

Appendix 1: Corporate Risk Register Report

Heatmap – March 2025

Consequence Likelihood	1	2	3	4	5
5			388 – Application of MCA/DOLs 394 – Pharmacy Robotics Infrastructure	410 – Wycombe Theatres 415 – SMH Theatres 597 – Lack of commissioned TVN service 711 – Infection prevention, control and management activities 413 – MASH demand	
4			575 – Lifts, Wycombe Hospital 655 – Consultant Microbiologist Staffing 719 – Legionella risk, Wycombe Hospital		
3			597 – Community Tissue Viability Service	225 – Disruption to Trust technology caused by cyber incidents	184 – Ageing Wycombe tower block (interior)
2					
1					

Risk ID	Risk Title	Risk Description	Last Update	Inherent Rating	Current Rating	Last 2 Movements	Actions
597	Community Tissue Viability Service	<p>Under resourced team have approached the ICB for funding to support the service across winter months. The current service does not have the capacity to meet demand being asked particularly supporting referrals received from GP Practices and Nursing Homes.</p> <p>If patients in the community are not provided the necessary care and support this could lead to an increase in ED visits/Hospital admissions for wound infections/complex leg and pressure ulcers etc.</p>	Reviewed March 2025, score reduced from 20 to 9 in view of mitigations in place	25	9	↔ ↓	Open – 1 O'due - 0
394	Pharmacy Robotic Infrastructure	<p>The SMH Pharmacy dispensary has a single robot installed around 2008 with an expected life of 10 years, now 6 years past its planned service life.</p> <p>Robotics are essential due to limited space, allowing sufficient storage capacity for medications. Frequent faults cause service disruption, and suppliers only provide reconditioned spare parts.</p> <p>The robot requires replacement with a higher capacity and faster dispensing speed model, especially as it predates the workload shift from WH to SMH.</p> <p>A workflow analysis and ergonomic improvements, along with lifecycle works as part of the PFI structure, are necessary for the refit.</p>	<p>27/01/2025 - Preferred provider and robot configuration nearing completion. Financial planning continuing and meetings with Estates for supplementary works being planned.</p> <p>Due for further update end March.</p>	12	15	↔ ↔	Open – 1
388	Misapplication of the Mental Capacity Act (MCA) incl. Deprivation of Liberty (DoLs)	<p>There is a risk that people may be deprived of their liberty unlawfully which could lead to risk of liability to Trust including risk of breach of Human Rights. This could lead to a delay in pursuing appropriate legal avenues including application to the court of protection. This</p>	<p>06/01/2025 - 06/01/25: Risk reviewed by TS, CR and RS awaiting finalising of business case and presentation to EMC. Therefore risk action 884 due date extended to 31/1/25. Risk score remains the same.</p>	15	15	↔ ↔	Open – 1 O'due – 1

		<p>could lead to unlawful detention in hospital, increased length of stay and poor patient experience. Risk of making decisions on behalf of an adult without legal framework to do so.</p> <p>The safeguarding team do not have capacity to review all MCA assessments linked to Deprivation of Liberty Applications.</p> <p>BHT have become aware through an individual case that the Local Authority have delays in being able to review applications for Deprivation and therefore granting the appropriate application. If a patient is actively objecting the Supervisory Body (Local Authority) should assess with a Best Interest Assessment.</p> <p>There is a risk that colleagues will not recognise the application of the MCA for 16 & 17 year olds.</p>					
719	Legionella, Wycombe Hospital	<p>Due to asbestos being present, we are unable to remove water pipework dead legs thus increasing risk of Legionnaires. Because this affects most areas on the WH site it will require asbestos removal under controlled conditions which will impact greatly on the delivery of clinical services.</p>	<p>07/01/2025 - Reviewed the risk with the Head of Health and safety. The current score is 12. Requested to de-escalate from the CRR. Please attach the assurance documents to the risk record.</p> <p>Discussed at EMC 11.03.2025 - not approved for de-escalation, requested further information on mitigations in place.</p>	16	12	↔↓	Open – 0
575	Lifts, Wycombe Hospital	<p>All passenger and goods lifts installed in the WH tower block have exceeded their service life and are now becoming obsolete, making parts increasingly difficult to source. Failures are becoming more frequent and are affecting services, particularly the movement of patients in the bed lifts.</p> <p>There is a significant impact on patients having to use the services that are on top floors (i.e. cancer services)</p>	<p>07/01/2025: The current risk score is 12, but this risk must stay on the CRR until lift C has been fixed and the risks can be more reliable. Currently, due to increased traffic on the other two lifts, there is an increased likelihood of lift failure. The budget has been agreed to replace all the switchgear, which will increase the service life of the lifts.</p>	20	12	↓↔	Open – 0

