

Corporate Risk Register

Report Date: #####

Status Legend:
NotApplicable
Compliant
Planned
Pending
Overdue

Risk Score Legend:	
Un scored	
1 - 3	Low
4 - 7	Moderate
8 - 12	Significant
13 - 25	High

Reference	Created on	Owner	Category	Description	Impact of risk	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment
RSK-035	28-Sep-2021		Operational	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 particularly to 8a posts. 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 All resulting in adverse patient outcomes. Lack of financial control on medicines expenditure Breach of CQC regulations	24-Feb-2022	28-Sep-2021	Overdue	20	20	6	Actively recruiting, listening events with staff, implementing 1-1 system to support staff, reviewing work activities of 8a's and above to identify what could stop for a period of time. Recruitment of additional Pharmacy technicians requested Aug19. Approved end of 2020. 3 appointed and in training.		Low	Treat	Gaps in controls: Use of senior staff to support not viable long term - 28/5/21 This action has resulted in further deterioration in morale and ability to make change, increased losses Maternity leave returners leaving for more flexible / family friendly working hours  Last update in Datix (May 2021) noted: SIs occurring in service, Moderate Datix increased. Morale very poor. Turnover increasing. Safety concern escalated with request for additional resource. 2 extra locums agreed. Unable to fill these as pharmacist resource being taken up by vaccine hubs. Proposal for review being drafted.
RSK-125	04-Nov-2021		Operational	IF there is a surge of COVID-19 patients impacting on Trust ability to maintain patient care and clinical services, or loss of staff to support clinical and non-clinical services due to high levels of absence, or a loss of national stockpile in PPE or medical devices (ventilators) resulting in the Trust not receiving deliveries to preserve the safety of patients and staff  THEN there is a risk of reduced capabilities in responding to a Novel Coronavirus (COVID-19) impacting on patient care within clinical and non-clinical services, with the inability to maintain safety for staff and patients due to national pressures on supplies and infrastructure	LEADING TO Loss of clinical and non-clinical services, risk to patient care, risk to staff wellbeing and financial impacts	01-Mar-2022	07-Feb-2022	Overdue	25	20	20		COVID-19 operational and contingency plans in place(04-Nov-2021),PPE logged daily covering delivery and current stock(04-Nov-2021)	Low	Treat	Trust follows national guidance on all responding mechanisms covering COVID-19 alongside its Category one responsibilities
RSK-126	04-Nov-2021		Operational	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	07-Mar-2022	18-Jan-2022	Overdue	25	20	9	Business Case for Refurnishing Milk Kitchen and Sluice	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)	Low	Treat	Risk transferred from Datix to Radar
RSK-001	06-Sep-2021		Hazard / Health & Safety	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	12-Jan-2022	30-Mar-2022	Planned	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)	Low	Treat	Discussed at TEG 12/1/22- updates added re implementation of Radar

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RSK-115	29-Oct-2021	Marea Lawford	Compliance & Regulatory	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  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.	LEADING TO possible loss of ISO 13485 accreditation due to non-compliance to national standards.	24-Feb-2022	01-Mar-2022	Overdue	20	16	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. (21-Jan-2022),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. (21-Feb-2022)		Low	Treat	Due for review in 3 months time. The Estates member who was in training to be a AP9d) is leaving, so there will be less support and more likely less opportunities for handovers and day to day operational management from estates over steam issues and reports could suffer as a consequence.
RSK-127	04-Nov-2021		Financial	IF the Trust does not have a sufficient capital expenditure limit (CDEL) then the Trust will not be able to complete the level of planned capital investment  THEN	LEADING TO Insufficient capital expenditure limit to accommodate the Trusts investment.	07-Feb-2022	07-Mar-2022	Overdue	20	16	10		The Trust is introducing enhanced in-year capital spend monitoring to proactively manage in-year underspends across other capital schemes.(04-Nov-2021),Where agreed by management (e.g., subject to risks and strategic need) underspends across other capital schemes could free-up capital expenditure limit for utilisation against bond schemes.(04-Nov-2021)	High	Treat	Risk transferred from Datix to Radar
RSK-134	04-Nov-2021		Financial	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  THEN there may be an increase in operational expenditure in order to manage COVID-19	LEADING TO an impact of H2 funding streams being worked through, reductions in non-NHS income streams as a direct result of COVID-19, Impaired operating productivity leading to costs for extended working days and/or outsourcing and potential for material increase in efficiency requirement from NHS funding regime to support DHSC budget affordability.	07-Feb-2022	07-Mar-2022	Overdue	20	16	8		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)	High	Treat	Risk transferred from Datix
RSK-305	06-Dec-2021		Financial	If there is insufficient strategic capital funding available	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	07-Feb-2022	07-Mar-2022	Overdue	16	16	9	The trust has a process to target investment of available capital finance to manage risk and safety across the hospital		Medium	Treat	Risk was approved by Finance and Investment committee on 30/12/2021
RSK-015	21-Sep-2021	Hazard /	Health & Safety	IF there are ligature point areas in Ward 1 in various areas of the department  THEN patients may use ligature points to self-harm	LEADING TO physical injury/cuts/overdose/ill health/death to patients, and psychological impact, stress, anxiety, breakdown to staff/visitors; Absence from work; Reduced staffing through absence; Ongoing mental health impact	23-Feb-2022	09-Mar-2022	Pending	15	15	10		See attached Risk Assessment.(21-Sep-2021)	Low	Treat	Reviewed by Laura Sutton/ Marion Fowler and Pauline Sharma. To discuss at SPEG tomorrow as grading last month was incorrect. To remain at 15 and not lowered as no change.
RSK-158	12-Nov-2021		Operational	If the escalation beds are opened the additional patients that will need to be seen will put additional demand on the Therapy department to manage and support patient flow during periods of significant pressure.	Increased demand on occupational therapy and physiotherapy staff  Patients are likely to decondition if the demand is too high for the therapy staff to manage  Staff morale will reduce as they will not be providing the appropriate level of assessment and treatment to their patients  Length of stay may increase as patients will not be seen in line with care plans due to prioritising discharges	24-Feb-2022	28-Feb-2022	Overdue	16	15	12		Therapy staff attend board rounds and work with the MDT to determine priority patients. The skills mix and workforce is reviewed on a daily basis 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 Increase in therapy assistant staff base. Locum cover for vacant posts.(12-Nov-2021)	Low	Treat	Risk score increased due to escalation beds remaining open leading to insufficient capacity to see all patients referred to OT and PT on a daily basis.
RSK-159	12-Nov-2021		Operational	IF patients referred to Occupational Therapy and Physiotherapy inpatients covering medical wards are not being seen in timely manner  THEN there will be a delay in these patients being treated	LEADING TO Deconditioning of vulnerable/complex patients requiring a short period of therapy; Increased length of stay; Potential readmission	24-Feb-2022	28-Feb-2022	Overdue	20	15	8		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)	Low	Treat	Despite recruiting to a number of new staff over the summer period, a number of resignations are pending and will lead to further impacts on capacity to see all patients referred to therapy inpatients.

