Bundle Trust Board Meeting in Public 4 May 2023

1.1	10:00 - Agenda *Chair* 1. Agenda Board Meeting in Public - 04.05.23 v 2.docx
1.2	10:30 - Apologies *Chair*
2	10:30 - Declarations of Interest *Chair*
3	10:30 - Patient Story *Director of Patient Care and Chief Nurse - Presentation*
4	10:30 - Minutes of the Last Meeting *Chair* 4. Minutes Trust Board Meeting in Public 09.03.23 AD.docx
5	10:30 - Matters Arising and Action Log *Chair* 5. Board Action Log 13.04.23.pdf
6	10:30 - Chair's report *Chair* 6. coversheet May 2023 v 2.docx 6.1 Report to Board May 4th 2023.docx
7	10:35 - Chief Executive's Report *Chief Executive - Verbal* 7.1 MKUH Trust Board 4 May ICB update FINAL.docx 7.2 Appendix A JFP Proposed Approach 220323.pdf 7.3 Appendix B to MKUH Board - ICB update.docx
8	10:45 - Serious Incident and Learning Report *Director of Corporate Affairs/ Medical Director* 8. SI report for Trust Board April 2023 v 2.docx
9	10:50 - Feedback from the Maternity Assurance Group *Divisional Chief Midwife and Chief Nurse* 9. Maternity Assurance Group Overview Report Trust Board March 2023 v 2.docx
10	11:00 - Performance Report *Director of Operations* 10. 2022-23 Executive Summary M12 Coversheet.docx 10.1 2022-23 Executive Summary M12.docx 10.2 2022-23 Board Scorecard M12.pdf
10.1	11:10 - Break
11	11:20 - Finance Report *Director of Finance* 11. Public Finance Report Month 12.docx
12	11:30 - Workforce Report *Director of Workforce* 12. April 23 Workforce Board Report M12 202223.docx
13	11:40 - Risk Register Report *Director of Corporate Affairs* 13. Public Board Meeting - 24th April 2023 - Risk Register Report.docx 13.1 Corporate Risk Register - as at 25th April 2023.pdf
14	11:50 - Board Assurance Framework

Director of Corporate Affairs

14. New Board Assurance Framework Apr 23.docx

15 12:00 - Use of Trust Seal

Director of Corporate Affairs

15. Use of Trust Seal May 2023 v 2.docx

16 12:05 - Forward Agenda Planner

Chair

16. Trust Board Meeting In Public Forward Agenda Planner v 2.docx

17 12:30 - Questions from Members of the Public

18 12:30 - Motion To Close The Meeting

19 12:30 - Resolution to Exclude the Press and Public

The chair to request the Board pass the following resolution to exclude the press and public and move into private session to consider private business:
"That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted."

20 12:30 - Appendix 1

Appendix 1 - M12 Board Performance.pdf

21 12:30 - Date of Next Meeting in Public

Thursday, 06 July 2023

Agenda for the Board of Directors' Meeting in Public

Meeting to be held at 10:00 am on Thursday 4 May 2023
in the Conference Room at the Academic Centre and via MS Teams

Item No.	Timing	Title	Purpose	Lead	Paper
Introduction and Administration					
1	10:00	Apologies	Receive	Chair	Verbal
2		Declarations of Interest • Any new interests to declare • Any interests to declare in relation to open items on the agenda • 2022/23 Register of Interests – Board of Directors - Register of Interests - Milton Keynes University Hospital (mkuh.nhs.uk)	Information	Chair	Verbal
3		Patient Story	Receive and Discuss	Director of Patient Care and Chief Nurse	Presentation
4		Minutes of the Trust Board meeting held in public on 9 March 2023	Approve	Chair	Attached
5		Matters Arising and Action Log	Note	Chair	Attached
Chair and Chief Executive Updates					
6	10:30	Chair's Report	Information	Chair	Attached
7	10:35	Chief Executive's Report • BLMK Health and Care Partnership and Integrated Care Board Update	Receive and Discuss	Chief Executive	Verbal Attached

Our Values: We Care-We Communicate-We Collaborate-We Contribute

Board Behaviours: Kindness-Respect-Openness

Item No.	Timing	Title	Purpose	Lead	Paper
Patient Safety					
8	10:45	Serious Incident and Learning Report	Receive and Discuss	Director of Corporate Affairs/ Medical Director	Attached
9	10:50	Feedback from the Maternity Assurance Group	Receive and Discuss	Divisional Chief Midwife and Chief Nurse	Attached
Performance					
10	11:00	Performance Report	Receive and Discuss	Chief Operations Officer	Attached **(Appendix 1 – Pg 136)**
11:10 – Break (10 mins)					
Finance					
11	11:20	Finance Report	Receive and Discuss	Director of Finance	Attached
Workforce					
12	11:30	Workforce Report	Receive and Discuss	Director of Workforce	Attached
Assurance and Statutory Items					
13	11:40	Risk Register Report	Receive and Discuss	Director of Corporate Affairs	Attached
14	11:50	Board Assurance Framework	Receive and Discuss	Director of Corporate Affairs	Attached
15	12:00	Use of Trust Seal		Director of Corporate Affairs	Attached
Administration and Closing					
16	12:05	Forward Agenda Planner	Information	Chair	Attached
17		Questions from Members of the Public	Receive and Respond	Chair	Verbal
18		Motion To Close The Meeting	Receive	Chair	Verbal
19		Resolution to Exclude the Press and Public The Chair to request the Board pass the following resolution to exclude the press and public and /move into private session to consider private business: “That	Approve	Chair	

Item No.	Timing	Title	Purpose	Lead	Paper
		representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.”			
12:30		Close			
Next Meeting in Public: Thursday, 06 July 2023					

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Trust Board of Directors Meeting in Public held on Thursday, 9 March 2023 at 10.00 hours in the Academic Centre, Milton Keynes University Hospital Campus and via Teams

Present:

Alison Davis	Chair	(AD)
Professor Joe Harrison	Chief Executive Officer	(JH)
Heidi Travis	Non-Executive Director / Senior Independent Director	(HT)
Haider Husain	Non-Executive Director	(HH)
Bev Messinger	Non-Executive Director	(BM)
Dr Dev Ahuja	Non-Executive Director	(DA)
Mark Versallion	Non-Executive Director	(MV)
John Blakesley	Deputy Chief Executive	(JB)
Dr Ian Reckless	Medical Director & Deputy Chief Executive	(IR)
Danielle Petch	Director of Workforce	(DP)
Yvonne Christley (left at 10:45)	Director of Patient Care and Chief Nurse	(YC)
Emma Livesley	Director of Operations	(EL)
Terry Whittle	Director of Finance	(TW)

In Attendance:

Kate Jarman	Director of Corporate Affairs	(KJ)
Jason Sinclair	Associate Non-Executive Director	(JS)
Ganesh Baliah	Associate Non-Executive Director	(GB)
Louise Clayton	Deputy Director of Workforce	(LC)
Sharon Robertson (Item 3)	Matron, Patient & Family Experience	(SR)
Melissa Davies (Items 10 and 14)	Head of Midwifery, Gynaecology & Paediatrics (For Item 12)	(MD)
Kwame Mensa-Bonsu	Trust Secretary	(KMB)
Julia Price	Senior Corporate Governance Officer	(JP)

1 Welcome and Apologies

1.1 AD welcomed all present to the meeting. There were apologies from Gary Marven (Non-Executive Director) and Precious Zumbika-Lwanga (Associate Non-Executive Director)

2 Declarations of interest

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

3 Patient Story

3.1 SR introduced herself and explained that in addition to her role as the Matron for Patient and Family Experience, she was currently covering the vacant role of Learning Disability Nurse. SR advised that the patient at the centre of this story would have liked to attend the meeting in person to talk to the Board but had not felt able to. SR gave the background to the patient, explaining that he was due to undergo an operation but, in the event, came to hospital as an emergency. During his stay, he was looked after on Same Day Emergency Care, Ward 21B and Ward 20. As he was a patient with learning disabilities, SR was pleased to see that staff on Ward 21B had made reasonable adjustments for him to enable his carers to visit him as required. SR helped him make a phone call to the manager of his residential home and afterwards he told her that he wished he had asked her to bring in his teddy bear. SR was able to obtain one for him from staff in Paediatrics who wrapped a bandage around the teddy's middle to mirror the operation the patient would be having. SR was able to prepare the patient for his surgery and explain that there was a possibility the operation could be delayed. This was the case and the patient adapted

very well. He developed a very good relationship with one of the healthcare assistants who took him to theatre and waited with him in Recovery. The patient named his teddy bear, Tim, after the anaesthetist who had taken such good care of him. The patient made a good recovery and was well supported by physiotherapists. He described his care as 'really, really good'.

3.2 SR described the role of the learning disability nursing which involved effective communication using appreciative inquiry techniques, working closely with patients, their carers and families, some of whom had been involved in codesigning the learning disability symbol used as a visual aid to ward staff, when looking after a patient with learning disabilities.

3.3 She explained that the Trust had worked closely with job coaches from MacIntyre and Talkback and had successfully recruited three people with learning disabilities as volunteers. It was hoped that their experience as volunteers would lead to paid employment in the future.

3.4 Improvement following the Learning Disability Standards NHSE Benchmarking included better collaboration with local care homes and getting to know patients in their own environment to improve their inpatient experience and flexible and inclusive visiting for families and carers. Ongoing work involved training for all staff including videos of what matters to patients, recruiting a learning disabilities nurse and including people with learning disabilities on the recruitment panel, creating pathways for scheduled and unscheduled care and improving written communication and signage for patients with a learning disability, such as easy read appointment letters.

3.5 HH asked SR about links between the hospital and the community and how these were maintained. In response, SR explained that good relations with the Learning Disabilities Community Team were being developed. There were also good links being forged with care homes, managers and carers to gain a better understanding of their residents. SR added that care home staff were amazing advocates for their residents as inpatients, for example, supporting with feeding. SR confirmed that communication with these teams was generally verbal in nature.

3.6 On behalf of the Board, AD thanked SR for the work undertaken and her presentation.

4 Minutes of the Trust Board Meeting in Public held on 03 November 2022

4.1 The minutes of the Trust Board Meeting in Public held on 12 January 2023 were reviewed and **approved** by the Board.

5 Matters Arising

5.1 The due actions on the log were reviewed as follows.

Action 24 – Review of risk report front sheet
This action would be progressed after the review of the Trust's Risk Appetite Statement. KJ and KMB would ensure that this was discussed at a future Board Seminar. **Open**

Action 25 – Effectiveness on patients of the meaningful activities facilitator role
A paper had been circulated to Board members prior to the meeting. **Closed**

Action 26 – Workforce Report to include additional data
DP advised that the data requested at the last Board was now included in the Workforce Report (Item 13) and had been reviewed at Workforce Committee. **Closed.**

There were no other matters arising.

6 Chair's Report

6.1 AD presented the Chair's Report and advised that she had participated in a meeting with the Chief Midwife for the NHS and colleagues, reviewing the local maternity improvement plan. She highlighted the huge amount of work going on within Maternity, covered under Items 10, 14 and 15. She had also chaired the Inclusion Leadership Council and would feed back on that under Item 15.

6.2 The Board **noted** the Chair's Report.

7 Chief Executive's Report – Overview of Activity and Developments

7.1 JH asked IR to update the Board on industrial action by junior doctors due to take place the following week. IR advised that until now, the Trust had not been too badly affected by industrial action but the junior doctors' strike from 06:59 on 13 March for 72 hours would cause significant disruption as no derogations would be in place, for example to provide assistance to the emergency department. Specialty doctors would be relied upon for backfill. In order to maintain flow through the hospital, inevitably, elective services would be impacted. Nationally the major union, the British Medical Association (BMA), had been somewhat inflexible about how consultants and specialty doctors should vary their normal working practices during the course of the industrial action. Locally the Trust was fortunate in having very good relationships with Unions and IR was pleased that the Joint Local Negotiating Committee had been able to agree a framework for consultants and specialty doctors to flex their work patterns to support patients. An agreement over remuneration had been reached which was thought to be similar to neighbouring organisations and was not reflective of the BMA's published rates.

7.2 The embargo on the 2022 National Staff Survey Results had ended an hour prior to the meeting and DP reported that the Trust was consistently above average for the sector and remained at the top for staff engagement. In addition, the learning score had improved. DP advised that there were many questions feeding into the People's Promise themes. 69% of questions scored significantly better than the sector, whilst 30% were about the same as everywhere else and there was only one score which was worse than the rest of the sector. This was in relation to people being paid for additional hours worked. DP explained that there were many people working on the Trust's internal bank helping to reduce backlogs and as the Board was aware, this was not a sustainable situation. She added that it was worth noting that hospitals without internal banks, would probably not score the same as this work would be classed as conditional employment.

7.3 The best national scores within the peer group were for 'We are always learning' (with questions relating to appraisals, continuous professional development and other development within the trust) and staff engagement (with questions relating to whether people felt they had a voice, look forward to going to work and were included in department decisions). Within the People's Promise element there were four sub-scores and the Trust gained the highest score for:

- Autonomy and control, relating to whether people felt trusted to do their job, have opportunities to show initiative, can make suggestions for change and can influence how their work is done.
- Appraisals and whether people felt their appraisal helped in their working role.
- Motivation with people looking forward to going to work, following the improvement work around treating people fairly and DP highlighted some of the initiatives such as offering free breakfasts.
- Involvement. For example, people feeling able to share their views and influence decisions.

7.4 Acknowledging that there was more work to be done, DP said that the results were nevertheless very positive. The ongoing focus areas encompassed bullying, harassment and discrimination, confidence in raising concerns, supporting staff with long-term health conditions, reducing additional hours, improving career progression and promotion opportunities, supporting bank staff and providing them with development and progression opportunities.

7.5 IR commented that the results were amazing and, with the backdrop of industrial action, provided good evidence of one real team working at MKUH. He felt that the scores around people working additional paid hours were significantly different rather than better or worse. HT acknowledged the fantastic results and suggested that the fact that people felt they had a voice was a factor in driving activity for the Trust.

7.6 DP said that it was worth noting that this was the first time the survey had incorporated Workforce Race and Equality Standard and Disability Standard themes and statistics enabling much more detailed analysis to be worked through by various groups before presentation to the Workforce and Assurance Board Committee. AD commented that the appreciative inquiry approach would help in identifying themes across the organisation. KJ added that the Trust would focus on anti-racism this year, noting the good engagement and successful structures in place in many areas encouraging people to speak up. These would be rolled out across the organisation to create psychological safety for different teams. In response to a question from GB, DP confirmed that the action plan for next year would drive 'You said, we did'. IR noted that although the staff survey results were very positive, it was known that people were experiencing discrimination and he commented that where staff engagement was good in an organisation, the differentiation was higher.

7.7 MV asked whether the staff retention turnover rates correlated with the survey and DP responded that the turnover rate was higher than desired but the results could be used to influence that. The next step was to roll out the granular detail to all areas where there were more than 11 departmental members of staff. To maintain anonymity, results from smaller teams would be merged with relevant peer groups. She added that Execs had received a presentation on Band 2 workers within the organisation where there was a significant high turnover to review possible interventions.

7.8 BM asked if the same survey information was available for the community and mental health sector and DP advised that the results were available for comparison on line but did not include the granular detail.

7.9 DP confirmed that the overall staff response was 40% which was about the same as the previous year, adding that some organisations had struggled this year and were as low as 18%.

7.10 JH thanked the team for their hard work which was clearly paying dividends with some very positive results.

The Board **noted** the Chief Executive's update.

8 Serious Incident and Learning Report

8.1 IR reported four serious incidents over the last two months, the second of which related to a patient who deteriorated and developed diabetic ketoacidosis (DKA) due to a relatively new and poorly understood medication that was not stopped when it should have been. He highlighted the ongoing quality improvement work such as thematic review of diabetes including medicines management, discharge summaries and pressure ulcers, the granular detail of which would be discussed at the next Quality & Clinical Risk Committee on 20 March. The response to the Coroner's Preventing Future Death report following the death of a patient with gallstone pancreatitis in April 2021, had been sent and would be discussed at the next Quality & Clinical Risk Committee.

8.3 Noting the issues for further focus, AD asked for an update on staff abuse and KJ confirmed that this would be discussed at Health & Safety Committee the following week. The cultural improvement programme was reviewing how these different incidents might be addressed. For example, by debriefing after traumatic incidents and reinforcing across the Trust that expected standards of behaviour were to be maintained even when working under pressure.

Action: The Behaviour Standards to be placed in iBabs

The Board **noted** the Serious Incident and Learning Report.

9 Feedback from Maternity Assurance Group (MAG)

9.1 AD advised that in addition to the matters covered under Items 10 and 14 below, the following topics were discussed by the Maternity Assurance Group.

1. A report on improvements to the effectiveness of obstetric ultrasound services. For example, extending the use of translation services to encompass patient letters; contacting non-attenders on the day to take steps to address any issues and assist with engagement; ongoing recruitment of staff into the service with more people starting in September. Following the presentation of the report, a review by operational colleagues was being undertaken to further enhance these improvements.
2. Mandatory and other training, particularly safeguarding which would be followed up by a paper at the next meeting.
3. The reduction in the vacancy rate from 17% to 15%.
4. Ongoing analysis from the recent culture survey where 100 responses had been received. An action plan was expected to follow.
5. The trauma risk management team were organising training for midwifery and paediatric staff aimed at supporting people affected by traumatic events.

The Board **noted** the feedback from the Maternity Assurance Group.

10 CQC Maternity Patient Experience Update

10.1 MD introduced herself and drew the Board's attention to the benchmarking details within the full report from the maternity patient experience survey. She highlighted some of the ongoing work in respect of areas identified for improvement.

Induction of labour
Targeted work around informed consent where expectant mothers would be contacted by phone to make sure they understood the reason for induction and felt well-informed about the process, to discuss what they could expect to happen on arrival and thereafter and to answer any further questions or concerns they may have.

Birth partners
'Having support from your birth partner at all times when you need it' was identified as an area for improvement and from the middle of February, birth partners staying overnight was reintroduced. The logistics for this had been codesigned with the local Maternity Voices Partnership, ensuring it did not negatively impact on other practices such as 'night mode' introduced last year to address disruptions during the night raised in the previous survey. HT asked if the Trust was in a better position post-Covid with regard to access for birth partners staying overnight. MD responded that the hospital had reverted to its pre-Covid position. There were particular groups of women who really valued that service, for example, those coming in for induction or in the case of multiple births. The practice was reviewed to consider the impact, such as increased noise, lighting and reduced sleep. MD added that people could also feel uncomfortable with the situation. The wards could be modelled to address these aspects such as using the bed bays differently and a co-produced booklet had been introduced explaining how the service would be managed. Sleep packs were due to be introduced following studies on the impact of insomnia during pregnancy and postnatally. There were clear parameters around staying overnight from an infection prevention and control perspective. IR pointed out that wearing of masks in all clinical areas was due to cease by the end of the week in view of local and hospital prevalence. As infection prevention and control director, he did not expect Covid to change these arrangements in the future.

Transfers
There was greater focus on maintaining privacy and dignity for patients moving from Labour Ward to Theatre or from inpatient areas to the Labour Ward

10.2 Going forward, the team were looking to introduce continuous benchmarking, moving CQC patient experience questions into Tendable, (an inspection app to measure and drive quality across the hospital with data collected on a monthly basis). Wellbeing walkrounds had been introduced, targeting inpatient wards and MD advised that as a result, some emerging themes had been added to the overall practice, experience and quality improvement tracker, which were being assessed and monitored.

10.3 MD explained that all the women who gave birth in February 2023 would be surveyed by the CQC and the results would become available towards the end of the year.

10.4 JH asked how the patient experience platform (PEP) interfaced with this work and KJ advised that PEP could gather data from many different sources such as friends and family tests, comments, feedback and complaints. Building this out to incorporate the work the maternity team were undertaking would provide a more holistic picture of patient experience. To avoid confusion, JH highlighted the difference between use of the term PEP at this trust, to that of the rest of the country where it relates to the patient portal, MyCare.

Action: KJ to provide a patient experience presentation for May's meeting focusing on some of the themes across the hospital from Tendable and PEP data.

10.5 Reviewing the results of the survey, DA expressed the opinion that the service was good at providing advice and guidance but struggled where help was needed, or where concerns were being raised and he asked if this was due to staffing levels or training issues. MD agreed that there were examples where the team was more reactive than proactive in managing certain areas. Buzzer audits on inpatient wards had been undertaken to look at why people were calling for help and MD gave examples of where improvements could be made such as making towels more accessible where someone had wanted a shower but had no towel, increasing support for infant feeding so that people did not have to wait too long, providing more training to help staff in the management of pain relief and communication. YC added that she and the maternity team had forensically examined the survey to build a set of questions at a more granular level to give the clinical team the opportunity to resolve some of the issues at the point of care and develop better understanding of how interactions could impact on patients.

10.6 IR commented on the amount of good work within Maternity around patient experience but it was recognised that the built environment was sub-optimal and was the main driver for the new Women & Children's Hospital, which the Trust was looking forward to the construction of, as soon as possible.

The Board **noted** the CQC Maternity Patient Experience Update.

11 Performance Report for Month 10 (January 2023)

11.1 EL highlighted the following from the new style report.

1. Activity levels had been challenging in January although emergency activity levels were lower than December with the majority of patients moving through the department well.
2. The ambulance handover position had held at 98% for people seen within an hour and 81% within 30 minutes.
3. Bed occupancy was predictably very high and was impacted by community provider and workforce issues.
4. The average number of patients not meeting the criteria to reside was 82 but on occasion was closer to 100, and escalation bed capacity was also very high.
5. The elective performance had been impacted, reflected by the regular use of the Day Surgery Unit as an escalation area.
6. Diagnostics continued to recover despite the known challenges with MRI and CT scanning.
7. Cancer recovery was on trajectory against plans submitted to the region and improvements continued to be made against that.
8. A number of internally set safety targets were breached.
9. The Trust declared the anticipated breach by the end of March of the 78-week elective recovery target, caveated by the cancellation of activity due to the 72 hour industrial action by doctors in the

week beginning 13 March. The premise for this was the focus on emergency services and high risk areas over this period.

11.2 Noting the improved non-attenders rate at 5.8%, HT asked whether this was as a result of any particular interventions. EL responded that the figure was generally between 5-7%, adding that the technology behind booking processes was being reviewed and this could have been the cause of the slight reduction.

11.3 HH commented on the number of NICE (National Institute for Health and Care Excellence) breaches (35 in one month) and IR responded that over the winter, many corporate staff had been working clinically and therefore were not available to review these large documents.

11.4 Following positive comments on the new format of the report, JB explained that both new and old-style reports would continue to be provided until the end of the year. It was highlighted that some information was not included in the new format, such as the NICE breaches, and therefore it was agreed that the first page of the scorecard would continue to be provided going forward. The associated graphs would be made available on request.

Action: An explanation of the error markers to be placed in the Trust board portal (iBabs) for reference.

The Board **noted** the Performance Report for Month 10

12 Finance Report for Month 10 (January 2023)

12.1 TW explained that the report covered the period from April 2022 to January 2023. The cumulative income and expenditure position showed a £2.8m deficit which was marginally off plan. The Trust continued to report a break even position for the end of the year. This would be reliant on significant non-recurrent mitigation, the main reasons for which were that more was being spent on planned care capacity than was being received since there were no monies being paid officially for over-performance following the in-year policy change by NHS England. The principal reason for the policy change had been that the majority of hospitals were not achieving their activity plans during 2022-23 and stood to have funding clawed back from their positions, exposing much debt across the country. The Trust was achieving the target of 104% but, due to the policy change, would not qualify for additional funding. Conversations were ongoing as part of year end preparations to identify any monies available in recognition of the extra activity and achievement. TW hoped to be able to provide a more positive report at year end.

12.2 The operating cost position was affected by vacancy, sickness and open escalation areas incurring Pay costs in excess of budget. Discussions had taken place at both Finance & Investment Committee and Workforce and Development Assurance Committee around the many interventions, seeking to unwind some of the premium costs, most notably around the international and domestic efforts to increase the vacancy fill rate.

12.3 The Trust delivered a good financial efficiency performance, tracking 70% of the target, above peer group delivery for the year. Nevertheless, the Trust was seeing the same issues that all organisations were grappling with, around a residual shortfall against the target and the proportion of savings that were dependent on recurrent, cash for delivery. Currently, that was showing as a brought forward shortfall into 2023-24 which would put pressure on the underlying position for next year. Discussions were taking place amongst divisional teams around how many of the non-recurrent schemes could be converted to permanent. In response to a question from HH regarding progress with the better values programme, TW advised that there was good engagement from teams and plans against half of the working target had come forward. However, there were many challenges and TW gave the example of inflation which was exceeding the level of funding available at every turn. The original award had been set last autumn based on 5.5% inflation, but this was now exceeding 7%. Every aspect of efficiency was being affected.

12.4 The issues, particularly the elective recovery funding, was evolving into a different type of challenge for 2023-24 and meetings with NHS England nationally and system partners were taking places to work through these issues.

12.5 On the capital side, over 100 schemes would have been delivered by year end with no obvious cash concerns. The focus had moved to establishing plans for 2023-24.

12.6 Acknowledging the pressures on the finance team particularly with regard to elective recovery funding, HT, expressed her thanks to TW and the finance team.

The Board **noted** the Finance Report for Month 10.

13 Workforce Report for Month 10 (January 2023)

13.1 DP highlighted the following from the report.

1. The continuing reduction in the vacancy rate and the highest headcount on record for the Trust at 4075, an increase of 200 from the previous year.
2. The absence rate continued to fall and the increase to retention and turnover rates was starting to slow. DP warned that the interventions in place around these metrics would take some time to have an impact.
3. In response to data requested at the last Board, DP advised that the average costs per hire were £240 and included advertising and visa checks but the calculation did not include the international nurses, funded separately through the business case. Time to hire was a more recognised metric within the NHS and DP acknowledged there was more work to be done to reduce this, adding that this would have a positive impact on costs per hire. JS advised that the average cost for hire was around £190 and the Trust's time to hire was not too far away from other employers. Constraints around NHS employer checks were acknowledged.
4. Statutory mandatory training remained above target.
5. Nursing vacancies were down to 68.
6. Efficiencies within HR were being reviewed such as automation of paper forms to make it easier for line managers to complete processes.
7. A consultation had been held to change the pay date with a view to providing enough time to run a supplementary pay run.
8. Three new professional recruiter posts had been developed and postholders would be assisting recruiting managers, talking to candidates and making sure that interviews and all other processes were conducted fairly and consistently. The role would be reviewed within 12-18 months and was expected to improve the speed of recruitment.

13.2 HH congratulated the workforce team for achieving 8.6% vacancy, above the 10% target, but expressed concern over the high level of vacancies for health care assistants. DP referred to the review of Band 2 posts in terms of career progression, detailed under Item 14. She advised that many people in this cohort often changed jobs regularly moving to warehousing, logistics and retail. Some would also be studying and looking to progress whilst others thoroughly enjoyed the role and would remain throughout their careers. The Band 2 review would involve discussions to establish which staff were looking to feel challenged and to progress their careers. JS advised that a significant factor for staff retention at this level related to the quality of onboarding and orientation, highlighting the importance of getting this right.

13.4 HH requested further detail on the 0% vacancy rate in Medical and Dental, adding that according to Model Hospital (the hospital provider-level benchmarking tool), the Trust had a very high weighted average unit. IR responded that this was thought to be due to the very limited number of trainees at the Trust half of whose salaries were paid for by the Deanery, compared to most other trusts within the south of England. Therefore, most trainees were fully trust funded because of the history of when those posts had been created. JH added that this was a systemic issue IR had been investigating for some time and the Board could be assured that without exception, doctors were not being paid outside of national pay rates. IR added that when he joined the Trust seven years ago, the vacancy rate was around 10%. A vacancy rate close to 0% was very positive.

The Board **noted** the Workforce Report for Month 10.

14 Maternity Staffing Report

14.1 MD explained that the maternity clinical workforce data was reported at Maternity Incentive Scheme Board every 6 months, covering a number of elements some of which were mandated by the Maternity Incentive Scheme. MD highlighted the following from the report.

1. From an obstetrics perspective the roles and responsibilities from the Royal College of Obstetricians and Gynaecologists (RCOG) had been updated and the risk on the maternity risk register around obstetric gaps was due to close.
2. The Trust was compliant with the Anaesthesia Clinical Services Accreditation (ACSA) standards.
3. There had been good recruitment within the neonatal environment and the area of focus was now on Qualified In Specialty (QIS) trained staff. The requirement was for 70% of staff to be QIS trained. The Trust was at 64% with four being trained currently which, once qualified, would bring the service over 70%.
4. Regarding the midwifery workforce, the details of Birthrate Plus were published in May 2022. This tool, repeated every three years, looked at acuity of all women using the service to identify optimal staffing levels. There had been a significant increase of 10% in acuity since 2018.
5. A mapping exercise was undertaken for maternity support workers and maternity care assistants following a national drive to progress the roles and put career pathways in place. Three midwifery apprenticeship roles would be available from September.
6. The four appendices to the report related to actions to maintain compliance with supernumerary status and to maintain 100% compliance with one to one care in labour, the workforce tool used to map QIS trained neonatal staff and the action plan for neonatal nursing and medical workforce to attain Tier 3 of the Maternity Incentive Scheme.

14.2 YC added that it was important to understand the approach to Maternity Services fill rates in maintaining safe and efficient levels of staffing. She gave the example of redeploying registered nurses to maintain supernumerary status whilst maintaining one to one care in the Labour Ward. She added that a huge piece of work was ongoing involving all clinical teams across the Trust working closely with HR and e-rostering colleagues, looking at efficiency and effectiveness of the rosters and staffing in terms of the management of annual and study leave.

14.3 In response to a request from HH for more information on activities to address inequalities, for black mothers for example, MD explained that benchmarking against the various recent published reports had taken place and she highlighted the ongoing work with the local maternity network system (LMNS) to develop an equality and equity strategy. One of the priorities for 2023-24 was enhancing the experience for those using the service and also reaching out to those not accessing services. A new emotional wellbeing service, linked to CNWL (Central and NorthWest London NHS Foundation Trust, local community services provider), had been set up and a recently appointed health and lifestyle midwife was looking at some of the areas where improvements could be made. MD added that ethnicity data was always included in any reviews undertaken, for example, by the major obstetric haemorrhage review group.

14.4 AD thanked MD and her team for all their hard work reflected in the report.

The Board **noted** the Maternity Staffing Report.

15 Inclusion Leadership Council Feedback

AD advised that the new format for the meeting, shared with the Board in January, was now in operation. The BAME network had invited the CQC to meet with them and there had been many positives coming out of the discussion, including pastoral care. All the areas raised were already well known to the Council and the Trust and were being worked on. AD added that this was the type of initiative the Trust wanted to encourage the networks to take. The Associate Director for Charity and Fundraising, Vanessa Holmes, was now on the committee, helping to access charitable funds. Development of networks had been discussed, looking at future-proofing and recruitment.

The Board **noted** the Inclusion Leadership Council Feedback

16 Risk Register Report

16.1 KJ presented the report and advised that concern had been raised at the last Trust Executive Committee regarding overdue Risk 182 (radiology examinations requested by untrained staff) and how this had come about. She reported good movement on the risk register with people actively managing their risks. KJ highlighted the key risk indicators at the bottom of the report relating to staff abuse and accidents.

16.2 HH asked whether the issues raised around using the Trust's risk management system, Radar, had been resolved. KJ responded that the risk management aspect of the system was fairly easy to use but acknowledged that the incident reporting element was an issue and staff were reluctant to complete the new form, in view of the new national learning from incidents framework, PSIRF (Patient Safety Incident Response Framework) which took around 10 minutes to complete. Issues with the form had been raised with NHS England but they would like the Trust to keep all aspects of it and this was impacting on staff's willingness to report. The form was expected to be in use across the country from April 2023.

16.2 MV commented that the format of the report did not provide adequate indication of levels of risk. KJ responded that the team had tried various means to address this, avoiding the inclusion of many lines from the risk register spreadsheet. She confirmed that overdue risks could be seen to be riskier as controls deteriorate. She agreed to work with teams to resolve this issue.

Action: KJ and KMB to review the risk register report to provide greater clarity on levels of risk

16.3 The Board **noted** Risk Register Report.

17 Board Assurance Framework

17.1 There were no significant changes to the Board Assurance Framework except to Risk 5 (suboptimal head and neck cancer pathway), reduced to 15 from 20, as indicated in the report.

17.3 The Board **noted** the Board Assurance Framework.

18.1 Summary Report for the Audit Committee – 12 December 2022

18.1.2 The Board **noted** the report.

18.2 Summary Report for the Finance and Investment Committee Meeting – 06 December 2022

18.2.1 The Board **noted** the report.

18.3 Summary Report for the Trust Executive Committee – 14 December 2022

18.3.1 The Board **noted** the report.

18.4 Summary Report Trust Executive Committee Meeting – 11 January 2023

18.4.1 The Board **noted** the report.

18.5 Summary Report for the Quality & Clinical Risk Committee – 12 December 2022

18.5.1 The Board **noted** the report.

18.6 Summary Report for the Charitable Funds Committee 5 December 2022

18.6.1 The Board **noted** the report.

19 Forward Agenda Planner

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

20 Questions from Members of the Public

20.1 There were no questions from the public.

21 Any Other Business

21.1 There was no other business.

22 The meeting closed at 12:17

Updated : 13/04/23

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

Trust Board Action Log

Action No.	Date added to log	Agenda Item No.	Subject	Action	Owner	Completion Date	Update	Status Open/ Closed
24	03-Nov-22	18	Significant Risk Register	KJ, KMB and Paul Ewers to review the front sheet of the report to include an overview of the Trust's risk position and appetite	KJ/KMB/PE	06-Jul-23	Verbal Update. To be progressed after the Trust's Risk Appetite Statement has been reviewed.	Open
30	09-Mar-23	8	Serious Incident and Learning Report	The Behaviour Standards to be placed in iBabs	JP/KMB	08-Jun-23	Verbal Update	Open
31	09-Mar-23	10.4	CQC Maternity Patient Experience Update	Patient experience presentation on themes across the hospital from Tendable and PEP data	KJ	08-Jun-23		Open
32	09-Mar-23	11.4	Performance Report Month 10	An explanation of error markers to be placed in iBabs for reference	JB	08-Jun-23	Verbal Update	Open
33	09-Mar-23	16.2	Risk Register Report	Risk register to be reviewed to provide greater clarity on levels of risk	KJ/KMB/PE	06-Jul-23		Open

Milton Keynes University Hospital NHS Foundation Trust

Meeting Title	**Trust Board of Directors**	**Date: 04.05.2023**
Report Title	**Chair's Report**	**Agenda Item Number: 6**
Lead Director	**Alison Davis, Chair**	
Report Author	**Alison Davis, Chair**	

Introduction	Standing Agenda Item		
Key Messages to Note	An update for the Board on activity and points of interest including: • Inspection of the maternity services by the Care Quality Commission, with no major concerns identified. • The visit by Sir Jonathan Montgomery, Chair of Oxford University Hospitals Foundation NHS Trust. • The launch of the MKUH charitable fundraising for the radiotherapy centre Wellbeing Hub.		
Recommendation *(Tick the relevant box(es))*	**For Information** [x]	**For Approval** [ ]	**For Review** [ ]

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

Report History	*N/A*
Next Steps	*NA*
Appendices/Attachments	*N/A*

Chair's report: May 2023

To provide details of activities, other than routine committee attendance, and matters to note to the Trust Board:

1. The building of the radiotherapy centre is now so far advanced that the 'topping out' ceremony is planned for the 4th May and will be attended by members of staff, supporters and partners.
   The launch of the charitable fundraising to support the facility took place on the 21st April and was generously hosted by Christian Horner, Team Principle and CEO of Oracle Red Bull Racing. The event took place at the Red Bull headquarters in Milton Keynes and we were joined by many sponsors and fundraisers who have already enabled us to enhance our services in other areas of the organisation. I am very pleased to report the fund has already reached £110,000 of the target of £500,000.

2. The Care Quality Commission inspected MKUH maternity services in March and I was interviewed with colleagues in my role as the NED for maternity safety. We await the final report but initial feedback did not identify any areas of major concern. The CQC did identify good practice, including the training for midwives for home delivery .
   It was helpful that in February we had met with the East of England Chief Midwife and team to review our improvement plan and progress.

3. On the 24th March I accompanied Governor and Friends of MKUH Shop Chair, Clare Hill on her trolley round to the wards. It was a great opportunity to see the usual day to day activities and how they vary across specialities, as well as meet staff and patients.
   It was obvious Clare is a welcome sight and many staff as well as patients were ready to buy snacks or other items.
   Many thanks to Clare for her time and I highly recommend the experience to other colleagues; it's an ideal way to gain an appreciation of the work and some of the challenges taking place every day across MKUH.

4. On the 25th April I was delighted to attend with Vanessa Holmes, Associate Director Charity and Fundraising, the presentation of a cheque for £50,000 from the Friends of MKUH charity, towards the hospital's radiotherapy centre appeal. We are very grateful for their generous and continued support.

5. As part of our external focus to work with partners to improve services and access, I met with the Chair of Oxford University Hospital, Sir Jonathan Montgomery and he visited the renal unit at MKUH which is run by Oxford. We were able to discuss some of the challenges facing our organisations and the projected population growth for Milton Keynes. Ian Reckless provided a comprehensive overview of medical training and opportunities for services, as well as our ambitions for further development and progress on the new radiotherapy unit.

6. I had a fascinating visit and met with the robotic assisted surgery team. The team spirit was impressive and patient outcomes significantly enhanced by the technology. It will be exciting to see this service develop and expand as capacity and training allow.

7. I attended the Declaration of Office of the new High Sheriff of Buckingham, Dame Anne Limb. She is a supporter of the hospital as well as many charitable community organisations. Her speech emphasised the need for sustainability and protection of the environment, as well as support and development of areas of deprivation.

8. For information:

   Details of Board meetings for the Integrated Care Board can be found at--
   Board Meetings - BLMK Integrated Care Board (icb.nhs.uk)

   Friends of Milton Keynes Hospital website—
   Friends of Milton Keynes Hospital & Community (mkfriends.org.uk)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Milton Keynes University Hospital Trust Board 4 May 2023
Bedfordshire, Luton and Milton Keynes Health and Care Partnership and Integrated Care Board update

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☒
Other ☐(please advise):			

Report Author	Joe Harrison, Chief Executive Milton Keynes University Trust and Maria Wogan, Chief of System Assurance and Corporate Services, BLMK ICB
Date to which the information this report is based on was accurate	28 April 2023
Senior Responsible Owner	Felicity Cox, BLMK ICB CEO

The following individuals were consulted and involved in the development of this report:

- BLMK Health and Care Partnership – 7 March 2023
- BLMK Integrated Care Board – 24 March 2023.

This report has been presented to the following board/committee/group:

This report summarises key items of business from the BLMK Integrated Care Board and BLMK Health and Care Partnership (a Joint Committee between the local authorities and the ICB) that are relevant to the Milton Keynes University Hospitals Trust. Key items of business from these meetings are detailed in Appendix B. The main items of interest for the Trust Board are covered in the main paper.

Purpose of this report - what are members being asked to do?

Milton Keynes University Hospital is a partner organisation in the Bedfordshire Luton and Milton Keynes Integrated Care Board (ICB). Joe Harrison is a partner member of the Board of the ICB, and Alison Davies is a member of the Health and Care Partnership, which is a joint Committee of the ICB and local authorities in BLMK.

This report connects the Trust and BLMK governance by updating on work at BLMK level and highlighting specific issues that are likely to be of interest to or require decisions from the Trust.

Recommendations:

The Trust Board is asked to:

1. **Note** progress on the BLMK NHS Operational plan 2023/24
2. **Note** that the Health and Care Act 2022 requires the ICB and its partner NHS Trusts and NHS Foundation Trusts to prepare and publish a plan setting out how they propose to exercise their functions in the next five years.
3. **Review and comment on** the draft BLMK Joint Forward Plan as agreed at the ICB Board on 24 March.
4. **Note** that the Trust's Director of Finance is involved in the development of the system's capital plan which will align to the Joint Forward Plan in the same timescale.
5. **Note** the updates provided from the meetings of the BLMK Health and Care Partnership and Integrated Care Board meetings in March 2023 as listed at Appendix B.

1. Brief background / introduction:

The following summarises items of interest that have been considered by the BLMK Health and Care Partnership and the Board of the ICB.

1.1 BLMK (NHS) Operational Plan 2023-2024

The Health and Care Act requires the BLMK ICB to produce an Operational Plan (draft submitted at the end March 2023).

The Operational Plan is for 2023/24 and requires ICBs to describe how the local NHS will deliver against mandated NHSE operating plan requirements, including agreement of the BLMK NHS system budget. This plan takes account of local priorities which were reported to the Board of the ICB on 24 March 2023. A further version of the operational plan will be submitted to NHSE on 4th May 2023, taking into account national, regional and BLMK discussions to further develop the plan and address finance and activity challenges. The system CEOs have been involved in the development of the plan and the Trust CEO will be able to report the latest position to the Trust Board.

1.2 BLMK Joint Forward Plan

The Health and Care Act also requires the BLMK ICB and its partner NHS Trusts and Foundation Trusts to produce a Joint Forward Plan covering a minimum of five years (final version due end June 23).

The Joint Forward Plan (JFP) is required to set out a framework for how the ICB and partners intend to arrange and/or provide services to meet our population's physical and mental health needs. This will include narrative on the universal NHS commitments and address the four core purposes and statutory duties of an ICS:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social economic development

The Board of the ICB agreed that the BLMK JFP, will extend from 2023 to 2040 to address:

i) the expected and sustained expansion of our population to 2040 and beyond.
ii) Multi-agency very complex issues which are best resolved through partnership delivery to improve health outcomes, tackle inequalities in local communities whilst ensuring optimal use of public money to deliver services
iii) wider determinants of health and well-being to maximise prevention and supporting communities to thrive.

The extended timeframe of the BLMK JFP will enable all partners of the BLMK ICS to develop longer-term plans in collaboration to best deliver the ICS' statutory duties in the local context of sustained population growth over this period.

The Plan has been developed based on prior engagement with the public and partners will be published in June 2023 following further engagement including with Health and Wellbeing Boards, NHS Trust Boards and VCSE groups. As the JFP focuses on longer-term delivery of existing plans, the plan will not require full formal public consultation.

The draft JFP is attached at Appendix A and available on the ICB Website here. The Board are asked to discuss and comment on the draft Joint Forward Plan and any comments will be reported to the Board of the ICB for consideration prior to submission

to NHSE by 30 June 2023. A capital plan is also in development and the Trust's DoF is involved in this work, it will align with the Joint Forward Plan.

1.3 Other items of interest to the Trust Board

Musculoskeletal (MSK) Health Services – Forthcoming Procurement

Due to expiry of the contracts with four MSK providers across BLMK, the ICB has been working with patients, providers and wider stakeholders to determine how services should transform to:

1) improve the quality of life for people with MSK
2) improve productivity, removing fragmentation and duplication
3) focus on prevention of MSK illness which is particularly impacted by rates of obesity, levels of physical activity and smoking; and
4) release GP capacity by providing direct access to physiotherapy appointments.

An Integrated MSK and Pain Service Specification has been drafted based on best practice and is in the process of being finalised. Following ICB governance approval between February – March 2023 and subject to feedback from market testing, the intent is to commence a full procurement exercise between April – September 2023, followed by mobilisation of the new provider/s during October 2023 – March 2024 with official service commencement on 1 April 2024. It is expected that any staff impacted by a change of provider would transfer to the new provider/s. Members of the public will also be invited to be part of the new provider/s mobilisation to ensure local needs are captured and implemented.

