11-Apr-2024	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	<p>IF staff members falsely represent themselves, abuse their position, or fail to disclose information for personal gain</p> <p>THEN the Trust/Service Users/Stakeholders may be defrauded</p>	LEADING TO financial loss and reputational damage	Organisation	Karan Hotchkin	11-Mar-2024	11-Apr-2024	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	<p>The presence of colonisation with pseudomonas aeruginosa, identified during routine water sampling from any outlets in the Cancer Centre will present an increased risk of infection in immuno-suppressed cancer patients.</p> <p>Mitigations in place to avoid risk to patients and staff in Cancer Centre</p>	LEADING TO susceptible patients within augmented care units such as Ward 25 and chemotherapy Suite potentially coming to harm	Organisation	Angela Legate	14-Mar-2024	24-Apr-2024	Planned	16	6	6	replacement of pipework not yet removed/ replaced remains an option (14-Mar-2024)	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), close monitoring of cleaning by domestic team (taps) and water sampling by external authorised company. pt. information includes safe	Low	Tolerate	enhanced monitoring of water supply, remedial estates work where indicated continues to mitigate risk as far as is practicable. Human factors is acknowledged as contributory	16-Mar-2021
RSK-238	<p>IF poor moving and handling practice happens,</p> <p>THEN staff and patients may get injured due to poor moving and handling</p>	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	Organisation	Joanna Klimera	07-Mar-2024	17-May-2024	Planned	12	6	6	Triangulate Data, Create action plans for top areas identified through group	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-2022)	Low	Treat	Risk reviewed - Controls updated	01-Nov-2021

Corporate Risk Register																
Reference	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
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	Organisation	Craig York	07-Mar-2024	31-May-2024	Planned	9	6	6	Accepted risk & continue to do as a monthly audit, with assistance identified and acted on.	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) 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	Audit is reviewed on a regular basis to mitigate, to ensure the risk remains at existing score.  Work in progress to offer a specific access role to eCARE for 'non-medical prescribers' to improve the auditability of the solution	25-Jan-2023
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	Organisation	Alan Brooks	26-Mar-2024	30-Sep-2024	Planned	20	6	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, Contract to be awarded(10-Feb-2023)	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	25-Aug-2021
RSK-272	IF the Passenger Lifts are not maintained  THEN there is a risk of failure of components	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.	Organisation	Steven Sluter	26-Mar-2024	30-Sep-2024	Planned	15	6	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, Contract to be awarded(10-Feb-2023)	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	25-Aug-2021
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	Organisation	Ayca Ahmed	18-Mar-2024	30-Jun-2024	Planned	15	6	3	Contract KPI's agreed as part of new contract (18-Mar-2024)	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), Annual review of asset base and contract base reset linked to Capital Programme(30-Nov-2021), Lean Medical Equipment Arrangement with Supplier(01-Sep-2022)	Medium	Treat	Reviewed by Medical Devices Manager, no change to risk rating.	16-Oct-2018
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	Organisation	Anthony Marsh	26-Mar-2024	30-Sep-2024	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. (29-Jan-2024)	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), n/a(30-Nov-2021), Annual Physical 20% of site 6 facet survey undertaken, remainder of site updated with desktop exercise(03-Mar-2022), NOT IMPLEMENTED - New Hospital Programme guidance indicates funding to clear CIR backlog programme to be included as part of the	Low	Treat	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk score.	25-Aug-2021
RSK-432	IF the Trust does not effectively communicate with its patients (e.g. for visually or hearing impaired patients/family members or those where English is not their first language etc)  THEN some patients will not be able to access information relating to their care and treatment	LEADING TO patients/families not being effectively included in decisions relating to their care; the Trust not being compliant with the Accessible Information Standards	Organisation	Tasmane Thorp	07-Mar-2024	22-Apr-2024	Planned	9	6	6		Clear Face Masks used where appropriate(10-Feb-2023), Hearing Loops(10-Feb-2023), Interpreters used where required(10-Feb-2023), Badges available to identify anyone with hearing loss to request additional support(10-Feb-2023), Placement of screens to allow a visual view showing when patients can go into their appointment and where(10-Feb-2023), Purchase and installation of Synertec to improve accessibility of patient information(10-Feb-2023)	Low	Treat	Downgraded slightly	07-Feb-2023