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RSK-247	26-Nov-2021	Operational		IF the wait times for ventilated babies and children requiring transfer to a tertiary centre continue to increase due to increasing pressures across the system.  THEN the children's physiotherapy and on call team will be asked to assess and treat ventilated children. The physiotherapists do not currently have the training and competencies to complete this.	LEADING TO a ventilated child requiring support with airway clearance may not receive the assessment and treatment they require whilst waiting at MKUH for transfer. This may have a negative impact on their respiratory status and clinical outcome	08-Mar-2022	27-Nov-2021	Overdue	15	15	6			Low	Treat	
RSK-002	06-Sep-2021	Compliance & Regulatory		IF recommendations and actions from audit are not evidenced, monitored and completed in the Trust; THEN required changes to practice may not implemented and we may not be meeting best practice criteria;	LEADING TO potential impact on the top 3 Trust objectives (patient Safety, Clinical Effectiveness, Patient Experience), potential poor quality of service and associated impact on resources and potential CQC concerns re audit activity and learning from national audits	04-Jan-2022	30-Mar-2022	Planned	15	12	3	Scheduled implementation of Radar audit module	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),Pilot of new governance approach to reports/CIG meetings(06-Sep-2021)	Low	Treat	Risk unchanged - awaiting RADAR audit module roll out
RSK-003	06-Sep-2021	Compliance & Regulatory		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;	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	21-Dec-2021	30-Mar-2022	Planned	25	12	4		SharePoint and Q-Pulse in place(06-Sep-2021),Scheduled implementation of new system Radar(06-Sep-2021)	Low	Treat	Risk made bespoke for Radar & grading changed
RSK-008	06-Sep-2021	Compliance & Regulatory		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	04-Jan-2022	30-Mar-2022	Planned	15	12	6		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)	Medium	Treat	Risk unchanged. M&M refresh scheduled for new year by Associate Medical Director
RSK-202	23-Nov-2021	Financial		IF Transformation delivery is not adequately resourced and prioritised and/or schemes are unrealistic and not well planned  THEN There is a risk that the Trust is unable to achieve the required efficiency improvements through the transformation programme leading to an overspend against plan	LEADING TO the Trust potentially not delivering its financial targets leading to TO potential cash shortfall and non-delivery of its key targets	07-Feb-2022	07-Mar-2022	Overdue	20	12	9		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)	Medium	Treat	Risk transferred from Datix
RSK-211	23-Nov-2021	Hazard / Health & Safety		IF infection / colonisation with pseudomonas aeruginosa from contaminated water occurs within the Cancer Centre  THEN there is a risk of infection and complications this could cause to immuno-suppressed cancer patients. Mitigations in place to avoid risk to patients and staff in Cancer Centre	LEADING TO susceptible patients within augmented care units such as Ward 25 and chemotherapy Suite potentially coming to harm	16-Dec-2021	30-May-2022	Planned	16	12	8	Plans for sampling and microbiological testing of water is in place	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)	Not Applicable	Treat	Risk transferred from Datix

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RSK-212	23-Nov-2021		Hazard / Health & Safety	IF we are unable to retain nursing staff employed in critical posts  THEN we will lose skilled workforce	LEADING TO more vacancies and skill gaps	16-Dec-2021	17-May-2022	Planned	16	12	8		Programme for overseas recruitment implemented(23-Nov-2021),Lots of bespoke Nursing development courses offered eg 150 staff nurses through a university post registration module. 200 HCAs through an Open University module Increasing Secondments for HCAs to pre-reg nurse training . 20 Matrons and ANPs through a post-graduate management course. 40 Senior Sisters and Sister through a bespoke leadership programme. 35 RNs on Stroke Unit have gone through a bespoke stroke programme. Rns through a bespoke gastro programme. Participation in NHS Leadership academy course at all levels of the Trust(23-Nov-2021),Monitoring of appraisal rates and statutory/Mandatory training ratse at Workforce Board and Management Board(23-Nov-2021),New reward and recognition scheme launch (Going the Extra Mile Awards and Annual Staff Awards)(23-Nov-2021),Workforce Assurance Committee has been established(23-Nov-2021),Overseas recruitment drive(23-Nov-2021),Monitoring via staff survey feedback and local action plan based outcomes(23-Nov-2021),Health and well being promotion and education via Occupational Health(23-Nov-2021),We Care programme Booklet and survey	Not Applicable	Treat	Risk transferred from Datix
RSK-230	25-Nov-2021	Operational		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.	23-Feb-2022	07-Nov-2022	Planned	16	12	8		Major incident response plan (IRP)(25-Nov-2021),Action Cards have been removed from the Major Incident Response Plan and are held as a separate annex(25-Nov-2021),CBRN arrangements outlined within the IRP(25-Nov-2021),Mass casualty response outlined within the IRP(25-Nov-2021),Regional casualty dispersal process in place(25-Nov-2021),Local resilience Forum working group meetings attended, with tactical and strategic levels represented by CCG and NHSE&I(25-Nov-2021),Training and Exercise programme in place to ensure the Trust meets national best practice and statutory obligations(25-Nov-2021),EPRR annual work plan in place and agreed with Accountable Emergency Officer (AEO) that is scrutinised and reviewed through the Emergency Planning Steering Committee on a quarterly basis attended by senior and key staff(25-Nov-2021),Annual NHSE&I EPRR Core Standards review conducted by BLMK CCG to ensure MKUH is meeting its statutory obligations, with internal report sent to Managing Board and Trust Public Board for sign-off(25-Nov-2021)	Low	Treat	This will remain an open risk as Major Incident will always have the potential to occur internally or externally to varying degrees dictated on the event.
RSK-232	25-Nov-2021	Operational		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	09-Dec-2021	14-Nov-2022	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)	Not Applicable	Not Applicable	Will remain an Open risk due to climate change resulting on the ongoing risk off extreme weather occurring
RSK-237	25-Nov-2021	Strategic		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	25-Nov-2021	30-Nov-2021	Overdue	15	12	2		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)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-238	25-Nov-2021	Hazard / Health & Safety		IF poor moving and handling practice happens,  THEN staff and patients may get injured due to poor moving and handling	LEADING TO litigation, sickness absence and increased temporary staffing backfill. Staff and/or patient injury Subsequent reduction in staff numbers Poor reputation and publicity Potential risk of litigation and prosecution	25-Nov-2021	30-Nov-2021	Overdue	12	12	6	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	Not Applicable	Not Applicable	Risk transferred from Datix	

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RSK-239	26-Nov-2021	Hazard /	Health & Safety	IF there is insufficient Resourcing within the patient administration areas including training areas, and there is significant wider organisational change (e.g. eCare, mycare)  THEN there could be inadequate administrative capacity to support current clinical demand	LEADING TO Potential litigation, poor patient experience, potential serious incident, inappropriate / delayed patient care, delays to organisational change roll-outs	28-Feb-2022	29-Jun-2020	Overdue	16	12	6		Recruitment exercises(26-Nov-2021),Recruitment through secondments(26-Nov-2021),weekly operational status meetings(26-Nov-2021),Additional senior support provided(26-Nov-2021)	Low	Treat	Risk transferred from Datix
RSK-243	26-Nov-2021	Operational		IF there is Insufficient administrative staffing and staffing mix to support the business need  THEN there is a risk that the administrative functions of the business will fail at worst, or delay patient care at best	LEADING TO Potential delays to patient care, due to delays in administration processes	10-Dec-2021	06-Oct-2021	Overdue	16	12	6		Dependent on Bank Staff(26-Nov-2021),Staff working overtime(26-Nov-2021),Control added in error(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-244	26-Nov-2021	Compliance & Regulatory		IF Clinicians/Authors are not selecting the correct MRN when creating clinic letters or discharge summaries  THEN patients could see other patients clinical information	LEADING TO Potential GDPR / patient information breach	18-Jan-2022	06-Oct-2021	Overdue	16	12	6	Discharge summaries (not yet live) - these are still visible on MyCARE, but are marked as "withdrawn". eCARE development & Zesty are working on a solution	Clinic letters - Authors are trained to use Clinic Builder when creating letters as this pulls in eCARE demographics(26-Nov-2021),Clinical Letters - Letters can be marked "in error" on eCARE. However, this does not translate to the MyCARE patient portal(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-245	26-Nov-2021	Operational		IF there is an absence of a prospective and retrospective outpatients slot utilisation report  THEN the Patient Access Team and the wider Trust will be unable to effectively and efficiently fill unused slots and review the level of slots wasted, leading to a loss of income, increased waiting lists and poor relationships between departments	LEADING TO leading to a loss of income, increased waiting lists and poor relationships between departments	10-Dec-2021	27-Nov-2021	Overdue	12	12	6		Team leaders in the Central Booking Office allocating this as a task at daily huddles, ie outpatient schedulers to view the front end of eCare to identify unfilled slots(26-Nov-2021),Patient Access and Transformation Team working with Information and IT to establish if a report will be technically possible(26-Nov-2021)	Not Applicable	Not Applicable	
RSK-254	26-Nov-2021	Hazard /	Health & Safety	IF Nursing staff accidentally select the incorrect prescription chart within eCARE  THEN patients could receive medication which is prescribed for another patient.	LEADING TO potential harm to patients	16-Feb-2022	26-May-2022	Planned	12	12	3		eCARE alert if mismatch between wrist band & electronic drug chart. Correct workflow taught in eCARE training. Monthly scanning compliance report(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-256	26-Nov-2021	Compliance & Regulatory		IF the current server version is out-dated  THEN the server is vulnerable, and a potential Cyber attack target.	LEADING TO negative impact on patient care. Should the system fail completely, with no further support offered from CliniSys.	16-Feb-2022	26-May-2022	Planned	15	12	2	Testing under way with Pathology,Test issues raised and resolution activity taking place	Hardware migrated(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-258	29-Nov-2021	Operational		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	04-Mar-2022	28-Jun-2022	Planned	20	12	4	Review of staff rota profile	Re-profiled staff rotas(29-Nov-2021),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)	Low	Treat	Reviewed by Associate Director of estates and Estates Services Manager. Agreed to increase likelihood of risk to 3
RSK-259	29-Nov-2021	Operational		IF the Clinical Engineering and Medical Equipment Library Teams are unable to access the Medical Equipment Asset Management Database  THEN they will not be able record PPMs, repairs, loans, report on assets for training logs and associated tasks and provide KPI reports in compliance with MHRA standards and as per the CQC guidelines – Regulation 15 Premises and Equipment. and be compliant	LEADING TO potential impact to clinical safety	04-Mar-2022	28-Jun-2022	Planned	16	12	4	Business Case approved, out to mini competition to market for alternative asset database	IT provided access to remote desktop to connect to the server directly(29-Nov-2021),Draeger (CE) has access to the FMFirst database(29-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Medical Devices Manager, no changes to risk score.
RSK-262	29-Nov-2021	Hazard /	Health & Safety	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.	03-Mar-2022	27-Sep-2022	Planned	20	12	8	Changed Theatre 5 Damper, remaining 6 faults to be replaced 2022/2023	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)	Not Applicable	Not Applicable	Reviewed, updated controls, no change to rating.