BLMK ICB Board Assurance Framework (BAF)

The BAF sets out the key system risks which the Board monitors at each of its formal meetings. The system risk summaries are provided in the table below:

Ref	Risk Title	Risk Description	Current Risk Rating	Change
BAF 1	Recovery of Services	There is a risk that the NHS is unable to recover services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	16	=
BAF 2	Developing suitable workforce	If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	20	=
BAF 3	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the system which threatens delivery of services across BLMK	20	=
BAF 4	Widening inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	16	=
BAF 5	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	16	=
BAF 6	Financial Sustainability and Underlying Financial Health	As a result of increased inflation, significant operational pressures, elective recovery and the enduring financial implications of the covid pandemic - there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	15	=
BAF 7	Climate Change	Due to climate change and wider impacts on the environment and biodiversity, there is a significant risk of increased pressure on health and care services.	16	=
BAF 8	Population Growth	As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, resulting in poor health and wellbeing for residents.	20	↑
BAF 9	Rising Cost of Living	As a result of rising cost of living there is a risk that residents will not be able meet their basic needs resulting in deteriorating physical and mental health resulting in pressure on all public services	16	=

2 Appendices

Appendix A –Joint Forward Plan
Appendix B – Summary of BLMK Health and Care Partnership and ICB Board business.

Summary Overview: the BLMK Plan for our Joint Forward Plan

It is an NHS England requirement for every ICB to produce a 5-year Joint Forward Plan, which complements the ICB Strategy and NHS 1-year Operating Plan to set how we will:

- Use our ICB to deliver the Place Plans in the medium-term, supported by our Provider Collaboratives, and focused on local population need (JSNA)
- Outline our approach to deliver the ICB's responsibilities ('4 pillars' of tackling inequalities, improving health outcomes, providing value for money, and supporting growth and sustainability)

The Joint Forward Plan (JFP) is due for submission from ICBs on June 30th 2023. However, NHS England have required all ICBs to submit a draft together with our 2023-4 NHS Operational Plan submission at the end of March.

This paper sets out the proposed BLMK approach to developing our JFP by June 30th – it is a Plan for Our Plan.

ICB members are asked to review the outline draft, provide responses to specific questions detailed in the cover sheet, and – pending adoption of feedback – approve this approach to creating the BLMK Joint Forward Plan.

SECTION ONE: Joint Forward Plan Introduction

The Joint Forward Plan does not require new content – it is the medium-long term view of how we deliver the aims and objectives of our Place Plans in partnership. Key to this medium-long term view is not just how we meet population growth and changing needs within our resources – but how we collaborate to tackle our most 'wicked' issues to support our communities to thrive.

The BLMK Joint Forward Plan will focus on those areas where collaboration at Place is required to achieve this. Specifically, our Joint Forward Plan will:

- **Focus our collaborative long-term plan on meeting the changing needs of our population** (not individual organisations or service lines)
- Develop our **processes and partnerships to build an adaptive, integrated system** which can respond to local population need sustainably within our resources
- **Develop & deliver infrastructure strategies** to tackle inequalities, improve health outcomes AND reduce avoidable cost

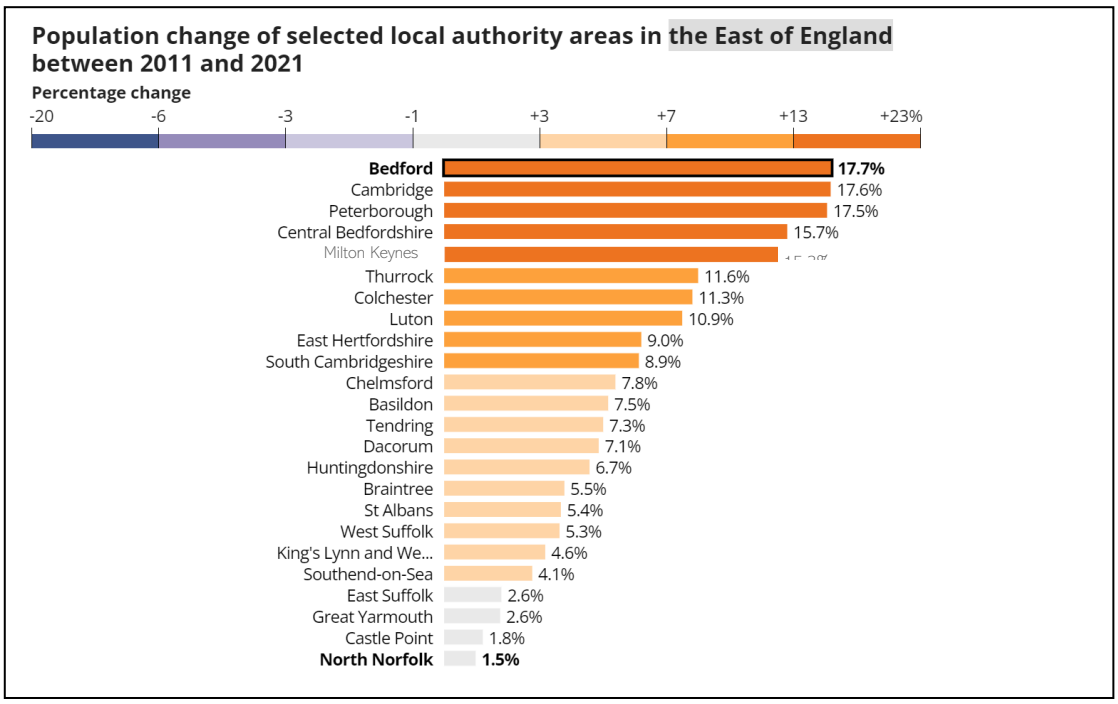
These plans are the long-term/ strategic delivery plan for Place Plans. Where Provider Collaboratives span multiple Places, and Place Plan actions are best delivered at scale, Provider Collaboratives (for example, the Bedfordshire Care Alliance) will work across multiple Places to deliver a consistent delivery model across the constituent Places.

Our Population

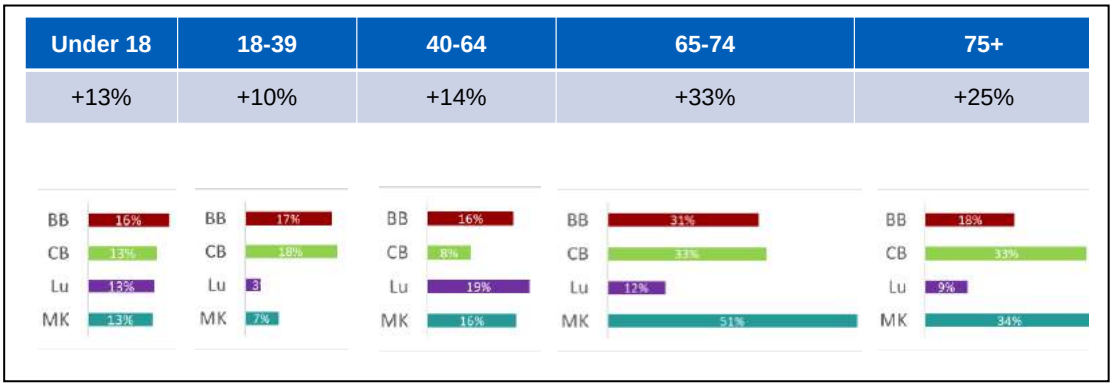
The Boroughs within BLMK ICB are diverse with a rapidly growing population.

Over the last ~10 years, roughly 5,000 homes were completed per year across BLMK (CBC > MK > BBC > Luton). Local Plans / housing strategies suggest around 6,000 new homes will be built across BLMK per year over the next ten years. This is significantly more than National (ONS) population projections assume a growth of c.2,400 homes per year across BLMK.

The ONS new housing projections for BLMK are out by a factor of 2.5, as BLMK is one of the fastest growing populations in the UK, and this trend is expected to continue.



Not only will there be more residents in the area over the next 15-20 years, but the demography, health needs and demand of our population will also change significantly.

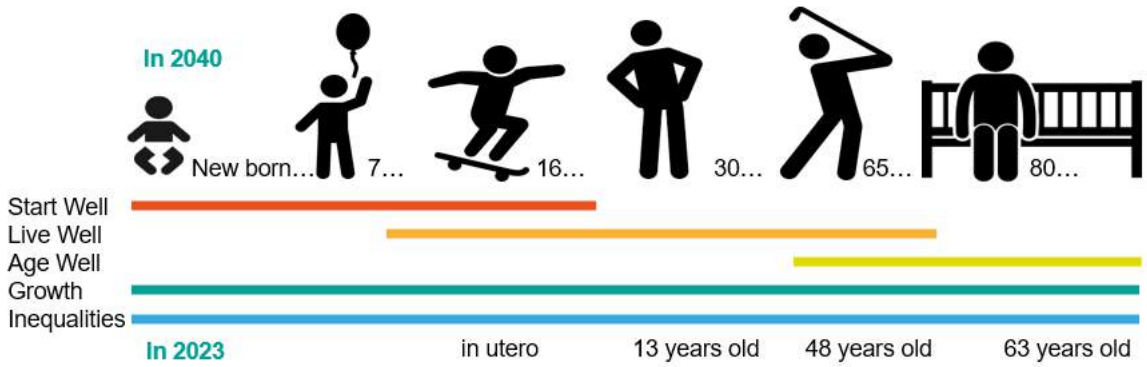


All of our Boroughs have strong plans to grow housing, employment opportunities and prosperity in a sustainable way, focused on the needs of specific communities within each Borough.

[examples from each Place to be added]

The BLMK Joint Forward Plan recognises that we cannot do more of the same with our resources (workforce, infrastructure such as estates and digital and finance) to meet this growing and changing population need.

The Plan aligns to our strategic priorities and the recognition that the actions that we take now will have a significant impact on our ability to improve the health and outcomes for our population in the future.



Given the variation in inequalities and health outcomes, people across BLMK hit the thresholds for start well, live well and age well at different ages across their life.

The known wicked issues for BLMK are:

- Rapid population growth and demographic shifts (specific to each Borough)
- Challenges accessing core primary care (including GP and dental services)
- Inequalities experienced by communities within BLMK
- Impact of COVID on residents
    - Deconditioning of people with frailty
    - Increased safeguarding and mental health issues for children and young people
    - Delays in accessing routine elective surgery
- Cost of living crisis affecting families
- Poor health of the population
    - Obesity
    - Long term conditions

SECTION TWO: Medium Term Affordability

[NHS & LA headlines – to be added for June submission]

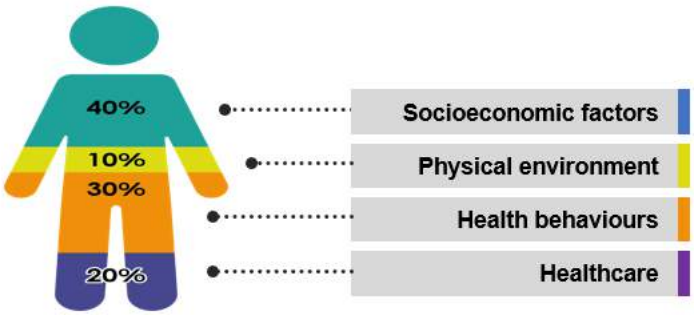
SECTION THREE: Our Strategy

Our system strategy sets out our ambition for improving health outcomes and reducing inequalities so that everyone in our city, towns, villages and communities can **live a longer, healthier life**. This means increasing the **number of years people spend in good health and reducing the gap between the healthiest and the least healthy in our community**.

Our strategy set out three questions which we aim to answer by working in partnership:

1. Are we doing the right things to improve health outcomes and tackle inequalities for our residents?
2. Are we making the best use of partnerships between public services, VCSE partners and local communities?
3. Are we working with our people and communities to understand what matters to our residents and co-designing and co-producing sustainable solutions.

The benefit of working in partnership is the opportunity this affords us to look at all of the factors that affect our changes of living a longer, healthier life.



Our system strategy builds on our health and wellbeing strategies at Place and our understanding of what matters to our residents.

Our Joint Forward Plan will also be firmly grounded in this understanding of what matters to our people and communities, our Joint Strategic Needs Assessments, Health and Wellbeing Strategies and emerging priorities at Place.

SECTION FOUR: A Joint Approach – Maximising Benefit to Residents

Our Joint Forward Plan highlights the shared 'wicked issues', where an innovative and collaborative approach is needed to deliver the Boroughs' Place Plans and the NHS targets for access and outcomes for all residents sustainably to 2040 and beyond.

As such the BLMK Joint Forward Plan is built on a strong shared ethos between all partners in the ICB as to how best to achieve this sustainably:

1. **Prevention and earlier intervention**

2. **Locally configured interventions that meet the needs of residents at a Neighbourhood, Place or System-level**

3. **Getting It Right First Time**, especially for those residents who have the
    a. Worst outcomes / highest risk factors / greatest inequalities
    b. Highest and most complex needs/ unmet needs driving high volumes of interaction with health, care and public sector services, including police, fire and criminal justice systems
    c. Voice least often heard/ face the most barriers to access
    d. High volume, low complexity demand for health care (elective and same day urgent care)

4. **Co-production with local communities**

5. **Leverage the inter-dependencies and interfaces across health and care services** to
    a. make every contact count – build opportunistic prevention & support to self-care into existing pathways of care
    b. reduce low value and repetitive interventions for residents and our teams
    c. optimise use of resources (workforce, estates, finance)

6. **Optimise the operating environment for health, care and civic services** – across traditional service and organisational boundaries with co-ordinated actions to:
    a. Tackle inequalities

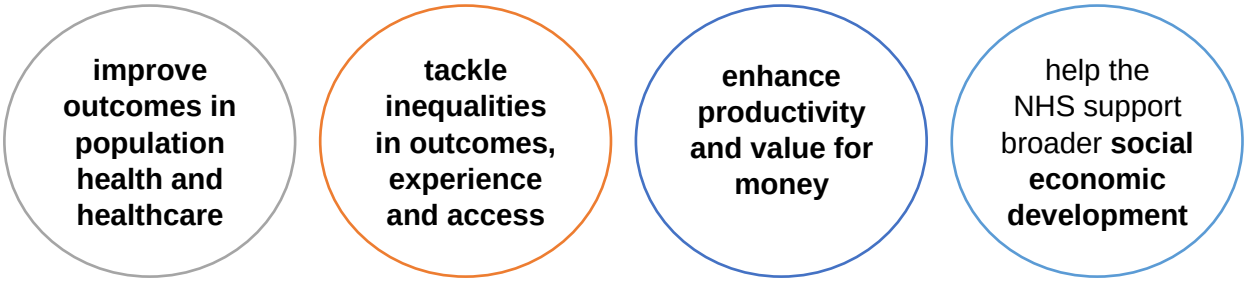
b. Stimulate local employment and economic development
c. Sustainability and green agenda
d. Long-term workforce development,
e. Market management
f. Strategic investment and utilisation of digital and estates assets

The key differences between existing Local Authority and NHS planning approaches are:

- NHS focused on short-term delivery (3-year funding cycle, 1-year operating plan) / LA plans for infrastructure and population growth are over a generation (15-20 year plans)
- NHS operating objectives are focused on the standards that clinical services must achieve for the patients who access them / LA considers the whole population living in a specific geography

All health and LA partners in ICBs have a shared responsibility to the populations they serve in their use of public money:

The four pillars of an ICS are to:



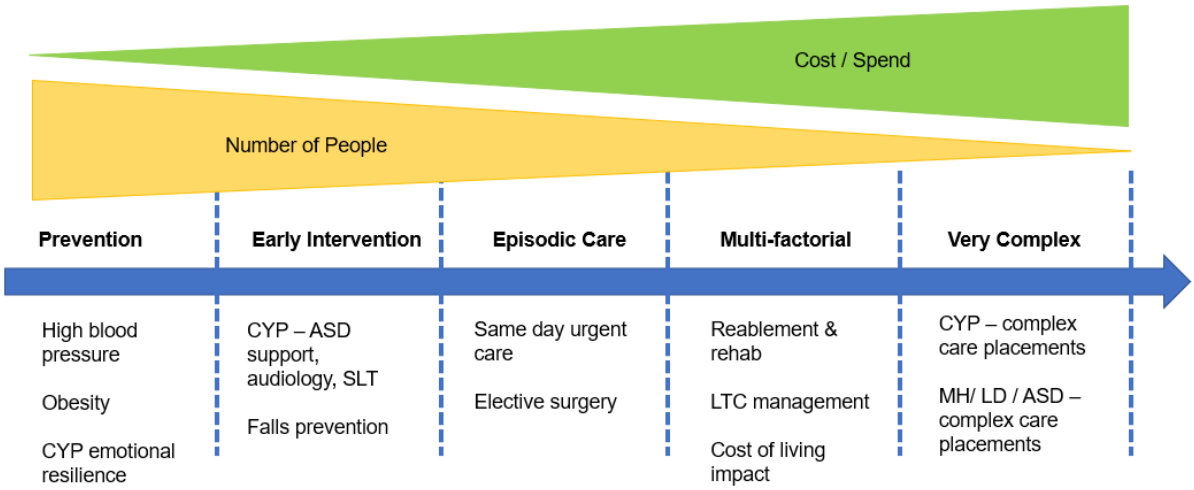
The BLMK Joint Forward Plan will therefore:

1. Focus on the needs of all residents at Place (not service lines / public sector institutions)
2. Extend to 2040
3. Identify the methodology by which we will:
   - Understand the growth, changing demographic and needs of our populations at Place to 2040
   - Outline key milestones and critical delivery points based on population size and need, incorporating existing 'wicked issues' and known changes in the operating environment (for example, devolution of specialised commissioning, or the creation of new towns in BLMK Boroughs)
   - Confirm the methodology for systematic review and strategic planning across key domains where a joint intervention between NHS and LA is required, utilising benchmarking, the evidence-base and innovation / research, applied through quality improvement methodology co-produced with local residents
   - Outline the key enabling strategic plans for workforce, infrastructure (estates and digital), and management of the operational environment (e.g. market management)

SECTION FIVE: The BLMK Approach

The purpose of the Joint Forward Plan is to determine how best we will work in partnership to address these known 'wicked issues' to the benefit of residents; and how these actions will enable sustainable delivery of NHS services to the standards set out in the NHSE Operating Plan.

Addressing these twin challenges will require a systemic and stratified approach, as depicted below:



Based on local JSNAs and Place Plans, the Joint Forward Plan will highlight those areas where a collaborative and different approach is required.

This will shift our focus from 'what can we afford to do?' to

'Can we afford NOT to do it?'

This latter question focuses on the needs and outcomes of the population, and how best we tackle inequalities and improve health outcomes to enable our communities to thrive AND deliver sustainable public sector services within resources.

This innovative and collaborative approach will involve:

- Developing a consistent approach to framing and investigating our 'wicked issues', with a focus on defining our target population, supporting co-production and personalisation, using collective resources and focusing on how we apply our different 'routes to Thrive'.
- Ensuring interventions are evidence based and challenge ourselves to achieve and sustain top decile performance, drawing on and contributing to research and innovation, and applying learning from best practice.
- Taking an adaptive approach to improvement, measuring outcomes as well as activity and considering the impact of our actions/failure to act on health and care (and wider society).

Examples of this approach could include:

a) Earlier intervention for children and young people who would benefit from:

- Speech and language help at a younger age / lower threshold of need
- Autism spectrum disorder support and diagnosis at a lower threshold of need
- Occupational therapy input for children identified above to support communication and social interaction at home and school

The underpinning rationale for this earlier intervention is to support children to meet their earlier developmental and education milestones, rather than delay intervention until the SEND threshold is met later in childhood.

Not only is this better for the individual child but also reduces higher system costs in SEND and (often) mental health support as children become aware of their 'difference' and struggle to keep up at school.

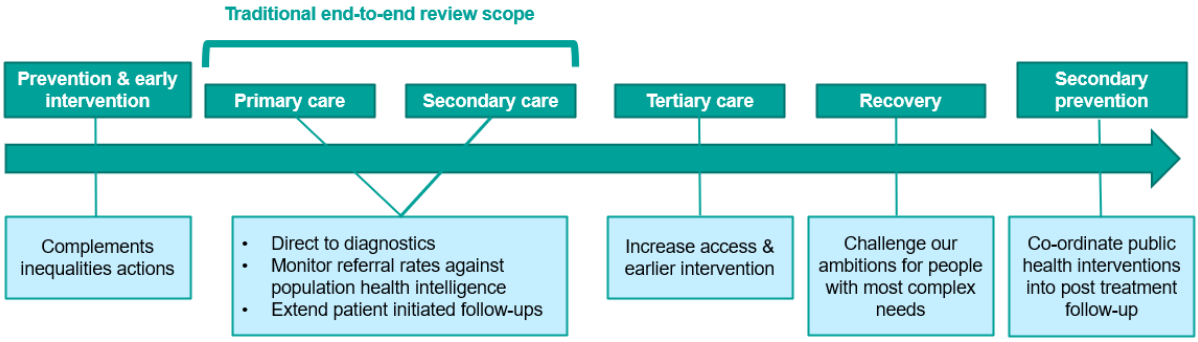
b) Local integrated offer for people with complex mental health and/ or learning disability needs, whose placement needs are currently met through contracting with independent sector providers. This could encompass:

- Creation of sufficient bespoke Supported Independent Living accommodation within Boroughs to meet local need
- Extended capacity to bring crisis support to the individual at times of highest need, reducing Emergency Department attendances / acute psychiatric admission unless clinically required
- Recovery approach that supports the individual to tackle root causes / manage distressing emotions and achieve their potential

This population are some of the most disadvantaged in our society, and this approach sets out a whole-system to tackle these inequalities and support these residents to thrive. This approach is also likely to drive better quality and more financially sustainable support.

c) Elective clinical pathways review

'End-to-end' clinical pathways review typically span the course of the pathway from primary care to secondary (acute) care and the return to primary care for residents who do access healthcare. Adopting a truly end-to-end clinical pathway review could better tackle inequalities and improve health outcomes, as depicted below:



Anchored in Places, this approach will:

- Identify populations whose risk profile / barriers to access indicates they require, using risk stratification at Neighbourhood / ward level
- Provide bespoke engagement (health promotion and uptake of screening programmes)
- Provide oversight for Place partners – giving a clear view (and feedback loop) on managing unwarranted variation not least in:
    - Over-referral that does not convert into increased diagnosis
    - Under-referral / late referral impacting on health outcomes
- Reduce bureaucracy for GPs in referral processes: encouraging greater autonomy for acute providers to determine the right clinical pathway based on diagnostic results
- Inform decision-making on how best to target current under-utilisation of BLMK residents for tertiary (specialised) clinical pathways, including earlier preventative interventions and/ or bespoke local pathways with tertiary providers
- Optimise public health interventions into post-treatment follow-up to maximise health outcomes

The outcomes sought from this approach are two-fold:

1. to ensure timely access that maximises health outcomes for all residents regardless of their barriers to accessing health and care
2. to manage demand and cost through more effective (targeted) interventions based on population need

d) Partnership in Fuller Neighbourhoods to support residents to tackle the root causes of their need (not solely manage symptoms). This approach goes beyond social prescribing to locally-determined offers that:

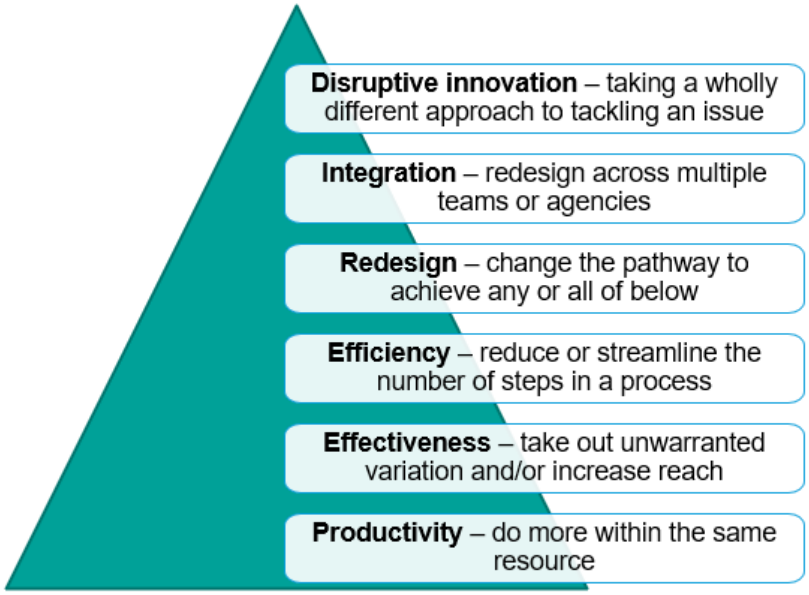
- Simplifies access to support, reducing the multiplicity of 'front doors'
- Draws on local communities' own assets and those of the VCSE to support people to thrive
- Offers co-ordinated support across civic, care and health partners reflecting residents' needs (not our service configuration and referral processes)

These examples demonstrate how, when we collaborate to the benefit of specific residents, we can improve outcomes for the individual and reduce avoidable cost across the public sector. In this way the plan will aim to move us away from the traditional focus on episodic and siloed care to:

- Define our goals by the needs of our population (at Place) rather than episodes of care or care pathways
- Drive the 'left shift', by moving resource to improving prevention and early intervention (to benefit residents and reduce future need and cost)
- Focus our collective attention on where disruptive innovation is required to meet complex need and high demand within resources
- Challenge ourselves to take a long-term view (outcomes & cumulative cost) wherever possible

We will deliver this through Quality Improvement interventions that are locally owned and driven to make it easier for our teams to do the right thing for the resident, first time.

Based on population growth and need we will deploy a range of actions in delivery of the elements of the Joint Forward Plan:



SECTION SIX: preparing the Joint Forward Plan

There will be several phases to the delivery of our Joint Forward Plan

- **Preparation phase** – establishing population-focused intelligence and delivery structures to inform and enable ICB core objectives for residents at neighbourhood and Place.
- Delivery of **Place and Provider Collaborative plans** – to meet local population need sustainably and within resources
- **Delivering the 'left shift'** – with a consistent focus on high volume/low-cost prevention and low volume/high-cost and complex interventions to maximise impact within resource
- **Building tomorrow** – building prosperity for our communities
- Achieving and **sustaining top decile** – getting ahead of the curve to drive sustainable excellence

Phase 1: Preparation for the Joint Forward Plan July 2022 – March 2024

Establish population-focused intelligence and delivery structures to inform & enable ICB core objectives to residents at Neighbourhood and Place

Population modelling	**Model our expected population changes at Neighbourhood and Place,** including growth, demographic shift and the changes in need/demand which will inform our Joint Forward Plan	Data-based intelligence on scope, size, timing and prioritisation of JFP actions, linked to populations
Place Deals & Provider Collaboratives	**Optimise Place Deals and Provider Collaboratives to integrate health, care and civic interventions around specific populations to reduce inequalities and improve outcomes:** • Deliver Fuller Neighbourhoods to meet local population need • Co-ordinate LA primary prevention and NHS secondary prevention interventions at place and patient cohort • Integrate community and social care pathways to support people with frailty and long term conditions (Home First & Stay Well At Home, including Virtual Ward & SDEC) • VCSE as an embedded partner	Multi-professional, multi-agency partnerships configured around specific resident cohorts to: • Maximise prevention & early intervention • Improve outcomes for residents • Drive effectiveness & efficiency through integration
Population health, public health & tackling inequalities	**Bring together public health and population health management resources to form a Population Health Intelligence Unit to**: • Provide consistent population baseline data and reporting on impact to specific populations • Ensure that population health and inequalities are highlighted in NHS activity, performance and quality reporting at Place / Neighbourhood • Develop data scientist analytics capacity and capability • Roll out a shared QI approach on inequalities, including exemplar 360º Thrive programmes for agreed specific populations, i.e. Learning Disabilities	Population-focused analytics at place and Neighbourhood to provide: • Integrated health, care & civic population intelligence • Outcome metrics to measure impact to specific populations • Consistent application of QI
One Estate	**Bring together estates assets at Place to develop all Partners Estates Strategy at Place** • All public sector partners • Opportunities within commercial & social enterprise facilities • Strategy aligned to projected population growth at Neighbourhood & Place	• Key enabler for new models of care • Supports population growth • Reduce avoidable long term costs

Phase 2a: Delivery of Place & Provider Collaborative Plans July 2022 – 2040

To meet local population need sustainably within resources

Fuller Neighbourhood Teams	**To meet changing needs of local residents at a locality/neighbourhood level:** • Engage with local communities to co-design future scope of Fuller Neighbourhoods • Holistic offers of support to tackle root causes (life improvement) • Increase same day urgent care capacity as population grows • Innovate models of continuity of care/complex care management • Reduce high volume/ low benefit clinical support activity primary care (e.g. straight to test/self refer) • Determine opportunities from POD specialised commissioning delegation • Estates strategy aligned to predicted population growth at Neighbourhood agreed with each Place	• Optimise health & well-being based on local need • Access to meet local population need / growth
Clinical services strategy	**End to end reviews for high risk/high opportunity clinical speciality pathways:** • Prevention / early intervention / primary care / secondary care (tertiary care) / secondary prevention • Optimising pathways (left shift, i.e. 'tertiary' functions into acute settings as population growth allows, acute functions into Place • Pathway productivity & efficiency (straight to test/standardised order sets incl. new CDC capacity) • Reduce unwarranted variation in access – missing patients & over-referral • Models of delivery (including strategic partnerships) • Capital investment strategy (diagnostics, digital, estates) • Long term strategy for key services lines delegated from specialised commissioning	• Top decile clinical pathways • High value for money • No-one left behind
'Thrive' programmes	**Civic & Health Inclusion around specific population cohorts, e.g.:** Children and young people, Learning Disabilities and Autism Spectrum disorder (ASD), Offenders, Veterans, Traveller communities and people experience homelessness.	• Cross-cutting interventions to reduce inequalities & improve outcomes

Phase 2b: Delivering the Left Shift April 2024 – March 2040

Consistent focus on high volume/ low-cost prevention AND low volume/ high cost & complexity to maximise impact within resources

Maximising Prevention & Earlier Intervention	**Identify which civic, care & health interventions, for what population and when will:** • Improve outcomes for the individual • Reduce long-term cost across public sector partners • Utilise co-production with specific communities to deliver • Learn & adapt to maximise outcomes & value for money	• Improve individual outcomes • Reduce avoidable long-term cost
Complex Needs: Thrive not just Survive	**New models of care (including local delivery) for residents with the highest complexity of needs – Children & Young People, Mental Health, Learning Disabilities & Neurodiversity** • Multi-agency proactive identification of people with escalating complex need • 24/7 crisis pathways / support in community settings (multi-agency) • Recovery-focused pathways • Local infrastructure based on local need (placements, partnerships) • Support levels flex aligned to need, not person moves through multiple settings	• Improve individual outcomes • Reduce avoidable long-term cost

Phase 2c: Building Tomorrow July 2022 – 2040

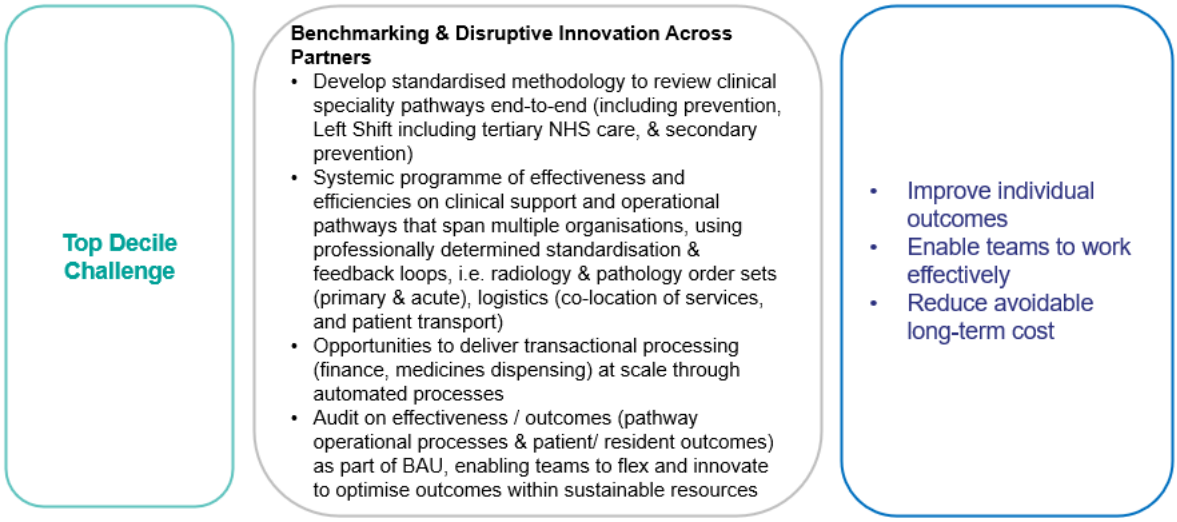
Building Prosperity for our Communities

Sustainability	**Achieving net zero across the system by 2035, ensuring we work in harmony with the environment and remain within the 'ecological ceiling':** • Improved models of care to support the circular economy – focusing on fuel poverty and improving food and nutrition • Remote and digital strategies to reduce carbon footprint • Review of medicines and supply chain with a focus on supplier carbon reduction plan and e.g. inhaler replacement. • Travel and transport 'modal shift' to improve air quality, supported by an ICS Clean air framework and system wide adaptation plan. • Embedding sustainability planning and decision making across organisations, supported by increased capability and capacity, carbon literacy and intelligence, governance assurance to underpin delivery	• Building a 'circular economy' • People stay well & make best use of resources • Better physical and natural environment
Opportunities for prosperity	**Improving opportunities for prosperity in all our population now and in the future:** • Promoting sustainable procurement and use of our public sector estate – aligning procurement policies and procurement pipeline • Aligning our long term estate plan with LA population growth projections • Developing the BLMK research and innovation strategy and networks	• Use of public sector assets • Local investment • Promoting research
Building our workforce	**Taking a strategic approach to workforce development in line with population projections:** • Focus on improving the uptake of health and care roles amongst the local population, • Growing our own future workforce, taking advantage of our education and research institutions	• Well-resourced public services • Increased employment
Social value	**Making sure our work contributes to our whole society, ensuring everyone has the chance of a decent standard of living 'above the social foundation'** • Keeping people healthy in their homes and communities • Focus on alleviating the effects of the cost of living crisis • Nurturing partnerships with VCSE partners and local employers • Developing our anchor institutions	• Keeping people healthy • Nurturing local partnerships

Phase 3: Achieving & Sustaining Top Decile July 2022 – 2040

Getting ahead of the curve to drive sustainable excellence

Transformation through technology & data	**Digital Integration Drives Optimised Outcomes** • Develop a single source of the truth – integrated data functionality • Report NHS performance at place/patient cohort level • Build our strategic data platform • Systemic use of artificial intelligence, robotics & automated data collection • Use digital to maximise independence through self-access (patient portal) • Enable care at Place (point of care diagnostics, remote monitoring) • Digital feedback loops to drive quality & effective use of resources, for example inventory management • Automated Robotic Processes to standardise & optimise processes	• Inform holistic professional decision-making across organisations • Reduce avoidable cost • Enable teams to work effectively



SECTION SEVEN: Place and Provider Collaborative Key Objectives

[for completion ahead of Health and Wellbeing Boards]

Each of the four Places in BLMK have been developing Place plans, identifying local priorities that partners can work collectively on to improve the health and wellbeing of local residents.

[Note – text below is place holder only – requires Place partners' engagement to complete – to include wicked medium/long term issues that we need to address in partnership at Place and Provider Collaboratives]

Bedford Borough

Bedford Borough's vision is to thrive as a Place that people are proud of, want to live in and move to. Local plans recognise a growing and strong local economy and an active response to climate change as two important factors in achieving this. From this foundation residents will be able to thrive and realise their potential, supporting and celebrating Bedford Borough's diverse and inclusive communities.

The Bedford Borough Place plan has been developed by the Health and Wellbeing Board and commits to:

- Understanding our communities
- Promoting prevention and health promotion
- Transforming care with primary care and VCSE

The priority partnership actions identified in Bedford Borough are:

- Tackling obesity
- Improving access to primary care

Central Bedfordshire

The Central Bedfordshire Place Plan includes three over-arching ambitions set out below:

- **Promoting fairness and social inclusion** – identifying and tackling underlying inequalities in social and wider determinants of health, promoting better equitable access to services.
- **Living Well** – so everyone has the right and opportunity to live their best life, with the required support and infrastructure to make healthy choices and maximise wellbeing.

- **Ageing well** – to provide support and services required to meet the needs of an ageing population, adapting to changing demands and new models of care.

Given the breadth of the ambition, the board has identified 5 initial priorities of focus which are:

1. **Cancer** – prevention, early detection and reducing premature mortality.
2. **Children and Young People's Mental Health** – delivering the ambitions to promote positive mental health and wellbeing
3. **Mental health, learning disability and autism** – reducing stigma, improving the experience of care and physical health of people with these conditions and access in crises.
4. **Primary care access, including dentistry** – developing the fuller plan for integrated care and developing new models of care
5. **Developing a one team approach to intermediate care services** – ensuring more joined up and timely care

Luton

By 2040, the vision is for Luton to be a healthy, fair and sustainable town, where everyone can thrive and no-one has to live in poverty, supported by:

- **A town built on fairness** – tackling inequality
- **A child friendly town** – investing in young people
- **A carbon neutral town** – addressing the impact of climate change

The Luton Place Board has developed a Place plan which commits to:

- Giving every child the best start in life
- Sustainable communities, and tackling inequalities
- Reducing frailty and supporting independence

The key priority actions identified to deliver this in Luton are to work in partnership to build:

- **Community hubs** and healthy places
- Improved **mental health services** and interventions to tackle the causes of poor health
- The Luton **digital programme**, connecting health and care services and helping people stay independent at home
- Capacity and capability across the **VCSE sector**

Milton Keynes

The Milton Keynes Health and Care Partnership, has developed and a 'MK Deal' which formalises the commitment of the main local NHS partners in MK and the City Council to work more closely together, with a focus on:

- **Improving system flow** – with a focus on urgent and emergency care services for older and/or frail and/or complex service users.
- **Tackling Obesity** – helping people lose weight and maintain a healthy weight through easily accessible weight management programmes, use of technology, pharmacological therapies and education/prevention work.
- **Children & Young People's Mental Health** – recognising that good mental health in children and young people helps build resilience, develop healthy relationships and lays the foundation for better mental and physical health and wellbeing throughout their whole lives. Early intervention is key for lifelong wellbeing: 75% of adult mental health issues are present by the age of 24.
- **Complex Care** – focussing on improving the planning, assessment, commissioning, and case management for people who have the most complex needs

Bedfordshire Care Alliance

The Bedfordshire Care Alliance is a provider collaborative which aims to ensure that where scale and complexity requires us to standardise care across the three Bedfordshire boroughs.

The Alliance has agreed a focus on four priority areas:

- **Supported discharge** – improving rehab reablement and recovery outcomes
- **Alternatives to acute admission** – stay well at home
- **Digital infrastructure** – to enable integrated pathways of care across Bedfordshire
- Support to Places to optimise **care closer to home**

Mental health, Learning Disabilities and Autism Collaborative

The BLMK Mental Health, Learning Disability and Autism Collaborative is a collaboration of the BLMK ICB, CNWL, ELFT the Bedfordshire Care Alliance, Milton Keynes Health and Care Partnership and Place based partnerships to improve outcomes, quality, value and equity for people in BLMK.

The initial vision of the Collaborative, which will be developed with input from service users, carers and system partners, will put service user voice and a focus on Place at its heart, refocusing efforts on addressing inequalities and unwarranted variation, and working at scale where it makes sense to do so.

Specific areas where the Collaborative will add value will include:

1. **Workforce** – training a new generation of mental health professionals
2. **Emotional wellbeing for young people** – responding to the increase in referrals since the pandemic
3. **Support for adults with autism** – so that even those without a formal diagnosis can get access to the support they need.

SECTION EIGHT: Sustainable delivery of NHS Operating Plan Targets

[to be updated following submission of the 2023/24 Operational plan]

Our approach to planning, transformation and contracting will look to address wicked issues which relate to our ways of working and operational realities, including:

These issues include:

- Vulnerabilities highlighted through winter pressures and the need to promote **admission avoidance and supported discharge** – workforce is a significant issue in this regard.
- **End of life care**, and in particular the need to develop a Place based delivery model
- Long waits in **elective care**, with a focus on ophthalmology, ENT, cardiology and MSK, and links to theatre productivity and vulnerabilities in paediatric surgery provision.
- **Diagnostics** including the development of community diagnostic hubs and refurbishments required to support endoscopy pathways.
- Ongoing pressures on **cancer services** including increased demand and complexity of cancer presentations and impacts on recovery of services, and the need to balance this with a push for early referral and diagnosis of cancer.
- Support for **children and young people** – especially those with the most complex needs, and to improve the experience of transition between services
- Improving uptake of **childhood vaccinations**, improving mental health and tackling obesity in children and young people.
- Recruitment and retention within the **maternity workforce** and addressing inequalities in experience and outcomes for our residents.
- Increased demand across all ages **autism, ASD and ADHD** pathways, and the need to find alternative solutions to the delays in care associated with long waits for formal diagnoses.
- Cost pressures and increased demand on **section 117** services, and variation in access and provision across the system.
- Capacity across **primary and same day urgent care** – including workforce, IT and estates.
- Capacity and capability to develop **multidisciplinary working across primary and secondary care** based around population need.
- An agreed system approach to **prevention** – including long-term sustainable investment – ensuring this is developed in partnership with the VCSE.

[place holder – additional content on known milestones including Community diagnostic centres, MKUH new hospital build, Mount Vernon re-provision to be added ahead of final submission in June]

SECTION NINE: Summary of key risks *[to be expanded for June submission]*

Principle risks, controls and mitigations are detailed in in the ICBs Board Assurance framework.

Key risks which are likely to impact our ability to deliver our Joint Forward Plan are summarised below:

1) insufficient capital/CDEL will be available to meet increased population growth/need.
2) insufficient impact on population wellbeing of left shift interventions – failure to deliver this will result in unaffordable need and cost
3) a gap or delay in resourcing as population growth/need increases
4) head space to lead transformation (operational pressures)
5) workforce transformation required

[Question - where are we holding/assuring Joint Forward Plan risks at Place and Provider Collaboratives?]

APPENDICIES *[to be added for June submission]*

a) Strategic Workforce Plan

Linked to

- population growth and demographic shift
- planned job creation in Boroughs
- LA and NHS workforce long term needs

b) Estates and capital strategy

c) Digital & Inequalities/ Health Intelligence Strategy

d) Joint sustainability & Green Plan

e) Medium Term Financial Plan

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Appendix B – Summary of BLMK Health and Care Partnership and BLMK Integrated Care Board Business March 2023

1. Health and Care Partnership 4 March 2023

- **Joint forward plan** - The plan for the development of the joint forward plan was agreed.
- **Workforce** pressures has been highlighted in a number of reports and an update will be provided at the next meeting on what the system is doing to retain and recruit staff.
- **Place plans, Health and Wellbeing Board updates and Health and Wellbeing Board guidance** –Place plans and the local priorities were presented and key areas of discussion from the Health and Wellbeing Board meetings.
  Health and Wellbeing Board guidance that was published in November 2022 and the requirements it on the Health and Wellbeing Boards, ICBs and ICPs was noted.
  Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)
- **Delegation of Dentistry, Optometry & Community Pharmacy** – an update on the delegation of responsibility from 1 April 2023 to the ICB of dentistry, optometry and community pharmacy was provided. It was noted that 2023/24 would be a transitional year and provides an opportunity to build relationships with contractors. It was reported that there are significant challenges with the national contracts and partners supported the lobbying for change in contracts to enable more local flexibility. Access to NHS dentists was a real concern for residents and coupled with community pharmacy closures, increases the workload for GPs.
- **Mental Health, Learning Disability and Autism collaboration –** information was shared on the progress that had been made in provision of mental health services since the Mental Health Five Year Forward view was published in 2016 and the investment through the Mental Health Investment Standard. There was an opportunity to have greater collaboration for people with mental health, learning disabilities and autism and the ICB Board had agreed the development of this collaborative. The report contained an update on feedback from engagement that has taken place and what areas of focus service users are identifying.
- **Community Engagement** – a presentation was given on the new approach of pooling partner resources to avoid engagement duplication, agreeing co-production principles and highlighted areas of work e.g. the Denny review.