Corporate Risk Register																
Referenc e	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Origina l score	Curren t score	Targe t score	Controls outstanding	Controls implemented	Risk appetit e	Risk response	Latest review comment	Risk identified on
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.	Organisation	Jane Radice	07-Mar-2024	04-Oct-2024	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	Low	Tolerate	Risk reviewed at Therapies CIG - No change to risk	23-Apr-2014
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	Organisation	Marea Lawford	04-Jan-2024	01-Apr-2024	Pending	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 Cycle(04-Jan-2024)	Low	Tolerate	Risk reviewed by Risk Owner 02/01/2024.	05-Jan-2023
RSK-160	IF the existing Bag Valve Masks (BVM) look similar to the Lung Volume Recruitment (LVR) bags that the department want to introduce as a Physiotherapy treatment modality for airway clearance  THEN they could be used in error during resuscitation procedures	LEADING TO patient requiring resuscitation with a BVG could have resuscitation attempted with a LVR bag and could suffer consequences of incorrect treatment initially and delay to correct treatment procedures	Organisation	Adam Baddeley	07-Sep-2023	03-Jun-2024	Planned	15	4	4		•The bag has “not for resuscitation purposes” printed on the bag by the manufacturers and also comes with a yellow “not for resuscitation purposes” tag attached to it. •There are clear differences in the two bags appearances - All staff that work in the ward environments will have completed BLS training at least so will be familiar with the BVM equipment. They will have seen and used the BVM in practice during resus training and therefore would know that it has an oxygen reservoir bag and tubing that connects to an oxygen flow meter which an LVR bag does not have. •BVM is kept in its packaging hung on the resus trolley. When an LVR bag is provided to a patient it would be kept in their bedside locker in the navy blue drawstring bag it comes from the manufacturer in. •The resus trolley is checked daily by ward staff so if the LVR bag mistakenly was put in the resus trolley by nursing staff that would be recognised. •All physio staff that would be issuing this equipment out would have specific training before being able to use with patients. •The patient would be seen daily by Physio who would recognise if the LVR bag was missing from that patients locker. •If an LVR bag was issued to a patient then the nurse involved in that patients care would be informed of the equipment being kept in the patients locker (but not expected to use the equipment with the patient) •Once the LVR is not longer being used with the patient we will ensure it is promptly removed from the bedspace and disposed of to eliminate the risk of it accidentally being used in a resus situation.(12-Nov-2021)	Low	Tolerate	No changes to risk score, continue to review 3 monthly. No incidents identified.	17-Jan-2020
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	Organisation	Joanna Klimera	03-Jan-2024	29-Feb-2024	Overdue	15	4	4	Creation of Apprenticeship Strategy (28-Feb-2024)	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),	Low	Treat	Risk reviewed - Additional controls identified. No change to risk scoring.	25-Nov-2021

## Corporate Risk Register

Reference	Description	Impact of risk	Scope	Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
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	Organisation	Steven Sluter	26-Mar-2024	31-Mar-2025	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 Associate Director of Estates and Compliance Officer, no change to current 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	Organisation	Michael Stark	26-Mar-2024	31-Mar-2025	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 HTM assessments(30-Nov-2021)	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current 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	Organisation	Michael Stark	26-Mar-2024	31-Mar-2025	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	Organisation	Paul Sherratt	26-Mar-2024	31-Mar-2025	Planned	12	4	4	A competent training person needs to be identified to provide continual training (26-Mar-2024)	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-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	Organisation	Nikolaos Makris	12-Jan-2024	01-Mar-2024	Overdue	15	2	2		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	Tolerate	CORs system now functioning, will need review of effectiveness prior to risk closure. To discuss with Medical Director, Director of corporate affairs, and Head of risk management	06-Sep-2021

Meeting Title	Trust Board	Date: May 2024	
Report Title	Board Assurance Framework	Agenda Item Number: 16	
Lead Director	Kate Jarman, Chief of Corporate Services		
Report Author	Paul Ewers, Senior Risk Manager		

Introduction	Assurance Report		
Key Messages to Note	There are two new risks proposed for inclusion on the BAF for 2024/25 (page 2). This report is the System BAF Dashboard for 2024/25 (page 3). The current progress on completing the Board Assurance Framework for 2024/25 is included in the below report (from page 8).		
Recommendation <small>(Tick the relevant box(es))</small>	For Information <input checked="" type="checkbox"/>	For Approval <input type="checkbox"/>	For Review <input checked="" type="checkbox"/>