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RSK-263	29-Nov-2021	Hazard /	Health & Safety	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	03-Mar-2022	28-Dec-2022	Planned	20	12	8	Outstanding items for last survey to be prioritised on risk basis	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, Order for £10K placed with Nene Valley(29-Nov-2021)	Low	Not Applicable	Reviewed by Associate Director of Estates and Estates Service Manager. Updated controls. No change to risk rating.
RSK-264	29-Nov-2021	Hazard /	Health & Safety	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.	03-Mar-2022	28-Mar-2023	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),A new audit and prioritization has been established for 2019 onwards, with prioritised areas as discussed at Management Board July 2019(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 March 2020(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(29-Nov-2021),21/22 programme approved at May 2021 Trust Exec Group(29-Nov-2021),Reviews options for new AE, out to tender(29-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Service Manager. No change to risk rating.
RSK-265	30-Nov-2021	Hazard /	Health & Safety	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	03-Mar-2022	28-Jun-2022	Planned	20	12	8		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	Treat	94 units identified to be replaced, work currently underway in ED to complete remaining 26 units.
RSK-266	30-Nov-2021	Financial		IF the Trust are unable to take up the HIP (Health Infrastructure Plan) Programme  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	04-Mar-2022	28-Mar-2023	Planned	16	12	8	Funding for Outline Business Case (OBC) agreed in Jan '22. Due for completion by March 2023.	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)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.

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RSK-268	30-Nov-2021		Hazard / Health & Safety	IF fire doors around the Trust are being propped open  THEN there is a risk that fire/smoke will not be contained within the compartment in the event of a fire	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.	04-Mar-2022	27-Sep-2022	Planned	16	12	4		Departments discuss fire safety and the appropriate use of fire doors regularly at staff huddles(30-Nov-2021),Minor New Works procedure in place for Departments to raise a business case if doors require fittings with hold open devices linked to the fire alarm system. Or, to request additional cooling if excess heat is being created when fire doors are closed(30-Nov-2021),Wedges, bins or anything else used to hold open fire doors removed by staff or Trust Fire Safety Advisor if spotted(30-Nov-2021),Fire doors and their purpose covered in detail in the staff induction and mandatory training(30-Nov-2021),Quarterly department audits(30-Nov-2021),Comprehensive fire risk assessments(30-Nov-2021),Local Fire evacuation drills arranged following fire risk assessment(30-Nov-2021),Passive fire safety controls in place including fire detection, fire alarms, fire doors etc(30-Nov-2021),Active fire safety controls in place with planned preventative maintenance of assets in place and undertaken by in-house Estates team or contracts in place with external contractors(30-Nov-2021),All 60 minute compartments have auto-closing hold open devices which are tested with the fire alarm testing and fire door inspections, which release on fire alarm	Low	Tolerate	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-269	30-Nov-2021		Hazard / Health & Safety	IF the Trust fails to comply fully with current DoH HTM 04-01 Parts A&B, Addendum relating to Water Systems and HTM 00 as identified in the Water Risk assessment  THEN The Trust will be unable to provide assurance of a fully compliant water safety system	LEADING TO Increased risk to patients and staff, loss of reputation, financial loss to the Trust.	04-Mar-2022	28-Jun-2022	Planned	16	12	8		A Water Services Management Group operates quarterly, with agreed membership and agenda items(30-Nov-2021),Audit document and action plan has been circulated to the Group for discussion and progression at the next meeting(30-Nov-2021),Independent contractor commissioned to regularly test water outlets. Controls and testing regimes in place(30-Nov-2021),Review and Water Services Management Group membership includes independent contractor and Authorising Engineer(30-Nov-2021),Whole site risk assessments are current and risk reviewed at each meeting(30-Nov-2021),Risk assessment undertaken of augmented care areas(30-Nov-2021),House keepers are flushing water out lets in clinical areas and return flushing sheets to estates, Hotel Services Audit manager to track progress and compliance(30-Nov-2021),Tender awarded to Evolution, 2 year contract commenced 1st July 2019. extended for 6 months. New tender to be drafted(30-Nov-2021),Phase 1 and Cancer Centre risk assessments completed(30-Nov-2021),Phase 2 Risk Assessment completed June 2021, actions underway(30-Nov-2021),Audit and Risk assessments for outlying buildings planned 2022(30-Nov-2021)	Low	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating. Risk agreed by Water Services Committee.
RSK-274	30-Nov-2021		Hazard / Health & Safety	IF the Trust worn flooring is not replaced  THEN there is a risk of failure of flooring	LEADING TO trip hazard & infection control issues	03-Mar-2022	27-Sep-2022	Planned	15	12	6	3 year + 1 +1 . contract awarded. Annual audit of Common areas, corridors and circulation, includes repairs	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)	Low	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-275	30-Nov-2021		Operational	IF The Trust does not recruit suitably qualified estates personnel  THEN there will be a shortfall of qualified skilled estates staff to perform Statutory Maintenance, Emergency On-Call & Day to Day reactive Breakdown requests and Appointed Persons	LEADING TO the Trust being at risk and service delivery systems will increasingly fail directly affecting clinical service and patient care	04-Mar-2022	28-Jun-2022	Planned	15	12	3	Current vacancies in Estates Services - 1 x Carpenter, 1 x Fitter (04-Mar-2022)	Agency staff option to back fill to current vacancies, whilst recruitment process continues if required(30-Nov-2021),Change paper put through to TEG for additional resources, better R&R payments and to bring 7 day working over longer hours by introducing a shift pattern which should protect the service availability, enhance remuneration closer to market rate and make on-call sessions less onerous. Approved subject to funding like date March 2022(30-Nov-2021),Validation pending on some changes to funding going through(30-Nov-2021)	Low	Treat	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.

