

Bundle Trust Board Meeting in Public 3 July 2025

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Regulation 28: REPORT TO PREVENT FUTURE DEATHS

NOTE: This form is to be used **after** an inquest.

	REGULATION 28 REPORT TO PREVENT DEATHS THIS REPORT IS BEING SENT TO: 1 Milton Keynes University Hospital 2 Central North West London NHS Foundation Trust
1	CORONER I am Sean CUMMINGS, Assistant Coroner for the coroner area of Milton Keynes
2	CORONER'S LEGAL POWERS I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	INVESTIGATION and INQUEST On 29 June 2023 I commenced an investigation into the death of Edward Joseph CASSIN aged 66. The investigation concluded at the end of the inquest on 13 February 2025. The conclusion of the inquest was that: Narrative conclusion Eddie Cassin was a delightful elderly male with learning difficulties who was prone to silent aspiration. Although cleared for discharge home he was developing an aspiration pneumonia on the 24th June 2023 which went unrecognised. He had hypoglycaemic episodes which were not managed according to trust guidelines. He was fed jelly which was expressly contraindicated. Food and medication was left in his mouth, some of which he aspirated. This was not recognised and exacerbated the already developing aspiration pneumonia. Had he been treated for the developing aspiration pneumonia he would likely not have died at the time he did. His death was contributed to by neglect.
4	CIRCUMSTANCES OF THE DEATH Edward Joseph Cassin was an elderly man with complex medical needs and learning difficulties. He had a known dysphagia which caused him silent aspiration. He had been investigated by the Speech and Language Therapist (SALT) team and his diet was prescribed by the Dietetic Service. He had frequent chest infections/pneumonia's as a result. He was in the Milton Keynes University Hospital pending discharge to a new care home. On the 24th June 2023 he was generally out of sorts, not eating his lunch which he normally did with enthusiasm likely due to another developing aspiration infection. His diabetes had been difficult to manage and there were several alterations to his insulin regime. On the 24th June 2023 he had a hypoglycaemic episode requiring treatment. The Hospital guidelines were not followed. Because of his dysphagia he was on a modified diet and required supervision when eating to mitigate aspiration risk. Jelly was specifically and repeatedly highlighted as a food he should not be given. Despite this there was evidence of repeated administration of jelly through his stay including on the 24th June. This was a food that was specifically excluded by the Dietetic Service. Their advice was not followed. He was not properly supervised and he aspirated. The expert evidence which I accepted, was that had his developing aspiration infection been recognised and treated, he would have survived. It was made worse by the aspiration following his hypoglycaemic attack.



5	CORONER'S CONCERNS During the course of the investigation my inquiries revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you. The MATTERS OF CONCERN are as follows: (brief summary of matters of concern) The Speech and Language Therapists (SALT) and Dietetic Service had well developed, comprehensive guidelines for investigating and managing patients prone to aspiration. Those guidelines were disseminated through the wards at Milton Keynes University Hospital and nursing and other staff were appraised of them or at least, should have been. I was disturbed to discover though that there was a lack of understanding of some of those policies and procedures some 22 months or so after the death. The SALT and Dietetic services are provided by the Central and North West London NHS Trust into the Milton Keynes University Hospital NHS Foundation Trust. It appeared to me that both Trusts were working to a degree in a siloed manner and that closer co-operation and sharing of clinical responsibility would benefit patients in a similar position in the future.
6	ACTION SHOULD BE TAKEN In my opinion action should be taken to prevent future deaths and I believe you (and/or your organisation) have the power to take such action.
7	YOUR RESPONSE You are under a duty to respond to this report within 56 days of the date of this report, namely by August 12, 2025. I, the coroner, may extend the period. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.
8	COPIES and PUBLICATION I have sent a copy of my report to the Chief Coroner and to the following Interested Persons The family of Mr Cassin I am also under a duty to send a copy of your response to the Chief Coroner and all interested persons who in my opinion should receive it. I may also send a copy of your response to any person who I believe may find it useful or of interest. The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response about the release or the publication of your response by the Chief Coroner.
9	Dated: 18/06/2025  Sean CUMMINGS Assistant Coroner for Milton Keynes



Review of policy and practice concerning the care of inpatients with vulnerabilities relating to swallowing at Milton Keynes University Hospital

Date: November 2024

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EXECUTIVE SUMMARY

Background

Over the last three years, the Trust has become aware of five cases where vulnerable and/or frail patients under the care of the hospital have experienced collapse, respiratory distress, or chest infection on account of aspiration and/or impacted food boluses.

In four cases, these events caused the patient's death. In at least two cases, there are considerations related to the patient's mental capacity (whether due to autism, learning disability or dementia). The Trust's enhanced duty of care is therefore a relevant consideration (deprivation of liberty safeguards, DOLS). Two coronial inquests have been held, and a third is scheduled. This review was commissioned to:

- Examine case notes and other material for each of the five patients to identify gaps and improvement opportunities in the care provided, and to establish any commonalities between the cases (which appear to have been separated in time and place).
- Assess any relevant policies and guidelines in relation to swallowing assessment and dysphagia; feeding at risk; supported mealtimes; personalised care for patients with learning difficulties and/or cognitive impairment; and application of deprivation of liberty safeguards.
- Discuss issues relating to the care of patients with vulnerabilities related to swallowing with a small sample of MKUH and CNWL1 staff to establish the degree of policy awareness and to describe gaps between policy and practice.
- Consider the incidents in the context of the heightened duty of care associated with patients who lack mental capacity and for whom deprivation of liberty safeguards apply.

A review of relevant literature was also undertaken.

This report outlines the findings of the review, with some recommendations for improvement.

Literature review

Choking has been recognised as a significant cause of non-accidental death in older people and other vulnerable risk groups. Choking includes the overlapping medical diagnoses of asphyxia and aspiration. The commonest conditions associated with death by choking in older people are dementia, Parkinson's Disease, and pneumonitis. Aspiration and aspiration pneumonia are common causes of death in older people and clinical factors associated with this include sputum suctioning, deterioration of swallowing function, dehydration, and dementia. These are all factors commonly present in frail older people in hospital. Although risk factors have been identified there is still debate over the most appropriate assessments and interventions for some groups. It may be possible to reduce but not eliminate the risk of aspiration and asphyxia. Asphyxia in the elderly is more likely to be with soft / slick foods, so even a modified diet may only reduce and not remove the risk.

Adults with learning disabilities may have maladaptive eating strategies that carry a higher risk of asphyxiation and aspiration. Dysphagia in people with learning difficulties is associated with respiratory infections and choking and may be under-recognised. Silent aspiration is common and may go unnoticed. A 2024 review [of older people with intellectual disability] noted that swallowing difficulties are prevalent but may be under-recognised. There does not seem to be a clear consensus in the literature or national guidance on any screening or management strategy, though it has been suggested that frailty may be a good indicator for population-based screening for swallowing difficulties. Recent national reviews and inquiries into the care of Learning Disability and Mental Health patients, although not primarily focused on swallowing issues or choking, have highlighted the expectation that medical vulnerabilities and risks for patients will be anticipated and that there will be partnership working between various services, including community mental health and acute NHS trusts to mitigate these and protect patients.

Case Review

Five cases have been identified by the trust for review. These were cases of asphyxiation or aspiration occurring in the last three years, which were reviewed for any themes and learning. The review used a structured approach considering comorbidities and frailty, involvement of Speech and Language Therapy (SLT) and dietetics, recognition and management of choking risk, management of choking if recognised, MCA assessment and consideration of DOLS, other adverse events occurring during admission, and communication (including with patient and family.)

Themes from case review:

All 5 cases had comorbidities which included risk factors for aspiration or asphyxiation. The majority were frail and medically complex. SLT was generally involved early, responded quickly, and documented clear plans. Dietetics plans were promptly and clearly documented and updated regularly. A potential risk of choking was recognised in 2 cases, and in 1 there was recognition of rapid or over-eating. In the remaining 2 cases no significant risk was apparent until the acute event. Appropriate feeding plans and / or support and supervision at mealtimes was in place for all the cases. Appropriate emergency action was taken in cases when acute choking was recognised.

There was not an explicit commentary around Mental Capacity Act (MCA) assessment or DOLS in all cases, though it was considered in the majority. For the cases without DOLS in place, there were indicators in the notes of at least temporary disturbance or impairment of cognition, which might have prompted an assessment.

The majority suffered other adverse events in hospital including a drug error, falls with injury in hospital, pressure sore. These events reflect the severe frailty of the patients, and complexity of their care

Communication in the notes largely appeared contemporaneous and clear. Nursing notes were not standardised with respect to eating and drinking, but staff provided their own descriptions. SLT and dietetics plans were timely, clearly documented and used consistent nomenclature. There is scope to improve communication when transferring between settings both within the hospital and between care providers. There is also scope to improve information provided for patients, families, and carers.

Local policy and guidelines review:

Overall, guidelines were well organized and structured, and easily available to all staff via RADAR. There was clear mapping to CQC fundamentals and wording which outlined clinicians' responsibilities. Guidance from the Nutritional Steering Group was helpful and well- written and they are to be commended on their work. The links to recommended e-learning, Screening Criteria, and information to support high quality referrals to dietetics are especially useful in supporting professional practice and judgment. The new policy on Eating And Drinking at Risk (EDAR)(2023) was excellent and will support clear decision-making and patient-centred care. Unfortunately, in focus groups not everyone was aware of this, and more work needs to be done to embed it.

Learning Events / Focus group

A series of events took place with a range of clinical staff. These were structured around the patient journey and considered themes of learning and communication. Staff engaged well and put forward ideas for learning and improvement in their own areas. They all had some understanding of the issues, and many expressed a wish to have more support and learning opportunities around managing swallowing and referring to SLT. Not all staff were aware of the new policies on Eating & Drinking at Risk or of the learning that had been shared from the cases identified. A narrative and summary are provided in the review.

Recommendations:

There are 5 key recommended actions for the Trust

1. The recognition of eating, drinking and swallowing issues is part of many clinical professional's responsibilities. The Trust should clarify by whom and how this should be documented in a timely manner in (i) clinical notes and (ii) ward area / patient bed space. Each clinical area must have an agreed location to provide this information, so it is visible and available to staff, families, carers, and patients.
2. The Trust should ensure appropriate feeding plans are documented for patients with an identified risk, and that there is a robust mechanism to share these and with patient, family, and any relevant care providers when a client is admitted to or discharged between different settings, either within or between care providers.
3. The Trust should monitor SLT referrals, numbers and quality and response times to establish if there is a need for more staff training and /or more SLT staffing.
4. The Trust should continue ongoing reporting and monitoring of aspiration and asphyxiation incidents and consider whether this could be a future Trust Quality Priority.
5. The trust should ensure that MCA and DOLS assessments are consistently undertaken and documented when there is concern about an inpatient's ability to understand or consent to care.

Other suggestions of improvement actions that could be considered and recognition of existing good practice are included in the recommendations.

Introduction/ context

Background

Over the last three years, the Trust has become aware of five cases where vulnerable and/or frail patients under the care of the hospital have experienced collapse, respiratory distress, or chest infection on account of aspiration and/or impacted food boluses.

In four cases, these events caused the patient's death. In at least two cases, there are considerations related to the patient's mental capacity (whether due to autism, learning disability or dementia). The Trust's enhanced duty of care is therefore a relevant consideration (deprivation of liberty safeguards, DOLS). Two coronial inquests have been held, and a third is scheduled.

Health and Social Care providers have a duty of care to patients under the Health and Social Care Act 2008 (Regulated Activities). When reviewing care related to choking incidents the most relevant fundamental standards are:

- Regulation 9 – Person-centred care
- Regulation 14 - Meeting nutritional and hydration needs

Terms of Reference

Commission

The Trust seeks a review to be undertaken by an independent clinician who is external to the organisation and has appropriate experience in the care of vulnerable and/or frail inpatients. The skill set and experience sought are those of an experienced general physician, and not those of a sub-specialist in speech and language or dysphagia.

Upon appointment, the reviewer is asked to:

1. examine case records (including patient records, incident investigation reports, staff statements and – where relevant – material presented at coronial inquest) for each of the five patients in order to identify gaps and improvement opportunities in the care provided, and to establish any commonalities between the cases (which appear to have been separated in time and place).
2. assess any extant policies in relation to swallowing assessment and dysphagia; feeding at risk; supported mealtimes; personalised care for patients with learning difficulties and/or cognitive impairment; and application of deprivation of liberty

safeguards. The reviewer is asked to offer a view on any policy gaps (absence of a policy, or gaps within a policy) exposed by these incidents.

3. discuss issues relating to the care of patients with vulnerabilities related to swallowing with a small sample of MKUH and CNWL1 staff to establish the degree of policy awareness and to describe gaps between policy and practice. As a minimum, to include: a focus group of physicians; a focus group of ward nurses: and individual discussion with the Divisional Chief Nurse for Medicine and the Lead for S<.
4. consider the incidents in the context of the heightened duty of care associated with patients who lack mental capacity and for whom deprivation of liberty safeguards apply.
5. provide a comprehensive report outlining the findings of the review, alongside recommendations for improvement (if applicable).

The scope described above is not intended to be restrictive. If the reviewer feels that it would be helpful, additional elements can be incorporated in consultation with the Trust.

Updated scope

This review was focused on adults, though some findings may be relevant to older children. Neonates and infants are out of scope as issues may be quite different. Asphyxia due to external compression of neck / airways is also out of scope of this review.

Timeline of review

Commissioned in June / July 2024

Case and guideline / policy review August 2024

Learning events, focus groups and 1:1 interviews Aug / Sept 2024

Report October 2024

Final Report November 2024

Literature review

Choking definitions: Aspiration and asphyxiation

Choking is a lay term that is most likely to mean foreign body airway obstruction occurring when an object partially or completely obstructs the upper airway. The cases described cover a range of aspiration and asphyxiation events. These are overlapping syndromes that occur when things other than air such as saliva, food particles or stomach contents are inhaled (i.e. go into the airways towards the lungs, and not down the oesophagus towards the stomach).

Aspiration is when smaller amounts are inhaled, which can affect the lungs by causing chemical damage (pneumonitis) and may lead to infection (pneumonia). It may be associated with symptoms such as coughing or choking on food, but is often ‘silent’, especially in unwell, frail, or older people.

Asphyxia is when there is a sudden onset, large bolus obstructing upper or large airways, preventing effective breathing and oxygenation. This review excludes asphyxiation due to external compression of neck.

Choking has been recognised widely as a significant cause of non-accidental death in older people and other vulnerable risk groups. Office of National Statistics (ONS) data is available for UK on choking (asphyxia) deaths at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/1438deathsduetoandinvolvingchokingbysexandagegroupenglandandwales2018to2022> and at <https://cesafety.co.uk/news/choking-deaths-report/>

Risk factors for the overlapping syndromes of both asphyxiation and aspiration have been examined in many studies. There is still debate over the most appropriate assessments and interventions for some groups. It may be possible to reduce but not eliminate the risk.

In a review of 2214 food-related choking deaths among the elderly (Kramorow et al, Injury Prevention, 2014) noted that the death rate for this cause is higher than in any other age group, and found that Dementia (including Alzheimer’s), Parkinson’s Disease and pneumonitis were the three **conditions most strongly associated with deaths** from choking on food among older people (over 65 years).

Consistency of bolus: A large postmortem study of choking deaths in community and hospitalised patients found that asphyxia in the elderly is more likely to be with soft / slick foods and in younger patients with a more solid bolus. (Berzlanovitch et al, 2005)

Manabe et al in a paper on Risk Factors for aspiration pneumonia in older adults noted that ‘it is widely recognised that pneumonia and aspiration pneumonia are common causes of death in frail older people’. In a large observational study, they established that the predictive clinical risk factors for aspiration pneumonia in older adults receiving nursing care were: sputum suctioning, deterioration of swallowing function, dehydration, and dementia. In discussion they noted that conventional swallowing assessments focus on feeding ability and not mis-swallowing of saliva and airway secretions (except during meals). In addition to meal dysphagia, mis-swallowing of saliva and airway secretions during the night are significant risk factors for developing aspiration pneumonia.

These two studies support the clinical experience that modifications to diet and feeding can reduce, but not completely remove, the risk of aspiration (of saliva / secretions) and asphyxiation (of modified diet). This also highlights the importance of mouthcare and secretion management.

Pneumonitis associated with aspiration: A Mayo clinic review of aspiration deaths in 57 consecutive patients (Hu et al, PLoS One, 2014) found that the most common symptom before death was dyspnea (63%) and chest radiography revealed bilateral infiltrates in the majority (81%). Most common precipitating factors for aspiration were depressed consciousness (46%) and dysphagia (44%). Aspiration-related syndromes leading to death were aspiration pneumonia in 26 (46%), aspiration pneumonitis in 25 (44%), and large airway obstruction in 6 patients (11%). Aspiration was clinically unsuspected in 19 (33%) patients. Antimicrobial therapy had been empirically administered to most patients (90%) with aspiration pneumonia and aspiration pneumonitis and concluded that *‘aspiration-related deaths occur most commonly in the elderly with identifiable risks and presenting bilateral pulmonary infiltrates. One-third of these aspiration-related pulmonary syndromes were clinically unsuspected at the time of death.’*

Dysphagia and choking in people with learning disabilities

Adults with learning disabilities may have maladaptive eating strategies that carry a higher risk of asphyxiation as well as aspiration e.g. speed of eating, cramming food, and premature loss of the bolus of food into the pharynx. (Samuels & Chadwick, 2006)

Robertson et al (2018, Disability and Rehabilitation) reviewed the evidence regarding dysphagia in people with intellectual disabilities and found that dysphagia is associated with respiratory infections and choking and may be under-recognised, and that silent aspiration is common and may go unnoticed. They noted that ‘management practices exist’ but did not find any high-quality intervention studies to guide practice. They recommended

that caregivers be educated about dysphagia, and that there is an urgent need for more research on improving the management of dysphagia in people with intellectual disabilities.

Chadwick & Joliffe, (2008, Journal of Intellectual Disability Research) collected information about 101 adults with Intellectual disability (ID), living in community settings who had referred for an assessment of their eating and drinking. They found that dysphagia is a significant issue for people with ID warranting further investigation. Practice implications suggested included increasing awareness of ‘at risk’ groups, changes in dysphagia with ageing, medication use and illness, and how findings can inform assessment and training.

There is a more recent review (Sanders et al, 2024 Journal of Applied Research in Intellectual Disabilities) on the prevalence of swallowing difficulties and associated factors in older people with intellectual disabilities. One thousand and fifty people were included. The prevalence of swallowing difficulties was 43.8%. Swallowing difficulties were not reported in the medical records of 83.3% of these cases. They concluded that “*swallowing difficulties are prevalent in older people with intellectual disability but may be under-recognised. Frailty may be a good indicator for population-based screening for swallowing difficulties.*”

National guidance, Reviews and inquiries relating to people with learning difficulties or mental health inpatients

UK Public Health England and the National Patient Safety Agency have recognised that people with learning disabilities are at higher risk of dysphagia, and published guidance in 2016] <https://www.gov.uk/government/publications/dysphagia-and-people-with-learning-disabilities/dysphagia-in-people-with-learning-difficulties-reasonable-adjustments-guidance>

An independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust, April 2011 to March 2015 was completed by Mazars LLC. <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf> The report describes (on p134) cases which are ‘*examples of a range of issues relating to aspiration pneumonia, malnourishment and feeding difficulties, epilepsy, diabetic management, decisions not to operate, possible delays in decision-making. Many of these cases are service users from residential and nursing home care who die in acute hospitals. However, the incidents have been reported to the Trust by its staff and there appears to be no mechanism for being sure that someone is investigating or asking questions even if it is not the primary responsibility of the Trust.*’

A Confidential Inquiry into Premature Deaths of People with Learning Disabilities: Final Report 2014 [<https://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62026-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62026-7/fulltext)].

On p62 the report describes, as an example of good practice, an ‘effective care pathway’ which follows an eating and drinking at risk (EDAR) approach for a service user, with clear Best Interests decision making and support back into community.

The **Lampard Inquiry** is an independent statutory inquiry investigating the deaths of mental health inpatients in Essex, which opened in 2024. Choking is not the focus but there does seem to be an expectation that medical vulnerabilities and risks for patients will be anticipated and that there will be partnership working between various services, including acute NHS trusts to mitigate these and protect patients.

There have been audits/ reviews of choking incidents in other health settings which informed the framework chosen for analysing areas of potential learning, including the Northern Ireland Regional Choking Review 2018.

<https://www.publichealth.hscni.net/publications/report-regional-choking-review-analysis-thematic-review>

Review / overview of cases

The cases were reviewed in a structured way considering the following points

Relevant comorbidities and frailty

Was Speech and Language Therapy (SLT) involved appropriately?

Was dietetics involved appropriately?

Was choking risk recognised or anticipated and managed appropriately?

Was appropriate action taken if choking recognised?

Was Mental Capacity Assessment (MCA) undertaken and Deprivation of Liberty Safeguards (DOLS) applied where appropriate?

Did other adverse events occur during the admission?

Communication, including with family and at discharge

5 cases were reviewed as per Terms of Reference, 1 female, 4 male, with ages ranging from 60 to 85 years.

Individual cases are described in Appendix C.

Relevant comorbidities and frailty

This included Risk factors such as Parkinson's Disease (PD), Dementia/ delirium, Learning Disability (LD), and supported living arrangements and care packages. There were many commonalities, especially between Cases 2-5. All had significant comorbidities and at least one of the conditions known to be associated with an increased risk of aspiration / asphyxiation (Learning Disability, dementia / delirium). The majority were frail and already in supported living, care homes, or had spent extended periods in hospital. Only one was admitted from their own home but it was reported they had not been coping there and needed more support. At least three were severely/ very severely frail with advanced comorbidities and were likely in the last stage of their life (e.g. palliative stage of PD, severe dementia with delirium)

Case 2-5 were "Complex medical" (as opposed to "surgical") admissions

Case 1 was a little different and was less frail and was also younger than the others. He had Learning Difficulties and schizophrenia and resided in Supported Living. He had spent time during his admission on the Intensive Therapy Unit (ITU), had been kept nil by mouth (NBM) for some time because of concerns about his abdominal symptoms rather than because of swallowing concerns. He eventually had abdominal surgery, with a period of ileus and enteral feeding. He had previously been known to eat quickly but no specific swallowing problems had been identified.

Was SLT involved appropriately?

SLT was generally involved early and appropriately – in at least one cases had been involved prior to admission to MKUH and the SLT team were able to access community notes and share existing feeding plans.

Referrals made in hospital were responded to quickly but in at least one case the referral was not accepted initially, because insufficiently specific information was given. Once a SLT referral had been accepted, patients were assessed soon, and a clear plan documented in notes. One patient had a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube in situ for supplementary feeding but had a previous SLT assessment (in another trust) which confirmed they could also have oral diet. This was appropriately reassessed and updated during their stay. Two other patients had enteral feeding by naso-gastric tube (NGT) at least

part of the time – one in ITU, and another as a trial (which was appropriately discontinued due to patient preference)

Was dietetics involved appropriately?

Dietetics plans were clearly documented and updated regularly. When SLT advised changes in consistency of food or fluids, dietetics plans were promptly updated to reflect this. Some patients had dietetics involvement for weight loss without evidence of swallowing difficulty. Dietetics provided appropriate nutrition plans for all patients whether fed orally or via PEG/NGT.

Was choking risk recognised or anticipated and managed appropriately?

A potential risk of choking was recognised in two cases, in another there was recognition of rapid or over-eating and in two cases no significant risk was apparent until the acute event. Of those with a recognised risk of choking or rapid eating, a feeding plan was in place with dietary modifications, need for assistance or supervision at mealtimes, and use of a 'red tray' to highlight these needs. For those with no risk identified initially, support and supervision were being given at mealtimes because of frailty and other medical concerns. As the literature review shows, even with modified soft diet people may still aspirate secretions or asphyxiate with soft slick food bolus.

Of those who did not have choking risk identified because they had no symptoms – it was considered if in retrospect could it have been noticed earlier. On balance there was evidence that ward staff were appropriately using their judgment with regards to day-to-day fluctuations in alertness and swallowing in acutely unwell patients and responding to changing clinical condition e.g. by not feeding if drowsy or stopping feeding if patient not taking food well. SLT was requested on deterioration and when symptoms/ clinical events were recognised to be choking. With this retrospective view, for at least one patient the radiographic evidence of pneumonias on CT Pulmonary angiogram (CTPA) could suggest aspiration. He had been less well and chesty, so the ward was already taking measures to supervise feeding. A SLT referral could have supported a feeding plan but may not have made any difference to how he was managed, or the outcome.

Was appropriate action taken if choking recognised?

Appropriate emergency action was taken in cases when acute choking was recognised, including back slaps to successfully dislodge bolus, calling arrest team, and for a subacute deterioration making decision on ceilings of care. For one case of asphyxiation where a food bolus was unexpectedly found at post-mortem examination, the coroner accepted the evidence that none of the usual signs of choking were present to prompt emergency management.

Was MCA assessment undertaken and DOLS considered?

MCA assessment was undertaken and DOLS was in place for two cases. For another case the patient was assessed as having capacity and hence no DOLS was required. For the other 2 cases there was no explicit commentary around MCA assessment or DOLS. For all the 3 cases without DOLS in place, there were indicators in the notes of at least temporary disturbance or impairment of cognition e.g. all at times had episodes of 'confusion', drowsiness or agitation indicating delirium. One had been assessed by a research nurse as not having capacity to give consent, another had "Least Restrictive Option" (LRO) mentioned when planning discharge. There is a presumption of capacity but in these circumstances where confusion, agitation or LRO are being documented, it is best practice to consider and document a formal MCA assessment. (This is decision specific but should start with ability to consent to care and treatment in hospital.) From this assessment a decision regarding need for DOLS can then be made. This is an area for improvement in documentation.

Did other adverse events occur during the admission?

The majority suffered other adverse events in hospital including a drug error, falls with injury in hospital, pressure sore. These events reflect the severe frailty of the patients, and complexity of their care, with large numbers of individual care interactions.

Communication, including with family and at discharge

The notes on eCare generally appeared contemporaneous and clear. Comments on Eating and Drinking (E&D) and oral intake appeared regularly in nursing shift notes. They were not standardised – i.e. there did not seem to be any specific care prompt or standard way of documenting eating and drinking issues, but rather different staff members provided their own narrative or word picture of their patient's needs.

SLT and dietetics plans were timely, clearly documented and used consistent nomenclature.

There was little specific documentation of communication with family about feeding except in the context of sharing SLT plan, although handover / discharge documentation did generally indicate feeding plans and recommended food / fluid consistencies. The SLT team who are employed by the community trust also have a role to play here in ensuring in-hospital recommendations are transferred into community notes. In one case a patient who survived an asphyxiation event was discharged with an Eating and Drinking At Risk (EDAR) plan. This was well documented in hospital, but the discharge letter lacked details on the asphyxiation incident, any capacity assessments or the reasoning behind the EDAR decision. Presumably this was expected to be

covered on the EDAR form carried through into the community. This is an area for clarification and improvement.

Review of policies and guidelines

A review of policies was undertaken including those suggested by key staff members, and in the Terms of Reference. In addition, a list of policies and guidelines on RADAR (a Trust platform) was interrogated, looking for relevant titles and keywords (swallowing, feeding, aspiration). A full list of documents considered is included in appendix B with a note as to their relevance and whether within scope.

Guidance was sought that covered the following areas:

Assessing swallow – the only area where there was protocol for assessing swallow and referring to SLT was the Stroke SOP which recommends “*Ward 7 Nursing staff to assess swallow within 4 hours of symptom onset. Refer to SLT if needed.*” There was no specific guidance found within this document on how to assess swallowing clinically.

Role of Dietetics and SLT. The role of dietetics is well covered in the Adult Nutrition Policy. This policy is well-researched, referenced and written, with MDT input from a wide range of staff. It lays out organisational and individual responsibilities and defines roles. It describes risk assessments, referral criteria and actions that may be taken, and recommends that “*all staff who are involved in patient care should receive some training in the importance of nutritional care and how to screen for malnutrition,*” with a link to some relevant e-learning. It refers to the need to refer to SLT if any dysphagia is identified and that the SLT role is “*to assess individuals with swallowing difficulties and advise the multi-disciplinary team (MDT) on any modification to diet to ensure nutritional needs are met.* +

Guidance on feeding when modification is required - the Adult Nutrition Policy and several other guidelines cover this, and the Patient Information Leaflets (PILS) on modified diets are a helpful resource for patients.

Guidance on Eating & Drinking at Risk (EDAR). A recent new policy (2023) covers this well and supports patient-centred care (similar to the good practice example outlined in the CIPoLD Review)

Guidance on supporting feeding / decision making in vulnerable patients. This was covered generically by covered by MCA and DOLS policy, and the Adult Nutrition Policy also makes recommendations regarding people with a learning disability and states that *vulnerable adults will receive a specific care plan, and consultation will be sought for every patient and their carer.*

Patient Information Leaflets - there are useful supporting information leaflets available for patients, carers & relatives on IDDSI (International Dysphagia Diet Standardisation Initiative) modified diets.

Commentary on policies and guidelines

Good practice: Overall guidelines were well-organised and structured, and easily available to all staff via RADAR. The relevant ones were clearly written and appeared to have good version control with no obvious outdated information, old versions, or conflicting information. There was clear mapping to CQC fundamentals and wording on clinicians' responsibilities.

Guidance from the Nutritional Steering Group was helpful and well-written and they are to be commended on their work. The links to recommended e-learning, Screening Criteria, and information to support high quality referrals to dietetics are particularly useful in supporting professional practice and judgment.

The EDAR policy (2023) was excellent and will support clear decision-making and patient-centred care. Unfortunately, in focus groups not everyone was aware of this policy, and more work needs to be done to embed it.

Gaps and improvement opportunities:

There was no clear guidance on who should assess dysphagia, or how to do so, except for the specific group of stroke admissions. Stroke is a particular area of elevated risk when there may be sudden complete loss of swallowing, as compared to the situation in many other areas where frail or multimorbid patients have fluctuations in their swallowing because they are unwell in hospital. This was an area of anxiety for clinical staff – all had awareness and skills, but many felt they would like some support.

Guidance regarding role of SLT: In the same way that there is guidance for malnutrition screening and Dietetics referral it would be useful to have guidance that explains more about the role of SLT, provides simple screening questions or clinical findings that might indicate dysphagia and offers prompts or screening criteria to support high quality referrals, when needed, to SLT. It should also include signposting and links to relevant learning that staff can access. Staff who already have relevant capabilities and skills in managing frail and unwell patients should be supported to assess and manage patients as they are already doing, and to develop their confidence and capabilities in managing day to day variations

and nutrition, whilst also developing knowledge of when and how to refer for specialist SLT assessment.

Supporting information: More information could be made available to support staff in their conversations with patients, families, and carers about swallowing issues e.g. signs to look out for and discuss with your care team. This could be a local PIL or by signposting to nationally available health information, such as

NHS UK <https://www.nhs.uk/conditions/swallowing-problems-dysphagia/>

Parkinsons UK <https://www.parkinsons.org.uk/information-and-support/eating-swallowing-and-saliva-control>

Alzheimer's Society <https://www.alzheimers.org.uk/get-support/daily-living/eating-physical-sensory-difficulties>

Focus Groups / Staff Interviews

Focus groups / learning events and staff interviews were held between August and October 2024. The structured exploration of issues in these focus groups followed the patient journey and some underlying themes.

Focus groups included:

- Nurses /Health Care Assistants (HCAs) on 27/8/24 in Dental Education Suite
- Therapists on 5/9/24 in Academic Centre
- Doctors - a small group on 5/9/24 (in Academic Centre) and follow-up conversations on 10/9/24 and 14/10/24 (over Teams/ audio)

The key areas of exploration were:

- Assessing swallow on admission
- Re-assessing swallow during admission
- Taking action when there were swallow concerns
- Enacting SALT / dietetics plans
- What happens when a choking episode is identified
- Communication / documentation
- Learning / Education Resources
- Patients/ Relatives/ Carers involvement

Further 1:1 interviews and correspondence with

- Jamie Stamp, Head of Therapies & Dietetics
- Anna O'Neill, Head of Patient Safety & Learning
- Karen Ives, Patient Safety & Learning Lead - Medicine

Trust Incident Report and Learning Events were also reviewed.

It is clear the trust has already reviewed and learned from these incidents and is taking steps to improve. Notes from a Learning Event and subsequent (ongoing) action plans were provided for review to evidence this.

Themes from Focus Groups, Interviews, Trust learning events

See Appendix D for a summary of key points from these discussions (*with many thanks to Katarzyna Szkuta for her invaluable support in attending meetings and compiling these notes*).

General comments:

There was good engagement and participation from attendees, a willingness to learn, and ideas for change.

Many of the attendees had not been involved in and were not aware of the cases. Most were unaware of specific learning or changes made after the incidents. This is a challenge.

Themes from the focus groups were similar to those expressed at the trust incident investigations and learning events.

Good Practice:

Nursing staff reported that they usually took the lead in collecting information on admission or transfer between wards on eating, drinking, diet and swallowing. They described some of the strategies they use to find out information from various sources. The SLT team can provide information from community notes that the MKUH staff cannot access, and this was appreciated.

There was recognition that feeding is usually an activity of daily living and not primarily a medical procedure and that there is a need to respect patients' autonomy and preferences as far as possible. There was also reflection that swallowing risk can change even within a day and all clinical staff have a role to play in recognising this. (e.g. physios noted that they

would flag if a patient weak or not clearing secretions). Staff from all groups, (especially the HCAs, who are the ones doing most of the supervision of feeding on the wards) were able to describe indicators that swallowing may be impaired and how they would escalate this.

In areas such as surgery and GI, with elective admission of patients specifically for ENT or GI problems there was routinely an assessment of swallowing / upper GI dysphagia as part of the focused admission review, but not always routinely if swallowing or upper GI problems were not the main reason for the admission.

All professional groups were aware that patients vulnerable because of acute or longstanding impairment of cognition e.g. delirium and dementia, also Learning Disability, were at increased risk of swallowing problems and they needed to have a higher index of suspicion.

There was awareness of the importance of mouthcare, dentition and secretion management, though nursing and medical staff did not report making routine inquiry about any changes in diet already made to accommodate changes in chewing and swallowing.

There was a focus on good patient care, with staff members from all groups describing how they would support safe patient feeding e.g. HCAs talked about sitting people up and getting them in the best position, making sure they are alert, therapists about getting them out of bed and sitting up before mealtimes, or managing secretions. Senior nurses mentioned they would use mealtimes to observe patients being fed by other members of staff and give feedback or use the time as a teaching opportunity to develop staff practice and confidence.

Some actions such as changing route or preparation of medication, keeping nil by mouth (NBM), or a temporary downgrade to diet, were instituted on the wards, but most cases would be referred to SLT for specialist advice. All professional groups had some skills in assessing and managing swallowing, and recognised it could vary, but were not always confident in this. The only area where it was formally a requirement in the admission care plan, and where there are nurses 'trained to assess swallowing' is the Stroke Unit, and there was some discussion whether other areas also needed formal training.

Participants said they understood when and how to refer to SLT and electronic responses to these referrals were usually timely, however areas for improvement of referral process were identified.

Dietetics reviews were said to be prompt and plans clear.

Participants described multiple ways of handing over information within the team and between professions, but there was no one single agreed preference or mandated way to do

this. Overall, the information board at the patient's bedside was considered the most appropriate place for key information on functional needs e.g. swallowing, mobility etc.

Participants described awareness of what to do when a choking incident occurred, although many of the staff had never been directly involved with a serious asphyxiation incident. Ward 14 staff described some excellent near patient Simulation (Sim) training which had helped with knowledge and confidence. Other ward teams would like to receive this. Choking is one of the scenarios included in Basic Life Support (BLS) training, which is part of the MKUH Statutory & Mandatory Training (SMT). The trust already monitors staff compliance with SMT.

Blockers / gaps

Clinical staff explained there was often a lot of 'detective work' required on admission to get relevant information about medical and social history and functional needs, including diet and swallowing. The overwhelming majority of admissions are not admitted because of any swallowing problem, so the admission focus is on their acute problems and diagnoses. Language barriers, cognitively impaired patients and incomplete information from care homes etc. complicates information gathering, can be a source of frustration and lead to delays in appropriate care. Even when there is extra information for vulnerable clients e.g. 'Patient Passports' and other Care Home documentation, it may not be specific enough about feeding / swallowing needs.

There is no standardised way of recording eating & drinking, diet, swallowing in care notes e.g. no e-care prompts or care measures, so staff use their own words within the care documentation.

Mouthcare was identified by one group as something that could contribute to aspiration risk and that they wanted to improve on. The literature review confirms that poor mouthcare and secretion management is a risk for aspiration so this is an example of something that could be taken forward as a local QI project, supporting local teams to identify project where they are motivated to make a difference.