2. Board of the BLMK ICB – 24 March 2023

- **Resident's Story** – the Board heard from a Milton Keynes resident about their journey to address back pain and the difficulties she faced in gaining appropriate diagnosis and support. There were numerous opportunities cited where the patient was not listened to and where their care was compartmentalised and not joined-up.
- **Integrated musculoskeletal (MSK) and pain service** – the approach to tendering for MSK services across BLMK was supported including the

development of place-based services. Reference was made to the resident's story and how the proposed approach will aim to address the issues raised. A representative is being sought from each local authority in BLMK to work in partnership with the ICB.

- **Fuller programme** – the Board reflected on the useful Board seminar session held on 24 February 2023 with Claire Fuller and committed to support the development of integrated neighbourhood teams.
- **Core20PLUS5 - for Children and Young People** – the Board agreed to adopt a targeted approach to adapting the Core20Plus5 approach to tackling health inequalities in relation to children and young people. The focus of Core20PLUS5 is on five key areas: asthma, diabetes, epilepsy, oral health and mental health.
- **Delegation of Community Pharmacy, Optometry and Dentistry (POD)** – the Board formally approved the transition of the management of these contracts from NHS England to the ICB from 1 April 2023.
- **BLMK Joint Forward Plan (JFP)** – NHS England has asked for draft Joint Forward Plans for each integrated care system (ICS) to be submitted by 31 March 2023 with final plans published by 30 June 2023. The JFP will cover at least a 5-year time horizon explaining how the four core requirements of ICSs and NHS priorities are to be delivered. The Board agreed the approach including how targeted public engagement work about the JFP will be carried out.
- **Financial and Operating Plan 2023/24** – the Board agreed for the final plan to be signed off by the Chief Executive following a meeting of system chief executives on 29 March 2023. The Board discussed bridging the financial gap, addressing capacity issues to achieve the target for elective activity of 109% of pre-Covid levels and plans to manage hospital flow.
- **Board Assurance Framework (BAF)** – the latest iteration of the BAF was presented. The BAF sets out the key system risks which the Board monitors at each of its formal meetings. Currently, the highest three risks (all scoring 20 out of 25) are as follows.
    - Developing suitable workforce
    - System pressure and resilience
    - Population growth

Meeting Title	**Trust Board of Directors**	**Date: 04 May 2023**
Report Title	**Serious Incident/Incident (SI) report**	**Agenda Item Number: 8**
Lead Director	**Dr Ian Reckless, Medical Director and Deputy Chief Executive** **Kate Jarman, Director of Corporate Affairs and Communications**	
Report Author	**Tina Worth, Head of Risk & Clinical Governance**	

Introduction	**Assurance Item**		
Key Messages to Note	This report provides a monthly overview of Risk Management processes/systems in relation to serious incidents in the Trust.		
Recommendation *(Tick the relevant box(es))*	**For Information** [x]	**For Approval** [ ]	**For Review** [x]

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	*1. Keeping you safe in our hospital* *3. Ensuring you get the most effective treatment* *4. Giving you access to timely care* *7. Spending money well on the care you receive*

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

Serious Incident Report March and April 2023 (up to 25/4/23)

There were five new SIs reported on STEIS in March and April 2023. These are briefly summarised in the table below.

Reference	Division	Category
2023/4599	Core Clinical Services	Patient accident (possible safeguarding)
2023/5717	Women's Health	Venous thromboembolism (VTE)
2023/7333	Medicine (Cancer Centre)	Medication incident
2023/7384	Medicine (Ward 19)	Discharge
2023/7385	Core Clinical Services (Imaging)	Medication/medical device

Trends and Linked Improvement Work

- Pressure ulcers (significant focus remains on preventing pressure ulcers, and on identifying pressure ulcers on admission to inform quality improvement work with partners
- Newborn blood spot (NNB) screening– taken outside required timeframe (potential emergent pattern).
- Same Day Emergency Care (SDEC) pathway with reports of inappropriate patient referrals from the ED.
- Patient falls with no or minor harm.
- Appropriate escalation of deteriorating patient's observations (national early warning scores/NEWS) to enable ongoing assessment and treatment, noting two recent Preventing Future Death (PFDs) from HM Coroner in relation to the management of sepsis. This is the focus of a specific programme of improvement work in ED and a trust-wide focus on sepsis care and management
- Violence and abuse incidents and attempted self-harm for patients attending the ED in mental health crisis (relating to the management of complex patients and capacity in partner organisations, including care-providers)
- Medication incidents relating to omitted or incorrect medications on discharge (low harm).

Shared Learning from Incidents

Learning generated from incidents and during discussions at weekly review meetings is shared via the 'Spotlight on Safety' message in the weekly CEO Newsletter. During March and April 2023, 12 individual learning/reflection/discussion or 'what's trending' points have been shared with the following themes:

- The importance of good-quality safety netting advice when discharging patients home and awaiting test results/further interventions. Patients need to know when to re-present to hospital versus phone their GP for advice, for example.

- The quality and communication of information included in patient discharge summaries. GPs may also need guidance on when to refer a patient into hospital and with what level of urgency, especially in complex cases/specialist areas.

- The importance of checking that patients don't have any belongings that could pose a risk to staff, other patients, and themselves. These could include sharp instruments, alcohol, or large heavy objects.

- Carrying out thorough patient assessments are an everyday part of clinical care. An essential aspect of these assessments are the plans that are made as a result of the information gathered and subsequent tests/investigations.

- The importance of considering all the available options when thinking about the prevention of venous thromboembolism (blood clots often seen in the legs or lungs, e.g. DVT or PE). This would include TED stockings, appropriate blood thinning medications and intermittent pneumatic compression devices (IPCs, also known as Flowtrons.

- During complex scenarios or emergency situations, it is essential that someone in the team is clearly identifiable as the leader and is able to maintain situational awareness, also known as the 'helicopter view' of the situation.

- Even if a patient has been assessed as fit for discharge, it is essential that they have a clinical review, including a full set of observations prior to leaving the hospital. They may have been previously stable and moved to another ward/area to await discharge, however a recent incident has highlighted that a patient's condition can change, and they can deteriorate unnoticed especially when the team caring for them are less familiar with the patient.

- It is possible for 'threat actors'/hackers to clone personal mobile phones, enabling these individuals to access patient identifiable information which had been shared via a work team WhatsApp group. Please be mindful of what is shared via WhatsApp and consider using password protected apps such as Microsoft Outlook and Teams.

- Ensuring that our patients have all the information they need to be fully involved in decisions about their care, including the appropriate prescribing of medications.

Regulation 28 report/PFD

Patient attended MKUH with a likely acute abdomen. He was discharged after assessment but returned 2 days later when he was suffering from sepsis consequent on a previously undiagnosed bowel perforation. He went on to have emergency surgery but went into cardiac arrest immediately prior. He was resuscitated, surgery completed and moved to the Intensive care Unit (ICU), where he later died.

HM Coroner concluded this was an avoidable death and advised that he would be sending a Preventing Future Death (PFD) report detailing fluid and sepsis management in the ED. We are yet to receive the report from the Coroner, however a significant improvement programme on sepsis care and management has commenced.

Introduction of the Patient Safety Incident Response Framework (PSIRF)

PSIRF will replace the current Serious Incident Framework (2015) and represents a significant shift in the way the NHS responds to and learns from patient safety incidents and other safety intelligence. All NHS organisations are mandated to transition over to PSIRF by Autumn 2023.

Progress over the past two months includes:

- Second PSIRF steering group meeting was held on 29th March - TOR developed, Task and finish groups agreed, leads appointed.
- Process mapping of the current incident review process has been completed and mapping how the new process may look has begun. Next session 25th April.
- Sandra Vanreyk from the ICS is providing project management support 3 days a weeks starting from 5th April.
- Changes to roles across clinical governance, patient safety and QI are being discussed in order to facilitate the adoption of PSIRF. This will be subject to a consultation and recruitment plan in due course.
- Meetings in progress with each triumvirate to understand current governance/safety/QI processes, what's working well, and any changes needed.

Key risks and issues:

- Significant Radar system changes necessary to support the implementation of PSIRF.
- No additional resource available to implement and sustain the new framework.
- Data analyst support needed for the triangulation of safety data in order to inform our patient safety incident response plan.
- PSIRF requires an organisational cultural shift to truly embed a 'just culture' and sustainable training (QI, Radar, incident review).

Meeting Title	**Trust Board of Directors**	**Date: May 2023**
Report Title	**Maternity Assurance Group**	**Agenda Item Number:**
Lead Director	**Yvonne Christley, Chief Nurse**	
Report Author	**Melissa Davis, Divisional Chief Midwife**	

Introduction	**Assurance Report**
Key Messages to Note	**Maternity Assurance Group (MAG):** Areas of discussion and review at MAG on 27th April 2023: Perinatal Quality Surveillance Model Data CNST Ockenden NNAP ATAIN – Quarterly Review 34-36+6 admissions to NNU – Quarterly Review PMRT - Quarterly Report Healthy Lifestyle & Smoking Cessation Service Maternity Experience - Quarterly Report **Risk Register** 2 new maternity risks have been added to the risk register: • Scanning CTG records onto EDM – Score 15 • Obstetric Ultrasound Capacity – Score 20 **PMRT** Current themes: • Routine Enquiry • CO Monitoring • DNA Policy • Portogram • Obstetric Ultrasound • Bereavement Checklist **ATAIN** Annual admission rate 5.6% Weekly case reviews to identify themes and associated action plan – 6 actions closed, 5 actions open, 1 action overdue (attached) The main reason for admission is respiratory causes – there is updated steroid administration guidance from the Thames Valley network **34-36+6 NNU admissions** The main reason for admission is respiratory causes and of those 48% required respiratory support in a neonatal environment, 52% met the criteria for transitional care. A business case is being re-developed to support the expansion of transitional care and organisation of a dedicated environment to reduce separation.

Recommendation *(Tick the relevant box(es))*	For Information	For Approval	For Review
	x		x

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	*1. Keeping you safe in our hospital* *2. Improving your experience of care* *3. Ensuring you get the most effective treatment* *4. Giving you access to timely care*

Report History	Maternity Assurance Group, April 2023
Next Steps	*N/A*
Appendices/Attachments	*N/A*

Meeting Title	Trust Board of Directors	Date: 04 May 2023
Report Title	2022-23 Executive Summary M12	Agenda Item Number: 10
Lead Director	John Blakesley, Deputy CEO	
Report Author	Information Team	

Introduction	Purpose of the report: Standing Agenda Item

Key Messages to Note	**Emergency Department:**
	- There were 101,212 ED attendances in 2022/23, above the threshold of 100,638 and averaging 8,434 per month.
	- ED 4-hour performance increased to 79.1% in March 2023, exceeding both the national performance and the performance of the majority of trusts within our Peer Group.
	- 80.8% of ambulance handovers took less than 30 minutes in 2022/23.
	
	Outpatient Transformation:
	- There were 413,979 outpatient attendances in 2022/23 exceeding the threshold by 6,561 and averaging 34,498 attendances a month.
	- In 2022/23 16.3% of attendances were attended virtually and 7.2% of patients did not attend their appointment.
	
	Elective Recovery:
	- There were 25,568 elective spells in 2022/23, below the threshold by 457 patients.
	- At the end of the March 2023, 37,619 patients were on an open RTT pathway. Of these:
	  o 2,122 patients were waiting over 52 weeks, declining from 2,324 in February 2023.
	  o 20 patients were waiting over 78 weeks.
	  o 0 patients were waiting over 104 weeks.
	- At the end of the March 2023, 8,216 patients were waiting for a diagnostic test. Of these patients:
	  o 84.5% were waiting less than 6 weeks.
	
	Inpatients:
	- During 2022/23 overnight bed occupancy was 91.5%, within the threshold of 93%.
	- In March 2023, overnight bed occupancy was 90.8% and a significant number of beds were unavailable due to:
	  o 133 super stranded patients (length of stay 21 days or more).
	  o 50 DTOC patients.
	  o 95 patients not meeting the criteria to reside.
	
	Human Resources:
	- In March 2023:
	  o Substantive staff turnover declined slightly to 16.4%, however it remains exceeding the threshold of 9.0%.
	  o Agency expenditure declined to 3.9%, within the threshold of 5% for the first time in 2022/23.

	○ Appraisals (excluding doctors) and mandatory training completion rates were better than their targets. **Patient Safety:** - In 2022/23, the following infections were reported: ○ E-Coli: 25 ○ C. Difficile: 19 ○ MSSA: 18 ○ Klebsiella Spp.: 15 ○ P. aeruginosa: 5 ○ MRSA: 2 - Further, MRSA, MSSA, E-Coli and C. Difficile all breached their thresholds.		
Recommendation *(Tick the relevant box(es))*	**For Information** [x]	**For Approval** [ ]	**For Review** [ ]

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

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

Trust Performance Summary: M12 (March 2023)

1.0 Summary

This report summarises performance in March 2023 against key performance indicators and provides an update on actions to sustain or improve upon Trust and system-wide performance. This commentary is intended only to highlight areas of performance that have changed or are in some way noteworthy. It is important to highlight that due to post-pandemic recovery plans, some local transitional or phased targets have been agreed to measure progress in recovering performance. It should however be noted that NHS Constitutional Targets remain, as highlighted in the table below:

Indicator ID	Indicator Description	Transitional Target	Constitutional Target
4.1a	ED 4 hour target (includes UCS)	90%	95%
4.2	RTT Incomplete Pathways <18 weeks	70%	92%
4.5a	RTT Patients waiting over 52 weeks (Total)	0	0
4.6	Diagnostic Waits <6 weeks	90%	99%

Given the impact of COVID-19, the performance of certain key constitutional NHS targets for March 2023 were directly impacted. To ensure that this impact is reflected, monthly trajectories are in place to ensure that they are reasonable and reflect a realistic level of recovery for the Trust to achieve.

2.0 Key Priorities: Operational Performance Targets

Performance Improvement Trajectories

March 2023 and year-to-date performance against transitional targets and recovery trajectories:

ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1a	ED 4 hour target (includes UCS)		90%	90%	79.1%	79.1%	x	▲	x	
4.2	RTT Incomplete Pathways <18 weeks		70%	70%		47.3%	x	▼		
4.6	Diagnostic Waits <6 weeks		90%	90%		84.5%	x	▼		
4.9	62 day standard (Quarterly)		85%	85%		63.7%	x	▼		

ED performance improved in March 2023, increasing to 79.1% from 75.8% in February 2023. Further, MKUH performance exceeded both the national overall performance of 71.5% and the performance of the majority of other trusts within its Peer Group (see Appendix 1).

The Trust's RTT Incomplete Pathways <18 weeks performance was 47.3% at the end of March 2023. The total volume of open pathways is now at 37,619, increasing from 37,117 in February 2023. The Trust has robust recovery plans in place to support an improvement in RTT performance, while the cancellation of any non-urgent elective activity and treatment for patients on an incomplete RTT pathway is being proactively managed.

Cancer waiting times are reported quarterly, six weeks after the end of a calendar quarter. They are initially published as provisional data and later finalised in line with the NHSE revisions policy.

In Q3 2022/23, the Trust's 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) was 63.7% against a national target of 85%, declining from 66.0% in Q2 2022/23. The percentage of patients to begin cancer treatment within 31 days of a decision to treat declined to 94.6%, dropping below the national target of 96%. The percentage of patients to attend an outpatient appointment within two weeks of an urgent GP referral for suspected cancer was 79.7% against a national target of 93%, an improvement when compared to the previous quarter's performance of 73.1%.

3.0 Urgent and Emergency Care

In March 2023, one of the six key performance indicators measured in urgent and emergency care demonstrated a month-on-month improvement:

ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.4	Cancelled Ops - On Day		1%	1%	1.14%	0.68%	✓	▼	✗	
3.2	Ward Discharges by Midday		25%	25%	14.3%	14.8%	✗	▲	✗	
3.4	30 day readmissions		7%	7%	6.5%	6.3%	✓	▼	✓	
3.6b	Number of Super Stranded Patients (LOS>=21 Days)		50			133	✗	▼		
3.9a	Ambulance Handovers <30 mins (%)		95%	95%	80.8%	85.3%	✗	▼	✗	
4.2	RTT Incomplete Pathways <18 weeks		70%	70%		47.3%	✗	▼		

Cancelled Operations on the Day

In March 2023, there were 19 operations that were cancelled on the day for non-clinical reasons, representing 0.68% of all planned operations. The majority of the cancellation reasons were related to staff and bed availability.

Readmissions

The Trust's 30-day emergency readmission rate remained below the 7% threshold at 6.3% in March 2023. For the whole of 2022/23, performance was also below the threshold at 6.5%.

Delayed Transfers of Care (DTOC)

The number of DTOC patients reported at midnight on the last Thursday of March 2023 was 50 patients: 41 in Medicine and nine in Surgery. This was a deterioration in performance compared to the last Thursday of February 2023 which saw 45 DTOC patients.

The number of patients not meeting the criteria to reside on the last Thursday of March 2023 was 95: 79 in Medicine and 16 in Surgery. This was a deterioration in performance compared to the last Thursday of February 2023, which saw 75 patients not meeting the criteria to reside.

Length of Stay (Stranded and Super Stranded Patients)

The number of super stranded patients (e.g. with a length of stay of 21 days or more) at the end of the month was 133, a deterioration in performance compared to 122 patients at the end of February 2023.

Ambulance Handovers

In March 2023, the percentage of ambulance handovers to the Emergency Department taking less than 30 minutes was 85.3%, above the 2022/23 monthly average of 81.1%.

4.0 Elective Pathways

ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate		93%	93%	91.5%	90.8%	✓	▲	✓	
4.2	RTT Incomplete Pathways <18 weeks		70%	70%		47.3%	✗	▼		
4.4	RTT Total Open Pathways		33,998	33,998		37,619	✗	▼		

Overnight Bed Occupancy

Overnight bed occupancy was 90.8% in March 2023, within the 93% threshold.

RTT Incomplete Pathways

The Trust's RTT Incomplete Pathways <18 weeks at the end of March 2023 was 47.3% and the number of patients waiting over 52 weeks was 2,122. These patients were distributed across Surgery (1,892), Women and Children (161), Medicine (67) and Core Clinical (2).

Diagnostic Waits <6 weeks

The Trust did not meet the national standard of fewer than 1% of patients waiting six weeks or more for their diagnostic test at the end of March 2023, with a performance of 84.5%, declining from 86.8% in February 2023. However, recent performance reflects that recovery in this area has been effectively managed throughout the year, given that the starting point in April 2022 was as low as 61.9%.

The Trust has robust recovery plans in place to support improvement in diagnostic performance and demand is being proactively monitored across modalities to ensure that the plans can be managed.

5.0 Patient Safety

Infection Control

In March 2023, the following infections were reported:

Infection	Number of Infections	Division/ Ward
E-Coli	6	Medicine (Ward 8, Ward 17, Ward 19 and 2 x Ward 22) and Women and Children (Ward 9)
Klebsiella Spp bacteraemia	1	Medicine (Ward 8)
C.Diff	1	Medicine (Ward 18)
P.aeruginosa bacteraemia	1	Surgery (Ward 6)
MSSA	0	
MRSA bacteraemia	0	

Note:

- MRSA breached its zero-tolerance threshold for 2022-23 with two occurrences.
- MSSA breached its threshold of eight in 2022-23 with 18 occurrences.
- C.Diff breached its threshold of 10 in 2022-23 with 19 occurrences.
- E-Coli breached its threshold of 15 in 2022-23 with 25 occurrences.

ENDS

Appendix 1: ED Performance - Peer Group Comparison

The following NHS Trusts have historically been considered peers of MKUH:

- Barnsley Hospital NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Homerton University Hospital NHS Foundation Trust
- Kettering General Hospital NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Northampton General Hospital NHS Trust
- Oxford University Hospitals NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust

Note: In May 2019, fourteen trusts began field testing new A&E performance standards and have not been required to report the number of attendances over 4hrs since then. Kettering General Hospital NHS Foundation Trust and Bedfordshire Hospitals NHS Foundation Trust, both in the MKUH peer group, are two of those and therefore data for these trusts is not published on the NHS England statistics website.

January 2023 to March 2023 ED Performance Ranking

MKUH Peer Group Comparison - ED Performance	Jan-23	Feb-23	Mar-23
Homerton Healthcare NHS Foundation Trust	82.9%	74.1%	80.9%
Milton Keynes University Hospital NHS Foundation Trust	80.1%	75.8%	79.1%
Southport and Ormskirk Hospital NHS Trust	75.9%	74.8%	73.7%
Buckinghamshire Healthcare NHS Trust	71.9%	72.8%	70.0%
The Hillingdon Hospitals NHS Foundation Trust	71.9%	63.9%	68.3%
Northampton General Hospital NHS Trust	66.3%	69.2%	66.4%
Oxford University Hospitals NHS Foundation Trust	64.4%	60.5%	64.7%
North Middlesex University Hospital NHS Trust	65.0%	64.8%	63.9%
Barnsley Hospital NHS Foundation Trust	66.1%	60.0%	63.8%
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	58.3%	59.3%	62.4%
Mid Cheshire Hospitals NHS Foundation Trust	59.4%	61.1%	60.0%
The Princess Alexandra Hospital NHS Trust	54.4%	50.9%	51.6%
Bedfordshire Hospitals NHS Foundation Trust	-	-	-
Kettering General Hospital NHS Foundation Trust	-	-	-

Board Performance Report 2022/23
March 2023 (M12)

NHS Milton Keynes University Hospital NHS Foundation Trust

OBJECTIVE 1 - PATIENT SAFETY										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
1.1	Mortality - (HSMR) ★		102.1	102.1		108.7	✗			
1.2	Mortality - (SHMI)		100.0	100.0		106.7	✗	▲		
1.3	Never Events		0	0	1	0	✓		✗	
1.4	Clostridium Difficile		10	10	19	1	✗	▲	✗	
1.5	MRSA bacteraemia (avoidable)		0	0	2	0	✓		✗	
1.6	Falls with harm (per 1,000 bed days)		0.12	0.12	0.15	0.07	✓	▲	✗	
1.7b	Midwife to birth ratio (Actual for Month)					29		▲		
1.8	Incident Rate (per 1,000 bed days)		50	50	46.91	43.66	✗	▼	✗	
1.9	Duty of Candour Breaches (Quarterly)		0	0	0	0	✓		✓	
1.10	E-Coli		15	15	25	6	✗	▼	✗	
1.11	MSSA		8	8	18	0	✓		✗	
1.12	VTE Assessment		95%	95%	96.5%	97.3%	✓	▲	✓	
1.14	Klebsiella Spp bacteraemia		15	15	15	1	✓	▲	✓	
1.15	P.aeruginosa bacteraemia		10	10	5	1	✗	▼	✓	

OBJECTIVE 2 - PATIENT EXPERIENCE										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.2	RED Complaints Received		0	0	0	0	✓		✓	
2.3	Complaints response in agreed time		90%	90%	91.5%	78.7%	✗	▼	✓	
2.4	Cancelled Ops - On Day		1%	1%	1.14%	0.68%	✓	▼	✗	
2.5	Over 75s Ward Moves at Night		1,500	1,500	1,652	116	✓	▼	✗	
2.6	Mixed Sex Breaches		0	0	4	0	✓		✗	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate		93%	93%	91.5%	90.8%	✓	▲	✓	
3.2	Ward Discharges by Midday		25%	25%	14.3%	14.8%	✗	▲	✗	
3.3	Weekend Discharges		63%	63%	60.4%	53.9%	✗	▼	✗	
3.4	30 day readmissions		7%	7%	6.5%	6.3%	✓	▼	✓	
3.5	Patients not meeting Criteria to Reside		TBC			95	Not Available	▼		
3.6a	Number of Stranded Patients (LOS>=7 Days)		184			267	✗	▲		
3.6b	Number of Super Stranded Patients (LOS>=21 Days)		50			133	✗	▼		
3.7	Delayed Transfers of Care		25			50	✗	▼		
3.8	Discharges from PDU (%)		12.5%	12.5%	9.2%	8.1%	✗	▼	✗	
3.9a	Ambulance Handovers <30 mins (%)		95%	95%	80.8%	85.3%	✗	▼	✗	
3.9b	Ambulance Handovers <60 mins (%)		100%	100%	96.9%	97.9%	✗	▼	✗	

OBJECTIVE 4 - KEY TARGETS										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1a	ED 4 hour target (includes UCS)		90%	90%	79.1%	79.1%	✗	▲	✗	
4.1b	Total time in ED no more than 8 hours (Admitted)		100%	100%	45.4%	48.7%	✗	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks		70%	70%		47.3%	✗	▼		
4.4	RTT Total Open Pathways		33,998	33,998		37,619	✗	▼		
4.5a	RTT Patients waiting over 52 weeks (Total)		0	0		2122	✗	▲		
4.5b	RTT Patients waiting over 52 weeks (Non-admitted)		0	0		1209	✗	▲		
4.6	Diagnostic Waits <6 weeks		90%	90%		84.5%	✗	▼		
4.7	All 2 week wait all cancers (Quarterly)		93%	93%		79.7%	✗	▲		
4.8	31 days Diagnosis to Treatment (Quarterly)		96%	96%		94.6%	✗	▼		
4.9	62 day standard (Quarterly)		85%	85%		63.7%	✗	▼		

OBJECTIVE 5 - SUSTAINABILITY										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
5.1	GP Referrals Received		Not Available		88,851	7,100	Not Available	▲	Not Available	
5.2	A&E Attendances		100,638	100,638	101,212	8,342	✓	▼	✗	
5.3	Elective Spells		26,025	26,025	25,568	2,183	✗	▼	✗	
5.4	Non-Elective Spells		34,646	34,646	28,118	2,497	✓	▼	✓	
5.5	OP Attendances / Procs (Total)		407,418	407,418	413,979	37,343	✓	▲	✓	
5.6	Outpatient DNA Rate		6%	6%	7.2%	6.9%	✗	▼	✗	
5.7	Virtual Outpatient Activity		25%	25%	16.3%	12.4%	✗	▼	✗	
5.8	Elective Spells (% of 2019/20 performance)		110%	110%	103.0%	142.0%	✓	▲	✗	
5.9	OP Attendances (% of 2019/20 performance)		104%	104%	108.2%	132.3%	✓	▲	✓	

OBJECTIVE 7 - FINANCIAL PERFORMANCE										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
7.1	Income £'000		332,163	332,163	369,671	52,774	✓	▲	✓	
7.2	Pay £'000		(208,343)	(208,343)	(244,551)	(37,565)	✗	▼	✗	
7.3	Non-pay £'000		(98,408)	(98,408)	(105,550)	(11,538)	✗	▼	✗	
7.4	Non-operating costs £'000		(25,412)	(25,412)	(19,678)	(2,294)	✗	▼	✓	
7.5	I&E Total £'000		(0)	(0)	(108)	1,377	✓	▲	✗	
7.6	Cash Balance £'000			36,417		29,995	✗	▲		
7.7	Savings Delivered £'000		12,049	12,049	12,050	2,133	✓	▲	✓	
7.8	Capital Expenditure £'000		(18,288)	(18,288)	(29,330)	(8,401)	✗	▼	✗	

OBJECTIVE 8 - WORKFORCE PERFORMANCE										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
8.1	Staff Vacancies % of establishment		10.0%	10.0%		7.4%	✓	▲		
8.2	Agency Expenditure %		5.0%	5.0%	6.0%	3.9%	✓	▲	✗	
8.3	Staff Sickness % - Days Lost (Rolling 12 months)		5.5%	5.5%		4.9%	✓	▲		
8.4a	Appraisals (excluding doctors)		90%	90%		91.0%	✓	▲		
8.4b	Doctors due appraisal in the given month who have completed that appraisal by month end	TBC				100.0%		▲		
8.4c	Doctors who have completed appraisal since 01 April 2022	TBC				94.2%		▲		
8.5	Statutory Mandatory training		90%	90%		94.0%	✓	▲		
8.6	Substantive Staff Turnover		9.0%	9.0%		16.4%	✗	▲		
8.7	Percentage of employed consultants with (at least one) fully signed off (3-stage) job plan since 01 April 2021					90.9%		▲		

OBJECTIVES - OTHER										
ID	Indicator	DQ Assurance	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
O.1	Total Number of NICE Breaches		8	8		35	✗			
O.2	Rebooked cancelled OPs - 28 day rule		90%	90%	77.7%	73.3%	✗	▼	✗	
O.4	Overdue Incidents >1 month		TBC	TBC		265	Not Available	▲		
O.5	Serious Incidents		75	75	88	2	✓	▼	✗	

Key: Monthly/Quarterly Change

▲	Improvement in monthly / quarterly performance
▬	Monthly performance remains constant
▼	Deterioration in monthly / quarterly performance
	NHS Improvement target (as represented in the ID columns)
	Reported one month/quarter in arrears
★	There was a notable increase in the value of Mortality (HSMR) in January 2022 due to the baseline being rebased. Further, from February 2022, the HSMR threshold may change on a monthly basis as we will be using the monthly peer value to compare MKUH performance against.

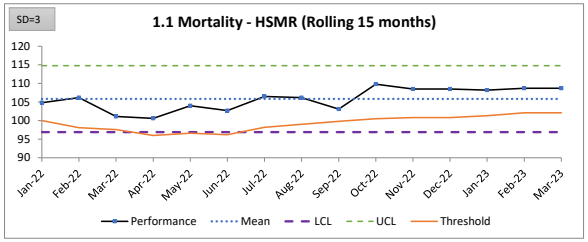
YTD Position

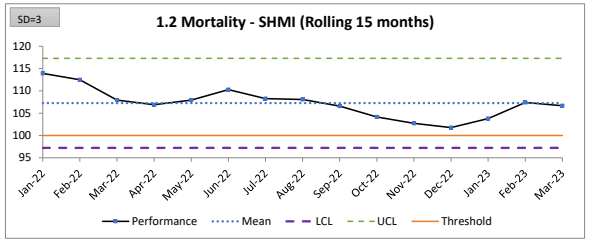
✓	Achieving YTD Target
	Within Agreed Tolerance*
✗	Not achieving YTD Target
✗	Annual Target breached

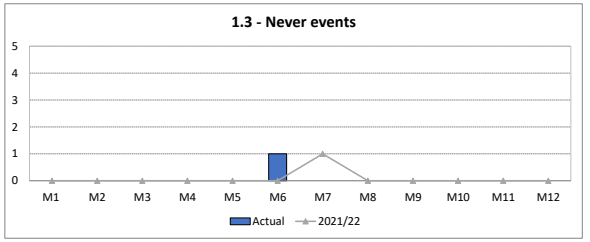
Data Quality Assurance Definitions

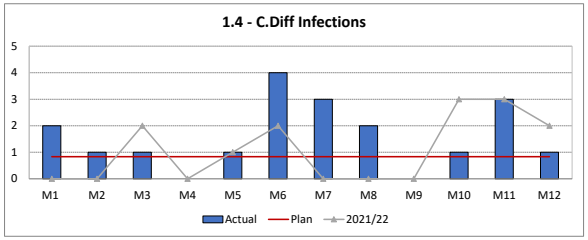
Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance
Red	Unsatisfactory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

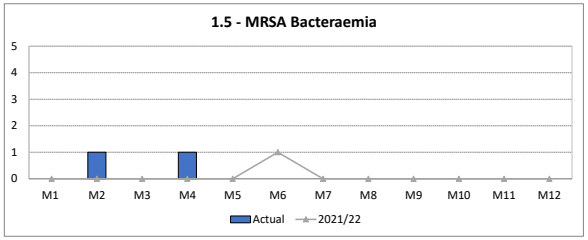
* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

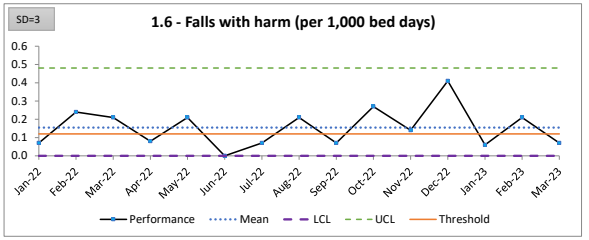


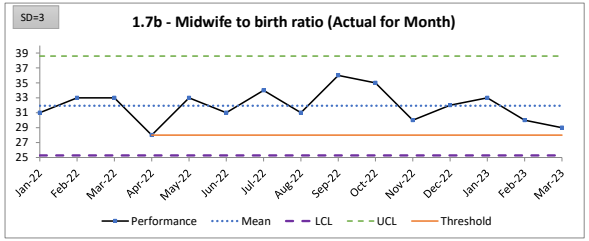


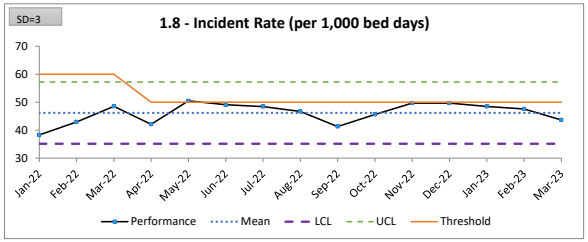


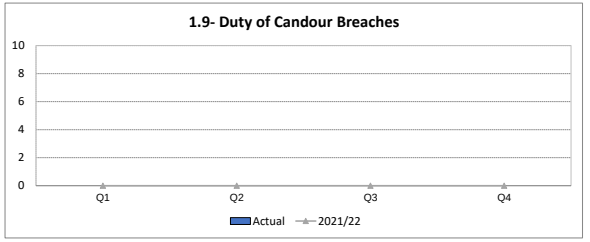


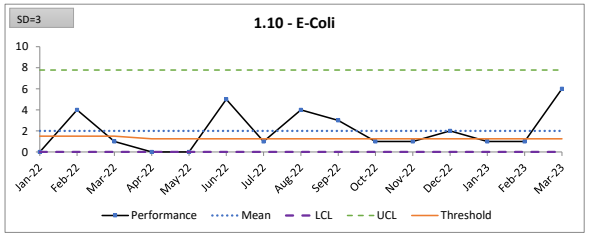


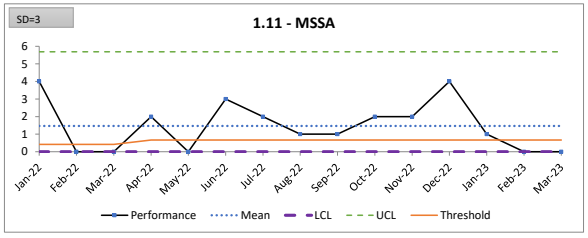


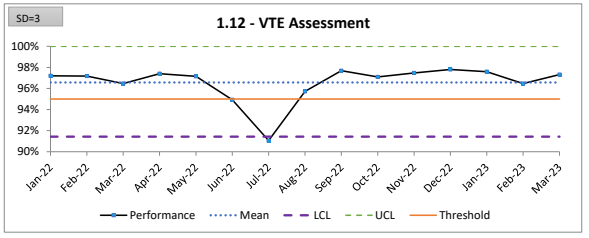


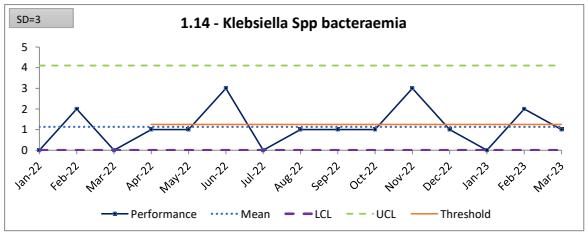


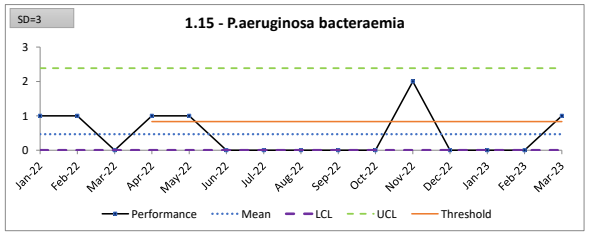












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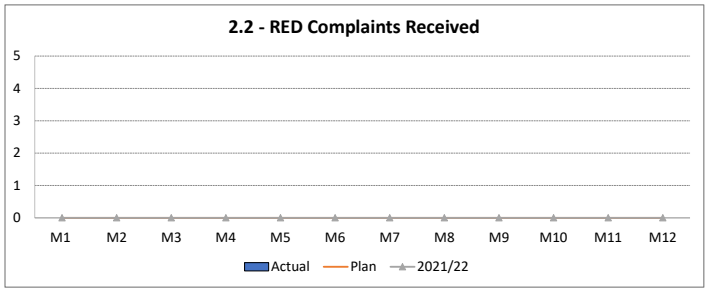
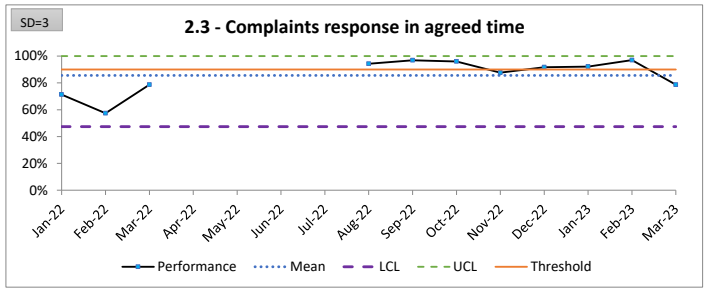
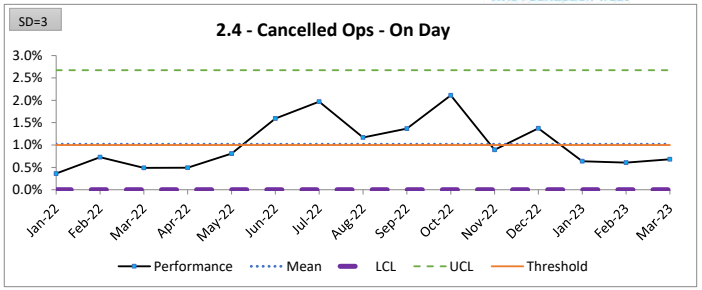
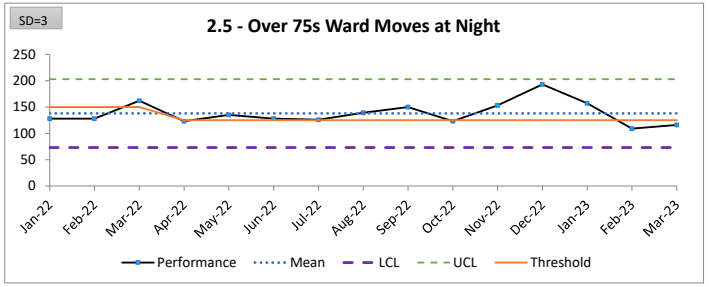
- Performance activity on a rolling 15 months/quarterly
- Average on a rolling 15 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

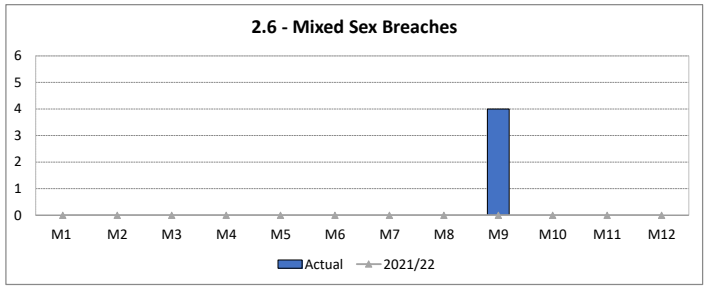
OBJECTIVE 2 - PATIENT EXPERIENCE











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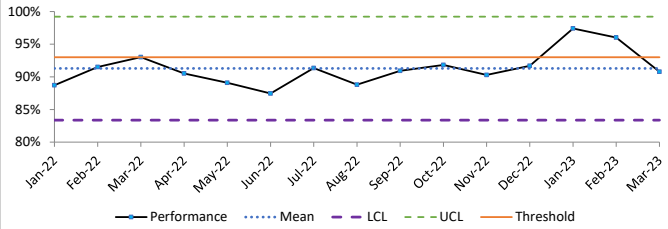
OBJECTIVE 3 - CLINICAL EFFECTIVENESS

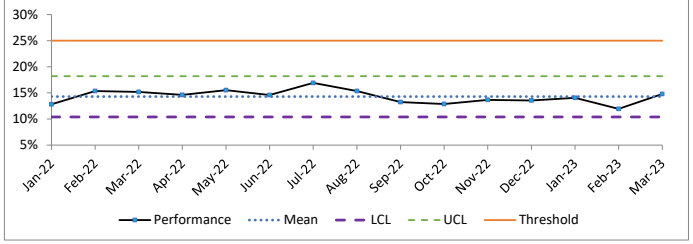
SD=3

3.1 - Overnight bed occupancy rate



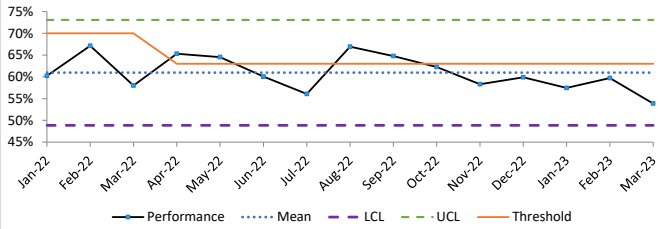
SD=3

3.2 - Ward Discharges by Midday



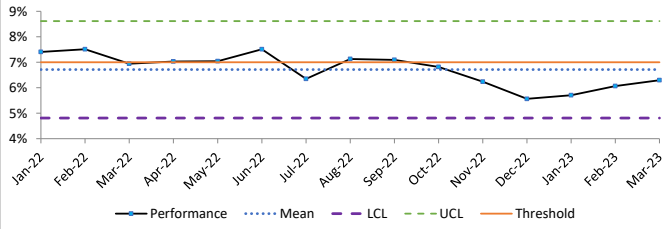
SD=3

3.3 - Weekend Discharges



SD=3

3.4 - 30 Day Readmissions



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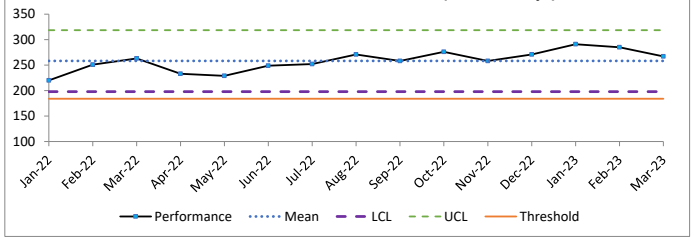
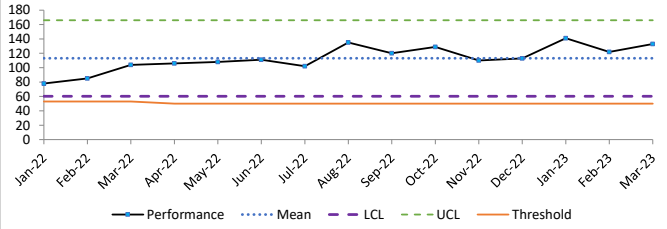
3.6a Number of Stranded Patients (LOS>=7 Days)



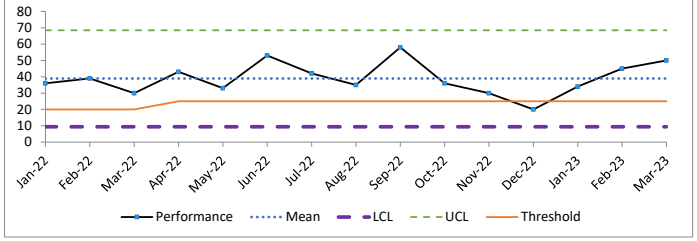
SD=3

3.6b Number of Super Stranded Patients (LOS>=21 Days)



SD=3

3.7 - Delayed Transfers of Care



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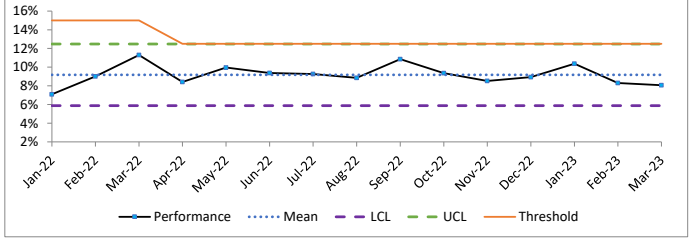
3.8 - Discharges from PDU (%)