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RSK-276	30-Nov-2021		Operational	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	04-Mar-2022	28-Jun-2022	Planned	15	12	3	Replacement/upgrade of flat roofs identified in the 6 facet survey	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 2022(30-Nov-2021)	Low	Treat	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-281	30-Nov-2021	Operational	If the lift located in Outpatients (servicing levels 3, 4 of yellow zone, and Staff Health & Wellbeing) fails  THEN disabled & mobility reduced/sight impaired individuals unable to access workplace or services – unable to fulfil contractual obligations. Persons entrapped in lift unable to exit. Delayed access/treatment of an individual taken ill whilst trapped. Claustrophobia, panic attacks, psychological harm, deterioration of condition	LEADING TO Reduced availability of staff, unable to carry out duties, reduced clinical input/unable to see clients (internal/external) in a timely manner – increased workload for other staff leading to increased work pressure/stress  Loss of income of external clients who cannot be seen due to absence of clinician  Service user dissatisfaction – complaints/reputation of service and organisation affected  Adverse publicity if unavailability of service reported to local press/reputation of organisation and service affected  The organisation would be in breach of statutory duties under Health & Safety At Work etc Act 1974, Equality Act 2010 – failure to provide safe access/egress/safe place of work – potentially leading to enforcement action/further interest of Health & Safety Executive Inspectorate	03-Mar-2022	28-Jun-2022	Planned	12	12	9	M&E study completed, Business Case written to install a second lifting platform in outpatients	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),Ward 16 undergone H&S improvements(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)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.	
RSK-289	30-Nov-2021	Compliance & Regulatory	If the Trust does not sufficiently invest in implementing previous Disability & Discrimination Act (DDA) findings  THEN this will LEAD to a failure to meet current DDA standards due to design access to Trust facilities and way finding.	LEADING TO non-compliance with the DDA findings, poor patient experience	03-Mar-2022	28-Jun-2022	Planned	12	12	6	Whole site survey completed, a prioritised list to be produced	Interactive Google map order completed(30-Nov-2021),Approval required to invest in future action plan(30-Nov-2021),Exploring external funding options for 'Accessibility' funds(30-Nov-2021),To be considered as part of the strategic plan(30-Nov-2021),Revenue funding for update to audit/survey approved(30-Nov-2021),Order placed start date to be agreed, estimated completion date Feb 2022(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Updated controls. No change to risk rating.	
RSK-299	30-Nov-2021	Hazard / Health & Safety	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	03-Mar-2022	02-Apr-2022	Planned	9	12	4	20% of site 6 facet survey underway	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),Review of recent 6 Facet Survey to identify future funding requirements e.g. Roof, Ventilation, Plant, HV, drainage(30-Nov-2021),March 2021 20% physical and remaining 80% desktop survey completed(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Updated controls. No change to risk rating.	
RSK-300	30-Nov-2021	Operational	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	04-Mar-2022	28-Jun-2022	Planned	9	12	3	Ward 1 and ED call bell systems ordered from FY21/22 capital for installation this FY. More upgrades to be included in capital bids next FY	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(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.	



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RSK-007	06-Sep-2021	Hazard /	Health & Safety	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	21-Dec-2021	30-Mar-2022	Planned	15	10	5	There was a suggestion that posters were put up for staff to follow when Kevin is not in.,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.	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)	Low	Treat	Additional controls added as requested by Kate Jarman
RSK-200	23-Nov-2021		Financial	IF the Trust is unable to successfully tender for external audit services in 2021  THEN financial audits and other required annual assurance exercises will not take place	LEADING TO the Trust failing in its statutory obligations.	07-Feb-2022	07-Mar-2022	Overdue	20	10	10	A tender will take place for appointment of external audit firm beyond FY22	Discussions have been held with the current external audit firm and agreement has been reached to extend the contract for a year to August 2022.(23-Nov-2021)	Medium	Treat	Risk transferred from Datix
RSK-242	26-Nov-2021	Operational		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)	23-Feb-2022	20-Nov-2022	Planned	10	10	10			Low	Treat	
RSK-248	26-Nov-2021	Operational		IF the core IT network fails (due to its age)  THEN at least half of the IT network (if not all of it) will fail and IT will stop working for all devices,	LEADING TO an inability to access key systems such as eCARE, imaging, pathology, HSDU, plus many more	16-Feb-2022	26-May-2022	Planned	20	10	5	Replacement procured, implementation planned (16-Feb-2022)		Not Applicable	Not Applicable	Risk transferred from Datix
RSK-260	29-Nov-2021	Hazard /	Health & Safety	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	03-Mar-2022	28-Jun-2022	Planned	15	10	5	RP to be appointed by Alan Hambridge	Staff training, Ladder/equipment inspections(29-Nov-2021),Written processes(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),Treatment Centre now has edge protection replacing latchway system(29-Nov-2021),Trained RP in August 2021(29-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-036	28-Sep-2021		Hazard / Health & Safety	IF there is a lack of appropriate staff (Specialty Pharmacist) available. No dedicated post and no capacity in others then there is a risk that Pharmacy Policies and Procedures may not be reviewed and updated in a timely manner	Leading to: Potential for Policies & Procedures to be out of date Potential for staff to follow out of date Policies & Procedures	24-Feb-2022	28-Sep-2021	Overdue	16	9	8	Development of eCare Try to release staff to review policies		Not Applicable	Treat	Number of policies out of date remain high
RSK-132	04-Nov-2021		Operational	IF there are a lack of Discharge Coordinators (Registered Nurses B6 level) due to vacancies and sudden long term sickness, with an additional Discharge Coordinator due to have major surgery leading to additional long term sickness  THEN there is a risk that patient discharges will significantly be delayed, especially those requiring complex coordination of the discharge process	LEADING TO Increased length of stay (LOS) for complex discharges, leading to a potential for an increase in hospital acquired infections, de-conditioning Potential to affect the stranded and super stranded patient numbers and a failure achieve National target set for 2019-20, with associated impact on ED performance Increased delayed transfers of care (DToc) Poor patient experience due to the delays in discharge/discharge planning and referrals Other services capacity not being fully utilised due to delays in internal assessments Need for the Head of Clinical Services & Trust Lead for Discharge to take on some of the functions impacting on their daily roles significantly Increased workload & stress level for the remaining Discharge Coordinators in post Reduction in mandatory training compliance due to inability to release staff	28-Feb-2022	30-Nov-2019	Overdue	20	9	9		Covering a small number of shifts with former Discharge Coordinator carrying out bank shifts, when available(04-Nov-2021),Recruited in to one vacancy and interviewing in to Bucks Coordinator role(04-Nov-2021),Reviewed role and delegated minor responsibilities to Rotational Operations Liaison Officers(04-Nov-2021),Support requested from key nursing areas who have the skills to support a number of aspects relating to the role & discharge process- awaiting confirmation(04-Nov-2021)	Low	Treat	review in 6-8 months to include impacts of 7 day working
RSK-201	23-Nov-2021	Karan Hotchkin	Financial	IF there is lack of control over the expenditure position due to COVID and uncertainty about the future financial funding regime  THEN the Trust may have insufficient cash to meet its financial obligations	LEADING TO Low / negative cash balances and interruptions to supplier payments	07-Feb-2022	07-Mar-2022	Overdue	20	9	9		Monthly cash flow forecasting is undertaken to establish at which point the Trust balances become close to £1m (historically the value advised by NHSEI to be held)(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix

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RSK-206	23-Nov-2021		Financial	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	07-Feb-2022	07-Mar-2022	Overdue	16	9	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	Tolerate	Risk transferred from Datix
RSK-214	24-Nov-2021		Operational	IF there is insufficient nursing staffing  THEN there is a risk that the number of patients requiring nutritional assistance at meal times exceeds staff availability	LEADING TO patients nutritional needs potentially not being met, impacting on poor outcomes, patient experience and length of stay	16-Dec-2021	31-Jan-2022	Overdue	15	9	6		Protected meal times(24-Nov-2021),Red trays/Jugs(24-Nov-2021),Meal time assistants(24-Nov-2021),Dining Companions Launched May 2018(24-Nov-2021),Senior Sister highlighting patients who require assistance at daily safety huddle(24-Nov-2021)	Not Applicable	Treat	Risk transferred from Datix
RSK-235	25-Nov-2021		Operational	IF the Trust is unable to fill rotas  THEN there may be insufficient medical cover	LEADING to increased clinical risk. We may not be able to easily provide sufficient clinical cover, leading to reduced service delivery, deteriorating patient experience	25-Nov-2021	30-Nov-2021	Overdue	16	9	9		Recruitment and retention premia for certain specialties(25-Nov-2021),Advanced Nurse Practitioners development and integration in progress(25-Nov-2021),New SAS grade established(25-Nov-2021),New publication for International Medical Graduates developed(25-Nov-2021),Acting Down Policy in place(25-Nov-2021),Routine/regular evidence based trends inform early recruitment activity for shortage deanery specialties (e.g. medicine, paediatrics)(25-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-236	25-Nov-2021		Operational	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	25-Nov-2021	30-Nov-2021	Overdue	16	9	9		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)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-241	26-Nov-2021		Hazard / Health & Safety	IF administrators are not copying and saving clinical letters in EDM  THEN access to the most up to date information will not be available	LEADING TO Clinicians will not have access to the most recent clinical letters and other dictations which could lead to delay in treatment and potentially missing updated medication and treatment given	10-Dec-2021	31-Dec-2021	Overdue	16	9	6		Training to all Administrators ahead of their areas going live with the BigHand upgrade(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-250	26-Nov-2021		Hazard / Health & Safety	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	16-Feb-2022	26-May-2022	Planned	15	9	3	Prioritisation of workload is in place to cover the most impacting of issues or projects, however this only reduces the potential impact slightly	Not Applicable	Not Applicable	Risk transferred from Datix	
RSK-253	26-Nov-2021		Operational	IF the Trust does not maintain its 4 year PC replacement cycle (including PC Monitors)  THEN the IT Department will be unable to provide a secure and performant infrastructure for clinical and business applications	LEADING TO reduced level of service and functionality	16-Feb-2022	26-May-2022	Planned	12	9	6		Stock for replacement programme 2021/22 available(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix

