

Bundle Trust Board Meeting in Public 5 September 2024

16.
1 Corporate Risk Register
Chief Corporate Services Officer
Item 16.1 Corporate Risk Register - as at 23rd August 2024
16.
2 Significant Risk Register
Chief Corporate Services Officer
Item 16.2 Significant Risk Register - as at 23rd August 2024
17.
1 Board Assurance Framework
Chief Corporate Services Officer
Item 17.1 Board Assurance Framework September 24

Reference	Description	Impact of risk	Owner	Last review	Next review	Status	Original score	Current score	Target score	Risk appetite	Risk response
RSK-016	IF there is a lack of flow in the organisation THEN there may be an unsafe environment for patients	LEADING TO a potentially impact on bed space capacity, ambulance queues, missed Emergency Access Targets and overcrowding into ED/radiology corridors creating Health & Safety hazard and continued pressure, leading to poor patient care/treatment, nursing patients outside of cubicles in corridors and the middle of majors, and delays in discharge/transfer and the potential for an increase of incidents being reported regarding assessment/care/treatment, and or significant number of patients with a high acuity/ dependency being cared for in areas that are not suitable for safe care	Kirsty McKenzie	20-Aug-2024	30-Aug-2024	Pending	25	20	12	Low	Treat
RSK-035	IF there is a high turnover of staff due to: work pressure, not having the opportunity to work at the top of their licence, lack of capacity for development, lack of capacity for supervision / support. Also difficulty in recruiting. Loss of staff to primary care which offers more attractive working hours. THEN there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines.	LEADING TO: 1. increased length of stay due to TTO delay 2. increase in prescribing errors not corrected 3. increase in dispensing errors 4. increase in missed doses 5. failure to meet legal requirements for safe and secure use of medicines 6. harm to the patients 7. adverse impact on mental health of Pharmacy staff All resulting in adverse patient outcomes. Lack of financial control on medicines expenditure Breach of CQC regulations	Helen Smith	07-Jun-2024	12-Jul-2024	Overdue	20	20	6	Low	Treat
RSK-134	If there is insufficient funding, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims,	Leading to service failure and regulatory intervention THEN the Trust will be unable to meet its financial performance obligations or achieve financial sustainability	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	20	20	8	High	Treat
RSK-202	IF Financial Efficiency schemes are not fully developed THEN There is a risk that the Trust will not deliver the required level of savings	LEADING TO potential cash shortfall and non-delivery of its key targets	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	20	20	8	Medium	Treat
RSK-305	If there is insufficient strategic capital funding available in relation to NHP THEN the Trust will be unable to invest in the site to maintain pace with the growth of the Milton Keynes population's demand for hospital services	LEADING To financial loss and reputational damage	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	16	20	10	Medium	Treat
RSK-457	IF there are insufficient staffing levels (radiographers) THEN there will be reduced capacity in the department resulting in closure of the 3rd CT Scanner	LEADING TO delays to patient diagnosis and treatment, potential missed diagnosis; increased stress / increased sickness and potentially inability to retain staff	Mike Pashler	20-Aug-2024	30-Aug-2024	Pending	20	20	6	Low	Treat
RSK-001	IF all known incidents, accidents and near misses are not reported on the Trust's incident reporting system (Radar); THEN the Trust will be unable to robustly investigate all incidents and near-misses within the required timescales;	LEADING TO an inability to learn from incidents, accidents and near-misses, an inability to stop potentially preventable incidents occurring, potential failure to comply with Duty of Candour legislation requiring the Trust to report all known incidents where the severity was moderate or higher, potential under reporting to the Learning from Patient Safety Events (LFPSE) system, and potential failure to meet Trust Key Performance	Tina Worth	21-Aug-2024	30-Sep-2024	Planned	20	16	12	Low	Treat
RSK-036	If there is no capacity in the Pharmacy Team THEN there is a risk that Pharmacy and Medicines Policies and Procedures may not be reviewed and updated in a timely manner, nor new policies developed	Leading to: Potential for Policies & Procedures to be out of date Potential for staff to follow out of date Policies & Procedures Failure to meet CQC requirements Lack of guidance for staff Potential harm to patients	Helen Smith	07-Jun-2024	12-Jul-2024	Overdue	16	16	6	Low	Treat
RSK-142	IF there is insufficient capacity and ongoing unsustainable demand for dietetic input for Paediatric patients (both inpatient and outpatient) . IF Home Enterally Fed Paediatrics patients continue to be seen our outpatient structure which is not adequate to meet their demands and needs. This means that these high risk groups of Children and Young People are not accessing the necessary specialist nutritional support at the appropriate time in their development 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	12-Aug-2024	13-Sep-2024	Planned	15	16	6	Low	Treat
RSK-424	IF the new information standard regarding SDEC is released without significant operational and technical changes to the way the relevant information is collected THEN MKUH may not be able to submit the dataset in the required format with the required content LEADING TO a potential financial and reputational impact to MKUH	LEADING TO potential financial, reputational, contractual, or operational impacts.	Craig York	20-Aug-2024	04-Sep-2024	Planned	12	16	4	Medium	Treat
RSK-526	IF the Trust does not have a sufficient capital expenditure limit (CDEL) Then the Trust will not be able to complete the level of planned capital investment	Leading to insufficient capital expenditure putting a risk on the trusts backlog maintenance and planned clinical replacement programme	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	16	16	6	Medium	Treat
RSK-158	IF the escalation beds are open across the medical and surgical divisions. Then the additional patients that will need to be seen will put additional demand on the Inpatient Therapy & Dietetic Services that are already stretched due to long term vacancies	LEADING TO: Patients deconditioning, nutritional needs of patients may not be met and increased Length Of Stay (LOS), high volume of patients will not be seen daily, priority will be given to new assessments, discharges and acute chests. Majority of patients may only be seen once a week for rehabilitation which is insufficient to maintain a patient's level of function. Staff morale will reduce as they will not be providing the appropriate level of assessment and treatment to their patients. Increases use of agency staff as unable to fill with longer term contracts	Laura Sturgeon	06-Aug-2024	24-Sep-2024	Planned	16	15	6	Medium	Treat
RSK-159	Patients referred to the Occupational Therapy and Physiotherapy inpatient services covering complex medical are not being seen in a timely manner. This is to due to high vacancies, clinical skills gaps and lack of support for preceptees and new starters due to high use of agency. In July: OT service running at 50% staffing registered physio running at 28% substantive staff, 28% agency staff Therapy assistants running at 66% Agency staff lack local knowledge of discharge planning services and do not provide support to junior substantive staff. 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.	Laura Sturgeon	06-Aug-2024	24-Sep-2024	Planned	20	15	3	Low	Treat
RSK-250	IF staff across MKUH continue to use eCARE in the same way, that the volumes of requests made to the IT Department remain at their current rate, and the volume of change and project work continues at the current volume THEN the IT Department will become less responsive and a range of functions within eCARE will continue to be left without action	LEADING TO increased clinical risk, increased risk to performance of eCARE, potential disruption to staff, and delays in the deliver or projects and realising their benefits	Craig York	20-Aug-2024	30-Aug-2024	Pending	15	15	3	Low	Treat
RSK-275	IF The Trust does not recruit suitably qualified estates personnel THEN there will be a shortfall of qualified skilled estates staff to perform Statutory Maintenance, Emergency On-Call & Day to Day reactive Breakdown requests and Appointed Persons	LEADING TO the Trust being at risk and service delivery systems will increasingly fail directly affecting clinical service and patient care	Mike Stark	20-Aug-2024	30-Aug-2024	Pending	15	15	5	Low	Treat
RSK-459	IF there is insufficient capacity to maintain a core team of trained radiographers THEN there will be a decreasing number of trained CT staff within the department.	LEADING TO a potential inability to provide a 24-7 emergency CT service	Mike Pashler	10-Jun-2024	10-Jul-2024	Overdue	15	15	4	Low	Treat
RSK-527	If there is inaccurate and late recording of clinical activity on the trusts E-Care system Then there is a risk that the Trust's clinical activity will be understated	LEADING to a loss of income through the ERF	Daphne Thomas	12-Aug-2024	13-Sep-2024	Planned	15	15	8	Medium	Treat

RSK-549	IF Trust does not adapt to climate change impacts THEN the hospital will be impacted not only in its operations to maintain safe patient service, but will face surge in activity due to its adverse effects	LEADING TO unintended harm to patients, loss of services, loss of estates capabilities, cancellation of electives, increased staff risk or sickness.	Adam Biggs	20-Aug-2024	30-Aug-2024	Pending	20	15	5	Low	Treat
RSK-558	IF the Trust does not fully deliver its efficiency programme THEN there is the potential that the Trust will not have adequate cash to cover its revenue and capital expenditure as it falls due.	Leading to the Trust requiring to request revenue loan support for DHSC; delays to payments and lack of adherence to best practice payment code	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	15	15	5	Low	Treat
RSK-003	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-Aug-2024	30-Sep-2024	Planned	25	12	4	Low	Treat
RSK-093	IF there is insufficient staffing within the dietetics department in paediatrics THEN they will be unable to assess and advise new outpatients and review existing outpatients in a timely manner.	LEADING TO an impact on patients nutritional status and longer term dietary management on what is a very vulnerable group of patients. The majority of our caseload is infants or tube fed infants and children where there nutrition and growth is a priority	Elizabeth Pryke	12-Aug-2024	13-Sep-2024	Planned	16	12	6	Low	Treat
RSK-206	IF the Trust is unable to recruit staff of the appropriate skills and experience; there continues to be unplanned escalation facilities; There are higher than expected levels of enhanced observation nursing; and there is poor planning for peak periods / inadequate rostering for annual/other leave. THEN the Trust may be unable to keep to affordable levels of agency and locum staffing	LEADING TO Adverse financial effect of using more expensive agency staff and potential quality impact of using temporary staff	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	16	12	9	Medium	Treat
RSK-219	IF metal butterfly needles are used for administering subcutaneous infusions via syringe drivers, and bolus subcutaneous injections, particularly in palliative and end-of-life care THEN there is a risk that the member of staff (hospital or community) may sustain a needle stick injury as they are withdrawing the needle when the infusion is stopped	LEADING TO the staff being at risk of coming into contact with contaminated blood	Emma Codrington	20-Aug-2024	30-Aug-2024	Pending	4	12	3	Low	Treat
RSK-226	IF the Research Nurses have a clinic room without a couch or trolley THEN they will be unable to perform their procedures and examinations	LEADING TO safety risk to patients, decrease patients recruitment	Antoanela Colda	20-Aug-2024	30-Aug-2024	Pending	20	12	3	Low	Treat
RSK-229	IF there is poor quality of data input into the eCare system THEN there could be consequential impact on the data flow into the Trust data warehouse and reporting for both performance management and contracting (commissioners) data	LEADING TO Impacts all performance reporting. Impacts "Contracts" reporting leading to a loss of income for the Trust	Ian Fabbro	20-Aug-2024	30-Aug-2024	Pending	12	12	4	Medium	Treat
RSK-230	IF a major incident was to occur requiring the trust to respond above service levels THEN there could be an impact to normal service. Eg/elective and inpatient care.	LEADING TO changes in routine working processes and procedures across the Trust for the duration of the major incident response and recovery phases.	Adam Biggs	17-Apr-2024	18-Aug-2024	Overdue	16	12	8	Low	Tolerate
RSK-232	IF there is an extreme prolonged weather conditions (heat/cold) THEN there is potential for wards/departments to be unable to maintain/provide effective service provision at required standards during prolonged extreme weather conditions	LEADING TO Service disruption/delays, Staff health & wellbeing, Patient safety, Adverse media publicity Breaches of Health & Safety at Work Act, Management of Health & Safety at Work Regulations, Workplace Health, Safety & Welfare Regulations	Adam Biggs	20-Aug-2024	30-Aug-2024	Pending	12	12	12	Low	Tolerate
RSK-254	IF Nursing staff do not follow the correct medication administration workflow, and do not scan the patient wristband... THEN patients could receive medication which is prescribed for another patient.	LEADING TO potential harm to patients	Craig York	20-Aug-2024	30-Aug-2024	Pending	12	12	9	Low	Treat
RSK-263	IF the Trust Fire Compartmentation are not surveyed and remedial works funded THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices	Mike Stark	14-May-2024	14-Aug-2024	Overdue	20	12	8	Low	Treat
RSK-264	IF the Trust Fire Doors are not regularly surveyed and remedial works funded THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices.	Mike Stark	20-Aug-2024	30-Aug-2024	Pending	20	12	8	Low	Treat
RSK-265	IF there is local power failure and failure of emergency lights, due to age of existing fittings and lack of previous investment THEN there may be a failure to protect persons allowing a safe evacuation of the area	LEADING TO poor patient experience and safety, non-compliance with regulation, loss of reputation	Steven Sluter	21-Jun-2024	31-Jul-2024	Overdue	20	12	6	Low	Tolerate
RSK-269	IF the Trust fails to comply fully with current DoH HTM 04-01 Parts A&B, Addendum relating to Water Systems and HTM 00 as identified in the Water Risk assessment THEN The Trust will be unable to provide assurance of a fully compliant water safety system	LEADING TO Increased risk to patients and staff, loss of reputation, financial loss to the Trust.	Benjamin Hazell	26-Jul-2024	31-Jul-2024	Overdue	16	12	8	Low	Tolerate
RSK-281	IF the lift located in Outpatients (servicing levels 3, 4 of yellow zone, and Staff Health & Wellbeing) fails THEN disabled & mobility reduced/sight impaired individuals unable to access workplace or services – unable to fulfil contractual obligations. Persons entrapped in lift unable to exit. Delayed access/treatment of an individual taken ill whilst trapped. Claustrophobia, panic attacks, psychological harm, deterioration of condition	LEADING TO Reduced availability of staff, unable to carry out duties, reduced clinical input/unable to see clients (internal/external) in a timely manner – increased workload for other staff leading to increased work pressure/stress Loss of income of external clients who cannot be seen due to absence of clinician Service user dissatisfaction – complaints/reputation of service and organisation affected Adverse publicity if unavailability of service reported to local press/reputation of organisation and service affected The organisation would be in breach of statutory duties under Health & Safety At Work etc Act 1974, Equality Act 2010 – failure to provide safe access/egress/safe place of work – potentially leading to enforcement action/further interest of Health & Safety Executive Inspectorate	Steven Sluter	21-Jun-2024	31-Jul-2024	Overdue	12	12	9	Medium	Treat
RSK-425	IF the current mechanisms used for reporting on RTT status continue, along with the current use (and third-party support) of the tools to populate PTL reporting, pathways can 'drop' from the PTL due to legacy logic and rules deeply embedded in the PTL build to cleanse the PTL THEN the data available for submission will continue to require significant overhead to review, rectify and improve (i.e. veracity etc.)	LEADING TO an inability to submit with short turnarounds, continued challenges in seeing patient pathways, prioritizing care etc. and potentially a risk to patient safety as a result.	Craig York	20-Aug-2024	04-Sep-2024	Planned	9	12	6	Medium	Treat
RSK-472	IF staff and service users (Trustwide) are subject to violence and unacceptable behaviour THEN staff/services users may sustain physical/psychological injury	LEADING TO potential significant harm; increased staff sickness/reduction in morale, recruitment and retention difficulties, lack of staff; increased length of stay for patients and poor patient experience; HSE enforcement notice; complaints and litigation; adverse publicity	Anthony Marsh	20-Aug-2024	30-Aug-2024	Pending	25	12	4	Low	Treat
RSK-557	IF the Trust does not follow the SFI's and cannot demonstrate to regulators that there is appropriate governance and controls in place THEN the Trust may be in breach of the annual planning guidance relating to "Grip and Control"	Leading to Regulator interventions being imposed on the Trust and removal of local independence and approvals.	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	12	12	4	Low	Tolerate
RSK-020	IF there are ligature point areas in ED for Adult and C&YP in all areas of department THEN ED patients may use ligature points to self harm. There has been an incident where a mental health patient used a door closer as a ligature point.	LEADING TO increased safety risk to patients, safe and adverse publicity	Kirsty McKenzie	20-Aug-2024	30-Aug-2024	Pending	9	10	4	Low	Treat
RSK-242	IF a chemical, biological, radiological, nuclear (CBRN/HAZMAT) incident was to occur through either intentional or unintentional means THEN the Trust would require specialised response through national guidelines and expert advice	LEADING TO potential impact on Trust services and site safety to patients and staff; Possible impact on closing or disrupting ED operations, with further risk to all operations on how the Trust operate depending on the nature of the incident (e.g., Novichok incident at Salisbury)	Adam Biggs	20-Aug-2024	30-Aug-2024	Pending	10	10	5	Low	Treat
RSK-260	IF people working at height are not correctly trained THEN there is a risk from fall from height	LEADING TO staff/contractor injuries, potential claims, non compliance with statutory regulations and loss of reputation	Paul Sherratt	21-Jun-2024	31-Jul-2024	Overdue	15	10	5	Low	Treat