Strategic Objectives Links <small>(Please delete the objectives that are not relevant to the report)</small>	<div>1. Keeping you safe in our hospital</div> <div>2. Improving your experience of care</div> <div>3. Ensuring you get the most effective treatment</div> <div>4. Giving you access to timely care</div> <div>5. Working with partners in MK to improve everyone’s health and care</div> <div>6. Increasing access to clinical research and trials</div> <div>7. Spending money well on the care you receive</div> <div>8. Employing the best people to care for you</div> <div>9. Expanding and improving your environment</div> <div>10. Innovating and investing in the future of your hospital</div>
---	---

Report History	Regular Committee cycle
Next Steps	N/A
Appendices/Attachments	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 eight risks against the achievement of the Trust's strategic objectives in 2024:

1. Continued industrial action resulting in significant disruption to service/ care provision
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 avoidable harm
5. Inability to discharge patients to appropriate care settings
6. System inability to provide adequate social care and mental health capacity
7. Political instability and change
8. Head & Neck cancer pathway

**Proposed New Risks:** In addition to the above risks, it is proposed that the following risks are added to the BAF:

1. Deteriorating quality of the estate
2. Data/Cyber Security

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

1. Conflicting priorities between the ICS and providers
2. Lack of availability of skilled staff
3. Increasing turnover
4. Lack of time to plan and implement long-term transformational change
5. Long-term financial arrangements for the NHS
6. Growing/ageing population
7. A pandemic

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

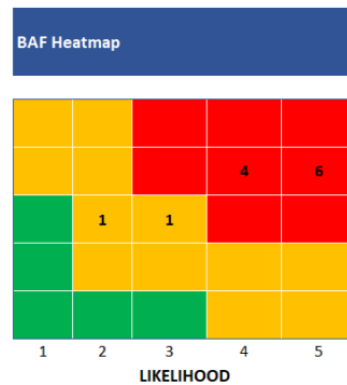
Below is the System Board Assurance Framework Dashboard. The system wide BAF currently incorporates 12 strategic system risks. There have been no changes since the previous meeting.

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services Risk	20	→
BAF0002	Developing suitable workforce	20	→
BAF0003	System Pressure & Resilience	20	→
BAF0004	Widening Inequalities	16	→
BAF0005	System Transformation	20	→
BAF0006	Financial Sustainability & Underlying Financial Health	20	→
BAF0007	Climate Change	16	→
BAF0008	Population Growth	20	→
BAF0009	Rising Cost of Living	16	→
BAF0010	Partnership Working	9	→
BAF0011	Health literacy - Denny Review	16	→
BAF0012	System Collaboration	6	→

Risk Movement Over Time (23/24)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BAF0001	16	16	20	20	20	20	20	20	20	20	20	20	
BAF0002	20	20	20	20	20	20	20	20	20	20	20	20	
BAF0003	20	20	20	20	20	20	20	20	20	20	20	20	
BAF0004	16	16	16	16	16	16	16	16	16	16	16	16	
BAF0005	16	16	20	20	20	20	20	20	20	20	20	20	
BAF0006	15	15	20	20	20	20	20	20	20	20	20	20	
BAF0007	16	16	16	16	16	16	16	16	16	16	16	16	
BAF0008	20	20	20	20	20	20	20	20	20	20	20	20	
BAF0009	16	16	16	16	16	16	16	16	16	16	16	16	
BAF0010			9	9	9	9	9	9	9	9	9	9	
BAF0011							16	16	16	16	16	16	
BAF0012											6	6	

- BAF Dashboard (28th March 2024)



During 2024/24 there will be deep dives and risk assessments scheduled. The Risk Assessments will be conducted in partnership with System Risk Leads and the deep dives will be in the appropriate forum with system partners.

Potential further deep dives include:

- Backlog of maintenance issues
- Long waits for elective care
- Cyber Security
- Digital Transformation
- VCSE sector financial sustainability
- Specialised Commissioning

### BAF0003 - Urgent and Emergency Care

A deep dive was conducted during April 2024. The BAF risk will be updated to reflect the changes identified following the deep dive.

### BAF0005 – System Transformation

This will be updated in light of final Operational Plan 24/25

### BAF007 – Climate Change

Progress with adaptation plan to be reviewed by Audit & Risk Assurance Committee in October 2024.