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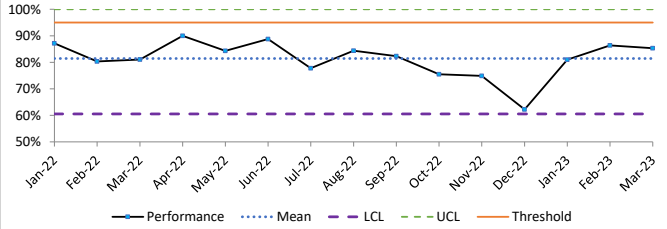
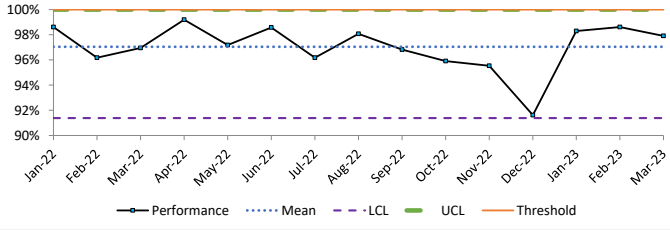
3.9a - Ambulance Handover < 30 mins(%)



SD=3

3.9b - Ambulance Handover < 60 mins(%)



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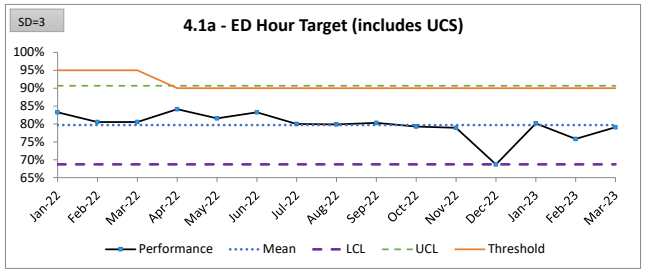
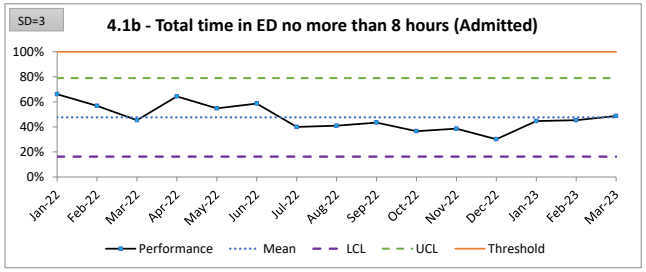
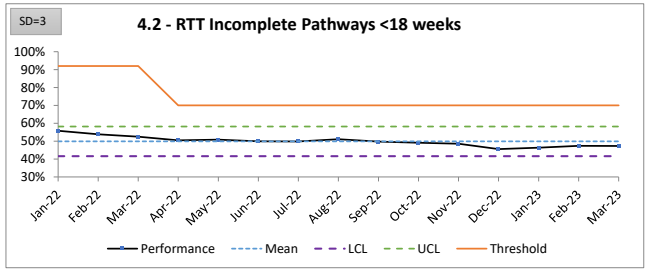
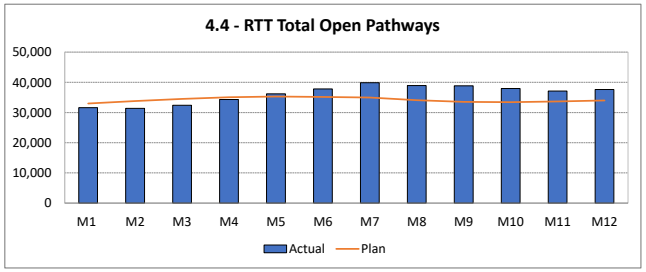
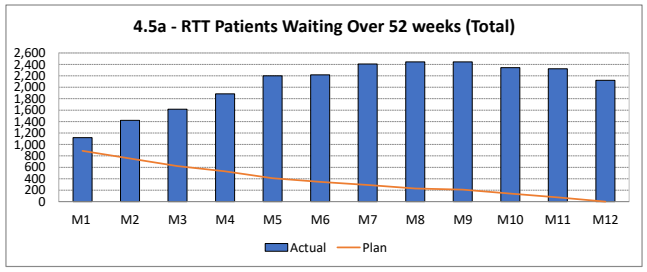
OBJECTIVE 4 - KEY TARGETS

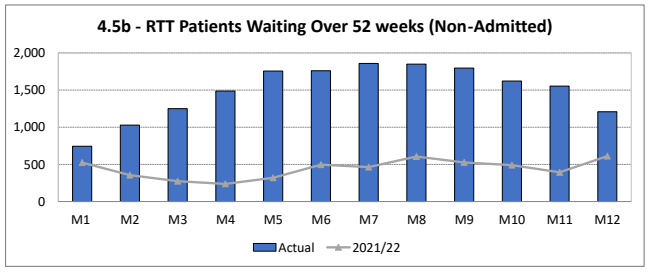


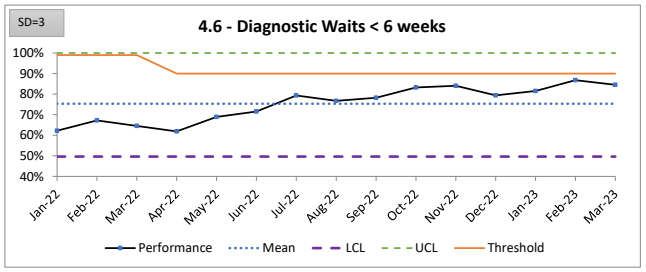


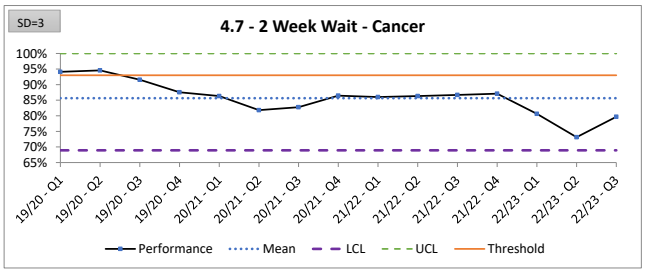


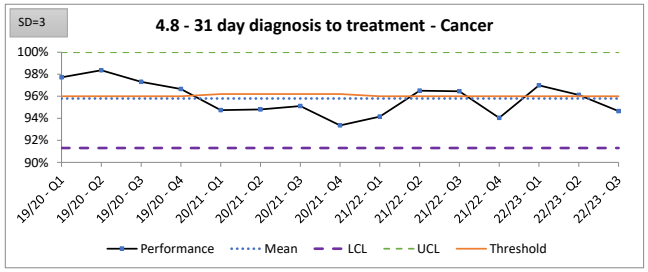


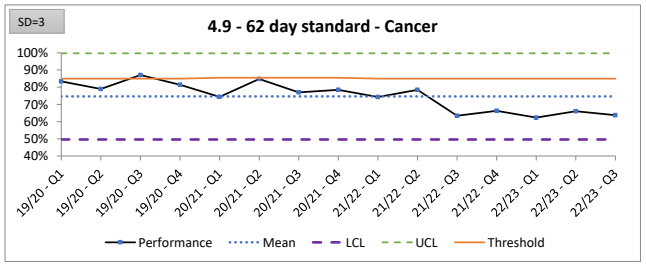












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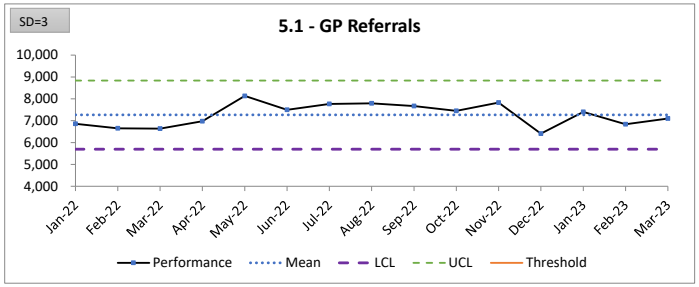
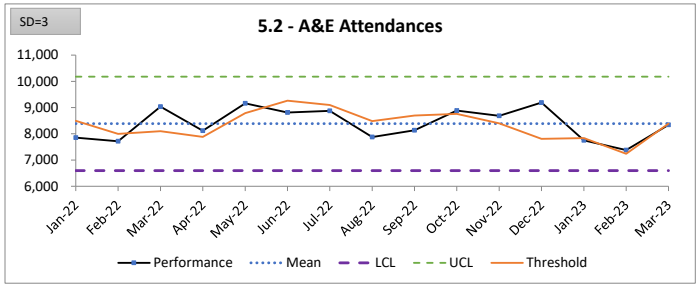
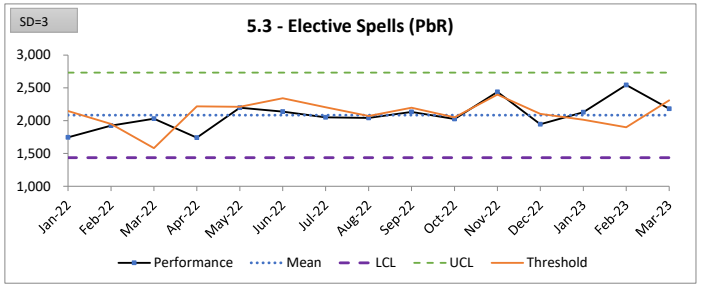
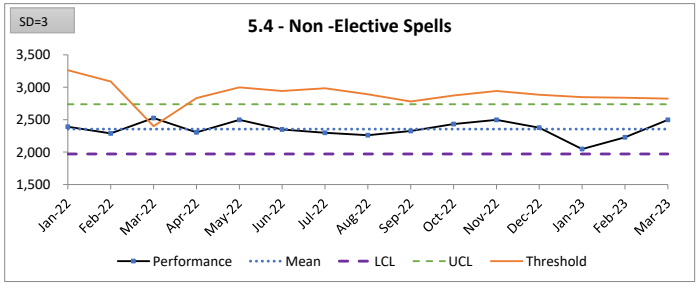
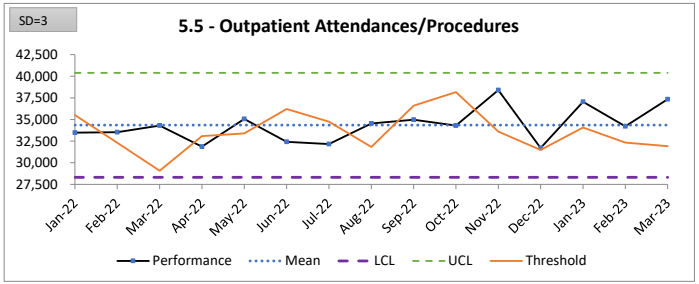
OBJECTIVE 5 - SUSTAINABILITY

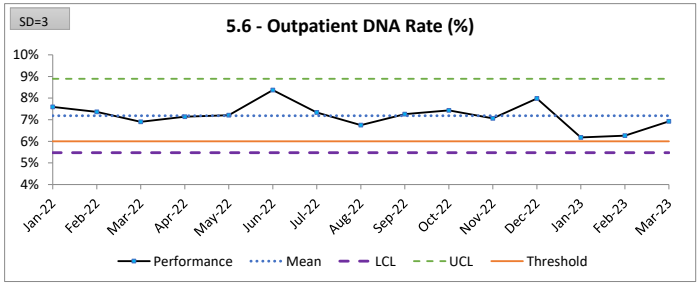












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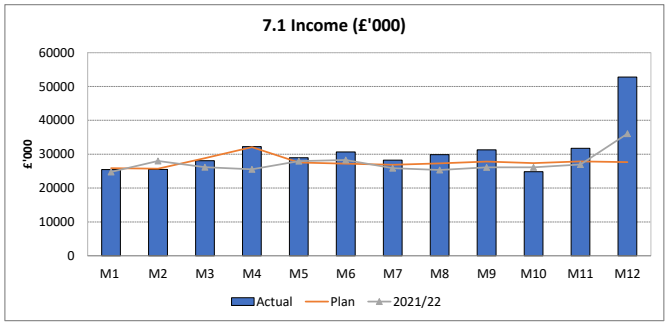
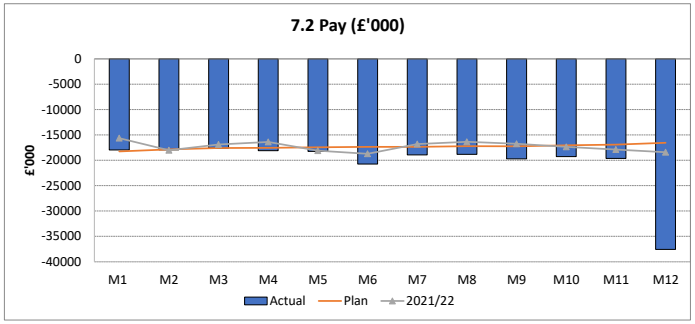
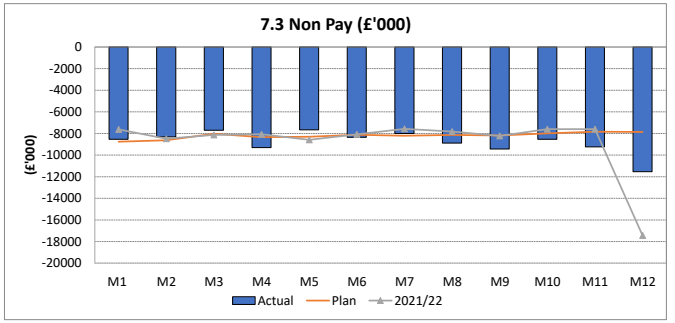
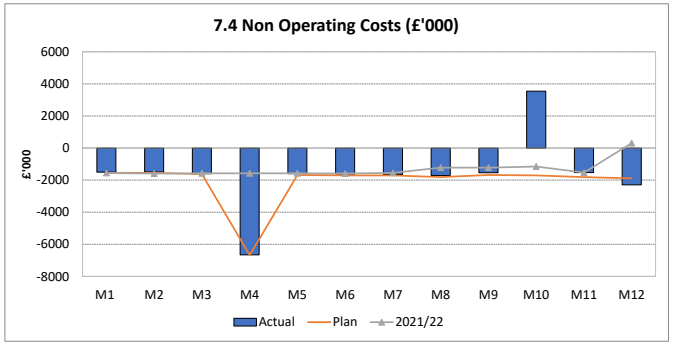
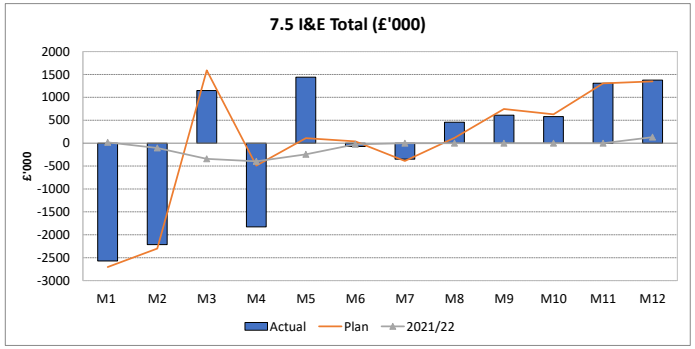
OBJECTIVE 7 - FINANCIAL PERFORMANCE

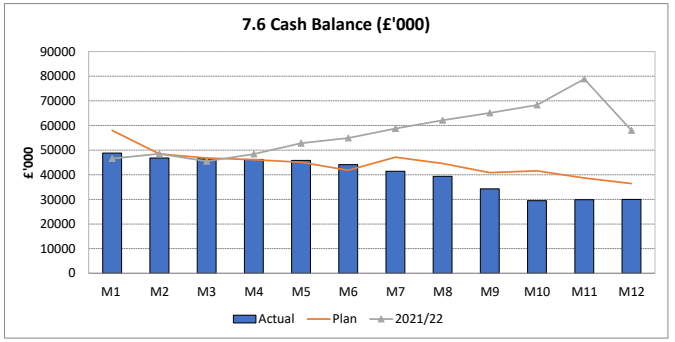


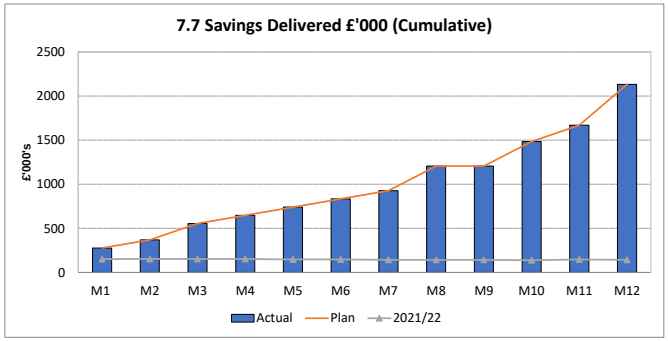


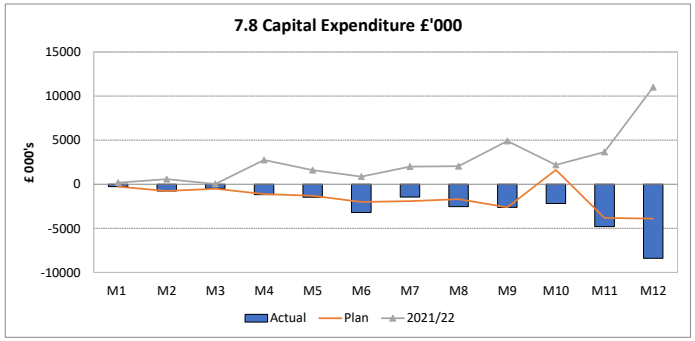




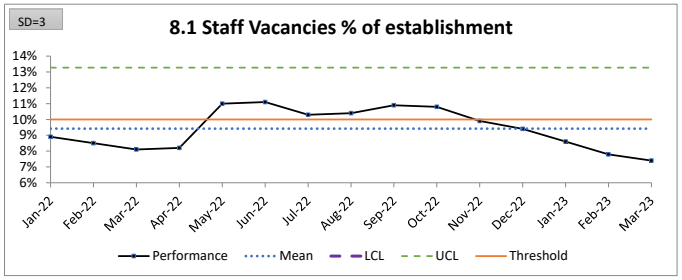


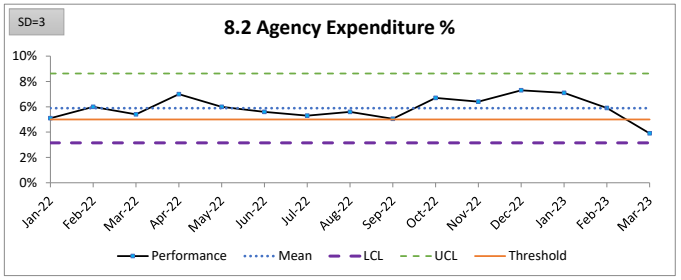


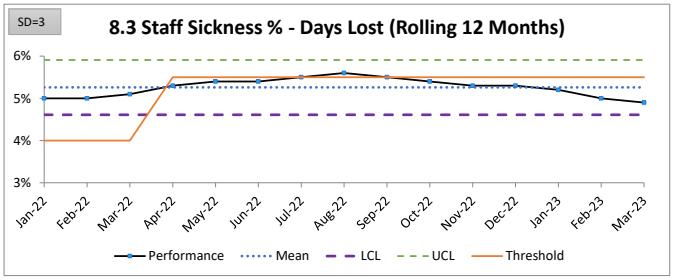


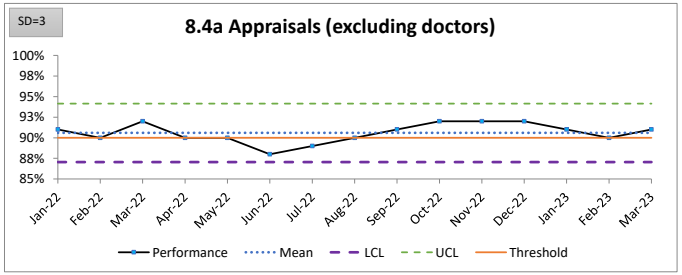


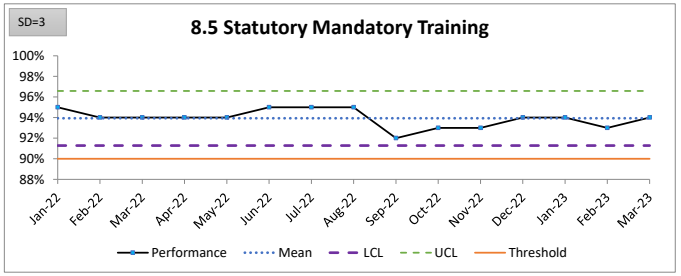
OBJECTIVE 8 - WORKFORCE PERFORMANCE

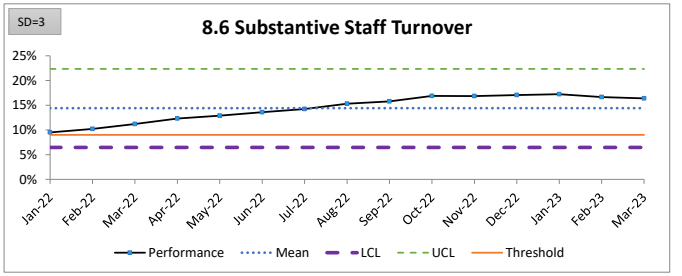






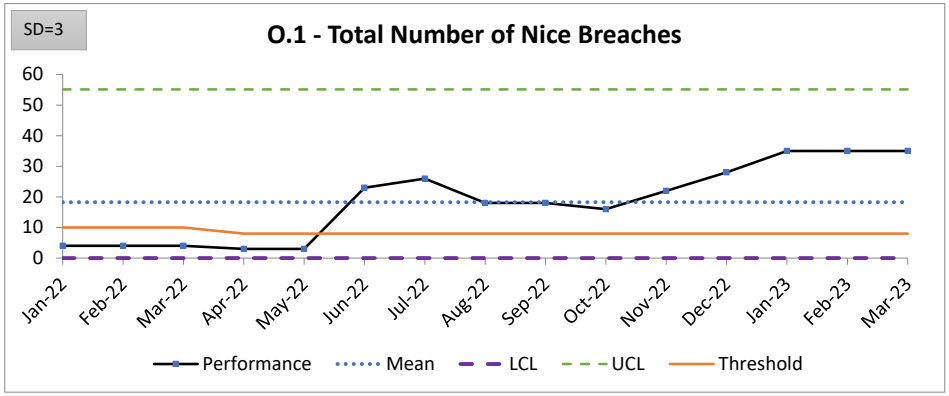


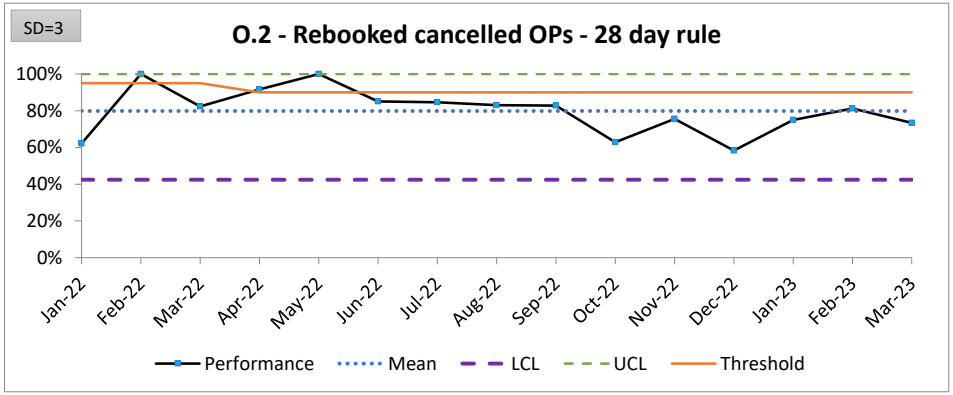


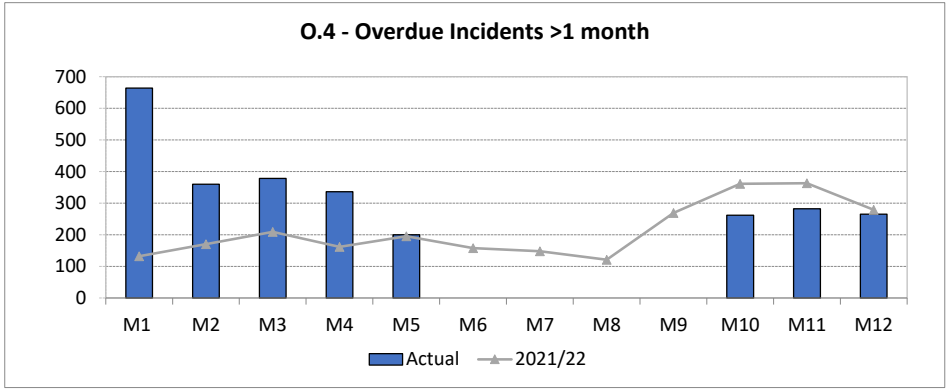


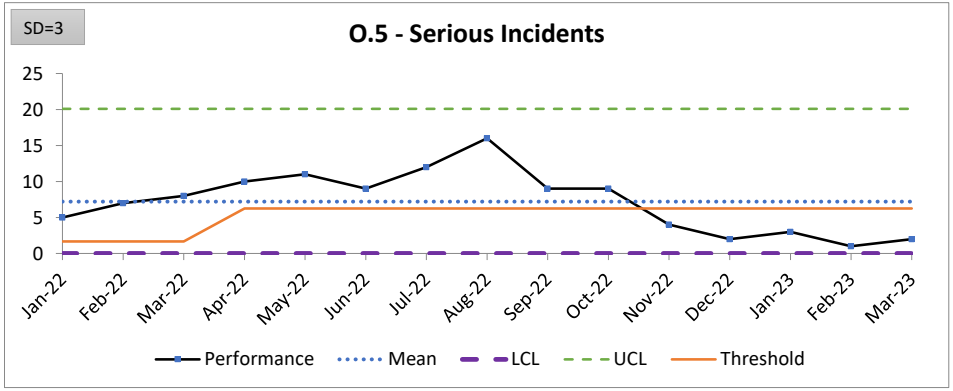
If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

- Performance activity on a rolling 15 months/quarterly
- Average on a rolling 15 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories









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If the UCL is greater than 100% it is set to 100%.

Performance activity on a rolling 15 months/quarterly
Average on a rolling 15 months/quarterly
Lower Control Limit (LCL)
Upper Control Limit
Targets/Thresholds/NHSI Trajectories

NHS
Milton Keynes University Hospital
NHS Foundation Trust

Meeting Title	**Public Board**	**Date:**
Report Title	**Finance Paper Month 12 2022-23**	**Agenda Item Number: 11**
Lead Director	Terry Whittle	Director of Finance
Report Authors	Sue Fox Cheryl Williams	Head of Financial Management Head of Financial Control and Capital

Introduction	The Purpose of the report is to provide an update on the financial position of the Trust at Month 12 (March 23).				
Key Messages to Note	The Trust is reporting a £5m deficit (on a Control Total basis) to the end of the financial year, this is £5m worse than plan. There are several underlying adjustments in the month 12 position including adjustments for central pension contributions and the disputed agenda for change wage award. There is a continued pay cost burden from premium agency costs to cover sickness, vacancies, and supernumerary nursing arrangements. The Trust has made significant investment in additional capacity to support elective service backlog recovery. No additional income has been received from NHS England due to a change mid-year in the ERF payment policy. The capital expenditure programme is £0.6m above its revised capital spend position of £30.1m which includes the additional in year national schemes and impact of the IFRS16 leases. The variance relates to agreed additional capital overspend offset by an underspend within BLMK ICS.				
Recommendation *Tick the relevant box(es)*	**For Information** ☐		**For Approval** ☐	**For Review** [x]	

Strategic Objectives Links	7. *Spending money well on the care you receive* 10. *Innovating and investing in the future of your hospital*

Report history	None
Next steps	
Appendices	Pages 11-14

FINANCE REPORT FOR THE MONTH TO 31st MARCH 2023

TRUST BOARD

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2	Financial performance - month 12 (Mar)	Page 4
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EXECUTIVE SUMMARY

(1 & 2.) Revenue – Clinical revenue (BLMK Integrated Care Board block contract and variable non-ICB income) is above plan. Income has been received for the payment of the backdated wage award. Other revenue is above plan due to income received for education and training. The forecast includes release of non-recurrent income to support costs.

(3. & 4.) Operating expenses – Pay costs are higher than plan for several reasons. These include payment of the national wage award (largely offset by in-year funding received), increased costs for temporary agency staff and bank pay enhancements (sickness, vacancies, and supernumerary cover), plus additional pay spend on elective waiting list recovery. Non-pay is above plan due to inflationary cost pressures and additional spend on clinical consumables and outsourcing.

(5.) Non-operating expenditure – Higher than plan due to valuation impairments.

(8.) Elective Recovery Fund – Reported at planned levels to month 12 following informal guidance that baseline plans would be underwritten by NHSE.

(9.) Covid expenditure – Reduced direct Covid costs mainly relating to lower backfill for staff sickness absence.

(11.) Financial Efficiency– There is a shortfall against the in-year and annual savings target (c.69% delivered). The shortfall is mitigated by non-recurrent measures this year but will be a brought forward underlying financial pressure in 23/24.

(12.) Cash – Cash balance is £30.0m, equivalent to 31 days cash to cover operating expenses. Balances include £11.6m for capital schemes.

(13.) Capital – Capital expenditure programmes are above plan; however, the plan does not include the additional funding for nationally approved schemes which includes the CDC, IT, Digital Diagnostics and impact of IFRS16.These changes explain the YTD variances to plan of £11.8m, the additional £0.6m relates to agreed additional capital spend to partly offset an underspend within BLMK ICS.

(14.) ICS Financial Position – The BLMK ICS position will be a £5m deficit (on a control total basis).

Measures

Ref	All Figures in £'000	Month 12 YTD Plan	Actual	Var	RAG
1	Clinical Revenue	307,824	331,114	23,290	
2	Other Revenue	24,340	33,758	9,419	
3	Pay	(208,343)	(244,551)	(36,208)	
4	Non Pay	(98,408)	(105,707)	(7,299)	
5	Financing & Non-Ops	(20,804)	(21,911)	(1,107)	
6	Surplus/(Deficit)	4,608	(7,297)	(11,905)	
7	Control Total Surplus/(Deficit)	0	(4,989)	(4,989)	
	Memos				
8	ERF Delivery	7,896	7,896	-	
9	COVID expenditure	(5,776)	(4,858)	918	
10	High Cost Drugs	(21,299)	(22,177)	(878)	
11	Financial Efficiency	12,049	6,969	(5,080)	
12	Cash	36,417	29,995	(6,422)	
13	Capital Plan	(18,288)	(30,070)	(11,782)	

Key message

The Trust is reporting a £5m deficit (on a Control Total basis) to the end of the financial year. This is £5m worse than plan. NHS England has agreed the budget overspend at year end.

There are several underlying adjustments in the month 12 position including adjustments for central pension contributions and the disputed agenda for change wage award.

There is a continued pay cost burden from bank rate enhancements and premium agency costs to cover sickness, vacancies, and supernumerary nursing arrangements.

The Trust has made significant investment in additional capacity to support elective service backlog recovery. No additional income has been received due to a change mid-year in the ERF payment policy.

The capital expenditure programme is £0.6m above its revised capital spend position of £30.1m which includes the additional in year national schemes and impact of the IFRS16 leases. The variance relates to agreed additional capital spend to partly offset an underspend within BLMK ICS.

FINANCIAL PERFORMANCE - OVERVIEW MONTH 12

2. **Summary Month 12**

For the month of March 2023, financial performance (on a Control Total basis) is a £3.5m deficit, this is £4.9m adverse to plan.

All Figures in £'000	Month 12 Plan	Month 12 Actual	Month 12 Var	Month 12 YTD Plan	Month 12 YTD Actual	Month 12 YTD Var
Clinical Revenue	26,001	35,517	9,516	307,824	331,114	23,290
Other Revenue	1,565	12,277	10,712	19,169	33,576	14,408
Total Income	27,566	47,793	20,227	326,993	364,691	37,698
Pay	(16,120)	(37,565)	(21,445)	(208,343)	(244,551)	(36,208)
Non Pay	(8,297)	(11,695)	(3,398)	(98,408)	(105,707)	(7,299)
Total Operational Expenditure	(24,417)	(49,261)	(24,843)	(306,752)	(350,258)	(43,507)
EBITDA	3,149	(1,467)	(4,616)	20,241	14,432	(5,809)
Financing & Non-Op. Costs	(1,803)	(2,038)	(234)	(20,241)	(19,421)	820
Control Total Deficit (excl. top ups)	**1,346**	**(3,505)**	**(4,851)**	**0**	**(4,989)**	**(4,989)**
Control Total Deficit (incl. top ups)	**1,346**	**(3,505)**	**(4,851)**	**0**	**(4,989)**	**(4,989)**
Donated income	81	182	101	5,171	182	(4,989)
Depreciation	(48)	(47)	1	(563)	(572)	(9)
Impairments & Rounding	0	(1,918)	(1,918)	0	(1,918)	(1,918)
Reported deficit/surplus	**1,379**	**(5,288)**	**(6,667)**	**4,608**	**(7,297)**	**(11,905)**

3. Clinical Income
Clinical income shows a favourable variance of £10m. This is due to the release of deferred income from the prior year to offset non recurrent costs (winter and recovery related capacity). It also includes an accrual for the agenda for change wage award.

4. Other Income
Other income shows a favourable variance of £11m due to funding received for the central employers' pension contribution. This if offset by an equal and opposite adjustment in pay.

5. Pay
Pay spend is above plan with the payment of enhanced bank rates as well as the unbudgeted element of the pay award. This is mostly offset by additional clinical income. An increased number of escalation areas were also open in February incurring premium agency staffing costs. In March the adjustments made for pension funding and wage awards are also included in the pay costs. Further pay detail is included in Appendices 1 and 4.

6. Non-Pay
Non-pay is above plan due to increased spend on drugs, clinical consumables, and clinical outsourcing. Further detail is included in Appendices 1 and 5.

7. Non-Operating Expenditure
Non-operating expenditure is higher than plan in-month due to capital impairments and dividend payments.

Key message
For the month of March 2023, the position on a Control Total basis is a £3.5m deficit, which is worse than plan. The deficit is due to a reduction in the release of deferred income which had been used to offset spend on elective recovery.

FINANCIAL PERFORMANCE - OVERVIEW YTD

8. **Summary Year to Date**

Cumulative financial performance (April-March) on a Control Total basis is a deficit of £5m. This is worse than plan by £5m. Overspends on pay costs are partly offset by increased clinical income.

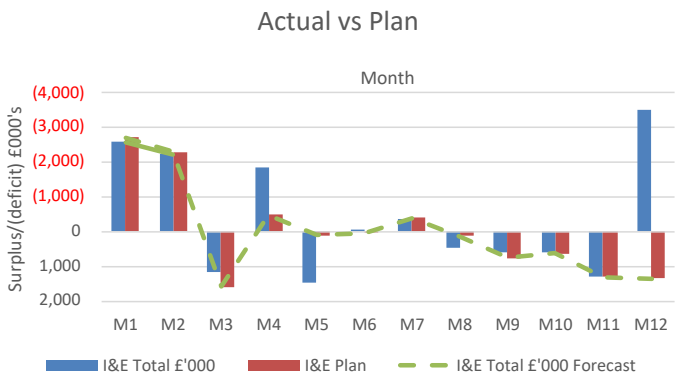
9. Clinical Income YTD
Clinical income shows a favourable variance of £23m which is due to income received for the wage award, overperformance on the remaining PbR contracts and deferred income from prior years to offset rising costs. Further detail is included in Appendix 1.

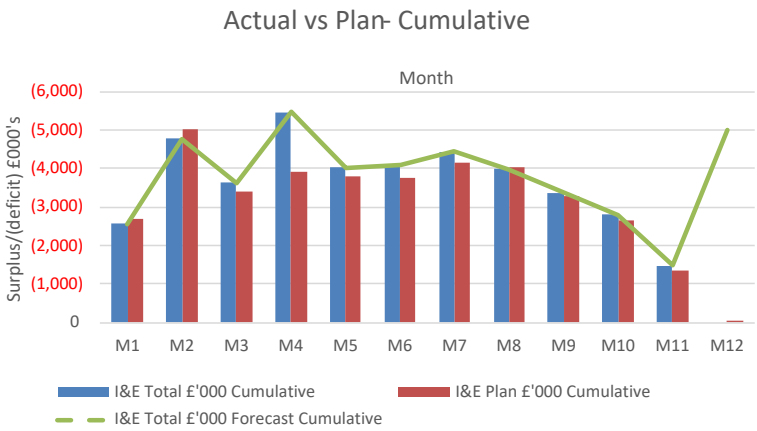
10. Other Income YTD
Other income shows a favourable variance of £9m. This is due to income received for the employer's pension contribution.

11. Pay YTD
Pay spend is above plan by £36m YTD due partly to the payment of the wage award and pension contribution, which is offset by increased clinical income, and partly due to unidentified cost improvements. Spend on temporary staffing costs is also going up with enhanced rates increasing uptake in clinical areas. Further detail is included in Appendices 1 & 4.

12. Non-Pay YTD
Non pay is above plan due to expenditure on clinical supplies and establishment expenses relating to activity and inflationary pressures. Further detail is included in Appendices 1 & 5.

13. Non-Operating Expenditure YTD
Non-operating expenditure is higher than plan YTD due to valuation impairments.





Key message
Up to March 2023, the position on a Control Total basis is a deficit of £5m. This is worse than plan. Overspends on pay are partially offset by increased clinical income.

Deferred income of £21m has been released to support the break-even plan, this is £11m higher than the planned release for the year.

ACTIVITY PERFORMANCE & ERF

14. The Trust has recognised 100% of the expected ERF income available for the month on the basis that this will not be subject to clawback from NHS England. This is expected to continue in the final quarter of the financial year. The revised budget includes full achievement of the £7.6m of ERF allocated to MKUH which requires achievement of 104% of activity versus 2019-20 baselines.

15. Activity vs Plan (as per CIVICA)

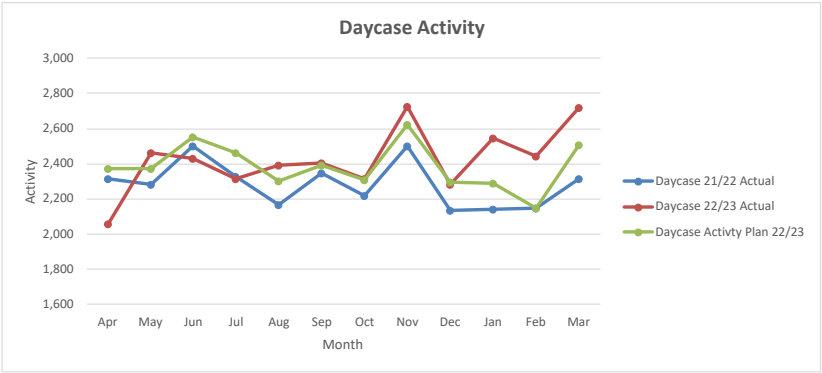
Day case activity-
Day cases have increased since Month 11, remaining above the 22/23 plan and above 21/22 actuals. Day cases are running at 103% of 19/20 actuals against a target of 104%.

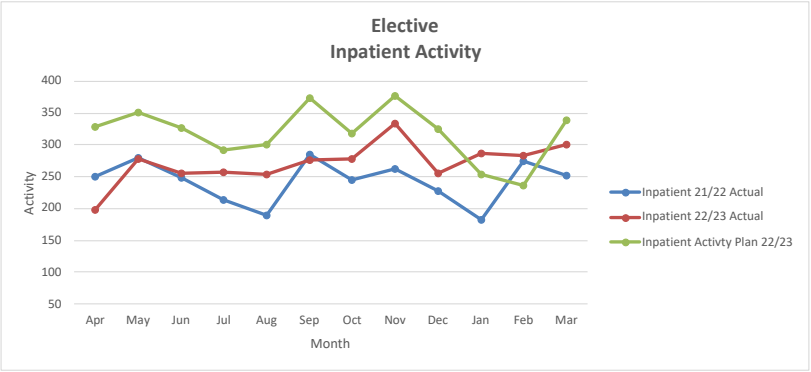
Elective Inpatient Activity-
Inpatient activity has also increased slightly since month 11 and is above the 21/22 actuals. Electives are running at 93% of 19/20 actuals against a target of 104%.

Outpatient Activity-
Outpatient activity has decreased since month 11 and is in line with the 22/23 plan. New appointments are 117% of 19/20 actuals against a target of 104%.

Non-Elective Spells-
Non elective activity has increased since month 11 but is lower than the 21/22 actuals but below the 22/23 plan.

A&E activity-
A&E activity has increased since month 11 and is in line with the 22/23 plan.





Key message
Elective and A&E activity increased in March. Non elective activity decreased slightly and remains below plan. ERF income has been recorded at 100% to month 12 following guidance from NHS England that any underperformance will not be subject to clawback. New outpatient appointments are ahead of the 104% target, but electives and day cases are behind the 104% target.

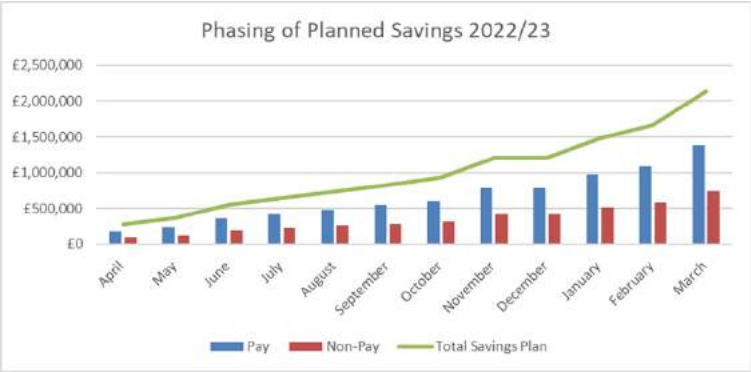
EFFICIENCY SAVINGS

16. The efficiency target is £12m to March 2023 and the schemes that have been signed off are delivering £7m. The remainder of the efficiency target is being achieved through managing the incremental cost of operational pressures bringing total efficiencies to £8.3m.

17. Trust 'Better Value' Programme has identified circa £8.3m (up to Month 12) from schemes against the total plan level of £12m.

Division	Target	Risk Adjusted Plan PYE	Recurrent	Non-recurrent	% of target
	£000's	£000's	£000's	£000's	%
Medicine	3,399	2,612	2,392	220	77%
Surgery	2,709	1,013	903	110	37%
W&C	1,451	1,451	230	1,221	100%
Core Clinical	2,716	1,680	495	1,185	62%
Corporate	1,629	1,515	513	1,001	93%
Central Ops	103	0			0%
Latest position	**12,007**	**8,272**	**4,534**	**3,738**	**69%**
			55%	**45%**	

18. It should be noted that the phasing of the required savings increases during the second half of the financial year. This is shown in the graph below:



Key message

YTD the Trust has delivered its £12m efficiency requirement. This has been achieved through transactional savings schemes, managing the cost of operations within available resources and significant non-recurrent funding. Work is progressing through the Trust 'Better Values' programme to identify opportunities for the new financial year.

CAPITAL - OVERVIEW YTD

19. The YTD spend to the end of March on capital after accounting for donated assets and derecognised assets is £30.1, which includes the £8m additional national funded schemes, £5.5m IFR16 leases funded centrally and an additional spend of £0.6m to support an underspend from within the BLMK ICS CDEL position.

20. The Trust's ICS CDEL allocation is £15.9m and the final approved national funding for the year remained at £8.0m as detailed below. The final revised CDEL allocation for the year is £23.9m.