RSK-510	IF MKUH does not have a reliable temperature monitoring systems that covers all medicines storage locations (room, fridge and freezers) THEN the Trust is unable to have assurance that medicines are stored appropriately and the Trust will not be compliant CQC recommendations made in 2019	LEADING TO Potential patient safety event due to administration of inappropriately stored medicines; Failure to resolve a previous CQC recommendation; Potential larger financial loss due to delay in noticing temperature excursion events leading to increased dispose of medicines.	Sanil Patel	12-Aug-2024	15-Aug-2024	Overdue	15	10	5	Low	Treat
RSK-010	IF the Radar Risk Management System does not meet the needs to the Trust and of legal reporting requirements THEN the Trust will not have an appropriate system to manage incidents, complaints, claims, compliments, safety alerts, documentation, audits, risks and other risk/governance related activity.	LEADING TO an inability for the Trust to defend itself against future claims/litigation leading to potential financial penalties, improvement notices, PFD notices from HM Coroner, adverse publicity etc., an inability to evidence compliance with CQC regulations and freedom of information requests, and potential for an increase in incidents, complaints and claims due to lack of learning from incidents.	Paul Ewers	12-Aug-2024	12-Sep-2024	Planned	20	9	6	Low	Treat
RSK-033	If the laundry contractor (Elis) can not provide an efficient and effective service. Then there may be: 1. Delayed deliveries from Elis 2. Shortage deliveries from Elis 3. Lack of contingency stock	Leading to: 1. Delayed linen distribution throughout the trust. 2. Delayed personal care – negative impact on patient experience. 3. Delayed clinics and surgical lists (theatres). 4. Staff health and wellbeing – stress. 5. Waste of staffing resources – staff without linen to distribute. 6. In case of a Major Incident there would not be enough laundry to provide a good level of patient care.	Aiden Ralph	20-Aug-2024	30-Aug-2024	Pending	8	9	6	Low	Treat
RSK-215	IF Child Protection (CP) Medicals are not completed THEN there is potential for delay in proceedings for Child Protection which may lead to compliance issues for the Trust and impacts on children, families and staff	LEADING TO legal and regulatory issues for MKUH, the police, and Social Services. Delays in appropriate multi-agency safeguarding children actions being taken and potential for increased risk to the child's safety and potential litigation against the Trust	Julie Orr	20-Aug-2024	30-Aug-2024	Pending	9	9	6	Low	Treat
RSK-216	If agreed safeguarding processes/ practice and staffing are not in place which includes multi-agency working and information sharing THEN the Trust may be non-compliant with key regulatory and legislative processes including information-sharing agreements.	LEADING TO potential failures in care provision which may have a detrimental effect on patients, their families, staff, and the Trust. The complexities of multi-agency working especially within safeguarding require information sharing between multiple agencies. Currently, there are multiple pathways for sharing of information. Failure to comply with regulations/legislation and information-sharing processes has potential legal and financial implications for the Trust.	Julie Orr	20-Aug-2024	30-Aug-2024	Pending	9	9	6	Low	Treat
RSK-233	IF we are unable to recruit sufficient staff THEN we may not have safe staffing levels in the hospital	LEADING TO reduced service delivery, reduction in patient experience and care.	Helen Bass	20-Aug-2024	20-Aug-2024	Overdue	16	9	3	Low	Tolerate
RSK-236	IF there is inability to retain staff employed in critical posts THEN we may not be able to provide safe workforce cover	LEADING TO clinical risk. Increasing temporary staffing usage and expenditure Increased turnover Decreased stability rates Increased stress levels within trust Reduced morale	Louise Clayton	20-Aug-2024	30-Aug-2024	Planned	16	9	9	Low	Tolerate
RSK-274	IF the Trust worn flooring is not replaced THEN there is a risk of failure of flooring	LEADING TO trip hazard & infection control issues	Paul Sherratt	21-Jun-2024	31-Jul-2024	Overdue	15	9	6	Low	Tolerate
RSK-276	If the flat roofs identified in the Langley Roof report and 6 facet survey as requiring replacement or upgrading, are not replaced THEN there is a risk of roof failure in relation to flat roofs across the Trust	LEADING TO Water ingress - Potential damage to equipment, disruption to service, damage to reputation	Anthony Marsh	20-Aug-2024	30-Aug-2024	Pending	15	9	3	Low	Treat
RSK-279	IF pedestrians in the hospital grounds walk over the verges, grassed areas, mounds, slopes, sloped/high curbs and do not stick to the designated pathways THEN Patients, visitors and staff could slip, trip or fall causing injury including fractures, sprains, strains	LEADING TO legal and enforcement action against individuals/and or the Trust leading to fines/compensation/exposure in local press leading to adverse publicity	Mike Stark	20-Aug-2024	30-Aug-2024	Pending	12	9	6	Low	Treat
RSK-283	IF medical equipment is damaged due to misuse, inappropriate use, storage, transportation, and/or inappropriate cleaning THEN the medical equipment may be unavailable due to damage	LEADING TO delay in patient care and treatment; cost of parts; cost of repairs; purchasing replacement	Ayca Ahmed	23-Aug-2024	23-Sep-2024	Planned	12	9	9	Low	Tolerate
RSK-284	IF staff members do not adhere to the Medical Devices Management Policy THEN they may not follow the correct procurement procedures for Capital and Revenue medical equipment purchases	LEADING TO them being not fit for purpose equipment being purchase; more costly; non-standardised; lack maintenance contract; lack of training for staff; incompatible/lack of consumables and accessory; additional IT integration costs	Ayca Ahmed	23-Aug-2024	23-Sep-2024	Planned	12	9	6	Low	Treat
RSK-300	IF the call bell system is not replaced/upgraded THEN the call bell system could fail as parts obsolete for some systems to obtain	LEADING TO increased risk to patients and possible service disruption and poor patient experience	Steven Sluter	21-Jun-2024	31-Jul-2024	Overdue	9	9	6	Low	Treat
RSK-401	IF the GE OEC 7900 Fluorostar Image Intensifier is not replaced THEN a patient may be at risk whilst under General Anaesthetic in theatre due to failing/faulty equipment; it will become more difficult to source parts;	LEADING TO potential harm to patients; inability/delay in repairing equipment following failure/fault; missed opportunity to reduce the radiation dose to the patient (due to new equipment enhancements)	Susan Delaney	25-Jun-2024	31-Aug-2024	Planned	9	9	6	Low	Treat
RSK-434	IF there is insufficient capacity of outpatient appointments THEN Patient Access will be unable to provide patients within designated timescales	LEADING TO a delay in diagnosing and treating patients; cancellation of appointments to ensure patients are appropriately prioritised; increasing waiting lists; breach in national appointment timescales; patients being moved in clinics without clinical validation.	Felicity Maple	20-Aug-2024	30-Aug-2024	Pending	9	9	6	Low	Treat
RSK-448	IF the GE Voulson E10 obstetric ultrasound machines are more than 5 years old THEN there may be reduced accuracy in imaging and reduction in image quality; ongoing further costing to replace probes and complete maintenance; higher risk of equipment breakdown	LEADING TO potential unnecessary further testing and patient stress; potential withdrawal from service and cancelation of lists; breach of Public health England's Fetal anomaly screening programme (FASP) guidance	Alexandra Godfrey	20-Aug-2024	30-Aug-2024	Pending	9	9	6	Low	Treat
RSK-545	IF the Trust is unable to access information from the legacy Risk Management System (RLDatix). THEN the Trust will be unable to comply with information requests from Solicitors / Coroners / FOIs and will be unable to access incidents/complaints/claims/safety alerts prior to November 2021.	LEADING TO inability to defend effected litigation cases; impact on reputation of Trust; Breach of GDPR regulations; inability to access trends data > 2.5+ years prior.	Paul Ewers	12-Aug-2024	12-Sep-2024	Planned	20	9	6	Low	Treat
RSK-002	IF recommendations and actions from audit are not evidenced, monitored and completed in the Trust; THEN required changes to practice may not implemented and we may not be meeting best practice criteria;	LEADING TO potential impact on the top 3 Trust objectives (patient Safety, Clinical Effectiveness, Patient Experience), potential poor quality of service and associated impact on resources and potential CQC concerns re audit activity and learning from national audits	Jacqueline Stretton	07-May-2024	31-Aug-2024	Planned	15	8	2	Low	Treat
RSK-262	IF the Trust Fire Dampers are not surveyed and remedial works funded THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices.	Mike Stark	20-Aug-2024	30-Aug-2024	Pending	20	8	8	Low	Tolerate
RSK-266	IF the Trust are unable to take up the New Hospital Plan THEN The Trust would have to fund all future developments from either internally generated funding defined for backlog investment or borrow the money	LEADING TO the Trust being unable to meet the needs of the future MK population with regard to the size and quality of the estate	Rebecca Grindley	20-Aug-2024	30-Aug-2024	Pending	16	8	8	Medium	Tolerate
RSK-291	IF the existing surface water drainage system is not suitably maintained or repaired THEN the surface water drainage system could fail	LEADING TO flooding and contamination and loss of service	Mike Stark	20-Aug-2024	30-Aug-2024	Pending	12	8	4	Low	Treat
RSK-293	IF the current fuse boards are not updated to miniature circuit breakers THEN existing fuse-boards could fail	LEADING to delays in repairs/replacement resulting in possible service disruption and poor patient experience	Steven Sluter	21-Jun-2024	31-Jul-2024	Overdue	12	8	4	Low	Treat
RSK-301	IF the existing foul water drainage system is not suitably maintained or repaired THEN the system could fail	LEADING TO cause flooding, contamination and loss of service	Mike Stark	21-Jun-2024	31-Jul-2024	Overdue	8	8	4	Low	Treat
RSK-421	IF there are shortages of medicines with minimal notice or little warning THEN there may be insufficient medicines to meet the needs to the Trust.	LEADING TO possibility of cancellation of patient appointments/operations or a delay to treatment/discharge; Increased cost to the trust in sourcing medicines off of contract prices, courier charges, staff time	Nicholas Beason	20-Aug-2024	30-Aug-2024	Pending	10	8	6	Low	Treat