Risk Profile (2024)

	1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
1 Rare					
2 Unlikely					
3 Moderate			SR1 Continued industrial action resulting in significant disruption to care/ service provision		SR8 Head & Neck cancer pathway
4 Likely					SR2 Insufficient capital funding to meet the needs of population we serve
5 Almost Certain				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:

<b>Green</b>	<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.
<b>Amber</b>	<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.
<b>Red</b>	<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:

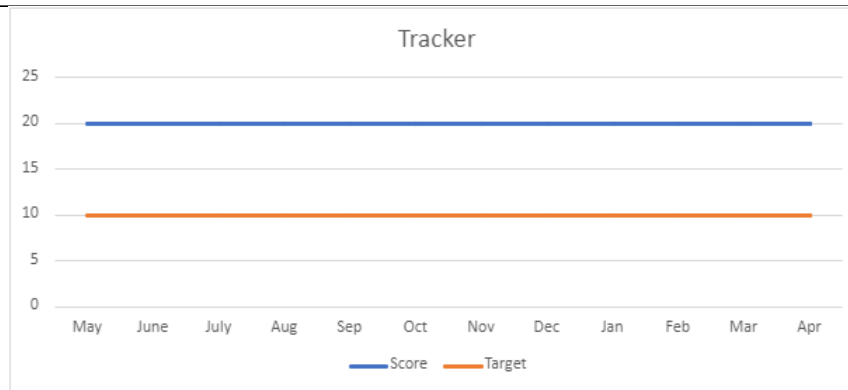
			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Consequence	1	Insignificant	1	2	3	4	5
	2	Minor	2	4	6	8	10
	3	Moderate	3	6	9	12	15
	4	Major	4	8	12	16	20
	5	Catastrophic	5	10	15	20	25

**BAF 2024/25 (Template)**

<b>Strategic Risk 1</b>	Continued industrial action resulting in significant disruption to care/ service provision						
<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>	4	3	2	<b>Risk Appetite</b>	Avoid
<b>Date of Assessment</b>	April 2024	<b>Likelihood</b>	3	3	1	<b>Risk Treatment Strategy</b>	Tolerate
<b>Date of Review</b>	April 2024	<b>Risk Rating</b>	12	9	3	<b>Assurance Rating</b>	Positive Assurance
<b>Linked Trust Objectives</b>	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 8. Employing the best people to care for you
<b>Linked Corporate Risks</b>	None						
<b>Trend</b>							

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> <li>Trade unions call for industrial action resulting in some staff not being available to work as planned</li> </ul>	<ul style="list-style-type: none"> <li>Planned care levels amended to minimise patient presence on site (e.g. clinic cancellations)</li> <li>Non-striking staff are asked additional shifts – at agreed rates of pay.</li> <li>Divisional “self-rostering” to ensure adequate essential staffing.</li> <li>Divisional risk assessment per period of industrial action – risks identified mitigated/ managed in advance.</li> <li>Derogations agreed as necessary.</li> <li>Plan as per tried and tested internal industrial action process should another strike be announced</li> </ul>			<p><b>First Line:</b></p> <ul style="list-style-type: none"> <li>Divisional teams and planning processes</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>COO led operational oversight.</li> <li></li> <li>Head of HRBP led staffing oversight.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Reporting to ICS/Region</li> </ul>		

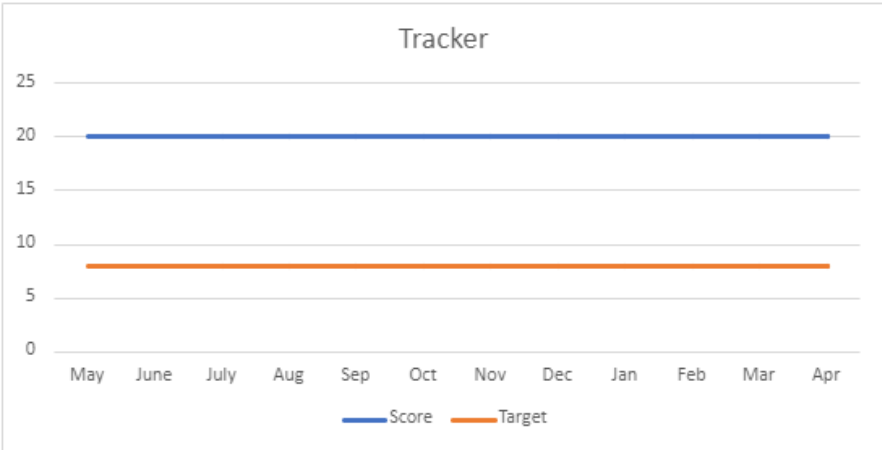
<b>Strategic Risk 2</b>	Insufficient capital funding to meet the needs of population we serve						
<b>Lead Committee</b>	Finance & Investment Committee	<b>Risk Rating</b>	Inherent	Current	Target	<b>Risk Type</b>	Financial
<b>Executive Lead</b>	Chief Financial Officer	<b>Consequence</b>	5	5	5	<b>Risk Appetite</b>	Avoid
<b>Date of Assessment</b>		<b>Likelihood</b>	5	4	2	<b>Risk Treatment Strategy</b>	Treat
<b>Date of Review</b>	April 2024	<b>Risk Rating</b>	25	20	10	<b>Assurance Rating</b>	Negative Assurance
<b>Linked Trust Objectives</b>							
<b>Linked Corporate Risks</b>							
<b>Trend</b>							