21. The full breakdown of all funding and sources of application is shown in the table below.

	ICS Approved CDEL Allocation 2022/23	National CDEL Allocation 2022/23		
Scheme Subcategory	**Internally Funded**	**Planned**	**Approved**	**Awaiting National Approval**
	£m	£m	£m	£m
Depreciation	15.04			
Self Funded	0.86			
PDC Funded				
New Hospital Programme		1.94	1.23	
Endoscopy		0.14	0.00	
Digital Diagnostic Funding - Pathology			0.32	
Digital Diagnostic Funding - Imaging			0.40	
New Lease impact (IFRS16)		0.31		2.69
IT - frontline Digilisation			1.09	
CDC - Lloyds Court & Whitehouse Park			5.00	
Cancer bids				1.32
Sub Total CDEL	**15.90**	**2.39**	**8.04**	**4.01**
CDEL Allocation Approved	**23.95**			
Total Planned CDEL	**18.28**			

	22/23 Submitted Plan	Revised YTD Capital Allocation up to end of Mar 23	Actual up to end of March 23
Pre-commitments			
CBIG	2.24	3.24	1.98
Strategic	5.73	4.73	4.86
Total Pre-commitments	**7.97**	**7.97**	**6.84**
Scheme Allocations For 22/23 schemes			
CBIG including IT and Contingency	3.00	3.00	4.86
Strategic Radiotherapy	4.50	4.50	6.19
Strategic Contingency	0.43	0.43	
Funded from Strategic Contingency			
Asbestos Removal for flat roofs		0.00	0.14
Additional costs for Whitehouse		0.00	0.04
EV Chargers		0.00	0.05
Escalation Beds & Mattresses		0.00	0.08
Boiler Adaptation		0.00	0.05
Re-recognition			- 1.74
Total Proposed Scheme Allocations	**7.93**	**7.93**	**9.66**
Total Pre-commitments and Scheme Allocations (ICS CDEL Allocation)	**15.90**	**15.90**	**16.50**
Nationally approved schemes			
NHP	1.23	1.23	1.23
Endoscopy	0.14	0.00	0.00
Digital Diagnostic Funding - Imaging		0.40	0.40
Digital Diagnostic Funding -Pathology		0.33	0.33
IT - frontline Digilitisation		1.09	1.09
CDC - Lloyds Court & Whitehouse Park/Maple Centre		5.00	5.00
Total Nationally approved schemes	1.37	8.04	8.04
Adjustments			
CDEL Approved capital plan	**17.26**	**23.94**	**24.54**
New Leases Impact under IFRS 16 - held centrally	0.31	5.53	5.53
NHP - external fees	0.71	0.00	0.00
Submitted CDEL capital plan	**18.28**	**29.47**	**30.07**
Donated Assets (excluded from CDEL)			
Maple Centre	5.00	0.00	0.00
Pathlake	0.14	0.14	0.00
Staff Rooms	0.03	0.03	0.03
Other donated schemes	0.00	0.00	0.15
Total Donated Assets	**5.17**	**0.17**	**0.18**

CASH

22. Summary of Cash Flow

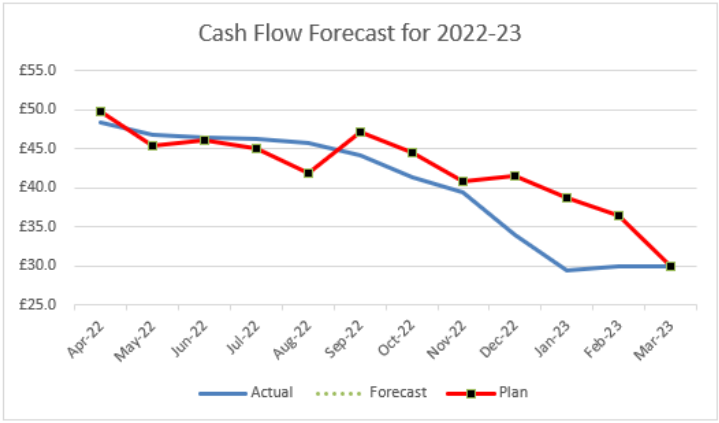
The cash balance at the end of March was £30.0m, this was £0.1m higher than the planned figure of £29.9m and an increase on last month's figure of £29.9m. (see opposite).
See appendices 6-8 for the cashflow detail.

23. Cash arrangements 2023/24

The Trust will receive block funding for FY24 which will include an uplift for growth plus any additional incentive funding linked to activity delivery and funding for high-cost drugs on a pass-through basis.

24. Better Payment Practice

The Trust has fallen below the national target of 95% of all bills paid within the target timeframe in terms of value and volume. This is mainly due to the repatriation of SBS AP services, and the ongoing issues with agency invoicing. Both issues are being addressed and action plans are in progress to resolve them. This metric will continue to be monitored in accordance with national guidance and best practice.



Better payment practice code	Actual M12 YTD Number	Actual M12 YTD £'000	Actual M11 YTD Number	Actual M11 YTD £'000
Non NHS				
Total bills paid in the year	74,335	190,205	65,870	168,323
Total bills paid within target	62,226	170,583	54,999	150,309
Percentage of bills paid within target	**83.7%**	**89.7%**	**83.5%**	**89.3%**
NHS				
Total bills paid in the year	1,934	16,849	1,728	6,898
Total bills paid within target	1,464	13,781	1,316	4,390
Percentage of bills paid within target	**75.7%**	**81.8%**	**76.2%**	**63.6%**
Total				
Total bills paid in the year	**76,269**	**207,054**	**67,598**	**175,220**
Total bills paid within target	**63,690**	**184,364**	**56,315**	**154,699**
Percentage of bills paid within target	**83.5%**	**89.0%**	**83.3%**	**88.3%**

Key message

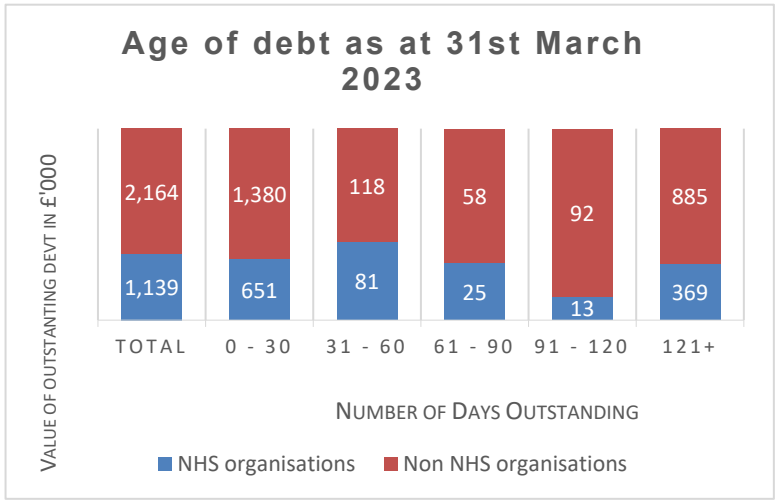
Cash at the year-end was above plan by £0.1m. The Trust has fallen below the 95% target for BPPC, mainly due to issues experience by SBS during their repatriation of AP services, and ongoing agency invoicing issues. Management is working to rectify payment performance to levels required.

BALANCE SHEET

25. Statement of Financial Position

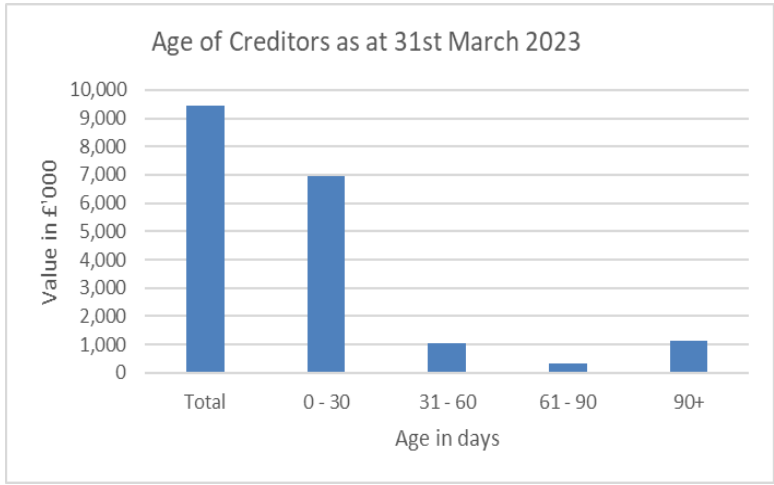
The statement of financial position is set out in Appendix 9. The key movements include:

- Non-Current Assets have increased from March 22 by £38.8m; this is mainly driven by the inclusion of Right of Use assets related to the adoption of IFRS 16 1 April 2022 and capital purchases in year offset by in year depreciation.
- Current assets have decreased by £19.4m; this is mainly due to the decrease in cash £28.0m offset by an increase in receivables (£6.3m).
- Current liabilities have decreased by £8.2m; this is mainly due to the decrease in trade payables £8.8m and a £0.4m increase in Provisions.
- Non-Current Liabilities have increased from March 22 by £17.9m; this is due to the inclusion of Right of Use assets (£18.4m) related to the adoption of IFRS 16 1 April 2022.



26. Aged debt

- The debtors position as of March 23 is £3.3m, which is a decrease of £0.4m from the prior month. Of this total £1.2m is over 121 days old; the detail is shown in Appendix 10.
- The three largest NHS debtors are Bedford Hospitals NHS Foundation Trust £0.3m for salary recharges, Oxford University Hospitals NHS Trust £0.3m for salary/renal recharges and CNWL £0.2m non-contract recharges. The largest non-NHS debtors include £0.2m for overseas patient, £0.8m with Medical Property Ltd for utility recharges, £0.2m with University of Buckinghamshire Ltd for utilities recharges and training recharges. Further details of the aged debtors are shown in Appendix 11.



27. Creditors

- The creditors position as of March 23 is £9.4m, which is a decrease of £0.2m from the prior month. Of this, £2.5m is over 30 days with £1.1m approved for payment. The breakdown of creditors is shown in Appendix 12.

Key message

Main movements in year on the statement of financial position are the inclusion of Right of Use Assets related to the adoption of IFRS 16 1 April 22 and the decrease in cash; debtors are in line with prior month but there is an aged debtor of over 121 days of £1.2m that is being closely monitored.

RECOMMENDATIONS TO BOARD

28. Trust Board is asked to note the financial position of the Trust as of 31st March and the proposed actions and risks therein.

APPENDICIES

Appendix 1

Statement of Comprehensive Income
For the period ending 31st March 2023

	FY23	M12 CUMULATIVE			M12			PRIOR MONTH	
	Annual Budget	Budget	Actual	Variance	Budget	Actual	Variance	M11 Actual	Change
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INCOME									
Outpatients	49,690	49,690	49,974	284	3,965	4,718	753	4,332 ▲	386
Elective admissions	33,324	33,324	29,643	(3,681)	2,998	2,512	(486)	2,962 ▼	(450)
Emergency admissions	81,933	81,933	81,896	(37)	6,793	5,488	(1,306)	6,945 ▼	(1,458)
Emergency adm's marginal rate (MRET)	0	0	0	0	0	0	0	0 ▲	0
Readmissions Penalty	0	0	0	0	0	0	0	0 ▲	0
A&E	19,076	19,076	19,271	195	1,590	1,594	5	1,435 ▲	159
Other Admissions	2,926	25,452	1,867	(23,585)	2,003	146	(1,856)	127 ▲	20
Maternity	24,851	2,326	18,215	15,889	222	1,435	1,212	1,486 ▼	(51)
Critical Care & Neonatal	7,141	7,141	6,757	(384)	538	665	126	435 ▲	229
Imaging	6,309	6,309	6,758	449	523	452	(71)	558 ▼	(106)
Direct access Pathology	4,724	4,724	5,351	628	425	529	104	459 ▲	69
Non Tariff Drugs and Devices (high cost/individual drugs)	21,299	21,299	22,177	879	1,809	1,987	177	1,756 ▲	231
Other (inc. home visits and best practice tariffs)	6,148	6,148	43,058	36,910	513	11,374	10,861	5,549 ▲	5,826
CQUINS	0	0	0	0	0	0	0	0 ▲	0
Contract Risk Provision - General challenge & CIP offset	0	0	0	0	0	0	0	0 ▲	0
National Block/Top up	50,403	50,403	46,146	(4,257)	4,622	4,617	(5)	3,577 ▲	1,040
MKCCG Block adj	0	0	0	0	0	0	0	0 ▲	0
Clinical Income	**307,824**	**307,824**	**331,114**	**23,290**	**26,001**	**35,517**	**9,516**	**29,622** ▲	**5,895**
Non-Patient Income	19,169	19,169	33,576	14,408	1,565	12,277	10,712	2,098 ▲	10,179
PSF Income	0	0	(0)	(0)	0	0	0	0 ▲	0
Donations	5,171	5,171	182	(4,989)	81	182	101	0 ▲	182
Non-Patient Income	**24,340**	**24,340**	**33,758**	**9,419**	**1,646**	**12,459**	**10,813**	**2,098** ▲	**10,361**
TOTAL INCOME	**332,164**	**332,164**	**364,873**	**32,709**	**27,647**	**47,975**	**20,328**	**31,720** ▲	**16,256**
EXPENDITURE									
Pay - Substantive	(189,757)	(189,757)	(193,630)	(3,872)	(14,771)	(24,068)	(9,297)	(16,033) ▼	(8,035)
Pay - Bank	(9,194)	(9,194)	(22,487)	(13,292)	(635)	(2,984)	(2,349)	(1,893) ▼	(1,091)
Pay - Locum	(3,188)	(3,188)	(4,924)	(1,736)	(261)	(520)	(259)	(472) ▼	(48)
Pay - Agency	(5,555)	(5,555)	(14,186)	(8,631)	(401)	(1,465)	(1,064)	(1,157) ▼	(309)
Pay - Other	(758)	(758)	(9,324)	(8,567)	(60)	(8,528)	(8,468)	(72) ▼	(8,456)
Pay CIP	41	41	0	(41)	3	0	(3)	0 ▲	0
Vacancy Factor	69	69	(0)	(69)	5	0	(5)	(0) ▲	0
Pay	**(208,343)**	**(208,343)**	**(244,551)**	**(36,208)**	**(16,120)**	**(37,565)**	**(21,445)**	**(19,627)** ▼	**(17,939)**
Non Pay	(77,110)	(77,110)	(83,530)	(6,420)	(6,488)	(9,708)	(3,221)	(7,493) ▼	(2,215)
Non Tariff Drugs (high cost/individual drugs)	(21,299)	(21,299)	(22,177)	(879)	(1,809)	(1,987)	(177)	(1,756) ▼	(231)
Non Pay	**(98,408)**	**(98,408)**	**(105,707)**	**(7,299)**	**(8,297)**	**(11,695)**	**(3,398)**	**(9,248)** ▼	**(2,447)**
TOTAL EXPENDITURE	**(306,752)**	**(306,752)**	**(350,258)**	**(43,507)**	**(24,417)**	**(49,261)**	**(24,843)**	**(28,875)** ▼	**(20,385)**
EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)	**25,412**	**25,412**	**14,614**	**(10,798)**	**3,230**	**(1,285)**	**(4,515)**	**2,845** ▼	**(4,130)**
Interest Receivable	0	0	871	871	0	101	101	110 ▼	(9)
Interest Payable	(338)	(338)	(377)	(39)	(28)	(34)	(6)	(31) ▼	(3)
Depreciation, Impairments & Profit/Loss on Asset Disposal	(14,474)	(14,474)	(14,377)	97	(1,326)	(1,256)	70	(1,337) ▲	81
Donated Asset Depreciation	(563)	(563)	(572)	(8)	(48)	(47)	0	(48) ▲	0
Profit/Loss on Asset Disposal & Impairments	0	0	(1,898)	(1,898)	0	(1,898)	(1,898)	0 ▼	(1,898)
DEL Impairments	0	0	(495)	(495)	0	(495)	(495)	0 ▼	(495)
AME Impairments	0	0	0	0	0	0	0	0 ▲	0
Unwinding of Discounts	0	0	0	0	0	0	0	0 ▲	0
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	**10,037**	**10,037**	**(2,234)**	**(12,271)**	**1,829**	**(4,914)**	**(6,743)**	**1,539** ▼	**(6,454)**
Dividends Payable	(5,429)	(5,429)	(5,063)	366	(450)	(374)	76	(278) ▼	(96)
OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS	**4,608**	**4,608**	**(7,297)**	**(11,905)**	**1,379**	**(5,288)**	**(6,667)**	**1,262** ▼	**(6,549)**

Appendix 2

Statement of Cash Flow
As of 31st March 2023

	Audited Mth12 2021-22 £000	Mth 12 £000	Mth 11 £000	In Month Movement £000
Cash flows from operating activities				
Operating (deficit) from continuing operations	2,699	(2,225)	2,251	(4,476)
Operating (deficit)	**2,699**	**(2,225)**	**2,251**	**(4,476)**
Non-cash income and expense:				
Depreciation and amortisation	11,278	14,941	13,646	1,295
Impairments	715	1,899	0	1,899
(Gain)/Loss on disposal	(48)	(8)	0	(8)
(Increase)/Decrease in Trade and Other Receivables	9,003	(8,203)	(6,464)	(1,739)
(Increase)/Decrease in Inventories	(375)	(1,096)	(17)	(1,079)
Increase/(Decrease) in Trade and Other Payables	14,788	(7,239)	(5,440)	(1,799)
Increase/(Decrease) in Other Liabilities	5,945	(1,935)	(11,018)	9,083
Increase/(Decrease) in Provisions	(338)	420	(51)	471
NHS Charitable Funds	(561)	(182)	0	(182)
Other movements in operating cash flows	(1)	1,738	(2)	1,740
NET CASH GENERATED FROM OPERATIONS	**43,105**	**(1,890)**	**(7,095)**	**5,205**
Cash flows from investing activities				
Interest received	36	871	770	101
Purchase of financial assets	(2,500)	0	0	0
Addition of ROU assets	0	(40)	0	(40)
Purchase of intangible assets	(4,160)	(2,673)	(854)	(1,819)
Purchase of Property, Plant and Equipment, Intangibles	(37,974)	(25,097)	(20,102)	(4,995)
Net cash generated (used in) investing activities	**(44,598)**	**(26,939)**	**(20,186)**	**(6,753)**
Cash flows from financing activities				
Public dividend capital received	15,273	8,040	1,785	6,255
Capital element of finance lease rental payments	(201)	(2,235)	(214)	(2,021)
Interest element of finance lease	(267)	(378)	(344)	(34)
PDC Dividend paid	(4,663)	(4,760)	(2,045)	(2,715)
Receipt of cash donations to purchase capital assets	561	182	0	182
Net cash generated from/(used in) financing activities	**10,703**	**849**	**(818)**	**1,667**
Increase/(decrease) in cash and cash equivalents	**9,210**	**(27,980)**	**(28,099)**	**119**
Opening Cash and Cash equivalents	**48,765**	**57,975**	**57,975**	
Closing Cash and Cash equivalents	**57,975**	**29,995**	**29,876**	**119**

Appendix 3

Statement of Financial Position as of 31st March 2023

	Mar-22 AUDITED	Mar-23 YTD Actual (pre audit adjustments)	YTD Mvmt	% Variance
Assets Non-Current				
Tangible Assets	189.6	205.6	16.0	8.8%
Intangible Assets	22.3	19.6	(2.7)	(12.4%)
ROU Assets	0.0	25.5	25.5	100.0%
Other Assets	1.0	1.0	0.0	1.3%
Total Non Current Assets	**212.9**	**251.7**	**38.8**	**17.6%**
Assets Current				
Inventory	4.1	5.1	1.0	24.7%
NHS Receivables	3.5	9.8	6.3	150.0%
Other Receivables	7.2	8.5	1.3	20.0%
Cash	58.0	30.0	(28.0)	(60.9%)
Total Current Assets	**72.8**	**53.4**	**(19.4)**	**(31.9%)**
Liabilities Current				
Interest -bearing borrowings	(0.2)	(1.8)	(1.6)	102.4%
Deferred Income	(19.4)	(18.0)	1.4	(7.1%)
Provisions	(2.4)	(2.8)	(0.4)	16.7%
Trade & other Creditors (incl NHS)	(60.4)	(51.6)	8.8	(17.1%)
Total Current Liabilities	**(82.4)**	**(74.2)**	**8.2**	**(10.9%)**
Net current assets	**(9.6)**	**(20.8)**	**(11.2)**	**77.4%**
Liabilities Non-Current				
Long-term Interest bearing borrowings	(5.4)	(23.8)	(18.4)	139.3%
Deferred Income	(1.5)	(1.0)	0.5	100.0%
Provisions for liabilities and charges	(1.8)	(1.8)	0.0	0.0%
Total non-current liabilities	**(8.7)**	**(26.6)**	**(17.9)**	**119.2%**
Total Assets Employed	**194.6**	**204.3**	**(5.8)**	**(3.0%)**
Taxpayers Equity				
Public Dividend Capital (PDC)	275.1	283.2	8.1	2.9%
Revaluation Reserve	52.6	61.8	9.2	17.5%
Financial assets at FV through OCI reserve	(2.3)	(2.6)	(0.3)	12.8%
I&E Reserve	(130.8)	(138.1)	(7.3)	5.4%
Total Taxpayers Equity	**194.6**	**204.3**	**(5.1)**	**(2.7%)**

GLOSSARY OF TERMS

Abbreviation	Full name	Explanation
A/L	Annual Leave	Impact of staff annual leave
BAU	Business as usual	In the context of capital expenditure, this is the replacement of existing capital assets on a like for like basis.
BPP	Better payment practice	This requires all NHS Organisations to achieve a public sector payment standard for valid invoices to be paid within 30 days of their receipt or the receipt of the goods or services – the target for this is 95%
CBIG	Clinical Board Investment Group	Capital approval meeting overseeing small scale capital schemes including equipment replacement and building work.
CDEL	Capital Departmental Expenditure Limit	Trusts maximum amount of capital expenditure available to be spent for the current year set by Regional NHS team and reviewed every financial year.
CIP	Cost Improvement Programme	Scheme designed to improve efficiency or reduce expenditure
COVID	COVID-19	Costs associated with COVID-19 virus
E&T	Education & Training	
ERF	Elective Recovery Fund	Additional non recurrent funding linked to recovery
HCD	High Cost/Individual Drugs	
NHP	New Hospital Programme	National capital funding for major hospital redevelopments
PDC	Public Dividend Capital	A form of long-term government finance which was initially provided to NHS trusts when they were first formed to enable them to purchase the Trust's assets from the Secretary of State. Public dividend capital (PDC) represents the Department of Health's (DH's) equity interest in defined public assets across the NHS.
R&D	Research & Development	
YTD	Year to date	Cumulative costs for the year
Other frequently used abbreviations		
Accelerator	Accelerator Funding	Additional funding linked to recovery
Block	Block value	Block income value linked to 19/20 values
Top-up	Top up Funding	Additional block income linked to 19/20 values
Covid	COVID Funding	Additional block funding to cover incremental COIVD-19 expenditure
Maple Centre	Maple Centre	The initial project name for the Maple Centre was the Pathway Unit - a 23hr ambulatory care facility currently under construction

Milton Keynes University Hospital NHS Foundation Trust

Meeting Title	**Board Report**	**Date: April 2023**
Report Title	**Workforce Report – Month 12**	**Agenda Item Number: 12**
Lead Director	Danielle Petch, Director of Workforce	
Report Author	Louise Clayton, Deputy Director of Workforce	

Introduction	Standing Agenda Item		
Key Messages to Note	This report provides a summary of workforce Key Performance Indicators for the previous 12 months up to 31 March 2023 (Month 12) and relevant Workforce and Organisational Development updates to Trust Board.		
Recommendation *(Tick the relevant box(es))*	**For Information** [x]	**For Approval** [ ]	**For Review** [ ]

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	Employ the best people to care for you

Report History	
Next Steps	JCNC & TEC
Appendices/Attachments	None

1. Purpose of the report

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

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

Indicator	Measure	Target	03/2022	04/2022	05/2022	06/2022	07/2022	08/2022	09/2022	10/2022	11/2022	12/2022	01/2023	02/2023	03/2023
Staff in post *(as at report date)*	Actual WTE		3414.4	3418.4	3418.8	3417.5	3445.6	3437.0	3458.0	3467.9	3507.1	3524.8	3572.5	3605.1	**3618.5**
	Headcount		3900	3902	3904	3901	3930	3917	3946	3956	4001	4018	4075	4107	**4142**
Establishment *(as per ESR)*	WTE		3716.9	3723.9	3839.8	3842.5	3840.8	3837.0	3881.4	3887.9	3892.8	3892.4	3908.4	3909.8	**3907.7**
	%, Vacancy Rate - Trust Total	**10.0%**	8.1%	8.2%	11.0%	11.1%	10.3%	10.4%	10.9%	10.8%	9.9%	9.4%	8.6%	7.8%	**7.4%**
	%, Vacancy Rate - Add Prof Scientific and Technical			23.0%	33.9%	33.2%	35.2%	32.4%	31.3%	33.7%	32.2%	32.5%	32.7%	33.2%	**33.2%**
	%, Vacancy Rate - Additional Clinical Services *(Includes **HCA**s)*			12.6%	2.9%	4.0%	4.3%	3.3%	10.1%	10.7%	11.2%	9.0%	12.2%	11.3%	**7.7%**
	%, Vacancy Rate - Administrative and Clerical			4.6%	8.8%	8.6%	8.5%	8.4%	8.1%	8.8%	7.6%	7.5%	5.5%	5.4%	**5.0%**
	%, Vacancy Rate - Allied Health Professionals			11.0%	18.7%	19.5%	20.2%	18.8%	18.9%	17.8%	16.7%	16.4%	13.6%	12.7%	**12.0%**
	%, Vacancy Rate - Estates and Ancillary			16.9%	13.9%	14.4%	14.3%	12.9%	11.5%	10.4%	9.0%	9.5%	8.3%	8.3%	**8.6%**
	%, Vacancy Rate - Healthcare Scientists			2.6%	3.5%	0.6%	0.8%	0.0%	0.0%	0.7%	0.0%	1.8%	4.0%	1.7%	**1.7%**
	%, Vacancy Rate - Medical and Dental			3.3%	4.9%	3.3%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.7%	0.8%	**3.9%**
	%, Vacancy Rate - Nursing and Midwifery Registered			6.2%	15.3%	16.0%	15.5%	15.3%	15.3%	14.6%	12.8%	12.2%	9.3%	7.4%	**7.1%**
Staff Costs (12 months) *(as per finance data)*	%, Temp Staff Cost (%, £)		13.1%	13.4%	13.7%	14.0%	14.3%	14.5%	14.8%	15.1%	15.3%	15.6%	15.7%	15.7%	**15.3%**
	%, Temp Staff Usage (%, WTE)		13.2%	13.5%	13.7%	13.8%	14.0%	14.1%	14.2%	14.4%	14.4%	14.5%	14.5%	14.5%	**14.5%**
Absence (12 months)	%, 12 month Absence Rate	5.5%	5.3%	5.4%	5.4%	5.5%	5.6%	5.5%	5.4%	5.3%	5.3%	5.2%	5.0%	**4.9%**	*4.8%*
	- %, 12 month Absence Rate - Long Term		*3.0%*	*3.0%*	*3.0%*	*3.0%*	*2.9%*	*2.9%*	*2.8%*	*2.6%*	*2.6%*	*2.5%*	*2.5%*	***2.4%***	*2.5%*
	- %, 12 month Absence Rate - Short Term		*2.3%*	*2.4%*	*2.4%*	*2.5%*	*2.7%*	*2.6%*	*2.6%*	*2.7%*	*2.7%*	*2.7%*	*2.5%*	***2.5%***	*2.3%*
	%,In month Absence Rate - Total	4.0%	5.6%	5.0%	4.3%	4.4%	5.6%	4.1%	4.2%	5.0%	4.7%	5.0%	4.1%	**4.0%**	*4.2%*
	- %, In month Absence Rate - Long Term	*2.0%*	*2.5%*	*2.3%*	*2.6%*	*2.6%*	*2.6%*	*2.5%*	*2.3%*	*2.3%*	*2.6%*	*2.7%*	*2.4%*	***2.5%***	*2.3%*
	- %, In month Absence Rate - Short Term	*2.0%*	*3.1%*	*2.7%*	*1.7%*	*1.8%*	*3.0%*	*1.6%*	*1.9%*	*2.7%*	*2.1%*	*2.3%*	*1.7%*	***1.5%***	*1.9%*
	- %, In month Absence Rate - COVID-19 Sickness Absence		2.2%	1.5%	0.5%	0.7%	1.7%	0.6%	0.4%	0.9%	0.5%	0.2%	0.1%	**0.1%**	*0.1%*
Starters, Leavers and T/O rate (12 months)	WTE, Starters		382.0	409.1	427.3	433.9	447.8	492.1	505.8	517.4	543.0	578.1	581.2	591.0	**607.7**
	Headcount, Starters		431	459	481	490	507	550	570	587	613	651	654	661	**679**
	WTE, Leavers		329.4	364.6	380.6	400.1	417.1	449.4	469.0	504.7	506.0	513.8	525.2	514.4	**507.7**
	Headcount, Leavers		395	435	456	480	500	542	562	604	605	614	627	610	**602**
	%, Leaver Turnover Rate	9%	11.2%	12.3%	12.9%	13.6%	14.2%	15.3%	15.8%	16.9%	16.9%	17.1%	17.2%	16.7%	**16.4%**
	%, Stability Index		84.8%	83.7%	82.9%	82.7%	82.8%	82.5%	82.6%	82.7%	82.2%	81.9%	81.8%	82.2%	**83.0%**
Statutory/Mandatory Training	%, Compliance	90%	94%	94%	94%	95%	95%	95%	92%	93%	93%	94%	94%	93%	**94%**
Appraisals	%, Compliance	90%	92%	90%	90%	88%	89%	90%	91%	92%	92%	92%	91%	90%	**91%**
Time to Hire (days)	General Recruitment	35	72	58	52	65	59	64	56	54	53	48	50	43	**41**
	Medical Recruitment (excl Deanery)	35	68	47	79	63	89	72	73	63	80	33	67	59	**87**
Employee relations	Number of open disciplinary cases		9	4	4	9	13	14	15	22	26	22	24	23	**20**

2.1. **Temporary staffing usage** has remained the same for the quarter, with an increase expected for Q1 as additional agency staff were used during the BMA strike in M1. Fill rate for shifts continue to show higher success of fill rate for nights than days.

2.2. The Trust's **vacancy rate continues to fall** and is at **7.4%** with improvements across several staff groups. There are now 4142 employees in post in the Trust, which is the highest it has been, with an additional 242 staff in post compared to the same period in the previous year.

2.3. **Staff absence** remains around **4.2%** of which 0.1% is due to Covid. There has been an increase in long term absence which is being managed through the HR Business Partners. Occupational Health are running sessions on the Trust induction and MK Managers Way to increase the profile of the service and improve the benefits of early referral to Staff Health and Wellbeing with employees suffering from stress or musculo-skeletal injuries.

2.4. The **stability index figure** (defined as *proportion of staff in post at end of period who were in post at beginning of period)* has started to stabilise and improved from M11, currently at 83%. **Staff turnover** continues to make small improvements with a decrease to 16.4%. Retention projects in areas of high turnover continue and the work is being monitored through Workforce Board and Workforce Development and Assurance Committee.

2.5. **Time to hire** has further improved and is now at to 41 days which is a significant improvement. The additional temporary resource that was used to improve this KPI will be coming to an end at M12.

2.6. The number of **open disciplinary cases** has decreased slightly in month, with several hearings being carried out in January. A detailed Employee Relations case report is produced monthly to JCNC and on a quarterly basis for Workforce Board.

2.7. **Statutory and mandatory training** compliance is at 94% and **appraisals** compliance remains at 91%. Divisions are addressing any underperformance against these KPIs locally and are asked to create recovery plans against target.

2.8. There are **56.2 nursing vacancies** across the Trust, a reduction of 3.6 wte from the previous month. The second 2023 cohort of 20 international nurses arrived in M12. There are currently 66 candidates in the recruitment pipeline.

2.9. There are **119 HCSW vacancies** (B2 and B3 and including Maternity Support Workers) across the Trust which is a decrease of 2.9 on the previous month. There are currently 94 candidates in the recruitment pipeline. There remains significant competition for candidates for these roles locally and so alternative recruitment initiatives are being explored.

3. Continuous Improvement, Transformation and Innovation

3.1. The new Vacancy Control process will start from M2 to improve financial controls on agency and bank spend and ensure vacancies are reviewed prior to recruitment.

3.2. The Learning and Development team have continued to add modules to the Manager's MK Way with a session on writing Business Cases being run in M12.

4. Culture and Staff Engagement

4.1. The Trust has run its **WRES** and **WDES data** for 2022/23 which has shown some areas of improvement and also highlighted areas for further work. Action plans for improvements will be developed in Q1 and the full reports uploaded to the Trust internet page for public view by the end of M2.

5. Current Affairs & Hot Topics

5.1. The **Apprenticeship Team** have developed additional programmes of development for current staff to deliver an improved offering of apprenticeships, with a focus on Healthcare Scientists, Imaging, Maternity, Physiotherapy and Catering. Chartered Manager apprenticeships have also been offered to the Divisions to improve succession planning for key senior divisional posts.

6. Recommendations

6.1. Members are asked to note the report.

Milton Keynes University Hospital NHS Foundation Trust

Meeting Title	**Public Board Meeting**	**Date: 4th May 2023**
Report Title	**Risk Register Report**	**Agenda Item Number: 13**
Lead Director	***Kate Jarman, Director of Corporate Affairs***	
Report Author	***Paul Ewers, Risk Manager***	

Introduction	***The report provides an analysis of all risks on the Risk Register, as of 24th April 2023***		
Key Messages to Note	***Please take note of the trends and information provided in the report.***		
Recommendation ***(Tick the relevant box(es))***	**For Information** ☐	**For Approval** ☐	**For Review** √

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

Report History	***The Risk Report is an ongoing agenda item***
Next Steps	
Appendices/Attachments	***Appendix 1: Corporate Risk Register*** ***Appendix 2: Surgery Risk Register***

1. INTRODUCTION

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

2. RISK PROFILE

2.1 Overdue Risks

At the time of reporting, there are 51 risks out of 262 risks (19%), that are overdue their review date. This is an increase of 32 risks since the last report.

2.1.2 Risks Overdue Review > 1 month = 12. There were 3 risks >1 month overdue in the last report.

RSK-388 **Risk Register:** Head & Neck / Surgery **Risk Owner:** Jane Grant
Current Risk Score: 15 (Consequence 3, Likelihood 5) **Days Overdue:** 88 days

RSK-341 **Risk Register:** Corporate Risk Register / Imaging **Risk Owner:** Paula Robinson
Current Risk Score: 20 (Consequence 4, Likelihood 5) **Days Overdue:** 62 days

RSK-061 **Risk Register:** Head & Neck / Surgery **Risk Owner:** Jane Grant
Current Risk Score: 15 (Consequence 3, Likelihood 5) **Days Overdue: 55** days

RSK-075 **Risk Register:** Head & Neck / Surgery **Risk Owner:** Jane Bonsell
Current Risk Score: 8 (Consequence 4, Likelihood 2) **Days Overdue:** 55 days

RSK-080 **Risk Register:** Musculoskeletal / Surgery **Risk Owner:** Emma Budd
Current Risk Score: 16 (Consequence 4, Likelihood 4) **Days Overdue:** 55 days

RSK-081 **Risk Register:** Musculoskeletal / Surgery **Risk Owner:** Emma Budd
Current Risk Score: 9 (Consequence 3, Likelihood 3) **Days Overdue:** 55 days

RSK-084 **Risk Register:** General Surgery / Surgery **Risk Owner:** Amanda Taylor
Current Risk Score: 8 (Consequence 4, Likelihood 2) **Days Overdue:** 55 days

RSK-303 **Risk Register:** General Surgery / Surgery **Risk Owner:** Keiran Dunne
Current Risk Score: 12 (Consequence 4, Likelihood 3) **Days Overdue:** 55 days

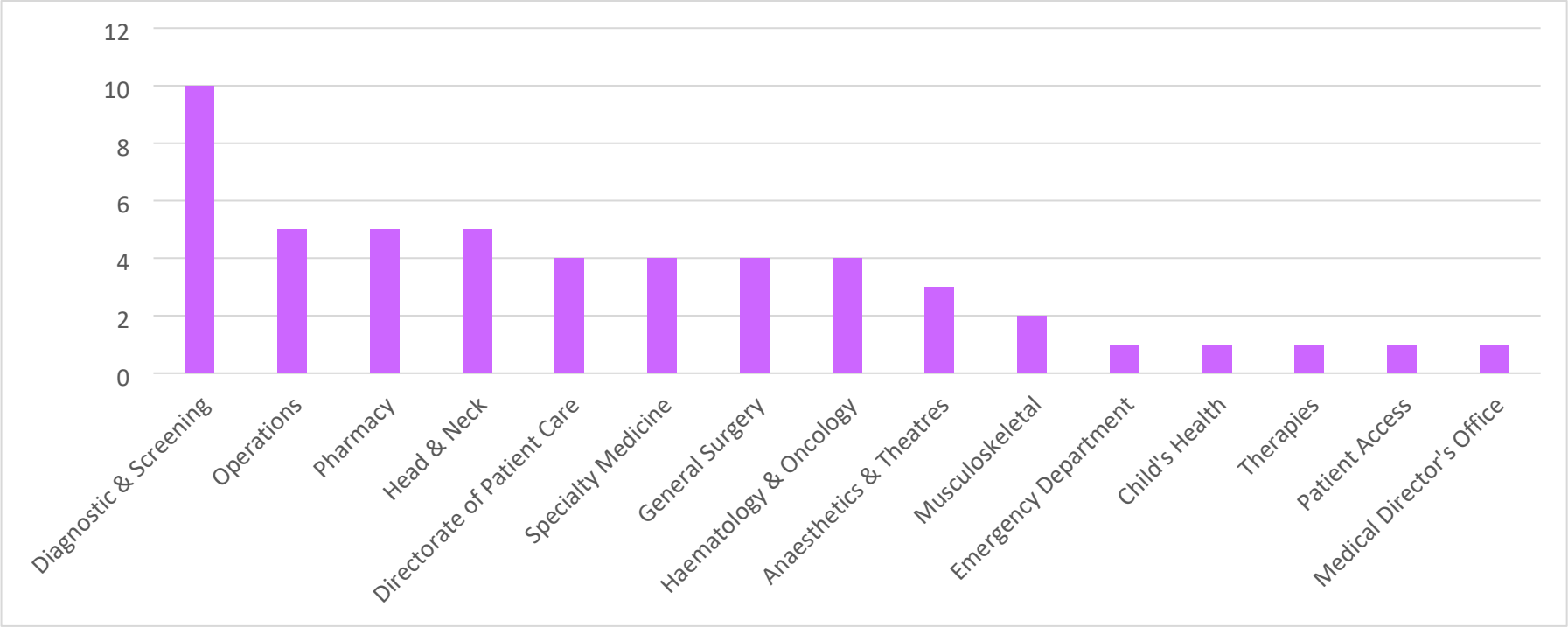
RSK-404 **Risk Register:** General Surgery / Surgery **Risk Owner:** Luca Seminerio
Current Risk Score: 12 (Consequence 4, Likelihood 3) **Days Overdue:** 55 days

RSK-405 **Risk Register:** General Surgery / Surgery **Risk Owner:** Kieran Dunne
Current Risk Score: 12 (Consequence 4, Likelihood 3) **Days Overdue:** 55 days

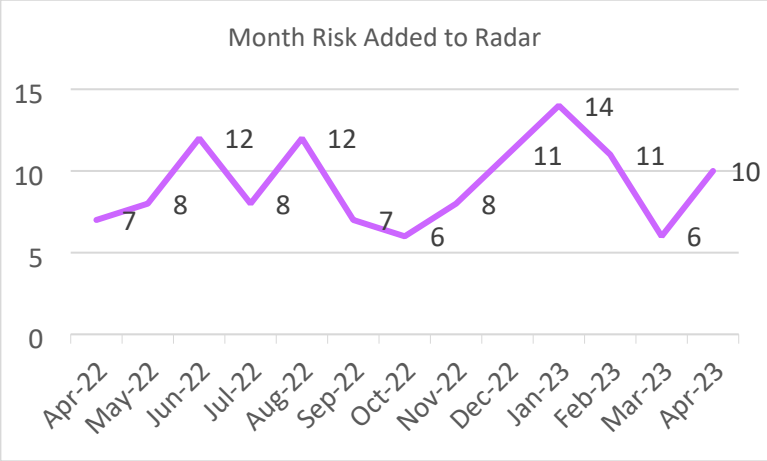
RSK-411 **Risk Register:** Child's Health / W&C **Risk Owner:** Keya Ali
Current Risk Score: 20 (Consequence 5, Likelihood 4) **Days Overdue:** 47 days

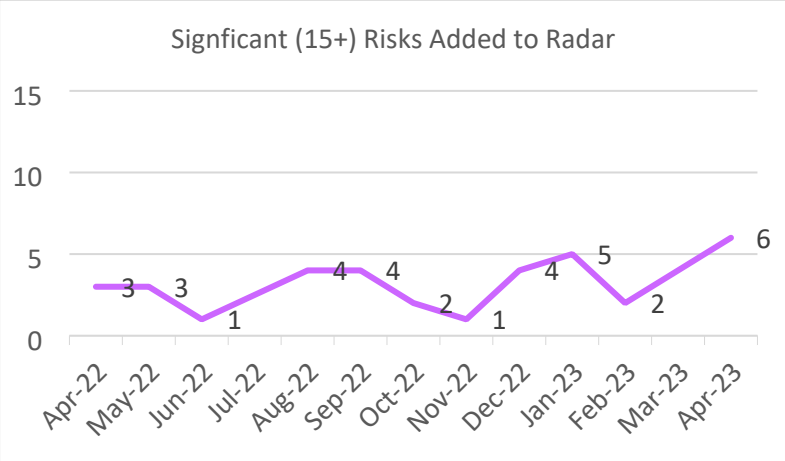
RSK-125 **Risk Register:** Corporate Risk Register / Operations **Risk Owner:** Adam Biggs
Current Risk Score: 10 (Consequence 5, Likelihood 2) **Days Overdue:** 42 days

2.1.2 Overdue Risks by CSU/Corporate Department = 51



2.2 New Risks = 10





RSK-444 IF disciplinary cases that remain open longer than the 11-week KPI THEN there may be an impact on our employee's mental health and wellbeing.
Risk Register: Workforce **Risk Owner:** Thomas Dunckley
Current Risk Score: 6 (Consequence 3, Likelihood 2)

RSK-445 IF employees are suspended or excluded from work through Disciplinary and MHPS Policies for an extended period of time THEN they may experience a significant deterioration in their mental health.
Risk Register: Workforce **Risk Owner:** Thomas Dunckley
Current Risk Score: 6 (Consequence 3, Likelihood 2)

RSK-446 IF the Resuscitation Team do not have the capacity to deliver mandatory resuscitation training THEN they may not achieve and maintain compliance rates with mandatory training
Risk Register: Workforce **Risk Owner:** Wendy Bellenger
Current Risk Score: 4 (Consequence 4, Likelihood 1)

RSK-447 IF the previous external payroll provider has underperformed in their duties THEN there may be issues with Pension and Pay issues for staff
Risk Register: Workforce **Risk Owner:** Louise Clayton
Current Risk Score: 16 (Consequence 4, Likelihood 4)

RSK-448 IF the GE Voulson E10 obstetric ultrasound machines are more than 5 years old THEN there may be reduced accuracy in imaging and reduction in image quality; ongoing further costing to replace probes and complete maintenance; higher risk of equipment breakdown
Risk Register: Diagnostic & Screening / Core Clinical Services **Risk Owner:** Alexandra Godfrey
Current Risk Score: 9 (Consequence 3, Likelihood 3)

RSK-449 IF an investment is not made in Transfusion Practitioner (TP) team staffing THEN there is a risk that essential and mandated transfusion practitioner tasks will be delayed or incomplete
Risk Register: Diagnostic & Screening / Core Clinical Services **Risk Owner:** Jessica Dixon
Current Risk Score: 16 (Consequence 4, Likelihood 4)

RSK-453 IF the changing facilities for hydrotherapy and access to the pool are not reorganised THEN – we are less able to monitor patients health should they become unwell; are unable to navigate a hospital trolley to the poolside when dealing with an emergency situation; are unable to maintain the privacy and dignity of patients whilst changing; are unable to provide disabled access for some patients; are unable to provide secure changing facilities and are unable to meet EDI requirements
Risk Register: Therapies / Core Clinical Services **Risk Owner:** Celia Hyem-Smith
Current Risk Score: 16 (Consequence 4, Likelihood 4)

Note: A further 3 risks were added to Radar (RSK-450 / RSK-451 / RSK-450), however there were no Risk Assessments and evidence of approval through the appropriate CIG/CSU/Governance meeting. Therefore these have been temporarily closed pending reciept of the above.