RSK-115	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.	David Baker	26-Mar-2024	30-Sep-2024	Planned	20	6	6	Low	Tolerate
RSK-204	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	12-Aug-2024	13-Sep-2024	Planned	16	6	6	Medium	Tolerate
RSK-205	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	12-Aug-2024	13-Sep-2024	Planned	12	6	6	Medium	Tolerate
RSK-207	IF there is major IT failure internally or from external providers THEN there is a risk that key Finance and Procurement systems are unavailable	LEADING TO 1. No Purchase to pay functions available ie no electronic requisitions, ordering, receipting or payment of invoices creating delays for delivery of goods. 2. No electronic tenders being issued. 3. No electronic raising of orders or receipting of income	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	12	6	6	Medium	Tolerate
RSK-209	IF staff members falsely represent themselves, abuse their position, or fail to disclose information for personal gain THEN the Trust/Service Users/Stakeholders may be defrauded	LEADING TO financial loss and reputational damage	Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	12	6	6	Medium	Tolerate
RSK-211	The presence of colonisation with pseudomonas aeruginosa, identified during routine water sampling from any outlets in the Cancer Centre will present an increased risk of infection in immuno-suppressed cancer patients. Mitigations in place to avoid risk to patients and staff in Cancer Centre	LEADING TO susceptible patients within augmented care units such as Ward 25 and chemotherapy Suite potentially coming to harm	Sharon Burns	05-Aug-2024	05-Sep-2024	Pending	16	6	6	Low	Tolerate
RSK-238	IF poor moving and handling practice happens, THEN staff and patients may get injured due to poor moving and handling	LEADING TO litigation, sickness absence and increased temporary staffing backfill. Staff and/or patient injury Subsequent reduction in staff numbers Poor reputation and publicity Potential risk of litigation and prosecution	Joanna Klimera	05-Aug-2024	08-Sep-2024	Planned	12	6	6	Low	Treat
RSK-252	IF eCARE does not prevent non-prescribers from prescribing medication which could then be administered to a patient THEN there could be limitations in restricting access to individual Smart Card holders permissions or individuals do not adhere to the correct workflow	LEADING TO Medications could be prescribed and administered to a patient that are not clinically required & could be contraindicated	Craig York	05-Jun-2024	04-Sep-2024	Planned	9	6	6	Low	Tolerate
RSK-258	IF the Switchboard resources cannot manage the service activity THEN this may result in poor performance	LEADING TO failure To meet KPI's and Emergency Response Units will put Patients, Staff and Visitors at risk and Communication with Users will give poor perception of the We Care action initiative	Alan Brooks	26-Mar-2024	30-Sep-2024	Planned	20	6	3	Low	Treat
RSK-272	IF the Passenger Lifts are not maintained THEN there is a risk of failure of components	LEADING to malfunction. Patients or visitors could get stuck in the lift, this could potentially cause panic or delay treatment. The public image of the trust could be affected.	Steven Sluter	26-Mar-2024	30-Sep-2024	Planned	15	6	3	Low	Treat
RSK-273	IF the Trust Wards and Departments fail to demonstrate their medical equipment is maintained to correct standards THEN there is a risk of the Trust not complying with CQC Regulation 15 Premises and Equipment and risk to patient care	LEADING TO non-compliance and negative impact on the reputation of the Trust	Ayca Ahmed	19-Jun-2024	19-Jun-2025	Planned	15	6	3	Medium	Treat
RSK-299	IF the Summary Record of Estates 5 year and Prioritised Backlog Maintenance risk based priority programme is not fully implemented THEN plant and equipment may fail in various areas of the hospital	LEADING TO infection control, financial implications, loss of services and reputation damage	Anthony Marsh	26-Mar-2024	30-Sep-2024	Planned	9	6	4	Low	Treat
RSK-217	IF patients are unable to meet their nutritional requirements orally nasogastric tube feeding may be required to meet their nutritional needs; staff may not be confident or competent passing Nasogastric Tubes (NG Tubes) or correctly confirming the position of the Nasogastric tube tip THEN there is a risk that Nasogastric (NG) Feeding Tubes are not inserted and/or positioned correctly	LEADING TO 1) A Never event if feed/medication or water are inserted into the nasogastric tube and it is incorrectly positioned in the lung. This could result in death. 2) Patients would experience a delay in feeding if staff are not competent placing nasogastric tubes and checking the position of the tube tip.	Jane Radice	07-Mar-2024	04-Oct-2024	Planned	15	5	5	Low	Tolerate
RSK-005	IF policies, guidelines and patient information are not reviewed and amended in a timely manner; THEN staff will be working with out of date information	LEADING TO potential error in patient care, non-compliance with legislative, national requirements, potential litigation and potential loss of reputation to Trust	Jacqueline Stretton	16-Jul-2024	16-Oct-2024	Planned	12	4	2	Low	Treat
RSK-006	IF completed NICE guideline baseline assessment evidence is not available to support compliance assurance and NICE guidance is not acted upon (updating Trust documentation, ensuring 'don't do' recommendations are assessed and not done where applicable); THEN the Trust are unaware of the benefits, risks and cost savings with implementing NICE guidance, and there is no supportive evidence for external auditor assurance	LEADING TO potential impact on Patient Safety, Clinical Effectiveness and Patient Experience.	Jacqueline Stretton	07-May-2024	31-Aug-2024	Planned	20	4	3	Low	Treat
RSK-120	IF medical devices are not correctly cleaned/disinfected/decontaminated/sterilised THEN the devices will not be sufficiently cleaned	LEADING TO possible patient and staff safety issues and cross contamination	Marea Lawford	05-Apr-2024	04-Apr-2025	Planned	9	4	4	Low	Tolerate
RSK-160	IF the existing Bag Valve Masks (BVM) look similar to the Lung Volume Recruitment (LVR) bags that the department want to introduce as a Physiotherapy treatment modality for airway clearance THEN they could be used in error during resuscitation procedures	LEADING TO patient requiring resuscitation with a BVG could have resuscitation attempted with a LVR bag and could suffer consequences of incorrect treatment initially and delay to correct treatment procedures	Laura Sturgeon	19-Aug-2024	19-Aug-2024	Overdue	15	4	4	Low	Tolerate
RSK-237	IF the Trust is unable to spend the full amount of the Apprenticeship Levy each month THEN money which could have been used to develop our staff will be forfeit	LEADING failure to maximise taxpayers money. The Trust may not be able to use the apprenticeship levy to fund staff education, training and development. Inability to maximise the new apprenticeship standards may impact on recruitment, retention and career development	Joanna Klimera	18-Jun-2024	30-Sep-2024	Planned	15	4	4	Low	Treat
RSK-261	IF adequate PAT testing is not carried out in a systematic and timely manner THEN untested faulty equipment could be used	LEADING TO poor patient and staff safety and increased claims against the Trust	Steven Sluter	26-Mar-2024	31-Mar-2025	Planned	8	4	4	Low	Tolerate
RSK-288	IF the medical oxygen supply fails to function or becomes non-compliant with HTM requirements THEN the oxygen plant may not be available	LEADING TO potential loss of service, reduced patient safety and substandard care	Mike Stark	26-Mar-2024	31-Mar-2025	Planned	12	4	4	Low	Tolerate
RSK-294	IF staff do not carry out either informal (i.e. experience-based) or formal risk assessments before attempting a work task THEN there is a risk of personal injury to staff carrying out routine work	LEADING TO poor staff safety, injury and financial loss	Mike Stark	26-Mar-2024	31-Mar-2025	Planned	12	4	4	Low	Tolerate
RSK-295	IF there is a lack of knowledge on use or poor condition of ladder THEN there is a risk of fall from height from ladders	LEADING TO risk of harm to staff, poor public image, a potential investigation by HSE	Paul Sherratt	26-Mar-2024	31-Mar-2025	Planned	12	4	4	Low	Tolerate
RSK-008	IF the Trust does not have an appropriate system to record mortality and morbidity data; THEN the Trust will not be able to record and/or provide accurate reports for governance or the Trust Board	LEADING TO non-compliance with the National Mortality & Morbidity 'Learning from Death' Framework	Nikolaos Makris	09-Apr-2024	01-Jul-2024	Overdue	15	2	2	Medium	Tolerate