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RSK-272	30-Nov-2021		Operational	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.	04-Mar-2022	28-Jun-2022	Planned	15	9	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),Luig Cowley Lift awaiting upgrades, these are difficult as no alternative when not in service, business case being drafted(30-Nov-2021),Maintenance contract awarded.(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-279	30-Nov-2021		Hazard / Health & Safety	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	04-Mar-2022	27-Sep-2022	Planned	12	9	6	Areas suitable to install knee high fencing identified. To be prioritised and installed in future years.	Sloping curbs painted yellow where they may be crossed(30-Nov-2021),Fencing or railings in some areas to stop 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),Grass kept cut by grounds team(30-Nov-2021),Keep off the Grass signage in place(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-282	30-Nov-2021		Operational	IF there is a lack of on-site appointed person for decontamination - AP (D)  THEN the Trust will not be able to implement and operate the Management's safety policy and procedures relating to the engineering aspects of decontamination equipment	LEADING TO non-compliant machines – working but not correctly; machine Failures – suddenly unusable, loss of production, out-sourcing; equipment released that is not disinfected or sterile – risk to staff; equipment released that contains endotoxins – risk to patients / SSI's	04-Mar-2022	28-Jun-2022	Planned	12	9	6	An Estates Officer is to be appointed as AP(D) following training and approval. (04-Mar-2022),An external AP(D) will be needed for Endoscopy, however the AE(D) is currently covering this responsibility. Mark Brown will continue to provide estates operational management to service. All testing now undertaken by external expert contractor.	We are unable to employ or sub-contract and independent AP (D), the AE(D) is covering this role currently working with our internal, trained but yet to be appointed Estates Officer(30-Nov-2021),The AE(D) is coming to site once a month and spends his time validating servicing reports and giving feedback(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-283	30-Nov-2021	Operational	Operational	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	04-Mar-2022	28-Jun-2022	Planned	12	9	6			Not Applicable	Tolerate	Reviewed by Medical Devices Manager, no changes to risk score.
RSK-284	30-Nov-2021	Operational	Operational	IF staff members do not adhere to the Medical Devices Management Policy  THEN they may not follow the correct procurement procedures for Capital and Revenue medical equipment purchases	LEADING TO them being not fit for purpose equipment being purchase; more costly; non-standardised; lack maintenance contract; lack of training for staff; incompatible/lack of consumables and accessory; additional IT integration costs	04-Mar-2022	28-Jun-2022	Planned	12	9	6			Not Applicable	Tolerate	Reviewed by Medical Devices Manager, no changes to risk score.
RSK-194	13-Nov-2021		Compliance & Regulatory	IF the Viewpoint software is not supported  THEN there will not have any further software or security updates. The trust will have an unsupported system for recording of ultrasound reports. Accuracy, consistency and reliability of sharing of information between healthcare professionals and trusts will be negatively impacted.	LEADING TO Increased security risks to Trust IT networks and infrastructure. Potential loss of the system, resulting in significant delays to obstetric ultrasound reporting	24-Feb-2022	01-Mar-2021	Overdue	12	8	8		Viewpoint service contract currently in place with expiry 31/03/2021. Current system is operating.(13-Nov-2021)	Not Applicable	Tolerate	Risk transferred from Datix
RSK-213	24-Nov-2021		Compliance & Regulatory	IF Local Authority is unable to ensure Deprivation of Liberty Safeguards (DoLS) are provided within allowed time period.  THEN Potential to lead to patients being unlawfully detained	LEADING TO associated legal challenges, poor patient experience, negative impact on reputation of the Trust	16-Dec-2021	31-Mar-2022	Planned	15	8	8		Due the national picture guidance has been given to local authorities with regards to triaging needs and actions to be taken.(24-Nov-2021),Locally acknowledged that if the circumstances and actions taken in regards to restrictions placed on an individual have not changed then the risks associated with the delay in the DOLS process is that of the Local Councils and not of MKUHFT(24-Nov-2021)	Not Applicable	Tolerate	Risk transferred from Datix
RSK-257	26-Nov-2021	Operational	Operational	IF the server MKH-CRIS-01 continues to run Red Hat Linux Enterprise Version 6, Version 6 currently has 337 vulnerabilities  THEN the server will be extremely vulnerable to being exploited by a third-party threat actor	LEADING TO negative impact on patient care due to lack of the service	16-Feb-2022	26-May-2022	Planned	15	8	6		The server is currently on the clinical VLAN, leading to security benefits.(26-Nov-2021),Additional support procured to mitigate the security risk(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix