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.</li> <li>The capital budget available for 2024/25 is not sufficient to cover the planned depreciation requirement for operational capital investment. Consequently, it</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</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 plan is £6m in excess of</li> </ul>	<ul style="list-style-type: none"> <li><i>Continued dialogue with Regional and National Capital teams at NHS England by CFO from MKUH and BLMK ICB during 2024/25</i></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 this this additional £6m authorised.</li> </ul> <p><b>Second Line:</b></p> <ul style="list-style-type: none"> <li>Monthly Performance Board reporting</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 authorisation of the £6m spend in excess of allocation at this stage.</li> </ul>	<ul style="list-style-type: none"> <li>Continued dialogue at an ICB CFI level reading in year slippage from partner organisations</li> </ul>

is difficult to progress investment plans in line with the needs of the local population without breaching the available capital budget.	<p>additional funding is available.</p> <ul style="list-style-type: none"> <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> </ul>	its approved allocation which is a source of concern for the Trust, ICB and Region.		<ul style="list-style-type: none"> <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 on the Annual Report and Accounts</li> </ul>		
--	--	---	--	---	--	--

<b>Strategic Risk 3</b>	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.						
<b>Lead Committee</b>	Finance & Investment Committee	<b>Risk Rating</b>	<b>Inherent</b>	<b>Current</b>	<b>Target</b>	<b>Risk Type</b>	Financial
<b>Executive Lead</b>	Chief Financial Officer	<b>Consequence</b>	4	4	4	<b>Risk Appetite</b>	Cautious
<b>Date of Assessment</b>	March 2023	<b>Likelihood</b>	5	5	2	<b>Risk Treatment Strategy</b>	Treat
<b>Date of Review</b>	April 2024	<b>Risk Rating</b>	20	20	8	<b>Assurance Rating</b>	Negative Assurance
<b>Linked Trust Objectives</b>							
<b>Linked Corporate Risks</b>							

Trend	 <p>Tracker</p> <p>Y-axis: 0, 5, 10, 15, 20, 25</p> <p>X-axis: May, June, July, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr</p> <p>Legend: Score (blue line), Target (orange line)</p>					
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</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> </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</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of CIP programme of £18.4m in 2024-25</li> <li>• Maximisation of ERF income</li> <li>• Pro-active procurement to minimise inflationary pressures</li> <li>• Workforce planning in</li> </ul>	<b>First Line:</b> <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</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>• If there is a financial gap for 2024-25 at the</li> </ul>	<ul style="list-style-type: none"> <li>• MKUH working with NHSE to finalise the 2024-25 financial which is currently reported as a deficit of £12.1m.</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.</li> </ul>



<p>in a challenging workforce environment, including impact of continued industrial action.</p> <ul style="list-style-type: none"> <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 delivery.</li> <li>Affordability of 2024/25 planning objectives (e.g., backlog recovery) in the context of the evolving financial regime for 2024/25</li> </ul>	<ul style="list-style-type: none"> <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>National NHS/E re-forecasting process in relation to additional system funding in November 2023</li> <li>Management oversight of escalation capacity and controlled decision-making on additional capacity.</li> <li>Optimisation of elective recovery funding through optimising elective resources (bed capacity, Theatres,</li> </ul>	<p>influence national finance payment policy for 2024/25</p> <ul style="list-style-type: none"> <li>Limited ability to mitigate cost of non-elective escalation capacity.</li> <li>Ability to increase block contract value in line with demand</li> </ul>	<p>areas of where market forces are a significant inflationary factor</p> <ul style="list-style-type: none"> <li>Discussion with commissioners regrading block contract value and demand pressures thereon</li> </ul>	<p>(e.g., WLIs)</p> <ul style="list-style-type: none"> <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> </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> <li>Trust, BLMK system and regional planning reviews until planning is concluded for 2024-25.</li> </ul> <p><b>Third Line:</b></p> <ul style="list-style-type: none"> <li>Review of drivers of deficit by external consultancy</li> </ul>	<p>end of the planning process this will need further action and escalation to be determined.</p>	<ul style="list-style-type: none"> <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.</li> </ul>
---	--	--	---	--	---	---