Reference	Description	Impact of risk	Scope	Region	Owner	Last review	Next review	Status	Original score	Current score	Target score	Risk appetite	Risk response
RSK-016	IF there is a lack of flow in the organisation THEN there may be an unsafe environment for patients	LEADING TO a potentially impact on bed space capacity, ambulance queues, missed Emergency Access Targets and overcrowding into ED/radiology corridors creating Health & Safety hazard and continued pressure, leading to poor patient care/treatment, nursing patients outside of cubicles in corridors and the middle of majors, and delays in discharge/transfer and the potential for an increase of incidents being reported regarding assessment/care/treatment, and or significant number of patients with a high acuity/ dependency being cared for in areas that are not suitable for safe care	Organisation		Kirsty McKenzie	20-Aug-2024	30-Aug-2024	Pending	25	20	12	Low	Treat
RSK-035	IF there is a high turnover of staff due to: work pressure, not having the opportunity to work at the top of their licence, lack of capacity for development, lack of capacity for supervision / support. Also difficulty in recruiting. Loss of staff to primary care which offers more attractive working hours. THEN there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines.	LEADING TO: 1. increased length of stay due to TTO delay 2. increase in prescribing errors not corrected 3. increase in dispensing errors 4. increase in missed doses 5. failure to meet legal requirements for safe and secure use of medicines 6. harm to the patients 7. adverse impact on mental health of Pharmacy staff All resulting in adverse patient outcomes. Lack of financial control on medicines expenditure Breach of CQC regulations	Organisation		Helen Smith	07-Jun-2024	12-Jul-2024	Overdue	20	20	6	Low	Treat
RSK-110	IF MKUH does not have a dedicated maternity triage area separated from ADAU, with dedicated staffing. THEN calls are answered by a variety of staff and in times of high activity, calls are missed, the staff that are answering the calls are being taken away from other competing priorities AND Delays to triage and ongoing care to service users And Delays to ADAU service users.	LEADING TO service users not being able to access advice resulting in delayed presentation; potential financial risk to the trust should adverse outcomes occur as a result; service users not being triaged and assessed for urgency of clinical need resulting in delayed assessment and possible adverse outcome; Day assessment users being seen alongside triage users results in delays of care with increased risk of poor outcomes and missed care. Poor experience leading to and increase complaints	Region	Women's Health	Natalie Lucas	20-Aug-2024	30-Aug-2024	Pending	16	20	6	Low	Treat
RSK-131	IF the cross-sectional imaging demand continues to increase for CT, MRI and ultrasound. THEN image acquisition and report generation turnaround times will significantly be delayed. This is due primarily from a lack of staffing capacity rather than equipment capacity.	LEADING TO delayed diagnosis and treatment with ultimately poorer patient health outcomes. As well as reputational damage due to long patient imaging waits and financial penalties being incurred from the department of health due to a lack of adherence to internal KPI'S and more importantly DMO1 national imaging datasets. Imaging team members also being affected and decreasing recruitment and retention ability due to pressurised working conditions. Pertaining to cancer pathways, potential increase in the required treatment, potential poorer prognosis for patient, poor patient experience, increase in complaints and litigation cases.	Region	Diagnostic & Screening	Paula Robinson	10-Jun-2024	31-Jul-2024	Overdue	20	20	9	Low	Treat
RSK-134	IF there is insufficient funding, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims,	Leading to service failure and regulatory intervention THEN the Trust will be unable to meet its financial performance obligations or achieve financial sustainability	Organisation		Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	20	20	8	High	Treat
RSK-202	IF Financial Efficiency schemes are not fully developed THEN There is a risk that the Trust will not deliver the required level of savings	LEADING TO potential cash shortfall and non-delivery of its key targets	Organisation		Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	20	20	8	Medium	Treat
RSK-305	IF there is insufficient strategic capital funding available in relation to NHP THEN the Trust will be unable to invest in the site to maintain pace with the growth of the Milton Keynes population's demand for hospital services	LEADING To financial loss and reputational damage	Organisation		Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	16	20	10	Medium	Treat
RSK-374	IF patients on the cancer pathway wait longer than 62 days THEN there is the risk treatment has been delayed,	LEADING TO potential harm a risk of potential harm physical or psychological or both	Region	Haematology & Oncology	Sally Burnie	20-Aug-2024	30-Aug-2024	Pending	12	20	8	Medium	Treat
RSK-409	IF the demand within the ED department outweighs the departments capacity THEN there could be increased waiting times for patients to be seen; there could be increased triage times, privacy and dignity of patients may be compromised; there could be increased violence and aggression towards health care providers; long length of stay for specialty patients in ED; delayed ambulance handover	LEADING TO medical condition being exacerbated with delayed treatment/hospitalisation/death; privacy and dignity compromised, poor patient experience leading to complaints/claims; vulnerable adults on trolleys in corridor in majors; Lack of space to hoist patients' safety, lack of dignity and respect in hoisting patients in middle of department ;Increase risk of stress and morale burnout of staff due to an inability to give basic nursing care to patients; Trapped in the event of incident/insufficient space to evacuate promptly leading to potential physical injury; Nurses do not have the necessary specific skills or competence to monitor speciality patients in ED such as oncology, Cardiac, gynaecological, endocrinology and acute care of the elderly patients requiring increased enhanced observation; the Trust may receive increased complaints, claims/litigation, enforcement leading to financial penalties/enforcement notices – breaches of Health & Safety at Work etc Act 1974, Manual Handling Operations Regulations 1992, Management of Health & Safety at Work Regulations 1999, Workplace Health Safety & Welfare Regulations 1999; Trust may be in breach of RCEM guidance; negative affect on recruitment and retention - low levels of staffing	Region	Emergency Department	Kirsty McKenzie	20-Aug-2024	30-Aug-2024	Pending	15	20	12	Low	Treat
RSK-427	IF there is an increase in demand for inpatient and ED CT scans THEN some scans will be routinely waiting a number of days to be performed.	LEADING TO potential delays to patient treatment; delays to discharge.	Region	Diagnostic & Screening	Mike Pashler	20-Aug-2024	30-Aug-2024	Pending	16	20	6	Low	Treat
RSK-438	IF children and young people <17-years waiting for a mental health bed or a mental health assessment, have an increased length of stay in the Emergency Department THEN the patients may have an increased waiting time; exposure to acute traumatic incidents potentially triggering challenging behaviours; increased pressure on staff	LEADING TO increased risk of self-harm and suicide; increase in complaints; poor patient experience; increased risk of violence/abusive towards staff; staff absence/low morale/stress;	Region	Emergency Department	Kirsty McKenzie	20-Aug-2024	30-Aug-2024	Pending	15	20	16	Low	Treat
RSK-439	IF the Maternity Early Obstetric Warning Score (MEOWS) is not routinely used to assess observations of pregnant and postnatal service users outside of maternity THEN there is a risk that that identification of clinical deterioration could be delayed	LEADING TO a delayed response of escalation to maternity and rapid response and poor outcomes.	Region	Women's Health	Roxanne Vidal	13-Aug-2024	30-Sep-2024	Planned	8	20	4	Low	Treat
RSK-457	IF there are insufficient staffing levels (radiographers) THEN there will be reduced capacity in the department resulting in closure of the 3rd CT Scanner	LEADING TO delays to patient diagnosis and treatment, potential missed diagnosis; increased stress / increased sickness and potentially inability to retain staff	Organisation		Mike Pashler	20-Aug-2024	30-Aug-2024	Pending	20	20	6	Low	Treat
RSK-529	IF Registered Nurse to patient ratios are not in line with national recommendations within acute paediatric services THEN there is an increased likelihood of delayed assessment, care and treatment to babies, children, young people and their families	LEADING TO an increased risk of physical and psychological harm coming to patients and their families and a detrimental impact on the well-being of staff members leading to a negative impact on recruitment and retention.	Region	Child's Health	Charlotte Nunn	30-Jul-2024	31-Aug-2024	Planned	20	20	5	None	Treat
RSK-001	IF all known incidents, accidents and near misses are not reported on the Trust's incident reporting system (Radar); THEN the Trust will be unable to robustly investigate all incidents and near-misses within the required timescales;	LEADING TO an inability to learn from incidents, accidents and near-misses, an inability to stop potentially preventable incidents occurring, potential failure to comply with Duty of Candour legislation requiring the Trust to report all known incidents where the severity was moderate or higher, potential under reporting to the Learning from Patient Safety Events (LFPSE) system, and potential failure to meet Trust Key Performance	Organisation		Tina Worth	21-Aug-2024	30-Sep-2024	Planned	20	16	12	Low	Treat

RSK-036	<p>If there is no capacity in the Pharmacy Team</p> <p>THEN there is a risk that Pharmacy and Medicines Policies and Procedures may not be reviewed and updated in a timely manner, nor new policies developed</p>	<p>Leading to: 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</p>	Organisation	Helen Smith	07-Jun-2024	12-Jul-2024	Overdue	16	16	6	Low	Treat	
RSK-080	<p>If the pathway unit is not in place THEN moderate to severe head injury patients will not be appropriately cared for and will not be treated in accordance with NICE guidance (CG176: Head injury: assessment and early management, updated September 2019) These patients may frequently fall under the remit of the T&O Team or be nursed on a surgical ward when they should be under a neurological team.</p>	<p>LEADING TO Potential reduction in patient safety - T&O surgeons and nursing teams may be unaware of how to care for patients with moderate to severe head injuries especially patient who are anticoagulated. Clinicians may have to wait for an opinion from the Tertiary Centre staff training, competency and experience Serious incidents Reduced patient experience</p>	Region	Musculoskeletal	Jane Waddington	12-Aug-2024	16-Sep-2024	Planned	12	16	8	Low	Treat
RSK-088	<p>If there is overcrowding and insufficient space in the Neonatal Unit.</p> <p>THEN we will be unable to meet patient needs or network requirements (without the increase in cot numbers and corresponding cot spacing).</p>	<p>LEADING TO potential removal of Level 2 status if we continue to have insufficient space to adequately fulfil our Network responsibilities and deliver care in line with national requirements.</p>	Region	Child's Health	Lazarus Anguvaa	22-Aug-2024	30-Sep-2024	Planned	25	16	9	Low	Treat
RSK-095	<p>If the Trust does not have access to suitably staffed and equipped Paediatric High Dependency beds that meet the recommendations of the RCPCH 2014 standards THEN the Trust runs the risk of failing to meet the needs of babies, children, young people and Families</p>	<p>LEADING TO Level 2 and Level 3 patients (and those at our tertiary centres who cannot repatriate children with High dependency needs) being potentially unable to access a Paediatric Intensive Care /High Dependency bed</p>	Region	Child's Health	Charlotte Nunn	22-Aug-2024	30-Sep-2024	Planned	12	16	8	Low	Treat
RSK-107	<p>If uterine artery doppler are not performed for pregnant women who meet the criteria according to SBLV3 THEN there will be non-compliance with the recommendations by the Saving babies Lives bundle V3</p>	<p>LEADING TO pregnant women with HIGH RISK factors for fetal growth restriction who are at increased risk of perinatal mortality if there is failure to recognize increased risk of & fetal growth restriction and failure to serially scan them from 28 weeks; There will be missed opportunities to discuss high risk cases for early input with fetal medicine team</p>	Region	Women's Health	Faryal Nizami	13-Aug-2024	31-Aug-2024	Pending	16	16	6	Low	Treat
RSK-135	<p>If the Pathology LIMS system is no longer sufficient for the needs of the department, due to being outdated with a limited time remaining on its contract THEN the system is at risk of failure, virus infiltration and being unsupported by the supplier</p>	<p>LEADING TO the Pathology service being halted and contingency plans would have to be implemented. Sensitive information could be lost or security of the information could be breached.</p>	Region	Diagnostic & Screening	Rebecca Potter	19-Aug-2024	19-Sep-2024	Planned	16	16	4	Low	Treat
RSK-142	<p>If there is insufficient capacity and ongoing unsustainable demand for dietetic input for Paediatric patients (both inpatient and outpatient) IF Home Enterally Fed Paediatrics patients continue to be seen our outpatient structure which is not adequate to meet their demands and needs. This means that these high risk groups of Children and Young People are not accessing the necessary specialist nutritional support at the appropriate time in their development THEN staff may be unable to cover a service that has not been serviced correctly, and the paediatric team cannot provide a full dietetic service to children and young people in the Milton Keynes area</p>	<p>LEADING TO patient care and patient safety may be at risk, vulnerable children may become nutritionally compromised, the service may be unable to assess and advise new patients and review existing patients in a timely manner, and there may be an impact on patients nutritional status and longer term dietary management on what is a very vulnerable group of patients. The majority of our caseload is infants or tube fed infants and children where there nutrition and growth is a priority.</p>	Organisation	Elizabeth Pryke	12-Aug-2024	13-Sep-2024	Planned	15	16	6	Low	Treat	
RSK-157	<p>If There is insufficient Speech and Language Therapy capacity to meet referrals demands resulting from poor workforce supply/ capacity and inefficient use of clinical time due to IT access.</p>	<p>LEADING TO patients not receiving input in line with Sentinel Stroke Audit National Programme (SSNAP) (communication and timely input to support patient discharges Delayed discharges, poor patient experience and increased length of stay.</p>	Region	Therapies	Jamie Stamp	20-Aug-2024	10-Sep-2024	Planned	16	16	4	Medium	Treat
RSK-377	<p>If Microbiology does not have a Quality Management System and is unable to provide quality assurance THEN the department may not able to achieve accreditation for the range of tests performed in the department</p>	<p>LEADING TO potential for patients to receive incorrect results or delays in receiving results, diagnosis and treatment, impact on Trust's reputation, financial penalties, loss of Service User Contracts, loss of ICB commissioning, loss of staff, difficulties recruiting staff, inability to manage incidents, audit, Trust policies and equipment records in a timely manner</p>	Region	Diagnostic & Screening	Rebecca Potter	20-Aug-2024	19-Sep-2024	Planned	16	16	8	Low	Treat
RSK-414	<p>If The Dermatology Department does not have appropriately trained nursing staff to be able to provide a Phototherapy Service THEN the service will not be able to provide a phototherapy, which is an integral part of the Dermatology Service</p>	<p>LEADING to patients that are unable to access Phototherapy being placed potentially on medication unnecessarily to try to manage their conditions in the interim</p>	Region	Specialty Medicine	Elizabeth Winter	01-Aug-2024	30-Sep-2024	Pending	16	16	12	Low	Treat
RSK-424	<p>If the new information standard regarding SDEC is released without significant operational and technical changes to the way the relevant information is collected 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</p>	<p>LEADING TO potential financial, reputational, contractual, or operational impacts.</p>	Organisation	Craig York	20-Aug-2024	04-Sep-2024	Planned	12	16	4	Medium	Treat	
RSK-456	<p>If there is an increasing demand on the Blood Sciences service and staffing levels are no longer sufficient to provide a robust 24/7 service THEN staff will be unable to continue to meet service demands</p>	<p>LEADING TO: 1. The inability to cover 24/7 service and several gaps in the rota, which has already been evidenced 4 times in the last 3 months and this will result in no Out of hours cover which will mean the Trust will need to consider closing AE/Maternity and Theatres 2. Chief BMS having to cover shifts and calling people on sickness leave to help cover shifts due to lack of staff 3. An increasing delay in the turnaround time of results – KPI's for Biochemistry are significantly failing to meet the demands of the urgent service 4. Risk of losing limited expertise knowledge from department due to sickness 5. The inability to provide resilience cover for shifts due to having insufficient numbers enough to cover the shifts. 6. Increase in overdue governance and quality tasks 7. More samples are marked 'urgent' as clinicians hear of possible delays which exacerbates the problem. 8. A backlog of samples at the end of the day which is carried over to the following day or beyond which impacts integrity of samples from GP's 9. Senior scientific staff spend more time doing routine bench work to address the increase, compromising laboratory governance issues 10. Increasing levels of stress related sickness and turnover of staff, sickness rate is around 6% 11. Lack of trained and competent staff impacts on the training and development of new and existing staff members 12. Routinely having to stop electrophoresis analysis, Haemoglobinopathy analysis and other areas due to staffing issues 13. Pool of Bank resource significantly reduced, and adequate agency staff not easily available to cover these shortages</p>	Region	Diagnostic & Screening	Rebecca Potter	20-Aug-2024	19-Sep-2024	Planned	20	16	8	Low	Treat
RSK-481	<p>If there is no designated vascular access team/service or additional staff are not trained to place PICC and midlines and who are not skilled in repairing tunnelled catheters THEN patients will not get PICC/midlines, or will wait unacceptable lengths of time for appropriate vascular access to be inserted, or will require multiple peripheral cannulas, or will be admitted to have the line removed and reinserted or transferred to have the line repaired.</p>	<p>LEADING TO patients not receiving essential medications/nutrition; Patients having to endure multiple peripheral cannula placements; Patients not having their nutritional requirements met, leading to malnutrition and weight loss as an inpatient; Only one type of parenteral nutrition being available for peripheral access which does not meet most patients protein or electrolyte requirements; An increased risk of pressure sores and delayed wound healing due to poor nutrition; Increasing the risk of patients suffering thrombophlebitis from peripheral lines used for infusions with high osmolarity (PN); Increased risk of arm DVTs from multiple cannulations; Extended length of stay due to delayed treatment and the above; Undue pain and suffering for the patient; Poor patient experience; The potential for clinical negligence/litigation/complaints; Patients needing to go to theatre for central line insertions, which is more distressing for the patient and less cost effective; The potential for litigation and patient complaints.</p>	Region	Specialty Medicine	Jane Radice	18-Jul-2024	18-Aug-2024	Overdue	20	16	4	Low	Treat