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RSK-267	30-Nov-2021		Hazard / Health & Safety	IF there is a lack of suitable training drills and/or fire escape routes being blocked/partially blocked by consumables  THEN there could be a failure to evacuate individuals safely in the event of actual or suspected fire	LEADING TO a negative impact on patients safety. Individuals at risk of injury, ill health or other harm, death. Trust vulnerable to enforcement action, claims, litigation, complaints, adverse publicity	04-Mar-2022	27-Sep-2022	Planned	16	8	4		Hospital Street Task and Finish Group set up and Chaired by Director of Corporate Affairs. First meeting 22 June 2021 requested attendees to carryout Hospital Street FRA of their areas and submit to the next group(30-Nov-2021),Dump the Junk established, and continuing to be managed by Soft Services, to remove unwanted items from hospital streets(30-Nov-2021),Procurement continuing to review flow of stock into the hospital(30-Nov-2021),Arrangements made during the Fire Risk Assessment to carryout a fire drill either as a full drill, walk through or desktop exercise(30-Nov-2021),Launched Desktop evacuation drills training for wards and local awareness March 2020 (COVID caused delay in rolling out fully)(30-Nov-2021),Fire safety included in Department huddles, with Departments overseeing fire safety within the department(30-Nov-2021),Departments submit quarterly fire safety audits which include issues which may inhibit evacuation(30-Nov-2021),Staff inductions and mandatory training(30-Nov-2021),Induction and refresher training includes progressive horizontal evacuation training(30-Nov-2021),Passive fire safety controls in place including fire detection, fire alarms, fire doors etc(30-Nov-2021),Active fire safety controls in	Low	Tolerate	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-285	30-Nov-2021		Hazard / Health & Safety	IF footpaths and roadways are not maintained and inspected sufficiently and regularly  THEN this could lead to trips and falls if not correctly maintained	LEADING TO harm to patients, staff and the general public, and damage to vehicles and other road users	04-Mar-2022	28-Jun-2022	Planned	12	8	4	Remedial works completed. Further improvements identified and action plan developed to address on a rolling program.	Inspections and ad-hoc repairs(30-Nov-2021),Annual Audit to be completed(30-Nov-2021),Annual Capital bid to be placed on the capital program(30-Nov-2021),Some remedial captured by capital works at Cancer Centre(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-290	30-Nov-2021		Strategic	IF there are changes in Commissioner purchasing intentions / Strategic Transformation Project (STP)  THEN there is a risk that services could be put out to competition.	LEADING TO delay in development of strategic projects	04-Mar-2022	27-Sep-2022	Planned	12	8	4		Maintain close working arrangements with local CCGs and NHS England etc(30-Nov-2021),STP representative is on the project teams(30-Nov-2021),Amendment of Agenda to include STP item for policy/strategy update(30-Nov-2021),MKUH Deputy Chief Exec now appointed chair of STP Estates Forum(30-Nov-2021),Single block contract(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-291	30-Nov-2021	Operational		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	04-Mar-2022	27-Sep-2022	Planned	12	8	4		Reactive maintenance repairs(30-Nov-2021),A drain survey scheduled annually(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)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-293	30-Nov-2021	Operational		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	03-Mar-2022	27-Sep-2022	Planned	12	8	4		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),Ongoing funded, rolling program of refurbishment(30-Nov-2021),Ward 1 completed 2021(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-301	30-Nov-2021	Operational		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	04-Mar-2022	27-Sep-2022	Planned	8	8	4		Reactive maintenance repairs(30-Nov-2021),Wards 1-5 identified as risk areas(30-Nov-2021),Some CCTV inspection has been completed(30-Nov-2021),Scope of works being reviewed for proactive maintenance(30-Nov-2021),Multiple areas descaled ongoing programme(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-302	30-Nov-2021		Compliance & Regulatory	IF the Trust fails to place contracts or renew contracts on-time, orders for reactive works arising from contractor visits are not raised, and/or the Trust fails to monitor completion of PPM and associated Reactive Tasks by Direct Labour or Contractors  THEN there is a risk of CQC inspection leading to issuing of Improvement Notice	LEADING TO Failure to complete statutory and mandatory planned preventative maintenance on critical plant. Exposure of patients and staff to risks arising from plant and equipment which as not been adequately maintained.	04-Mar-2022	28-Jun-2022	Planned	8	8	4		Work completed by Estates to address anticipated CQC concerns (ongoing)(30-Nov-2021),Evidence log folders updated(30-Nov-2021),Linked maintenance contracts to evidence documents and tracker, regularly reviewed(30-Nov-2021),Aligning existing documentation to KLOE and PAM for more detailed assurance(30-Nov-2021),Statutory Compliance post successfully appointed(30-Nov-2021),SharePoint set up with organised evidence(30-Nov-2021),PAM completed and return submitted(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.

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RSK-005	06-Sep-2021	Hazard /	Health & Safety	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	21-Dec-2021	30-Mar-2022	Planned	12	6	3	Implementation of Radar Document Management System to improve engagement and access to the documentation process (07-Mar-2022)	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)	Low	Treat	Risk reviewed & remains unchanged. Bespoke TDC scheduled for January 2022 to look at risk review of breached documents. Move to Radar document management scheduled for next year
RSK-010	06-Sep-2021	Compliance & Regulatory		IF the Radar Risk Management System does not meet the needs to the Trust and of legal reporting requirements THEN the Trust will not have an appropriate system to manage incidents, complaints, claims, compliments, safety alerts and risks	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.	21-Feb-2022	28-Apr-2022	Planned	20	6	6		Project Manager identified along with 3 members of staff to provide cover and support to the project where necessary(06-Sep-2021),Radar Project Plan in place(06-Sep-2021),Radar Risk Assessment in place(06-Sep-2021),Working Groups identified to support design/build of system in line with Trust's requirements(06-Sep-2021),Radar Healthcare have a dedicated Project Manager and team in place to support MKUH with implementation(06-Sep-2021),Clearly defined roles added to the Project Plan(06-Sep-2021),Escalation process in place to Exec Sponsor(06-Sep-2021),Communication Strategy Developed(06-Sep-2021)	Low	Treat	No change to risk. Project still ongoing
RSK-023	22-Sep-2021	Hazard /	Health & Safety	IF there are ligature points, blades, knives, medication etc on Ward 25 that are easily accessible and/or unattended  THEN a patient with or without capacity, that wants to end their lives and/or self harm, may have the necessary tools to attempt this	LEADING TO harm/injury to patient, potential long-term disability; death	07-Mar-2022	31-May-2022	Planned	15	6	6		Joint SLA / CNWL to ensure effective hand over structure is in place between mental health team and Ward 25 to understand risks(22-Sep-2021),Staff training to manage a emergency suicide situation Staff training on management of a high risk mental health patient Staff training to manage an emergency suicide situation Staff training on management of a high risk mental health patient Staff training to manage an emergency suicide situation(22-Sep-2021)	Low	Treat	Risk reviewed
RSK-038	28-Sep-2021		Operational	IF Covid-19 impacts NHS Trusts through reduction in availability of Pharmacy staff as a result of infections, self-isolation and redirection to assisting with vaccination programs. & therefore Trusts are purchasing more ready-to-administer injections rather than make the doses themselves. With commercial companies have also been affected by staff having to self-isolate, reducing their capacity and ability to meet the increased demand for ready-to-administer products Then a number of commercial companies that provide ready-to-administer injections of chemotherapy, will have capacity issues that might prevent doses of urgently required chemotherapy from being obtained by the Pharmacy department for issue to cancer patients	Leading to: Non-availability of ready-to-administer products may prevent patients being treated as planned. Where ready-to-administer products can be obtained from commercial companies, an extended lead time has been implemented that does not permit timely purchase of required products.	24-Feb-2022	30-Mar-2022	Planned	15	6	6		A number of commercial companies that provide ready-to-administer injections of chemotherapy, have capacity issues that might prevent doses of urgently required chemotherapy from being obtained by the Pharmacy department for issue to cancer patients(28-Sep-2021)	Not Applicable	Tolerate	
RSK-203	23-Nov-2021	Financial		IF there are negative impacts following new legislation following Brexit, COVID-19 pandemic and supplier bankruptcy  THEN there is a risk that the supply of key clinical products may be disrupted	LEADING TO some deliveries and services may be delayed, disrupted or reduce resulting in impact on patient care	07-Feb-2022	07-Mar-2022	Overdue	16	6	6		Trust's top suppliers have been reviewed and issues with supply under constant review(23-Nov-2021),Procurement business partners use the NHS Spend Comparison Site and local knowledge supported by the clinical procurement nurse to source alternative products(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix
RSK-204	23-Nov-2021	Financial		IF data sent to external agencies (such as NHS Digital, Advise Inc and tenders) from the Procurement ordering system contain patient details  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.	LEADING TO a data breach and potential significant fine	07-Feb-2022	07-Mar-2022	Overdue	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	Risk transferred from Datix
RSK-205	23-Nov-2021	Financial		IF there is Incorrect processing through human error or system errors on the Procurement systems  THEN there is risk that there may be issues with data quality within the procurement systems	LEADING TO Incorrect ordering resulting in a lack of stock and impacting on patient safety	07-Feb-2022	07-Mar-2022	Overdue	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
RSK-207	23-Nov-2021		Operational	IF there is major IT failure internally or from external providers  THEN there is a risk that key Finance and Procurement systems are unavailable	LEADING TO 1. No Purchase to pay functions available ie no electronic requisitions, ordering, receipting or payment of invoices creating delays for delivery of goods. 2. No electronic tenders being issued. 3. No electronic raising of orders or receipting of income	07-Feb-2022	07-Mar-2022	Overdue	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