	Outpatients clinical areas and elective clinical staff)					
	<ul style="list-style-type: none"> <li>Continued dialogue with BLMK ICS on sufficiency of the block element of the service contract</li> </ul>					

<b>Strategic Risk 4</b>		Patients experience avoidable harm					
<b>Lead Committee</b>		<b>Risk Rating</b>	Inherent	Current	Target	<b>Risk Type</b>	
<b>Executive Lead</b>		<b>Consequence</b>				<b>Risk Appetite</b>	
<b>Date of Assessment</b>		<b>Likelihood</b>				<b>Risk Treatment Strategy</b>	
<b>Date of Review</b>		<b>Risk Rating</b>				<b>Assurance Rating</b>	
<b>Cause</b>	<b>Controls</b>	<b>Gaps in Controls</b>	<b>Action Required</b>		<b>Sources of Assurance</b>	<b>Gaps in Assurance</b>	<b>Action Required</b>

**Commented [PE1]:** Inherent Risk = Consider the level of risk if there are no controls in place. I.e. what would the risk be if our controls failed?

**Current Risk** = The risk taking into consideration the controls we have in place now.

**Target Risk** = What level of risk would the Trust deem to be acceptable?

	Only include actions that will reduce either the likelihood of the risk occurring or the consequence/severity if it did.  (i.e. A meeting is not a control.)		What is the action? Who is responsible? When is it expected to be completed?	<b>First Line:</b> Operational functions that directly own/manage services.  <b>Second Line:</b> Oversight of management activity  <b>Third Line:</b> Independent/ Objective assurance (e.g. Internal Audit)		What is the action? Who is responsible? When is it expected to be completed?
--	--	--	--	---	--	--

Strategic Risk 5		Inability to discharge patients to appropriate care settings						
Lead Committee		Risk Rating	Inherent	Current	Target	Risk Type		
Executive Lead		Consequence				Risk Appetite		
Date of Assessment		Likelihood				Risk Treatment Strategy		
Date of Review		Risk Rating				Assurance Rating		

**Commented [PE2]:** Inherent Risk = Consider the level of risk if there are no controls in place. I.e. what would the risk be if our controls failed?

**Current Risk** = The risk taking into consideration the controls we have in place now.

**Target Risk** = What level of risk would the Trust deem to be acceptable?

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
	<p><i>Only include actions that will reduce either the likelihood of the risk occurring or the consequence/severity if it did.</i></p> <p><i>(i.e. A meeting is not a control.)</i></p>		<p><i>What is the action?</i> <i>Who is responsible?</i> <i>When is it expected to be completed?</i></p>	<p><b>First Line:</b> <i>Operational functions that directly own/manage services.</i></p> <p><b>Second Line:</b> <i>Oversight of management activity</i></p> <p><b>Third Line:</b> <i>Independent/ Objective assurance (e.g. Internal Audit)</i></p>		<p><i>What is the action?</i> <i>Who is responsible?</i> <i>When is it expected to be completed?</i></p>

<b>Strategic Risk 6</b>		Inability to discharge patients to appropriate care settings					
<b>Lead Committee</b>		<b>Risk Rating</b>	<b>Inherent</b>	<b>Current</b>	<b>Target</b>	<b>Risk Type</b>	
<b>Executive Lead</b>		<b>Consequence</b>				<b>Risk Appetite</b>	
<b>Date of Assessment</b>		<b>Likelihood</b>				<b>Risk Treatment Strategy</b>	
<b>Date of Review</b>		<b>Risk Rating</b>				<b>Assurance Rating</b>	

**Commented [PE3]:** Inherent Risk = Consider the level of risk if there are no controls in place. I.e. what would the risk be if our controls failed?