RSK-486	IF Ward 9 and 10 do not have the recommended bed numbers/side rooms, space between bed spaces, clean utility, ensuite facilities, milk kitchen, medication preparation areas, storage and bathroom facilities THEN there will be insufficient capacity for demand, difficulty moving the beds in and out of the bed space, minimal space for baby(s), belongings and visitors, staff having to move around items and cots to perform duties such as routine or emergency care or infection control duties, equipment being stored in the corridor or inappropriate areas, medications and milk being prepared in inadequate areas, delays to services users being able to access bathrooms	LEADING TO patient safety concerns, capacity issues, labour ward rooms being utilised for readmissions with suspected/confirmed, delay's to medications and feed, manual handling concerns and injury and low staff and patient experience.	Region	Women's Health	Mary Plummer	18-Jun-2024	31-Aug-2024	Planned	8	16	1	Low	Treat
RSK-490	IF there is the absence of a competent person to deliver Manual handling and Ergonomic DSE compliance THEN the Trust will be unable to provide training, advice and guidance to staff in relation to manual handling and ergonomics	LEADING TO staff, patients and visitors are at increased of injury, ill health including musculoskeletal injury, sprains, strains, stress – increased sickness absence, low staff morale; Pressure sore development where appropriate equipment is not available and patient is left on floor for a period of time e.g. beds, equipment to manage the fallen patient; Patient experience compromised along with privacy and dignity; Trust at risk of increased staff absence, patient complaints, adverse publicity in local press, claims/litigation and financial costs of settlements; Trust at risk of enforcement action from the Health & Safety Executive Inspectorate for not providing a safe place of work and complying with legislation – verbal advice, improvement/prohibition notices, criminal prosecution, fee for intervention from investigation enquiries	Region	Workforce	Joanna Klimera	20-Aug-2024	20-Aug-2024	Overdue	16	16	4	Low	Treat
RSK-500	IF the capacity to increase Consultant-led Sleep New appointments is not increased THEN patients will face significant delays in appointment waiting times	LEADING TO DM01 breaches and potentially patient safety	Region	Internal Medicine	Alexandra Peers	29-Jul-2024	27-Aug-2024	Pending	16	16	4	Low	Treat
RSK-523	IF there is not a reduction of VTE prophylaxis errors THEN there could be a risk of increased hospital acquired thromboembolism cases	LEADING TO extended and/or life long treatment, morbidity, or mortality. AND Increase risk complaints, legal and safety investigations, and reputational and financial risk.	Region	Women's Health	Elaine Gilbert	13-Aug-2024	30-Sep-2024	Planned	16	16	4	High	Treat
RSK-526	IF the Trust does not have a sufficient capital expenditure limit (CDEL) Then the Trust will not be able to complete the level of planned capital investment	Leading to insufficient capital expenditure putting a risk on the trusts backlog maintenance and planned clinical replacement programme	Organisation		Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	16	16	6	Medium	Treat
RSK-532	IF the paediatric service is unable to provide the required specialised child and adolescence mental health care for patients with eating disorders and disordered eating without the support of a fully staffed eating disordered service THEN patient care would be compromised, and patients would be at severe risk of deterioration, mentally, physically, socially, and educationally	LEADING TO lack of access to appropriate support and services, prolongation of admission, and admission to T4 services.	Region	Child's Health	Brett Kintu	22-Aug-2024	30-Sep-2024	Planned	20	16	4	None	Treat
RSK-550	IF the Trust does not have an MRI compatible Patient Monitor THEN we will be unable to provide continuous monitoring of respiration, unable to effectively monitor the patient during medical emergencies that occur in MRI, unable to deliver MRI services to deteriorating patients, unable to undertake paediatric MRI scans for patients under 5yrs requiring sedation	LEADING TO patients potential delays in identifying adverse events during procedure; potential delays in treating deteriorating patients; potential harm and impact on patient outcomes and treatments; impact on staff being unable to adequately monitor patients under their care	Region	Diagnostic & Screening	Thozama Cele	04-Jun-2024	04-Jul-2024	Overdue	16	16	4	None	Treat
RSK-554	IF there is a lack of appropriate training and standard operating procedures and the devices have not been verified/validated and enrolled on an EQA scheme THEN the Point of Care devices used throughout the Trust may not be being managed to UKAS ISO standards	LEADING TO increase in incorrect results being obtained and actioned, inappropriate clinical decision making, increased hospital stay, poor patient experience, negative financial/reputational impact on the Trust, failure to obtain ISO 15189:2022 accreditation	Region	Diagnostic & Screening	Phillip Dickson	22-Jul-2024	19-Aug-2024	Overdue	16	16	4	None	Treat
RSK-564	IF there is a lack of storage space in Phase 1 and Phase 2 Theatres THEN there is overcrowding / insufficient space to access and use the equipment, sets and consumables to meet the requirements of the service/activity	LEADING TO non compliance with Health & Safety Regulations; non compliance with Fire Regulations, potential injury to staff / patients, potential damage to equipment, negative impact on reputation of Trust	Region	Anaesthetics & Theatres	Arabelle Casey	13-Aug-2024	13-Sep-2024	Planned	16	16	4	None	Transfer
RSK-565	IF there is insufficient staffing across all specialities in Ophthalmology THEN the Ophthalmology Service will not be able to meet the level of demand across all patient pathways	LEADING TO a poor patient experience, increased incidents, complaints and decreased staff morale, and issues with recruitment and retention of staff.	Region	Head & Neck	Bina Parmar	14-Aug-2024	13-Sep-2024	Planned	16	16	4	None	Treat
RSK-019	IF there is an increased number of incidents of violence and aggression in Emergency Department THEN there will be an impact on patient safety, staff mental and physical health	LEADING TO an increased risk of physical or verbal damage to staff or other patients, risk of delay in care whilst incidents resolved; potential for litigation or claims dependent on harm; Increased staff sickness rate, poor retention and recruitment of staff; negative impact on Trust reputation; poor patient experience	Region	Emergency Department	Sushant Tiwari	09-Jul-2024	09-Jul-2024	Overdue	12	15	8	Low	Treat
RSK-101	IF the maternity service at MKUK do not have their own dedicated set of theatres. THEN maternity are left vulnerable to not having a guaranteed emergency theatre available 24hrs a day.	LEADING TO increased risk of poor outcome for mothers and babies if theatre delay; Psychological trauma for staff dealing with potentially avoidable poor outcome; Financial implication to the trust	Region	Women's Health	Elaine Gilbert	20-Aug-2024	30-Aug-2024	Pending	15	15	6	Low	Treat
RSK-111	IF there is a national shortage of midwives THEN there may be insufficient midwives to provide for the needs of MKUH patients	LEADING TO a local negative impact on delivering excellent patient care, patient experience and staff experience.	Region	Women's Health	Elaine Gilbert	20-Aug-2024	30-Aug-2024	Pending	16	15	6	Low	Treat
RSK-158	IF the escalation beds are open across the medical and surgical divisions. Then the additional patients that will need to be seen will put additional demand on the Inpatient Therapy & Dietetic Services that are already stretched due to long term vacancies	LEADING TO: Patients deconditioning, nutritional needs of patients may not be met and increased Length Of Stay (LOS), high volume of patients will not be seen daily, priority will be given to new assessments, discharges and acute chests. Majority of patients may only be seen once a week for rehabilitation which is insufficient to maintain a patient's level of function. Staff morale will reduce as they will not be providing the appropriate level of assessment and treatment to their patients. Increases use of agency staff as unable to fill with longer term contracts	Organisation		Laura Sturgeon	06-Aug-2024	24-Sep-2024	Planned	16	15	6	Medium	Treat
RSK-159	Patients referred to the Occupational Therapy and Physiotherapy inpatient services covering complex medical are not being seen in a timely manner. This is to due to high vacancies, clinical skills gaps and lack of support for preceptees and new starters due to high use of agency. In July: OT service running at 50% staffing registered physio running at 28% substantive staff, 28% agency staff Therapy assistants running at 66% Agency staff lack local knowledge of discharge planning services and do not provide support to junior substantive staff. THEN there will be a delay in these patients being assessed, treated and discharged.	LEADING TO deconditioning of vulnerable/complex patients requiring a short period of therapy; increased length of stay; potential readmission, increased demand for packages of care requiring double handed provision. patient experience and long term quality of life will also be impacted as patients are being discharged as more dependent on care.	Organisation		Laura Sturgeon	06-Aug-2024	24-Sep-2024	Planned	20	15	3	Low	Treat
RSK-166	IF there is an increasing workload and a lack of Consultant Pathologists THEN there is a risk that the Cellular Pathology department will be unable to meet the clinical needs of the service	LEADING TO potential inability to meet cancer reporting targets; potential to miss an unexpected malignancy; reporting backlog may also increase	Region	Diagnostic & Screening	Angus Molyneux	19-Aug-2024	19-Sep-2024	Planned	15	15	3	Low	Treat
RSK-176	IF the Cellular Pathology workload continues to increase without sufficient staffing resources this will THEN there is a risk that the department results turnaround time will continue to increase and staffing burnout will occur	LEADING TO further increased turnaround times for processing and reporting specimens for routine and urgent work where a backlog risk has already been identified. This will have a detrimental effect on the patient experience as the potential for missed or delayed diagnosis increases along with stress and wellbeing concerns of the staff.	Region	Diagnostic & Screening	Amanda Brice	19-Aug-2024	19-Sep-2024	Pending	9	15	12	Low	Treat
RSK-250	IF staff across MKUH continue to use eCARE in the same way, that the volumes of requests made to the IT Department remain at their current rate, and the volume of change and project work continues at the current volume THEN the IT Department will become less responsive and a range of functions within eCARE will continue to be left without action	LEADING TO increased clinical risk, increased risk to performance of eCARE, potential disruption to staff, and delays in the deliver or projects and realising their benefits	Organisation		Craig York	20-Aug-2024	30-Aug-2024	Pending	15	15	3	Low	Treat