Staff described missed opportunities within MDT and between professional groups to discuss swallowing, diet, and other functional needs. Some of this was related to staffing levels and workload. Multiple handovers take place on wards – huddles, board round, ward round, etc. but there is no specific time or place to discuss swallowing. Bed information boards were felt to be a critical place to display information but are not always kept updated. Information handed over by word of mouth and written handovers may quickly be out of date. There is significant scope for improvement here.

E-care notes are a reliable source of information after the event but due to time pressures may not always be exactly contemporaneous as regards feeding and meals.

There were variable levels of confidence amongst ward-based staff in assessing swallowing and feeding risks at bedside, but all understood how to escalate to a senior colleague or specialist if needed more advice.

SLT respond rapidly to referrals but may reject them if the information provided is not sufficiently specific. Concern was expressed by nurses that they did not always know what to include to accurately reflect their concerns and risk to patients. They did not want a complex detailed referral form but would appreciate some structured prompts.

All agreed SLT is a limited resource - only 3 WTE (whole-time equivalent) staff and no weekend cover.

One staff member expressed concern about harms of NBM outweighing benefits if not able to get SLT assessment early (e.g. over weekend)

Although all textures and thickeners etc. will be available, if there is a need for specialised diet or textures, there is potential for delay for it to be supplied from the catering department. There is also potential for miscommunication until a new diet is established e.g. food is ordered from catering hours, or even a day, before mealtimes, and needs may change. Meals are now ordered and delivered by non-clinical staff (hosts) who may not be fully aware of or understand the individual patient's requirements.

There can be a lack of shared understanding between patients, carers, and families about recommended changes to diet and textures – staff reflected it often takes time to reach understanding.

Protected mealtimes were highly important to clinical staff - they expressed that it was not just about completing tasks, but it was also about having time to give excellent holistic care to the patients. The senior nurses reflected that it was also an opportunity for them to observe patients and to support, teach and develop other team members. One example given was of being able to help an HCA improve the posture of a patient and slow down the feeding, which increased the patient's intake and was also developmental for the HCA.

RECOMMENDATIONS

Recommended actions that should be taken by the Trust.

1. The recognition of eating, drinking and swallowing issues is part of many clinical professional's responsibilities. The Trust should clarify how this should be documented in a timely manner in (i) clinical notes and (ii) ward area / patient bed space. Each Clinical area must have an agreed location to provide this information, so it is visible and available to staff, families, carers and patients.
2. The Trust should ensure appropriate feeding plans are documented in the agreed location, for patients with an identified risk and that there is a robust mechanism to share these and with patient, family, and any relevant care providers when a client is admitted to or discharged between different settings, either within or between care providers.
3. The Trust should monitor SLT referrals, numbers and quality and response times to establish if there is a need for more staff training and /or more SLT staffing.
4. The Trust should continue ongoing reporting and monitoring of aspiration and asphyxiation incidents, and consider whether this could be a future Trust Quality Priority
5. The Trust should ensure that MCA and DOLS assessments are consistently undertaken and documented when there is concern about an inpatient's ability to understand or consent to care.

Other actions to be considered by the Trust

1. In the same way that there is guidance for malnutrition screening and Dietetics referral it would be useful to have guidance for staff that explains the role of SLT, provides simple screening questions or clinical findings that might indicate dysphagia and offers prompts or screening criteria to support high quality referrals to SLT, when needed. It should also include signposting and links to relevant learning that staff can access.

2. Consider jointly with CNWL what, if any, screening assessments might be appropriate for vulnerable clients with mental health or Learning Disability (given current lack of consensus and evidence for screening intervention)
3. During the focus groups and conversations many staff raised positive suggestions and ideas for local initiatives and improvement work which the trust could support where possible and appropriate. These include, but are not limited to:
 - Monitoring and supporting time / quality of time available at mealtimes, ensuring staff have sufficient time to complete documentation as well as support / supervise patient feeding
 - Monitoring issues with provision of 1:1 Nursing for highly dependent and challenging patients.
 - Improving mouthcare and secretion management

Areas of existing good practice to continue

1. Ongoing good practice was noted with respect to educating staff groups on swallowing and nutrition issues, with development of online teaching videos, eLfh module and Core Skills training for all relevant groups. A Learning Needs Analysis to guide future provision, and monitoring of uptake would be helpful.
2. One ward had proactively arranged a Sim session on choking to increase knowledge, skills, and confidence of their staff and this was well received. Choking is also a scenario included in Basic Life Support Training offered to clinical staff.
3. The new EDAR policy and form is excellent - continue to roll out its use and offer of staff training to increase awareness and confidence in using it.
4. There was recognition in focus groups that other patient groups in hospital were at increased risk of choking, including those undergoing Upper GI / ENT / head and neck surgery, or after a period of prolonged NBM / parenteral feeding or ileus, or when there was altered or variable consciousness. Staff felt that these risks were well recognised and appropriate plans usually put in place – for instance returning to normal diet after surgery, ileus or enteral / parenteral feeding was an MDT decision guided by clinical status.

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APPENDICES

A: ToR



APPENDIX A Choking incidents MKUH_ToR.l

B: Guidelines & Policies reviewed



APPENDIX%20B%20Guidelines%20%20&%20

C: Case Summaries



Summary%20of%20Choking%20incidents%20

D: Notes from Learning Events & Focus Groups



Appendix%20D%20Collated%20notes%20of



Meeting Title	Trust Board (Public)	Date: 3 July 2025
Report Title	Finance Paper Month 2 2025-26	Agenda Item Number: 12
Lead Director	Jonathan Dunk	Chief Finance Officer
Report Authors	Sue Fox Cheryl Williams	Head of Financial Management Head of Financial Control and Capital

Introduction	Appendices to item 12		
Key Messages to Note	- Appendix 1 - Statement of Comprehensive Income for the Period Ending 31 May 2025 - Appendix 2 - Statement of Cash Flow as of 31 May 2025 - Appendix 3 – Statement of Financial Position as of 31 May 2025 - Glossary of Terms		
Recommendation	For Information ☐	For Approval ☐	For Assurance ☒

Strategic Objectives Links	7. Spending money well on the care you receive 10. Innovating and investing in the future of your hospital
Report history	None
Next steps	N/A
Appendices	As above.

Statement of Comprehensive Income For the period ending 31st May 2025

	FY25	M2 CUMULATIVE			M2			PRIOR MONTH	
	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	M1 Actual £'000	Change £'000
INCOME									
Outpatient First	31,491	4,529	4,289	(240)	1,825	1,585	(240)	2,704 ▼	(1,118)
Outpatient Procedures	17,850	2,365	2,841	476	1,082	1,558	476	1,283 ▲	275
Chemotherapy delivery	2,638	357	511	154	187	283	95	229 ▲	54
Day Case Admissions	27,317	4,437	4,191	(247)	2,086	1,839	(247)	2,351 ▼	(512)
Elective Admissions	24,882	4,054	3,156	(897)	2,100	1,204	(896)	1,952 ▼	(747)
High Cost Drugs & Devices	32,260	5,493	5,468	(25)	2,751	2,747	(4)	2,721 ▲	27
Total Variable Income	136,439	21,236	20,457	(779)	10,032	9,217	(815)	11,239 ▼	(2,022)
Outpatient Follow up	23,133	3,868	3,868	(0)	1,900	1,900	(0)	1,968 ▼	(68)
Emergency Admissions	113,855	18,508	18,496	(11)	9,595	9,589	(6)	8,907 ▲	682
A&E	28,142	4,807	4,808	1	2,482	2,482	0	2,326 ▲	156
Other Admissions	18,420	2,639	481	(2,158)	1,345	245	(1,100)	236 ▲	9
Maternity Other (Including Deliveries)	0	0	2,156	2,156	0	1,099	1,099	1,057 ▲	42
Maternity pathway (ante/post natal)	10,217	1,727	1,727	(0)	878	878	1	848 ▲	30
Critical Care (adult)	4,301	843	843	(0)	394	394	(0)	449 ▼	(54)
Neonatal	4,225	709	709	(0)	387	387	(0)	322 ▲	65
Imaging	9,054	1,264	1,264	(0)	635	634	(0)	630 ▲	5
Direct Access Pathology	6,309	1,035	1,035	(0)	522	522	(0)	513 ▲	9
Best Practice Tariffs	0	0	0	0	0	0	0	0 ▼	(0)
Other block income	10,657	1,750	1,750	(0)	876	876	(0)	875 ▲	1
Total Block / Fixed Income	228,313	37,149	37,136	(14)	19,013	19,007	(6)	18,129 ▲	878
Non-recurrent & additional income	0	2,472	2,512	40	1,383	2,124	741	388 ▲	1,736
National Block	39,524	6,587	6,587	0	3,294	3,294	0	3,294 ▲	0
Clinical Income	404,682	67,444	66,392	(1,052)	33,722	33,342	(381)	33,051 ▲	291
Non-Patient Income	24,211	4,037	4,476	438	2,019	2,205	186	2,271 ▼	(66)
Donations	11,640	0	(1)	(1)	0	(1)	(1)	(0) ▼	(1)
Non-Patient Income	35,851	4,037	4,475	438	2,019	2,204	185	2,271 ▼	(67)
TOTAL INCOME	440,533	71,482	70,867	(615)	35,741	35,545	(195)	35,322 ▲	224
EXPENDITURE									
Pay - Substantive	(234,896)	(40,348)	(39,982)	366	(20,113)	(19,983)	131	(19,999) ▲	16
Pay - Bank	(22,027)	(3,716)	(3,727)	(12)	(1,779)	(1,830)	(51)	(1,897) ▲	67
Pay - Locum	(5,543)	(930)	(1,228)	(297)	(462)	(578)	(116)	(649) ▲	71
Pay - Agency	(6,783)	(1,315)	(1,234)	80	(652)	(573)	79	(661) ▲	88
Pay - Other	(1,099)	(187)	(178)	8	(93)	(85)	8	(93) ▲	8
Pay CIP	0	(4)	0	4	(2)	0	2	0 ▲	0
Vacancy Factor	31	5	0	(5)	3	0	(3)	0 ▲	0
Pay	(270,317)	(46,495)	(46,349)	145	(23,099)	(23,049)	49	(23,300) ▲	250
Non Pay	(103,800)	(17,877)	(18,078)	(202)	(8,944)	(8,928)	16	(9,150) ▲	221
Non Tariff Drugs (high cost/individual drugs)	(27,849)	(4,650)	(4,996)	(346)	(2,344)	(2,609)	(265)	(2,387) ▼	(222)
Non Pay	(131,649)	(22,527)	(23,074)	(547)	(11,288)	(11,537)	(249)	(11,537) ▼	(0)
TOTAL EXPENDITURE	(401,966)	(69,021)	(69,423)	(402)	(34,387)	(34,587)	(200)	(34,837) ▲	250
EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)	38,567	2,460	1,444	(1,016)	1,354	959	(395)	485 ▲	474
Interest Receivable	360	60	228	168	30	111	81	117 ▼	(7)
Interest Payable	(1,490)	(248)	(124)	124	(124)	(62)	62	(62) ▲	0
Depreciation, Impairments & Profit/Loss on Asset Disposal	(18,286)	(2,962)	(2,961)	1	(1,481)	(1,480)	1	(1,481) ▲	1
Donated Asset Depreciation	(839)	(140)	(139)	1	(70)	(69)	1	(70) ▲	1
Share of Income recognised by joint ventures/associates	0	0	0	0	0	0	0	0 ▲	0
DEL Impairments	0	0	0	0	0	0	0	0 ▲	0
AME Impairments	0	0	0	0	0	0	0	0 ▲	0
Unwinding of Discounts	0	0	(126)	(126)	0	(63)	(63)	(63) ▲	0
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	18,312	(830)	(1,678)	(848)	(291)	(605)	(314)	(1,074) ▲	469
Dividends Payable	(7,511)	(1,252)	(1,252)	(0)	(626)	(626)	(0)	(626) ▼	(0)
OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS	10,801	(2,082)	(2,930)	(848)	(917)	(1,231)	(314)	(1,699) ▲	469

Appendix 2

Statement of Cash Flow As of 31st May 2025

	Mth12 2024-25 Unaudited £000	Mth 1 £000	Mth 2 £000	In Month Movement £000
Cash flows from operating activities				
Operating (deficit)/surplus from continuing operations	4,563	(1,066)	(1,655)	(589)
Operating surplus/(deficit) of discontinued operations				
Operating (deficit)/surplus from continuing operations	4,563	(1,066)	(1,655)	(589)
Non-cash income and expense:				
Depreciation and amortisation	17,773	1,551	3,100	1,549
Impairments	7,257	0	0	0
(Increase)/Decrease in Trade and Other Receivables	4,530	522	426	(96)
(Increase)/Decrease in Inventories	(253)	3	3	0
Increase/(Decrease) in Trade and Other Payables	7,363	(9,698)	(9,362)	336
Increase/(Decrease) in Other Liabilities	(2,688)	1,902	1,307	(595)
Increase/(Decrease) in Provisions	(5,873)	(24)	(107)	(83)
Income in respect of capital donations	(6,309)	0	0	0
Other movements in operating cash flows	745	(1)	(2)	(1)
NET CASH (USED IN) GENERATED FROM OPERATIONS	27,108	(6,811)	(6,290)	521
Cash flows from investing activities				
Interest received	1,121	117	228	111
Initial direct costs or up front payments in respect of new right of use assets (lessee)	(21)	0	0	0
Purchase of intangible assets	(1,158)	(157)	(270)	(113)
Purchase of Property, Plant and Equipment	(53,029)	(5,507)	(6,149)	(642)
Receipt of cash donations to purchase capital assets	6,309	0	0	0
Net cash (used in) investing activities	(46,778)	(5,547)	(6,191)	(644)
Cash flows from financing activities				
Public dividend capital received	30,174	0	0	0
Capital element of finance lease rental payments	(1,529)	380	405	25
Unwinding of discount	0	(63)	(126)	(63)
Interest element of finance lease	(821)	(62)	(124)	(62)
PDC Dividend paid	(6,712)	0	0	0
Net cash generated from/(used in) financing activities	21,112	255	155	(100)
(Decrease)/increase in cash and cash equivalents	1,442	(12,103)	(12,326)	(223)
Opening Cash and Cash equivalents	27,208	28,650	28,650	
Closing Cash and Cash equivalents	28,650	16,547	16,324	(223)

Statement of Financial Position as of 31st May 2025

	Mar-25 Unaudited	May-25 YTD Actual	YTD Mvmt	% Variance
Assets Non-Current				
Tangible Assets	233.5	236.3	2.8	1.2%
Intangible Assets	15.4	15.2	(0.2)	(1.4%)
ROU Assets	18.3	18.5	0.2	1.1%
Other Assets	2.7	2.7	(0.0)	(0.0%)
Total Non Current Assets	270.0	272.8	2.8	1.0%
Assets Current				
Inventory	5.5	5.5	(0.0)	(0.1%)
NHS Receivables	8.9	8.3	(0.6)	(7.2%)
Other Receivables	12.6	12.9	0.2	1.8%
Cash	28.7	16.3	(12.3)	(43.0%)
Total Current Assets	55.7	43.0	(12.7)	(22.9%)
Liabilities Current				
Interest-bearing borrowings	(1.5)	(1.3)	0.2	(15.2%)
Deferred Income	(9.3)	(10.6)	(1.3)	14.1%
Provisions	(6.2)	(6.1)	0.1	(1.7%)
Trade & other Creditors (incl NHS)	(70.4)	(61.7)	8.7	(12.3%)
Total Current Liabilities	(87.4)	(79.7)	7.7	(8.8%)
Net current assets	(31.6)	(36.7)	(5.1)	16.0%
Liabilities Non-Current				
Long-term Interest bearing borrowings	(19.1)	(19.8)	(0.7)	3.8%
Provisions for liabilities and charges	(1.3)	(1.3)	(0.0)	0.8%
Total non-current liabilities	(20.4)	(21.1)	(0.7)	3.6%
Total Assets Employed	217.9	214.9	(3.0)	(1.4%)
Taxpayers Equity				
Public Dividend Capital (PDC)	324.4	324.4	0.0	0.0%
Revaluation Reserve	27.3	27.3	(0.0)	(0.1%)
Financial assets at FV through OCI reserve	(2.6)	(2.6)	(0.0)	1.9%
I&E Reserve	(131.2)	(134.1)	(2.9)	2.2%
Total Taxpayers Equity	217.9	214.9	(3.0)	(1.4%)

GLOSSARY OF TERMS

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

MKUH Anti-Racism Programme

How to use this pack



Click to get started



Introduction

There is no place for racism at Milton Keynes University Hospital NHS Foundation Trust.

Every colleague, patient and visitor should be treated with respect here. Everyone must be included and given equal opportunity. Right now, this is not the case for our colleagues from Black, Asian and minority ethnic backgrounds whose experiences are not equitable, nor fair.

When I became aware of this concerning picture, I commissioned two independent experts – Roger Kline and Yvonne Coghill - to listen to our team and help us shape a plan of action to improve race equality.

On the following pages, you can read our response to their recommendations and learn about the steps we are taking to achieve equality for everyone.

It is our Trust's number one priority to provide patients with high quality care. We will only achieve this if we have a confident, supported and skilled team who enjoy a safe, respectful and fair workplace. Our determined action to improve race equality is a big step forward in ensuring that is the case.

Joe Harrison
Chief Executive Officer

In this report, we have used the terms 'BME', 'BAME', 'ethnic minority' and 'mixed'. We acknowledge that these terms are not the preferred choices of some individuals. However, for consistency, we have adopted the language used by Yvonne Coghill, our expert advisor and author of one of the reports we commissioned.

Contents

Support available



Full reports



Recruitment & career progression



Staff experience



Disciplinaries



Training



Sickness absence



Leavers



Priorities and next steps



Support available

If you are affected by the details in this report, support is available.

On these pages you will find links to helpful resources. If you are experiencing racism and need immediate support, please reach out to your line manager, HR team or get in touch with a Freedom To Speak Up Guardian / Champion.

**Freedom to Speak
Up**



Supporting You

Health & Wellbeing
Resource Booklet



Trade unions



Citizen Advice





Employee Assistance Programme (EAP)

Helpline: 0330 380 0658



Link: <https://www.vivup.co.uk>

Face to face or telephone counselling



Link: <https://www.vivup.co.uk>



Intranet link: Contact Us

HR Team

Our HR team is dedicated to resolving any issues, and ensuring a positive work environment for all employees.

Full reports

You can read the reports in full by clicking the buttons below.



Yvonne Coghill's report

Read more



Roger Kline's report

Read more



NHS Annual Staff Survey findings

Read more



WELCOME TO MILTON KEYNES UNIVERSITY HOSPITAL



FREE
TO USE
CASH
MACHINE

Recruitment & career progression

Key facts

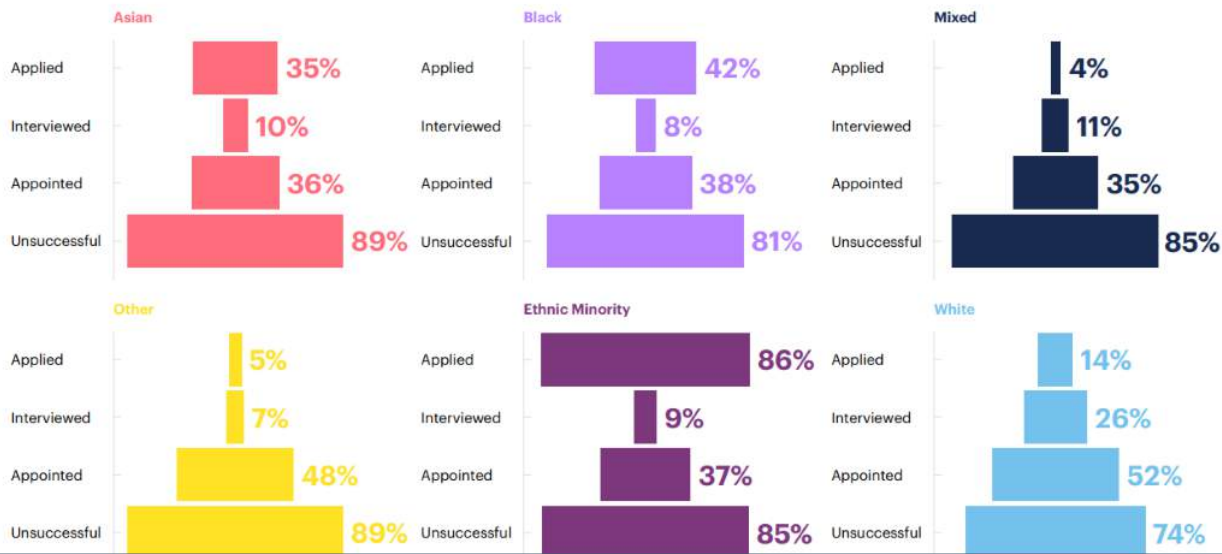
- Ethnic minority people apply for posts in substantial numbers but there is a significant drop in numbers at the shortlisting, interview and appointment stages of the process.
- Compared to Asian and Black applicants, White applicants are more likely to be appointed from application.
- Compared to Asian and Black applicants, White applicants are more likely to be appointed from shortlisting.
- The higher up the AfC pay band, the lower the representation of ethnic minority staff.
- There is a belief that career progression for BME staff is slow, and nepotism is widespread.

Click the buttons below for key recommendations and next steps.

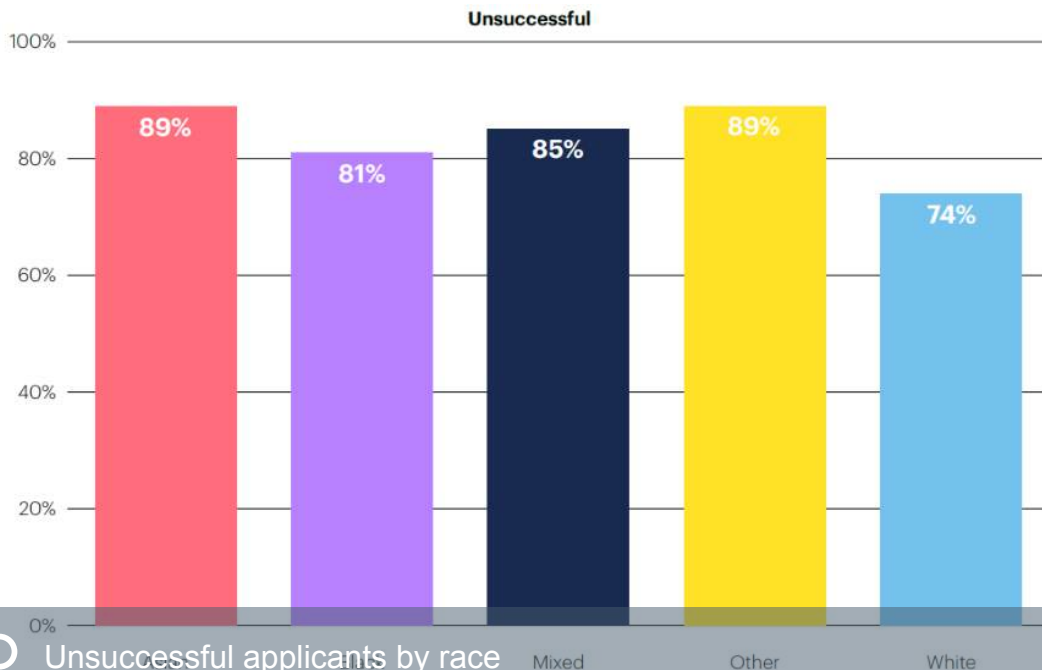
**Value-based
recruitment training
& support for
internal candidates**

**Career progression
audit including
secondments and
fixed-term contracts**

**Focus on making
access to training,
promotion and
recruitment
equitable**



Overall success rate from application to appointment



Unsuccessful applicants by race

Staff experience

Key findings - harassment, bullying or abuse

- Black (Caribbean) and Asian (Pakistani) staff report highest levels of abuse from managers.
- Mixed (other) and Asian (Bangladeshi) staff report highest levels of abuse from colleagues.
- White (Irish) staff reported highest levels of abuse from patients in the last 12 months.



Key findings - discrimination

- Mixed and other staff report the highest levels of discrimination from colleagues.

According to staff, there are **additional factors** contributing to staff experience:

- Poor behaviors and biases that go unchallenged.
- Lack of leadership training.
- Lack of 360 feedback for managers.

Staff Experience - key recommendations

- Conducting bespoke surveys and focus groups with employees from diverse backgrounds to gather first-hand insights on their experiences and challenges.
- Analysing and monitoring of ESR data for patterns related to recruitment, promotion, and retention can reveal systemic issues.
- Implementing exit interviews to understand why employees leave can provide valuable feedback.
- Collaborating with diversity and inclusion experts to conduct an external review of policies and practices can help identify areas for improvement and actionable steps to foster a more inclusive environment.

- Publicising available support channels and resources for staff who experience or witness racial discrimination.
- Working with the Trust's BAME network to help identify microaggressions, incivilities and nuanced racial discrimination.



Disciplinaries

Key facts:

- In 2024, Black staff were 1.51 times relatively more likely to enter the formal disciplinary compared to White staff and this is an increase on 2022.

Key recommendations:

- Monitor disciplinary and complaints systems to make sure that they are not disproportionately affecting ethnic minorities.
- Adopt a just and learning culture.

Work in progress:

- Just & learning culture panels to avoid unnecessary formal processes.
- Ongoing review of the policies.

Just & learning culture
Disciplinary policy
& procedure on
Radar



Health & wellbeing support
Link to our
resource pack



Mandatory reporting
Link to the MKUH
reports



Figure 28: Formal disciplinary by Divisions

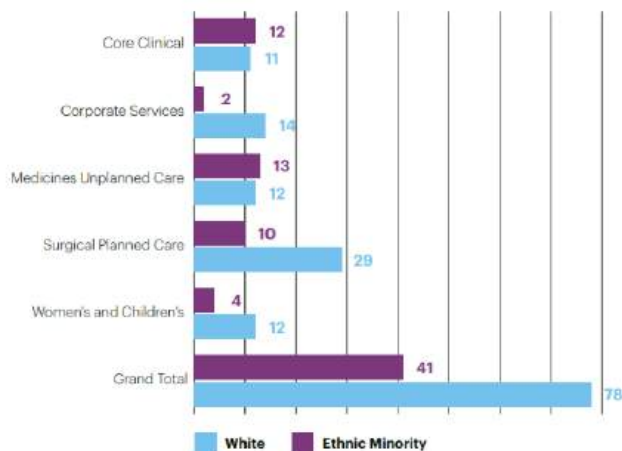
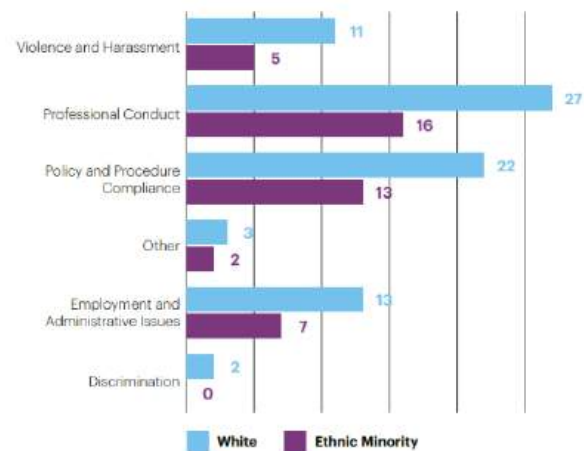
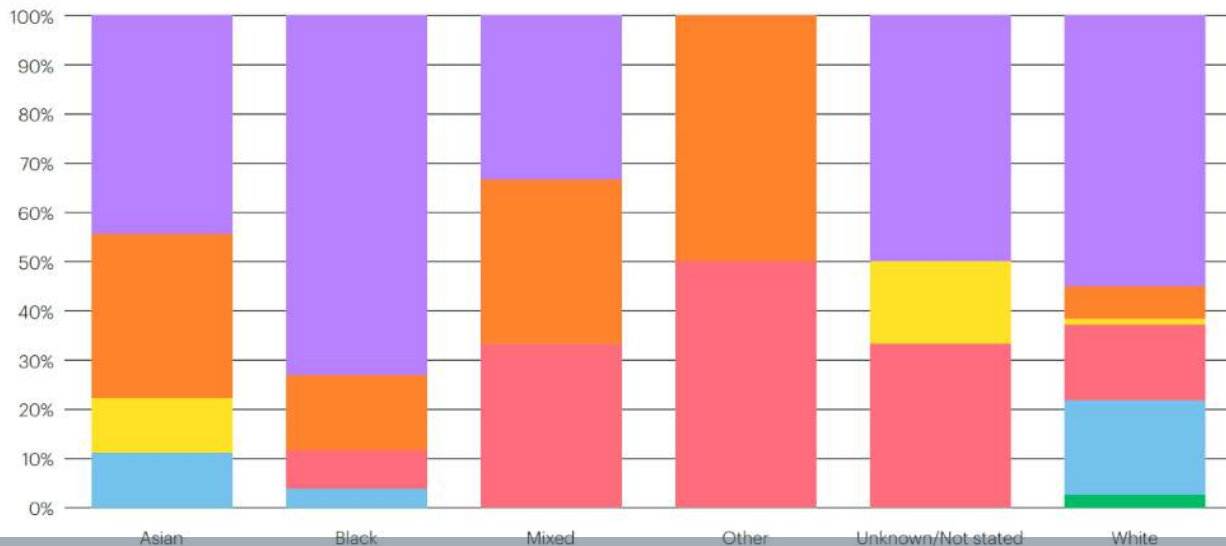


Figure 29: Formal disciplinary allegations by ethnicity



Formal disciplinarys by ethnicity and outcome

Figure 30: Formal disciplinary outcomes by ethnicity



Formal disciplinary outcome by ethnicity

Training

Key findings:

- White staff are more likely to complete personal development and leadership training, and Black and Asian staff are more likely to complete clinical training.
- Leadership training
 - Surgical Planned Care: BME employees are underrepresented by -43.1%
 - Women's and Children's: BME employees are underrepresented by -20.1%
 - Core Clinical: BME employees are overrepresented by +28.9%
- Personal Development training
 - Women's and Children's: BME employees are underrepresented by -25.1%

Access to training

Encourage and work with managers to ensure equity in access to development and leadership training.



Reporting

Report and monitor on training access by ethnicity, staff group and department.



A new Study Leave & Educational Funding policy

Coming soon...



Annual Training Needs Analysis (TNA)

This will be part of the Study Leave & Educational Funding policy toolkit.

Access to the CPD funding via planned TNA.



Review of management & leadership offer and creation of a Learning & Development brochure

Coming soon...



Sickness absence

The overall number of days lost due to sickness is lower among Black, Asian and ethnic minority staff compared with White staff.

There is a general decrease in the average days lost per absence occurrence over the three periods.

Figure 48: Sickness average days lost by ethnicity (2022 – 2024)

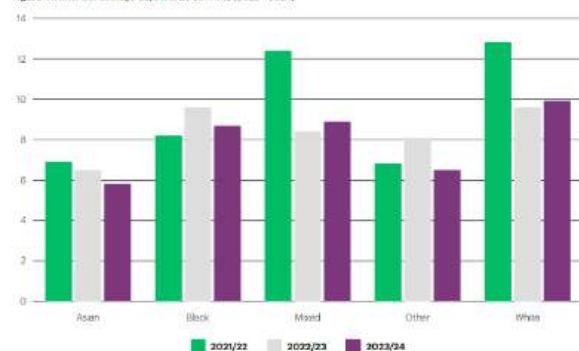
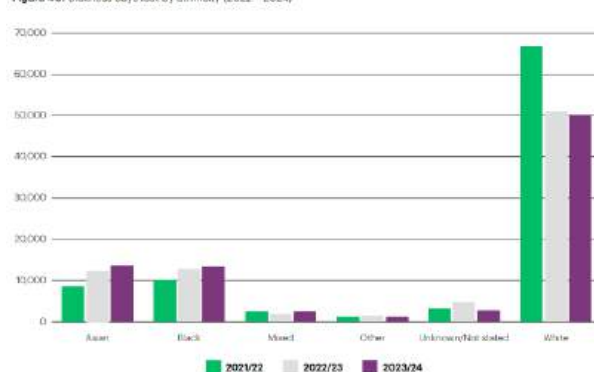


Figure 40: Sickness days lost by ethnicity (2022 – 2024)



Over the three periods, the overall average days lost per absence occurrence decreased from 10.9 days in 2021/22 to 8.6 days in 2023/24, with an overall average of 9.4 days across all groups.

Leavers

Key findings

- The turnover rate among Black staff, while reduced in 2023/24, has been consistently higher compared to other groups. Mixed staff saw a significant rise in their turnover rate in 2023/24.



Key recommendations

- Further improve the flexible work arrangements.
- Working with our networks to define health and wellbeing initiatives.
- Career development and opportunities.
- Enhanced communication and embedded feedback mechanisms.

Priorities and next steps

1

**No More Tick Boxes
- Creating positive
action**

2

**Continual
engagement with
Inclusion
Leadership Council
and JCNC**

3

**Addressing bias
and driving
improvement**

4

**Ensuring
accountability &
governance through
an updated EDI
strategy**

5

**Equity in career
development &
talent management**

6

**Monitoring of a data
dashboard of key
workforce
measures**

7

**Addressing poor
behaviours**



Let us know what you think
our top priority should be.

Unbiased recruitment

☐

Equity in career progression

☐

Improved staff experience

☐

Application of HR processes

☐

Access to training

☐

Addressing poor behaviours

☐



TheMKWay

NHS
Milton Keynes
University Hospital
NHS Foundation Trust



www.mkuh.nhs.uk

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Milton Keynes University Hospital Workforce race equality report 2024

"There is a spiral of positivity in the best performing NHS trusts. The extent to which staff are committed to their organisations and to which they recommend their trust as a place to receive treatment and to work is strongly related to patient outcomes and patient satisfaction. Climates of trust and respect characterise these top performing trusts".

Professor Mike West and Professor Jeremy Dawson
NHS Staff Management and Health Service Quality 2009



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Having worked in the NHS for many years, I recognise that race inequality is an issue that the system has struggled to have a positive impact on. Since 2025 the data from the Workforce Race Equality Standard (WRES) data has shone a light on the fact that colleagues from ethnic minority backgrounds have poorer experiences of working in the NHS than their White counterparts. This is not right, fair or equitable.

My aim is to ensure that everyone that works at Milton Keynes University Hospital Trust (MKUH), regardless of background has the best possible experience of working here.

I have been CEO of the trust for over 10 years and in that time, I have seen the number of staff from Black Asian and minority ethnic backgrounds double and know that these members of staff certainly do not have the same experience of working in the trust as their white counterparts, this is not fair, right or equitable.

I decided that the situation was untenable and commissioned three pieces of work to help the organisation develop a robust and sustainable way forward to improve race equality. This programme is the third in the series and consists of a deep dive into the issue of race inequality in the organisation.

This document is a hard read but gives us a clear idea of the experiences of the Black, Asian and minority ethnic staff. Along with the other two programmes of work it will enable us to develop robust strategies to bring about sustainable and positive change.

I know that a fair and equitable NHS gives us all what we all want, high quality patient care, safety and satisfaction. The NHS has tried various interventions to address the complex and thorny issue of race inequality but unfortunately, none have given us the desired outcome we want. The work of Professors Michael West and Jeremy Dawson show a strong correlation between better patient care, and a workforce that feels valued appreciated and respected. As CEO, it is my responsibility to ensure the environment in the organisation is conducive to providing great care and ensure each one of our people is treated with respect, kindness and given equal opportunities to be the best they can be.



Joe Harrison
Chief Executive Officer



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Race inequality is an issue that the NHS grapples with but has not been able to properly address. There are many reasons for this, not least because race inequality is not an NHS issue but a worldwide and global one and of course only one of the other challenges the NHS must cope with.

Following the unlawful killing of George Floyd an African American man by the police in the US in 2020, race equality rose to the top of the global agenda and for a while it became a priority for people across the globe. Today, it would appear that the George Floyd issue has been assigned to the history books and in the UK, we are dealing with the aftermath of the riots that took place in the summer of 2024 as a consequence of three little girls being killed in Southport.

Race relations appear to be getting worse in our society with people feeling emboldened and free to express negative views about asylum seekers and immigrants. Like George Floyd, the Covid 19 pandemic has been put behind us and we seem to have forgotten the toll it took on many lives in this country. The disease highlighted the inequalities that exist in our society particularly for people from black and Asian backgrounds who were disproportionately affected by the disease.

As a black woman, race equality is an integral part of my life. It has been central to all that I do and who I am. Whilst I was director of the Workforce Race Equality Standard Implementation team at NHS England, I was able to witness first-hand the different experience of black Asian and minority staff in the NHS compared to their white counterparts. For many years, the NHS has started and stopped race equality initiatives, all designed to improve the experiences for this group of staff, but none have had lasting effect or impact. I suspect the problem is a lack of understanding of the depth and complexity of the issue they are dealing with.