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RSK-208	23-Nov-2021		Financial	IF funding from charities significantly reduce due to the Covid-19 Pandemic  THEN there will be a significant reduction in funds available	LEADING TO Reduction in pump primed specialist clinical roles previously funded by charities such as Macmillan	07-Feb-2022	07-Mar-2022	Overdue	12	6	6		Regular monitoring of the situation and escalate any areas of concern to Executive Directors(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix
RSK-209	23-Nov-2021		Financial	IF staff members falsely represent themselves, abuse their position, or fail to disclosure information for personal gain  THEN the Trust/Service Users/Stakeholders may be defrauded	LEADING TO financial loss and reputational damage	07-Feb-2022	07-Mar-2022	Overdue	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
RSK-216	24-Nov-2021		Hazard / Health & Safety	If agreed processes for multi agency working are not appropriately managed  THEN the information and shared working agreements may fail.	LEADING TO potential failures in care provision which may have a detrimental effect on patients and their families, members of staff and the Trust. The complexities of multi agency working especially within safeguarding requires sharing of information between multiple agencies and within agencies. Currently there are multiple pathways for sharing of information within and externally from the Trust. This carries a potential legal and financial cost to the Trust if not appropriately managed within agreed legal frameworks.	16-Dec-2021	29-Sep-2021	Overdue	9	6	6		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 communique 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-	Not Applicable	Tolerate	Risk transferred from Datix
RSK-220	25-Nov-2021		Hazard / Health & Safety	IF there are insufficient side rooms  THEN it may not always be possible to isolate patients and there is a risk that patients with a highly transmissible infection are not able to be isolated in a single room	LEADING TO Potential risk of an outbreak that can affect large numbers of patients and staff, ward closures, reduced numbers of staff, loss of revenue and increased waiting times.	16-Dec-2021	27-Jun-2021	Overdue	15	6	6		Public Health alerts(25-Nov-2021),ED and Assessment areas priorities use of single rooms(25-Nov-2021),Board agreement for new build to incorporate en-suite facilities(25-Nov-2021),Space Committee review re-establishment of single rooms where currently used as offices(25-Nov-2021),Daily Safety huddle captures number of patients requiring isolation against number of single rooms available(25-Nov-2021),Breaches in isolation is reported on Datix(25-Nov-2021)	Not Applicable	Tolerate	Risk transferred from Datix
RSK-225	25-Nov-2021	Compliance & Regulatory		IF staff do not adhere to the Information Governance Policies  THEN there is a risk that staff members may access records of family, friends and other staff members	LEADING TO potential breach in confidentiality and potential criminal prosecution under section 55 of the Data Protection Act, Negative publicity and complaints.	16-Dec-2021	05-May-2022	Planned	12	6	6		Role based Access(25-Nov-2021),Audits on adhoc basis(25-Nov-2021),Information Governance Policy(25-Nov-2021),Staff Code of Conduct(25-Nov-2021),Statements in Contract(25-Nov-2021),Information Governance Mandatory Training(25-Nov-2021),Message on Screensavers, Acute User Email and CEO Weekly Newsletter(25-Nov-2021)	Not Applicable	Tolerate	Risk transferred from Datix
RSK-229	25-Nov-2021	Compliance & Regulatory		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	09-Dec-2021	30-May-2022	Planned	12	6	6		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)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-252	26-Nov-2021	Hazard / Health & Safety		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	16-Feb-2022	26-May-2022	Planned	9	6	6	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,SOP to be produced to support monthly audit.	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)	Not Applicable	Not Applicable	Risk transferred from Datix

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Reference	Created on	Owner	Category	Description	Impact of risk	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment
RSK-273	30-Nov-2021	Compliance & Regulatory	Regulatory	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	04-Mar-2022	28-Jun-2022	Planned	15	6	3		Robust PPM maintenance schedule in place, audits of the rolling programme(30-Nov-2021),Audits monitored at Medical Devices Committee(30-Nov-2021),Escalation process in place to respond to 'unfound items'(30-Nov-2021),September 2018 , 6 Years contract approved(30-Nov-2021),Contract KPI's agreed as part of new contract(30-Nov-2021),Annual review of asset base and contract base reset linked to Capital Programme(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Medical Devices Manager, no changes to risk score.
RSK-004	06-Sep-2021	Compliance & Regulatory	Regulatory	IF the Trust is unable to access legacy data on Datix, when the current contract expires (30th November 2021); THEN there will be an inability to view/print/export incidents, complaints, claims, safety alert and risk records prior to 4th October 2021;	LEADING TO an inability for the Trust to defend itself against future claims/litigation - resulting in potential financial penalties, improvement notices etc. and also an inability to evidence compliance with CQC regulations and Freedom of Information requests.	20-Dec-2021	29-Jun-2022	Planned	25	5	5	Long-term options reviewed - Proposed 3x read-only licences to Datix Client on an ongoing basis (in line with NHS retentions policy)	Purchase of 14 read-only licences to Datix Client(06-Sep-2021),Options appraised and Purchase Order raised for 14x Datix Client read-only licences(11-Oct-2021),Manual Data Transfer of records open on Datix(11-Oct-2021)	Low	Tolerate	12 month licence in place for access to Datix Client
RSK-217	24-Nov-2021	Hazard / Health & Safety	Hazard / Health & Safety	IF patients are unable to feed orally and need an alternative feeding method to meet their nutritional needs and staff do not feel confident to pass Nasogastric Tubes (NG Tubes) due to the low patient numbers requiring them  THEN there is a risk that Nasogastric (NG) Feeding Tubes are not inserted and/or positioned safety, or there is a delay in confirming that the NG Tube is not positioned correctly	LEADING TO 1) Potential for aspiration which could lead to subsequent death. 2) Poor and unreliable identification of correct placement of NGT can lead serious harm or death of a patient. This type of event is a NPSA "Never Event". 3) Patients would experience a delay in feeding. 4) If bedside documentation is not fully completed or is inaccurately completed as per NPSA recommendations.Patients may be fed inappropriately in an unsafe environment. 5) Incomplete documentation may also lead to a delay in a patient's nutritional needs being met and their discharge delayed. 6) Potential for staff to be unaware of what documentation requires completing.	16-Dec-2021	29-Apr-2022	Planned	15	5	5		All NPSA recommendations were acted upon in 2011 in the Trust as per NPSA requirements by the ANP for Nutrition(24-Nov-2021),Nutrition Committee overseeing this alert and is standard item on agenda from Dec 16. Clinical Medical and Nutritional ANP leading on the action plan(24-Nov-2021),Policies, protocols and bedside documentation reviewed to ensure compliance(24-Nov-2021),Ongoing programme of audit. Previous audit data presented to NMB Spring 2016(24-Nov-2021),Dietetic Amalga database identifies patients who require Nasogastric feeding(24-Nov-2021),Trust declared compliance with 2016 Nasogastric Tube Misplacement: Continuing Risk of Death or Severe Harm Patient Safety Alert (NHS/PSA/RE/2016006)(24-Nov-2021),The NG tube used by the trust was changed in 2020 to a tube that is more radiopaque and is therefore easier to interpret on X-ray(24-Nov-2021),pH strips are purchased from one supplier to avoid confusion with colour interpretation(24-Nov-2021),Two nutrition nurses available to place NG tubes if there are no trained clinical staff available(24-Nov-2021),Radiographers trained to interpret x-rays for confirmation of NG tube tip position. This speeds up reporting and avoids junior medical staff having to assess X-rays(24-	Not Applicable	Tolerate	Risk transferred from Datix
RSK-297	30-Nov-2021	Hazard / Health & Safety	Hazard / Health & Safety	IF staff/visitors/patients use poor quality after-market chargers/transformers  THEN there is potential for them to cause small explosions, smoke, fire and electrocution by defective equipment	LEADING TO patients, visitors and staff could come to harm and in an extreme case die from a building fire caused by this event	04-Mar-2022	28-Jun-2022	Planned	10	5	5	USB Charging points are being installed by bed heads in each ward, to reduce the need to plug in patients own charging adapters.	Ad hoc inspection of personal charging equipment prior to use(30-Nov-2021),Automatic fire detection within wards and patient waiting areas(30-Nov-2021),Fire retardant furnishings in place on ward and in waiting areas(30-Nov-2021),Advice on charging electronic devices updated in the Fire Policy, a poster for awareness created for public areas, information sent out on CEO's Friday message to all staff(30-Nov-2021),Ad hoc inspection of personal charging equipment prior to use(30-Nov-2021),Electrical installation tested in accordance with standard for all items available to be tested at the time of the annual PAT test inspections (this does not cover items brought in by patients and visitors)(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-020	22-Sep-2021	Hazard / Health & Safety	Hazard / Health & Safety	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	22-Feb-2022	08-Nov-2021	Overdue	9	4	2	Repeat Ligature Risk Assessment for 2020 required,ensure all staff are aware of the new Policy - "Ligature Risk Awareness"	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 Assessment 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)	Not Applicable	Treat	Rehman, Raja - Clinical Governance Lead (Internal/Specialty/HaemOnc) 13/09/2021 15:20:25 CSU Leadership review: satisfied with current rating. no change.