RSK-271	IF there is insufficient space within the Medical Equipment Library (MEL) THEN MEL staff will be unable to carry out the required cleaning process to comply with the appropriate guidelines set by CQC and MHRA	LEADING TO Lack of cleaning and processing space due to the growth of the MEL over the years means not keeping unprocessed and processed equipment separately, not complying with CQC Regulation 15: Premises and equipment and MHRA Documentation: Managing Medical Devices January 2021	Region	Estates	Ayca Ahmed	23-Aug-2024	23-Sep-2024	Planned	15	15	3	Medium	Treat
RSK-275	IF The Trust does not recruit suitably qualified estates personnel THEN there will be a shortfall of qualified skilled estates staff to perform Statutory Maintenance, Emergency On-Call & Day to Day reactive Breakdown requests and Appointed Persons	LEADING TO the Trust being at risk and service delivery systems will increasingly fail directly affecting clinical service and patient care	Organisation		Mike Stark	20-Aug-2024	30-Aug-2024	Pending	15	15	5	Low	Treat
RSK-411	IF child protection medical assessments continue to be undertaken with current workforce arrangements within the Paediatric Assessment unit (PAU) as part of the current consultant and junior doctor and nursing workload . THEN there will be issues regarding the current workflow and clinical risk within a busy acute/emergency area.	LEADING TO delays and avoidable risk in being able to complete the medical assessments as per RCPCH guidelines and completion of medicolegal child protection reports for multiagency partners and court with the subsequent impact of children suffering further abuse/neglect or death.	Region	Child's Health	Keya Ali	22-Aug-2024	30-Sep-2024	Planned	20	15	10	Low	Treat
RSK-417	IF the Gastroenterology Department has an overwhelming number of new and follow up patients on their waiting list, and there is a significant demand on follow up capacity THEN there may be insufficient capacity to meet the demand on the service and recover the backlog of patients	LEADING TO Patients not being seen in a timely manner, Urgent referrals not being seen as quickly as they should, poor patient experience, competing priorities between new and follow up demand.	Region	Specialty Medicine	Lizzie Vella	29-Jul-2024	26-Aug-2024	Pending	20	15	10	Low	Treat
RSK-459	IF there is insufficient capacity to maintain a core team of trained radiographers THEN there will be a decreasing number of trained CT staff within the department.	LEADING TO a potential inability to provide a 24-7 emergency CT service	Organisation		Mike Pashler	10-Jun-2024	10-Jul-2024	Overdue	15	15	4	Low	Treat
RSK-513	IF there is not adequate theatre capacity for gynae cases, THEN there will be continued delays in explorative and diagnostic treatment	LEADING TO a risk of mortality and morbidity, AND Increase in complaints, media interest and reputational/financial impact	Region	Women's Health	Jennifer Barker	20-Aug-2024	30-Aug-2024	Pending	15	15	6	High	Treat
RSK-520	IF the the Eye Clinic does not have enough space to transport a hospital bed/stretcher, no department hoist, congested waiting room and other rooms at full capacity THEN the department is not accessible to patients that require a bed.	LEADING TO potentially delayed diagnosis/treatment and potential for the patient to sustain permanent vision loss.	Region	Head & Neck	Denise Holland	15-Jul-2024	19-Aug-2024	Overdue	25	15	5	None	Treat
RSK-527	IF there is inaccurate and late recording of clinical activity on the trusts E-Care system Then there is a risk that the Trust's clinical activity will be understated	LEADING to a loss of income through the ERF	Organisation		Daphne Thomas	12-Aug-2024	13-Sep-2024	Planned	15	15	8	Medium	Treat
RSK-549	IF Trust does not adapt to climate change impacts THEN the hospital will be impacted not only in its operations to maintain safe patient service, but will face surge in activity due to its adverse effects	LEADING TO unintended harm to patients, loss of services, loss of estates capabilities, cancellation of electives, increased staff risk or sickness.	Organisation		Adam Biggs	20-Aug-2024	30-Aug-2024	Pending	20	15	5	Low	Treat
RSK-558	IF the Trust does not fully deliver its efficiency programme THEN there is the potential that the Trust will not have adequate cash to cover its revenue and capital expenditure as it falls due.	Leading to the Trust requiring to request revenue loan support for DHSC; delays to payments and lack of adherence to best practice payment code	Organisation		Karan Hotchkin	12-Aug-2024	13-Sep-2024	Planned	15	15	5	Low	Treat

Meeting Title	Trust Board (Public)	Date: 5 September 2024
Report Title	Board Assurance Framework	Agenda Item Number: 17
Lead Director	Kate Jarman, Chief of Corporate Services	
Report Author	Paul Ewers, Senior Risk Manager	

Introduction	Assurance Report		
Key Messages to Note	<ul style="list-style-type: none"> SR3 (page 9). Risk controls and actions updated to reflect current position. FIC to continue to monitor risk cautiously. There is potential for the risk to increase to 5x5=25 risk over the next quarter. To remain at 20 currently. 		
Recommendation <i>(Tick the relevant box(es))</i>	For Information <input type="checkbox"/>	For Approval <input type="checkbox"/>	For Review <input checked="" type="checkbox"/>

Strategic Objectives Links <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> 1. <i>Keeping you safe in our hospital</i> 2. <i>Improving your experience of care</i> 3. <i>Ensuring you get the most effective treatment</i> 4. <i>Giving you access to timely care</i> 5. <i>Working with partners in MK to improve everyone's health and care</i> 6. <i>Increasing access to clinical research and trials</i> 7. <i>Spending money well on the care you receive</i> 8. <i>Employing the best people to care for you</i> 9. <i>Expanding and improving your environment</i> 10. <i>Innovating and investing in the future of your hospital</i>
--	--

Report History	Regular Committee cycle
Next Steps	N/A
Appendices/Attachments	Board Assurance Framework

Monthly Report to Board

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

Current BAF Risks: There are currently eight risks against the achievement of the Trust's strategic objectives in 2024:

1. Continued industrial action resulting in significant disruption to service/ care provision
2. Insufficient capital funding to meet the needs of the population we serve
3. Future NHS funding regime is not sufficient to cover the costs of the Trust
4. Patients experience poor care or avoidable harm due to delays in planned care
5. Patients experience poor care or avoidable harm due to inability to manage emergency demand
6. System inability to provide adequate social care and mental health capacity
7. Political instability and change
8. Head & Neck cancer pathway
9. Insufficient staffing levels to maintain safety

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

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

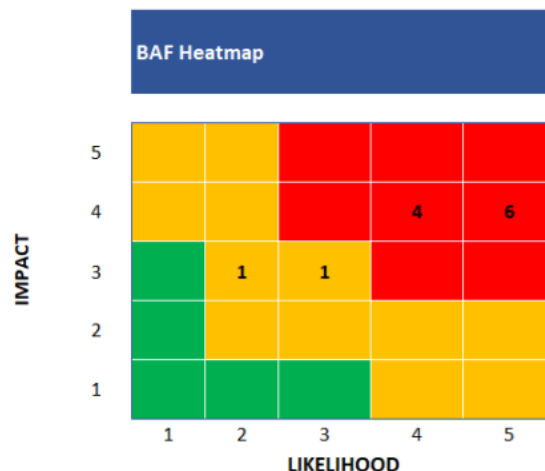
Longer-term Risks: Seven longer-term risks have been identified.

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

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

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

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



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

Potential further deep dives include:

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

Risk Movement Over Time (23/24)

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

- BAF Dashboard (28th March 2024)

BAF0003 - Urgent and Emergency Care

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

BAF0005 – System Transformation

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

BAF007 – Climate Change

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

Risk Profile (2024)

	1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
1 Rare					
2 Unlikely			SR7 Political instability and change		SR9 Insufficient staffing levels to maintain safety
3 Moderate			SR1 Continued industrial action resulting in significant disruption to care/ service provision		SR8 Head & Neck cancer pathway
4 Likely					SR2 Insufficient capital funding to meet the needs of population we serve. SR4 Patients experience poor care or avoidable harm due to delays in planned care. SR5 Patient experience poor care or avoidable harm due to inability to manage emergency demand. SR6 System inability to provide adequate social care and mental health capacity
5 Almost Certain				SR3 Future NHS funding regime is not sufficient to cover the costs of the Trust.	

The Board Assurance Framework: Explanatory Notes

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

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

Strategic Objectives

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

Risk treatment strategy: Terminate, treat, tolerate, transfer

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

Assurance ratings:

Green	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:

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

BAF 2024/25

Strategic Risk 1	Continued industrial action resulting in significant disruption to care/ service provision																																													
Lead Committee	Workforce & Development Assurance Committee	Risk Rating	Inherent	Current	Target	Risk Type	Patient Harm																																							
Executive Lead	Chief People Officer	Consequence	4	3	2	Risk Appetite	Avoid																																							
Date of Assessment	April 2024	Likelihood	3	3	1	Risk Treatment Strategy	Tolerate																																							
Date of Review	August 2024	Risk Rating	12	9	3	Assurance Rating	Positive Assurance																																							
Linked Trust Objectives	<ol style="list-style-type: none"> 1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 4. Giving you access to timely care 8. Employing the best people to care for you 																																													
Linked Corporate Risks	None identified																																													
Trend	<div style="text-align: center;"> <p>Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sept</td><td></td><td></td></tr> <tr><td>Oct</td><td></td><td></td></tr> <tr><td>Nov</td><td></td><td></td></tr> <tr><td>Dec</td><td></td><td></td></tr> <tr><td>Jan</td><td></td><td></td></tr> <tr><td>Feb</td><td></td><td></td></tr> <tr><td>Mar</td><td></td><td></td></tr> <tr><td>Apr</td><td>9</td><td>3</td></tr> <tr><td>May</td><td>9</td><td>3</td></tr> <tr><td>June</td><td>9</td><td>3</td></tr> <tr><td>July</td><td>9</td><td>3</td></tr> <tr><td>Aug</td><td>9</td><td>3</td></tr> </tbody> </table> </div>							Month	Score	Target	Sept			Oct			Nov			Dec			Jan			Feb			Mar			Apr	9	3	May	9	3	June	9	3	July	9	3	Aug	9	3
Month	Score	Target																																												
Sept																																														
Oct																																														
Nov																																														
Dec																																														
Jan																																														
Feb																																														
Mar																																														
Apr	9	3																																												
May	9	3																																												
June	9	3																																												
July	9	3																																												
Aug	9	3																																												

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

Strategic Risk 2	Insufficient capital funding to meet the needs of population we serve																																													
Lead Committee	Finance & Investment Committee	Risk Rating	Inherent	Current	Target	Risk Type	Financial																																							
Executive Lead	Chief Financial Officer	Consequence	5	5	5	Risk Appetite	Avoid																																							
Date of Assessment		Likelihood	5	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	July 2024	Risk Rating	25	20	10	Assurance Rating	Negative Assurance																																							
Linked Trust Objectives	<ol style="list-style-type: none"> 1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Spending money well on the care you receive 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital 																																													
Linked Corporate Risks	RSK-305 RSK-526																																													
Trend	<div style="text-align: center;"> <p>Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Aug</td><td>20</td><td>10</td></tr> <tr><td>Sep</td><td>20</td><td>10</td></tr> <tr><td>Oct</td><td>20</td><td>10</td></tr> <tr><td>Nov</td><td>20</td><td>10</td></tr> <tr><td>Dec</td><td>20</td><td>10</td></tr> <tr><td>Jan</td><td>20</td><td>10</td></tr> <tr><td>Feb</td><td>20</td><td>10</td></tr> <tr><td>Mar</td><td>20</td><td>10</td></tr> <tr><td>Apr</td><td>20</td><td>10</td></tr> <tr><td>May</td><td>20</td><td>10</td></tr> <tr><td>Jun</td><td>20</td><td>10</td></tr> <tr><td>Jul</td><td>20</td><td>10</td></tr> </tbody> </table> </div>							Month	Score	Target	Aug	20	10	Sep	20	10	Oct	20	10	Nov	20	10	Dec	20	10	Jan	20	10	Feb	20	10	Mar	20	10	Apr	20	10	May	20	10	Jun	20	10	Jul	20	10
Month	Score	Target																																												
Aug	20	10																																												
Sep	20	10																																												
Oct	20	10																																												
Nov	20	10																																												
Dec	20	10																																												
Jan	20	10																																												
Feb	20	10																																												
Mar	20	10																																												
Apr	20	10																																												
May	20	10																																												
Jun	20	10																																												
Jul	20	10																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> The current NHS capital regime does not provide adequate certainty over the availability of strategic capital finance. The base line capital budget available for 2024/25 is not sufficient to cover the planned depreciation requirement for operational capital investment. It has been topped up in year through the annual planning incentives relating to the revenue break even position Consequently, it is difficult to progress investment plans in line with the needs of the local population without breaching the available capital budget. 	<ul style="list-style-type: none"> Established management processes to prioritise investment of available capital resources to manage emerging risk and safety across the hospital. Established processes to ensure responsive pursuit of additional central NHSE capital programme funding as/when additional funding is available. Established processes to ensure agile in response to late notified capital slippage from across the ICS and wider region to take advantage of additional capital budget. 	<ul style="list-style-type: none"> The Trust does not directly control the allocation of operational or strategic NHS capital finance and has informal influence only over local ICS capital. The ICS has limited control on the allocation of operational capital from NHS England. The Trust's revised plan is £0.6m in excess of its approved allocation but the trust will use capital contingency funding to align spend to its capital allocation 	<ul style="list-style-type: none"> <i>Continued dialogue with Regional and National Capital teams at NHS England by CFO from MKUH and BLMK ICB during 2024/25 (Ongoing)</i> In year oversight of BC approvals to ensure early oversight of any potential slippages. All BC to be through the internal process by the end of September 	<p>First Line:</p> <ul style="list-style-type: none"> Internal management capital oversight provided by capital scheme leads. Regular meeting with BLMK and Regional Finance teams to alert them to the Trust's desire to align capital funding to planned depreciation spend for future capital allocations <p>Second Line:</p> <ul style="list-style-type: none"> Monthly Performance Board reporting Trust Executive Committee reporting Finance and Investment Committee reporting. <p>Third Line:</p> <ul style="list-style-type: none"> Internal Audit Reporting on the annual audit work programme. External Audit opinion on the Annual Report and Accounts 	<ul style="list-style-type: none"> Limited oversight of ICS capital slippage until notified by partner organisation. BLMK and regional team unable to provide assurance around future capital allocations 	<p>Continued dialogue at an ICB /Regional and National CFO level regarding future capital allocations (Ongoing)</p>