Race inequalities have been hard wired into our institutions and people's way of thinking for many years. These inequalities were specifically and carefully designed to ensure some people get better chances in life than others based on skin colour. It starts with what people believe to be true, which then shapes their attitudes, and ultimately their behaviours. These are

not issues that a simple framework or single policy can improve. There must be a sustainable programme of education, enablement, empowerment, and change. We are talking about decades as opposed to a few years to make sustainable change. The global system of racial inequalities did not occur overnight, and unpicking centuries of embedded racism will take time to undo. Therefore, the trusts decision to take an in-depth look at race equality in the organisation is timely. This document is not designed to sit on a shelf collecting dust. It is a practical guide. It will give information on where the organisation is in terms of race quality, identify the recurring themes and finally and most importantly make recommendations on what needs to be done to make the organisation fairer and more equitable.

Yvonne Coghill CBE



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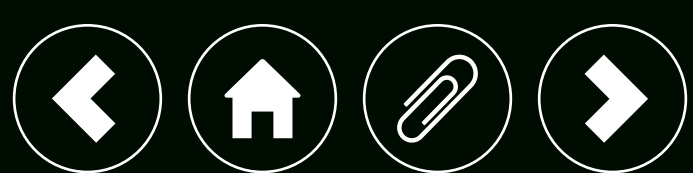
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Yvonne Coghill CBE, FRCN

Yvonne commenced nurse training at Central Middlesex Hospital in 1977, qualified as a general nurse in 1980 and then went on to qualify in mental health nursing and health visiting. In 1986 she secured her first NHS management job and has since held a number of operational and strategic leadership posts.

Until her retirement from the NHS after 43 years of unbroken service, Yvonne was the Director, Workforce Race Equality Standard (WRES), NHS London, prior to which she was the Director for the Workforce Race Equality Implementation Team in NHS England. She is a member of faculty at the Institute for Healthcare Improvement (IHI) in the United States where she helped develop their inclusion strategy. Yvonne has delivered lectures on inclusion and diversity at Harvard University in Cambridge Massachusetts and the Johns Hopkins Hospital in Baltimore. She continues to work closely with world expert on health and race Professor D. Williams, of Harvard University

School of Public Health. She has been voted by colleagues in the NHS as one of the top 50 most inspirational women, one of the top 50 most inspirational nurse leaders and one of the top 50 BME pioneers and in December 2017 she was included in the HSJ top 100 influential leaders list. Yvonne was awarded an OBE for services to healthcare in 2010 and was appointed to the position of Director for WRES implementation in June 2015. In 2018 Yvonne was awarded a Fellowship of the Royal College of Nursing, a CBE in the Queen's birthday honours list, an honorary fellowship from Kings College University, honorary doctorates from The Middlesex and Buckinghamshire Universities, voted one of the top 70 most inspirational nurses in the NHS over the last 70 years and became Deputy President of the RCN in January 2019. Summer 2020 Yvonne led on the development of a race equality strategy for London. In October of that year Yvonne was named again amongst the top 50 most influential black people in the NHS.



Owen Chinembiri

Owen led the data analysis for EIA on this project. He is an alumnus of the NHS Graduate Scheme (Health Informatics specialism). Owen holds post graduate qualifications in Health Informatics, digital health, leadership and service improvement. He has worked in various management/leadership roles for Equality Diversity Inclusion (EDI), transformation, performance, and informatics teams. Owen was previously an Associate Director at the NHS Race and Health Observatory and the lead analyst in the Workforce Race Equality Standard implementation team. His most recent role was Head of Future Data at Macmillan Cancer Support. During his time in the WRES Team, Owen was involved in the collecting and analysis of data for the first Medical WRES report and WRES report for Arm's Length Bodies. Prior to working in the UK, he worked as an OT in his native Zimbabwe and in Botswana.

Owen is passionate about using data to improve patient care and staff experiences. Away from work Owen is a keen runner.



Richard Watson

Richard Watson started his career in the retail industry in 1998. Not long into his career he progressed into management roles and for the latter half was a retail manager who successfully managed a business with an annual turnover of half a million, along with a team of 20 staff. During this time, he developed strong people skills and sound business acumen. He is an advocate for developing people and recognises the link between people performance and business performance. He has a passion for equality, diversity and inclusion and is actively involved in this agenda. Because of his advocacy for people management, he decided to pursue a career in Human Resources. In 2008 he joined the NHS within the Human Resources Department, working in recruitment and then later Workforce Analytics. In 2009 he completed his Certificate in Personnel Practice and in 2016 a postgraduate diploma in Human Resource Management (CIPD), thus setting the foundations in this field. An experienced human resource professional with demonstrated skills and experience in workforce analytics, change management and equality, diversity and inclusion supporting NHS organisations nationally to develop their abilities to analyse data which will enable them to root out inequalities.



James Russell

James is an award-winning creative and communications specialist with over 15 years' experience delivering impactful design and strategy projects across the public sector. He holds a First Class Honours degree in Design and Communications and is founder of We Are Believe, a consultancy known for creating work that drives meaningful change within the NHS and wider healthcare system.

He has led high-profile programmes focused on health equity and tackling inequalities, working with NHS England, the NHS Race and Health Observatory, and numerous NHS Trusts. James was lead creative on the Observatory's Pulse Oximetry and Racial Bias report, which exposed the inaccuracy of medical devices on darker skin tones and contributed to an independent review now being led by the Department of Health and Social Care.

In 2023, he was awarded 'Public Sector Pro of the Year' and 'Healthcare Campaign of the Year' at the BME PR Pros Awards for 'Can You Tell It's Sickle Cell?' – a national campaign centring the voices of Black patients and highlighting systemic disparities in care.



Purpose of the work

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The purpose of this work is to highlight the issues experienced by Black Asian and minority ethnic staff in the organisation and make evidence-based recommendations as to how race equality can be improved. This was done by collecting the race equality data in the organisation as well as having in depth conversations with leaders and staff about race equality. The outcome of this work will give leaders insight into the issues pertaining to race and a clear idea of what needs to be done to improve the situation.

The data analysis work in this report uses the employee work cycle, from application to when staff leave the Trust and the stages in between to identify the differences in access, opportunities and experience of Black Asian and minority ethnic staff and white staff in the Trust. Getting an in depth understanding of the differences in outcomes during the work cycle for different ethnicities will help inform the development of strategies to improve the experiences of both staff and patients.

The data has been analysed at the most granular level (wherever possible) to help identify areas where the Trust is doing well and areas where it can improve.

In essence the team

- Carried out an in-depth data analysis process – reviewing different metrics to identify areas that need attention
- Carried out qualitative analysis through semi structured interviews of members of staff from across the organisation
- Identified recurring themes
- Drew conclusions from the qualitative and quantitative analysis
- Developed recommendations for improvement on race equality issues
- Highlighted best practice in improving the culture in the organisation for Black Asian and minority ethnic staff

Reading the report

The content of the report is a difficult read for some and perhaps a surprising read for others. The key thing is to think about what can practically be done to improve race equality and ultimately patient care in the organisation.

The terminology and use of the categories used to analyse the work can be found in the appendix section at the back of the report. The data has been broken down as far as possible into distinct ethnicities. As the numbers grow smaller, it isn't always possible to do the required analysis and some of the data is amalgamated into larger ethnic groups.



Results at a glance

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Milton Keynes University Hospital (MKUH) is just over 40 years old and serves the population of Milton Keynes and surrounding villages. It employs over 4000 members of staff, 1899 (43.1%) are from Black Asian and minority ethnic backgrounds. Most of the staff from Black Asian and minority ethnic backgrounds work in frontline clinical roles i.e. health care assistants, doctors and nurses. Ethnic minority staff have been increasing in the workforce, particularly people from Asian backgrounds (40.4%) and people from Black backgrounds (27.2%), while the White population showed stagnation with a slight decline of 0.7%.

Despite ethnic minority groups constituting 85.7% of the applicants, only 7.7% of ethnic minority applicants were interviewed, and 3.3% were appointed compared to 26.4% and 13.8% for White applicants.

Ethnic minority groups are not taking more sick leave compared to White staff, but there is a growing trend of longer-term occurrences among ethnic minority employees.

Black individuals were significantly overrepresented in Clinical training but underrepresented in development and leadership training.

The number of ethnic minority employees leaving is representative, however, those with fixed-term contracts ending is high.

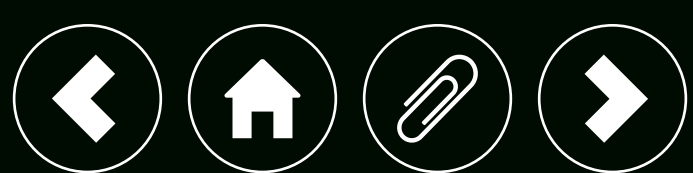
There is no talent management pipeline beyond band 8a, with very few black or Asian members of staff in senior leadership roles. Very few nurses or AHP's get appointed to band 6 roles. Internal promotions into Band 8b and above roles are almost exclusively for white staff.

Behind all the data are people with experiences of working in the organisation and Black Asian and minority ethnic staff can see that there are few opportunities for them beyond band 8a. Nurses and AHP's do not appear

to be appointed to band 6 roles and internal promotions into Band 8b and above roles are almost exclusively for white staff.

Interviews with staff highlighted the issues of nepotism, favouritism, of staff not being enabled, encouraged or supported to get higher level positions.

They stated that they are tired of explaining the issues to people that do not listen or do nothing positive to improve the situation. There is a widespread belief that senior leaders are not interested in the race equality agenda or are ignorant of the issue and do not know what to do to improve the situation.



Key findings

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Overall

The report highlights that there are significant differences in experience between the various ethnicities and within ethnicities in the trusts. As such the Trust should not treat ethnic minority staff as a homogeneous group.

Recruitment: Differences in recruitment outcomes by ethnicity

Ethnic minority people apply for posts in substantial numbers but there is a significant drop in numbers at the shortlisting, interview and appointment stages of the process.

85.3% (15,639)

of all applicants were from a Black, Asian and minority ethnic backgrounds.

Compared to Asian and Black applicants, White applicants are respectively **3.81x** and **4.45x** relatively more likely to be appointed from **application**.

Compared to Asian and Black applicants, White applicants are respectively **1.47x** and **1.38x** relatively more likely to be appointed from **shortlisting**.



Staff in post: Differences in the career progression between different ethnic groups

43.1% (1,899)

of staff in the Trust are from an **ethnic minority background**.

The proportion of Asian and Black staff in the Trust is about **1.7 times** that of the Milton Keynes population.

Asian staff make up

21.7% (955)

and **Black**

16.7% (735)

of all staff in the Trust.

There has been a

40.4% (275)

increase in **Asians** and

27.4% (158)

in **Black** employees.

Over the same period, **White** staff have decreased by

0.7% (17)

Black Asian and Minority Ethnic staff tend to be clustered in nursing, HCA and medical staff groups. These are roles that provide “frontline” care to patients.

Asian staff (11.4%) are more likely than **white staff (6.1%)** to be on fixed term contracts.

2.1% (49)

of White staff are most likely to be on secondment compared to

1.2% (11)

for Asian and

2.0% (15)

for Black staff.

No black staff are in acting up positions.

There are significant numbers of ethnic minority staff who work in bank only roles.

26.8%

of all Black staff are bank (do not have a substantive contract) only compared to

14.4%

of white staff.

The higher up the AfC pay bands, the lower the representation of ethnic minority staff.

At band 5, Black staff make

33.7% (202)

and Asian staff

24.2% (282)

compared to

0%

at band 8D.

Inversely, White staff make up

32.2% (269)

of band 5 staff compared to

100% (13)

at band 8D

There are only 4 ethnic minority staff above between 8C and only one at band 9.

In 2024 there were no internal promotions of ethnic minority staff into roles above band 8b.

Formal disciplinarys: Referrals, complaints and investigations

Overall, ethnic minority staff make up approximately

33.8%
of the total disciplinary actions (43 out of 127), which is lower than the overall representation in the workforce of **43.1%**.

Staff at **band 2** make up
20%
of all staff, however, they account for

36.96%
of all formal disciplinarys.

In 2024, **Black staff** were **1.51 times** relatively more likely to enter the formal disciplinary compared to White staff (combining the data for all minority ethnicities does not truly reflect the inequalities between them).

Staff experiences (staff survey WRES questions)

*Some of the percentages for the staff survey are impacted by small numbers. This does not necessarily invalidate the results, but it something to be noted and supplemented with the qualitative data.

Abuse harassment, bullying or abuse from patients, relatives or the public in last 12 months

- White (Irish) staff reported highest levels of abuse from patients.
- Black Caribbeans reported the lowest levels of abuse from patients.

Abuse harassment, bullying or abuse from managers and colleagues in last 12 months

- Black (Caribbean) and Asian (Pakistani) staff report highest levels of abuse from **managers**.
- White staff (Irish) reported experienced no bullying or abuse from **managers** (16 respondents)
- Mixed (other) and Asian (Bangladeshi) staff report highest levels of abuse from **colleagues**.
- While, Black (Caribbean) reported the lowest levels of abuse from **colleagues**.

Equal opportunities Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion.

- Black (Caribbean) and Mixed (Other) staff are least likely to believe that the organisations provide equal opportunities for career progression.
- White (British) staff are most likely to believe that the organisations provide equal opportunities for career progression.

Discrimination Percentage of staff personally experiencing discrimination at work

- Mixed and other staff report highest levels of discrimination from colleagues.
- White British and White Irish staff reported the lowest levels of discrimination from work colleagues.

Training: Differences in access to non-mandatory training.

- White staff are more likely to complete personal development and leadership training.
- Black and Asian staff are more likely to complete clinical training.

Leavers: Differences in the reasons that people leave the Trust.

- These figures indicate that while the overall turnover rate decreased, there are notable differences among ethnic groups, particularly the significant increase among Mixed staff. This may suggest underlying issues or disparities that warrant further investigation.
- Main Disparities are seen in voluntary leavers.

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- Organise a conference dedicated to reviewing the findings of this report.
 - Attendance must be mandatory for leaders and managers in the trust
 - Use the conference to co-create a shared vision and an action plan with staff from an ethnic minority background.
- An audit of the drop of ethnic minority staff from application to shortlisting.
- Review and audit acting up and secondment practices within the Trust. Ensure that there are processes, policies and opportunities that are transparent and equitable.
- Create and report on new metrics every quarter (data will be split by ethnicity and staff group at a minimum):
 - All internal promotions
 - Appointments at band 8A and above
 - All internal promotions for nurses and AHP's across all pay band.
 - Acting up and secondment data
 - Dismissal and voluntary leavers data
 - Freedom to speak up data showing bullying and harassment split by ethnicity
- Complete an audit of interview non-attendance via contacting all people who do not attend interviews to get insights into why they have not attended interviews.
- Come up with a plan and strategy to improve interview attendance following shortlisting.
- Work with nursing and AHP ethnic minority staff to help them progressive to band 6 and band 7

What leaders must to do

- Review and understand the report.
- ALL board members must have a clear and deep understanding of the issues. This is everyone's business.
- Share the results of the reports with the staff through face to face meetings/workshops/conferences. ALL board members to attend
- Learn what has worked in other organisations ([Workplaceedi.com](https://www.workplaceedi.com), [WRES good practice](#))
- Really listen to black Asian and minority ethnic staff
- Understand what will work in yours
- Pick low hanging fruit (demonstrable behaviours)
- Commit to demonstrably being anti-racist (demonstrable behaviours)



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Milton Keynes University Hospital Trust is based in the city of Milton Keynes a city in the county of Buckinghamshire. Milton Keynes is about 50 miles north-west of London and easily accessible from junction 15 of the M1. In the 1960s, the government decided that a further generation of new towns in the Southeast of England was needed to relieve housing congestion in London. At the 2021 Census, the population was 287,100. 71.8% people are white, 12.4% people are Asian, 9.7% people are black, 4.1% are mixed heritage. 42.8% are Christian, 38% have no religion, 7.1% are Muslim. It is a very diverse population with the population of Milton Keynes increasing by 15.4%, from just over 248,800 in 2011 to around 287,100 in 2021 one of the largest increases in the country. Even though Milton Keynes ranks 107 out of 151 upper tier and unitary authorities (1 is the most deprived), this overall ranking masks areas of significant deprivation in certain areas of Milton Keynes and widening health inequalities.

Figure 1: Geographical area served by the Trust



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Table 1: Ethnic makeup of Milton Keynes, MKUH, and England

	Milton Keynes	MKUH	England
White	71.8%	52.7%	81.0%
Asian	12.4%	21.7%	9.6%
Black	9.7%	16.7%	4.2%
Mixed	4.1	2.4%	3.0%
Other	2.0	2.3%	2.2%
Unknown	0.0%	4.3%	0.0%

(Source <https://www.ons.gov.uk/visualisations/censusareachanges/EO6000042/>)

MKUH has over 4000 members of staff working in it. There is a significant difference between the ethnic make-up of the Trust compared to the population that the Trust serves. The proportion of Asian and Black staff in the Trust is almost twice that of the Milton Keynes population. This means that the cultural and personal needs of staff might not always be readily available in the community that they live. The Trust needs to be sensitive and aware of this and where appropriate assist staff.

Race equality work in the Trust

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Like many NHS organisations, MKUH is lagging behind in its attempts to become an equitable organisation. The organisations workforce race equality standard data shows poorer experience of ethnic minority staff compared to white staff. 10 years after the WRES, there are still significant differences in the access, opportunities and experiences between White and ethnic minority staff.

The Workforce Race Equality Standard (WRES)

Indicator 1
Overall, the number of ethnic minority employees has increased in 2023 – 40.2% (1664 headcount) compared to 36.3% (1428 headcount) in 2022.

Process Indicators

WRES Indicators 2-4

A figure between 0.8 and 1.25 indicates that staff of all ethnicities are having equitable outcomes.

Indicator 2
The relative likelihood of White candidates being appointed from shortlisting compared to ethnic minority staff is 1.27 meaning that ethnic minority candidates are less likely to be appointed from shortlisting as White candidates.

Indicator 3
Ethnic minority employees are more likely to enter the formal disciplinary processes in the trust. A figure of 1.13 was recorded for 2023,

Indicator 4
The relative likelihood of ethnic minority staff accessing non mandatory training and CPD as compared to white staff 1.05

The above data suggests the process indicators 3 and 4 all look relatively positive.

Cultural Indicators

WRES indicators 5,6,7 and 8

Indicator 5
In the last 12 months, how many times have you personally experienced harassment bullying or abuse at work from patients/ service users, their relatives or other members of the public: White 26.8% and Ethnic minority 30.4%

Indicator 6
In the last 12 months, how many times have you personally experienced harassment bullying or abuse at work from colleagues: White 22.0% and Ethnic minority 27,7%

Indicator 7
Does your organisation act fairly with regards to career progression and promotion regardless of background: White 59.1% and Ethnic minority 46.4%

Indicator 8
In the last 12 months have you personally experienced harassment, bullying or abuse at work from a team leader/ manager or senior colleague: White 6.7% and Ethnic minority 16.6%

Indicator 9
The Trust Board has 27.8% members identifying as ethnic minority. All are non-executives or associate non-executives.

Minority Ethnic Executives 0
Minority Ethnic Non-Executives 3

It would appear the cultural indicators need more scrutiny and focus as there is clearly a difference in the experience of ethnic minority staff compared to white staff.

Indicator 9 also needs to be looked at more closely.

The WRES Action Plan October 2023

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The Trust has tried many initiatives and approaches to tackle race inequality spurred on by the Workforce Race Equality Standard (WRES) data. Below is a list of the actions from the latest WRES Action plan on the Trust website.

- Continue to regularly review workforce data by ethnicity, clinical, non-clinical pay bands, divisions and professional groups.
- Conduct employee census to ensure employee data on ESR is up to date, incl. ethnicity data.
- Continue to raise awareness of WRES metrics by creating and distributing infographic posters to be shared with Staff Networks, Staff Side, and with staff in their departments.
- Development of East of England Anti-Racism Pledge communications campaign to promote the pledge across all Trust departments.
- Continue roll out of phase two of the Above Difference Cultural Intelligence Programme for senior managers.
- Development of Behaviours Policy and Procedure to incorporate the Trust's Behaviours Framework in addition to outlining the responsibilities of all employees to challenge poor behaviour and specific statements re racism, homophobia, transphobia, sexism, ableism etc

- Development and roll-out of values-based recruitment programme and inclusive recruitment practices.
- Implement a staff network for international nurses to support those who have recently moved to the UK to commence employment
- Development of guidance for clinical teams on how to manage racism from patients/service users and relatives.
- Implement a new Talent Management Programme as part of The MKWay, ensuring visibility and access for BAME colleagues.
- Undertake self-assessment of Trust against NHS ED&I Improvement Plan 6 High Impact Actions with development of an action plan.

The WRES action plan consists mostly of processes with very little in terms of the tangible demonstrable outcomes highlighted.

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This report presents the following quantitative and qualitative data:

- 1 **Analysis of the relevant data provided by the MKUH Informatics team**
- 2 **Results of moderated, individual and group interviews**
- 3 **Data from the NHS staff survey website.**

The reliability of the some of the data, particularly data from the staff survey can be affected by small numbers. This is especially true when breaking down the data into detailed ethnic groups. Where the numbers are small, the data should be juxtaposed with the qualitative information to get a fuller and accurate picture.

Data reporting dates

The most recent available data for each indicator was used. For staff in post, the data is a snap short as at the 31st of March for the reporting year. All other data covers the financial year 1 April to 31 March.

Data analysis

The report assesses data at a Trust level. As a minimum, the data is split into the five ethnic groups (Asian, Black, other, white, and Unknown). Other is made up of people who are not represented by all the other ethnic classifications. This is more granular than the binary classification used in the national WRES reports. The report also includes qualitative findings from interviews with staff in the trust.

For WRES indicators 5 – 8, data is taken from the NHS Staff Survey website.

Data caveats

The reliability of some of the data is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of respondents is large enough to not undermine confidence in the data. The sources of the data and year of its collection will be cited in each section of the report.

Employment cycle

The report will take a holistic view of the differences in opportunities and experiences between staff of different ethnicities. This will be done by looking at the whole employment cycle from when people join the organisation to when they leave and all the stages in between.

Figure 2: Employment cycle



Recruitment

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Between April 2023 and June 2024, there were a total of 18,693 applications, of which 2,126 (11.4%) were shortlisted. It was assumed that there was a significant number of applicants who did not have the right to reside or work in the U.K, the organisation will be looking at this going forward. Of the shortlisted applicants 996 (46.8%) were appointed. However, outcomes from the recruitment process varies significantly by ethnic group. Black Asian and Minority Ethnic people apply in substantial proportions, but see a significant drop in the shortlisting, interview and appointment stages of the process. Essentially applicants from a Black and Asian background must go through the recruitment process up to three times before they get a job.

Overall, the recruitment process appears to be highly competitive, with the majority of applicants not progressing beyond the application stage. Despite ethnic minority groups constituting the bulk of applicants, they are less likely to progress to the interview and appointment stages compared to White applicants. This data underscores the importance of evaluating and addressing potential biases or barriers within the recruitment process to ensure fair and equitable opportunities for all applicants.

Summary of recruitment data

The disparities in dropout rates during the recruitment process highlight significant challenges for ethnic minority applicants. Although ethnic minority candidates constitute 85.3% of the total applicants, their progression through the recruitment stages is noticeably lower compared to their White counterparts. Only 9% of ethnic minority applicants make it to the interview stage, and just 37% of them are ultimately appointed. On the other hand, White applicants fare significantly better, with 26% reaching the interview stage and 52% being appointed. This indicates that despite the large number of applications from ethnic minority groups, they are disproportionately less likely to progress to later stages of the recruitment process.

The data underscores the need for a thorough evaluation of the recruitment process to identify potential biases or systemic barriers that may contribute to these disparities. Asian and Black applicants face high rejection rates, with 89% and 81% respectively remaining unsuccessful. This trend is also observed among candidates from Mixed and Other ethnic groups, with 85% and 89% remaining unsuccessful. Ensuring fair and equitable recruitment practices is crucial to providing equal opportunities for all applicants, regardless of their ethnic background. Addressing these disparities is essential for fostering diversity and inclusion within the organisation.

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Key findings

85.3% (15,693)
of all applicants were from a Black, Asian and minority ethnic background.

White applicants make up
14.2% (2,656)
of all applications but make up

36.8% (367)
of all appointments.

For Black applicants, the biggest drop is seen at the shortlisting phase.

Black applicants make up
42.0% (7,853)
of all applicants down to

29.5% (627)
of shortlisted applicants.

For Asian applicants, the biggest drop is seen at the appointment phase.

Asian applicants make up
31.1% (661)
of all shortlisted applicants down to

23.7% (236)
of appointed applicants.

Black (8.0%) are almost twice as likely as **White (4.3%)** and **Asians (4.2%)** applicants to withdraw from an interview.

Compared to Asian and Black applicants, White applicants are respectively **3.81** and **4.45** relatively more likely to be appointed from application.
Compared to Asian and Black applicants, White applicants are respectively **1.47** and **1.38** relatively more likely to be appointed from shortlisting.

The biggest inequalities in recruitment outcomes are seen in Administrative and Clerical and Allied Health Professionals

White applicants for Administrative and Clerical are 2.45 relatively more likely to be appointed for a role from shortlisting than Black applicants.

White applicants for Allied Health Professionals 2.18 relatively more likely to be appointed for a role from shortlisting than Asian applicants.

For both AHP’s and Nursing/Midwives roles, ethnic minorities are significantly less likely to be appointed into band 6 roles.

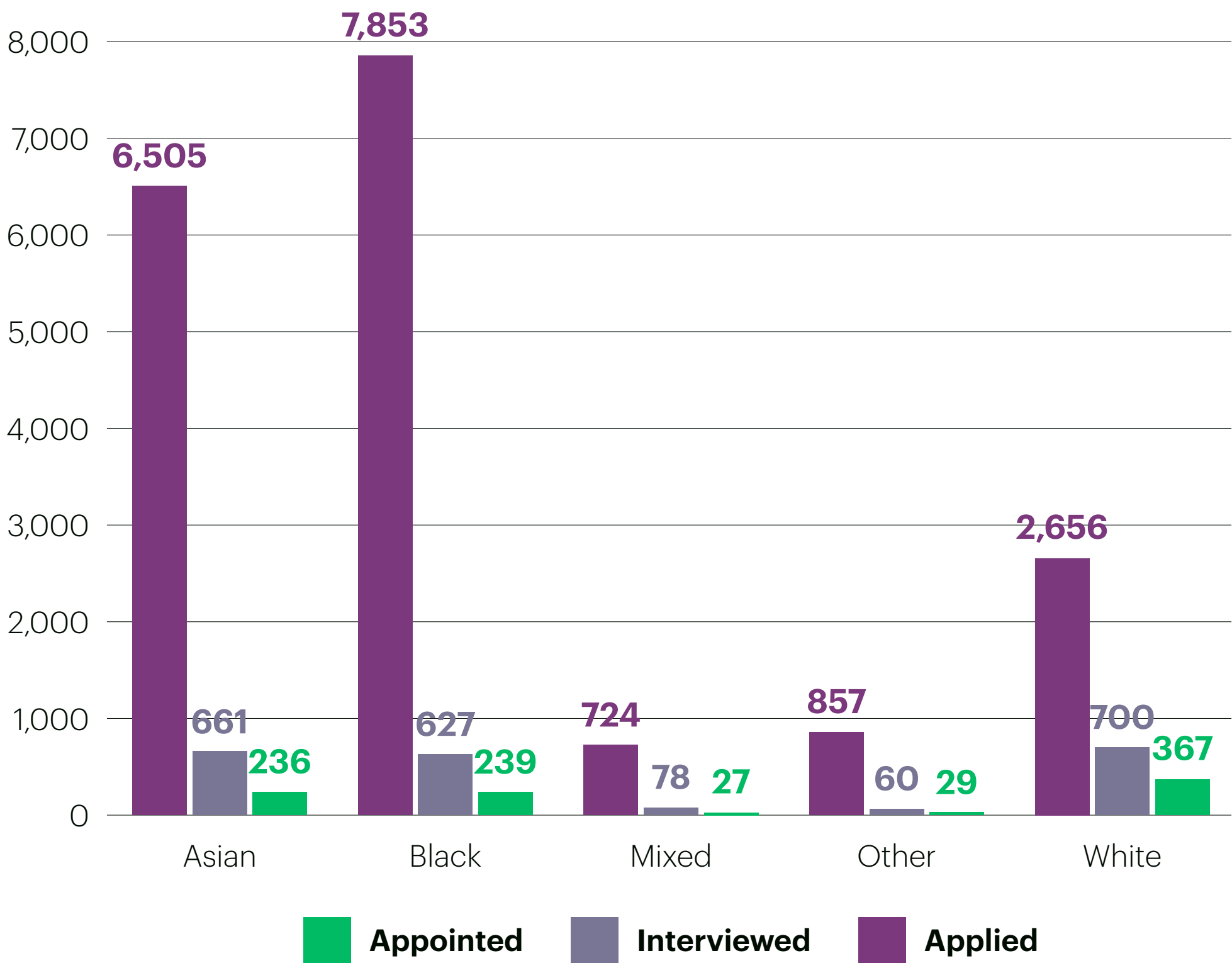
Implications/ Next steps

- The Trust needs to review its recruitment processes. This should look at all parts of the process i.e. job descriptions, job advertisements, shortlisting, interview (process, questions and panels), appointments and support for unsuccessful internal candidates.
- Additional focus on Administrative and Clerical roles and band 6/7 for Nurses and AHP’s
- Report on recruitment at a quarterly basis as a minimum. This should include data by ethnicity, staff groups and pay bands at a minimum.
- Investigate reasons why people are withdrawing of interviews, in particular black applicants. Implement strategies to mitigate.
- Resources: [NELFT case study](#), EoE recruitment strategy

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Applications

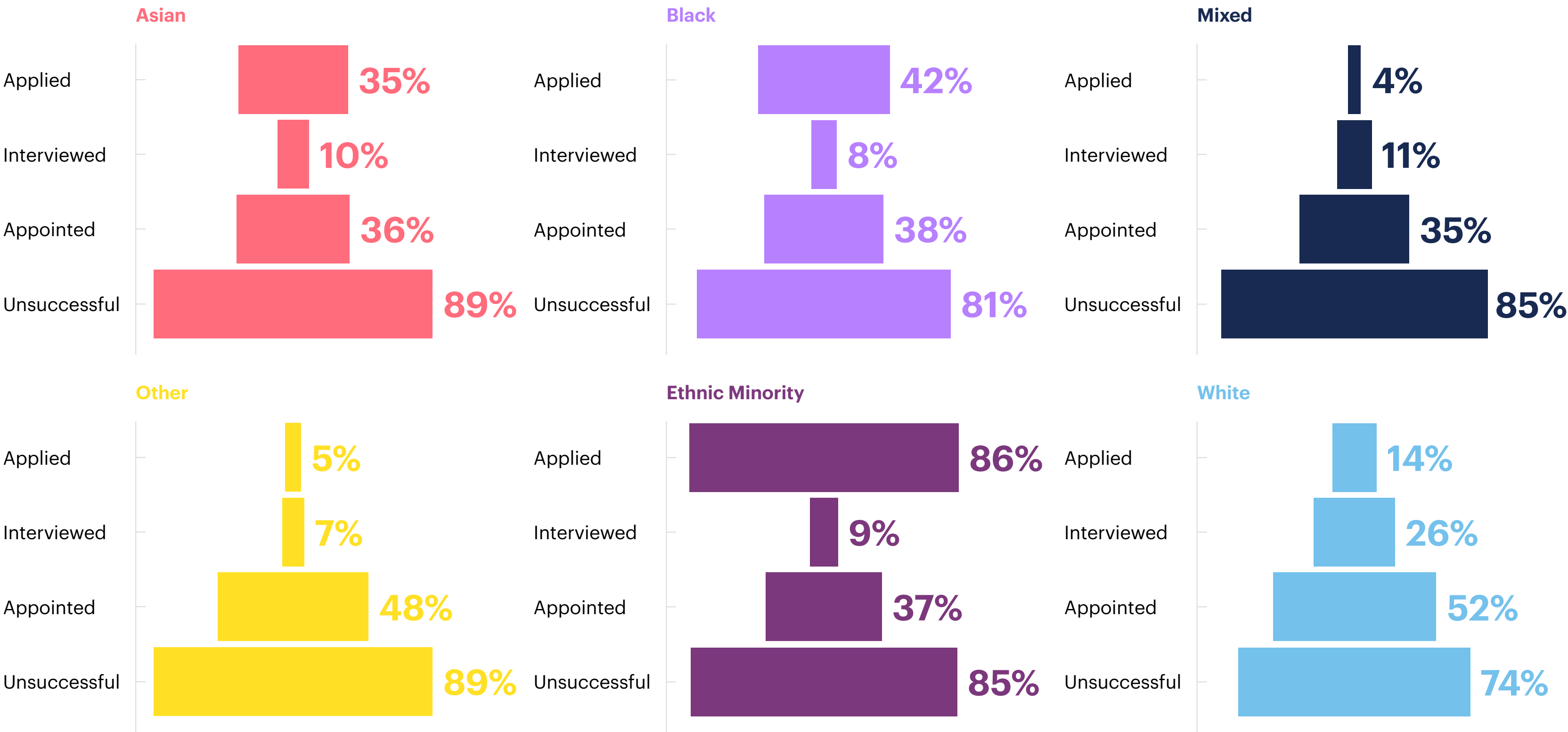
Figure 3: Recruitment stages by ethnicity April 2023 to June 2024



Summary of Candidates at Recruitment Stages by Ethnic Groups

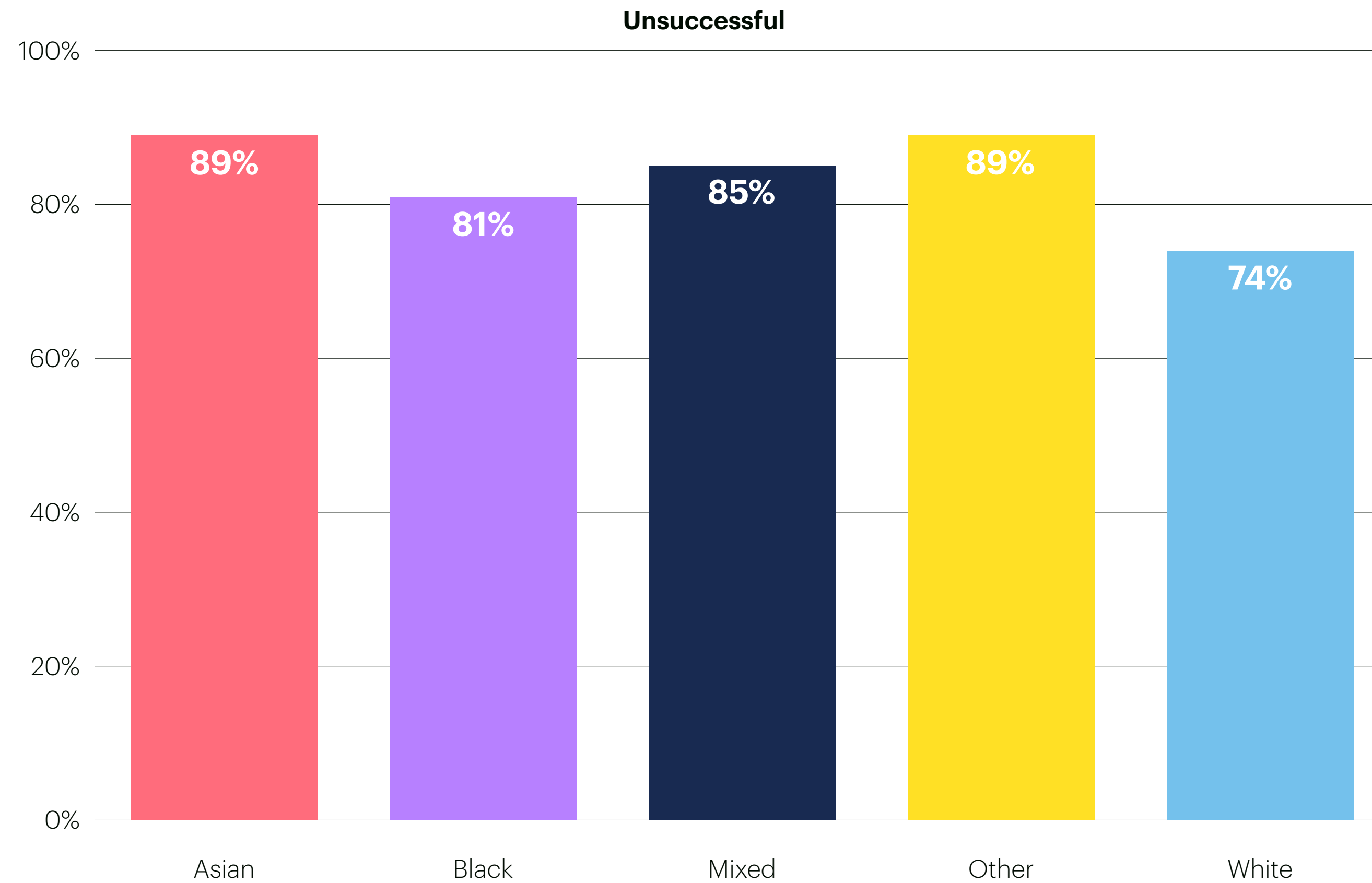
Asian:	Other:
Applied: 6,505	Applied: 857
Interviewed: 661 (10.16% of those applied)	Interviewed: 60 (7.00% of those applied)
Appointed: 236 (3.63% of those applied)	Appointed: 29 (3.38% of those applied)
Black:	White:
Applied: 7,853	Applied: 2,656
Interviewed: 627 (7.98% of those applied)	Interviewed: 700 (26.36% of those applied)
Appointed: 239 (3.04% of those applied)	Appointed: 367 (13.82% of those applied)
Black candidates have the lowest success rate throughout the process, with a notable percentage not reaching the appointed stage.	White candidates have the highest success rate throughout the process, with a notable percentage reaching the interview and appointment stages.
Mixed:	
Applied: 724	
Interviewed: 78 (10.77% of those applied)	
Appointed: 27 (3.73% of those applied)	

Figure 4: Recruitment fall out by ethnicity April 2023 to June 2024



The overall success rate from application to appointment is low, emphasising the large volume of applications and the competitive nature of the recruitment process. The organisation is not struggling to attract candidates, but maybe the calibre of candidates is low, or there are other factors at play, which leads to large volumes of unsuccessful outcomes.