2.3 Closed Risks = 0

2.4 Risks for escalation onto the Corporate Risk Register

RSK-444 IF disciplinary cases that remain open longer than the 11-week KPI THEN there may be an impact on our employee's mental health and wellbeing.
Risk Register: Workforce
Risk Owner: Thomas Dunckley
Current Risk Score: 6 (Consequence 3, Likelihood 2)
Escalation Reason: This risk impacts across the whole Trust.

RSK-445 IF employees are suspended or excluded from work through Disciplinary and MHPS Policies for an extended period of time THEN they may experience a significant deterioration in their mental health.
Risk Register: Workforce
Risk Owner: Thomas Dunckley
Current Risk Score: 6 (Consequence 3, Likelihood 2)
Escalation Reason: This risk impacts across the whole Trust.

RSK-446 IF the Resuscitation Team do not have the capacity to deliver mandatory resuscitation training THEN they may not achieve and maintain compliance rates with mandatory training
Risk Register: Workforce
Risk Owner: Wendy Bellenger
Current Risk Score: 4 (Consequence 4, Likelihood 1)
Escalation Reason: This risk impacts across the whole Trust.

RSK-447 IF the previous external payroll provider has underperformed in their duties THEN there may be issues with Pension and Pay issues for staff
Risk Register: Workforce
Risk Owner: Louise Clayton
Current Risk Score: 16 (Consequence 4, Likelihood 4)
Escalation Reason: This risk impacts across the whole Trust.

3. Risks where the Current Risk Score has changed this month:

3.1 Increasing Risks = 4

RSK-202 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
Increase: 16 to 20 **Reason for Increase:** Reason for increase has not been provided on Radar.

RSK-305 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
Increase: 16 to 20 **Reason for Increase:** Reason for increase has not been provided on Radar.

RSK-067 IF there continues to be vacancy gaps for experienced schedulers/patient pathway staff; and staff who do not have the necessary knowledge and skills required to support Ophthalmology (a specialist area) THEN there is the potential for delays, loss of income, lack of continuity to patient pathways, decreased activity and increased complaints.
Increase: 12 to 15 **Reason for Increase:** Risk increased as there are gaps in admin staff and knowledge to support the service. The level of harm should be increased to 5 due to potential loss of sight for patients.

RSK-182 IF requests for radiology examinations have been placed by staff who are not trained or certified to do so. THEN Imaging Department members of staff could be in breach of IR(ME) R National Regulations and CQC Guidelines for Practise
Increase: 3 to 6 **Reason for Increase:** Awaiting restrictions to be imposed on PACS to prevent anyone non-qualified from requesting.

3.2 Decreasing Risks = 2

RSK-203 IF there are negative impacts on the supply chain following the rising fuel costs and the conflict in Ukraine. THEN there is a risk that the supply of key clinical products may be disrupted
Decrease: 15 to 12 **Reason for Decrease:** Reason for decrease has not been provided on Radar.

RSK-038 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 and 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.
Decrease: 6 to 4 **Reason for Decrease:** Pharmacy aseptic unit have increased production capability to off set reduction in commercial company capacity.

4. Risk Management Training Update

The new 'Risk Management, Simply' training programme for managers started during March/April 2023. To date, 44 members of staff have attended the face-to-face training session. There are further sessions scheduled through the rest of the year, so far, a further 42 members of staff have booked onto one of these sessions.

Risk Management Training is being recorded through the Radar Workforce Compliance module and staff will be recommended to attend 3-yearly refresher sessions, as scheduled into the Radar system.

5. RECOMMENDATION

The Committee is asked to review and discuss this paper.

6. DEFINITIONS

Scope: Scope will either be Organisation or Region. Risks that are on the Corporate Risk Register are assigned the Organisation scope. Risks that are on the local CSU/Division/Corporate Department Risk Registers are assigned the Region scope.

Original Score: **This is the level of risk without any control in place.** If the controls in place are not effective and fail, then this is the level of risk the Trust could potentially face, should the risk occur. The score should be used to support the prioritisation of risk activities. Where two Current Risk Scores are the same, the risk with a higher Original Score should be managed first as it has the potential to cause a higher risk, should the controls fail.

Current Score: **This is the level of risk taking into consideration all implemented controls**. This is the level of risk the Trust is currently exposed to if the risk was to occur now. You should also consider how effective your controls are. The Current Score is the key risk score used for prioritising risks. However, if you do not have assurance your controls are effective and/or you have two risks with the same Current Score, you should also consider the Original Score.

Target Score: **This is the level of risk that is deemed acceptable, bearing in mind it is not always possible to eliminate risk entirely.** I.e. what is will the level of risk be once all suitable and appropriate controls have been implemented? The Target Score should take into account the Trust Risk Appetite Statement (see the Risk Management Framework) which guides the level of risk the Trust is willing to accepted, based on the type of risk. For example, the Trust has a low-risk appetite to risks that could result in harm (these should be managed to as low as reasonably practicable).

Risk Appetite: The Risk Appetite should be reflective of the level of risk the Trust is willing to accept in pursuit of its objectives. Please see further details regarding the Trust Risk Appetite Statement in the Risk Management Framework.

Risk Response: Risks that are being managed and are at their Target Risk Score, will be listed as Tolerate. This means that no further action is required, other than ongoing review of the risk. Risks that require further controls to the implemented to bring the score to the Target Risk Score, will be listed as Treat.

Corporate Risk Register

Reference	Created on	Description		Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified
RSK-035	28-Sep-2021	IF there is a high turnover of staff due to: work pressure, not having the opportunity to work at the top of their licence, lack of capacity for development, lack of capacity for supervision / support. Also difficulty in recruiting. Loss of staff to primary care which offers more attractive working hours. THEN there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines.	LEADING TO: 1. increased length of stay due to TTO delay 2. increase in prescribing errors not corrected 3. increase in dispensing errors 4. increase in missed doses 5. failure to meet legal requirements for safe and secure use of medicines 6. harm to the patients 7. adverse impact on mental health of Pharmacy staff All resulting in adverse patient outcomes. Lack of financial control on medicines expenditure Breach of CQC regulations	Helen Chadwick	26-Jan-2023	31-Mar-2023	Overdue	20	20	6	Actively recruiting staff (07-Feb-2023)	Business Case for additional staff(05-Apr-2022), Temporary role realignment towards patient facing roles(05-Apr-2022), Use of Agency Staff(05-Apr-2022), Prioritisation of wards(28-Jun-2022)	Low	Treat	Risk reviewed at Pharmacy CIG 06/01/23: Staffing issue, progressing slowly, to review end of March, add in comments information on the latest recruitment, scoring unchanged.	07-Aug-2019
RSK-134	04-Nov-2021	If there is insufficient funding, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims,	Leading to service failure and regulatory intervention THEN the Trust will be unable to meet its financial performance obligations or achieve financial sustainability	Karan Hotchkin	18-Apr-2023	15-May-2023	Planned	20	20	8	Internal budgetary review/financial performance oversight processes to manage/mitigate cost pressures. Financial efficiency programme identifies headroom for improvement in cost base. Close monitoring/challenge of inflationary price rises (13-Mar-2023)	Cost and volume contracts replaced with block contracts (set nationally) for clinical income(04-Nov-2021), Top-up payments available where COVID-19 leads to additional costs over and above block sum amounts (until end of March 2022)(04-Nov-2021), Budgets to be reset for FY22 based on financial regime; financial controls and oversight to be reintroduced to manage financial performance(04-Nov-2021), Cost efficiency programme to be reset to target focus on areas of greatest opportunity to deliver(04-Nov-2021), The current funding has now been clarified .The trust will work with BLMK system partners during the year to review overall BLMK performance(21-Mar-2022)	High	Treat	Risk transferred from Datix	01-Apr-2022
RSK-158	12-Nov-2021	If the escalation beds are open across the medical and surgical divisions Then the additional patients that will need to be seen will put additional demand on the Inpatient Therapy Services that are already stretched due to long term vacancies	LEADING TO: Patients deconditioning and increased Length Of Stay (LOS), high volume of patients will not be seen daily, priority will be given to new assessments, discharges and acute chests. Majority of patients may only be seen once a week for rehabilitation which is insufficient to maintain a patient's level of function. Staff morale will reduce as they will not be providing the appropriate level of assessment and treatment to their patients.	Adam Baddeley	23-Mar-2023	16-May-2023	Planned	16	20	6	To ensure that inpatients teams are aware of open escalation areas and patient are prioritised in line with agreed criteria (12-Apr-2023)	Therapy staff attend board rounds and work with the MDT to determine priority patients. The skills mix and workforce is reviewed twice weekly between Occupational Therapy and Physiotherapy to determine cover for the base wards. To work closely with community services to raise awareness and to increase discharge opportunities i.e. in reaching Therapies working with Long stay Tuesday initiative Therapies supporting new discharge pathway/process in the Trust Over recruitment of PT and OT band 5's Locum cover for vacant posts. Daily attendance at 10.30 system wide discharge call. Inpatient Therapy Service participation in MADE events. Review of staffing model across inpatient medical and frailty wards.(12-Nov-2021), Closure or Reduction in Escalation Beds(19-Apr-2022)	High	Treat	High numbers of escalation beds continue to be open, stretching existing capacity and vacancies remain present. A prioritisation tool has been developed to communicate with the MDT how referrals will be managed, OT practice therapist's are now embedded and tend to be allocated to escalation beds to support capacity. Once the prioritisation tool is in place patient not seen will be raised as part if a weekly RADAR.	27-Nov-2018
RSK-159	12-Nov-2021	Patients referred to the Occupational Therapy and Physiotherapy inpatient services covering medical and surgical wards are not being seen in a timely manner due to the number of long term vacancies and national challenges to recruit to vacant posts. THEN there will be a delay in these patients being assessed, treated and discharged.	LEADING TO deconditioning of vulnerable/complex patients requiring a short period of therapy; increased length of stay; potential readmission, increased demand for packages of care requiring double handed provision. patient experience and long term quality of life will also be impacted as patients are being discharged as more dependent on care.	Adam Baddeley	15-Mar-2023	13-Jun-2023	Planned	20	20	6	Review Equity Tool - Safe Staffing (29-Mar-2023), Review Workforce Model and Structure (20-Mar-2023), Recruitment and Retention of staff (29-Mar-2023)	Daily prioritisation of patients cross covering and review of skill mix locum cover x1 OT and x1 PT in place Ward book for escalation wards setup and band 7 reviews the caseload on the ward daily Monday- Friday and requests the most urgent are reviewed. Recruitment process ongoing but vacancies have reduced slightly. Over recruitment of band 5 OT and PT roles. Non-recurrent funding application for increase in therapy assistants over winter months.(12-Nov-2021), Review of Governance Structure(19-Apr-2022), Review Model of Care(19-Apr-2022), Education and Training of staff(19-Apr-2022)	Low	Treat	Score remains unchanged - complaints continue to be received indicating concerns about the amount of therapy that their relatives are receiving whilst an inpatient. Referral criteria is being reviewed to help the MDT refer patients appropriately to Occupational Therapy and Physiotherapy. Further to the education will be provided to the MDT around their responsibilities to support with patients mobilising and transferring between therapy visits and the importance of early discharge planning.	04-Mar-2019
RSK-202	23-Nov-2021	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 the Trust potentially not delivering its financial targets leading to TO potential cash shortfall and non-delivery of its key targets	Karan Hotchkin	18-Apr-2023	15-May-2023	Planned	20	20	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), Divisional CIP review meetings in place attended by the DoF, divisional managers and finance business partner. There are no cross-cutting transformation schemes yet identified and savings of around £8m have been identified against the £12m target. Whilst this shortfall can be mitigated this year, the risk is around the underlying financial position.(16-Nov-2022)	Medium	Treat	Risk transferred from Datix	01-Apr-2022
RSK-305	06-Dec-2021	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	LEADING To financial loss and reputational damage	Karan Hotchkin	18-Apr-2023	15-May-2023	Planned	16	20	9	Trust is discussing this with the regional Capital Team and with the ICB capital allocations for 23/24. 22/23 allocations are manageable (13-Mar-2023)	The trust has a process to target investment of available capital finance to manage risk and safety across the hospital(06-Dec-2021)	Medium	Treat	Risk was approved by Finance and Investment committee on 30/12/2021	01-Apr-2022

Corporate Risk Register

Reference	Created on	Description		Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified
RSK-341	17-May-2022	IF there is a delay with imaging reporting for CT and MRI for patients on cancer pathways THEN there could be a delay with diagnosis and the commencement of treatment	LEADING TO potential increase in the required treatment, potential poorer prognosis for patient, poor patient experience, increase in complaints and litigation cases.	Paula Robinson	09-Apr-2023	21-Feb-2023	Overdue	20	20	8	2x Specialist Doctors appointed on a fixed-term basis to uplift internal reporting capacity (09-Apr-2023), Specialist Radiology to be recruited to uplift reporting capacity (09-Apr-2023), Explore alternative outsourcing for some specialist areas (e.g. lung) (09-Apr-2023), Imaging Business Case for substantive Radiologists and Radiographers (09-Apr-2023)	PTL tracking to escalate to imaging leads(18-May-2022), Agency Locum Consultant appointed 2 days a week to uplift internal reporting capacity(14-Jun-2022), Temporary reduction in double reporting for Quality Assurance to increase real-time scan reporting(14-Jun-2022), Current Radiologists doing 30% over standard reporting levels(14-Jun-2022)	Low	Treat	Risk reviewed by Claire McGillycuddy. No change to risk - review again February 2023	01-Jun-2022
RSK-001	06-Sep-2021	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	Tina Worth	21-Mar-2023	30-Jun-2023	Planned	20	16	12	Staff competence and confidence with Radar reporting, with improved reporting rate, reduction in inaccurate reports on system and/or failure of incidents being reported (24-Oct-2022)	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	With ongoing PSIRF preparation recognise that shared learning is crucial to that & current processes are not robust enough to address this. To be included in PSIRF implementation plan	06-Sep-2021
RSK-036	28-Sep-2021	If there is no capacity in the Pharmacy Team THEN there is a risk that Pharmacy and Medicines Policies and Procedures may not be reviewed and updated in a timely manner, nor new policies developed	Leading to: Potential for Policies & Procedures to be out of date Potential for staff to follow out of date Policies & Procedures Failure to meet CQC requirements Lack of guidance for staff Potential harm to patients	Helen Chadwick	19-Dec-2022	31-Mar-2023	Overdue	16	16	6	Recruitment of staff (07-Feb-2023)	Use of remote bank staff to update policies(28-Sep-2021), Business Case for additional Pharmacy staff(19-Apr-2022)	Low	Treat	Risk reviewed by Jill McDonald: The control of the pharmacy related risk remains dependent on staff recruitment. We are out to advert across all grades of pharmacist at present with some success however a number of posts will need readvertised. I do not expect the current recruitment to have a major impact for at least 3 months. Claire McGillycuddy requested review date is in 4 months	01-Oct-2021
RSK-115	29-Oct-2021	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. Inconsistent checks or lack of scheduled tests for the steam plant also increase the risk.	Mark Brown	23-Mar-2023	30-Jun-2023	Planned	20	16	9	A meeting took place in January with estates managers, where HSDU were seeking assurance that the service would be covered. Estates have agreed to look for a plan to mitigate the risk and to keep HSDU fully informed. HSDU have informed the AE(D), so he is now aware that the site will not have any day to day operational AP(D) cover. Estates nominated person AP is undergoing training and awaiting final sign off and official appointment to role. (31-Mar-2023), Mechanical Engineer is being trained as AP, and currently being assessed ready for official appointment.	Estates management informed and plans in place to receive reports on time and to standard. Independent monitoring system in place monitoring machine performance. Weekly PPM carried out on machinery. An action plan has been created by estates, to include training the specialist estates officer so he can gain the recognised qualification he needs to carry out the role of the Authorised person for decontamination (AP(D)) and for additional training of the estates competent persons (CP(D) who test the decontamination equipment.(29-Oct-2021)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-126	04-Nov-2021	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	Zuzanna Gawlowski	13-Mar-2023	05-Jun-2023	Planned	25	16	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 reviewed by triumvirate ,No change to risk or risk scoring	19-Dec-2022

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RSK-142	04-Nov-2021	IF there is insufficient capacity and ongoing unsustainable demand for dietetic input for Paediatric patients (both inpatient and outpatient) . IF Home Enterally Fed Paediatrics patients continue to be seen our outpatient structure which is not adequate to meet their demands and needs (rather than the community contract). This means that these high risk groups of Children and Young People are not accessing the necessary specialist nutritional support at the appropriate time in their development THEN staff may be unable to cover a service that has not been serviced correctly, and the paediatric team cannot provide a full dietetic service to children and young people in the Milton Keynes area	LEADING TO patient care and patient safety may be at risk, vulnerable children may become nutritionally compromised, the service may be unable to assess and advise new patients and review existing patients in a timely manner, and there may be an impact on patients nutritional status and longer term dietary management on what is a very vulnerable group of patients. The majority of our caseload is infants or tube fed infants and children where there nutrition and growth is a priority.	Elizabeth Pryke	31-Mar-2023	31-May-2023	Planned	15	16	3	In contact with commissioners to discuss service provision Collecting additional data (feedback from stakeholders, benchmarking etc) to support business case (11-Apr-2023)	Existing staff are working some additional hours but this remains insufficient to meet the needs of the service(04-Nov-2021)	Low	Treat	No further response from commissioners. Advised to write business case for MKUH - collecting service user feedback, projected cost savings etc - business case to be written	01-Nov-2021
RSK-250	26-Nov-2021	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	Craig York	25-Jan-2023	28-Apr-2023	Pending	15	15	3	Identification of staff time and resources (11-Apr-2023), Business case being written by the end of spring 2023 to identify the amount of staff time required.	Prioritisation of workload is in place to cover the most impacting of issues or projects, however this only reduces the potential impact slightly(26-Nov-2021)	Low	Treat	Volume of work is increasing month on month without additional staff to support.	25-Jan-2023
RSK-402	01-Dec-2022	IF there is a lack of Orthopaedic Therapy staff to provide rehabilitation, discharge planning and equipment to patients in the trauma and elective orthopaedic pathways. THEN fractured NOF patients may not be able to be offered mobilisation daily and have regular physiotherapy reviews; elective Orthopaedic patients may not be seen twice a day.	LEADING TO potential for length of stay for both trauma and elective patients to increase and reduce patient experience.	Adam Baddeley	23-Mar-2023	11-Apr-2023	Overdue	15	15	6	Provision of additional staff to support escalation areas (12-Apr-2023), Recruitment (21-Apr-2023)		Medium	Treat	Locum Band 4 has started to backfill 0.60 wte band 6 OT and band 5 OT gap. Band 7 has recently resigned which will add additional pressure on the workforce. A number of meetings have taken place to review the #NOF pathway in light of capacity to treat patients in line with national guidance. To agree weekly reporting as average Length of Stay remains above East of England target of 13 days. Contact made with James Pagets to discuss their #NOF pathway. This has provided some insightful information along with a visit from ECIST (Feedback to be provided shortly).	01-Dec-2022
RSK-406	09-Dec-2022	IF there is a global shortage of electronic components THEN this can impact the lead times for delivery of medical equipment	LEADING TO to inability to replace/repair aged equipment used to monitor and support patients during their hospital care.	Ayca Ahmed	13-Mar-2023	30-Jun-2023	Planned	25	15	10	Surgery Division to carry out a risk assessment and build it in their contingency plan (28-Feb-2023), Medicine Division to carry out a risk assessment and build it in their contingency plan (28-Feb-2023), Women's & Children's Division to carry out a risk assessment and build it in their contingency plan (28-Feb-2023), Core Clinical Services Division to carry out a risk assessment and build it in their contingency plan (28-Feb-2023)	Medical Devices Manager (MDM) is in liaising with suppliers for delivery per each approved BC for medical equipment procurement and providing support/advice to each division lead(09-Dec-2022), Clinical Contingency arrangement(09-Dec-2022), Finance lead for Business Cases is reminding all attendees at each meeting to get the Business Cases ready(09-Dec-2022), Wards/depts are borrowing from another ward/dept within the Trust as a normal practice or lease, rent, arrange a loan via any other supplier(09-Dec-2022), The advice on alternative suppliers are available via the MDM(09-Dec-2022), Procurement has a list from the NHSSC route advising on delivery lead times(09-Dec-2022), Regular inspection and maintenance of current equipment(09-Dec-2022), Rolling programme of equipment replacement regularly reviewed and issues escalated at early stage(09-Dec-2022)	Low	Treat	Risk approved onto the Corporate Risk Register at RCB	11-Nov-2022
RSK-002	06-Sep-2021	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	Tina Worth	21-Mar-2023	30-Jun-2023	Planned	15	12	3	Scheduled implementation of Radar audit module (24-Feb-2023)	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	With Head of QI now in post & consultation within team to enable more staff support for audit & review of processes there is expected to be some changes in direction & compliance in due course	06-Sep-2021
RSK-003	06-Sep-2021	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	Tina Worth	21-Mar-2023	30-Jun-2023	Planned	25	12	4	Implementation of Radar Documentation Module (24-Feb-2023), Implementation of Radar Audit Module (24-Feb-2023)	SharePoint and Q-Pulse in place(06-Sep-2021), Scheduled implementation of new system Radar(06-Sep-2021)	Low	Treat	Ongoing discussions with NHSE & Radar Director of Corporate Affairs has written to Radar re concerns Awaiting move from 2 to one reporting form which its is hoped will improve reporting rate due to ease for user Ongoing PSIRF Radar reviews as part of implementation	06-Sep-2021

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RSK-016	22-Sep-2021	IF there is a lack of flow in the organisation THEN there may be an unsafe environment for patients	LEADING TO a potentially impact on bed space capacity, ambulance queues, missed Emergency Access Targets and overcrowding into ED/radiology corridors creating Health & Safety hazard and continued pressure, leading to poor patient care/treatment and delays in discharge/transfer and the potential for an increase of incidents being reported regarding assessment/care/treatment, and or significant number of patients with a high acuity/ dependency being cared for in areas that are not suitable for safe care	Kirsty McKenzie-Martin	27-Mar-2023	16-Jun-2023	Planned	25	12	9	Recruitment drive for more nurses/HCA's ongoing. Active management of Nursing/Consultant and Registrar gaps in rota daily to ensure filled. (06-Jun-2022), Walking majors and resus reconfigured. Expanded Cubicle space in Majors - extra 10 spaces, increased capacity using Acorn Suite., Internal escalation policy in place. CSU lead developing trust escalation criteria to alert trust leads to problems sooner - diverting patients to; Ambulatory care, Since Covid pandemic, phasing plan in place with red and green zones within ED., Escalation plan for ED to mitigate patient pressures	EPIC consultant in place to aid flow within department and speed up decision making(22-Sep-2021), RAT-ing process and specialty referrals having a RAG system developed to prioritise sickest patients to be assessed.(22-Sep-2021)	Low	Treat	No change	07-Mar-2016
RSK-093	22-Oct-2021	IF there is insufficient staffing within the dietetics department in paediatrics THEN they will be unable to assess and advise new patients and review existing patients in a timely manner.	LEADING TO an impact on patients nutritional status and longer term dietary management on what is a very vulnerable group of patients. The majority of our caseload is infants or tube fed infants and children where there nutrition and growth is a priority	Elizabeth Pryke	31-Mar-2023	30-Jun-2023	Planned	16	12	8	additional paediatric dietitian employed on bank contract for 2 sessions / week to help with long waiting lists - monitor waiting lists on a monthly basis (11-Apr-2023)	1. Dietetic manager has been given approval to source a band 6 experienced locum paediatric dietitian to provide cover.(22-Oct-2021), 2. As a back up plan, a band 5 basic grade dietitian is also being sourced from the locum agency, with the expectation that senior dietetic staff can cover the complex paediatric cases.(22-Oct-2021), 2 new starters to join the team in the next few weeks will start to increase paediatric dietetic provision - to review waiting list once new starters in post(19-Apr-2022), Paediatric Dietetic Assistant Practitioner appointed - to start on 9.5.22, after induction will help to reduce risk(29-Apr-2022)	Low	Treat	Staffing levels improving with increased bank hours and staff member returned from mat leave. Will increase further in June / July.	01-Oct-2021
RSK-203	23-Nov-2021	IF the are negative impacts on the supply chain following the rising fuel costs and the conflict in Ukraine THEN there is a risk that the supply of key clinical products may be disrupted	LEADING TO some unavailabilty of clinical products, delays to deliveries and services may be disrupted or reduce resulting in impact on patient care	Lisa Johnston	18-Apr-2023	15-May-2023	Planned	16	12	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), Clinical Procurement nurse to join the NHSI/E Supply Resilience Forum(15-Aug-2022), Clinical Procurement nurse is part of the NHSI/E Supply Resilience Forum created in August 2022.Trust's top suppliers have been reviewed and issues with supply under constant review, Procurement business partners use the NHS Spend Comparison Site and local knowledge supported by the clinical procurement nurse to source alternative products(16-Nov-2022)	Medium	Treat	Still ongoing risk	01-Jun-2022
RSK-211	23-Nov-2021	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	Angela Legate	20-Mar-2023	20-Apr-2023	Overdue	16	12	8	close monitoring of cleaning by domestic team (taps) and water sampling by external authorised company. pt. information includes safe use of drinking water (17-Apr-2023)	For direct contact with patients water where testing has shown absence of P.aeruginosa(23-Nov-2021), For direct contact with patients water supplied through a point of use (POU) filter(23-Nov-2021), For direct contact with patients sterile water (for wound washing if required)(23-Nov-2021), Signs at all taps alerting people to refrain from drinking or brushing teeth with water(23-Nov-2021), Bottled water available(23-Nov-2021), Correct installation and commissioning of water systems in line with HTM 04-01 is adhered to. Schematic drawings are available for water systems(23-Nov-2021), Flushing of water outlets is carried out daily and documented (07:00 – 09:00 HCA)(23-Nov-2021), Plans for sampling and microbiological testing of water is in place(23-Nov-2021), replacement of pipework to hand wash basins in patient bays(27-Feb-2023), pipework completed(17-Apr-2023)	Low	Treat	Risk reviewed by Angie Legate. No change to risk.	16-Mar-2021
RSK-214	24-Nov-2021	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	Elizabeth Winter	02-Mar-2023	01-May-2023	Pending	15	12	10		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)	Low	Tolerate	Staff escalate at the daily huddle number of patients on red tray to enable us to determine where help is needed at mealtimes.	24-Nov-2021
RSK-219	25-Nov-2021	IF metal butterfly needles are used for administering subcutaneous infusions via syringe drivers, and bolus subcutaneous injections, particularly in palliative and end-of-life care THEN there is a risk that the member of staff (hospital or community) may sustain a needle stick injury as they are withdrawing the needle when the infusion is stopped	LEADING TO the staff being at risk of coming into contact with contaminated blood	Sally Burnie	05-Apr-2023	30-Mar-2023	Overdue	4	12	12		MKUH Sharps Management Policy ICM/GL/34 – advises use of safer needle alternatives wherever practical. Alerting ward staffs to be careful when inserting and removing the butterfly needles.(25-Nov-2021)	Low	Tolerate	Risk escalated onto the Corporate Risk Register at RCB. Risk Assessment to be updated.	25-Nov-2021

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RSK-230	25-Nov-2021	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.	Adam Biggs	09-Feb-2023	07-May-2023	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	No change to current risk as this will remain an open risk	25-Nov-2021
RSK-232	25-Nov-2021	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	Adam Biggs	09-Feb-2023	16-Apr-2023	Overdue	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)	Low	Tolerate	No change to risk rating	25-Nov-2021
RSK-254	26-Nov-2021	If Nursing staff accidently select the incorrect prescription chart within eCARE THEN patients could receive medication which is prescribed for another patient.	LEADING TO potential harm to patients	Craig York	25-Jan-2023	28-Apr-2023	Pending	12	12	9	CareAware Connect going live by August 2023	eCARE alert if mismatch between wrist band & electronic drug chart. Correct workflow taught in eCARE training. Monthly scanning compliance report(26-Nov-2021)	Low	Treat	Use of the CareAware Connect app, once live, will make it easier/more accessible to scan the patient wristband to highlight this potential risk and avoid impact.	25-Jan-2023
RSK-256	26-Nov-2021	IF the current server version for the Pathology ICE system is outdated. 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.	Craig York	25-Jan-2023	28-Apr-2023	Pending	15	12	2	Upgraded to v7 (removed risks from v5), now requires to be upgraded to v8 to negate security risk vulnerabilities identified	Hardware migrated(26-Nov-2021), Testing under way with Pathology(26-Nov-2021), Test issues raised and resolution activity taking place(26-Nov-2021)	Medium	Treat	The vulnerabilities identified in the risk have been mitigated but unfortunately replaced with others. Work identified in actions still required (repeated work).	25-Jan-2023
RSK-259	29-Nov-2021	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	Ayca Ahmed	13-Mar-2023	30-Jun-2023	Planned	16	12	4	Full implementation of the new database (27-Mar-2023)	IT provided access to remote desktop to connect to the server directly(29-Nov-2021), Business Case approved, out to mini competition to market for alternative asset database(29-Nov-2021), Draeger (CE) has access to the FMFirst database(29-Nov-2021)	Low	Treat	Reviewed by Medical Devices Manager, no change to risk rating.	12-Apr-2021
RSK-262	29-Nov-2021	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.	Michael Stark	21-Dec-2022	30-Jun-2023	Planned	20	12	8	Changed Theatre 5 Damper, remaining 6 faults to be replaced 2022/2023 (13-Feb-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)	Low	Treat	Reviewed no change to rating	25-Aug-2021

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RSK-263	29-Nov-2021	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	Michael Stark	21-Dec-2022	30-Jun-2023	Planned	20	12	8	Outstanding items for last survey to be prioritised on risk basis (13-Feb-2023)	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	Treat	Reviewed, no change to risk rating	25-Aug-2021
RSK-264	29-Nov-2021	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.	Michael Stark	23-Mar-2023	30-Jun-2023	Planned	20	12	8	Pre commitment to continual rolling program of updates and refurbishment. BAU funding. (30-Mar-2023), Current Authorised Engineer (AE) retired March 2023. New AE to be appointed April 2023 (23-Mar-2023), Options for new AE, out to tender (24-Apr-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), Plant Room Doors surveyed(29-Nov-2021), Guaranteed Capital agreed brought service in house January 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)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	29-Nov-2021
RSK-269	30-Nov-2021	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.	Ben Hazell	22-Mar-2023	30-Jun-2023	Planned	16	12	8	Controls and action recommendations being reviewed by Compliance Officer	A Water Services Management Group operates quarterly, with agreed membership and agenda items(30-Nov-2021), Audit document and action plan has been circulated to the Group for discussion and progression at the next meeting(30-Nov-2021), Independent contractor commissioned to regularly test water outlets. Controls and testing regimes in place(30-Nov-2021), Review and Water Services Management Group membership includes independent contractor and Authorising Engineer(30-Nov-2021), Whole site risk assessments are current and risk reviewed at each meeting(30-Nov-2021), Risk assessment undertaken of augmented care areas(30-Nov-2021), House keepers are flushing water out lets in clinical areas and return flushing sheets to estates, Hotel Services Audit manager to track progress and compliance(30-Nov-2021), Tender awarded to Evolution, 2 year contract commenced 1st July 2019. extended for 6 months. New tender to be drafted(30-Nov-2021), Phase 1 and Cancer Centre risk assessments completed(30-Nov-2021), Phase 2 Risk Assessment completed June 2021, actions underway(30-Nov-2021), Audit and Risk assessments for outlying buildings planned 2022(30-Nov-2021), Ben Hazell is trained and appointed Appointed Person (AP)(22-	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	21-Dec-2022

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Reference	Created on	Description		Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified
RSK-274	30-Nov-2021	IF the Trust worn flooring is not replaced THEN there is a risk of failure of flooring	LEADING TO trip hazard & infection control issues	Paul Sherratt	21-Dec-2022	30-Jun-2023	Planned	15	12	6	3 year + 1 +1 . contract awarded. Annual audit of Common areas, corridors and circulation, includes repairs (13-Feb-2023)	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	Treat	reviewed risk no change to rating.	25-Aug-2021
RSK-281	30-Nov-2021	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	Mark Brown	23-Mar-2023	30-Jun-2023	Planned	12	12	9	Luing Cowley Lift awaiting upgrades, difficult as no alternative when lift not in service. (14-Nov-2022) (04-Apr-2023)	There is an SLA is place that states that the lift will be repaired within 4 hours, normally 1-2hours(30-Nov-2021), ResQmat are on the landings on floors 3 & 4 and should be used in the event disabled persons and those with limited mobility, are unable to leave their respective floors, although staff are not trained in their use(30-Nov-2021), Call bell/telephone in lift to call for assistance(30-Nov-2021), Monthly lift inspections in place(30-Nov-2021), 6 Monthly PPM in place(30-Nov-2021), Annual insurance inspections in place(30-Nov-2021), ResQmat training video in place created by Manual Handling adviser(30-Nov-2021), Refurbishment of ward 14 lift carried out(30-Nov-2021), On the Capital Programme(30-Nov-2021), Outpatients Business Case approved for M&E study, with any identified anticipated to be completed end of FY 2022(30-Nov-2021), M&E study completed. Business Case written to install a second lifting platform in outpatients.(03-Mar-2022)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating. No funding for full refurbishment 2024. H&S upgrades only	25-Aug-2021
RSK-423	24-Jan-2023	IF specific enteral feeds are not available due to national supply issues THEN patients will not receive the correct feed to meet their nutritional needs	LEADING TO impact on patients' nutritional status and dietary management, also increased workload for dietetic and stores staff arranging for different feeds to be ordered and prescribed.	Elizabeth Pryke	31-Mar-2023	31-May-2023	Planned	12	12	6	Weekly updates provided by feed suppliers, which dietitians are acting on Patients gradually changed to feeds that are less likely to be affected (11-Apr-2023)		Medium	Treat	Managing within dept, and liaising with prescribing support dietitian (ICB)	24-Jan-2023
RSK-424	25-Jan-2023	IF the new information standard regarding SDEC is released without significant operational and technical changes to the way the relevant information is collected THEN MKUH may not be able to submit the dataset in the required format with the required content LEADING TO a potential financial and reputational impact to MKUH	Potential financial, reputational, contractual, or operational impacts.	Craig York	03-Feb-2023	28-Apr-2023	Pending	12	12	4			Medium	Treat		25-Jan-2023
RSK-007	06-Sep-2021	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	Tina Worth	27-Mar-2023	30-Jun-2023	Planned	15	10	5	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. (24-Oct-2022)	Fire Warden advised to work within current knowledge and skill gained through mandatory fire training(06-Sep-2021), No team member to attempt to fight fires with equipment untrained to use(06-Sep-2021), Risk assessment shared with team / Staff awareness(06-Sep-2021), Quarterly fire safety audits completed(06-Sep-2021), Good housekeeping practicalities - reiterated at team huddle(06-Sep-2021), Fire safety signage displayed -action cards and assembly points identified, clearly visible to team members and others visiting corridor(06-Sep-2021), Fire alarm system checked regularly in line with Trust policy and is audible in corridor(06-Sep-2021), Team members have undertaken and are up to date with mandatory training (compliance checked monthly)(06-Sep-2021), Team risk assessment for lone working on back of Covid changes which covers fire(06-Sep-2021), Risk & Clinical Governance Team Fire Warden to attend Fire Warden Training(06-Sep-2021), There was a suggestion that posters were put up for staff to follow when Kevin is not in.(21-Dec-2021)	Low	Treat	Raised at Health & Safety Committee given flexible working & as such staff fire warden trained not on site every day. Proposed building rota plan required	06-Sep-2021

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RSK-125	04-Nov-2021	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	Adam Biggs	09-Feb-2023	13-Mar-2023	Overdue	25	10	10		COVID-19 operational and contingency plans in place(04-Nov-2021), PPE logged daily covering delivery and current stock(04-Nov-2021)	Low	Tolerate	No current change to risk scoring with watching brief concerning current COVID surge against national guidance and comms.	29-Apr-2020
RSK-242	26-Nov-2021	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)	Adam Biggs	09-Feb-2023	22-May-2023	Planned	10	10	10			Low	Treat	Not changes to risk scoring as an open risk. Ongoing CBRN training programme being delivered as part of national guidance with plans in place.	26-Nov-2021
RSK-260	29-Nov-2021	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	Paul Sherratt	23-Mar-2023	30-Jun-2023	Planned	15	10	5	On going Contract in place for Edge Protection and Latchways systems Inspections and Maintenance. (31-Mar-2023)	Staff training. Ladder/equipment inspections(29-Nov-2021), Written processes and Working at Height Policy reviewed regularly(29-Nov-2021), New lifting equipment purchased(29-Nov-2021), General H&S training conducted(29-Nov-2021), Cherry Picker obtained- staff trained(29-Nov-2021), RAMS from contractors reviewed by Compliance Manager(29-Nov-2021), Edge protection in place in all locations where plant or PV panels exist(29-Nov-2021), Trained RP in August 2021(29-Nov-2021), RP has been appointed by Alan Hambridge(29-Nov-2021)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-010	06-Sep-2021	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.	Paul Ewers	17-Apr-2023	17-May-2023	Planned	20	9	6	Enhancements / Developments to Radar System required to support staff in reporting incidents. (05-Apr-2023)	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), Radar moving server from Windows to Linux to provide more stable analytics system, with improved speed and functionality(23-Dec-2022)	Low	Treat	Risk reviewed. No change. Ongoing work with Radar to develop incident reporting form.	28-Apr-2021
RSK-206	23-Nov-2021	IF the Trust is unable to recruit staff of the appropriate skills and experience; there continues to be unplanned escalation facilities; There are higher than expected levels of enhanced observation nursing; and there is poor planning for peak periods / inadequate rostering for annual/other leave. THEN the Trust may be unable to keep to affordable levels of agency and locum staffing	LEADING TO Adverse financial effect of using more expensive agency staff and potential quality impact of using temporary staff	Karan Hotchkin	18-Apr-2023	15-May-2023	Planned	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	01-Apr-2022
RSK-233	25-Nov-2021	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.	Louise Clayton	13-Apr-2023	31-Aug-2023	Planned	16	9	3	International Recruitment of 100 Nurses in 2023 (31-Oct-2022)	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)	Low	Tolerate	Risk reviewed - No change to risk	01-Nov-2021

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RSK-235	25-Nov-2021	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	Louise Clayton	30-Jan-2023	01-May-2023	Pending	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), Add a 'Recruitment and Retention Premia' initiative to key posts(31-Oct-2022)	Low	Tolerate	Risk Reviewed - No change to risk	03-Jan-2022
RSK-236	25-Nov-2021	IF there is inability to retain staff employed in critical posts THEN we may not be able to provide safe workforce cover	LEADING TO clinical risk. Increasing temporary staffing usage and expenditure Increased turnover Decreased stability rates Increased stress levels within trust Reduced morale	Louise Clayton	30-Jan-2023	01-May-2023	Pending	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), Refer a Friend Scheme introduced in 2022 to improve retention and recruitment.(10-May-2022), International Recruitment ongoing to recruit 125 nurses in 2022,	Low	Tolerate	Risk Reviewed - Controls updated. No change to Risk Score	02-Jan-2023
RSK-258	29-Nov-2021	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	Anthony Marsh	30-Mar-2023	30-Jun-2023	Planned	20	9	4	Trained Bank staff employed where possible (31-Mar-2023)	Re-profiled staff rotas(29-Nov-2021), IT Department implemented IVR to assist in reducing the volume of calls through the switchboard(29-Nov-2021), Contingency trained staff available to assist(29-Nov-2021), Two additional workstations/consoles created in Estates Information office and Security office to allow for remote working(29-Nov-2021), Review of staff rota profile(04-Mar-2022)	Low	Treat	reviewed and reduced risk rating to 9 from 16. The staffing rota is fully staffed.	25-Aug-2021
RSK-272	30-Nov-2021	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.	Mark Brown	23-Mar-2023	30-Jun-2023	Planned	15	9	3	Luing Cowley Lift awaiting upgrades, difficult as no alternative when lift not in service. (14-Nov-2022)	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), Maintenance contract awarded.(30-Nov-2021), AE (Authorising Engineer) to be identified.(01-Jul-2022)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-276	30-Nov-2021	If the flat roofs identified in the Langley Roof report and 6 facet survey as requiring replacement or upgrading, are not replaced THEN there is a risk of roof failure in relation to flat roofs across the Trust	LEADING TO Water ingress - Potential damage to equipment, disruption to service, damage to reputation	Anthony Marsh	21-Dec-2022	30-Jun-2023	Planned	15	9	3	Replacement/upgrade of flat roofs identified in the 6 facet survey (23-Mar-2023)	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	No changes to current risk rating	21-Dec-2022