Strategic Risk 3	If the future NHS funding regime is not sufficient to cover the costs of the Trust, then the Trust will be unable to meet its financial performance obligations or achieve financial sustainability.						
Lead Committee	Finance & Investment Committee	Risk Rating	Inherent	Current	Target	Risk Type	Financial
Executive Lead	Chief Financial Officer	Consequence	4	4	4	Risk Appetite	Cautious
Date of Assessment	March 2023	Likelihood	5	5	2	Risk Treatment Strategy	Treat
Date of Review	July 2024	Risk Rating	20	20	8	Assurance Rating	Negative Assurance
Linked Trust Objectives	<ol style="list-style-type: none"> 1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Spending money well on the care you receive 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital 						
Linked Corporate Risks							
Trend	<div style="text-align: center;">  <p style="margin-top: 10px;"> Tracker Y-axis: 0, 5, 10, 15, 20, 25 X-axis: Aug, Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, June, July Legend: — Score (blue), — Target (orange) </p> </div>						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> • Increase in operational expenditure initially in response to COVID-19 (sickness/enhanced cleaning etc.) • Additional premium costs incurred to treat accumulated patient backlogs. • Prolonged premium pay costs incurred in a challenging workforce environment, including impact of continued industrial action. • Increased 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. 	<ul style="list-style-type: none"> • 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. • Continuing medium term financial modelling with ICS partners. • Escalation of key risks to NHSE regional team for support. • Management oversight of 	<ul style="list-style-type: none"> • Ability to influence (negotiate) and mitigate inflationary price rises is modest at local level. • Effective local pay control diminished in a competitive market. • No direct influence national finance payment policy for 2024/25 • Limited ability to mitigate cost of non-elective escalation capacity. • Ability to increase block contract value in line with demand for both BLMK ICS and Spec 	<ul style="list-style-type: none"> • Delivery of CIP programme of £23.8m in 2024-25 <i>Timing: target to have fully identified end of Sept 2024</i> • Maximisation of ERF income <i>Timing: ongoing with monthly tracking</i> • Pro-active procurement to minimise inflationary pressures <i>Timing: part of CIP programme above (non-pay cross cutting)</i> • Workforce planning in areas of where market forces are a significant inflationary factor <i>Timing: part of CIP</i> 	<p>First Line:</p> <ul style="list-style-type: none"> • Financial performance oversight at budget holder and divisional level management meetings • Resource 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 (year to date and forecast) <p>Second Line:</p> <ul style="list-style-type: none"> • Monthly Performance 	<ul style="list-style-type: none"> • Systematic monitoring of inflationary price changes in non-pay expenditure. • Limited ability to directly mitigate demand for unplanned services. • The break-even plan for 2024-25 has a target of £23.8m CIP's which is not fully identified and remains high risk. • ERF target is at risk due to re-categorisation of SDEC activity 	<ul style="list-style-type: none"> • Urgent work to identify and de-risk the CIP delivery plan of £23.8m <i>Timing: target to have fully identified end of Sept 2024</i> • Engagement of consultancy support to help deliver the CIP plan which needs Board and regional approval. <i>Timing: June 2024</i> • The cash implications and need for cash support are also being progressed with NHSE so that any cash drawdowns are planned in advance. <i>Timing: monthly monitoring</i> • Service reviews are planned as part of CIP planning as well as demand

<ul style="list-style-type: none"> Affordability of 2024/25 planning objectives (e.g., backlog recovery) in the context of the evolving financial regime for 2024/25 	<p>escalation capacity and controlled decision-making on additional capacity.</p> <ul style="list-style-type: none"> Optimisation of elective recovery funding through optimising elective resources (bed capacity, Theatres, Outpatients clinical areas and elective clinical staff) Continued dialogue with BLMK ICS and Spec Comm on sufficiency of the block element of the service contract 	<p>Comm</p> <ul style="list-style-type: none"> Inability to recover ERF for growth in Spec Comm contract due to ERF target being set at a level which does not recognise growth 	<p><i>programme above (workforce cross cutting)</i></p> <ul style="list-style-type: none"> Discussion with commissioners regarding block contract value and demand pressures thereon <i>Timing: pressures communicated to ICB by Sept 24, to inform next year's block</i> Resetting of ERF target for Spec Comm from 145% to 106% in line with ICB target: <i>Timing: appeal to national team May 2024, new appeal vis regional team August 2024</i> 	<p>Board reporting</p> <ul style="list-style-type: none"> Trust Executive Committee reporting Finance & Investment Committee reporting. <p>Third Line:</p> <ul style="list-style-type: none"> Review of drivers of deficit by external consultancy 	<p>management and access to diagnostics both internally and by GP's. <i>Timing: as per CIP above</i> <i>Owner: CFO</i></p> <ul style="list-style-type: none"> SDEC activity recategorization risk: action to apply for adjustment of the baseline and additional workstream to mitigate through correct categorisation of activity to in-scope outpatient attendances. <i>Timing: complete for July activity by mid Sept 24</i>
---	--	--	--	--	--

Strategic Risk 4	Patients experience poor care or avoidable harm due to delays in planned care																																													
Lead Committee	Quality Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Safety																																							
Executive Lead	Chief Operating Officer – Planned Care	Consequence	5	5	5	Risk Appetite	Avoid																																							
Date of Assessment	May 2024	Likelihood	5	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	August 2024	Risk Rating	25	20	10	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	<ol style="list-style-type: none"> Keeping you safe in our hospital Improving your experience of care Ensuring you get the most effective treatment 																																													
Linked Corporate Risks																																														
Trend	<p style="text-align: center;">Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target Achieved</th> </tr> </thead> <tbody> <tr><td>Sep</td><td></td><td></td></tr> <tr><td>Oct</td><td></td><td></td></tr> <tr><td>Nov</td><td></td><td></td></tr> <tr><td>Dec</td><td></td><td></td></tr> <tr><td>Jan</td><td></td><td></td></tr> <tr><td>Feb</td><td></td><td></td></tr> <tr><td>Mar</td><td></td><td></td></tr> <tr><td>Apr</td><td>20</td><td>10</td></tr> <tr><td>May</td><td>20</td><td>10</td></tr> <tr><td>Jun</td><td>20</td><td>10</td></tr> <tr><td>Jul</td><td>20</td><td>10</td></tr> <tr><td>Aug</td><td>20</td><td>10</td></tr> </tbody> </table>							Month	Score	Target Achieved	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr	20	10	May	20	10	Jun	20	10	Jul	20	10	Aug	20	10
Month	Score	Target Achieved																																												
Sep																																														
Oct																																														
Nov																																														
Dec																																														
Jan																																														
Feb																																														
Mar																																														
Apr	20	10																																												
May	20	10																																												
Jun	20	10																																												
Jul	20	10																																												
Aug	20	10																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> Patients delayed in elective backlogs (including cancer) 	<ul style="list-style-type: none"> Routine and diligent validation and clinical prioritisation of patient records on waiting lists. Daily/Weekly management of PTL (Patient Tracking List) up to Executive level. Restore and recovery weekly cancer meetings. Clinical reviews and full harm review of long waiting patients, including root cause analysis (RCA). Additional executive capacity to provide greater scrutiny and oversight. 	<ul style="list-style-type: none"> Capacity and available resource to meet the demand post pandemic and strike action. Commissioning challenges to meet the required local demand of patient needs. Capacity limitations to meet demand. 	<ul style="list-style-type: none"> Detailed capacity and demand analysis at specialty level. October 2024 Development of specialty level action plans based on capacity and demand outputs. September 2024 Short term provision of additional resources to clear backlogs. Ongoing Additional investment and capacity being sourced through alternative options outside the Trust, support by the Cancer Alliance. TBC Maximise potential of discharges with partner agency and escalate where issues. TBC 	<p>First Line:</p> <ul style="list-style-type: none"> Internal escalation meetings with performance monitoring of key indicators. Designated OPEL status agreed across the MK system daily. Service level planning to manage impact of strike action. <p>Second Line:</p> <ul style="list-style-type: none"> Specialty validation and weekly PTL meetings. ICB & regional scrutiny via performance meetings. Divisional level sign-off to activity reductions due to strike action. 	<ul style="list-style-type: none"> None Identified 	<ul style="list-style-type: none"> None Identified
<ul style="list-style-type: none"> Inability to treat elective (planned) patients due to emergency 	<ul style="list-style-type: none"> Daily bed management of the hospital site to ensure both 	<ul style="list-style-type: none"> Capacity limitations to meet demand in other providers (health 	<ul style="list-style-type: none"> Due diligence in IPC procedures and uptake of national vaccination programmes. ongoing 			

<p>demand.</p> <ul style="list-style-type: none"> Inability to discharge elective patients to onward care settings. Further industrial action impacting planned care capacity. 	<p>elective and emergency pathways are maintained in equilibrium with Executive oversight.</p> <ul style="list-style-type: none"> Effective daily discharge processes to keep elective capacity protected and avoid cancellations – Board rounds. Additional WLI initiatives where there is resource and capacity to maintain reduction of the pandemic induced backlog. Daily review and MK system call of all Non-Criteria to Reside patients. Detailed planned and allocation of available resources. 	<p>and social care).</p> <ul style="list-style-type: none"> IPC outbreaks such as flu/norovirus Staffing vacancies in different professions required to meet specific needs. Unplanned short term sickness absence. Increased volume of ambulance conveyances and handover delays. Capacity limitations to meet demand in other providers (health and social care). Inability to predict future action. 	<ul style="list-style-type: none"> Ongoing recruitment drive and review of staffing models and skill mix. TBC International recruitment. TBC Bank and agency staffing deployed. TBC Increase availability of HALO. TBC Spot purchase additional capacity within MK. TBC Send patients out of area ICB support processes. TBC Additional activity internally and externally. TBC 	<p>Third Line:</p> <ul style="list-style-type: none"> National performance profile monitoring. External intervention from national teams via the tiering process. 		
--	--	---	--	--	--	--

Strategic Risk 5	Patients experience poor care or avoidable harm due to inability to manage emergency demand.																																													
Lead Committee	Quality Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Safety																																							
Executive Lead	Chief Operating Officer – Unplanned Care	Consequence	5	5	5	Risk Appetite	Avoid																																							
Date of Assessment	June 2024	Likelihood	5	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	August 2024	Risk Rating	25	20	10	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	<ol style="list-style-type: none"> Keeping you safe in our hospital Improving your experience of care Ensuring you get the most effective treatment 																																													
Linked Corporate Risks																																														
Trend	<p style="text-align: center;">Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td></td> <td></td> </tr> <tr> <td>Oct</td> <td></td> <td></td> </tr> <tr> <td>Nov</td> <td></td> <td></td> </tr> <tr> <td>Dec</td> <td></td> <td></td> </tr> <tr> <td>Jan</td> <td></td> <td></td> </tr> <tr> <td>Feb</td> <td></td> <td></td> </tr> <tr> <td>Mar</td> <td></td> <td></td> </tr> <tr> <td>Apr</td> <td></td> <td></td> </tr> <tr> <td>May</td> <td></td> <td></td> </tr> <tr> <td>June</td> <td>20</td> <td>10</td> </tr> <tr> <td>July</td> <td>20</td> <td>10</td> </tr> <tr> <td>Aug</td> <td>20</td> <td>10</td> </tr> </tbody> </table>							Month	Score	Target	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			June	20	10	July	20	10	Aug	20	10
Month	Score	Target																																												
Sep																																														
Oct																																														
Nov																																														
Dec																																														
Jan																																														
Feb																																														
Mar																																														
Apr																																														
May																																														
June	20	10																																												
July	20	10																																												
Aug	20	10																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> Inadvertently high demand of emergency presentations on successive days Overwhelm or service failure (for any reason) 	<ul style="list-style-type: none"> Development and use of SHREWD system to track and monitor activity levels across the health system. Adherence to national OPEL escalation management system Adherence to Trust capacity policies Integrated system planning for Winter. Continued development of admission avoidance pathways, SDEC and ambulatory care service provision 	<ul style="list-style-type: none"> Full scope of SHREWD to be implemented. Higher than expected staff sickness or absences. Staffing vacancies in different professions to meet specific needs. Increased volume of ambulance conveyances Overcrowding in ED waiting areas at peak times Lack of exit flow from ED Unexpected reduction in bed capacity / configuration 	<ul style="list-style-type: none"> MKUH SHREWD project to be completed. Dec 2024 Risk assessed redeployment of staff to where there is greatest need. Ongoing. Review alternative pathway options into community and admission avoidance. March 2025 Completion of Integrated Discharge Hub project. December 2024 Transformation project to reduce LOS. March 2025 	<p>First Line:</p> <ul style="list-style-type: none"> Internal escalation including: daily huddle / silver command & site meetings in hours. Designated OPEL status agreed across MK system. Out of hours on call management structure. Major incident plan. <p>Second Line:</p> <ul style="list-style-type: none"> System escalation calls with partners. MADE's: Multi-agency Discharge Events. MK Place transformation & redesign projects. ICB challenge. <p>Third Line:</p> <ul style="list-style-type: none"> Audit accreditation & national benchmarking. Regional and 		

				National intervention on poor performance (National Tiering).		
--	--	--	--	---	--	--