Figure 5: percentage unsuccessful application rate by ethnicity April 2023 to June 2024



74%

of White applicants are unsuccessful compared to

89%

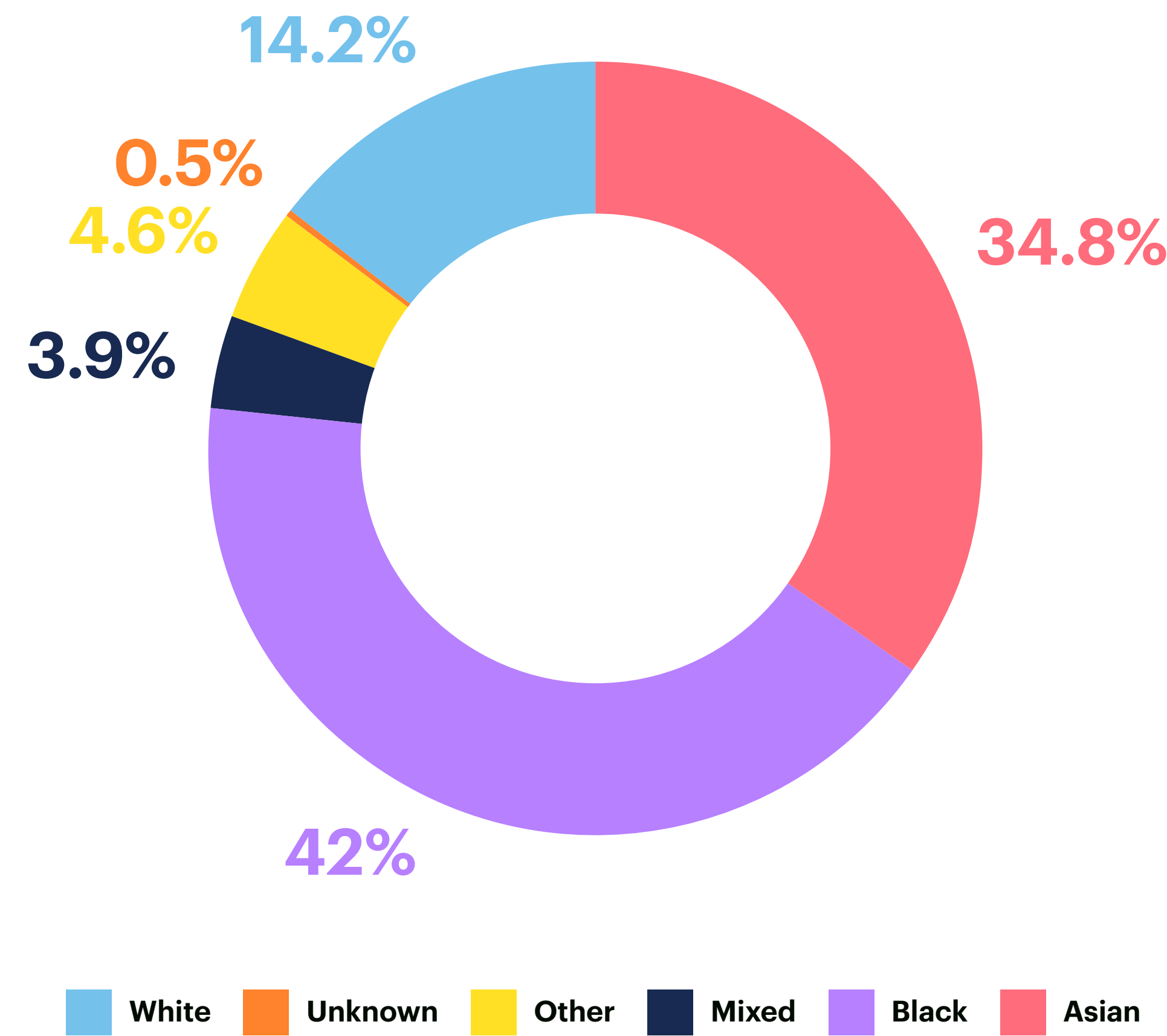
for Asian and

81%

for Black applicants.

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Figure 6: Applications by ethnicity April 2024 to June 2024



85.3%
of all applications were from ethnic minorities.

42.0% (7583)
of all applicants were black,

34.8% (6505)
were from an Asian background

14.3% (2656)
were white.

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Table 2: Applications by ethnicity April 2024 to June 2024

Ethnicity	Applications headcount	% Applications
Asian	6,505	34.8%
Black	7,853	42.0%
Mixed	724	3.9%
Other	857	4.6%
Unknown	98	0.5%
White	2,656	14.2%
Grand Total	18,693	

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Table 3: Applications by ethnicity (April 2024 to June 2024 - census classification)

Ethnicity	Applications headcount	% Applications
N Black or Black British - African	7,387	39.5%
H Asian or Asian British - Indian	3,348	17.9%
A White - British	1,873	10.0%
J Asian or Asian British - Pakistani	1,476	7.9%
L Asian or Asian British - Any other Asian background	1,173	6.3%
S Any Other Ethnic Group	857	4.6%
C White - Any other White background	741	4.0%
E Mixed - White & Black African	472	2.5%
K Asian or Asian British - Bangladeshi	355	1.9%
P Black or Black British - Any other Black background	322	1.7%
R Chinese	153	0.8%
M Black or Black British - Caribbean	144	0.8%
G Mixed - Any other mixed background	115	0.6%
Z Not Stated	98	0.5%
F Mixed - White & Asian	76	0.4%
D Mixed - White & Black Caribbean	61	0.3%
B White - Irish	41	0.2%
CB White Scottish	1	0.0%
Grand Total	18,693	

39.5% (7,387)
of all applicants were Black
British - African

17.9% (3,348)
were from an Asian British - Indian
background

Only
10% (1,873)
of all medical applicants were
White British



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Table 4: Applications by ethnicity and staff group April 2024 to June 2024

Staff group	Asian	Black	Mixed	Other	Unknown	White	Grand Total	Ethnic minorities
Additional Clinical Services	1,258	3,099	187	115	2	554	5,215	4,659
Additional Professional Scientific and Technical	47	24		3		34	108	74
Administrative and Clerical	1,441	1,044	122	46	1	1,117	3,771	2,653
Allied Health Professionals	679	743	67	51		90	1,630	1,540
Estates and Ancillary	323	477	56	31	2	206	1,095	887
Healthcare Scientists	72	145	12	11		26	266	240
Medical and Dental	2,147	586	185	483	33	254	3,688	3,401
Nursing and Midwifery Registered	518	1,629	88	111	1	364	2,711	2,346
(blank)	20	106	7	6	59	11	209	139
Grand Total	6,505	7,853	724	857	98	2,656	18,693	15,939

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Table 5: Applications by ethnicity and staff group April 2024 to June 2024

Staff group	Asian	Black	Mixed	Other	Unknown	White	Ethnic minorities
Additional Clinical Services	24.1%	59.4%	3.6%	2.2%	0.0%	10.6%	89.3%
Additional Professional Scientific and Technical	43.5%	22.2%	0.0%	2.8%	0.0%	31.5%	68.5%
Administrative and Clerical	38.2%	27.7%	3.2%	1.2%	0.0%	29.6%	70.4%
Allied Health Professionals	41.7%	45.6%	4.1%	3.1%	0.0%	5.5%	94.5%
Estates and Ancillary	29.5%	43.6%	5.1%	2.8%	0.2%	18.8%	81.0%
Healthcare Scientists	27.1%	54.5%	4.5%	4.1%	0.0%	9.8%	90.2%
Medical and Dental	58.2%	15.9%	5.0%	13.1%	0.9%	6.9%	92.2%
Nursing and Midwifery Registered	19.1%	60.1%	3.2%	4.1%	0.0%	13.4%	86.5%
(blank)	9.6%	50.7%	3.3%	2.9%	28.2%	5.3%	66.5%
Grand Total	34.8%	42.0%	3.9%	4.6%	0.5%	14.2%	85.3%

92.2% (3,401)
of all applications to **Medical and dental roles** are ethnic minorities.

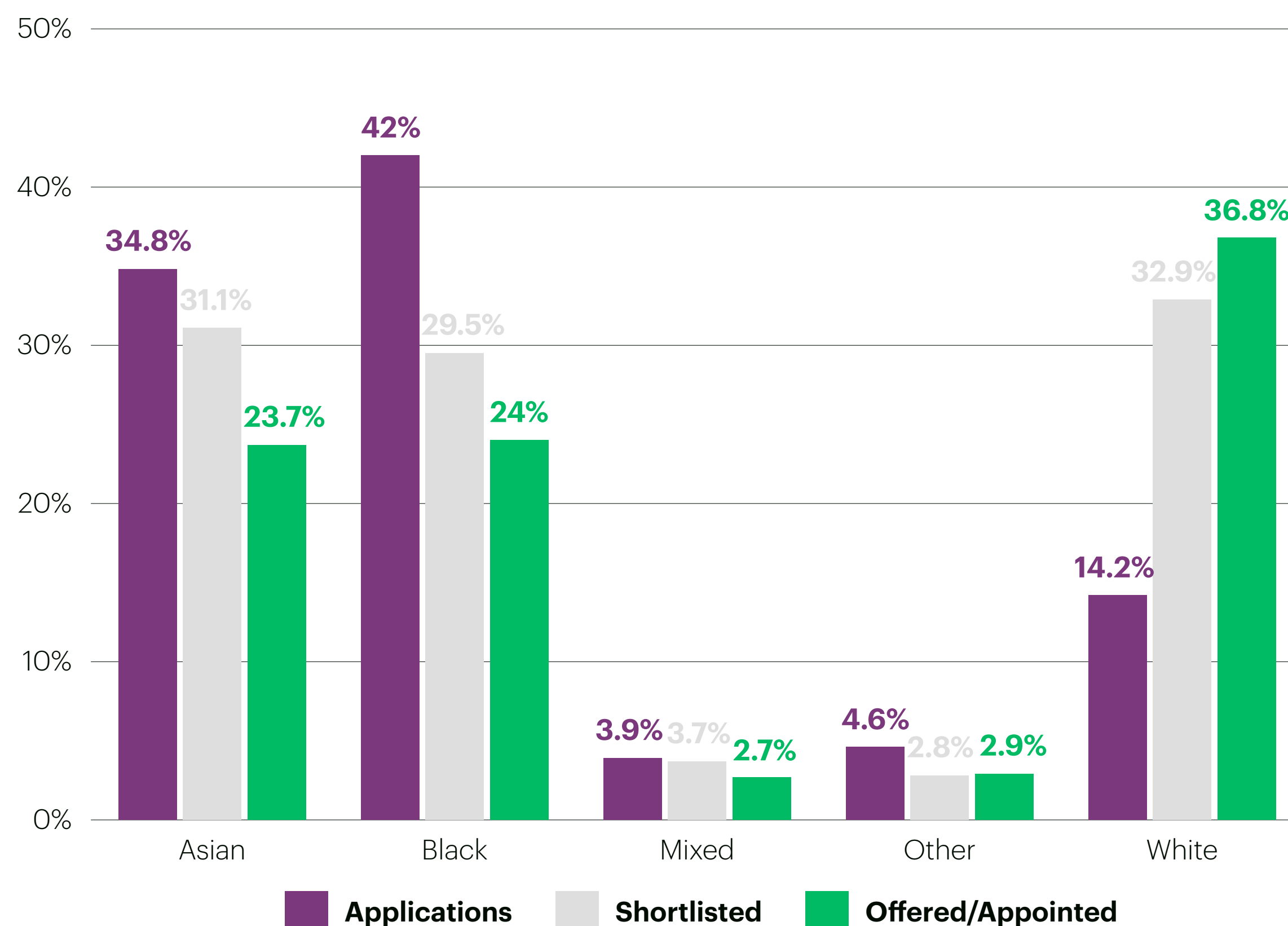
Of these
58.2% (2,147)
are from an **Asian** background.

60.1% (1,629)
of all applicants for Nursing and Midwifery roles are from a **Black** background.

Additional clinical services have the highest proportion of **White** applicants at
31.5% (108)

Shortlisting and Appointments

Figure 7: Shortlisting and appointments April 2024 to June 2024



White applicants make up **14.2% (2,656)** of all applications but make up

36.8% (367) of all appointments.

For **Black applicants**, the biggest drop is seen at the shortlisting phase.

Black applicants make up **42.0% (7,853)** of all applicants down to **29.5% (627)** of shortlisted applicants.

For **Asian applicants**, the biggest drop is seen at the appointment phase.

Asian applicants make up **31.1% (661)** of all shortlisted applicants down to

23.7% (236) of appointed applicants.

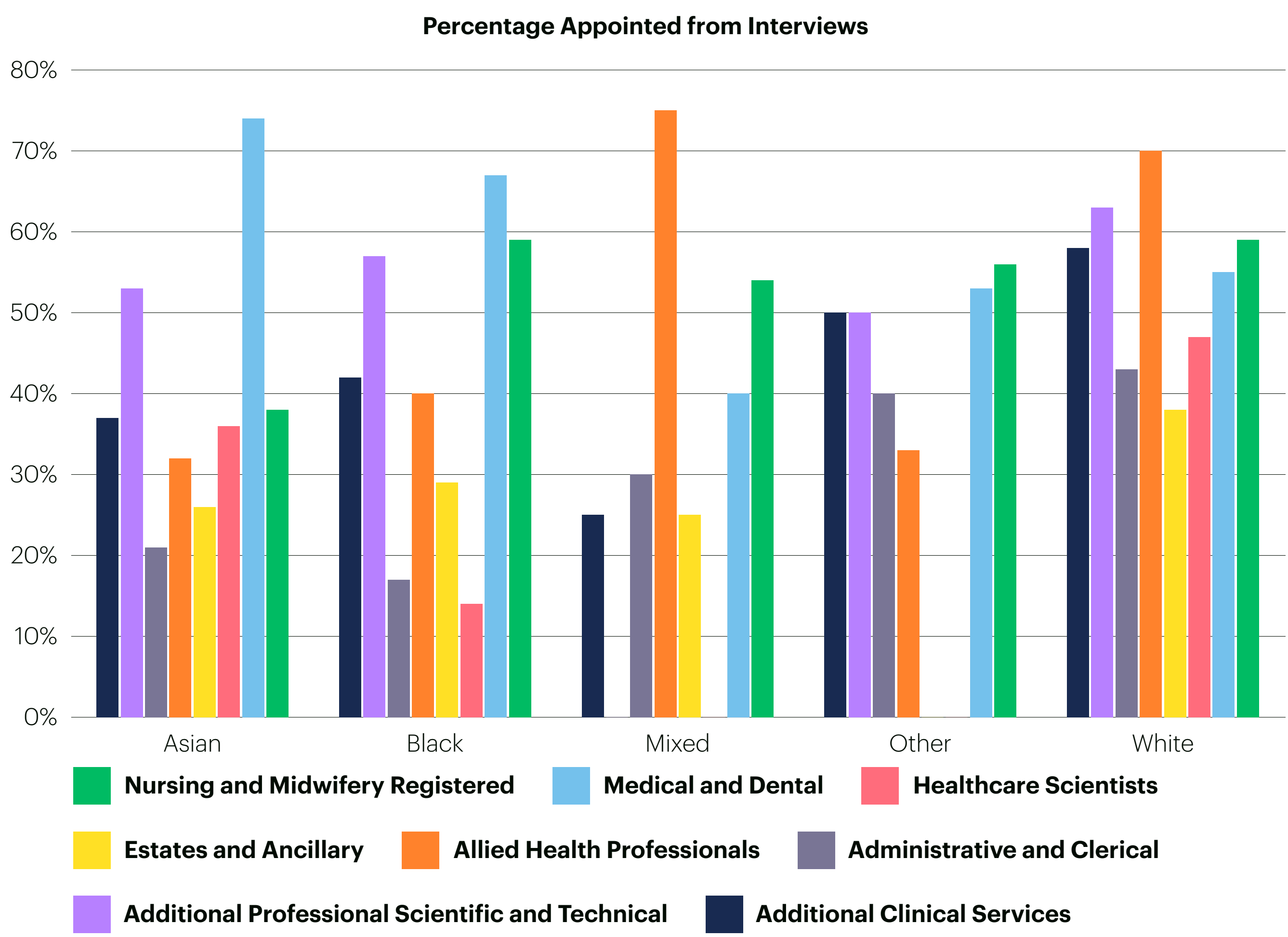
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Table 6: Applications by ethnicity and staff group April 2024 to June 2024

Ethnicity	Headcount			Percentage		
	Applications	Shortlisted	Offered/appointed	Applications	Shortlisted	Offered/appointed
Asian	6,505	661	236	34.8%	31.1%	23.7%
Black	7,853	627	239	42.0%	29.5%	24.0%
Mixed	724	78	27	3.9%	3.7%	2.7%
Other	857	60	29	4.6%	2.8%	2.9%
White	2,656	700	367	14.2%	32.9%	36.8%
Grand Total	18,693	2,126	996			

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Figure 8: Appointment from interviews by ethnicity and staff group April 2023 to June 2024



The greatest disparities are observed in the “**Healthcare Scientists**” and “**Additional Professional Scientific and Technical**” groups.

In the “Healthcare Scientists” group, the appointment rates for **Asian (36%)** and **Black (14%)** candidates are significantly lower compared to **White candidates (47%)**.

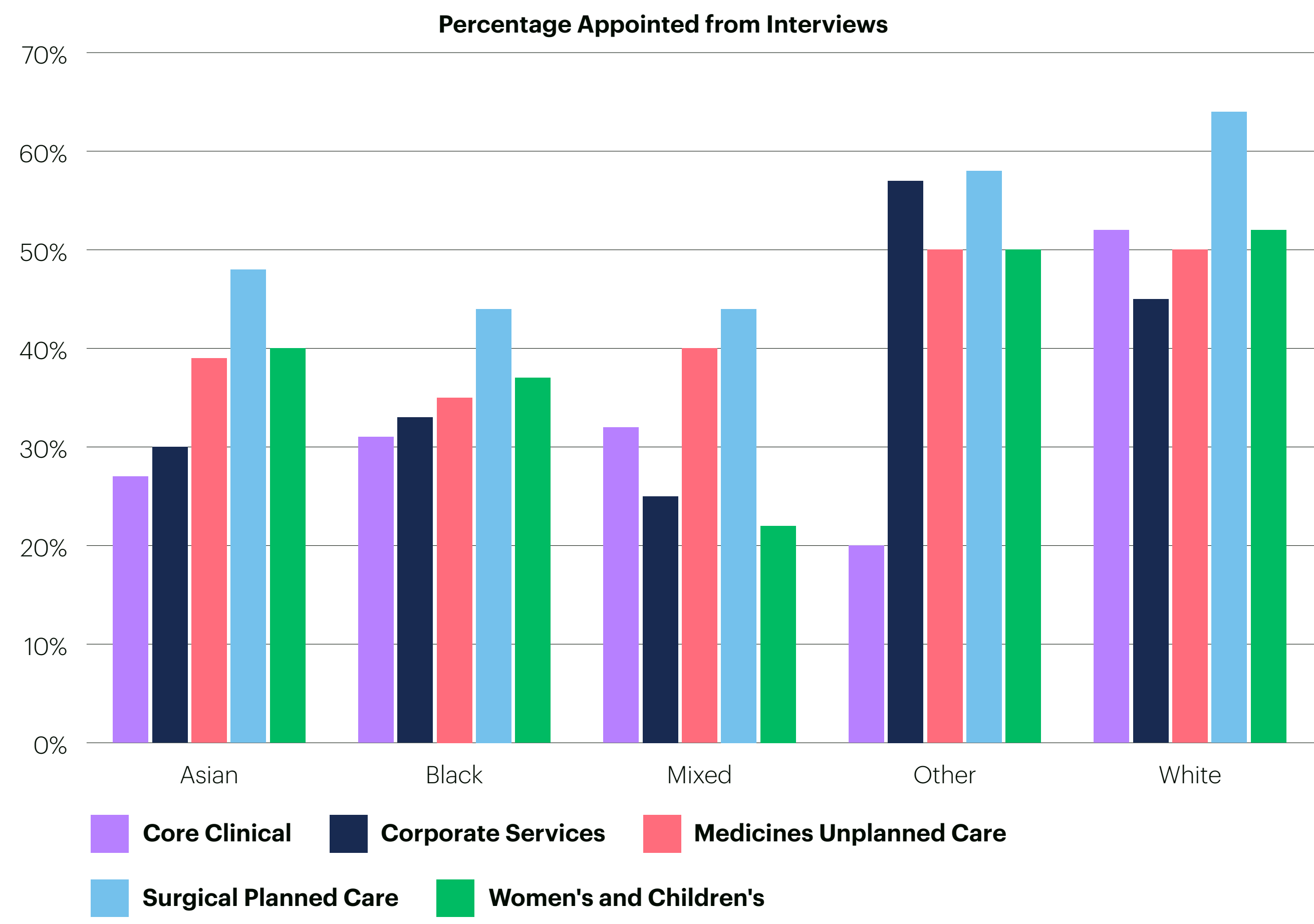
Similarly, in the “**Additional Professional Scientific and Technical**” group, the data indicates that Asian and Black candidates face considerable challenges, with appointment rates of

53%
 and
57%
 respectively, compared to
63%
 for White candidates.

These disparities suggest potential systemic barriers that need to be addressed to ensure a fair and equitable recruitment process across all staff groups.

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Figure 9: Appointment from interviews by ethnicity and division April 2023 to June 2024



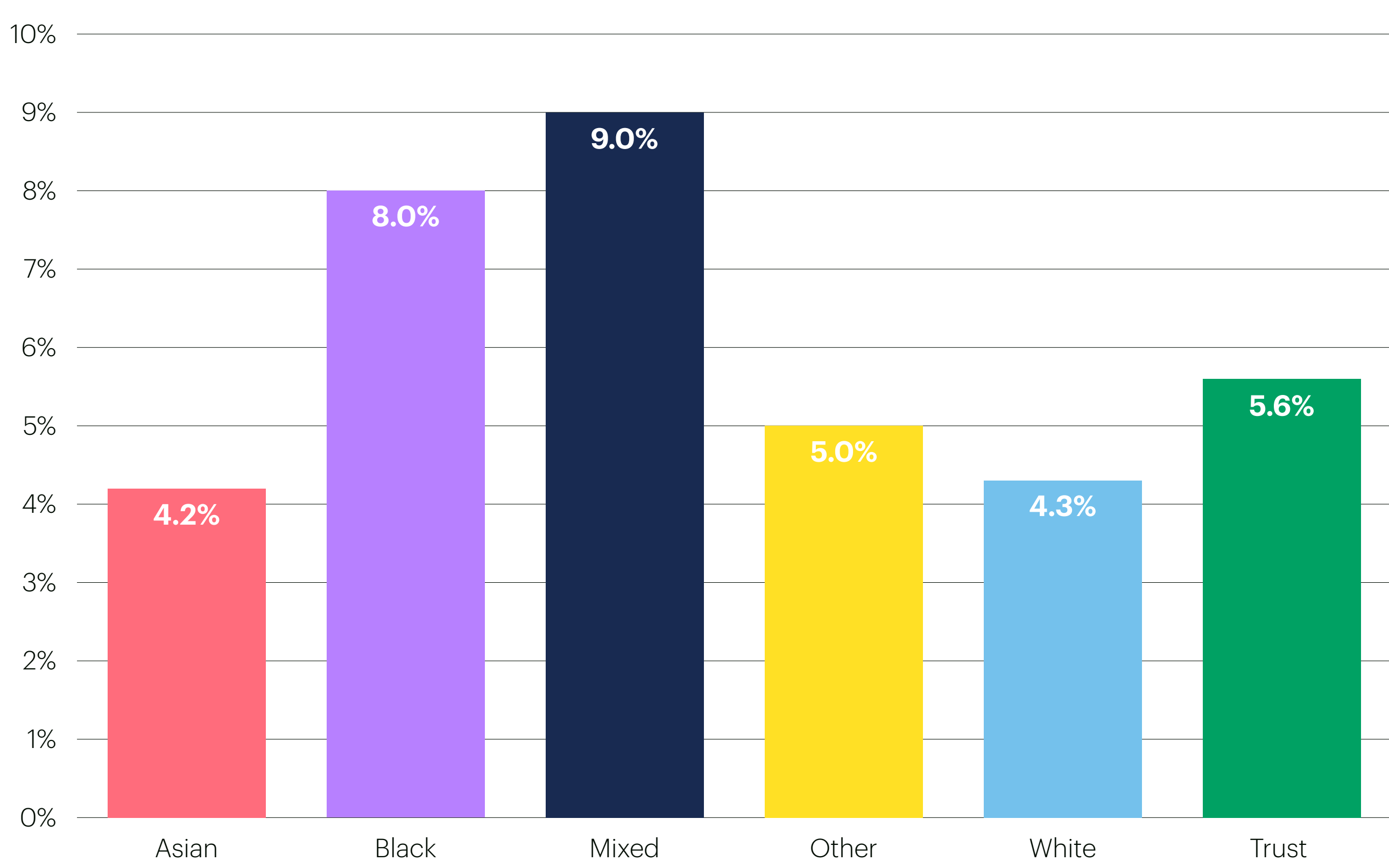
The greatest disparities are observed in the “**Core Clinical**” and “**Women’s and Children’s**” divisions.

In the “**Core Clinical**” division, the appointment rates for **Asian (27%)** and **Black (31%)** candidates are significantly lower compared to **White candidates (52%)**. Similarly, in the “**Women’s and Children’s**” division, the appointment rates for **Mixed (22%)** and **Black (37%)** candidates are considerably lower compared to **White candidates (52%)**.

These disparities suggest potential systemic barriers that need to be addressed to ensure a fair and equitable recruitment process across all divisions.

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Figure 10: Interview withdrawal rates by ethnicity April 2024 to June 2024



There are significant differences in interview withdrawal rates, by ethnicity.

Asian (4.2%) and **White applicants (4.3%)** are equally likely to **withdraw from an interview**.

Black (8.0%) are almost twice as likely as White and Asians applicants to **withdraw from an interview**.

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Relative likelihood of appointment

Table 7: Likelihood of appointment by ethnicity April 2024 to June 2024

Ethnicity	Applications	Shortlisted	Attended interview	Offered/appointed	% appointed from application	% appointed from shortlisting	% appointed from interview	RL from application to appointment	RL from shortlisting to appointment	RL from interview to appointment
Asian	6,505	661	633	236	3.6%	35.7%	37.3%	3.81	1.47	1.47
Black	7,853	627	577	239	3.0%	38.1%	41.4%	4.54	1.38	1.32
Mixed	724	78	71	27	3.7%	34.6%	38.0%	3.71	1.51	1.44
Other	857	60	57	29	3.4%	48.3%	50.9%	4.08	1.08	1.08
White	2,656	700	670	367	13.8%	52.4%	54.8%	1.00	1.00	1.00
Total	18,693	2,126	2,008	996	5.3%	46.8%	49.6%			

Compared to Asian and Black applicants, White applicants are respectively **3.81** and **4.45** relatively more likely to be **appointed from application**.

Compared to Asian and Black applicants, White applicants are respectively **1.47** and **1.38** relatively more likely to be **appointed from shortlisting**.

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Table 8: Likelihood of appointment by ethnicity and staff group April 2024 to June 2024

Ethnicity	Additional Clinical Services	Additional Professional Scientific and Technical	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Overall
Asian	1.57	1.18	2.05	2.18	1.49	1.31	0.74	1.56	1.47
Black	1.37	1.11	2.45	1.73	1.30	3.27	0.83	1.00	1.38
Mixed	2.30		1.42	0.93	1.53		1.38	1.09	1.51
Other	1.15	1.26	1.07	2.09			1.05	1.04	1.08
White	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

The biggest inequalities in recruitment outcomes are seen in **Administrative and Clerical** and **Allied Health Professionals**

White applicants for **Administrative and Clerical** are **2.45** relatively more likely to be appointed for a role from shortlisting than **Black applicants**.

White applicants for **Allied Health Professionals** **2.18** relatively more likely to be appointed for a role from shortlisting than **Asian applicants**.

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Table 9: Likelihood of appointment by ethnicity, staff group and pay band April 2024 to June 2024

Ethnicity	Allied Health Professionals			Nursing and Midwifery Registered		
	Overall	Band 6	Band 8a plus	Overall	Band 6	Band 7
Asian	2.18	3.08	0.99	1.56	1.96	2.03
Black	1.73	2.21	1.05	1.00	1.28	0.94
Mixed	0.93		1.42	1.09	0.94	1.66
Other	2.09		0.60	1.04	2.83	
White	1.00	1.00	1.00	1.00	1.00	1.00

For both AHP’s and Nursing/Midwives roles, ethnic minorities are significantly less likely to be appointed into band 6 roles.

In conclusion, the recruitment data indicates significant ethnic disparities throughout the recruitment process, with ethnic minority candidates facing higher rejection rates at each stage compared to their White counterparts. Despite constituting a substantial majority of the applicant pool, ethnic minority candidates have lower progression rates to the interview and appointment stages, highlighting potential systemic barriers within the recruitment process. These disparities are also evident across different staff groups and divisions, where Asian and Black candidates consistently have lower appointment rates.

To explain and address these disparities and ensure a fair and equitable recruitment process, it is essential to implement targeted strategies. Recommendations include conducting thorough reviews of the recruitment process to identify and eliminate potential biases, providing bias-awareness training for hiring managers, and establishing diversity and inclusion goals to track progress. Additionally, creating mentorship and support programs for ethnic minority candidates can enhance their chances of success. By prioritising diversity and inclusion, the organisation can ensure equal opportunities for all applicants, fostering a more diverse and inclusive workforce.

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The total workforce increased steadily, growing by 5.7% from 2022 to 2023 and by 6.2% from 2023 to 2024. Among the ethnic groups, the Asian population experienced the most significant growth, rising by 40.4% over the period, followed by the Black population with a 27.2% increase. Mixed ethnicity groups also grew, albeit from a smaller base, with a 36.7% increase. In contrast, the White population showed stagnation, with a slight decline of 0.7%, and the “Other” ethnic group demonstrated only minimal growth of 4.1%.

These findings suggest a shift in the demographic landscape, driven by the growth of diverse ethnic groups, particularly Asian and Black communities. The consistent rise in the total workforce underscores the importance of understanding changing demographics for future planning and policy development. The stagnation in the White population and the increase in “Unknown/ Not Stated” responses also highlight areas that may require further investigation, such as shifts in self-identification or reporting practices. Overall, this data offers valuable insights into evolving population trends, emphasising the growing diversity within the broader community

Key findings

43.1% (1,899)

of staff in the Trust are from an ethnic minority background.

Asian staff make up

21.7% (955)

and Black

16.7% (735)

of all staff in the Trust.

There has been a

40.4% (275)

increase in Asians and

27.4% (158)

in Black employees.

Over the same period, White staff have decreased by

0.7% (17)

Overall, ethnic minority staff made up

96.3% (465)

of additional 483 staff in the trust.

Black Africans (679) and **Asian Indians (555)** make up the largest number of ethnic minority staff members. They have also seen the largest increase in headcount 125 and 201 respectively.

Medical and Dental staff is the most diverse work force with

65% (349)

being from an ethnic minority background.

50.8% (696)

of all Nursing/Midwifery staff and

45.1% (304)

Additional Clinical Service staff are ethnic minorities.

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39.6%

of all Black staff are in Nursing roles and

22.9%

in Additional Clinical Services roles

For Asians

27.7%

are in Medical and Dental roles and

36%

in Nursing/Midwifery roles.

Asian (11.4%) are more likely than **White (6.1%)** to be in **fixed term contracts**.

2.1% (49)

of White staff are most likely to be on secondment compared to

1.2% (11)

for Asian and

2.0% (15)

for Black staff.

No black staff are acting up.

There are significant numbers of ethnic minority staff who work in bank only roles.

26.8%

of Black staff are bank only compared to

14.4%

of White staff.

The higher up you the AfC pay bands, the lower the representation of ethnic minority staff.

At band 5, Black staff make

33.7% (202)

and Asian staff

24.2% (282)

compared to

0%

at band 8D.

Inversely, White staff make up

32.2% (269)

of band 5 staff compared to

100% (13)

at band 8D

There are only **4 ethnic minority staff** above between 8C and band 9.

In 2024 there has been no internal promotions of ethnic minority staff into roles above band 8b.

White staff make up

21.2%

of Nursing/Midwifery at band 5 roles and

100%

of Band 8C and Band 8D

White staff progress to senior positions at a younger age than ethnic minorities.



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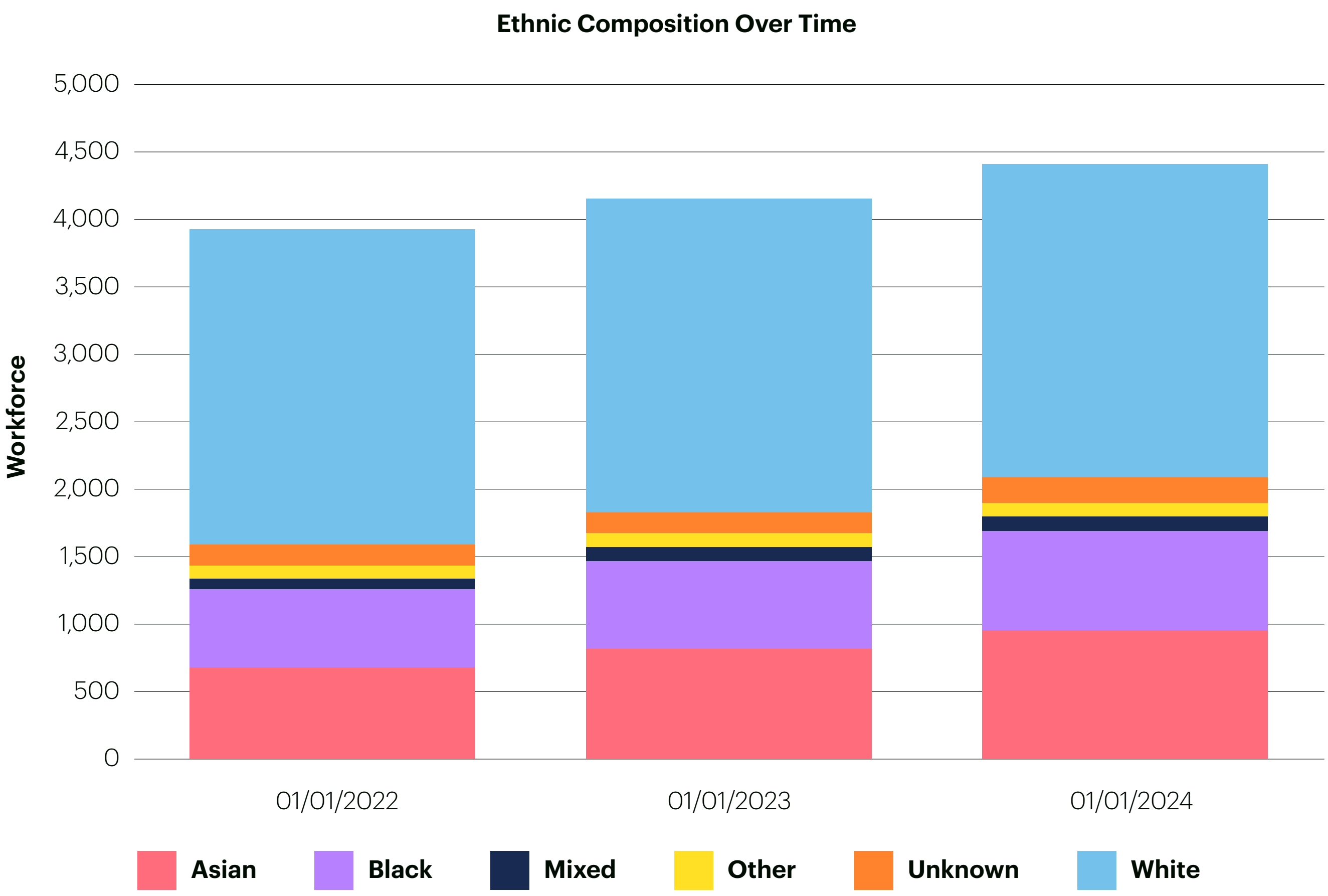
Recommendations

Implications/Next steps

- Work with managers and leaders in nursing, and AHP roles to develop a plan to identify key actions to help reduce the inequalities seen in career progression.
- Staff who are not on permanent substantive contracts might not feel as connected, loyal or committed to the Trust as staff that hold substantive contracts. As ethnic minorities are disproportionally represented in these staff groups, targeted action should be taken to ensure that they have the same positive work experience as substantively employed staff.
- Each director should develop targets to improve staff inequality within their sphere of control.
- The consequences of staff feeling disenfranchised and demotivated result in lower levels of patient satisfaction.
- In the long run staff that do not progress will ultimately be on lower salaries for longer, have lower pensions and benefits and potentially have poorer life experiences. These consequences can be seen in health inequality data, where people from black Asian and minority ethnic backgrounds are more likely to suffer from long term illnesses than their white counterparts, live in areas with poorer housing and have schools with lower attainment.