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RSK-279	30-Nov-2021	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	Michael Stark	30-Mar-2023	30-Sep-2024	Planned	12	9	6	Ongoing review of grounds to control access (23-Mar-2023), Areas suitable to install knee high fencing identified. To be prioritised and installed in future years. (23-Mar-2023)	Sloping curbs painted yellow where they may be crossed(30-Nov-2021), Fencing or railings in some areas to deter access(30-Nov-2021), Rolling Paths annual program to repair paths and roads(30-Nov-2021), Grass kept cut by grounds team(30-Nov-2021), Keep off the Grass signage in place(30-Nov-2021)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating. Risk response updated to tolerate	25-Aug-2021
RSK-282	30-Nov-2021	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	Michael Stark	23-Mar-2023	30-Jun-2023	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. Senior Mechanical Estates Officer will continue to provide estates operational management to service. All testing now undertaken by external expert contractor. (21-Nov-2022)	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)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-283	30-Nov-2021	IF medical equipment is damaged due to misuse, inappropriate use, storage, transportation, and/or inappropriate cleaning THEN the medical equipment may be unavailable due to damage	LEADING TO delay in patient care and treatment; cost of parts; cost of repairs; purchasing replacement	Ayca Ahmed	13-Mar-2023	30-Jun-2023	Planned	12	9	6	Training in the use of medical equipment (20-Mar-2023), Auditing PPMs (20-Mar-2023), Medical Devices Management policy- following processes (20-Mar-2023)		Low	Treat	Reviewed by Medical Devices Manager, no change to risk rating.	16-Oct-2018
RSK-284	30-Nov-2021	IF staff members do not adhere to the Medical Devices Management Policy THEN they may not follow the correct procurement procedures for Capital and Revenue medical equipment purchases	LEADING TO them being not fit for purpose equipment being purchase; more costly; non-standardised; lack maintenance contract; lack of training for staff; incompatible/lack of consumables and accessory; additional IT integration costs	Ayca Ahmed	13-Mar-2023	30-Jun-2023	Planned	12	9	6	Medical Devices Group meetings are held monthly to discuss procurement (20-Mar-2023)		Low	Treat	Reviewed by Medical Devices Manager, no change to risk rating.	16-Oct-2018
RSK-300	30-Nov-2021	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	Mark Brown	21-Dec-2022	30-Jun-2023	Planned	9	9	3	Ward 1 and ED call bell systems ordered from FY22/23 capital for installation this FY. Upgrade programme to be included in rolling Capital bid (14-Nov-2022)	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)	Low	Treat	Reviewed and corrected current risk rating. The replacement call bells were fitted to ward 15 and about to be installed in ED. The risk rating remains the same as original as there are wards were old calls bells are still in situ.	25-Aug-2021
RSK-364	15-Jul-2022	If SBS are not able to respond to supplier and finance queries in a timely way THEN there is risk that there will be a delay in paying suppliers leading to suppliers putting the Trust on stop and not delivering key supplies	LEADING TO impact on patient care through non supply of goods	Karan Hotchkin	18-Apr-2023	15-May-2023	Planned	16	9	6		On going monthly meetings with Senior SBS Client Relationship team to discuss issues and outline their plan on resolving this issue(15-Jul-2022), Additional Bank resource for Finance and Procurement staff(15-Jul-2022), Finance team reviewing supplier on stop notifications(15-Jul-2022), The Trust is meeting on a monthly basis with senior SBS client relationship team to discuss the issues and get a plan from SBS of how the situation can improve, In addition extra temporary resources are being employed to support the finance and procurement team to deal with the additional supplier queries. The Finance team are reviewing any suppliers who are providing stop notifications and arranging urgent payment if required(16-Nov-2022)	Low	Treat		15-Jul-2022
RSK-425	25-Jan-2023	IF the current mechanisms used for reporting on RTT status continue, along with the current use of the tools to populate PTL reporting THEN the data available for submission will continue to require significant overhead to review and improve (i.e. veracity etc.) LEADING TO an inability to submit with short turnarounds, continued challenges in seeing patient pathways, prioritizing care etc.	Potential impact to patient care due to an inability to see patient pathways at a system level.	Craig York	03-Feb-2023	28-Apr-2023	Pending	9	9	6	Business Case being submitted by late spring to implement RTT functionality.		Medium	Treat		25-Jan-2023
RSK-431	10-Feb-2023	IF Medical Record's microfiche machine is not operational THEN staff have to take photos using a mobile phone from the microfiche roll in a blackened room	LEADING TO an inability to access archived patient records, an inability to print records; trip hazard for staff when using blackened room	Tasmane Thorp	27-Mar-2023	28-Sep-2023	Planned	9	9	6	Purchase and installation of new Microfiche Reader, Purchasing iPad to enable photos		Low	Treat	To be reviewed in 6 months to check on progress	16-Jan-2023

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Reference	Created on	Description		Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified
RSK-432	10-Feb-2023	IF the Trust does not effectively communicate with its patients (e.g. for visually or hearing impaired patients/family members or those where English is not their first language etc) THEN some patients will not be able to access information relating to their care and treatment	LEADING TO patients/families not being effectively included in decisions relating to their care; the Trust not being compliant with the Accessible Information Standards	Tasmane Thorp	27-Mar-2023	28-Sep-2023	Planned	9	9	6		Clear Face Masks used where appropriate(10-Feb-2023), Hearing Loops(10-Feb-2023), Interpreters used where required(10-Feb-2023), Badges available to identify anyone with hearing loss to request additional support(10-Feb-2023), Placement of screens to allow a visual view showing when patients can go into their appointment and where(10-Feb-2023), Purchase and installation of Synertec to improve accessibility of patient information(10-Feb-2023)	Low	Treat	To be reviewed in 6 months to monitor progress	07-Feb-2023
RSK-434	10-Feb-2023	IF there is insufficient capacity of outpatient appointments THEN Patient Access will be unable to provide patients within designated timescales	LEADING TO a delay in diagnosing and treating patients; cancellation of appointments to ensure patients are appropriately prioritised; increasing waiting lists; breach in national appointment timescales	Emma Hunt-Smith	24-Apr-2023	31-Mar-2024	Planned	9	9	6	Capacity & Demand planning for all services to be completed, Cleanse of the Patient Tracking Lists for the following services to be undertaken, utilising additional non-recurrent resource - Ophthalmology; ENT; Urology; Trauma & Orthopaedics; Gynaecology	Fortnightly ASI reports are produced and circulated at a senior level identifying polling ranges and patients waiting on e-Referral worklists.(10-Feb-2023), Divisions reviewing capacity & demand planning.(10-Feb-2023), WLIs are being held in services to expedite long waiting patients.(10-Feb-2023), Patients are booked according to referrals priority and wait time(10-Feb-2023), Many services have referral assessment services in order to clinically triage referrals(10-Feb-2023), All services have been requested to ensure that there are firebreaks within their clinic templates to mitigate disruption due to clinic cancellations(10-Feb-2023), Daily 78+ week report circulated to monitor longest waiting patients.(10-Feb-2023)	Low	Treat	This is a known ongoing issues across multiple specialties. A case study highlighting the impact of the recent junior doctor industrial action to patient bookings and bookings out of order will shortly be presented to EDs.	06-Feb-2023
RSK-008	06-Sep-2021	IF the Trust does not have an appropriate system to record mortality and morbidity data; THEN the Trust will not be able to record and/or provide accurate reports for governance or the Trust Board	LEADING TO non-compliance with the National Mortality & Morbidity 'Learning from Death' Framework	Nikolaos Makris	06-Feb-2023	10-May-2023	Planned	15	8	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), M&M review meetings on a regular basis with all required SJRs completed(01-Apr-2022)	Medium	Treat	Risk reassigned to Associate Medical Director responsible for M&M	06-Sep-2021
RSK-163	12-Nov-2021	If there are inadequate computer facilities and working environment are not adequate to support the office needs for clinical staff located on the Stroke Unit. Then there is potential for staff to suffer musculoskeletal injuries and reduced efficiency of working when writing clinical notes and reports. Reduced patient experience from receiving rehabilitation in an unsuitable environment.	Leading to staff potentially being off sick due to injury; potential financial impact; potentially reduced service for patients. Potential for patient/family complaints due to poor condition of the environment.	Adam Baddeley	23-Mar-2023	11-Apr-2023	Overdue	6	8	2	Current environment on the ward to be adapted/developed. Capital funding required. Business case has been written and submitted for review at CBIG in July 2022 (23-Nov-2022)	Assessed gym area Staff educated about correct postures Creating risk(12-Nov-2021)	Medium	Treat	Capital works started at the start of March, risk will be closed on completion of the works.	01-Apr-2021
RSK-257	26-Nov-2021	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	Craig York	25-Jan-2023	28-Apr-2023	Pending	15	8	6	Extended support to mitigate the security risk	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)	Low	Treat	The supplier have not made an upgrade available yet - they are still validating their system on the new version of the operating system.	25-Jan-2023
RSK-265	30-Nov-2021	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	Mark Brown	31-Mar-2023	30-Jun-2023	Planned	20	8	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	Tolerate	reviewed and reduced risk rating from 12 to 8, as all remedial works had been funded and completed for 2022.	25-Aug-2021
RSK-266	30-Nov-2021	IF the Trust are unable to take up the New Hospital Plan THEN The Trust would have to fund all future developments from either internally generated funding defined for backlog investment or borrow the money	LEADING TO the Trust being unable to meet the needs of the future MK population with regard to the size and quality of the estate	Rebecca Grindley	06-Apr-2023	15-Mar-2024	Planned	16	8	8		Seed funding approved by DHSC to support the development of a Strategic Outline Case (SOC)(30-Nov-2021), SOC has been formally completed(30-Nov-2021), Regular monthly meetings on a formal basis with NHSE/I and DHSC(30-Nov-2021), Regular dialogue taking place with NHSE/I Strategic Estates Advisor(30-Nov-2021), Regular dialogue taking place at Board level(30-Nov-2021), Monthly reporting structure in place with NHSE/I(30-Nov-2021), Programme Board chaired by CEO set-up with agreed ToR(30-Nov-2021), Wider engagement with MK Council(30-Nov-2021), Wider engagement with senior colleagues in the Trust commenced(30-Nov-2021), Engagement with CCG undertaken(30-Nov-2021), SOC Submitted to NHSEI, OBC to be progressed in quarter 4(30-Nov-2021), Funding for Outline Business Case (OBC) agreed in Jan '22. Due for completion by March 2023.(04-Mar-2022)	Medium	Tolerate	Trust have team in place to deliver OBC as national programme proceeds. The delay in the national programme increases pressure on the trusts bed capacity. We are unlikely to miss the opportunity to access funding should the programme proceed.	30-Nov-2021

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RSK-285	30-Nov-2021	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	Paul Sherratt	23-Mar-2023	31-Mar-2024	Planned	12	8	4	Annual Capital bid placed on the capital program FY23 (01-Jul-2022)	Inspections and ad-hoc repairs(30-Nov-2021), Annual Inspection Audit completed by Estates Officer(30-Nov-2021), Some remedial captured by capital works at Cancer Centre(30-Nov-2021), Remedial works completed. Further improvements identified and action plan developed to address on a rolling program.(04-Mar-2022)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-291	30-Nov-2021	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	Michael Stark	23-Mar-2023	31-Mar-2024	Planned	12	8	4	Annual drain survey scheduled to identify remedial works (31-Mar-2023)	Reactive maintenance repairs(30-Nov-2021), CCTV works has indicated areas of root re-growth with pipe damage to storm water pipes, works being undertaken during summer/autumn 2021(30-Nov-2021), BDP created scope for full site survey under the HIP program to identify shortfall in current data and future plan requirements. A new link is likely to be required as part of South Site development(30-Nov-2021), Road Gulley on PPM(30-Nov-2021)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-293	30-Nov-2021	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	Mark Brown	23-Mar-2023	31-Mar-2024	Planned	12	8	4	Ongoing rolling program of refurbishment, subject to funding in Trust Capital programme (23-Mar-2023)	PPM testing and repairs(30-Nov-2021), Fixed electrical testing program in place to identify any potential risks and actions required(30-Nov-2021), Replaced Circuit breakers/fuses FY 20/21(30-Nov-2021), Ward 1 completed 2021(30-Nov-2021), Wards 15 & 16 have replacement circuit boards fitted as part of ward refurbishment in 2022(21-Dec-2022)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-301	30-Nov-2021	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	Michael Stark	23-Mar-2023	31-Mar-2024	Planned	8	8	4	Multiple areas descaled ongoing programme (31-Mar-2023)	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), Proactive maintenance commitment(30-Nov-2021)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-005	06-Sep-2021	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	Tina Worth	27-Mar-2023	30-Jun-2023	Planned	12	6	3	Implementation of Radar Document Management System to improve engagement and access to the documentation process (24-Feb-2023)	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 unchanged. Noted trust wide comms via corporate meetings on the importance of updating policies	06-Sep-2021
RSK-020	22-Sep-2021	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	Patricia Flynn	09-Feb-2023	22-Jun-2023	Planned	9	6	2	Mental Health pathway to be reviewed by the Corporate Team (23-Nov-2022), E-Care Risk Assessment Tool to be reviewed/adapted (07-Mar-2023)	Patients assessed and those at risk of self harming are placed in an area they can easily be observed.(22-Sep-2021), New mental health room has been ligature and risk assessed by CNWL team(22-Sep-2021), Remind all staff about keeping swipe doors closed so they don't access rooms where they are not observeble Last ligature audit was April 2019 and actioned.(22-Sep-2021), Risk Assessment of adult and C&YP areas reviewed April 2019(22-Sep-2021), Check list in place to risk asses each Adults and C&YP attending with MH/DSH issues to identify personalised action plan(22-Sep-2021), Follow up ligature RA completed as advised by H&S lead for trust Risk Assesment completed - identified need for collapsible clothes hangers in public toilets - request to estates to install and completed; x1 non-compliant cord pull also in toilet - changed(22-Sep-2021), Repeat Ligature Risk Assessment for 2020 required(22-Sep-2021), ensure all staff are aware of the new Policy - "Ligature Risk Awareness"(22-Sep-2021)	Low	Treat	discussed with safeguarding BJ.. noting a small number of identified pt with known MH issues who are high risk who are frequent attenders to ED.	05-Aug-2014
RSK-033	27-Sep-2021	If the laundry contractor (Elis) can not provide an efficient and effective service. Then there may be: Delayed deliveries from Elis 2. Shortage deliveries from Elis 3. Lack of contingency stock	Leading to: 1. Delayed linen distribution throughout the trust. 2. Delayed personal care – negative impact on patient experience. 3. Delayed clinics and surgical lists (theatres). 4. Staff health and wellbeing – stress. 5. Waste of staffing resources – staff without linen to distribute. 6. In case of a Major Incident there would not be enough laundry to provide a good level of patient care.	Steven Hall	28-Feb-2023	31-Aug-2023	Planned	8	6	6		1. Escalated issue internally and externally.(27-Sep-2021), In daily contact with laundry company to ascertain their position.(11-Feb-2022), There is a lock on the dirty linen store to prevent employees/patients/ visitors entering.(11-Feb-2022), Contract review meetings with Elis every quarter.(15-Dec-2022), MKUH has a contract with Elis which has contingency plans in place.(15-Dec-2022)	Low	Tolerate	Regular meeting with the Laundry provider - re-established. Contract extension for two years approved including extra-ordinary price increase.	01-Dec-2022
RSK-204	23-Nov-2021	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	Lisa Johnston	18-Apr-2023	15-May-2023	Planned	16	6	6		All staff attend an annual mandatory training course on Information Governance(23-Nov-2021), Staff are encouraged to use catalogues which reduces the requirements for free text(23-Nov-2021), Data sent out to external agencies is checked for any patient details before submitting(23-Nov-2021)	Medium	Tolerate	Ongoing risk	01-Apr-2022

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RSK-205	23-Nov-2021	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	Lisa Johnston	18-Apr-2023	15-May-2023	Planned	12	6	6		Monthly reviews on data quality and corrections(23-Nov-2021), Mechanisms are in place to learn and change processes(23-Nov-2021), Data validation activities occur on monthly basis(23-Nov-2021), A desire to put qualifying suppliers in catalogue(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-207	23-Nov-2021	IF there is major IT failure internally or from external providers THEN there is a risk that key Finance and Procurement systems are unavailable	LEADING TO 1. No Purchase to pay functions available ie no electronic requisitions, ordering, receipting or payment of invoices creating delays for delivery of goods. 2. No electronic tenders being issued. 3. No electronic raising of orders or receipting of income	Karan Hotchkin	18-Apr-2023	15-May-2023	Planned	12	6	6		If its an external issue, SBS the service provider of the purchase to pay and order and invoicing has a business continuity plan in place(23-Nov-2021), If its an internal issue. The Trust has arrangements with the CCG who also use SBS to use their SBS platform(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-209	23-Nov-2021	IF staff members falsely represent themselves, abuse their position, or fail to disclosure information for personal gain THEN the Trust/Service Users/Stakeholders may be defrauded	LEADING TO financial loss and reputational damage	Karan Hotchkin	18-Apr-2023	15-May-2023	Planned	12	6	6		Anti-Fraud and Anti-Bribery Policy(23-Nov-2021), Standards of Business Conduct Policy including Q&A section(23-Nov-2021), Standing Orders(23-Nov-2021), Local Counter Fraud Specialist in place and delivery of an annual plan(23-Nov-2021), Proactive reviews also undertaken by Internal Audit(23-Nov-2021), Register of Gifts and Hospitality(23-Nov-2021), Register of Declarations(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-216	24-Nov-2021	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.	Lesley-Anne Johnson	28-Nov-2022	31-Mar-2023	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 COMMITEES 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-Nov-2021), MKHFT has named leads for Safeguarding Adults and Children	Low	Tolerate	Risk under control. Annual Review	24-Nov-2021
RSK-229	25-Nov-2021	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	Ian Fabbro	25-Jan-2023	28-Apr-2023	Pending	12	6	6	Ongoing review of quality of data in eCARE	Extensive list of data quality reports to identify poor data quality(25-Nov-2021), Data Quality team is in place, who undertake a compliance function to review sample records to ensure early capture of data quality issues(25-Nov-2021), Control scripts to identify data quality issues when the data is loaded into the Data Warehouse(25-Nov-2021), On-going review of the quality of data(11-Apr-2023)	Medium	Tolerate	No significant improvement on staffing	25-Jan-2023
RSK-252	26-Nov-2021	IF eCARE does not prevent non-prescribers from prescribing medication which could then be administered to a patient THEN there could be limitations in restricting access to individual Smart Card holders permissions or individuals do not adhere to the correct workflow	LEADING TO Medications could be prescribed and administered to a patient that are not clinically required & could be contraindicated	Craig York	25-Jan-2023	28-Apr-2023	Pending	9	6	6	Excepted risk & continue to do as a monthly audit, with assistance identified and acted on	eCARE training of correct process -eCARE training includes advice on only performing tasks related to professional registration and job role(26-Nov-2021), Code of conduct - NMC -eCARE pop up requires staff to state who advised them to prescribe medication & how (verbally/written)(26-Nov-2021), Monthly audit of in place a mechanism where medications prescribed by non-physicians are audited monthly against the known list of Non-Medical Prescribers/pharmacists/Midwives. Inconsistencies will be escalated to CNIO for investigation(15-Dec-2021), SOP to be produced to support monthly audit.(16-Feb-2022)	Low	Tolerate	No progress made since prior review	25-Jan-2023
RSK-273	30-Nov-2021	If the Trust Wards and Departments fail to demonstrate their medical equipment is maintained to correct standards THEN there is a risk of the Trust not complying with CQC Regulation 15 Premises and Equipment and risk to patient care	LEADING TO non-compliance and negative impact on the reputation of the Trust	Ayca Ahmed	13-Mar-2023	30-Jun-2023	Planned	15	6	3	Contract KPI's agreed as part of new contract (20-Mar-2023)	Robust PPM maintenance schedule in place, audits of the rolling programme(30-Nov-2021), Audits monitored at Medical Devices Committee(30-Nov-2021), Escalation process in place to respond to 'unfound items'(30-Nov-2021), September 2018 , 6 Years contract approved(30-Nov-2021), Annual review of asset base and contract base reset linked to Capital Programme(30-Nov-2021)	Medium	Treat	Reviewed by Medical Devices Manager, no change to risk rating.	16-Oct-2018

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RSK-299	30-Nov-2021	IF the Summary Record of Estates 5 year and Prioritised Backlog Maintenance risk based priority programme is not fully implemented THEN plant and equipment may fail in various areas of the hospital	LEADING TO infection control, financial implications, loss of services and reputation damage	Anthony Marsh	23-Mar-2023	31-Mar-2024	Planned	9	6	4	Ongoing reviews, identified backlog issues driving Capital Plan. Outstanding funding of Capital works required. Operational impact of significant works to be considered. (13-Feb-2023), New Hospital Programme guidance indicates funding to clear CIR backlog programme to be included as part of the project.	All areas are reviewed on a monthly basis by Estates Service Manager, or sooner if equipment/plant breakdown demands(30-Nov-2021), Business cases for plant replacement to be put forward FY21/22(30-Nov-2021), Compliance Officer reviewing to identify significant costs(30-Nov-2021), Annual review of recent 6 Facet Survey to identify future funding requirements e.g. Roof, Ventilation, Plant, HV, drainage(30-Nov-2021), n/a(30-Nov-2021), Annual Physical 20% of site 6 facet survey undertaken, remainder of site updated with desktop exercise(03-Mar-2022)	Low	Treat	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	25-Aug-2021
RSK-217	24-Nov-2021	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.	Jane Radice	09-Feb-2023	31-May-2023	Planned	15	5	5		All NPSA recommendations were acted upon in 2011 in the Trust as per NPSA requirements by the ANP for Nutrition(24-Nov-2021), Nutrition Committee overseeing this alert and is standard item on agenda from Dec 16. Clinical Medical and Nutritional ANP leading on the action plan(24-Nov-2021), Policies, protocols and bedside documentation reviewed to ensure compliance(24-Nov-2021), Ongoing programme of audit. Previous audit data presented to NMB Spring 2016(24-Nov-2021), Dietetic Amalga database identifies patients who require Nasogastric feeding(24-Nov-2021), Trust declared compliance with 2016 Nasogastric Tube Misplacement: Continuing Risk of Death or Severe Harm Patient Safety Alert (NHS/PSA/RE/2016006)(24-Nov-2021), The NG tube used by the trust was changed in 2020 to a tube that is more radiopaque and is therefore easier to interpret on X-ray(24-Nov-2021), pH strips are purchased from one supplier to avoid confusion with colour interpretation(24-Nov-2021), Two nutrition nurses available to place NG tubes if there are no trained clinical staff available(24-Nov-2021), Radiographers trained to interpret x-rays for confirmation of NG tube tip position. This speeds up reporting and avoids junior medical staff having to assess X-rays(24-Nov-2021)	Low	Tolerate	Risk reviewed at Therapies CIG - No change to risk	23-Apr-2014
RSK-031	27-Sep-2021	IF patients/staff/visitors use un-maintained wheelchairs THEN there is a risk of injury: 1. The steering mechanism may not be working correctly. 2. The lifting mechanism may not be working correctly. 3. The back rest may be broken meaning that patients may not be able sit up or the mechanism may be faulty.	LEADING TO: 1. Patient/Staff back injuries. 2. Collisions between staff/visitors/patients. 3. Staffing being off long term sick. 4. Service interruption and delays. 5. Litigation claims.	Steven Hall	27-Feb-2023	31-Aug-2023	Planned	9	4	4		Ongoing maintenance programme for wheelchairs - with authorised supplier(27-Sep-2021)	Low	Tolerate	Contract in Place - Wheelchairs have been serviced and repaired. Current contractor slow to repair & obtain parts. Aiden Ralph Support Services Manager to investigate alternative suppliers.	01-Dec-2022
RSK-038	28-Sep-2021	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.	Stephen Thomas	03-Apr-2023	31-Mar-2024	Planned	15	4	4		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)	Low	Tolerate		28-Sep-2021

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Reference	Created on	Description		Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified
RSK-120	29-Oct-2021	IF medical devices are not correctly cleaned/disinfected/decontaminated/sterilised THEN the devices will not be sufficiently cleaned	LEADING TO possible patient and staff safety issues and cross contamination	Marea Lawford	14-Mar-2023	03-Jan-2024	Planned	9	4	4	monitor and increase score should it be required to do so. this is not seen as a likely risk (05-Jan-2023)	The trust has a decontamination policy which states how equipment can be risk assessed to ensure that the correct methods of cleaning are used.This is on the hospital intranet and can be accessed by all staff. The hospital has two departments HSDU and Endoscopy Decontamination both of which are accredited to ISO 13485 and these units process a vast majority of the medical devices used on a patient. Low risk items are usually dealt with on the wards and the Decontamination policy covers this. Any specialist equipment used in wards and departments is identified at the point of purchase using the PPQ to determine what methods of decontamination are required. If this equipment is unsuitable for reprocessing through HSDU or Endo Decon then a individual risk assessment will need to be completed. Guidance on this can be gained from IPCT, the Decontamination Lead, EBME and the Medical equipment manager. A decontamination group meets quarterly and ward managers/HOD's are requested that any items decontaminated on the wards are bought to the attention of the group in order to ensure that the correct methods are being used.(29-Oct-2021)	Low	Tolerate	risk is low and deemed acceptable.	05-Jan-2023
RSK-160	12-Nov-2021	IF the existing Bag Valve Masks (BVM) look similar to the Lung Volume Recruitment (LVR) bags that the department want to introduce as a Physiotherapy treatment modality for airway clearance THEN they could be used in error during resuscitation procedures	LEADING TO patient requiring resuscitation with a BVG could have resuscitation attempted with a LVR bag and could suffer consequences of incorrect treatment initially and delay to correct treatment procedures	Adam Baddeley	09-Feb-2023	07-Apr-2023	Overdue	15	4	4		•The bag has “not for resuscitation purposes” printed on the bag by the manufacturers and also comes with a yellow “not for resuscitation purposes” tag attached to it. •There are clear differences in the two bags appearances - All staff that work in the ward environments will have completed BLS training at least so will be familiar with the BVM equipment. They will have seen and used the BVM in practice during resus training and therefore would know that it has an oxygen reservoir bag and tubing that connects to an oxygen flow meter which an LVR bag does not have. •BVM is kept in its packaging hung on the resus trolley. When an LVR bag is provided to a patient it would be kept in their bedside locker in the navy blue drawstring bag it comes from the manufacturer in. •The resus trolley is checked daily by ward staff so if the LVR bag mistakenly was put in the resus trolley by nursing staff that would be recognised. •All physio staff that would be issuing this equipment out would have specific training before being able to use with patients. •The patient would be seen daily by Physio who would recognise if the LVR bag was missing from that patients locker. •If an LVR bag was issued to a patient then the nurse involved in that patients care would be informed of the equipment being kept in the patients locker (but not expected to use the equipment with the patient) •Once the LVR is not longer being used with the patient we will ensure it is promptly removed from the bedspace and disposed	Medium	Tolerate	Risk reviewed at Therapies CIG - No change to risk	17-Jan-2020
RSK-215	24-Nov-2021	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	Lesley-Anne Johnson	28-Nov-2022	03-Apr-2023	Overdue	9	4	4	Ongoing discussions are being held with CCG and Designated Doctor to progress an agreeable pathway	Named Doctor to review the process of booking the patients in(24-Nov-2021), Social Service made aware that the earlier we know about CP Medicals the easier it is to get them in and out(24-Nov-2021), A interim process has been agreed that SW requesting CP Medical contacts the SGC Lead who will coordinate booking through ward 4 and discuss with on call consultant(24-Nov-2021)	Low	Tolerate	No change to risk. Outside control of the Trust. Annual Review.	24-Nov-2021
RSK-237	25-Nov-2021	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	Louise Clayton	13-Apr-2023	31-May-2023	Planned	15	4	4	Review of the Nurse Apprenticeship pathway is underway with newly appointed Head of Practice Education (06-Jan-2023)	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), New apprenticeships have been created for IT, Data Analyst roles and HR.(10-May-2022), Increase in advertising of apprenticeships across the Trust and through the network through widening participation.(10-May-2022)	Low	Treat	Risk reviewed - Additional controls identified. No change to risk scoring.	25-Nov-2021
RSK-261	29-Nov-2021	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	Mark Brown	23-Mar-2023	31-Mar-2024	Planned	8	4	4		Visual checks carried out by user(29-Nov-2021), 100% PAT testing of all available devices at time of testing annually by contractor(29-Nov-2021)	Low	Tolerate	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	29-Nov-2021

Corporate Risk Register

Reference	Created on	Description		Owner	Last review	Next review	Status	Original score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified
RSK-288	30-Nov-2021	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	Michael Stark	21-Dec-2022	30-Jun-2023	Planned	12	4	4		PPM Schedule, and reactive repairs as required(30-Nov-2021), Robust contingency plan is in place with liquid O2(30-Nov-2021), Steve Goddard has been appointed as Authorised Engineer(30-Nov-2021), Estates Officer has been appointed as AP(30-Nov-2021), SHJ appointed as maintenance contractor(30-Nov-2021), AP training booked for and additional estates officer and estates service manager(30-Nov-2021), VIE capacity upgrade 2021(30-Nov-2021), Draft feasibility to achieve second VIE, and conversion of site to ring main, linked to HIP programme(30-Nov-2021)	Low	Tolerate	Reviewed, no change to risk rating	25-Aug-2021
RSK-294	30-Nov-2021	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	Michael Stark	23-Mar-2023	31-Mar-2024	Planned	12	4	4		All staff receive formal risk assessment training, and are competency assessed for their roles. Independent External Advisor contractor commissioned to review estates risk assessments and arrangements regularly.(30-Nov-2021), Risk awareness training is performed annually along with asbestos awareness training for all workshop staff as part of the H&S training package(30-Nov-2021), Training plan updated and implemented(30-Nov-2021), Risk Assessments by task type pop up on MICAD PPM tasks for workshop staff.(30-Nov-2021), Weekly huddle meeting with maintenance staff to include H&S(30-Nov-2021)	Low	Tolerate	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	30-Nov-2021
RSK-295	30-Nov-2021	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	Paul Sherratt	23-Mar-2023	31-Mar-2024	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)	Low	Tolerate	Reviewed by Associate Director of Estates & Compliance Officer. No change to current risk rating.	30-Nov-2021
RSK-390	28-Oct-2022	IF the current Amber alert for Blood stock escalated to a Red Alert, THEN the Trust may be unable to provide required red cell components to patients in need	LEADING TO patients that do not fulfil the criteria of transfusion in a red alert situation may be denied red cell transfusions and potential shortening of the patient's life	Grant Barker	11-Apr-2023	04-May-2023	Planned	12	3	2		Emergency Blood Management Arrangements (EBMA): Review of elective surgery. Defer all patients who have a greater than 20% chance of requiring transfusion of 2 units or more. Communicated to stakeholder hospitals. Top up transfusion threshold moved from 80g/L to 70g/L with and request over threshold being challenged by BMS staff and possibly referred to Haem clinicians for review.(28-Oct-2022), Top up transfusion requests with an Hb higher than 70 g/L will be challenged and referred to a consultant if required(28-Oct-2022), EBMA: Consider limiting transfusion to 2 units where Hb falls below trigger levels.(28-Oct-2022), Red cells for transport currently limited to 2 units(28-Oct-2022), Clinical area required to check Hb after single unit transfusions to determine whether more units are required(28-Oct-2022), Communication has been shared with Trust directors, Silver Command, HTC members, Stakeholder hospitals and managers in medicine, surgery, W&C and Oncology.(28-Oct-2022), As part of the Massive Haemorrhage Protocol (MHP) process, the designated communicator should inform the lab to stand down.(28-Oct-2022), All requests for red cells to be reviewed by Haematology clinician.(28-Oct-2022), All such patients should have access to all available blood	Low	Tolerate	No -change, continue to receive updates from NHSBT regarding stock status.	11-Oct-2022

Milton Keynes University Hospital NHS Foundation Trust

Meeting Title	Trust Board	**Date:** 04 May 2023
Report Title	Board Assurance Framework	**Agenda Item Number:** 14
Lead Director	Kate Jarman, Director of Corporate Affairs and Communication	
Report Author	Kwame Mensa-Bonsu, Trust Secretary	

Introduction	Assurance Report		
Key Messages to Note	The document remain under development and the Committee is asked to review and make recommendations as appropriate. **A. Updated Commentary** The commentary on cause for **Risk 4** (page 15) – related to 'Insufficient funding to meet the needs of population we serve' – has been updated (highlighted). **B. Revised Risk Score** The score for **Risk 5** (page 18) – related to the 'suboptimal head and neck cancer pathway' – has been revised upwards from 15 to 20 due to a delayed response from OUH to NHSE on the potential way forward and the suboptimal process in terms of collaboration / engagement with MIKUH on the proposed service model. **C. New Risk Entry** A new risk entry – **Risk 6** – (page 20) related to the 'sufficiency of future NHS funding' has been added to the BAF.		
Recommendation *(Tick the relevant box(es))*	**For Information** [x]	**For Approval** [ ]	**For Review** [x]

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

Report History	Finance and Investment Committee, April 2023
Next Steps	Trust Executive Committees and Board Committees, May 2023
Appendices/Attachments	Board Assurance Framework

The Board Assurance Framework

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

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

Strategic Objectives

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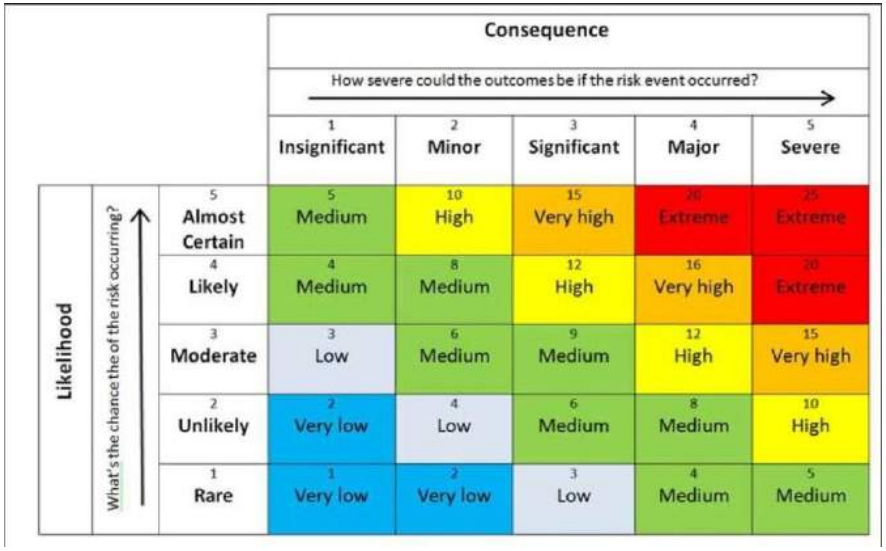
Risk treatment strategy: Terminate, treat, tolerate, transfer

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

Assurance ratings:

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

5X5 Risk Matrix:



Board Assurance Framework 2022-2023

The Board held a dedicated seminar on risk and the BAF in October 2022. This was to embed understanding among new members of the Board on the Trust's risk management processes, and to review the risks on the BAF, as part of a regular review.

In reviewing other Trust BAFs, particularly those recently evaluated through the Care Quality Commission Well Led process, recommendations to split BAF risk into immediate and medium/ long term was made and accepted by the Board to enable more robust management of immediate risk, and support risk horizon scanning.

The product of that seminar was a new set of recommended risks. These are described below. The next step for development is to work through the Committees and Executive to present a full new BAF at the January 2023 Trust Executive Group and public Board.

Next Six to 12 Month Risk Profile (2023)

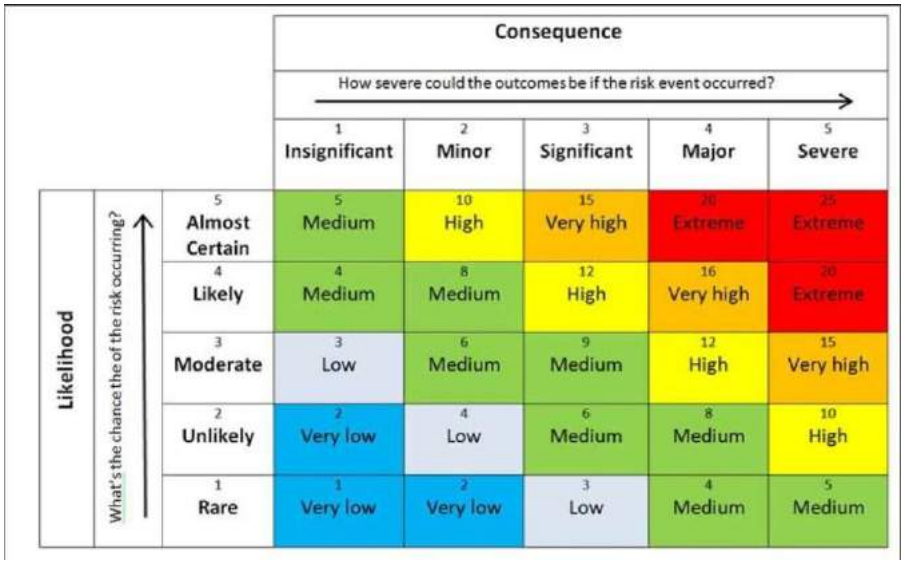
The feedback from the three Board risk seminar groups (shown below) has been distilled into five key risks against the achievement of the Trust's strategic objectives in the immediate term. These are as follows:

1. **Insufficient staffing to maintain safety**
2. **Patients experience poor care or avoidable harm due to delays in planned care**
3. **Patients experience poor care or avoidable harm due to inability to manage emergency demand**
4. **Insufficient funding to meet the needs of the population we serve**
5. **Suboptimal head and neck cancer pathway**

Group feedback (six-month to 12-month risk profile):

Group 1	Group 2	Group 3
• Staffing and capacity to meet demand • Care assurance consistency under pressure • Managing demand • Environmental conditions • Potential strike action	• Strike action • Covid • Emergency experience linked to waiting times and actual experience • General staffing • Winter capacity	• Shortage of clinical staff • Strikes • Cost of living crisis • Avoidable harm due to delays • Maternity - external perspective of services • Service provision failings due to capacity and staffing

Six-Month to 12-Month Risk Profile



Likelihood		Consequence: 1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
What's the chance the of the risk occurring?		How severe could the outcomes be if the risk event occurred? →				
5	Almost Certain	5 Medium	10 High	15 Very high	20 Extreme	25 Extreme
4	Likely	4 Medium	8 Medium	12 High	16 Very high	20 Extreme
3	Moderate	3 Low	6 Medium	9 Medium	12 High	15 Very high
2	Unlikely	2 Very low	4 Low	6 Medium	8 Medium	10 High
1	Rare	1 Very low	2 Very low	3 Low	4 Medium	5 Medium

	1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
5 Almost Certain					
4 Likely					
3 Moderate					
2 Unlikely					
1 Rare					

RISK 1: Insufficient staffing levels to maintain safety

Strategic Objectives

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Strategic Risk	If staffing levels are insufficient in one or more ward or department, then patient care may be compromised, leading to an increased risk of harm						
Lead Committee	Workforce	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm	**Trend: STABLE**
Executive Lead	Director of Workforce	**Consequence**	5	5	**Risk Appetite**	Avoid	
Date of Assessment	December 2022	**Likelihood**	3	1	**Risk Treatment Strategy**	Treat	
Date of Review	Monthly	**Risk Rating**	15	5	**Assurance Rating**		

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
1. Increasing turnover 2. Sickness absence (short and long term) 3. Industrial action	Staffing/Roster Optimisation • Exploration and use of new roles. • Check and Confirm process	• Processes in development and review, yet to embed fully	• Complete embedding of processes • Divisional ownership	**First line of defence:** Active monitoring of workforce key performance indicators.	**First line of defence:**	

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
4. Inability to recruit	• Safe staffing, policy, processes and tools Recruitment • Recruitment premia • International recruitment • Apprenticeships and work experience opportunities. • Use of the Trac recruitment tool to reduce time to hire and candidate experience. • Rolling programme to recruit pre-qualification students. • Use of enhanced adverts, social media and recruitment days • Rollout of a dedicated workforce website • Creation of recruitment "advertising" films • Targeted recruitment to reduce hard to fill vacancies.	• Lack of Divisional ownership and understanding of safe staffing and efficient roster practices • Monitoring Divisional processes to ensure timely recruitment • Focussed Executive intervention in areas where vacancies are in excess of 20% Increased talent management processes	of vacancies, staffing and rostering practices • Workforce team monitor vacancies to ensure recruitment taking place • Executive oversight of areas with vacancies in excess of 20% Talent management strategy refreshed and revised	**Second line of defence:** Annual Staff Survey **Third line of defence:** Internal audit	**Second line of defence:** **Third line of defence:**	

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
	Retention • Retention premia • Leadership development and talent management • Succession planning • Enhancement and increased visibility of benefits package • Schwartz Rounds and coaching collaboratives. Onboarding and turnover strategies/reporting • Learning and development programmes • Health and wellbeing initiatives, including P2P and Care First • Staff recognition - staff awards, long service awards • Review of benefits offering and assessment against peers					

RISK 2: Patients experience poor care or avoidable harm due to delays in planned care

Strategic Objectives

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Strategic Risk	If emergency or elective care pathways are delayed, then patients will wait longer to access treatment, leading to potential risk of harm						
Lead Committee	Quality & Clinical Risk, TEC	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm	**Trend: INCREASING**
Executive Lead	Chief Operating Officer	**Consequence**	5	5	**Risk Appetite**	Avoid	
Date of Assessment	December 2022	**Likelihood**	4	2	**Risk Treatment Strategy**	Treat	
Date of Review	Monthly	**Risk Rating**	20	10	**Assurance Rating**		

Cause	**Controls**	**Gaps in Controls**	**Action Required**	**Sources of Assurance**	**Gaps in Assurance**	**Action Required**
1. Overwhelming demand for emergency care	Clinically and operationally agreed escalation plan	Vacancies in nurse staffing		**First line of defence:**	**First line of defence:**	

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
2. Inability to treat elective (planned) patients due to emergency demand 3. Inability to treat elective (planned) patients due to staffing shortages 4. Patients delayed in elective backlogs 5. Inability to discharge patients to onward care settings 6. Elective activity is suspended (locally or by national directive) to enable the Trust to cope with emergency demand or further Covid-19 surges, resulting in increasing waits for patients needing elective treatment –	Clinically risk assessed escalation areas available. Surge plans Emergency admission avoidance pathways, SDEC and ambulatory care services. Maximising Use of Independent Sector. Divisional and CSU management of Waiting Lists. Agreement of local standards and criteria for alternative pathway management – clinical prioritisation and validation Long-wait harm reviews Extension of working hours and additional Waiting List Initiatives to compensate for capacity deficits through distancing and Infection Prevention and Control requirements.	Higher than normal turnover Increased volume of ambulance conveyances and handover delays. Admission areas and flow management issues. Limitations to what Independent Sector Providers can take. Historic issue with Appointment Slot Issues & capacity Resilience and wellbeing of staff and need for A/L and rest. Set up time for services off site.		**Second line of defence:** **Third line of defence:**	**Second line of defence:** **Third line of defence:**	

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
including cancer care	Additional capacity being sourced and services reconfigured. Winter escalation plans to flex demand and capacity Plans to maintain urgent elective work and cancer services through periods of peak demand Agreed plans with local system National lead if level 4 incident, with established and tested plans Significant national focus on planning to maintain elective care					

RISK 3: Patients experience poor care or avoidable harm due to inability to manage emergency demand

Strategic Objectives

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Strategic Risk	If there is overwhelming demand for emergency care on successive days, then patients will not receive timely care, leading to the potential for harm					**Strategic Objective**	Keeping you safe in our hospital
Lead Committee	Quality & Clinical Risk Committee	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm	**Trend: INCREASING**
Executive Lead	Chief Operating Officer	**Consequence**	5	5	**Risk Appetite**	Avoid	
Date of Assessment	December 2022	**Likelihood**	4	2	**Risk Treatment Strategy**	Treat	
Date of Review	Monthly	**Risk Rating**	20	10	**Assurance Rating**		

Cause	**Controls**	**Gaps in Controls**	**Action Required**	**Sources of Assurance**	**Gaps in Assurance**	**Action Required**
1. Very high numbers of patients accessing emergency care on successive days	Clinically and operationally agreed escalation plan	Staffing levels - vacancies in professional staff groups,	Ongoing recruitment drive and review of staffing models and skill mix.	**First line of defence:** • Daily huddle / silver command and hospital	**First line of defence:**	Reduce occupancy Increase front door capacity

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
2. Overwhelm or service failure (for any reason) in primary care 3. Overwhelm or service failure (for any reason) in mental health (adult of child) services)	Adherence to national OPEL escalation management system Clinically risk assessed escalation areas available. Surge plans, COVID-specific SOPs and protocols have been developed. Emergency admission avoidance pathways, SDEC and ambulatory care services.	higher than normal staff absences and sickness Increased volume of ambulance conveyances and handover delays. Over-crowding in waiting areas at peak times. Admission areas and flow management issues. Reduction in bed capacity / configuration issues through estates work.	Redeployment of staff from other areas to the ED at critical times of need. Enhanced clinical staff numbers on current rotas Services and escalation plans under continuous review in response to shrinking pandemic numbers and related non covid pressures	site meetings in hours. • Out of hours on call management structure. • Major incident plan .		Increase staffing Increase discharge profile with system partners Increase vaccine uptake in the community
				Second line of defence: • System-wide (MK/BLMK/ICS) Partnership Board, Alliance & Weekly Health Cell. • Daily system resilience calls (MK Place & BLMK) .	**Second line of defence:**	
				Third line of defence:	**Third line of defence:**	

RISK 4: Insufficient funding to meet the needs of population we serve

Strategic Objectives

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Strategic Risk	If there is insufficient, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims, leading to service failure and regulatory intervention					**Strategic Objective**	Keeping you safe in our hospital
Lead Committee	Finance & Investment Committee	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm	**Trend: INCREASING**
Executive Lead	Director of Finance	**Consequence**	5	5	**Risk Appetite**	Avoid	
Date of Assessment	December 2022	**Likelihood**	4	2	**Risk Treatment Strategy**	Treat	
Date of Review	24/04/23	**Risk Rating**	20	10	**Assurance Rating**		

Cause	**Controls**	**Gaps in Controls**	**Action Required**	**Sources of Assurance**	**Gaps in Assurance**	**Action Required**
The current NHS capital regime does not provide adequate certainty over the availability of strategic capital finance.	The Trust has established management processes to prioritise investment of available capital resources to manage emerging risk and safety across the hospital.	The Trust does not directly control the allocation of operational or strategic NHS capital finance.	Continued review of capital spend against available resources. Close relationship	**First line of defence:** Internal management capital oversight provided by capital scheme	**First line of defence:** Limited oversight of ICS capital slippage until notified by partner organisation	Proactive monitoring of ICS partner and East of England regional capital expenditure reporting.