Corporate Risk Register

Reference	Created on	Owner	Category	Description	Impact of risk	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment
RSK-215	24-Nov-2021		Compliance & Regulatory	IF Child Protection (CP) Medicals are not completed  THEN there is potential for delay in proceedings for Child Protection and could mean the children remain in care longer than they should	LEADING TO the police and Social Services having to return to get the medicals completed, an increased risk to the child's safety and potential litigation against the Trust	16-Dec-2021	31-Mar-2022	Planned	9	4	4	Named Doctor to review the process of booking the patients in,Ongoing discussions are being held with CCG and Designated Doctor to progress an agreeable pathway	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)	Not Applicable	Tolerate	Risk transferred from Datix
RSK-221	25-Nov-2021		Operational	IF the Tissue Viability Service is under resourced  THEN there is a risk that the Tissue Viability Team does not have sufficient capacity to meet demands on the service	LEADING TO Potential delay in effective wound management and may lead to increased harm to patients from pressure ulcers or delay in effective wound healing	16-Dec-2021	31-Mar-2022	Planned	12	4	4		Matrons trained by Tissue Viability Lead(25-Nov-2021),All pressure ulcers to be validated by Matrons and senior responsible for area and record on Datix and in patients records(25-Nov-2021),University Wound care course available 3-4 places per year - outcome of these skilled practitioners to share their knowledge in practice(25-Nov-2021),All RN attend essential skills training which provides practical education in regards to care of the most vulnerable patients which includes recognition and care of pressure areas and some wound care knowledge.(25-Nov-2021),Additional training is being provided by the companies who supply the agreed wound care dressings which are on the formulary.(25-Nov-2021),The nurse advisor for Hill Rom provides additional monitoring and training to wards 1 day a week as agreed in the contract.(25-Nov-2021),Plenary session planned and additional training sessions being coordinated to support ward staff.(25-Nov-2021),Introduction of summits for hospital acquired grade 3 & above pressure ulcers(25-Nov-2021)	Not Applicable	Tolerate	Risk transferred from Datix
RSK-223	25-Nov-2021		Hazard / Health & Safety	IF there are a reduced number of isolation rooms due to the need to provide additional space for medical teams, allied health services and office space.  THEN there is a risk that The Trust cannot therefore safely care for patients with high risk transmissible diseases (i.e. multi-drug resistant tuberculosis, viral hemorrhagic fever etc.)	LEADING TO the potential for staff, patient and public exposure to life threatening diseases	16-Dec-2021	27-May-2021	Overdue	9	4	4		Patient pathway identified using current resources from the ED to receiving wards in medicine and paediatrics. Capital programme in place for single room upgrade across the hospital(25-Nov-2021),Upgrades to ED isolation facilities(25-Nov-2021),Oxford and London hospitals now able to receive a small number of high risk patients(25-Nov-2021),Ward 22 - 14 single rooms with en-suite(25-Nov-2021)	Not Applicable	Tolerate	Risk transferred from Datix
RSK-233	25-Nov-2021		Hazard / Health & Safety	IF we are unable to recruit sufficient qualified nurses  THEN we may not have safe staffing levels in wards and departments	LEADING TO potential reduction in patient experience and patient care, giving rise to clinical/safety risk.	25-Nov-2021	30-Nov-2021	Overdue	16	4	4		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)	Not Applicable	Not Applicable	Risk transferred from Datix
RSK-261	29-Nov-2021		Hazard / Health & Safety	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	04-Mar-2022	28-Mar-2023	Planned	8	4	4		Visual checks carried out by user(29-Nov-2021),100% PAT testing completed annually by contractor(29-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-270	30-Nov-2021		Hazard / Health & Safety	IF trust wide staff do not attend the Mandatory Fire Safety Training  THEN there is a risk staff may not be aware of what to do in the event of a fire evacuation	LEADING TO reduced staff and patient safety	04-Mar-2022	27-Sep-2022	Planned	16	4	4		Department managers need to ensure all staff attend as required and to be advised by Learning & Development(30-Nov-2021),Sufficient training sessions provided by Facilities to enable all staff an opportunity to attend a session. (Currently suspended due to COVID)(30-Nov-2021),Work books are also available to assist with access to training(30-Nov-2021),Content of training has been revised to make it MK Hospital specific(30-Nov-2021),Fire Warden training implemented(30-Nov-2021),Trust training target achieved and exceeded consistently(30-Nov-2021),Trust training monitored centrally, failure to attend and progress is now linked to pay progression(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. Agreed no change to risk rating.
RSK-287	30-Nov-2021		Operational	IF the medical vacuum pumps fails to function or becomes non-compliant with HTM requirements  THEN the vacuum plant may not be available	LEADING TO Potential loss of service, reduced patient safety and substandard care.	04-Mar-2022	28-Mar-2023	Planned	12	4	4		PPM, schedule and reactive repairs in place as required(30-Nov-2021),Steve Goddard has been appointed Authorised Engineer and has conducted a site wide inspection. No specific issues were identified(30-Nov-2021),Phase 1 plant was replaced 2017(30-Nov-2021),Phase 2 Plant to be considered for replacement in future due to age, although no issues currently(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.

Corporate Risk Register

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RSK-288	30-Nov-2021	Hazard /	Health & Safety	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	03-Mar-2022	27-Sep-2022	Planned	12	4	4		PPM Schedule, and reactive repairs as required(30-Nov-2021),Robust contingency plan is in place with liquid O2(30-Nov-2021),Steve Goddard has been appointed as Authorised Engineer(30-Nov-2021),Estates Officer has been appointed as AP(30-Nov-2021),SHJ appointed as maintenance contractor(30-Nov-2021),AP training booked for and additional estates officer and estates service manager(30-Nov-2021),VIE capacity upgrade 2021(30-Nov-2021),Draft feasibility to achieve second VIE, and conversion of site to ring main, linked to HIP programme(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-294	30-Nov-2021	Hazard /	Health & Safety	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	03-Mar-2022	28-Mar-2023	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),Facility to add Risk Assessments by task type to MICAD PPM tasks(30-Nov-2021),Weekly huddle meeting with maintenance staff to include H&S(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-295	30-Nov-2021	Hazard /	Health & Safety	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	04-Mar-2022	28-Mar-2023	Planned	12	4	4		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),A competent training person needs to be identified to provide continual training(30-Nov-2021),RP Appointed(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-296	30-Nov-2021	Hazard /	Health & Safety	IF there is a lack of suitable equipment to transfer disabled patients and visitors downstairs in the event of an evacuation from Ward 14, Post Grad' and OPD  THEN Disabled people on the 2nd level may be at risk of not being able to escape in the event of a fire in the building	LEADING TO poor patient safety, injury or loss of life	03-Mar-2022	27-Sep-2022	Planned	12	4	4		ResQ mats are installed in the areas identified. if training includes people with disabilities, training takes place downstairs(30-Nov-2021),Training monitoring log in place(30-Nov-2021),Trust Fire Advisor completes audit equipment as part of local risk assessments(30-Nov-2021),Service contract for Resq mats in place(30-Nov-2021),Annual inspections scheduled(30-Nov-2021),Ward 14 lift refurbished(30-Nov-2021)	Not Applicable	Not Applicable	Reviewed by Associate Director of Estates and Estates Services Manager. No change to risk rating.
RSK-240	26-Nov-2021	Operational		IF clinicians and authors are not approving letters within the Trust and National time frames  THEN there could be possible delay in treatment and updating patient GP of potential medication amendments and outcome of clinic visit	LEADING TO Potential delays to treatment, referral to tertiary centres, General Practitioner unaware of possible medication amendments and or advice	10-Dec-2021	31-Dec-2021	Overdue	12	3	3		Outpatient Admin Manager runs letters report and is able to identify areas of concern/clinicians who are failing to approve clinic letters are required(26-Nov-2021),Individual contact is made to alert the clinicians of overdue letters and assist with ratification. If not actioned, escalate to Medical Director and Director of Corporate Affairs(26-Nov-2021)	Not Applicable	Not Applicable	Risk transferred from Datix