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Figure 11: Trust workforce ethnic composition 2022 - 2024



This chart shows the population of each ethnic group for 2022, 2023, and 2024. The “White” group dominates the overall population but remains stagnant, while groups like “Asian” and “Black” grow steadily.

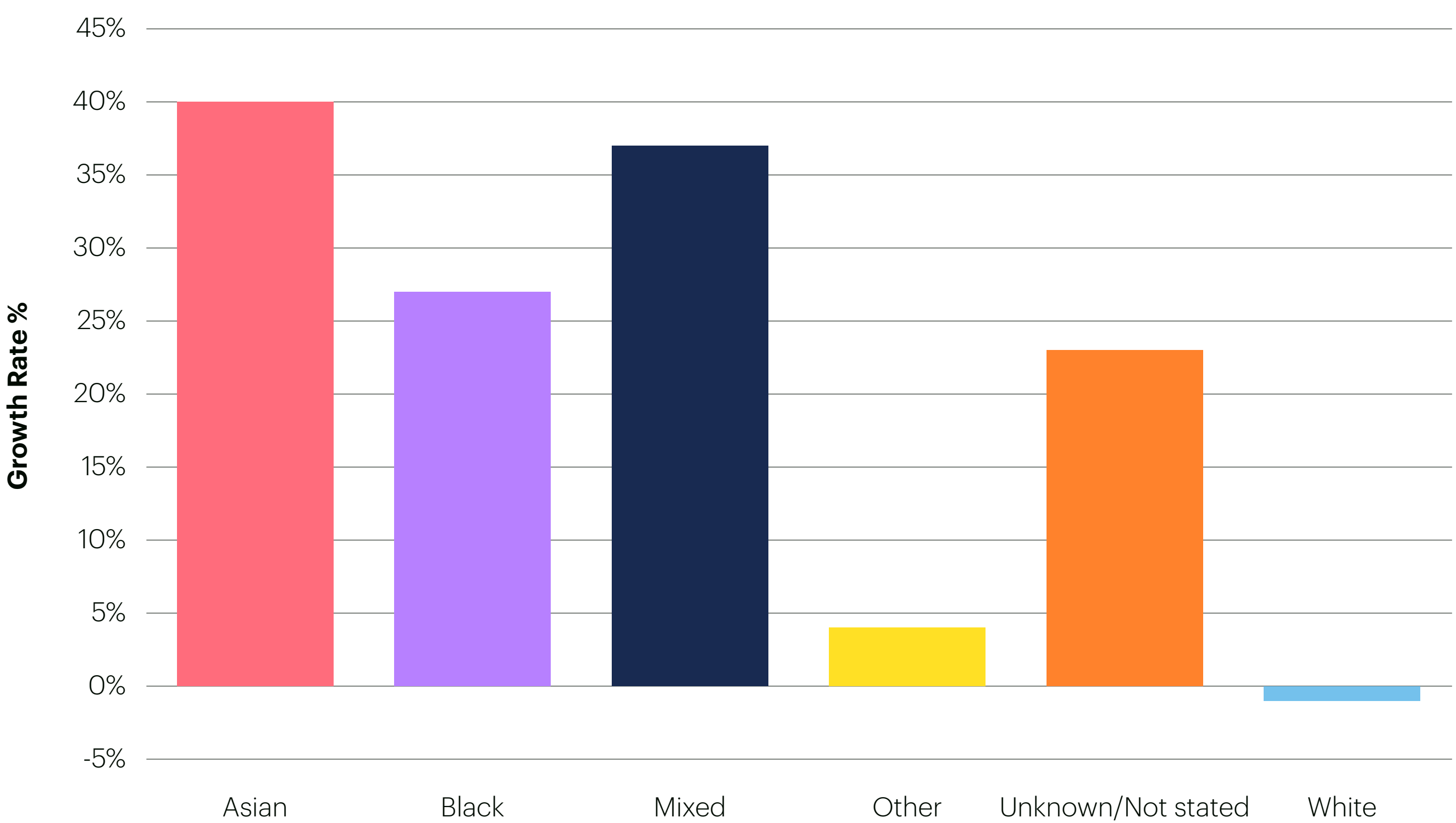
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Table 10: Trust workforce ethnic composition 2022 - 2024

Ethnicity	01 March 2022	01 March 2023	01 March 2024	Headcount Change	Percentage change
Asian	680	815	955	275	40.4%
Black	577	651	735	158	27.4%
Mixed	80	105	108	28	35.0%
Other	97	103	101	4	4.1%
Unknown	154	155	189	35	22.7%
White	2,340	2,323	2,323	-17	-0.7%
Grand Total	3,928	4,152	4,411	483	12.3%

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Figure 12: Trust workforce growth rate by ethnicity 2022 - 2024



This chart highlights the percentage growth of each ethnic group from 2022 to 2024. The “Asian” group shows the highest growth rate at over 40%, followed by “Mixed” and “Black.” The “White” group shows no growth, with a slight decline.

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1. Total Growth

- Total workforce numbers are increasing year on year:
 - **2022:** 3,928
 - **2023:** 4,152 (+5.7%)
 - **2024:** 4,411 (+6.2%)
 - **Total growth** 483 (+12.3%)

2. Ethnic Group Trends

- Asian**
 - Steady growth: 680 → 815 → 955
 - Increase of 40.4% from 2022 to 2024, the highest percentage growth among all groups.
- Black**
 - Moderate growth: 578 → 651 → 735
 - Increase of 27.2% from 2022 to 2024.
- Mixed**
 - Slight growth: 79 → 105 → 108
 - Increase of 36.7% from 2022 to 2024, though absolute numbers are small.

- Other**
 - Marginal fluctuations: 97 → 103 → 101
 - Only a 4.1% increase from 2022 to 2024, the lowest growth rate.
- Unknown/Not Stated**
 - Slight growth: 154 → 155 → 189
 - Increase of 22.7% from 2022 to 2024.
- White**
 - Minimal change: 2,340 → 2,323 → 2,323
 - Decrease of 0.7% from 2022 to 2024, showing stagnation.

3. Observations

- The Asian and Black groups show significant growth, indicating a possible demographic shift.
- White numbers are stagnant or slightly declining, reflecting a decrease in their relative proportion of the total population.
- Mixed ethnicity, while a small group, is growing at a noticeable rate.
- Unknown/Not Stated figures are also growing, indicating a possible trend of incomplete or undisclosed data.
- Growth is largely driven by the Asian and Black populations.
- Decline in White population might require further analysis to understand underlying factors.
- Other group growth is minimal, which could indicate stability or a lack of significant change.

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Work composition

Figure 13: Staff in post by ethnicity (31 March 2024)

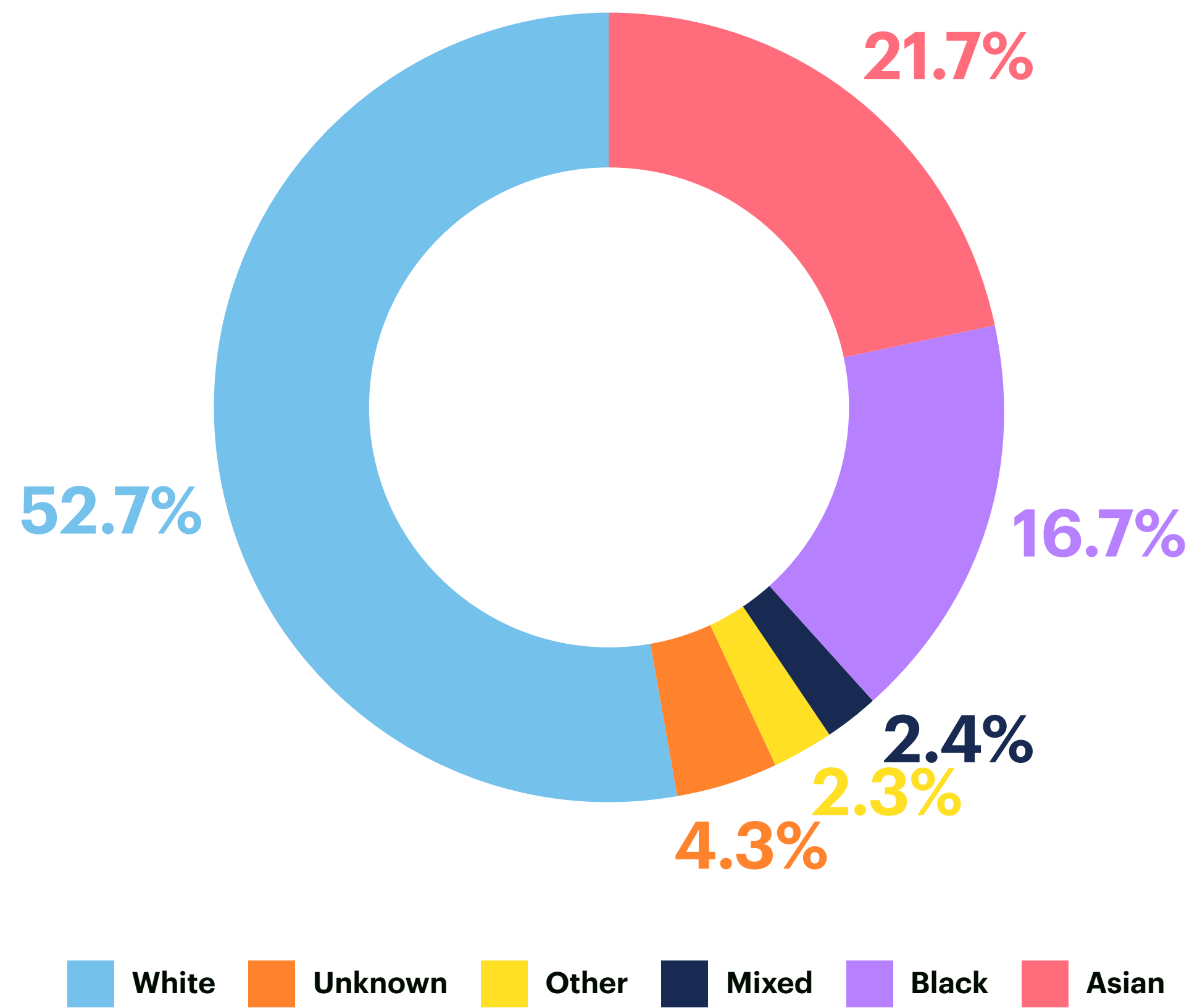


Table 11: Staff in post by ethnicity (31 March 2024)

Ethnicity	Heacount	Percentage
Asian	955	21.7%
Black	735	16.7%
Mixed	108	2.4%
Other	101	2.3%
Unknown	189	4.3%
White	2,323	52.7%
Grand Total	4,411	100%

43.1% (1,899)
of staff in the trust are from an ethnic minority background.

Asian staff make up
21.7% (955)

and Black
16.7% (735)
of all staff in the trust.

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Table 12: Staff in post by ethnicity trend (2022 - 2024)

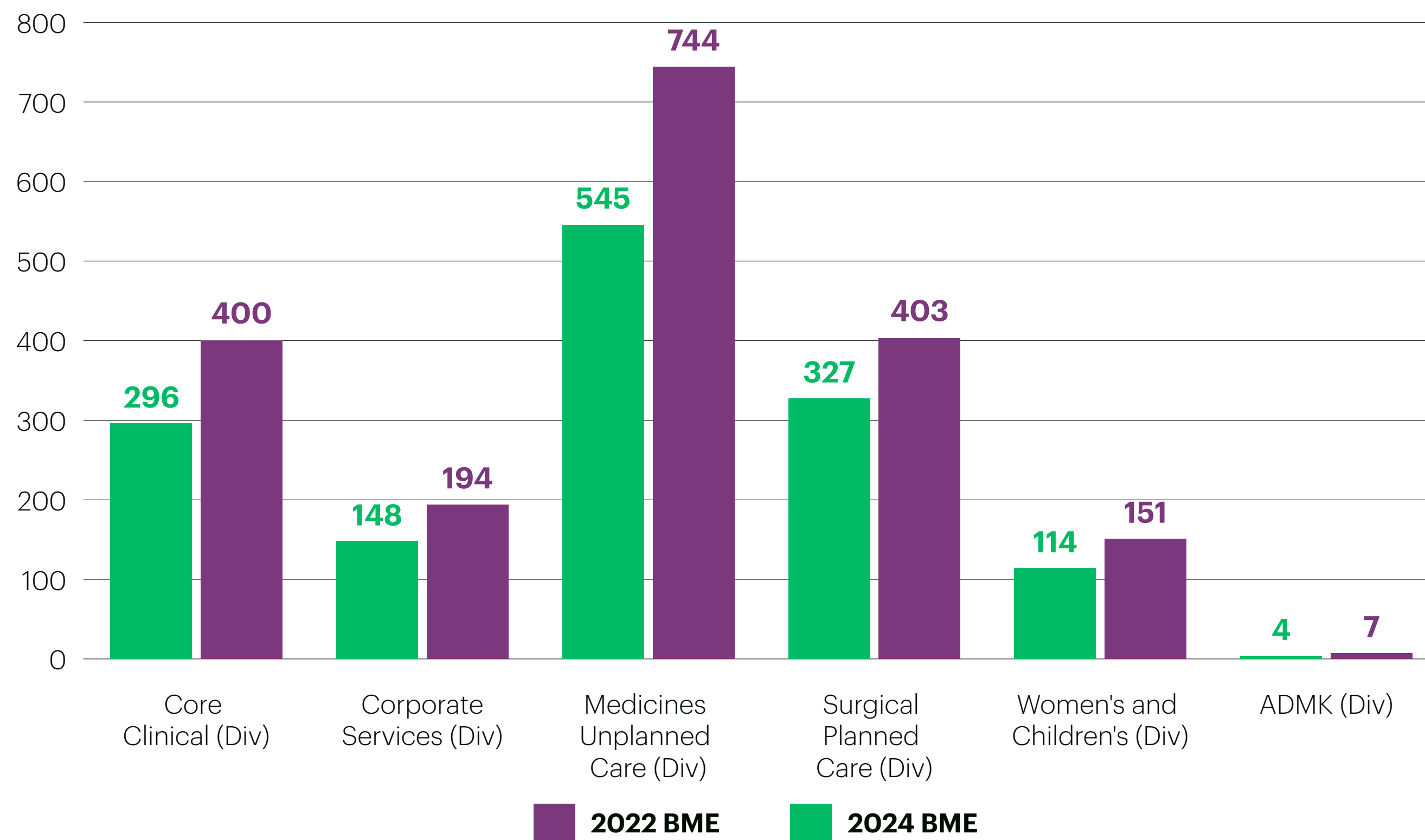
Ethnicity	Mar/22	Mar/23	Mar/24	Headcount change	% change
A White - British	2,047	2,004	1,998	-49	-2.4%
N Black or Black British - African	482	536	607	125	25.9%
H Asian or Asian British - Indian	354	443	555	201	56.8%
C White - Any other White background	218	243	252	34	15.6%
Z Not Stated	154	155	189	35	22.7%
L Asian or Asian British - Any other Asian background	120	125	134	14	11.7%
J Asian or Asian British - Pakistani	90	91	98	8	8.9%
S Any Other Ethnic Group	76	83	81	5	6.6%
M Black or Black British - Caribbean	53	54	63	10	18.9%
SC Filipino	43	46	42	-1	-2.3%
B White - Irish	34	35	32	-2	-5.9%
R Chinese	29	32	46	17	58.6%
E Mixed - White & Black African	26	31	36	10	38.5%
P Black or Black British - Any other Black background	26	31	36	10	38.5%
G Mixed - Any other mixed background	22	31	32	10	45.5%
SE Other Specified	21	20	20	-1	-4.8%
K Asian or Asian British - Bangladeshi	19	32	35	16	84.2%
D Mixed - White & Black Caribbean	15	20	21	6	40.0%
CY White Other European	13	12	14	1	7.7%
F Mixed - White & Asian	12	15	15	3	25.0%
CA White English	10	11	12	2	20.0%

Black Africans (679) and Asian Indians (555) make up the largest number of ethnic minority staff members. They have also seen the largest increase in headcount 125 and 201 respectively.

Division BME Headcount Changes (2022 to 2024)

Directorates such as Core Clinical, Corporate Services and Medicines Unplanned Care show significant improvements in diversity. Meanwhile, Surgical Care still need more targeted efforts to enhance diversity among BME employees. Continued focus on recruitment, retention, and support for ethnic minorities in these areas can help bridge the gap.

Figure 14: Ethnic minority headcount by division



Increasing Diversity

- Core Clinical: BME increased from 296 to 400, a 35% increase.
- Corporate Services: BME increased from 148 to 194, a 31.1% increase.
- Medicines Unplanned Care: BME increased from 545 to 744, a 36.5% increase.
- Surgical Planned Care: BME increased from 327 to 403, a 23.3% increase.
- Women's and Children's: BME increased from 114 to 151, a 32.5% increase.
- ADMK: BME increased from 4 to 7, a 75% increase.

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Figure 15: Percentage of ethnic minority by division (2024)

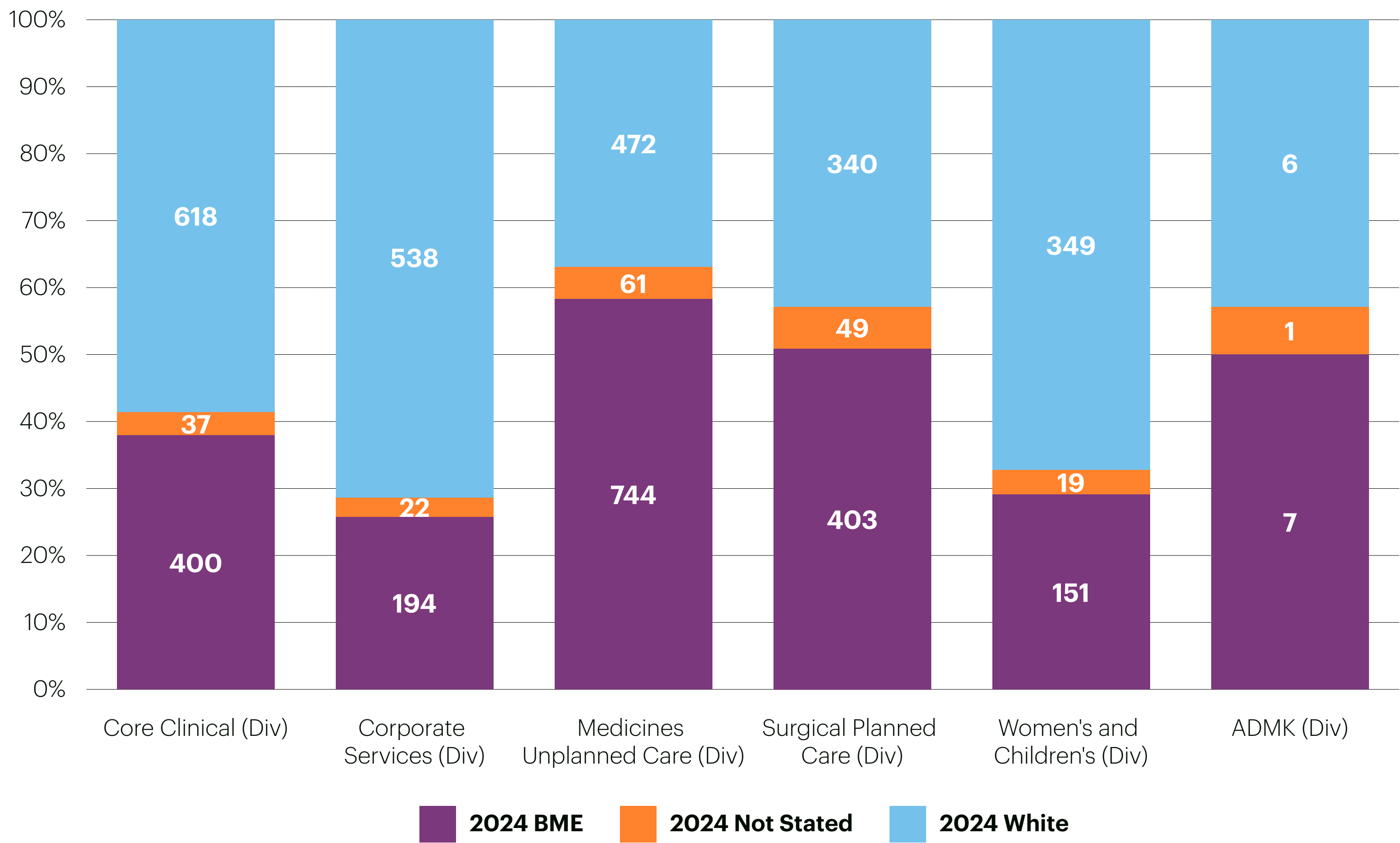




Table 13: Staff in post by staff group (31 March 2024)

Ethnicity	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Trust average
Asian	19.0%	14.7%	12.1%	15.8%	11.7%	23.7%	49.3%	25.1%	21.7%
Black	12.0%	24.9%	7.2%	15.1%	27.0%	11.3%	5.4%	21.2%	16.7%
Mixed	2.0%	3.6%	2.2%	2.7%	1.8%	2.1%	2.8%	2.1%	2.4%
Other	4.0%	1.9%	0.2%	1.2%	1.6%	0.0%	7.4%	2.3%	2.3%
Unknown	2.0%	3.0%	3.1%	3.5%	5.0%	6.2%	10.1%	3.4%	4.3%
White	61.0%	51.9%	75.2%	61.8%	52.9%	56.7%	25.0%	45.8%	52.7%

Medical and Dental staff is the most diverse work force with **65% (349)** being from an **ethnic minority background**.

50.8% (696) of all **Nursing/Midwifery staff** and **45.1% (304)** **Additional Clinical Service staff** are ethnic minorities.

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Table 14: Staff in post by staff group (31 March 2024)

Ethnicity	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Asian	2.0%	10.4%	11.8%	4.3%	5.3%	2.4%	27.7%	36.0%
Black	1.6%	22.9%	9.1%	5.3%	16.1%	1.5%	3.9%	39.6%
Mixed	1.9%	22.2%	19.4%	6.5%	7.4%	1.9%	13.9%	26.9%
Other	4.0%	12.9%	2.0%	3.0%	6.9%	0.0%	39.6%	31.7%
Unknown	1.1%	10.6%	15.3%	4.8%	11.6%	3.2%	28.6%	24.9%
White	2.6%	15.1%	30.3%	6.9%	9.9%	2.4%	5.8%	27.0%
Trust average	2.3%	15.3%	21.2%	5.9%	9.9%	2.2%	12.2%	31.1%

39.6%

of all Black staff are in Nursing roles and

22.9%

in Additional Clinical Services roles

For Asians,

27.7%

are in Medical and Dental roles and

36%

in Nursing/Midwifery roles.

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Table 15: Staff in post contracts by ethnicity (31 March 2024)

Ethnicity	Headcount				Percentage		
	Fixed Term Temp	Non-Exec Director/Chair	Permanent	Grand Total	Fixed Term Temp	Non-Exec Director/Chair	Permanent
Asian	109	1	845	955	11.4%	0.1%	88.5%
Black	25		710	735	3.4%	0.0%	96.6%
Mixed	9		99	108	8.3%	0.0%	91.7%
Other	13		88	101	12.9%	0.0%	87.1%
Unknown	34		155	189	18.0%	0.0%	82.0%
White	142	3	2,178	2,323	6.1%	0.1%	93.8%
Grand Total	332	4	4,075	4,411	7.5%	0.1%	92.4%

Asian (11.4%) are more likely than White (6.1%) to be in fixed term contracts.

2.1% (49)
of White staff are most likely to be on secondment compared to

1.2% (11)
for Asian and

2.0% (15)
for Black staff.

No black staff are acting up.

The data for acting and secondments which can provide opportunities for career development should be viewed beyond the percentages, but the numbers and the perception this creates.

Only white staff on external secondments.

Table 16: Staff in post contracts by ethnicity (31 March 2024)

Ethnicity	Headcount				Percentage	
	Acting Up	Internal Secondment	Out on External Secondment - Paid	Grand Total	Acting Up	Internal Secondment
Asian	7	11		955	0.7%	1.2%
Black		15		735	0.0%	2.0%
Mixed	2	1		108	1.9%	0.9%
Other	1	1		101	1.0%	1.0%
Unknown	1	1		189	0.5%	0.5%
White	13	49	5	2,323	0.6%	2.1%
Grand Total	24	78	5	4,411	0.5%	1.8%

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Table 17: Staff in post including bank only by ethnicity (31 March 2024)

Ethnicity	Substantive	Bank only	% bank only
Asian	955	1,150	17.0%
Black	735	1,004	26.8%
Mixed	108	138	21.7%
Other	101	131	22.9%
Unknown	189	273	30.8%
White	2,323	2,715	14.4%
Grand Total	4,411	5,411	18.5%

There are significant numbers of **ethnic minority staff** who work in bank only roles.

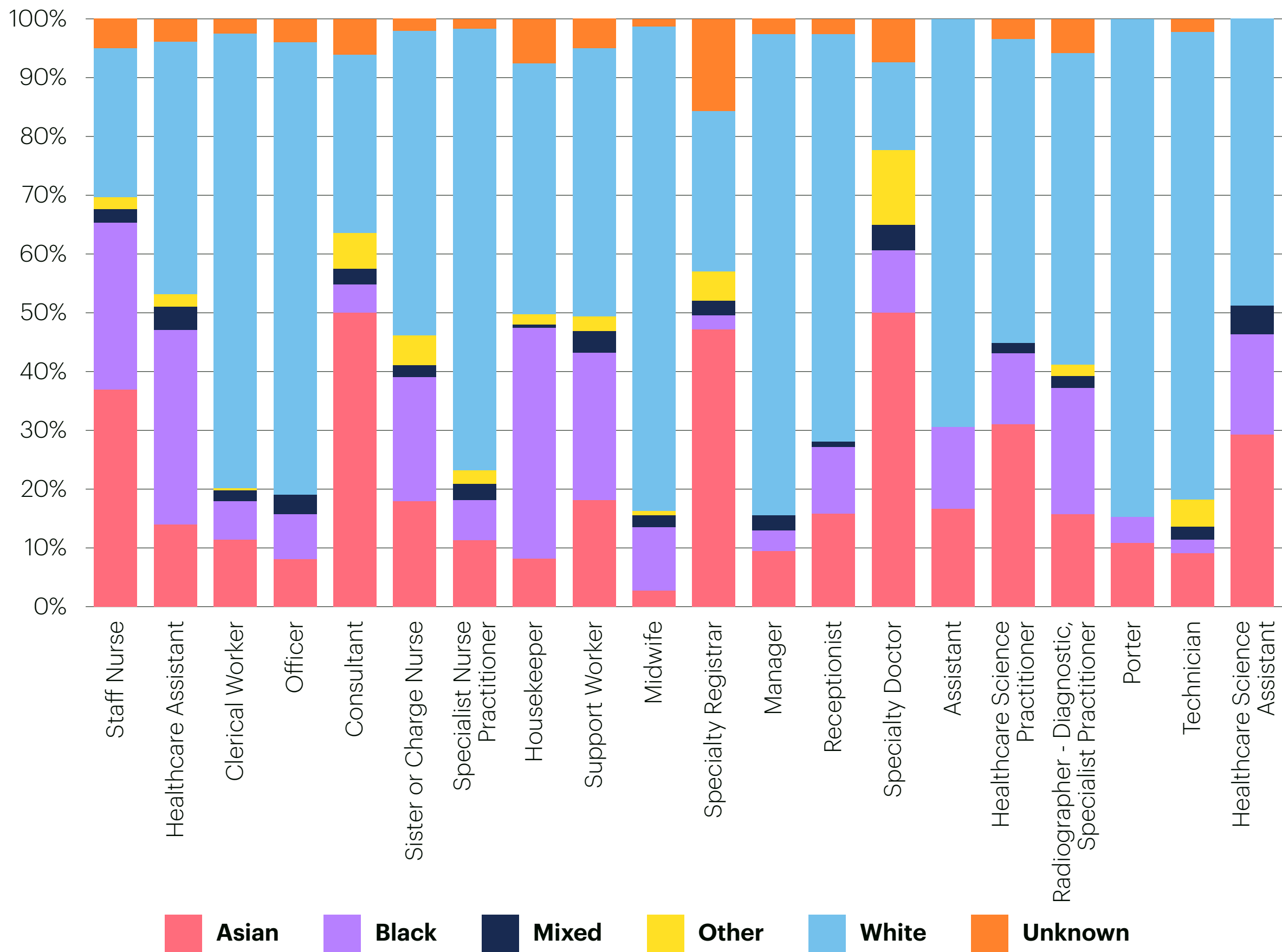
26.8%
of **Black staff** are bank only compared to
14.4%
of **White staff**.

Bank staff are often not fully integrated into their host organisation, team or division.

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Job Roles (top 20)

Figure 16: Ethnic minority representation in top twenty roles (2024)



Job Roles with Significantly High Ethnic Minority Representation

- **Staff Nurse:** 281 Asian (36.9%) and 217 Black (28.5%)
- **Healthcare Assistant:** 135 Black (33.1%)
- **Consultant:** 114 Asian (50.0%)
- **Specialty Registrar:** 57 Asian (47.1%)

Job Roles with Significantly Low Ethnic Minority Representation

- **Clerical Worker:** 211 White (77.3%)
- **Officer:** 210 White (76.9%)
- **Midwife:** 122 White (82.4%)
- **Porter:** 39 White (84.8%)

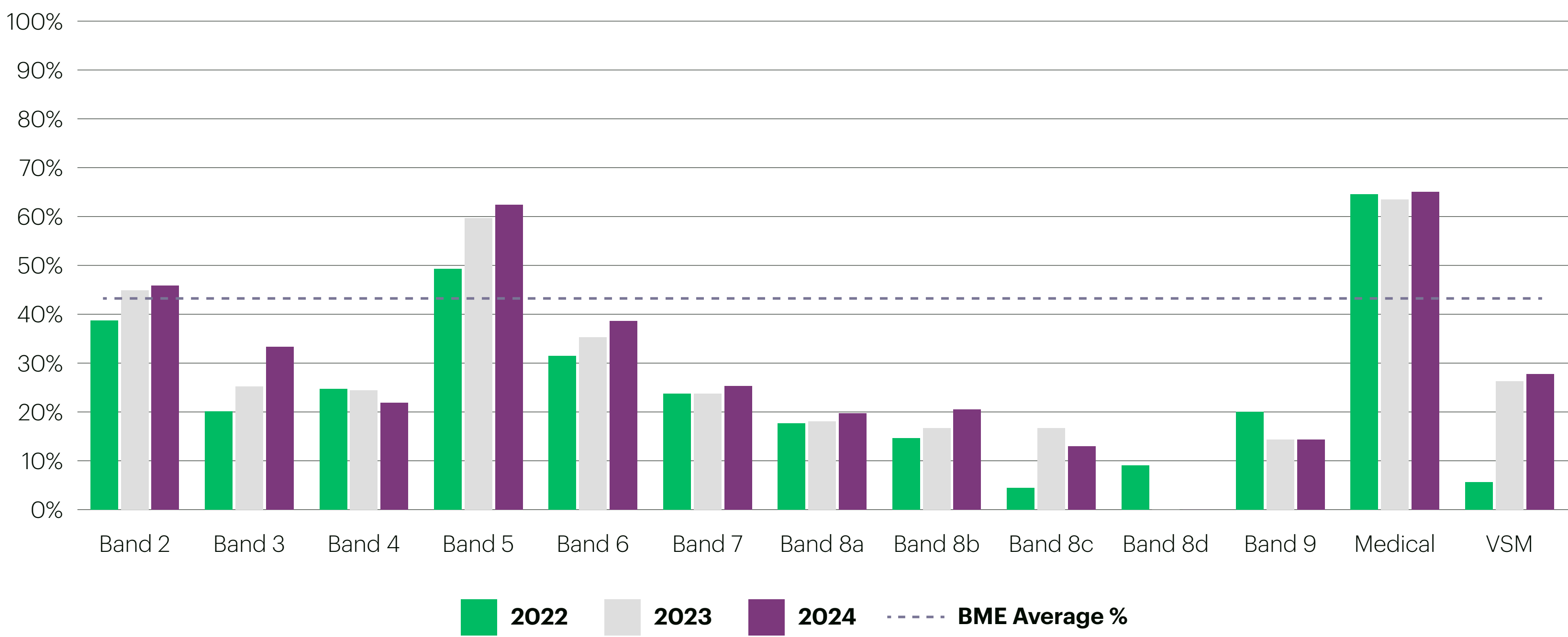
These roles have either notably high or low representation of ethnic minority employees, highlighting areas with significant disparities in diversity.

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Pay bands analysis

The data reveals that while there have been some positive trends in increasing ethnic minority representation in senior roles, particularly for Black employees in Bands 8a and 8b, there remain significant areas for improvement. Representation of Asian and Black employees in Bands 8c, 8d, and 9 has seen minimal to no growth, indicating a need for targeted diversity initiatives in these highest senior roles. Overall, while progress is being made in some areas, there’s a clear necessity for continued and focused efforts to ensure equal opportunities and better representation across all senior pay bands.