184	Wycombe Tower, interior	<p>The ageing WH tower Block is showing signs of interior deterioration which is challenging to maintain in a condition that is suitable for modern healthcare provision.</p> <p>Asbestos is present throughout the construction including the floors, ceilings and service voids. Any remedial or improvement works are impeded by the presence of asbestos as this adds significant costs and risks to repairs and projects.</p> <p>Water pipework is old and has a lot of obsolete components. This is difficult to be removed under asbestos conditions which presents a legionella risk to staff and patients. Water ingress is also common to the lower levels during periods of heavy rainfall.</p> <p>Electrical infrastructure is now obsolete and is difficult to maintain and does not comply with HTM 06. All Patient services could be affected by failures in the electrical infrastructure.</p> <p>Patient environment experience i.e., space, door widths and access are not compliant with modern healthcare standards (HBN's) and Equality Act. This compromises quality patient experience.</p> <p>Ventilation was not a major design requirement when the building was constructed. The current levels of ventilation are not compliant with current standards for healthcare services. As a result, patients and staff may be exposed to airborne infection and be affected by excessively high temperatures during periods of hot weather.</p>	<p>07/01/2025: Reviewed the risk with the Head of Health and Safety. The risk score was changed to 15 from 20, taking into account the controls in place. Please attach the assurance documents to the risk record.</p>	25	15	↔ ↓	Open – 0
-----	--------------------------------	--	---	----	----	-----	----------

711	Infection Prevention & Control management activities	<p>The Infection Prevention and Control (IPC) team is currently operating with a 36% vacancy, alongside a vacancy for a Consultant Antimicrobial IPC Doctor (1 PA). Due to these critical staffing shortages, both teams are functioning under Business Continuity Plan (BCP) measures, which are not sustainable for long-term infection prevention, control, and management activities.</p> <p>While antimicrobial stewardship (AMS) risks have been partially mitigated, there remains a significant backlog of AMS activities requiring urgent attention to maintain compliance, ensure optimal antimicrobial use, and safeguard patient safety.</p> <p>Key Risks to Service Delivery:</p> <ul style="list-style-type: none"> - Compromised Preventative and Surveillance Work – Limited capacity to proactively prevent infections and monitor infection trends. - Lack of Oversight on IPC Strategy – Absence of leadership and representation in strategic discussions and planning, leading to fragmented decision-making. - Disruptions in IPC Support Model – Reduced continuity in providing consistent support and expertise to frontline IPC activities. - Reduced Training and Education Opportunities – Inability to deliver adequate IPC and AMS training for staff, which may impact compliance and best practices. - Regulatory and Compliance Risks – Inadequate IPC and AMS measures increase the risk of non-compliance with healthcare regulations, potentially leading to inspections, financial penalties, and reputational damage. 	31/01/2025 – Risk reviewed and updated by Deputy Director of IPC	20	20	↔	Open – 0
-----	---	---	--	----	----	---	----------

415	New Wing Theatres, Stoke Mandeville Hospital	The New Wing Theatres block at SMH (Theatres 1-5) is nearing the end of its operational lifecycle and requires a comprehensive refurbishment within the next 12-24 months. There is a broader risk of electrical and ventilation failures across all theatres. Additionally, the heating coils and boilers are approaching the end of their service life, resulting in frequent malfunctions that cause service disruptions and downtime.	17/03/2025 – Theatre Estates Review completed, risk to be updated following receipt of final report.	20	20	↔ ↔	Open – 0
410	Marlow & Main Theatres, Wycombe Hospital	Marlow Theatres: The ventilation and overall infrastructure are outdated, requiring a full refurbishment, including the recovery space, which is inadequate. The site does not meet GPAS/RCoA guidelines or modern HTM 03-01 standards. While Theatres 1 and 3 are maintained to HTM standards, Theatre 2 cannot be brought up to these standards. Breakdowns and downtimes are becoming increasingly frequent. Wycombe Main Theatres: The Anaesthesia Rooms in Theatres 1, 2, and 3 no longer meet minimum or derogation standards, and therefore have been decommissioned presently. Anaesthesia induction is being conducted inside main theatres where HTM standards are being met. The entire suite requires a full refurbishment, including infrastructure, ventilation, and electrical systems, as it is no longer able to meet required standards, with breakdowns occurring regularly. Additionally, the ageing water supply systems across the phase 3 site presents a Legionella risk; therefore, it is being	17/03/2025 – Theatre Estates Review completed, risk to be updated following receipt of final report.	20	20	↔ ↔	Open – 0