**Current Risk** = The risk taking into consideration the controls we have in place now.

**Target Risk** = What level of risk would the Trust deem to be acceptable?

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
	<p><i>Only include actions that will reduce either the likelihood of the risk occurring or the consequence/severity if it did.</i></p> <p><i>(i.e. A meeting is not a control.)</i></p>		<p><i>What is the action?</i> <i>Who is responsible?</i> <i>When is it expected to be completed?</i></p>	<p><b>First Line:</b> <i>Operational functions that directly own/manage services.</i></p> <p><b>Second Line:</b> <i>Oversight of management activity</i></p> <p><b>Third Line:</b> <i>Independent/ Objective assurance (e.g. Internal Audit)</i></p>		<p><i>What is the action?</i> <i>Who is responsible?</i> <i>When is it expected to be completed?</i></p>

<b>Strategic Risk 7</b>		Political instability and change					
<b>Lead Committee</b>		<b>Risk Rating</b>	<b>Inherent</b>	<b>Current</b>	<b>Target</b>	<b>Risk Type</b>	
<b>Executive Lead</b>		<b>Consequence</b>				<b>Risk Appetite</b>	
<b>Date of Assessment</b>		<b>Likelihood</b>				<b>Risk Treatment Strategy</b>	

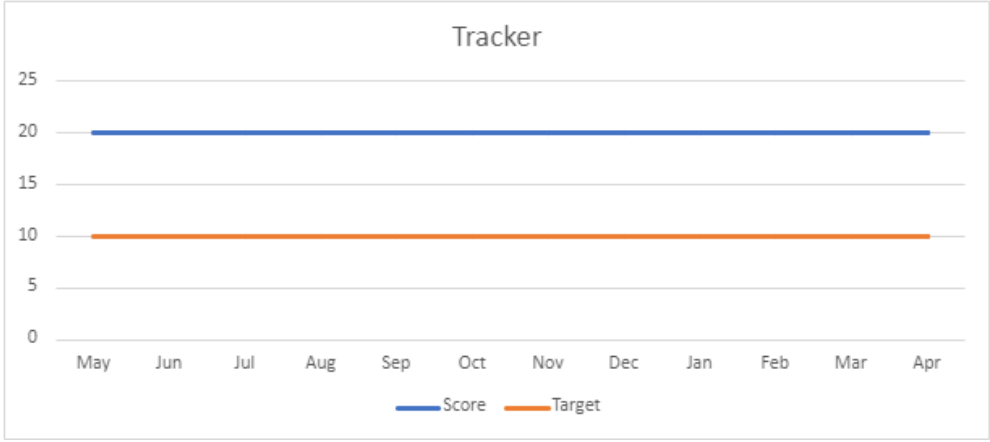
**Commented [PE4]:** **Inherent Risk** = Consider the level of risk if there are no controls in place. I.e. what would the risk be if our controls failed?

**Current Risk** = The risk taking into consideration the controls we have in place now.

**Target Risk** = What level of risk would the Trust deem to be acceptable?

Date of Review		Risk Rating				Assurance Rating		
Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required		
	<p><i>Only include actions that will reduce either the likelihood of the risk occurring or the consequence/severity if it did.</i></p> <p><i>(i.e. A meeting is not a control.)</i></p>		<p><i>What is the action?</i> <i>Who is responsible?</i> <i>When is it expected to be completed?</i></p>	<p><b>First Line:</b> <i>Operational functions that directly own/manage services.</i></p> <p><b>Second Line:</b> <i>Oversight of management activity</i></p> <p><b>Third Line:</b> <i>Independent/ Objective assurance (e.g. Internal Audit)</i></p>		<p><i>What is the action?</i> <i>Who is responsible?</i> <i>When is it expected to be completed?</i></p>		

<b>Strategic Risk 8</b>	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							
<b>Lead Committee</b>	Quality & Clinical Risk 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 Medical Officer	<b>Consequence</b>		5	5	<b>Risk Appetite</b>	Avoid	
<b>Date of Assessment</b>	December 2022	<b>Likelihood</b>		3	2	<b>Risk Treatment Strategy</b>	Treat	