The capital budget available for 2023/24 is not sufficient to cover the planned depreciation requirement for operational capital investment. Consequently, it is difficult to progress investment plans in line with the needs of the local population without breaching the available capital budget.	The Trust is responsive in pursuing additional central NHSE capital programme funding as/when additional funding is available. The Trust is agile in responding to late notified capital slippage from across the ICS and wider region to take advantage of additional capital budget.	The ICS has limited control on the allocation of operational capital.	management of key external partners (NHSE).	leads.		
				Second line of defence: Monthly Performance Board reporting Trust Executive Committee reporting Finance and Investment Committee reporting		
				Third line of defence: Internal Audit Reporting on the annual audit work programme. External Audit opinion on the		

				Annual Report and Accounts.		

RISK 5: Suboptimal head and neck cancer pathway

Strategic Objectives

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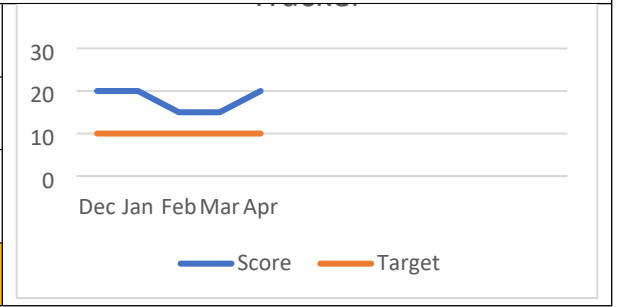
Strategic Risk	If the pathway for patients requiring head and neck cancer services is not improved, then users of MKUH services will continue to face disjointed care, leading to unacceptably long delays for treatment and the risk of poor clinical outcomes					
Lead Committee	Quality & Clinical Risk	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Medical Director	**Consequence**	5	5	**Risk Appetite**	Avoid
Date of Assessment	December 2022	**Likelihood**	4	2	**Risk Treatment Strategy**	Treat
Date of Review	17/04/2023	**Risk Rating**	20	10	**Assurance Rating**	



Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
MKUH does not provide head and neck cancer services but acts as a spoke unit to the hub at Northampton. Northampton faces:	MKUH clinicians have escalated concerns (both generic and patient specific) to the management team at Northampton. MKUH clinicians are advocating 'mutual aid from other	No reliable medium to long term solution is yet in place (no definitive position has yet been made by commissioners)	Ongoing safety-netting for patients in current pathway	**First line of defence:** Number and nature of clinical incidents	**Third line of defence:** Regional quality team or independent review of pathway	

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
• Increased demand related to the pandemic; • Staffing challenges in the service • Reduced capacity as a consequence of having reduced the scope of work permissible at MKUH as the spoke site.	cancer centers (Oxford, Luton) where appropriate. The issue has been raised formally at Executive level, and with East of England specialist cancer commissioners Safety-netting for patients in current pathway CEO to regional director escalation Report into cluster of serious incidents produced by Northampton and shared with commissioners	Delayed response from OUH to NHSE on the potential way forward and the suboptimal process in terms of collaboration / engagement with MIKUH on the proposed service model		**Second line of defence:** Coronial inquest		

RISK 6: 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.

Strategic Objectives

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

Strategic Risk	If the 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.					**Strategic Objective**	Innovating and Investing in the future of the Trust
Lead Committee	Finance & Investment Committee	**Risk Rating**	**Current**	**Target**	**Risk Type**	Financial	**Trend: INCREASING**
Executive Lead	Director of Finance	**Consequence**	4	4	**Risk Appetite**	Cautious	
Date of Assessment	March 2023	**Likelihood**	5	2	**Risk Treatment Strategy**	Treat	
Date of Review	24/04/2023	**Risk Rating**	20	8	**Assurance Rating**		

Cause	**Controls**	**Gaps in Controls**	**Action Required**	**Sources of Assurance**	**Gaps in Assurance**	**Action Required**
Increase in operational expenditure initially in response to COVID-19 (sickness/enhanced cleaning etc.)	Internal budgetary review/financial performance oversight processes to manage/mitigate cost pressures	Ability to influence (negotiate) and mitigate inflationary price rises is modest at local level.	Work with ICS partners and NHSE to mitigate financial risk. Closely monitor	**First line of defence:** Financial performance oversight at budget	**First line of defence:** Systematic monitoring of inflationary price changes in non-pay expenditure.	Establish process for oversight of inflationary price

Additional premium costs incurred to treat accumulated patient backlogs. Prolonged premium pay costs incurred in a challenging workforce environment. Increase efficiency required from NHS funding regime to support DHSC budget affordability and delivery of breakeven financial performance. Risk of unaffordable inflationary price increases on costs incurred for service delivery. Affordability of 2023/24 planning objectives (e.g., backlog recovery) in context of draft financial regime for 2023/24	Financial efficiency programme identifies headroom for improvement in cost base. Close monitoring/challenge of inflationary price rises. Medium term financial modelling commencement with ICS partners. Escalation of key risks to NHSE regional team for support.	Effective local pay control diminished in a competitive market. No direct influence national finance payment policy for 2023/24 Limited ability to mitigate cost of non-elective escalation capacity	inflationary price rises and liaise with ICS and NHS England. Timely identification and escalation of emerging risks for management decision	holder and divisional level management meetings Vacancy Control Process for management oversight/approval Controls for discretionary spending (e.g., WLIs) Financial efficiency programme 'Better Value' to oversee delivery of savings schemes. BLMK ICS monthly financial performance reporting	Limited ability to directly mitigate demand for unplanned services.	changes. Closer working with national partners/other provider collaboratives to mitigate exposure to price increases.

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
		No details known for 2023/24 funding and beyond. Ability to influence (negotiate) and mitigate inflationary price rises is modest at local level.	management of key external partners (NHSE) Await publication of multi-year revenue settlement from NHS England and work with ICS partners to forward plan. Closely monitor inflationary price rises and liaise with ICS and NHS England.			
				Second line of defence: Monthly Performance Board reporting Trust Executive Committee reporting Finance and Investment Committee reporting	**Second line of defence:**	

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
				Third line of defence: Internal Audit Reporting on the annual audit work programme. External Audit opinion on the Annual Report and Accounts. Local Counter Fraud reporting to Audit Committee NHS England regional reporting (e.g., assessment of NHS provider productivity).	**Third line of defence:**	

Milton Keynes University Hospital NHS Foundation Trust

Meeting Title	**Trust Board of Directors**	**Date: 04 May 2023**
Report Title	**Use of Trust Seal**	**Agenda Item Number: 15**
Lead Director	**Kate Jarman, Director of Corporate Affairs and Communications**	
Report Author	**Julia Price, Senior Corporate Governor Officer**	

Introduction	Standing Agenda Item/ For Information		
Key Messages to Note	To inform the Board of the use of the Trust Seal.		
Recommendation *(Tick the relevant box(es))*	**For Information** [x]	**For Approval** [ ]	**For Review** [ ]

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

Report History	*N/A*
Next Steps	*N/A*
Appendices/Attachments	*N/A*

Use of Trust Seal

1. Purpose of the Report

In accordance with the Trust Constitution, this report informs the Board of entries in the Trust seal register which have occurred since the last full meeting of the Board.

2. Context

Since the last Trust Board, the Trust Seal has been executed as follows:

28 March 2023 – Grant Agreement with Milton Keynes Council

Trust Board Meeting in Public

Forward Agenda Planner

Standing Items

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

Additional Agenda Items

Month	Assurance Reports/Items
January	Objectives Update
	Antimicrobial Stewardship - Annual Report
	Declaration of Interests Report
	Green Plan Update
	Maternity Patient Survey 2022 interim report
	Infection Prevention and Control Annual Report
	Equality, Diversity & inclusion (ED&I) Update
March	
May	
July	Annual Claims Report
	Equality, Diversity & inclusion (ED&I) Update
	Falls Annual Report
	Pressure Ulcers Annual Report
	Safeguarding Annual Report

	Green Plan Update
	Freedom to Speak Up Guardian Annual Report
September	Research & Development Annual Report
	Emergency Preparedness, Resilience and Response Annual Report
	Annual Complaints Report
	Annual Patient Experience Report
November	CNST Maternity Incentive Scheme and Board Assurance Framework Sign Off
	Update on quality priorities (electives, diagnostics, emergency care and outpatients)
	Freedom to Speak Up Guardian Report
	Accountability and support for theatre productivity
	Mortality Update

APPENDIX 1

Board Performance Report: M12 (March 2023)

Milton Keynes University Hospital NHS Foundation Trust

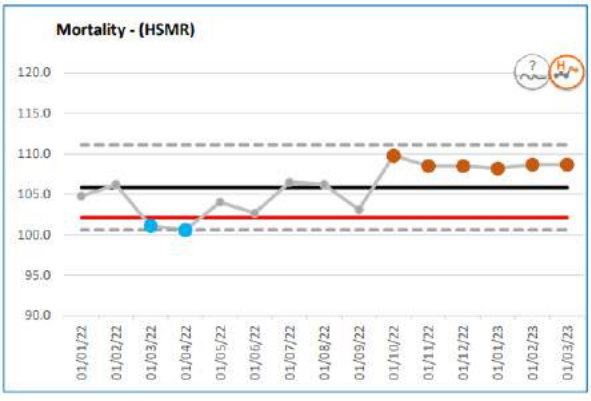
OBJECTIVE 1 – PATIENT SAFETY

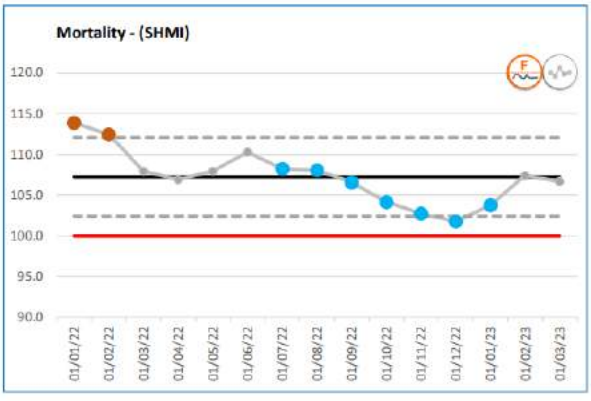
March 2023 and YTD performance against targets and thresholds:

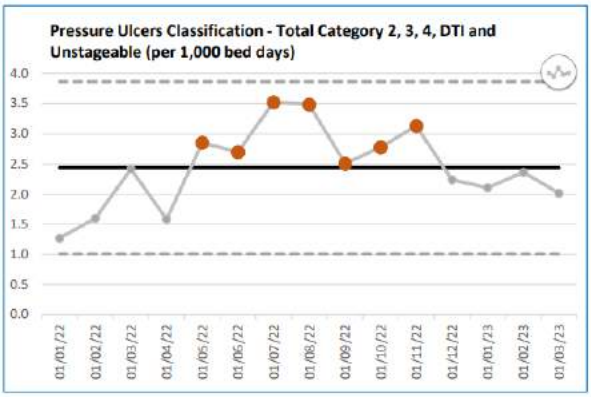
OBJECTIVE 1 - PATIENT SAFETY									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
1.1	Mortality - (HSMR) *	102.1	102.1		108.7	✗	▬		
1.2	Mortality - (SHMI)	100.0	100.0		106.7	✗	▲		
1.6	Falls with harm (per 1,000 bed days)	0.12	0.12	0.15	0.07	✓	▲	✗	
1.13	Pressure Ulcers Classification - Total Category 2, 3, 4, DTI and Unstageable (per 1,000 bed days)	TBC	TBC	2.60	2.02	Not Available	▲	Not Available	

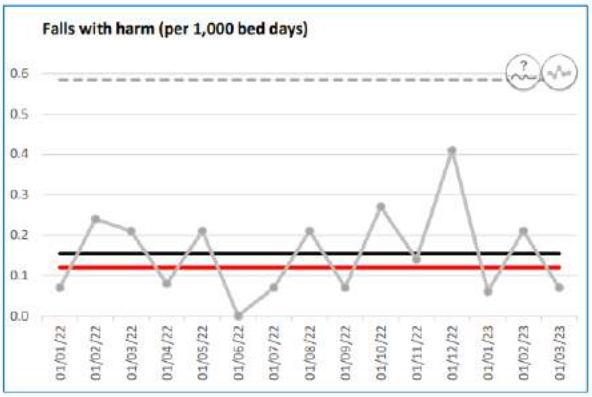
Key Points

- **HSMR:** The mortality report for March 2023 was not provided, therefore the actual month figure of 108.7 is for February 2023.
- **SHMI:** SHMI improved slightly in March 2023, decreasing to 106.7 from 107.4 in February 2023.
- **Falls**: One fall with moderate harm occurred in March 2023, in Medicine.
- **Pressure Ulcers**: There were 31 category 2, 3, 4, DTI and Unstageable pressure ulcers in March 2023; 23 in Medicine and eight in Surgery.









Board Performance Report: M12 (March 2023)

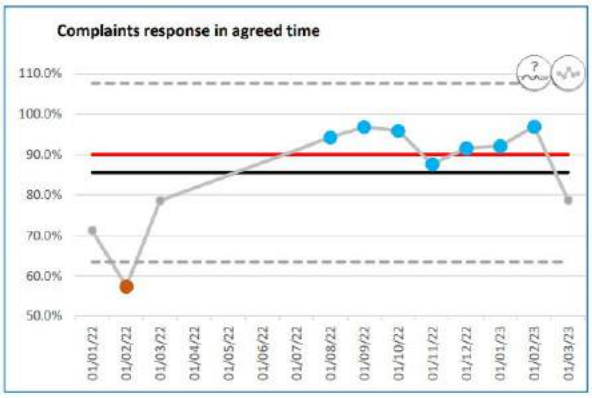
OBJECTIVE 2 – PATIENT EXPERIENCE

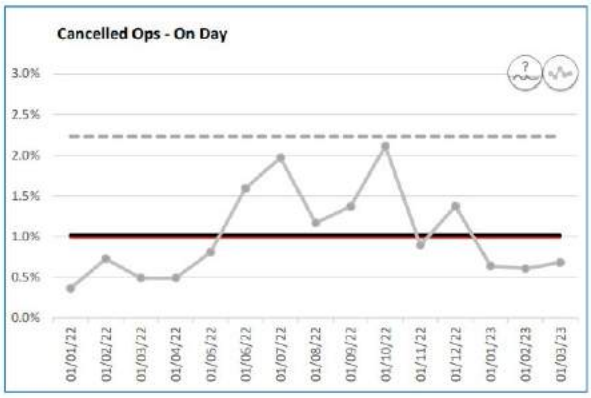
March 2023 and YTD performance against targets and thresholds:

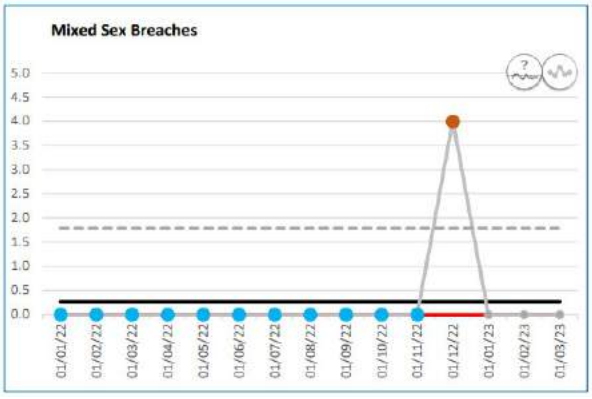
OBJECTIVE 2 - PATIENT EXPERIENCE									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.3	Complaints response in agreed time	90%	90%	91.5%	78.7%	✗	▼	✓	
2.4	Cancelled Ops - On Day	1%	1%	1.14%	0.68%	✓	▼	✗	
2.5	Over 75s Ward Moves at Night	1,500	1,500	1,652	116	✓	▼	✗	
2.6	Mixed Sex Breaches	0	0	4	0	✓	▬	✗	

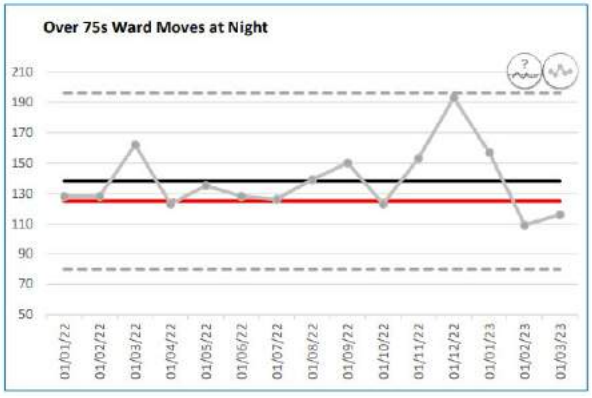
Key Points

- **Complaints response in agreed time:** Of the 94 complaints received in February 2023, 74 were responded to within the agreed timeframe.
- **Cancelled on the Day Operations:** In March 2023, there were 19 operations that were cancelled on the day for non-clinical reasons, representing 0.68% of all planned operations. The majority of the cancellation reasons were related to staff and bed availability.
- **Over 75s Ward Moves at Night**: There were 116 over 75s ward moves at night in March 2023; 104 in Medicine and 12 in Surgery.
- **Mixed Sex Breaches:** There were zero mixed sex breaches in March 2023. All four breaches during 2022/23 occurred in December 2022.









OBJECTIVE 3 – CLINICAL EFFECTIVENESS

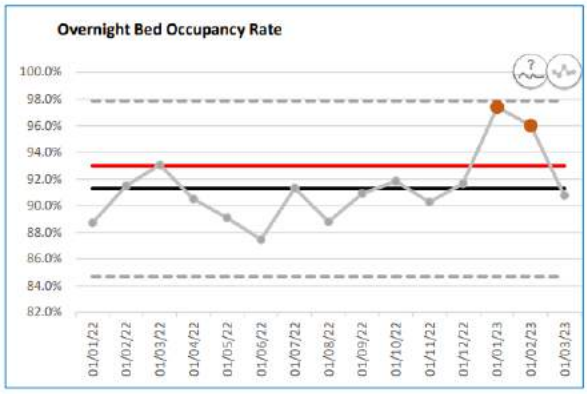
March 2023 and YTD performance against transitional targets and recovery trajectories:

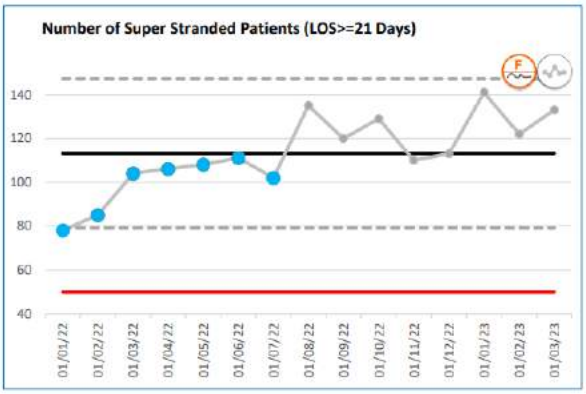
OBJECTIVE 3 - CLINICAL EFFECTIVENESS									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate	93%	93%	91.5%	90.8%	✓	▲	✓	
3.5	Patients not meeting Criteria to Reside	TBC			95	Not Available	▼		
3.6b	Number of Super Stranded Patients (LOS>=21 Days)	50			133	×	▼		
3.7	Delayed Transfers of Care	25			50	×	▼		
3.9a	Ambulance Handovers <30 mins (%)	95%	95%	80.8%	85.3%	×	▼	×	

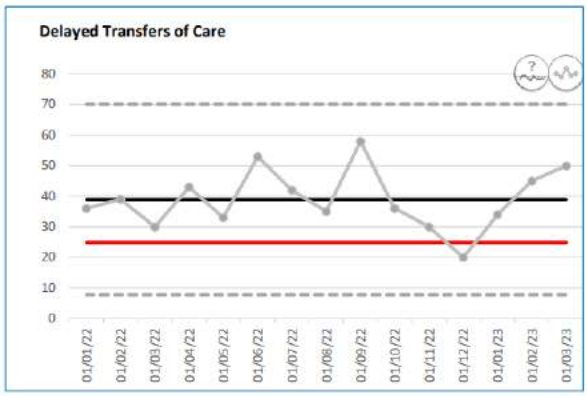
Key Points

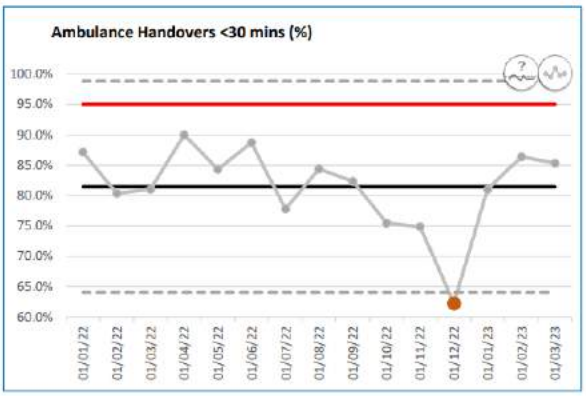
- **Bed Occupancy:** Overnight bed occupancy was 90.8%, within the threshold of 93%. A significant number of beds were unavailable due to:
  - 133 super stranded patients (length of stay 21 days or more).
  - 50 DTOC patients.
  - 95 patients not meeting the criteria to reside.

- **Ambulance Handovers:** 85.3% of ambulance handovers took less than 30 minutes, above the 2022/23 monthly average (81.1%).









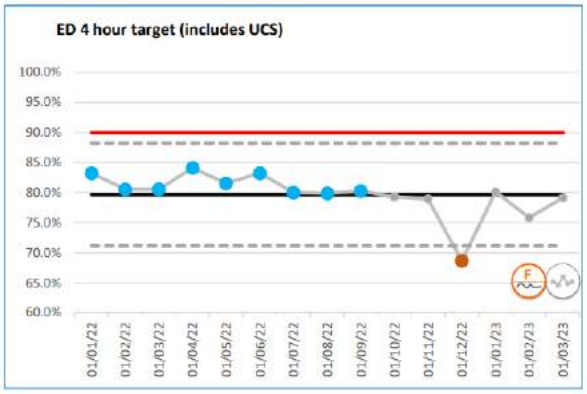
OBJECTIVE 4 - KEY TARGETS

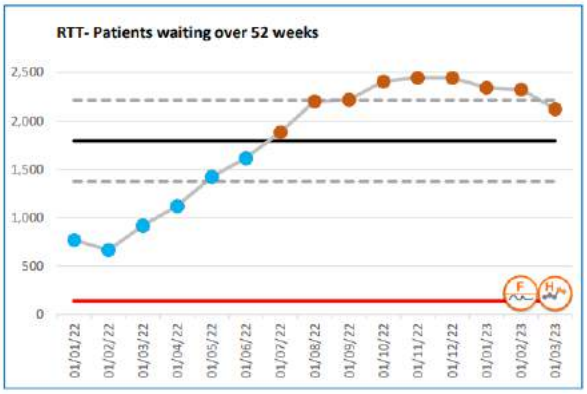
March 2023 and YTD performance against transitional targets and recovery trajectories:

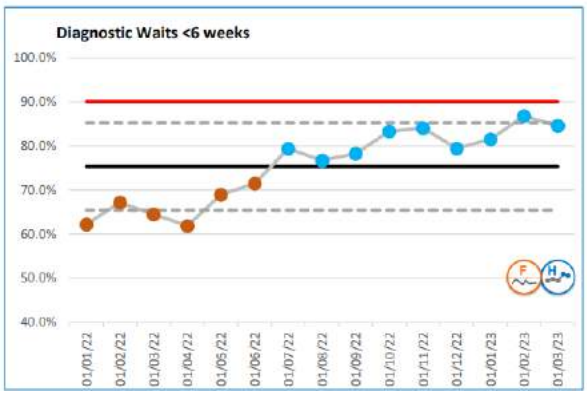
OBJECTIVE 4 - KEY TARGETS									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1a	ED 4 hour target (includes UCS)	90%	90%	79.1%	79.1%	✗	▲	✗	
4.5a	RTT Patients waiting over 52 weeks (Total)	0	0		2122	✗	▲		
4.6	Diagnostic Waits <6 weeks	90%	90%		84.5%	✗	▼		
4.7	All 2 week wait all cancers (Quarterly)	93%	93%		79.7%	✗	▲		
4.9	62 day standard (Quarterly)	85%	85%		63.7%	✗	▼		

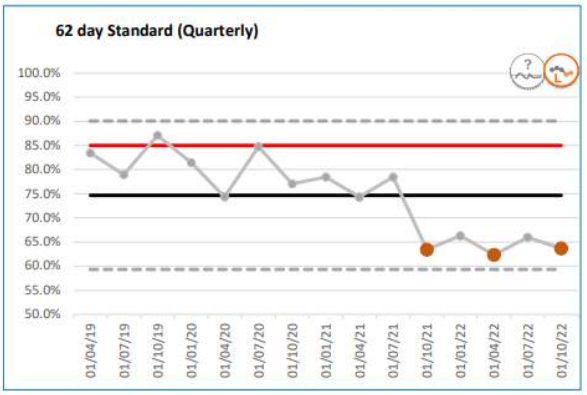
Key Points

- **ED:** ED 4-hour performance increased to 79.1%, exceeding both the national performance and the performance of the majority of trusts within our Peer Group.
- **RTT:** 37,619 patients were on an open RTT pathway. Of these:
  - 2,122 patients were waiting over 52 weeks, declining from 2,324 in February 2023.
  - 20 patients were waiting over 78 weeks.
  - 0 patients were waiting over 104 weeks.
- **Diagnostics**: 8,216 patients were waiting for a diagnostic test. Of which:
  - 84.5% were waiting less than 6 weeks.
- **Cancer:**
  - 62-day standard performance in Q3 was 63.7% against a national target of 85%, a deterioration when compared to Q2's performance of 66.0%.
  - 79.7% of patients attended an outpatient appointment within two weeks of an urgent GP referral for suspected cancer, an improvement when compared to Q2's performance of 73.1%.









Board Performance Report: M12 (March 2023)

OBJECTIVE 5 - SUSTAINABILITY

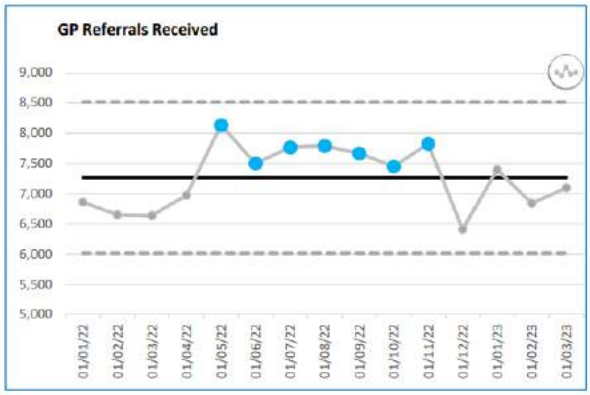
March 2023 and YTD performance against transitional targets and recovery trajectories:

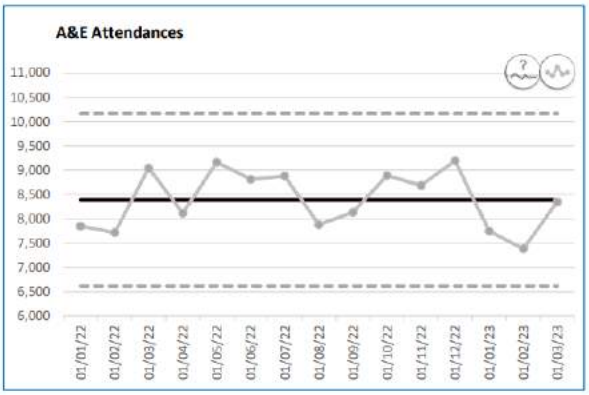
OBJECTIVE 5 - SUSTAINABILITY									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
5.1	GP Referrals Received	Not Available		88,851	7,100	Not Available	▲	Not Available	
5.2	A&E Attendances	100,638	100,638	101,212	8,342	✓	▼	✗	
5.6	Outpatient DNA Rate	6%	6%	7.2%	6.9%	✗	▼	✗	
5.8	Elective Spells (% of 2019/20 performance)	110%	110%	103.0%	142.0%	✓	▲	✗	
5.9	OP Attendances (% of 2019/20 performance)	104%	104%	108.2%	132.3%	✓	▲	✓	

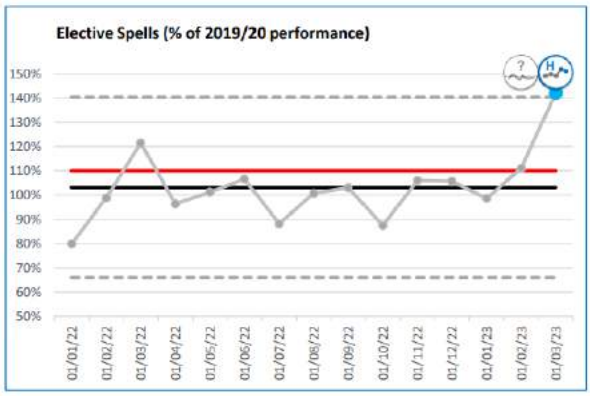
Key Points

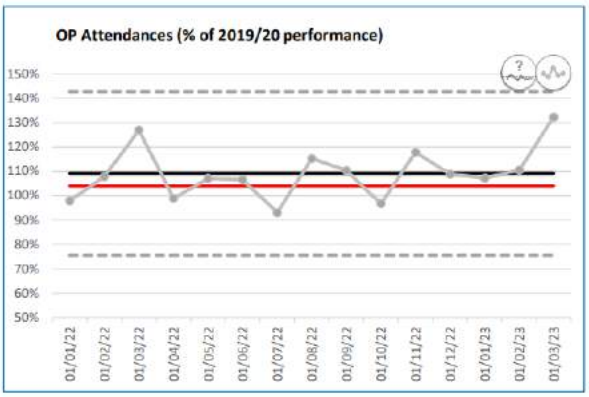
- **GP Referrals:** 7,100 GP referrals were received in March 2023, below the 2022/23 monthly average of 7,404.
- **A&E Attendances:** There were 8,342 A&E attendances in March 2023, a significant increase from 7,380 in February 2023.
- **Outpatients:**
  - There were 37,343 outpatient attendances, an increase in comparison to March 2020.
  - 6.9% of patients did not attend their appointment, below the 2022/23 monthly average (7.2%).

Elective Spells: There were 2,183 elective spells, an increase in comparison to March 2020.









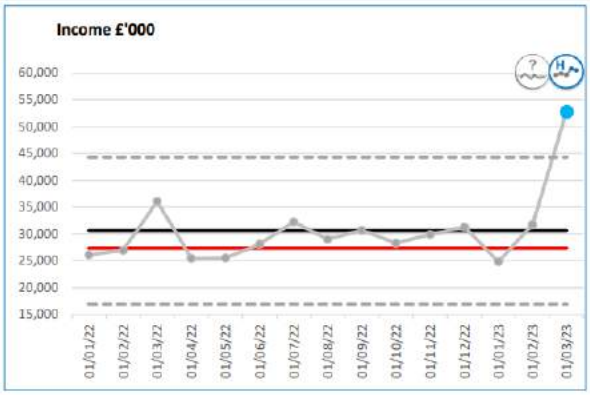
OBJECTIVE 7 - FINANCIAL PEFORMANCE

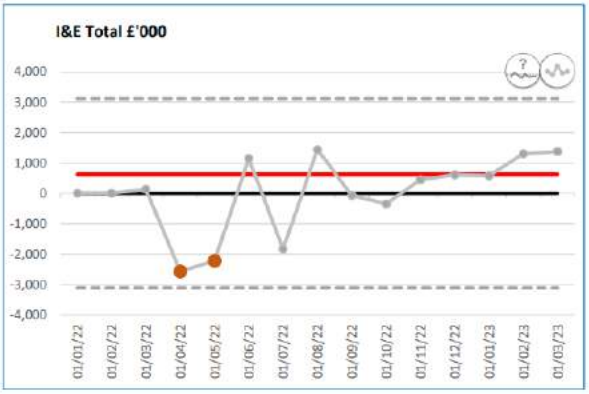
March 2023 and YTD performance against transitional targets and recovery trajectories:

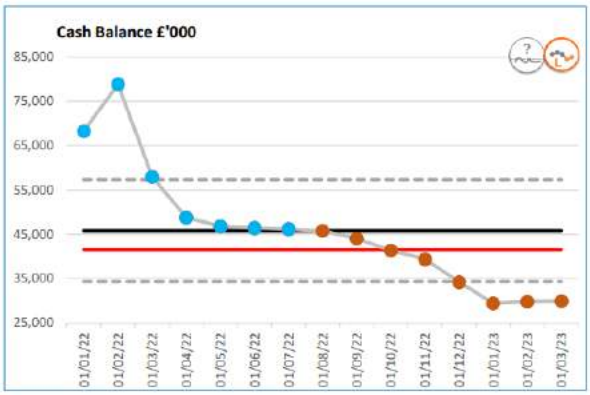
OBJECTIVE 7 - FINANCIAL PERFORMANCE									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
7.1	Income £'000	332,163	332,163	369,671	52,774	✓	▲	✓	
7.5	I&E Total £'000	(0)	(0)	(108)	1,377	✓	▲	×	
7.6	Cash Balance £'000		36,417		29,995	×	▲		
7.7	Savings Delivered £'000	12,049	12,049	12,050	2,133	✓	▲	✓	
7.8	Capital Expenditure £'000	(18,288)	(18,288)	(29,330)	(8,401)	×	▼	×	

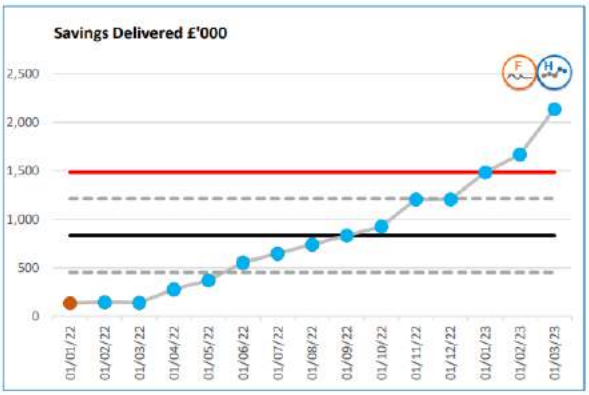
Key Points

- **Income:**
- **I&E Total:**
- **Cash Balance:**
- **Savings Delivered:** Savings delivered (£'000) reached a year to date high in March 2023 with 2,133.
- **Capital Expenditure:**









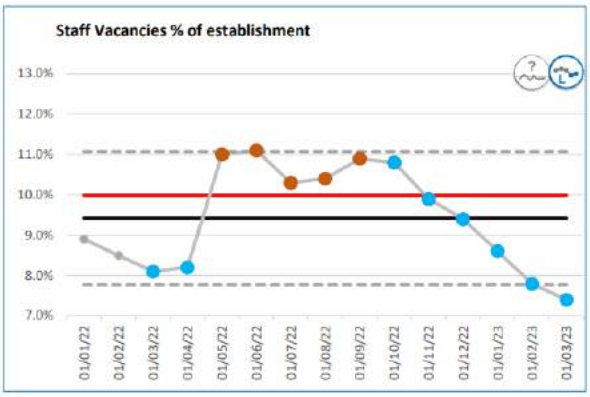
OBJECTIVE 8 - WORKFORCE PEFORMANCE

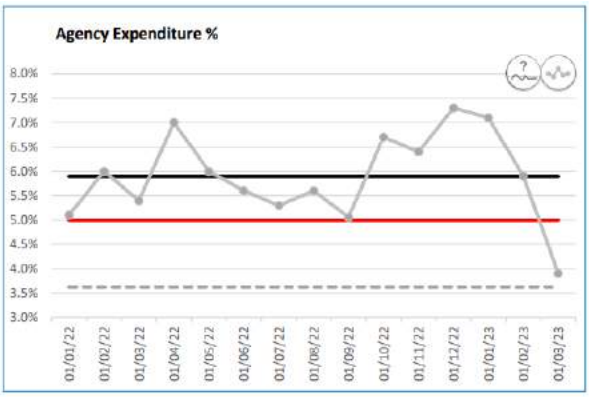
March 2023 and YTD performance against transitional targets and recovery trajectories:

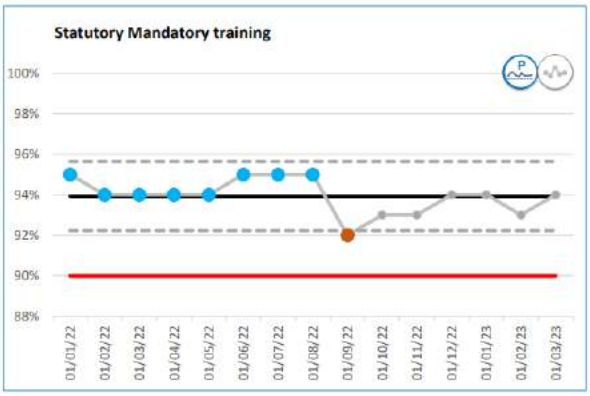
OBJECTIVE 8 - WORKFORCE PERFORMANCE									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
8.1	Staff Vacancies % of establishment	10.0%	10.0%		7.4%	✓	▲		
8.2	Agency Expenditure %	5.0%	5.0%	6.0%	3.9%	✓	▲	✗	
8.3	Staff Sickness % - Days Lost (Rolling 12 months)	5.5%	5.5%		4.9%	✓	▲		
8.5	Statutory Mandatory training	90%	90%		94.0%	✓	▲		
8.6	Substantive Staff Turnover	9.0%	9.0%		16.4%	✗	▲		

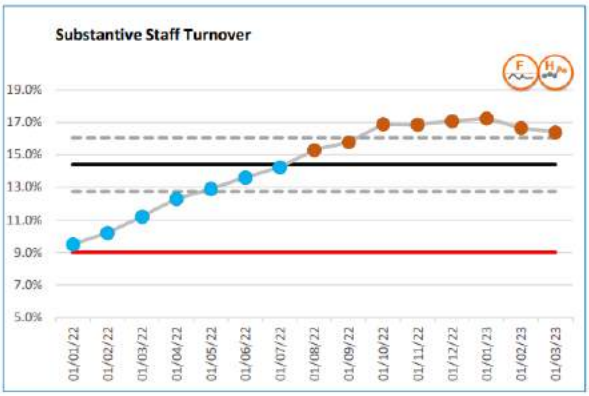
Key Points

- **Staff Vacancies:** Staff vacancies have continued to reduce and are at their lowest point for the year. Significant recruitment activity across the Trust, but specifically Health Care Support Workers, has contributed to this, in addition to the international recruitment campaigns for nursing that are ongoing.
- **Agency Expenditure:** Agency expenditure has improved significantly in month, most likely due to the cessation of the majority of longline agency bookings from 1/3/23. There is likely to be an increase in M1 as usage increased during the period of industrial action.
- **Staff Sickness:** Staff sickness continues to reduce with an improvement in long term absence rates across the divisions.
- **Statutory Mandatory Training:** Statutory and mandatory training remains above the threshold with improvements in month.
- **Substantive Staff Turnover:** Turnover continues to improve following high attrition in the past year, which is a national trend across the NHS. Retention initiatives and action plans within key departments is starting to have an impact on turnover and vacancy rates.





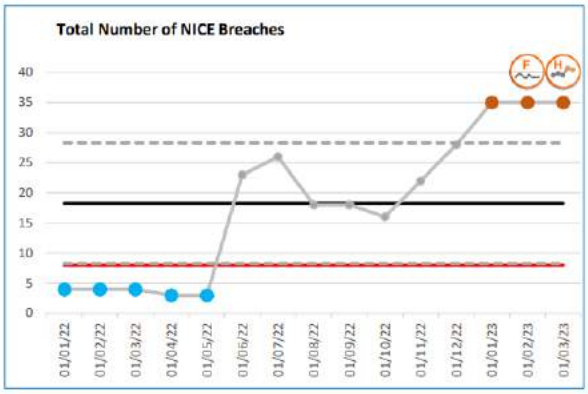
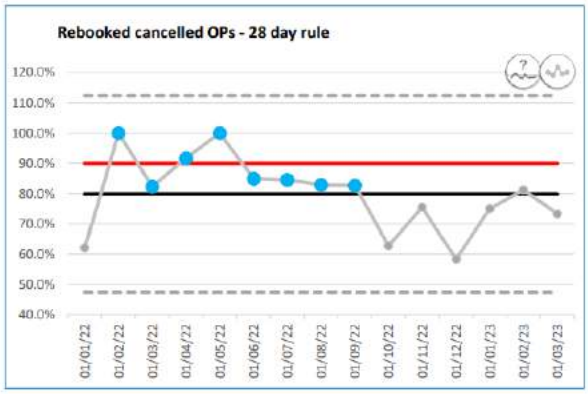
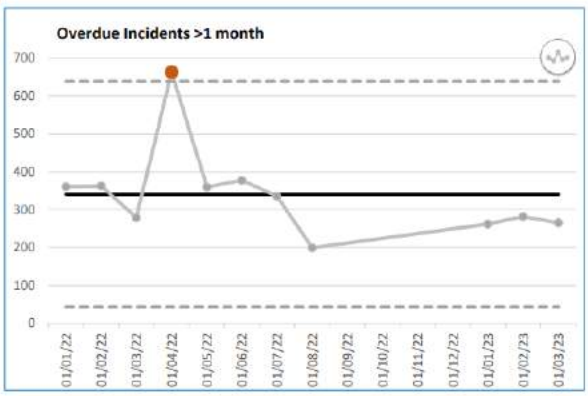
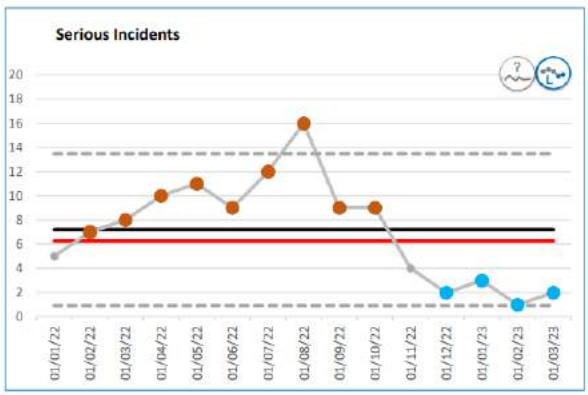




OBJECTIVE O - OTHER

March 2023 and YTD performance against transitional targets and recovery trajectories:

OBJECTIVES - OTHER									
ID	Indicator	Threshold 2022-23	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
O.1	Total Number of NICE Breaches	8	8		35	✗	▬		
O.2	Rebooked cancelled OPs - 28 day rule	90%	90%	77.7%	73.3%	✗	▼	✗	
O.4	Overdue Incidents >1 month	TBC	TBC		265	Not Available	▲		
O.5	Serious Incidents	75	75	88	2	✓	▼	✗	

Key Points

- **NICE Breaches:** NICE breaches remained at 35 in March 2023, the highest number in 2022/23 and a large increase since April 2022 (three breaches).
- **Rebooked Cancelled Ops within 28 Days:** Of the 15 operations cancelled on the day due to non-clinical reasons in February 2023, 73.3% were rebooked within 28 days.
- **Overdue Incidents > 1 month:** There were 265 overdue incidents greater than 1 month in March 2023.
- **Serious Incidents:** There were two serious incidents recorded in March 2023: one under Core Clinical and one under Women & Children.