Figure 17: Ethnic minority representation by pay band (2022 - 2024)



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Figure 18: Ethnic minority headcount by pay band 8a – VSM (2024)

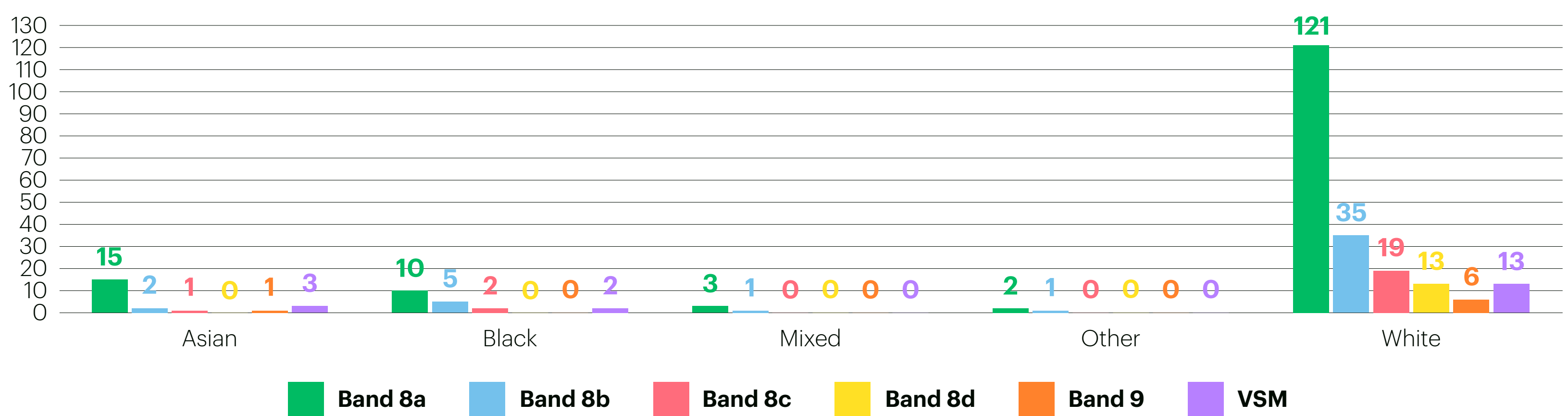
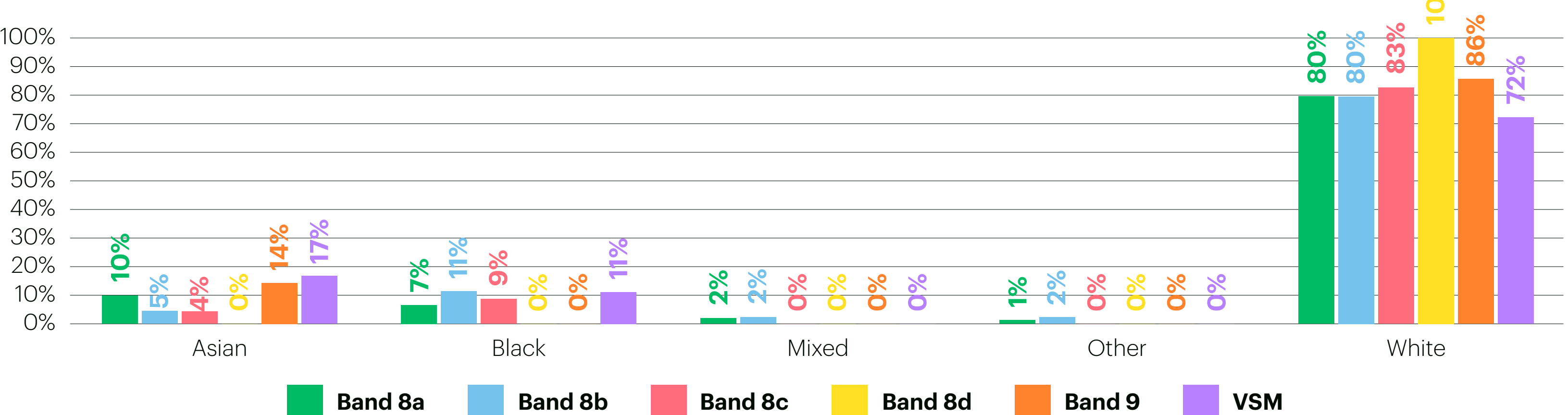
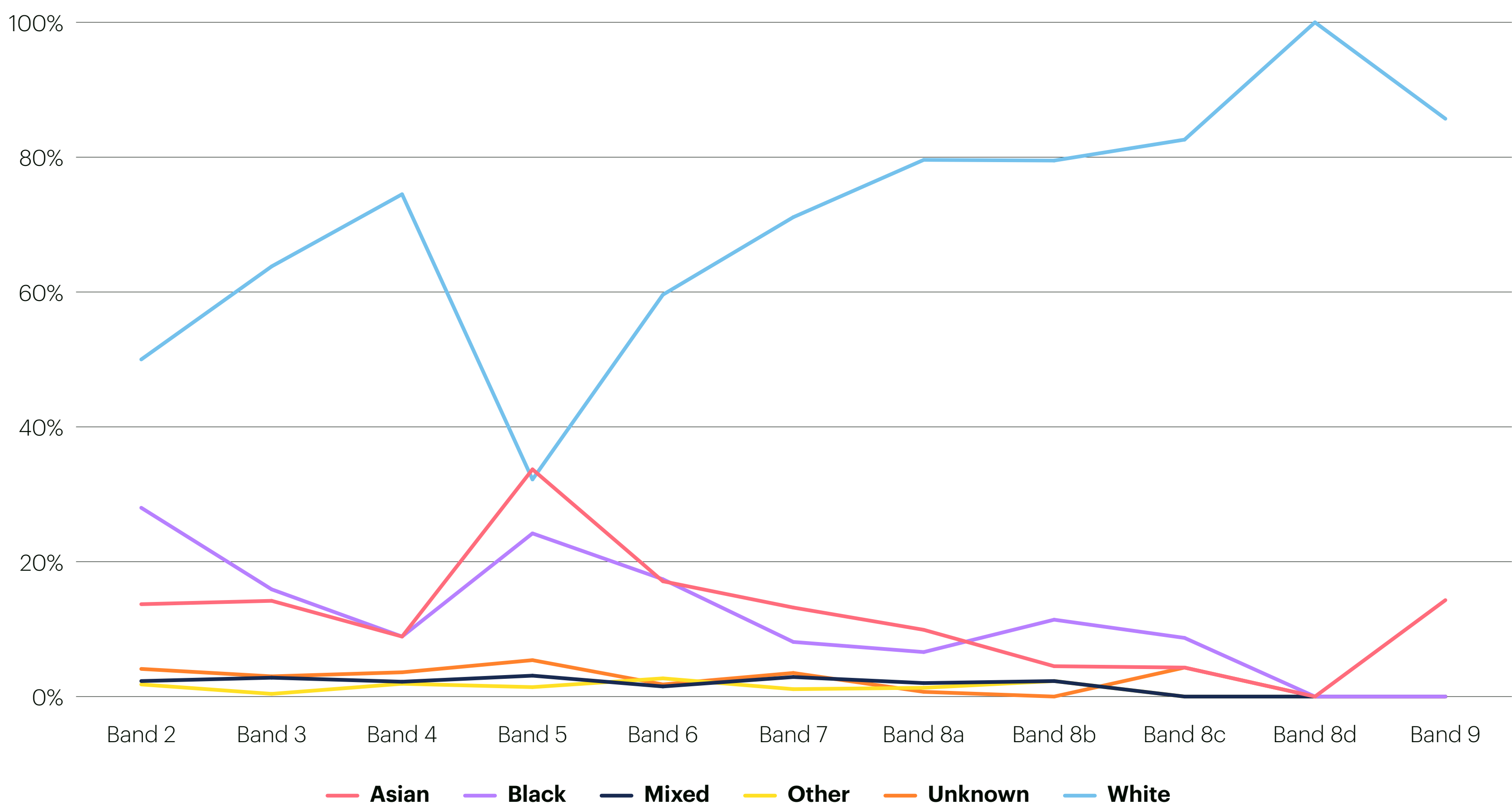


Figure 19: Ethnic minority representation by pay band 8a – VSM (2024)



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Figure 20: Staff in post by AfC pay bands (31 March 2024)*Excludes medical and dental staff.



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Table 18: Staff in post by AfC pay bands (31 March 2024)
*Excluding medical and dental staff

Pay Band	Asian	Black	Mixed	Other	Unknown	White
Band 2	106	217	18	14	32	387
Band 3	72	81	14	2	15	324
Band 4	32	32	8	7	13	269
Band 5	282	202	26	12	45	269
Band 6	116	118	10	18	12	404
Band 7	60	37	13	5	16	323
Band 8a	15	10	3	2	1	121
Band 8b	2	5	1	1		35
Band 8c	1	2			1	19
Band 8d						13
Band 9	1					6
Local Grade						6
VSM	3	2				13

The higher up the AfC pay bands, the lower the representation of ethnic minority staff.

At band 5, **Black staff** make
33.7% (202)

and **Asian staff**

24.2% (282)
compared to

0%
at **band 8D**.

Inversely, **White staff** make up
32.2% (269)
of **band 5 staff** compared to

100% (13)
at **band 8D**.

There are only 4 ethnic minority staff above between 8C and band 9.

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Table 19: Staff in post band 8A – 9 (**This is data from the EDI report*)

Ethnicity	2017/2018	2022/2023	Headcount change	Percentage change
Asian	8	14	6	75.0%
Black	10	13	3	30.0%
Mixed	1	6	5	500.0%
Other	3	5	2	66.7%
Unknown	4	1	-3	-75.0%
White	154	191	37	24.0%
Grand Total	180	230	50	27.8%

There has been an increase in the number of ethnic minority staff at band 8a – 9. However,
74% (37) of the extra staff at these pay bands have been white.

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Table 20: Band 8A – 9 by ethnicity

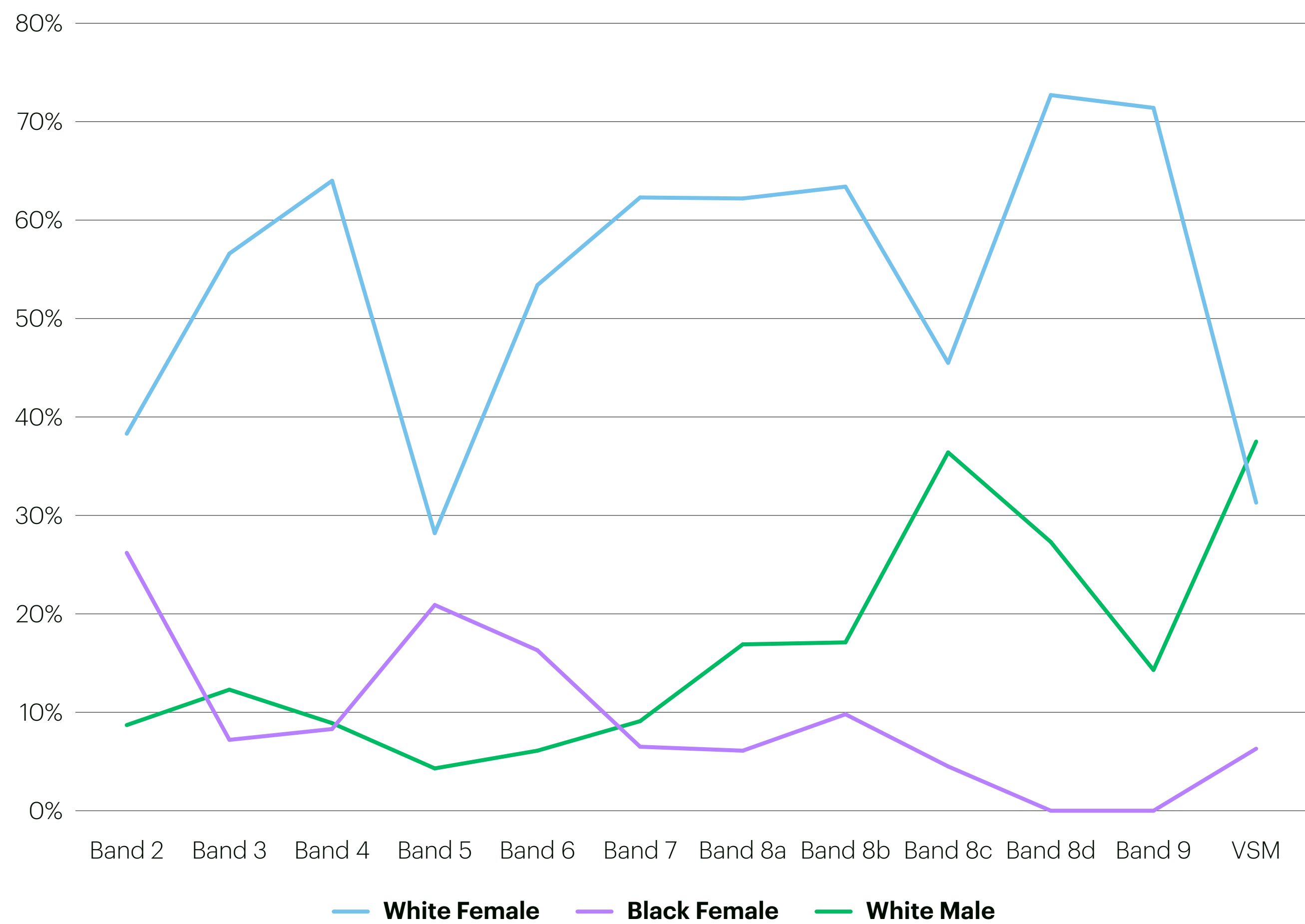
Staff group	Asian	Black	Mixed	Other	Unknown	White	Grand Total	Asian	Black	Mixed	Other	Unknown	White
Add Prof Scientific and Technic	6	5	1			15	27	22.2%	18.5%	3.7%	0.0%	0.0%	55.6%
Administrative and Clerical	10	6	1	1	2	94	114	8.8%	5.3%	0.9%	0.9%	1.8%	82.5%
Allied Health Professionals	2	2				21	25	8.0%	8.0%	0.0%	0.0%	0.0%	84.0%
Healthcare Scientists	2	1				12	15	13.3%	6.7%	0.0%	0.0%	0.0%	80.0%
Nursing and Midwifery Registered	2	5	2	2		65	76	2.6%	6.6%	2.6%	2.6%	0.0%	85.5%
Grand Total	22	19	4	3	2	207	257	8.6%	7.4%	1.6%	1.2%	0.8%	80.5%

The pipeline in senior levels across all staff groups except Add Prof Scientific and Technic is limited/poor.

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Figure 21: Representation by ethnicity, gender and pay band (2024)



White men representation start at **9%** at Band 2 to

35% at VSM.

For Black women by contrast representation start at

28% at band 2 to

0% at Band 8D and 9.

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Career progression (internal promotions)

Table 21: Internal promotions band 8a - 9 (2023 – 2024)

Ethnicity	Asian	Black	Mixed	Other	Unknown	White	Grand Total
Band 6	12	22	2	2		38	76
Band 7	1	6	3		2	34	46
Band 8a	2	2	1			8	13
Band 8b	1	1				6	8
Band 8c						3	3
Band 8d						2	2
Band 9						1	1

In 2024 there has been no internal promotions of ethnic minority staff into roles above band 8C.

Analysis of Ethnic Minority Disparities in Senior Pay Bands

- Band 8a: Slight increases for Asian (11 to 15) and Black employees (5 to 10) indicate some progress, but Mixed representation decreased slightly (4 to 3).
- Band 8b: Steady increase for Black employees (1 to 5); no significant change for Asian employees (2 consistently).
- Bands 8c & 8d: Minimal to no representation for Asian and Black employees, showing a need for more focus on diversity.
- Band 9: No significant change; very limited representation for Asian staff (1 consistently) and no Black representation.

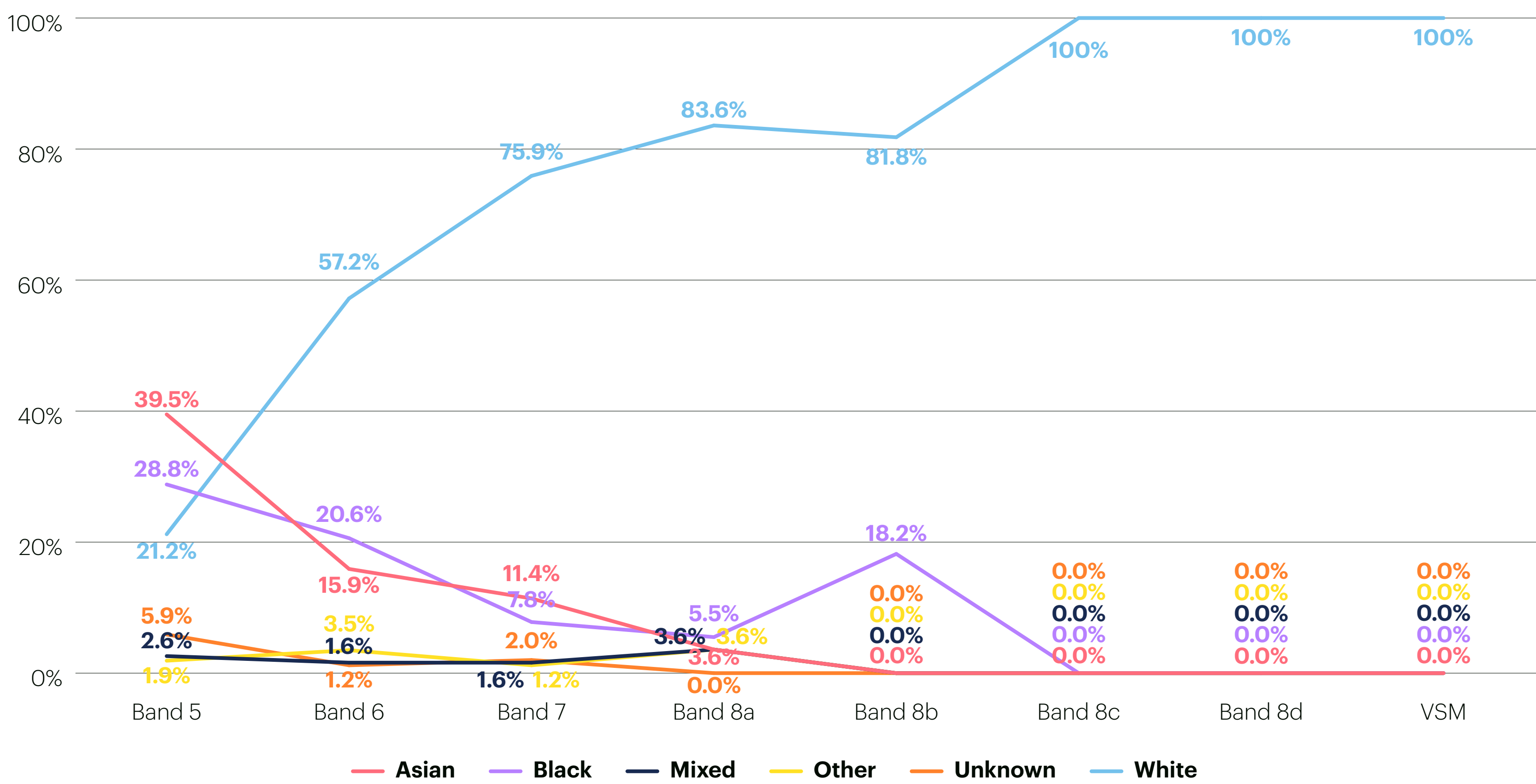
Overall Insights

- Positive Trends: Bands 8a and 8b show improvements, particularly for Black employees.
- Areas for Improvement: Minimal representation in Bands 8c, 8d, and 9 highlights where further efforts are needed.
- Highest Bands: Lack of growth in the most senior roles points to the need for targeted diversity initiatives.

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Nursing

Figure 22: Nursing staff in post March 2024



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Table 22: Nursing staff in post March 2024

Pay band	Asian	Black	Mixed	Other	Unknown	White	Grand Total
Band 5	246	179	16	12	37	132	622
Band 6	68	88	7	15	5	245	428
Band 7	28	19	4	3	5	186	245
Band 8a	2	3	2	2		46	55
Band 8b		2				9	11
Band 8c						6	6
Band 8d						3	3
VSM						1	1
Grand Total	344	291	29	32	47	628	1,371

White staff make up
21.2%
of Nursing/Midwifery at band 5 roles and
100%
of Band 8C and Band 8D.
The biggest drop is seen between band 5,
band 6.

Medical and Dental

Figure 23: Medical staff in post March 2024

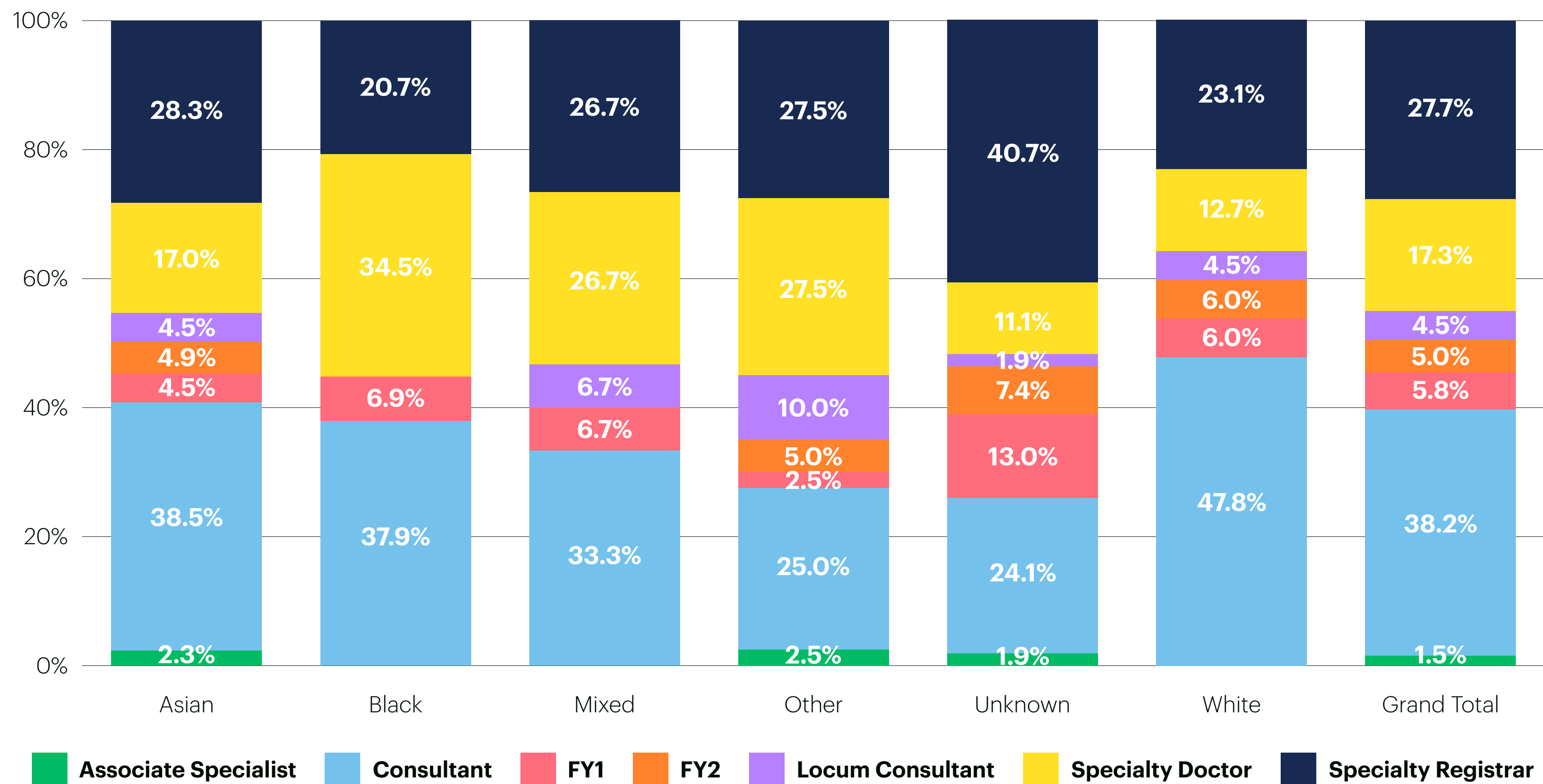


Table 23: Medical staff in post March 2024

Role	Headcount							Percentage						
	Asian	Black	Mixed	Other	Unknown	White	Grand Total	Asian	Black	Mixed	Other	Unknown	White	Grand Total
Associate Specialist	6			1	1		8	2.3%	0.0%	0.0%	2.5%	1.9%	0.0%	1.5%
Consultant	102	11	5	10	13	64	205	38.5%	37.9%	33.3%	25.0%	24.1%	47.8%	38.2%
FY1	12	2	1	1	7	8	31	4.5%	6.9%	6.7%	2.5%	13.0%	6.0%	5.8%
FY2	13			2	4	8	27	4.9%	0.0%	0.0%	5.0%	7.4%	6.0%	5.0%
Locum Consultant	12		1	4	1	6	24	4.5%	0.0%	6.7%	10.0%	1.9%	4.5%	4.5%
Specialty Doctor	45	10	4	11	6	17	93	17.0%	34.5%	26.7%	27.5%	11.1%	12.7%	17.3%
Specialty Registrar	75	6	4	11	22	31	149	28.3%	20.7%	26.7%	27.5%	40.7%	23.1%	27.7%
Grand Total	265	29	15	40	54	134	537	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

65.0% (349)

of all medical and dental staff are from an ethnic minority background with

49.3% (265)

being Asian.

47.8% (64)

of white doctors are consultants compared to

37.9% (11)

for Black and

38.5% (102)

for Asian.

34.5% (10)

of black doctors are Specialty Doctors compared to

12.7% (17)

for white and

17.0% (45)

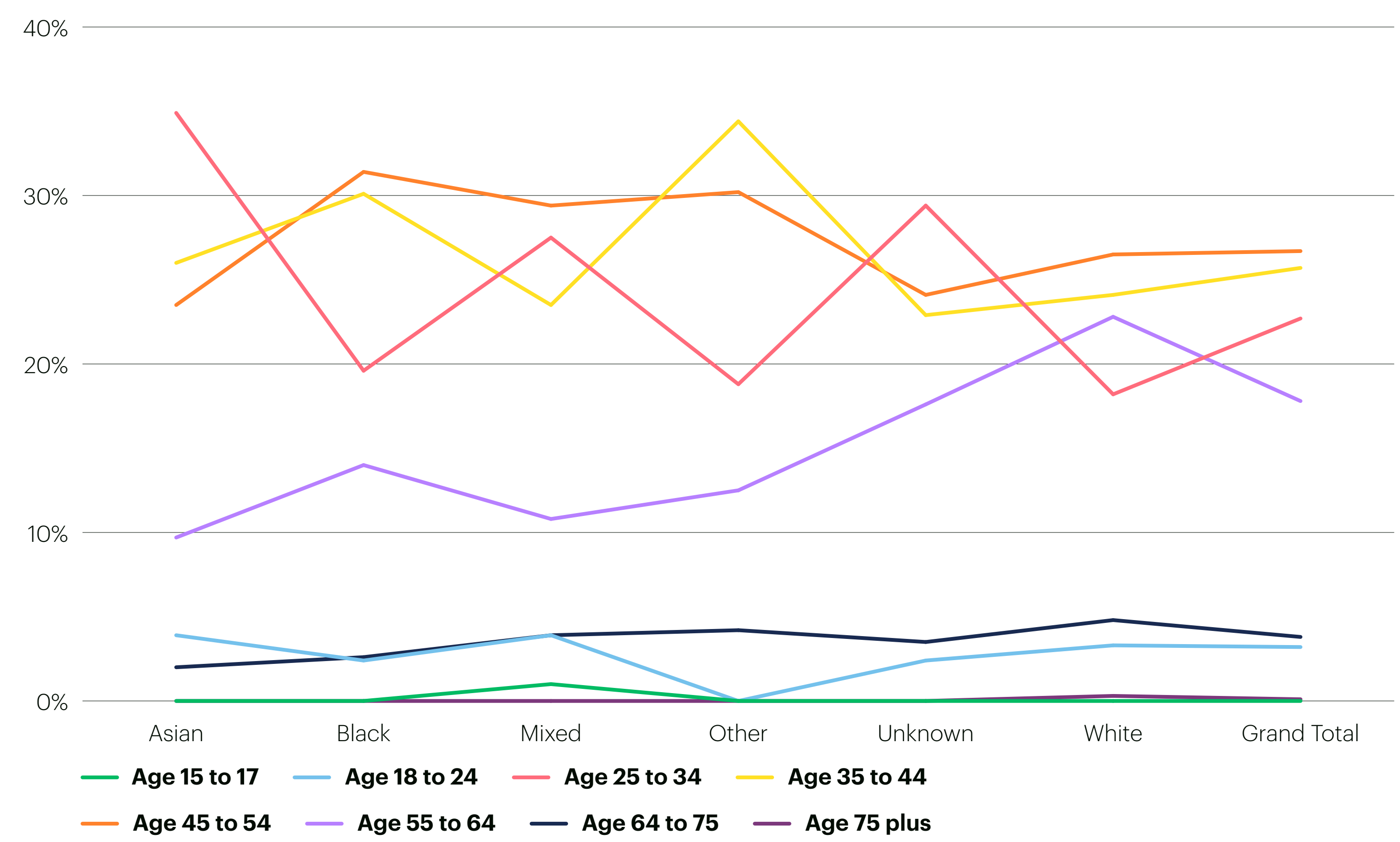
for Asian.

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Age Profile

The data shows differences in staff distribution across age profiles and ethnic groups. Ethnic Minority staff are primarily concentrated in the 21–50 age range, with the highest representation in the 31–40 group (532), but their numbers decline steeply in older age categories, especially beyond 50. White staff also peak in the 31–50 range, with the highest count in the 41–50 group (575), and maintain stronger representation in older age categories (55 and over) compared to Ethnic Minority staff. The Not Stated group is consistently low across all age ranges, with no significant variation. Overall, the 41–50 age group has the highest total staff across all ethnicities, while representation diminishes significantly in the 66–70 and 71 & over categories, particularly for Ethnic Minority staff. This highlights both a concentration of diversity in younger age groups and a relative underrepresentation of Ethnic Minority staff in older age brackets.

Figure 24: Age profile by ethnicity (2024)



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Table 24: Age profile by ethnicity

Ethnicity	Age 15 to 17	Age 18 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 64 to 75	Age 75 plus	Grand Total
Asian		34	301	224	203	84	17		863
Black		17	136	209	218	97	18		695
Mixed	1	4	28	24	30	11	4		102
Other			18	33	29	12	4		96
Unknown		4	50	39	41	30	6		170
White	1	72	395	523	574	494	105	6	2,170
Grand Total	2	131	928	1,052	1,095	728	154	6	4,096

Age Profile Across Ethnic Groups

All staff groups follow a bell curve which peak at different age groups.

For Asians the peak is in the 25 to 34 age group, for Black staff it is the 45 – 54 age group and for white staff it is the 55 – 64 age group.

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Table 25: Band 8a by ethnicity and race (25 – 34)

Pay band	Asian	Mixed	Other	White	Grand Total	Asian	Mixed	Other	White
Band 8a	5	1	1	15	22	22.7%	4.5%	4.5%	68.2%
Band 8b	1			3	4	25.0%	0.0%	0.0%	75.0%
Band 8c				2	2	0.0%	0.0%	0.0%	100.0%
Band 8d				1	1	0.0%	0.0%	0.0%	100.0%
Grand Total	6	1	1	21	29	20.7%	3.4%	3.4%	72.4%

72.4%
of staff at band 8a and
above aged between 25
and 35 are white.

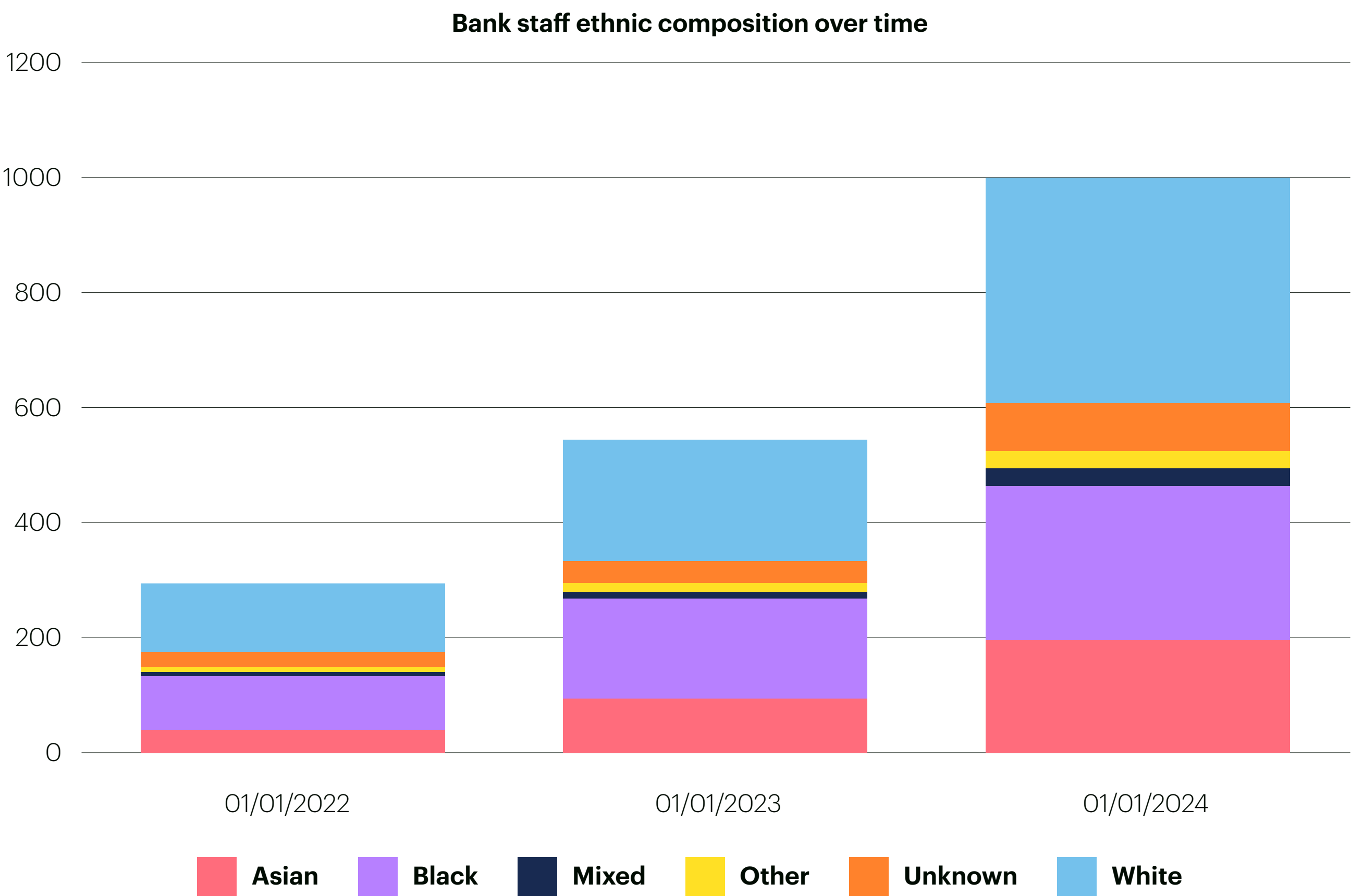
Zero are black.

Four of the six Asians
are in Pharmacy roles
compared to **three of the
twenty one for white staff.**

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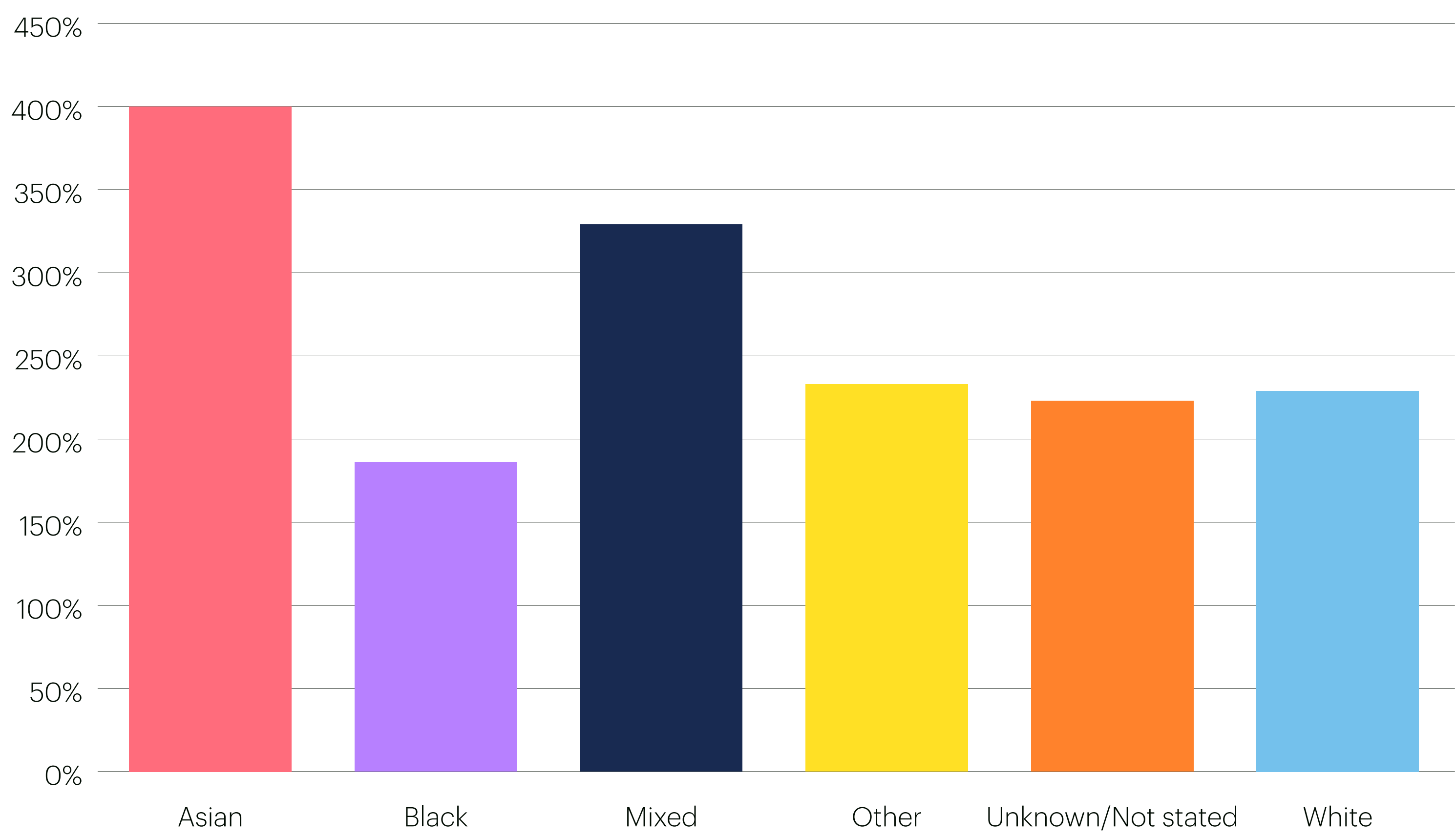
Bank workforce

Figure 25: Bank staff by ethnicity (2022 – 2024)



This chart shows the population of each ethnic group for 2022, 2023, and 2024. The White group is still the largest by numbers, but the overall proportion remains stagnant, while groups like Asian and Black grow steadily.