		mitigated via point of use filters to maintain safety.					
225	Cyber attack; disruption	There is a risk that the Trust is vulnerable to a cyber attack as we currently have a number of aged applications running on out-of-date Microsoft servers, networks, and telephony systems. As a result, they are no longer receiving vendor security updates. If a cyber attack were to occur, the impact would be the loss of all IT or a significant amount of IT. There could also be the potential loss of part of or all of the phones.	17/03/2025 – Additional mitigations in place, to be complete by end March.	20	12	↔↔	Open – 0
413	Safeguarding; demands of the Multi Agency Safeguarding Hub (MASH) activity	There is no commissioning provision for Multi-Agency Safeguarding Hub activity. Attendance at the MASH restricts the capacity of the safeguarding team to meet other routine demands and activities across the Trust.	06/01/25 – Risk reviewed by TS, CR and RS - safeguarding team now providing sole resource into the MASH. Aiming to be physically present in the Police station at least 2 days per week. Team continues to be supported through temporary staffing. ICB support available on request to cover double strategy meeting if unable to find cover. Regular meetings with ICB to continue to review MASH provision while Business case is being finalised and awaiting submission to EMC. Risk score remains the same as there is no additional resource available to support the MASH function. Risk action 2044 due date extended to 31/1/25 as waiting for business case to be finalised and submitted to EMC for approval.	15	16	↑↔	Open – 1 O'due – 1
790	Aseptic Infrastructure	Aseptic unit(s) footprint is not fit for purpose and has inadequate storage and workflow, with insufficient space to perform tasks in a safe manner, and is sited adjacent to high staff travel and restroom areas within the department. 1) Risks that the current unit due to its position within the pharmacy has an increased risk of contamination of the unit due to footfall and location within the pharmacy.	11/03/2025 – Discussed at EMC and approved for escalation on the CRR. EMC recommended escalation to ICB risk register.	12	16	New (↑)	Open – 1 O'due – 0

	<p>2) Staff are working in very close proximity to each other, with medication trays stacked, reducing efficiency and increasing the risks of medication errors. Space constraints also mean that the unit's ability to increase capacity further to meet projected demand (increase in cancer patients 12% per annum) is severely limited in terms of space for the necessary staff to produce the medicines.</p> <p>3) Risk that current aseptic provision within the ICS is also at capacity, with limited and aging in infrastructure with a risk of a failure at multiple Trust sites.</p> <p>Aseptic units location and facilities do not meet the current standards required for a section 10 pharmacy unit operating under Annex 1. Specifically the isolators are beyond normal service life. Annex 1 requirement is for hydrogen peroxide gassing isolators. These isolators will not fit within the current footprint and would not be safe to manage within the current locations.</p> <p>4) Risks to products if isolators fail to perform reducing further the available expiry date of products, increasing the risks of wastage and increased requirements for unit monitoring to ensure QMS compliance.</p> <p>5) Risks from the isolators is that if they fail we would be unable to produce chemotherapy and treat patients in an emergency situation. Some products would be difficult to source due to very short expiry dates and stability particularly affecting bone marrow transplantation patients.</p> <p>6) Risk of increased costs associated with outsourcing 100% of products.</p> <p>7) External provider capacity outside of our control and risk that they would be</p>			
--	--	--	--	--

		unable to fulfill urgent or emergency increased demand without sufficient notice of planned increased requirements. 8) Risks of being unable to continue clinical trials.					
655	Consultant Microbiologist Staffing	<p>1 of 4 consultant Microbiologists left the Trust in October 2023. They covered the IPC role for 1PA. We have been unable to fill the position other than with intermittent high-cost agency locums. The role of an IPC doctor has expanded over recent years and even if we do replace this post we have insufficient time in current job plans to cover the additional duties. According to RCPPath IPC doctor role is 4-6PA per week. The risk is inadequate oversight of IPC aspects of bed management and facilities could increase risk of outbreaks of infectious diseases. Financial risk paying for agency locums (includes out of hours cover).</p> <p>Another full-time microbiology consultant is retired mid July in 2024. They hold the Antimicrobial Stewardship lead role for 1PA.</p> <p>This leads to 2 microbiology consultants in the hospital and unable to continue the clinical services and on-call rota from July onwards as if the rota gaps are not filled by the locums. This will lead to only 2 consultants (1 WTE, 0.9WTE) for the BHT.</p> <p>The AMS and IPC lead roles are not held by the existing consultants so the duties and responsibilities of these roles are not covered.</p> <p>Clinical risks:</p>	<p>30/01/2025 - Discussed at the Path CG meeting 27/01/25 - Anti microbial stewardship lead role is taken by substantive consultant from 01/01/25 onwards (no gaps now). Out breaks (0.25) are covered by a substantive consultant. This will be reviewed in 3 months. Still 1 consultant short to meet all clinical requirements. Full IPC doctor role is not filled yet.</p>	12	12	↔ ↓	Open - 0

	<p>1) Limited clinical services - Cannot attend the MDTs as when there were 4 consultants, delayed response by the micro team for primary care clinical queries. This leads to delay in treatment and clinical decision making.</p> <p>2) on-call frequency will stay as 1:4 as existing clinicians are not in a capacity to provide on-call below than 1:4. Gaps to be sort out by locum/NHSP</p> <p>3) Attendance in laboratory quality and accreditation work - unable to oversee this work</p> <p>4) Increase workload and stress for existing 2 consultants impacting their psychological well-being and potential burnout</p> <p>5) Potential increase in errors and mistake due to increase workload and burnout</p> <p>6) Clinical advisory service - Micro clinicians are unable to get back to primary care by phone/therefore only responding by email for non-urgent queries</p> <p>7) Impact on laboratory and admin staff in the micro department</p> <p>8) Unable to attend regular IPC meetings, but acute IPC queries will be dealt within the role A duties.</p>			
--	--	--	--	--