Strategic Risk 6	System inability to provide adequate social care and mental health capacity.																																													
Lead Committee	Quality Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Safety																																							
Executive Lead	Chief Operating Officer – Unplanned Care	Consequence	5	5	4	Risk Appetite	Avoid																																							
Date of Assessment	June 2024	Likelihood	4	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	August 2024	Risk Rating	20	20	8	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	<ul style="list-style-type: none"> 4. Keeping you safe in our hospital 5. Improving your experience of care 6. Ensuring you get the most effective treatment 																																													
Linked Corporate Risks																																														
Trend	<div style="text-align: center;"> <p>Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep</td><td></td><td></td></tr> <tr><td>Oct</td><td></td><td></td></tr> <tr><td>Nov</td><td></td><td></td></tr> <tr><td>Dec</td><td></td><td></td></tr> <tr><td>Jan</td><td></td><td></td></tr> <tr><td>Feb</td><td></td><td></td></tr> <tr><td>Mar</td><td></td><td></td></tr> <tr><td>Apr</td><td></td><td></td></tr> <tr><td>May</td><td></td><td></td></tr> <tr><td>June</td><td>20</td><td>8</td></tr> <tr><td>July</td><td>20</td><td>8</td></tr> <tr><td>Aug</td><td>20</td><td>8</td></tr> </tbody> </table> </div>							Month	Score	Target	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			June	20	8	July	20	8	Aug	20	8
Month	Score	Target																																												
Sep																																														
Oct																																														
Nov																																														
Dec																																														
Jan																																														
Feb																																														
Mar																																														
Apr																																														
May																																														
June	20	8																																												
July	20	8																																												
Aug	20	8																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> Lack of inpatient mental health provision (including in specialist settings) leading to patients in mental health crisis with no physical health need remaining in the ED or inpatient beds Lack of social care capacity for patients with complex needs (adult and child) including patients under Deprivation of Liberty Safeguards or other court orders who require specialist care settings or 	<ul style="list-style-type: none"> Lower risk rooms in ED and on some inpatient areas Close working with CNWL around provision of appropriately qualified staff Ensuring a sound legal basis under the provisions of the Mental Health Act Safeguarding expertise in the Trust, with well established relationships with social care 	<ul style="list-style-type: none"> Inappropriate care setting for patient need – although some risk can be mitigated the Trust is not a mental health hospital and the environment is therefore higher risk and less suitable for patient need. Trust treated as a 'safe place' which exacerbates delays in finding an appropriate bed in a specialist setting. Inappropriate care setting for patient need – although some risk can be mitigated the Trust is not a mental health hospital and the environment is therefore higher risk and less suitable for patient need. Trust treated as a 'safe place' which exacerbates delays in finding 	<ul style="list-style-type: none"> Formal system escalation process and SOP to manage the safety of patients inappropriately left in the Trust's care (awaiting a specialist bed/ placement) which all partners adhere to. October 2024 Formal system escalation process and SOP to manage the safety of patients inappropriately left in the Trust's care (awaiting a specialist social care bed/ placement) which all partners adhere to. October 2024 	<p>First Line:</p> <ul style="list-style-type: none"> Operational information (data) on numbers of patients inappropriately in the ED/ wards and time to appropriate care setting <p>Second Line:</p> <ul style="list-style-type: none"> Oversight of management activity Third Line: Independent/ Objective assurance (e.g. Internal Audit) <p>Third Line:</p>	<ul style="list-style-type: none"> Lack of system action and assurance 	<ul style="list-style-type: none"> System-wide mental health care meeting to be convened by September 2024 to agree escalation model and SOP. October 2024 System-wide social care meeting to be convened by September 2024 to agree escalation model and SOP. October 2024

placements		an appropriate bed in a specialist setting.				
------------	--	---	--	--	--	--

Strategic Risk 7	Political instability and change																																													
Lead Committee	Trust Board	Risk Rating	Inherent	Current	Target	Risk Type	Macro environment																																							
Executive Lead	CEO	Consequence	3	3	3	Risk Appetite	Cautious																																							
Date of Assessment	June 2024	Likelihood	5	2	2	Risk Treatment Strategy	Tolerate																																							
Date of Review	June 2024	Risk Rating	15	6	6	Assurance Rating	Positive Assurance																																							
Linked Trust Objectives																																														
Linked Corporate Risks	<ul style="list-style-type: none"> None identified 																																													
Trend	<div style="text-align: center;"> <p>Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep</td><td>0</td><td></td></tr> <tr><td>Oct</td><td>0</td><td></td></tr> <tr><td>Nov</td><td>0</td><td></td></tr> <tr><td>Dec</td><td>0</td><td></td></tr> <tr><td>Jan</td><td>0</td><td></td></tr> <tr><td>Feb</td><td>0</td><td></td></tr> <tr><td>Mar</td><td>0</td><td></td></tr> <tr><td>Apr</td><td>0</td><td>6</td></tr> <tr><td>May</td><td>0</td><td>6</td></tr> <tr><td>Jun</td><td>0</td><td>6</td></tr> <tr><td>Jul</td><td>0</td><td>6</td></tr> <tr><td>Aug</td><td>0</td><td>6</td></tr> </tbody> </table> </div>							Month	Score	Target	Sep	0		Oct	0		Nov	0		Dec	0		Jan	0		Feb	0		Mar	0		Apr	0	6	May	0	6	Jun	0	6	Jul	0	6	Aug	0	6
Month	Score	Target																																												
Sep	0																																													
Oct	0																																													
Nov	0																																													
Dec	0																																													
Jan	0																																													
Feb	0																																													
Mar	0																																													
Apr	0	6																																												
May	0	6																																												
Jun	0	6																																												
Jul	0	6																																												
Aug	0	6																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> Change in government with change in national NHS regulatory or management (performance, quality, finance, governance) regime 	<ul style="list-style-type: none"> Close working with system partners, regional and national teams to understand. Maintain strategic agility at Board. Ensure robust, early communication with Board members as issues/ change arise. Maintain flexibility in Board agendas/ time. Maintain close working relationships with system partners – including on risk share. 	<ul style="list-style-type: none"> Inability to predict change and impact 	<ul style="list-style-type: none"> No current action identified (out of control of Trust) 	<p>First Line:</p> <ul style="list-style-type: none"> Board agendas. <p>Second Line:</p> <ul style="list-style-type: none"> NHS regional and national management oversight. <p>Third Line:</p> <ul style="list-style-type: none"> External audit 	<ul style="list-style-type: none"> No current gaps identified 	<ul style="list-style-type: none"> No current action identified

Strategic Risk 8	If the pathway for patients requiring head and neck cancer services is not improved, then users of MKUH services will continue to face disjointed care, leading to unacceptably long delays for treatment and the risk of poor clinical outcomes																																													
Lead Committee	Quality & Clinical Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Patient Harm																																							
Executive Lead	Chief Medical Officer	Consequence	5	5	5	Risk Appetite	Avoid																																							
Date of Assessment	December 2022	Likelihood	5	3	2	Risk Treatment Strategy	Treat																																							
Date of Review	August 2024	Risk Rating	25	15	10	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	<ol style="list-style-type: none"> 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 																																													
Linked Risks	RSK-080																																													
Trend	<div style="text-align: center;"> <p>Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep</td><td>20</td><td>10</td></tr> <tr><td>Oct</td><td>20</td><td>10</td></tr> <tr><td>Nov</td><td>20</td><td>10</td></tr> <tr><td>Dec</td><td>20</td><td>10</td></tr> <tr><td>Jan</td><td>20</td><td>10</td></tr> <tr><td>Feb</td><td>20</td><td>10</td></tr> <tr><td>Mar</td><td>20</td><td>10</td></tr> <tr><td>Apr</td><td>20</td><td>10</td></tr> <tr><td>May</td><td>20</td><td>10</td></tr> <tr><td>Jun</td><td>20</td><td>10</td></tr> <tr><td>Jul</td><td>20</td><td>10</td></tr> <tr><td>Aug</td><td>20</td><td>10</td></tr> </tbody> </table> </div>							Month	Score	Target	Sep	20	10	Oct	20	10	Nov	20	10	Dec	20	10	Jan	20	10	Feb	20	10	Mar	20	10	Apr	20	10	May	20	10	Jun	20	10	Jul	20	10	Aug	20	10
Month	Score	Target																																												
Sep	20	10																																												
Oct	20	10																																												
Nov	20	10																																												
Dec	20	10																																												
Jan	20	10																																												
Feb	20	10																																												
Mar	20	10																																												
Apr	20	10																																												
May	20	10																																												
Jun	20	10																																												
Jul	20	10																																												
Aug	20	10																																												

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

	<p>Northampton and shared with Commissioners.</p> <ul style="list-style-type: none">• Joint commitment confirmed at Milton Keynes University Hospital NHS FT /Oxford University Hospitals NHS FT exec-to-exec team meeting on 02 October 2023• Commissioners visit to MKUH scheduled May 2024 in order to validate findings of East of England review of Northampton pathway.• Regional Commissioners and Quality Assurance Teams reviewed the pathway and joined the MDT (10/05/2024)					
--	--	--	--	--	--	--

Strategic Risk 9	Insufficient staffing levels to maintain safety																																													
Lead Committee	Workforce & Development Assurance Committee	Risk Rating	Inherent	Current	Target	Risk Type	Patient Harm																																							
Executive Lead	Chief People Officer	Consequence	5	5	5	Risk Appetite	Avoid																																							
Date of Assessment	April 2024	Likelihood	3	2	1	Risk Treatment Strategy	Treat																																							
Date of Review	Augst 2024	Risk Rating	15	10	5	Assurance Rating	Positive Assurance																																							
Linked Trust Objectives	1 Keeping you safe in our hospital 8 Employing the best people to care for you																																													
Linked Corporate Risks																																														
Trend	<div style="text-align: center;"> <p>Tracker</p> <table border="1"> <caption>Tracker Data</caption> <thead> <tr> <th>Month</th> <th>Score</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Sep</td><td>10</td><td>5</td></tr> <tr><td>Oct</td><td>10</td><td>5</td></tr> <tr><td>Nov</td><td>10</td><td>5</td></tr> <tr><td>Dec</td><td>10</td><td>5</td></tr> <tr><td>Jan</td><td>10</td><td>5</td></tr> <tr><td>Feb</td><td>10</td><td>5</td></tr> <tr><td>Mar</td><td>10</td><td>5</td></tr> <tr><td>Apr</td><td>10</td><td>5</td></tr> <tr><td>May</td><td>10</td><td>5</td></tr> <tr><td>June</td><td>10</td><td>5</td></tr> <tr><td>July</td><td>10</td><td>5</td></tr> <tr><td>Aug</td><td>10</td><td>5</td></tr> </tbody> </table> </div>							Month	Score	Target	Sep	10	5	Oct	10	5	Nov	10	5	Dec	10	5	Jan	10	5	Feb	10	5	Mar	10	5	Apr	10	5	May	10	5	June	10	5	July	10	5	Aug	10	5
Month	Score	Target																																												
Sep	10	5																																												
Oct	10	5																																												
Nov	10	5																																												
Dec	10	5																																												
Jan	10	5																																												
Feb	10	5																																												
Mar	10	5																																												
Apr	10	5																																												
May	10	5																																												
June	10	5																																												
July	10	5																																												
Aug	10	5																																												

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
<ul style="list-style-type: none"> Increasing turnover Sickness absence (short and long term) Inability to recruit 	<p>Staffing/Roster Optimisation</p> <ul style="list-style-type: none"> Exploration and use of new roles. Check and Confirm process Safe staffing, policy, processes and tools Divisional ownership of staff and rostering practices <p>Recruitment</p> <ul style="list-style-type: none"> Recruitment premia Bespoke recruitment for hard to fill roles 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 	<ul style="list-style-type: none"> Processes in development and review, yet to embed fully Lack of Divisional ownership and understanding of safe staffing and efficient roster practices Monitoring Divisional processes to ensure timely recruitment Focused Executive intervention in areas where vacancies are in excess of 20% Increased talent management processes. 	<ul style="list-style-type: none"> Talent management strategy refreshed and revised. Will be delivered as part of 24-27 Workforce Plan 	<p>First line of defense:</p> <ul style="list-style-type: none"> Active monitoring of workforce key performance indicators. <p>Second line of defense:</p> <ul style="list-style-type: none"> Annual Staff Survey <p>Third line of defense:</p> <ul style="list-style-type: none"> Internal audit 	None Identified	None required

	<ul style="list-style-type: none"> • Creation of recruitment "advertising" films • Targeted recruitment to reduce hard to fill vacancies. • Divisional ownership of vacancies • Workforce team monitor vacancies to ensure recruitment taking place • Executive oversight of areas with vacancies in excess of 20% <p>Retention</p> <ul style="list-style-type: none"> • 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 					
--	---	--	--	--	--	--

	<ul style="list-style-type: none">• Health and wellbeing initiatives, including P2P and Care First• Staff recognition - staff awards, long service awards• Review of benefits offering and assessment against peers.					
--	--	--	--	--	--	--