Figure 26: Bank staff growth rate by ethnicity (2022 – 2024)



This chart highlights the percentage growth of each ethnic group from 2022 to 2024. The “Asian” group shows the highest growth rate at over 400%, followed by “Mixed” and “Black.” The “White” group shows no growth, with a slight decline.

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Summary of Ethnic Disparities and Growth Rates

The data reveals significant growth in the number of bank contract staff across all ethnic groups from 2022 to 2024, with the total increasing from 294 to 1,000 (a 240% overall growth). However, disparities in representation and growth rates are evident:

Ethnic Composition

- The White group consistently represents the largest proportion, growing from 119 in 2022 to 392 in 2024 (229% growth).
- The Asian and Black groups also show substantial increases, with Asian numbers growing nearly fivefold from 39 to 195 (400%) and Black staff nearly tripling from 94 to 269 (186%).
- Mixed and Other groups remain the smallest, reaching 30 each by 2024, despite strong growth from their smaller bases.
- The Unknown/Not Stated category saw a sharp rise, more than tripling from 26 to 84 (223%), which could suggest incomplete reporting or reluctance to disclose ethnicity.

Growth Differences

- Asian staff experienced the highest percentage growth (400%), indicating increasing representation within this group.
- The growth in the White group, while substantial in absolute numbers, is comparatively slower than that of smaller groups like Mixed and Other, which saw percentage increases of 329% and 233%, respectively.

These findings suggest a diversifying workforce, albeit with persistent differences in representation that merit further investigation and potentially targeted efforts to promote equity across all groups.

Conclusion

To better understand these disparities, the organisation should conduct bespoke surveys and focus groups with employees from diverse backgrounds to gather firsthand insights on their experiences and challenges. Additionally, further analysing and monitoring ESR data for patterns related to recruitment, promotion, and retention can reveal systemic issues. Implementing exit interviews to understand why employees leave can provide valuable feedback. Finally, collaborating with diversity and inclusion experts to conduct an external review of policies and practices can help identify areas for improvement and actionable steps to foster a more inclusive environment.

Formal Disciplinaries

The data provides details on disciplinary actions between March 2021 and March 2024, broken down by ethnicity, staff groups and directorates. A total of 127 disciplinary actions are recorded, with 43 involving ethnic minority staff, 78 involving White employees, and 6 with the ethnicity Not Stated.

Key Findings

- Overall, ethnic minority staff make up approximately 33.8% of the total disciplinary actions (43 out of 127), which is lower than the overall representation in the workforce of 43.1%.
- Staff at band 2 make up 20% of all staff, they account for 36.96% of all formal disciplinaries.
- In 2024, Black staff were 1.51 times relatively more likely to enter the formal disciplinary compared to White staff. Though this is higher than what it was in 2022.

Implications/Next steps

- The Trust must need to continuously monitor its disciplinary and complaints systems to make sure that they are not disproportionately affecting ethnic minorities.
- Make ethnicity mandatory recording for all complaints and disciplinaries.
- Report on complaints and disciplinaries data on a quarterly basis as a minimum.
- There should procedures in place to support those going through formal disciplinary processes.
- The Trust should adopt a just and learning culture in its approach to complaints and formal disciplinaries.
- Resources: Fair experience for all, Just and learning culture, London approaches to reduce formal disciplinaries

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Figure 27: Formal disciplinary by ethnicity

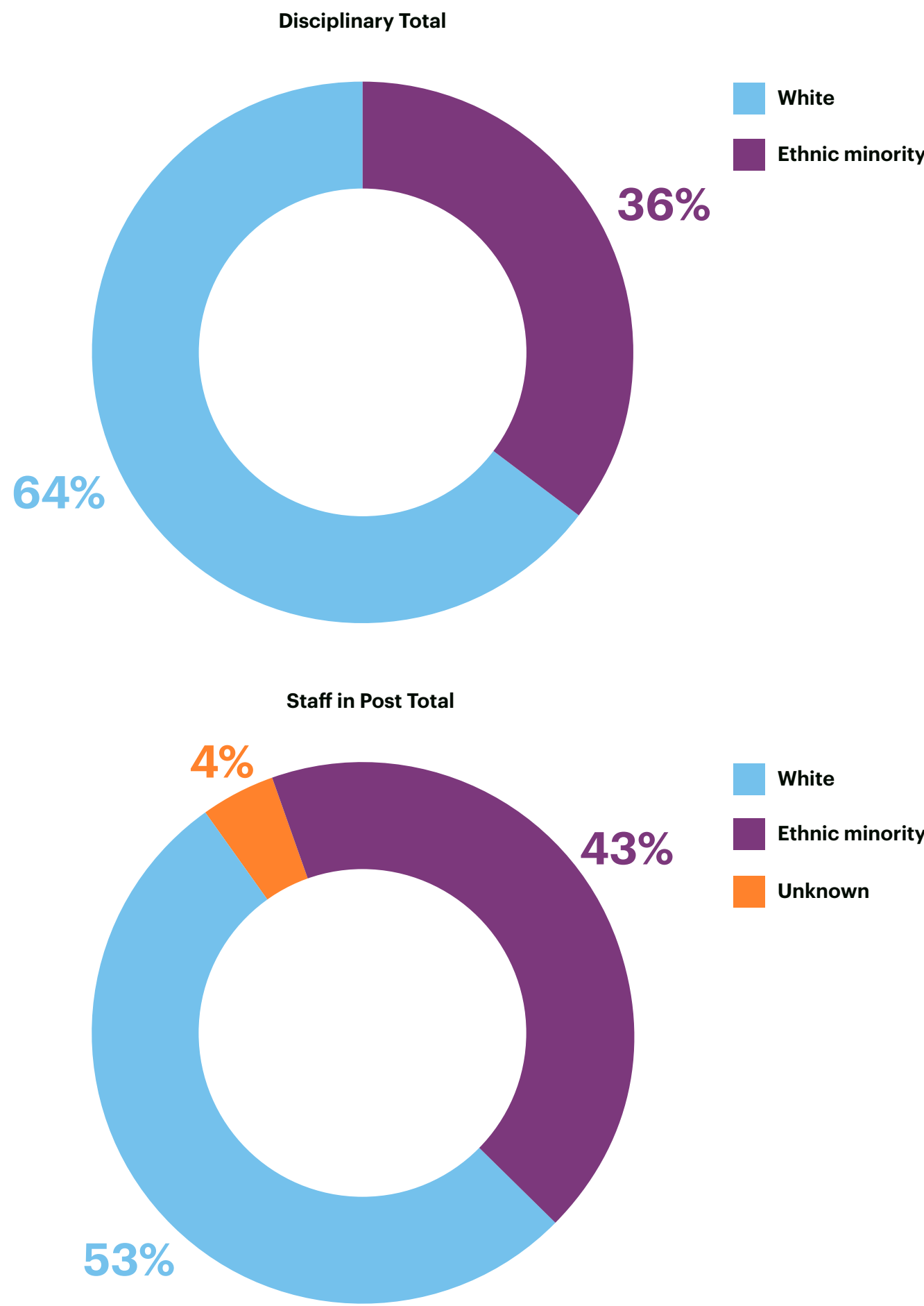


Table 26: Formal Disciplinary by ethnicity (2021 – 2024).

Ethnicity	2021-22	2022-23	2023-24
Asian	2	2	5
Black	3	12	11
Mixed	1	1	4
Other		2	
Unknown	3		3
White	16	39	23
Grand Total	25	56	46

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Table 27: Relative likelihood of entering the formal disciplinary proves compared to White staff (2022 – 2024).

Ethnicity	2021-22	2022-23	2023-24
Asian	0.43	0.15	0.53
Black	0.76	1.10	1.51
Mixed	1.83	0.57	3.74
Other	0.00	1.16	0.00
Unknown	2.85	0.00	1.60
White	1.00	1.00	1.00

In 2024, **Black staff** were **1.51 times** relatively more likely to enter the formal disciplinary compared to White staff. Though this is higher than what it was in 2022.

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Figure 28: Formal disciplinary by Divisions

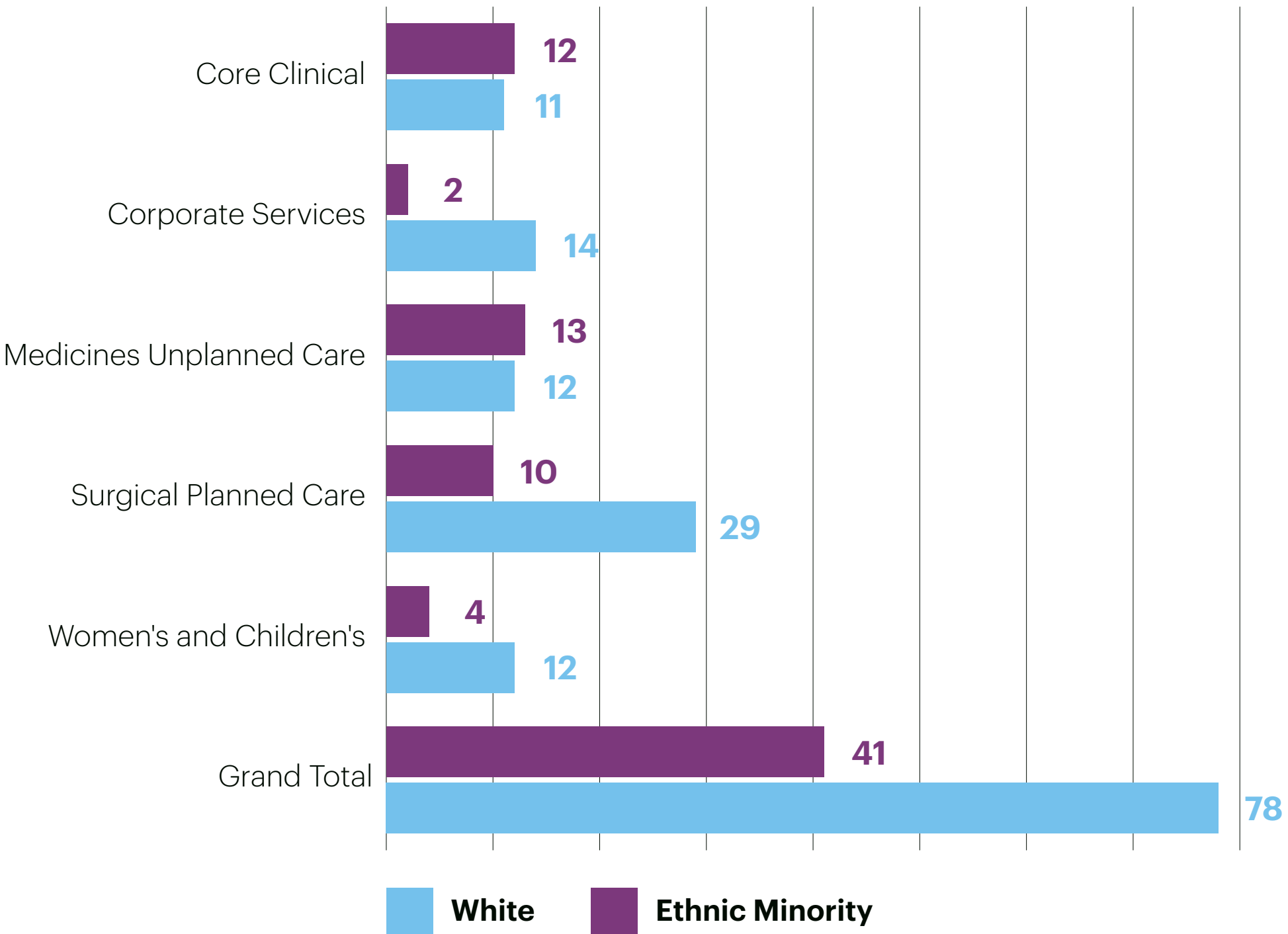
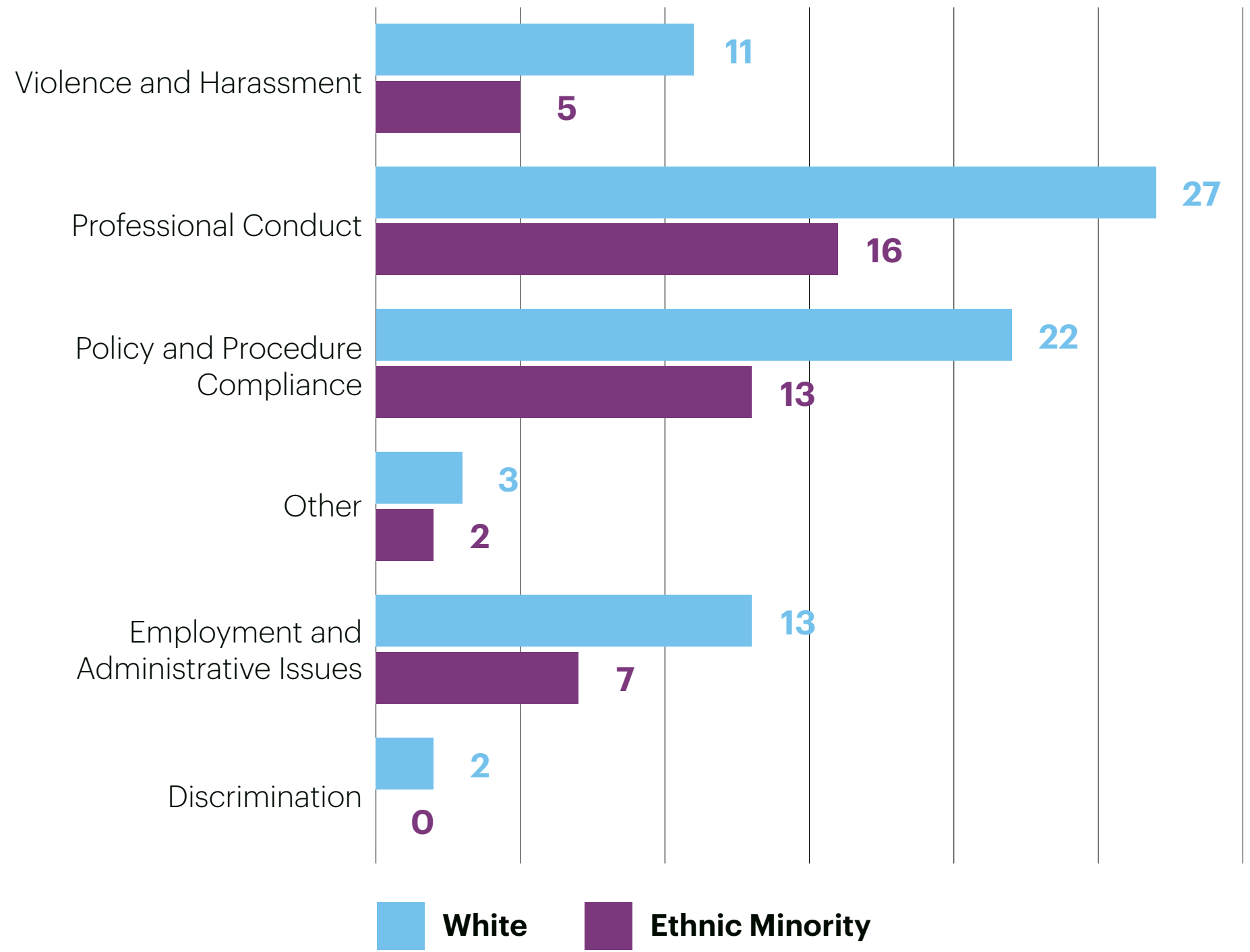


Figure 29: Formal disciplinary allegations by ethnicity



Key Findings

1. Disproportionate Disciplinary by Ethnic Group:

- **Asian:** Represent 21.7% of staff, but only 9 disciplinary (7.1% of total allegations).
- **Black:** Represent 16.7% of staff, but 26 disciplinary (20.5% of total allegations).
- **Mixed:** Represent 2.4% of staff, with 6 disciplinary (4.7% of total allegations).
- **Other:** Represent 2.3% of staff, with 2 disciplinary (1.6% of total allegations).
- **Unknown/Not stated:** Represent 4.3% of staff, with 6 disciplinary (4.7% of total allegations).
- **White:** Represent 52.7% of staff, but 78 allegations (61.4% of total allegations).

2. Overrepresentation of Allegations in Specific Groups:

- **Black Employees:** Significantly overrepresented in allegations, making up 16.7% of the staff but 20.5% of the allegations, especially in “Policy and Procedure Compliance” (9 allegations) and “Professional Conduct” (8 allegations).

3. Underrepresentation of Allegations in Specific Groups:

- **Asian Employees:** Underrepresented in allegations, with only 9 allegations (7.1%) while representing 21.7% of the staff.
- **Other Ethnicities:** Mostly in line with staff percentages, except for “Policy and Procedure Compliance” where mixed group had 0 allegations.

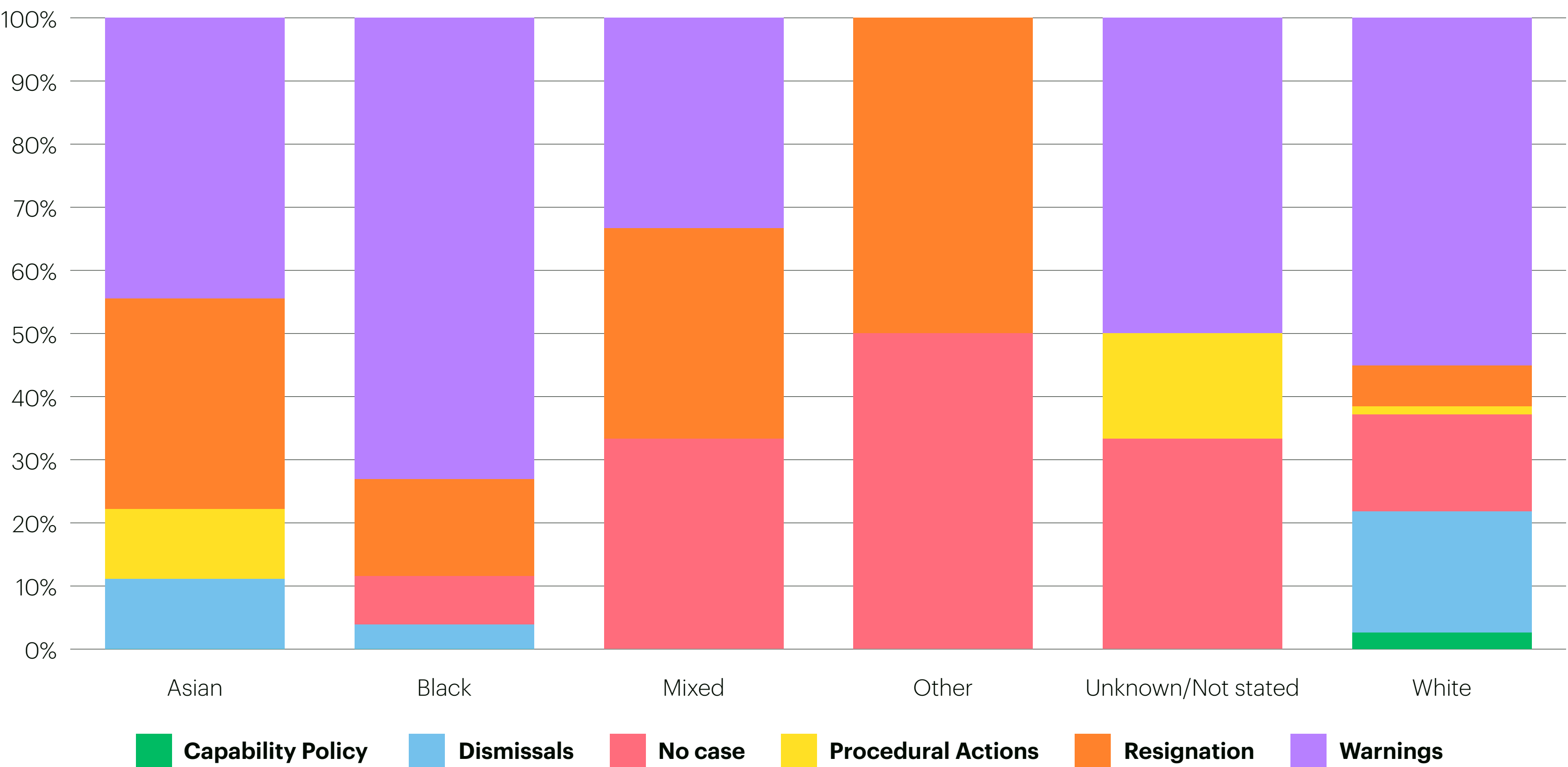
4. Allegation Distribution Across Groups:

- **Discrimination:** No allegations in all ethnic groups except for White (2 allegations).
- **Employment and Administrative Issues:** Highest in White (13 allegations) followed by Black (4 allegations).
- **Policy and Procedure Compliance:** Predominantly in White (22 allegations) and Black (9 allegations).
- **Professional Conduct:** Highest in White (27 allegations) followed by Black (8 allegations).

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Formal Disciplinary Outcomes

Figure 30: Formal disciplinary outcomes by ethnicity



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Key Findings on Ethnic Disparities in Formal Disciplinary Outcomes

Based on the data above, below are the key findings regarding ethnic disparities in formal disciplinary outcomes:

- 1. Warnings:**
 - Black individuals received the most warnings (19), followed by White individuals (43). Asian, Mixed, Other, and Unknown/Not stated ethnic groups had significantly fewer warnings.
- 2. Dismissals:**
 - White individuals had the highest number of dismissals (15), whereas Asian and Black individuals had only 1 dismissal each. No Mixed, Other, or Unknown/Not stated individuals were dismissed.
- 3. Resignation:**
 - Resignations were most frequent among Black individuals (4) and least frequent among Mixed individuals (2). No Unknown/Not stated individuals resigned. This category shows significant disparity across different ethnic groups.

- 4. No Case:**
 - White individuals had the highest number of cases where no action was needed (12), indicating possibly better outcomes for this group compared to other ethnicities. Black, Mixed, Other, and Unknown/Not stated individuals had 2 cases each.
- 5. Procedural Actions and Capability Policy:**
 - Asian and White individuals experienced procedural actions (1 each), while no other ethnic groups had procedural actions taken against them.
 - The Capability Policy was invoked only for White individuals (2).

Conclusion

- White individuals experienced a higher number of both positive outcomes (no case and capability policy) and negative outcomes (warnings and dismissals). However, when proportionate to the grand total, other ethnic groups, particularly Black individuals, face a higher incidence of warnings and resignations.
- The disparities highlight potential areas for further investigation to ensure fairness and equality in the disciplinary process across all ethnic groups.

Summary

The data reveals disparities between ethnic groups in terms of disciplinary allegations, with Black employees disproportionately receiving higher disciplinary's compared to their representation in the workforce. Asian employees appear to be underrepresented in disciplinary's. Addressing these disparities may require examining potential biases in disciplinary processes and ensuring equitable treatment across all ethnic groups.

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Pay Bands

Table 28: Formal disciplinary by pay band

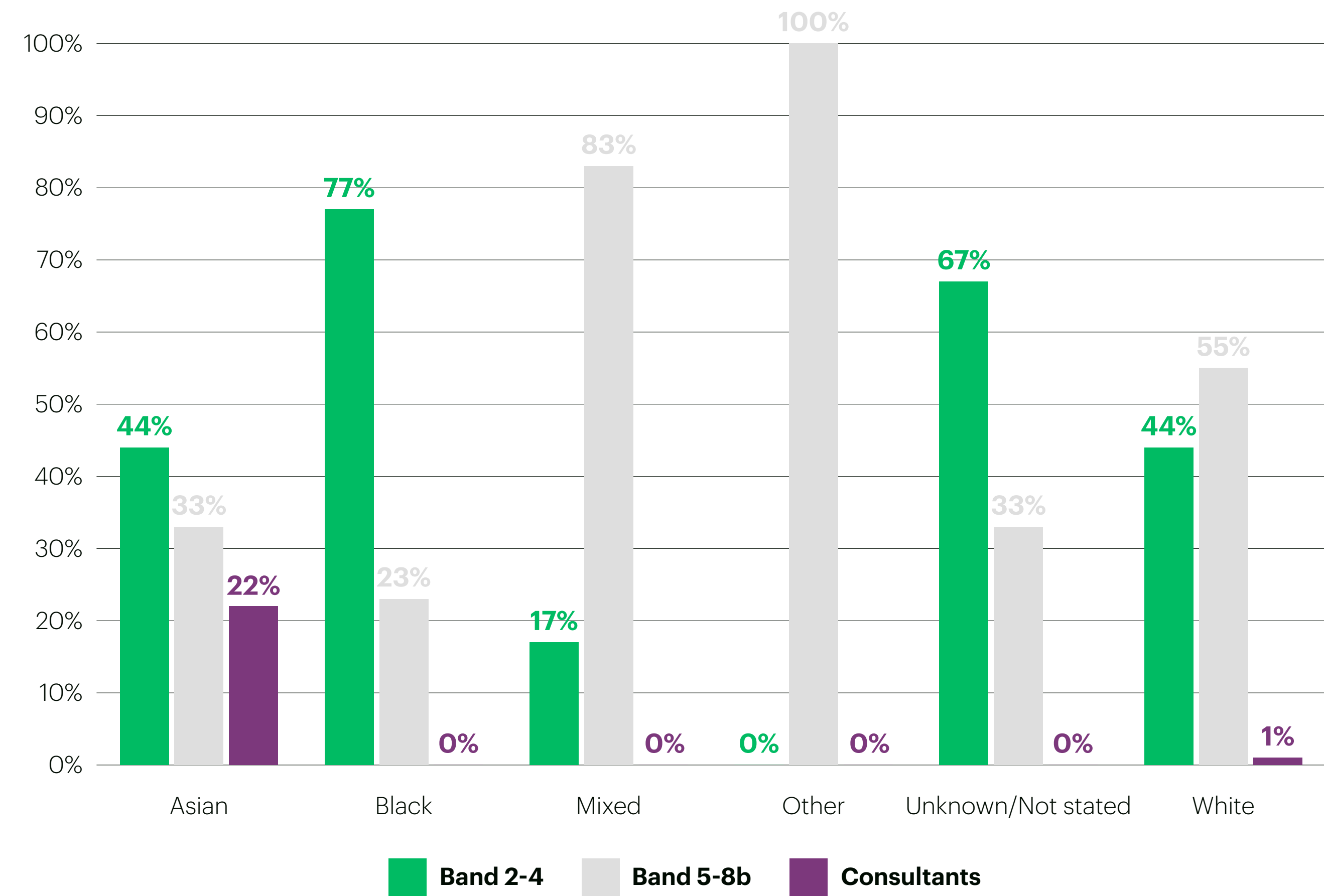
Pay band	Formal disciplinarys	Head count in post	Displinarys	Precentage in post
Band 2	17	774	36.96%	20.0%
Band 3	3	508	6.52%	13.1%
Band 5	8	836	17.39%	9.3%
Band 6	8	678	17.39%	21.6%
Band 7	5	454	10.87%	17.5%
Band 8a	3	152	6.52%	11.7%
Band 8b	1	44	2.17%	3.9%

Staff at band 2 make up
20%
of all staff, they account for
36.96%
of all formal disciplinarys.

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Figure 31: Formal disciplinarys by grouped pay bands and ethnicity



The data shows key disparities between ethnic groups in formal disciplinary actions across different pay bands. Notably, Asian staff account for 44% of cases in Band 2-4, 33% in Band 5-8b, and 22% among Consultants, which highlights a significant underrepresentation in the higher pay bands. In contrast, Black staff are overwhelmingly represented in Band 2-4 at 77% and decrease sharply to 23% in Band 5-8b, with no representation among Consultants. This disparity is pronounced and suggests that Black staff face more disciplinary actions at the lower pay bands, with no progression into higher bands. Mixed ethnic group have very limited representation, while White staff have a relatively proportional distribution across all pay bands. Addressing these disparities may require a review of disciplinary practices and support mechanisms to ensure fairness and equal opportunity for all ethnic groups, particularly Asian and Black staff.

Experience staff survey WRES questions

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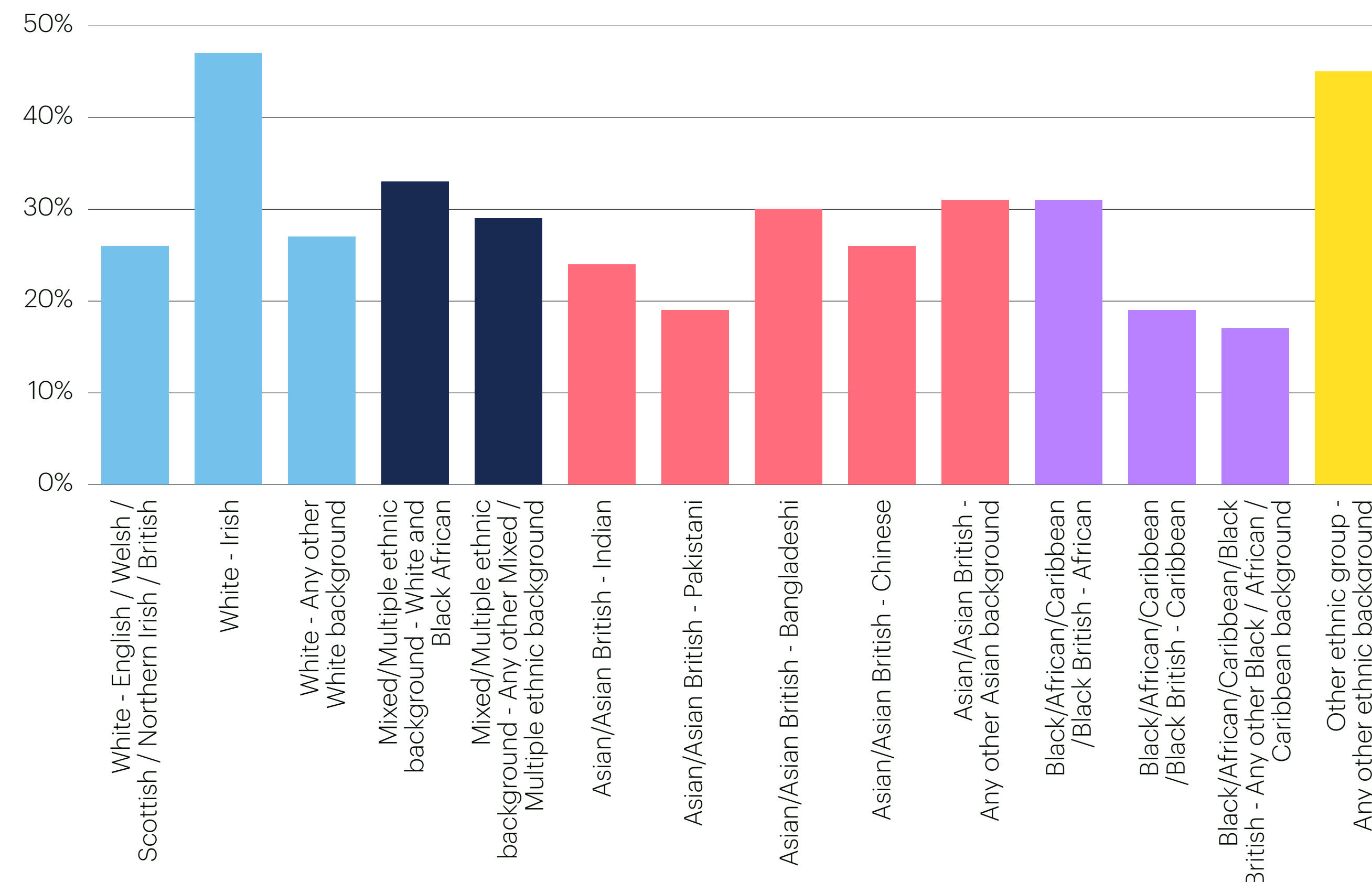
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Data source: <https://nhssurveys.co.uk/nss/questions/organisational>

Figure 32: Staff survey question: Q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



Key Findings

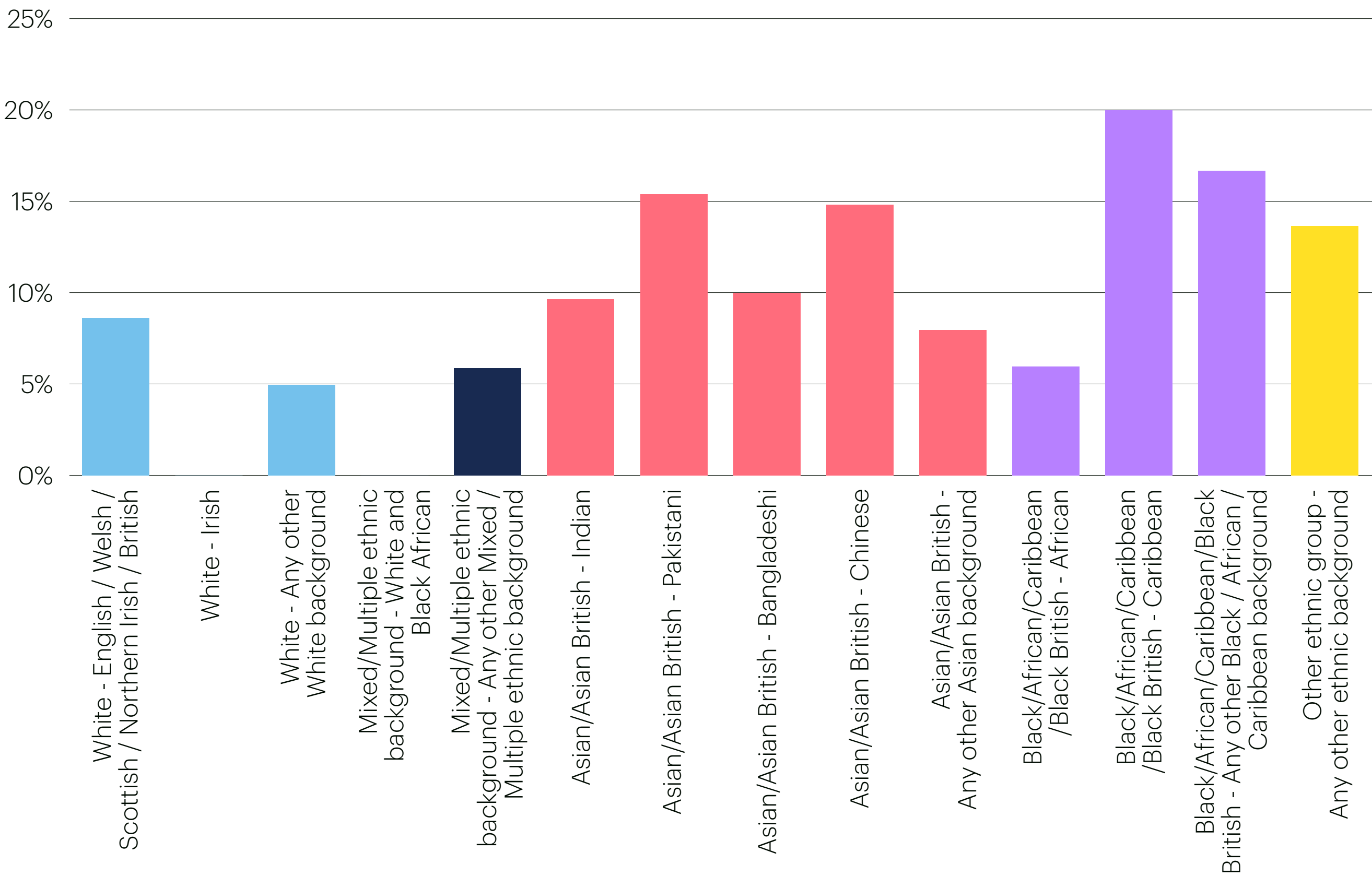
- White (Irish) staff reported highest levels of abuse from patients.
- Black Caribbeans reported the lowest levels of abuse from patients.

Implications/ Next steps

- The Trust must ensure that there is readily available support for staff who experience racial discrimination from patients / service users, their relatives or other members of the public.
- All Trust members of staff must be aware of and empowered to implement the zero-tolerance policy.
- As part of the induction process for staff must be made aware where support is available or who to contact when they experience racial discrimination at work from patients / service users, their relatives or other members of the public.