<b>Date of Review</b>	April 2024	<b>Risk Rating</b>	tbc	15	10	<b>Assurance Rating</b>	Inconclusive Assurance
<b>Linked Trust Objectives</b>							
<b>Linked Corporate Risks</b>							
<b>Trend</b>	 <p>The Tracker chart displays two horizontal lines across a timeline from May to April. The Y-axis represents a score or target value, ranging from 0 to 25 in increments of 5. The X-axis lists the months: May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr. A blue line, labeled 'Score' in the legend, is positioned at the value of 20. An orange line, labeled 'Target' in the legend, is positioned at the value of 10. Both lines are perfectly horizontal, indicating no change over the period.</p>						
<b>Cause</b>	<b>Controls</b>	<b>Gaps in Controls</b>	<b>Action Required</b>	<b>Sources of Assurance</b>	<b>Gaps in Assurance</b>	<b>Action Required</b>	
<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</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</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> </ul>	<ul style="list-style-type: none"> <li>Ongoing safety netting for patients in current pathway.</li> <li>Regular operational meetings (with OUH) to articulate</li> </ul>	<b>First Line:</b> <ul style="list-style-type: none"> <li>Active monitoring and review of clinical incidents</li> </ul> <b>Second Line:</b>	<ul style="list-style-type: none"> <li>Lack of visibility of outputs of NHS Midlands quality work in</li> </ul>	<ul style="list-style-type: none"> <li>CMO to liaise with NHS East of England Specialised Commissioners to receive further</li> </ul>	

<p>spoke unit to the hub at Northampton.</p> <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>	<p>management team at Northampton. MKUH clinicians are advocating 'mutual aid from other.</p> <ul style="list-style-type: none"> <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>Safety-netting for patients in current pathway</li> <li>CEO to regional director escalation</li> <li>Report into cluster of serious incidents produced by Northampton and shared with Commissioners.</li> <li>Joint commitment confirmed at Milton Keynes University Hospital NHS FT /Oxford University Hospitals NHS FT exec-to-exec team meeting on 02</li> </ul>	<ul style="list-style-type: none"> <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>	<p>the service model going forward to the satisfaction of commissioners and others.</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>	<p>relation to the wider pathway.</p>	<p>information.</p>
---	--	--	---	--	---------------------------------------	---------------------



	October 2023					
	<ul style="list-style-type: none"><li>Commissioner visit to MKUH scheduled May 2024 in order to validate findings of East of England review of Northampton pathway</li></ul>					

# **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

(Summary Reports) Board Committees

**Chairs of Board Committees**

**Verbal/ Assurance/Information**

## Trust Board Meeting in Public

### Forward Agenda Planner

#### Standing Items

Standing Business Items	Standing Trust Board Meeting In Public Items
Apologies	Patient Story
Meeting Quorate	Nursing Workforce Update
Declaration of Interests	Performance Report
Minutes of the previous meeting	Finance Report
Action Tracker	Workforce Report
Escalation items for Board attention	Board Assurance Framework
AOB	Trust Seal
Forward Agenda Planner	Summary Reports from Board Committees
	Significant Risk Register Report
	Serious Incident Report
	Patient Experience Report
	Maternity Assurance Group Update

#### Additional Agenda Items

Month	Assurance Reports/Items
<b>January</b>	Objectives Update
	Equality, Diversity & inclusion (ED&I) Update
	CNST Maternity Incentive Scheme and Board Assurance Framework Sign Off
	Progress update – 2024/25 Quality Priorities
<b>March</b>	Green Plan Update
<b>May</b>	Declaration of Interests Report
	Maternity Patient Survey 2024 interim report
	Annual Claims Report
<b>July</b>	Equality, Diversity & inclusion (ED&I) Update
	Falls Annual Report
	Freedom to Speak Up Guardian Report
	Pressure Ulcers Annual Report
	Green Plan Update
<b>September</b>	Green Plan Update (C/F from July 2024)
<b>November</b>	Update on quality priorities (electives, diagnostics, emergency care and outpatients)

	Freedom to Speak Up Guardian Report
	Accountability and support for theatre productivity
	Mortality Update
	Safeguarding Annual Report
	Research & Development Annual Report
	Emergency Preparedness, Resilience and Response Annual Report
	Annual Complaints Report
	Annual Patient Experience Report
	Patient Safety Incident Response Framework, PSIRF – Policy and Plan
	Antimicrobial Stewardship - Annual Report
	Infection Prevention and Control Annual Report

# **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

Questions from Members of the Public

**Heidi Travis**

**Verbal/ Receive/Respond**

## **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

**Motion To Close The Meeting**

**Heidi Travis**

**Verbal/ Receive**

## **TRUST BOARD IN PUBLIC**

**Virtual/Teams**

Thursday, 02 May 2024

**Resolution to Exclude the Press and Public**

**Heidi Travis**

**Approve**