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Figure 33: Staff survey question: Q14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



Key Findings

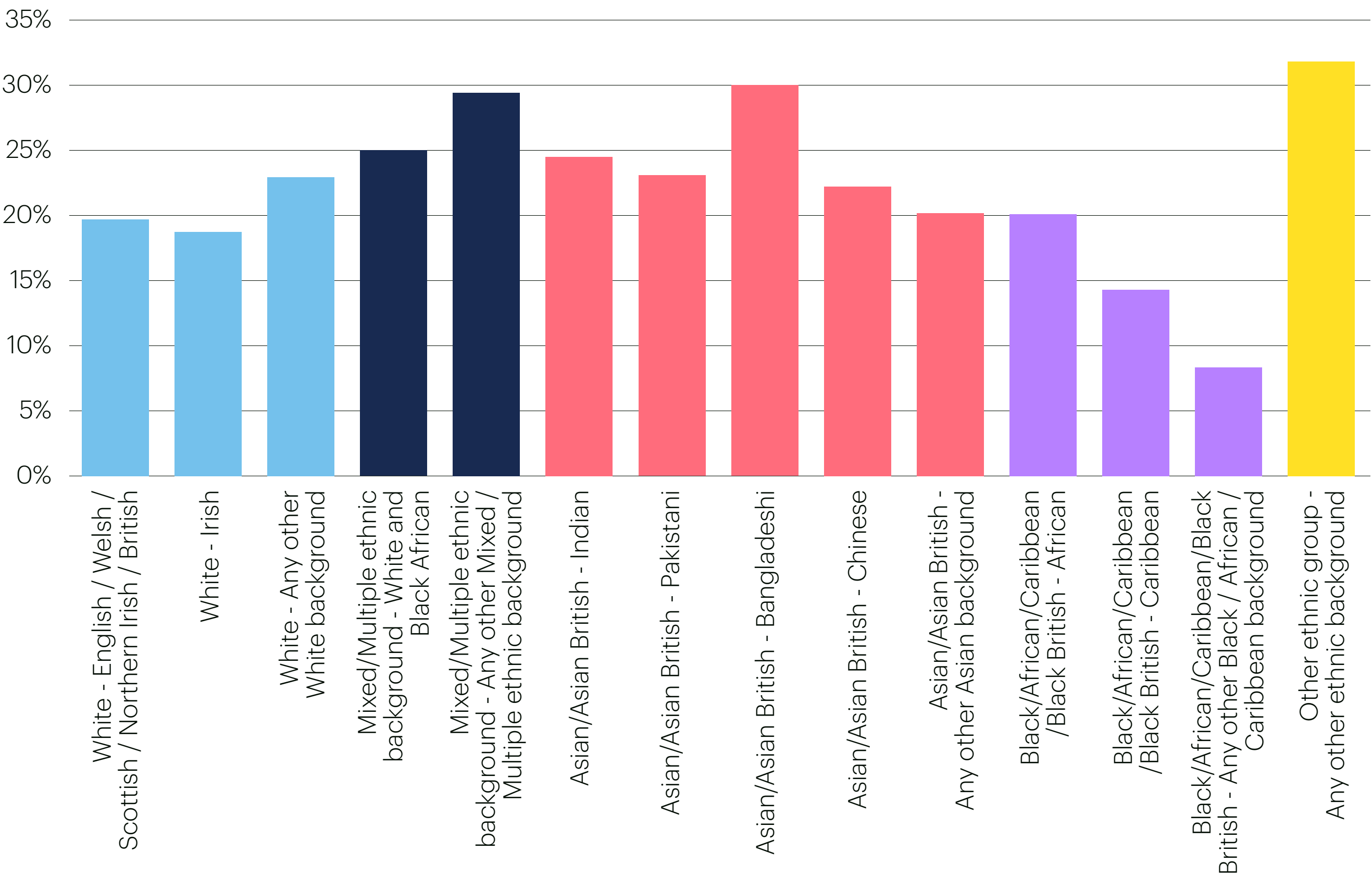
- Black (Caribbean) and Asian (Pakistani) staff report highest levels of abuse from managers.
- White staff (Irish) reported experienced no bullying or abuse from manager (16 respondents)

Implications/Next steps

- Work with the Trust’s network to help identify microaggressions, incivilities and nuanced racial discrimination.

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Figure 34: Staff survey question: Q14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Key Findings

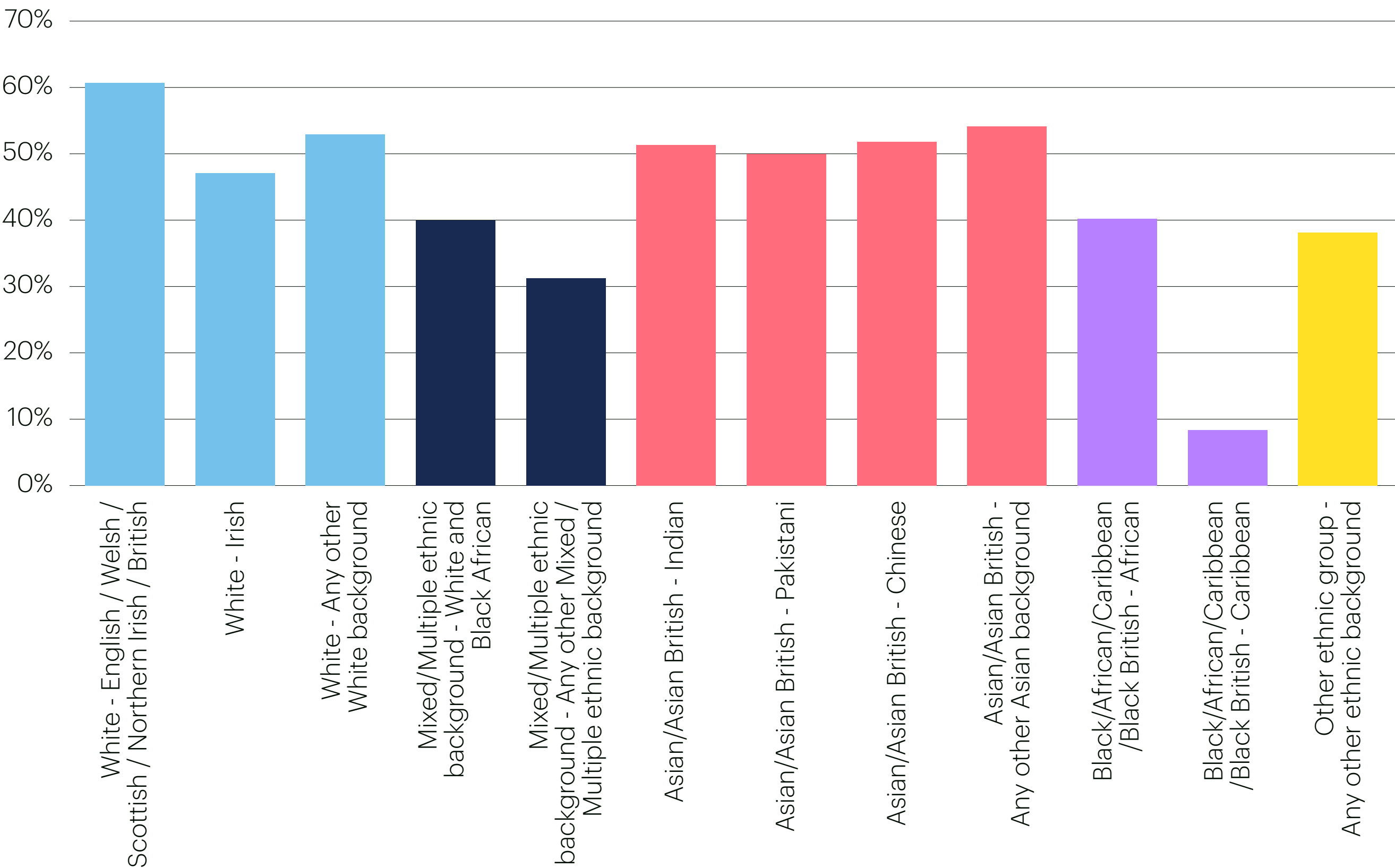
- Mixed (other) and Asian (Bangladeshi) staff report highest levels of abuse from colleagues.
- While, Black (Caribbean) reported the lowest levels.

Implications/Next steps

- Work with the freedom to speak up guardians to identify, report, resolve and monitor issues related to bullying and harassment amongst colleagues.

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Figure 35: Staff survey question: Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Key Findings

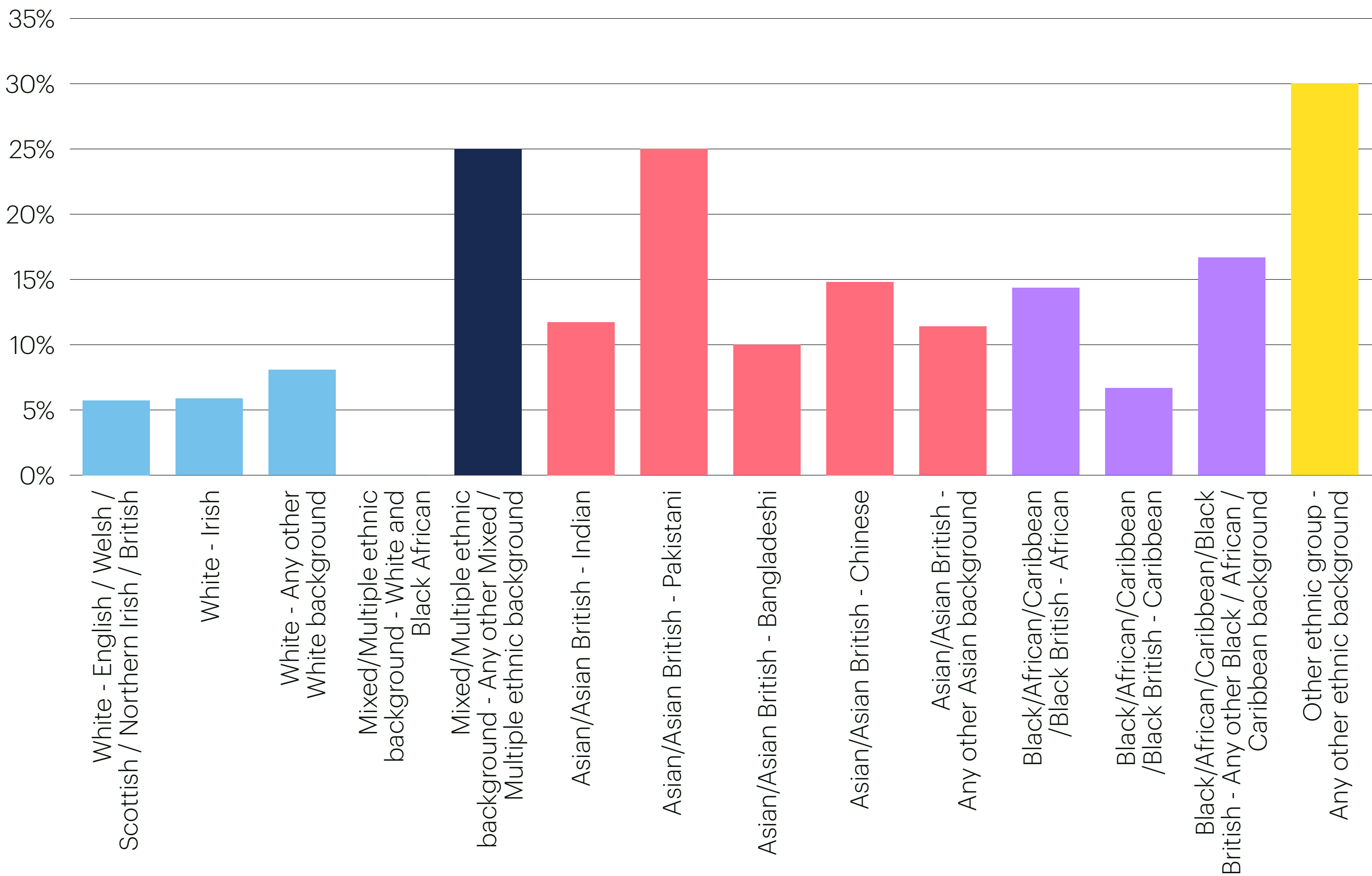
- Black (Caribbean) and Mixed (Other) staff are least likely to believe that the organisations provide equal opportunities for career progression.
- White (British) staff are most likely to believe that the organisations provide equal opportunities for career progression.

Implications/ Next steps

- Focus on making access to training, promotion and recruitment equitable.

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Figure 36: Staff survey question: Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Key Findings

- Mixed and Other staff report highest levels of discrimination from colleagues.
- White British and White Irish staff reported the lowest levels of discrimination from work colleagues.

Implications/Next steps

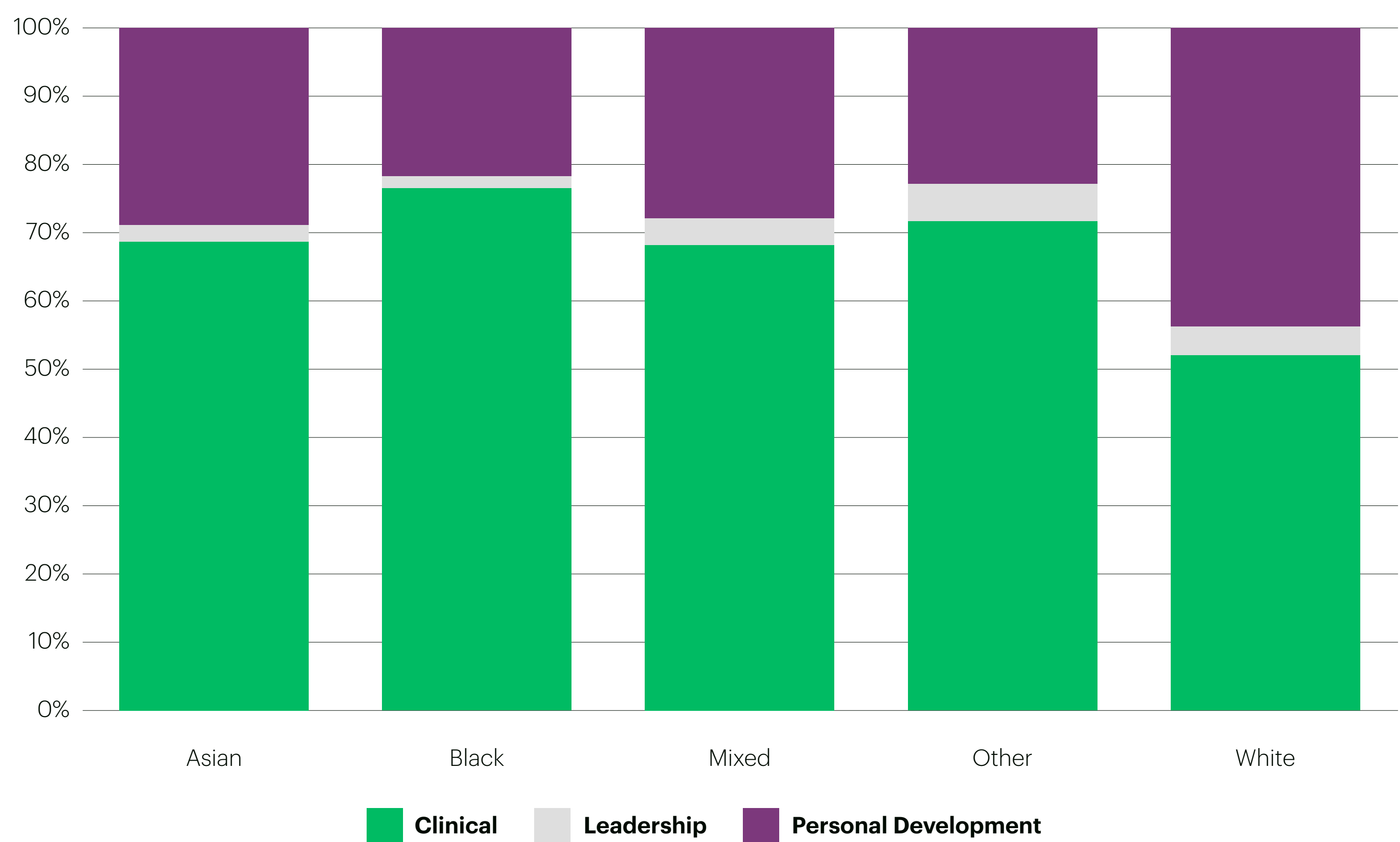
- Identify the departments and staff groups with the highest levels of discrimination and work with the relevant leaders and managers on a plan to tackle the reported discrimination.

Training

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The data is segmented into three main categories: Clinical, Leadership, and Personal Development. It further breaks down the number of individuals who received training within each category across various ethnic groups: Asian, Black, Mixed, Other, and White.

Figure 37: Training by ethnicity



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Table 29: Non mandatory training

Ethnicity	Headcount				Percentage		
	Clinical	Leadership	Personal Development	Grand Total	Clinical	Leadership	Personal Development
Asian	539	15	246	800	67.4%	1.9%	30.8%
Black	590	18	141	749	78.8%	2.4%	18.8%
Mixed	52	5	23	80	65.0%	6.3%	28.8%
Other	70	5	19	94	74.5%	5.3%	20.2%
Unknown	73	2	24	99	73.7%	2.0%	24.2%
White	634	56	651	1,341	47.3%	4.2%	48.5%
Grand Total	1,958	101	1,104	3,163	61.9%	3.2%	34.9%

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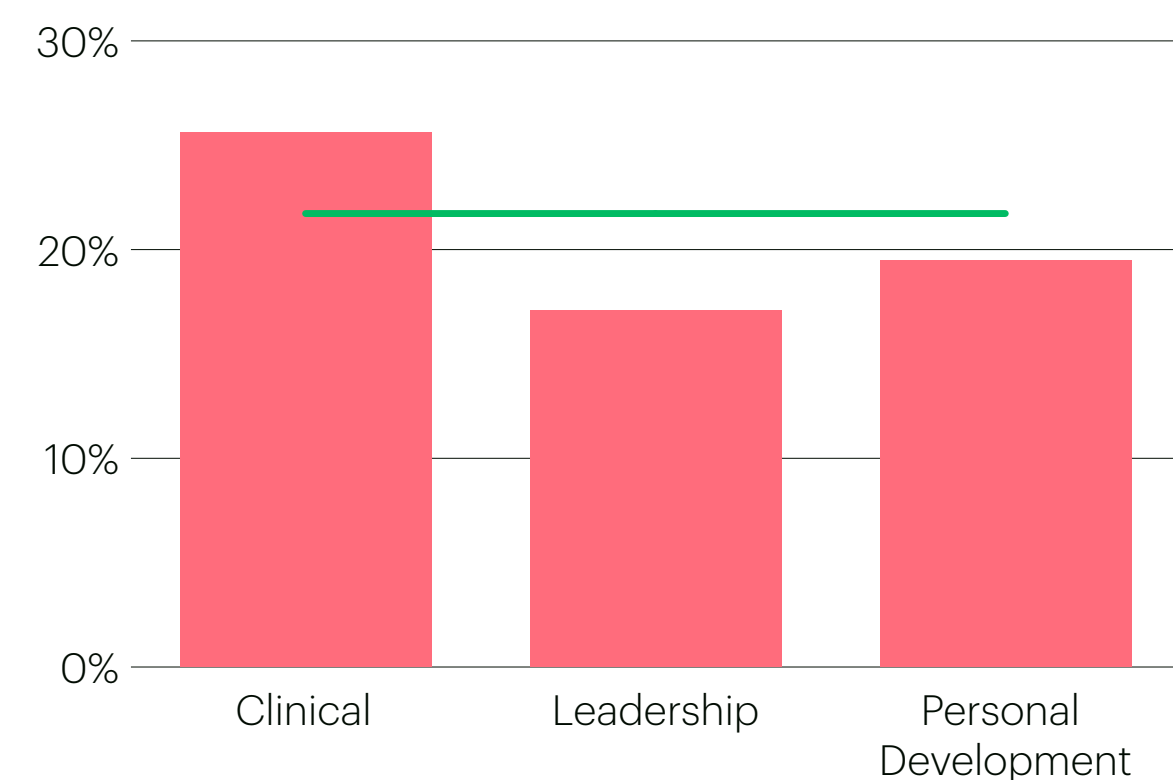
Key Findings

- White staff are more likely to complete personal development and leadership training.
- Black and Asian staff are more likely to complete clinical training.

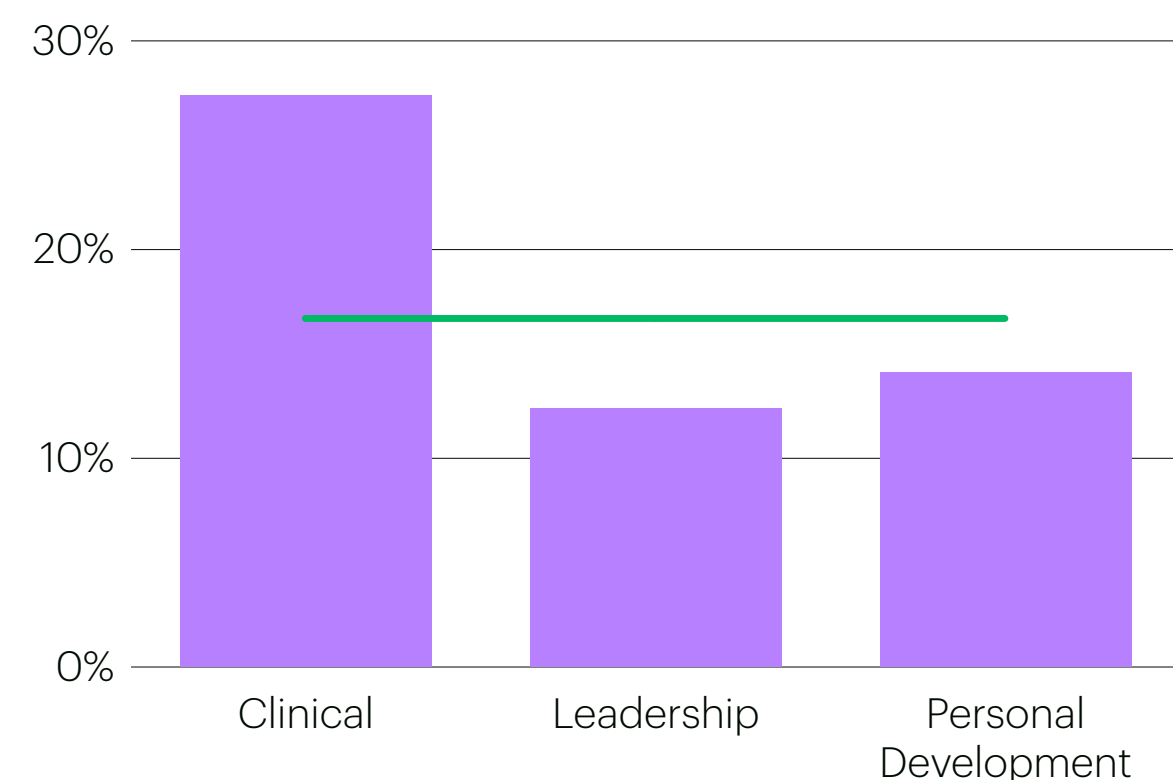
Total Training Participation

- **Clinical:** This category saw the highest participation overall, with 3,217 individuals trained. Breakdown by ethnic groups includes:
 - 822 Asian (25.6%)
 - 881 Black (27.4%)
 - 105 Mixed (3.3%)
 - 91 Other (2.8%)
 - 1,318 White (41.0%)
- **Leadership:** Leadership training had the lowest total participation with 170 individuals. Breakdown includes:
 - 29 Asian (17.1%)
 - 21 Black (12.4%)
 - 6 Mixed (3.5%)
 - 7 Other (4.1%)
 - 107 White (62.9%)
- **Personal Development:** A total of 1,776 individuals participated in personal development training. Breakdown includes:
 - 346 Asian (19.5%)
 - 250 Black (14.1%)
 - 43 Mixed (2.4%)
 - 29 Other (1.6%)
 - 1,108 White (62.4%)

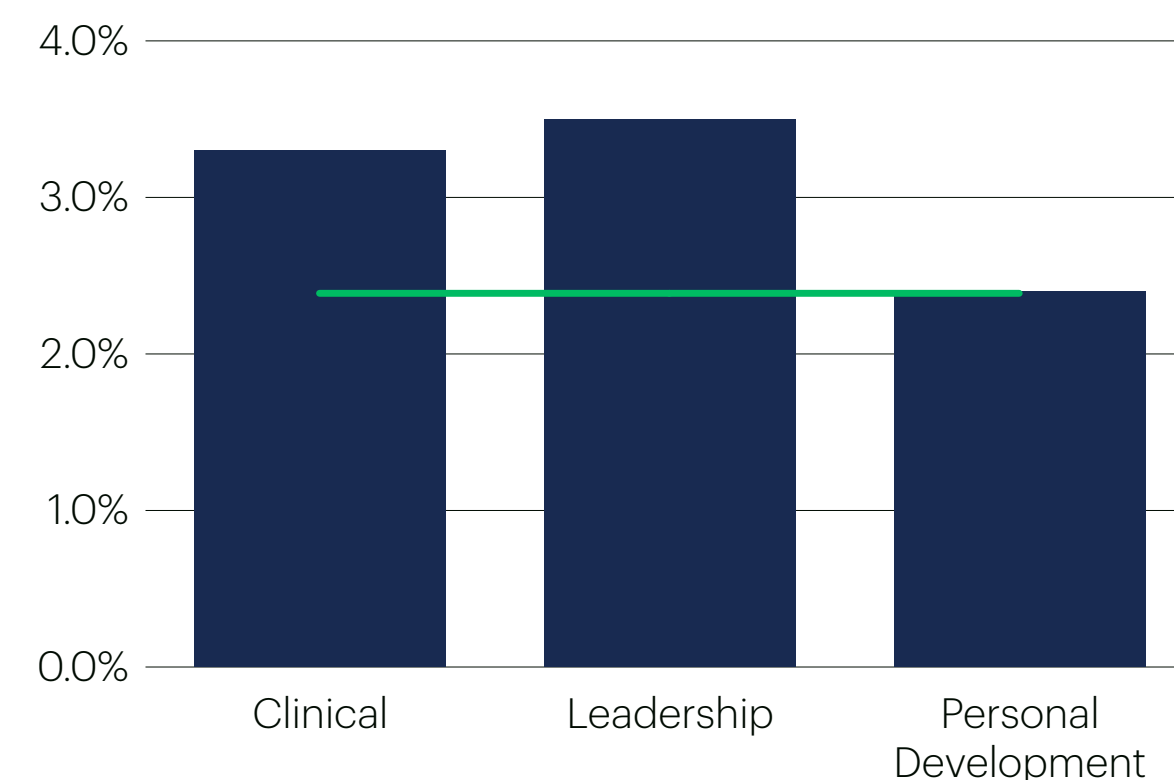
Figure 38: Training by ethnicity



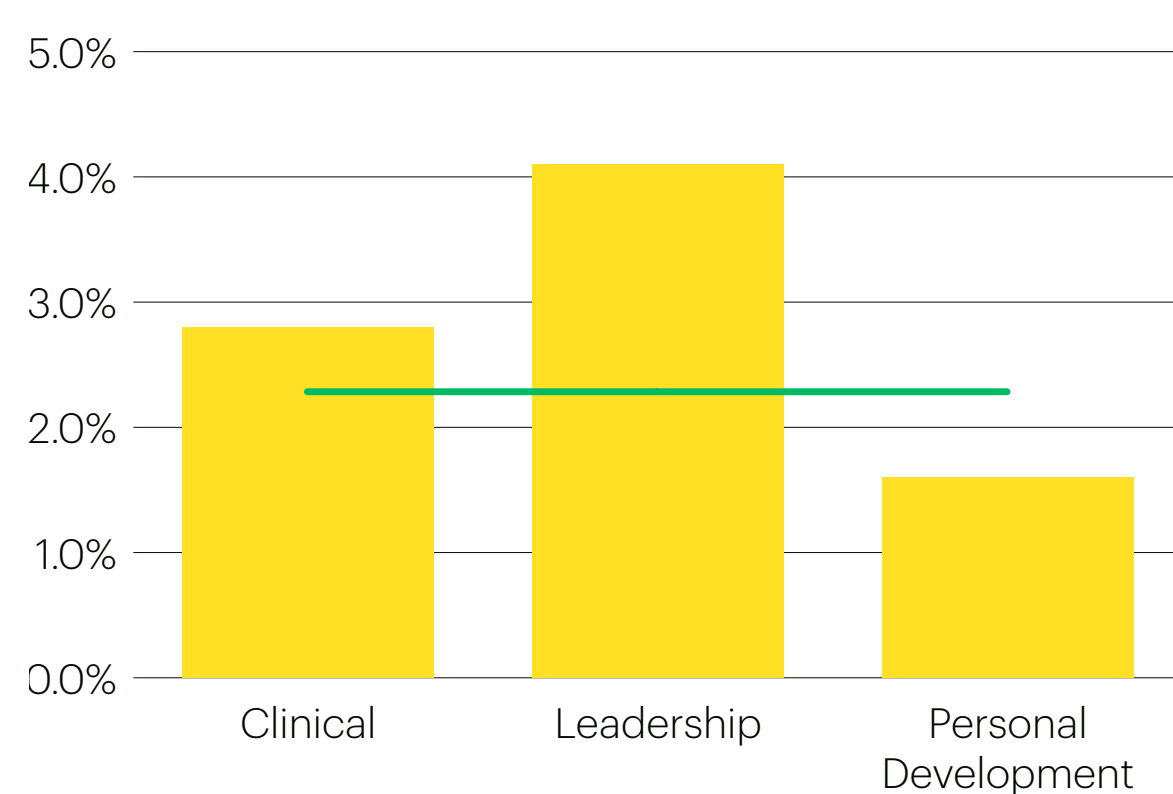
Asian training Asian staff in post



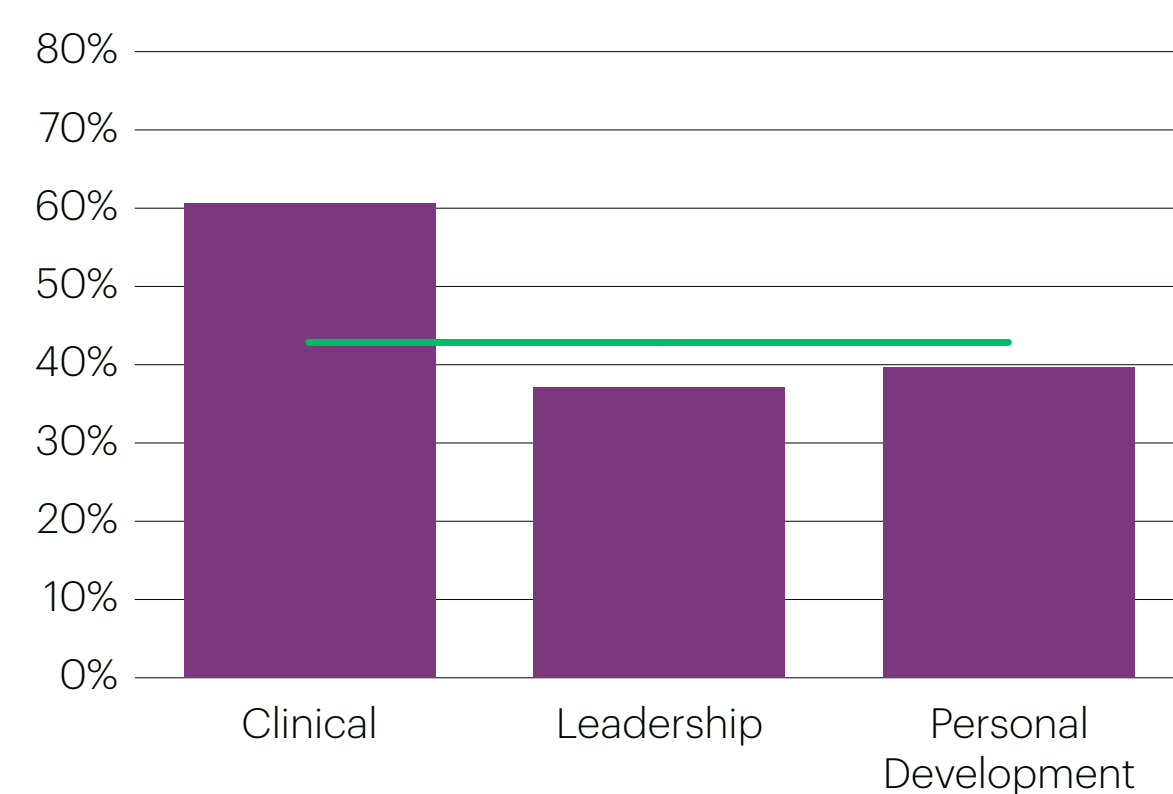
Black training Black staff in post



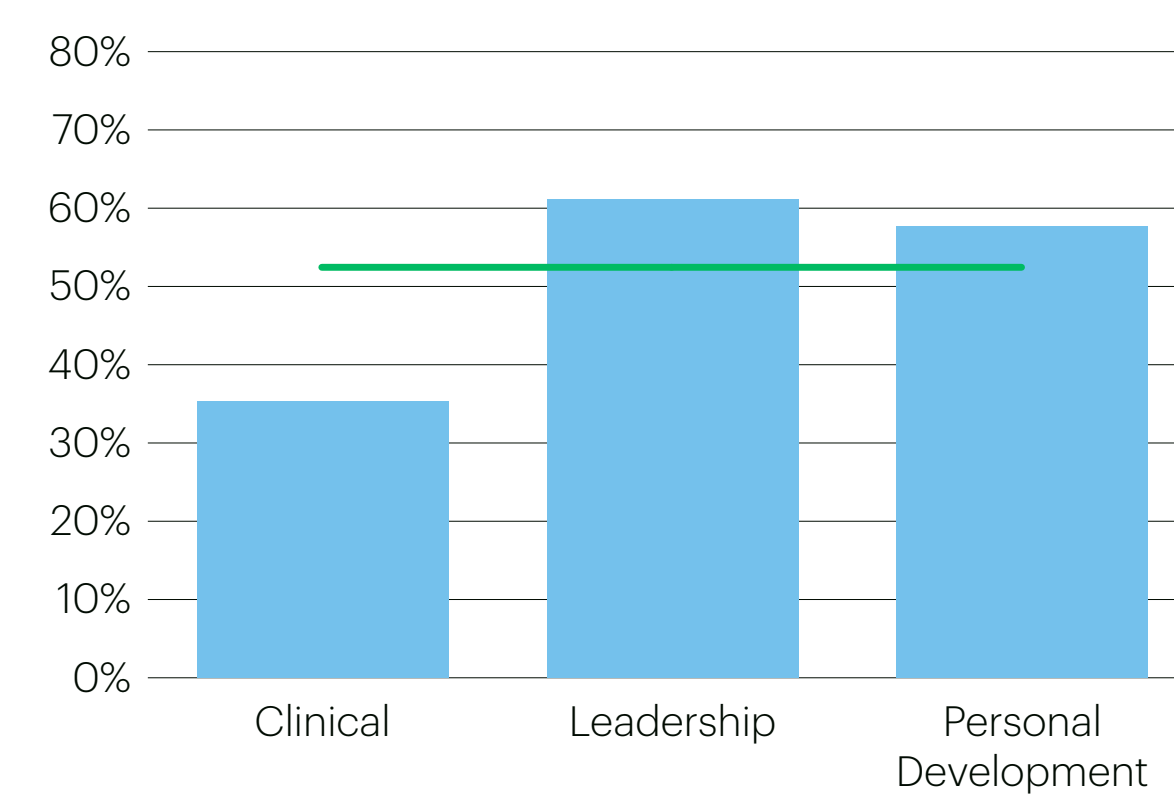
Mixed training Mixed staff in post



Other training Other staff in post



Ethnic minority training Ethnic minority staff in post



White training White staff in post

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Key Findings

1. Asian

 - Clinical Training: Slightly overrepresented (25.6% vs 21.7% SIP)
 - Leadership Training: Underrepresented (17.1% vs 21.7% SIP)
 - Personal Development: Gap (19.5% vs 21.7% SIP)
2. Black

 - Clinical Training: Significantly overrepresented (27.4% vs 16.7% SIP)
 - Leadership Training: Substantial gap (12.4% vs 16.7% SIP)
 - Personal Development: Gap (14.1% vs 16.7% SIP)
3. Mixed

 - Clinical Training: Slightly overrepresented (3.3% vs 2.4% SIP)
 - Leadership Training: Overrepresented (3.5% vs 2.4% SIP)
 - Personal Development: Matching (2.4% vs 2.4% SIP)
4. Other

 - Clinical Training: Slightly overrepresented (2.8% vs 2.3% SIP)
 - Leadership Training: Overrepresented (4.1% vs 2.3% SIP)
 - Personal Development: Gap (1.6% vs 2.3% SIP)
5. BME (Black and Minority Ethnic)

 - Clinical Training: Overrepresented (60.6% vs 43.1% SIP)
 - Leadership Training: Underrepresented (37.1% vs 43.1% SIP)
 - Personal Development: Gap (39.7% vs 43.1% SIP)
6. White

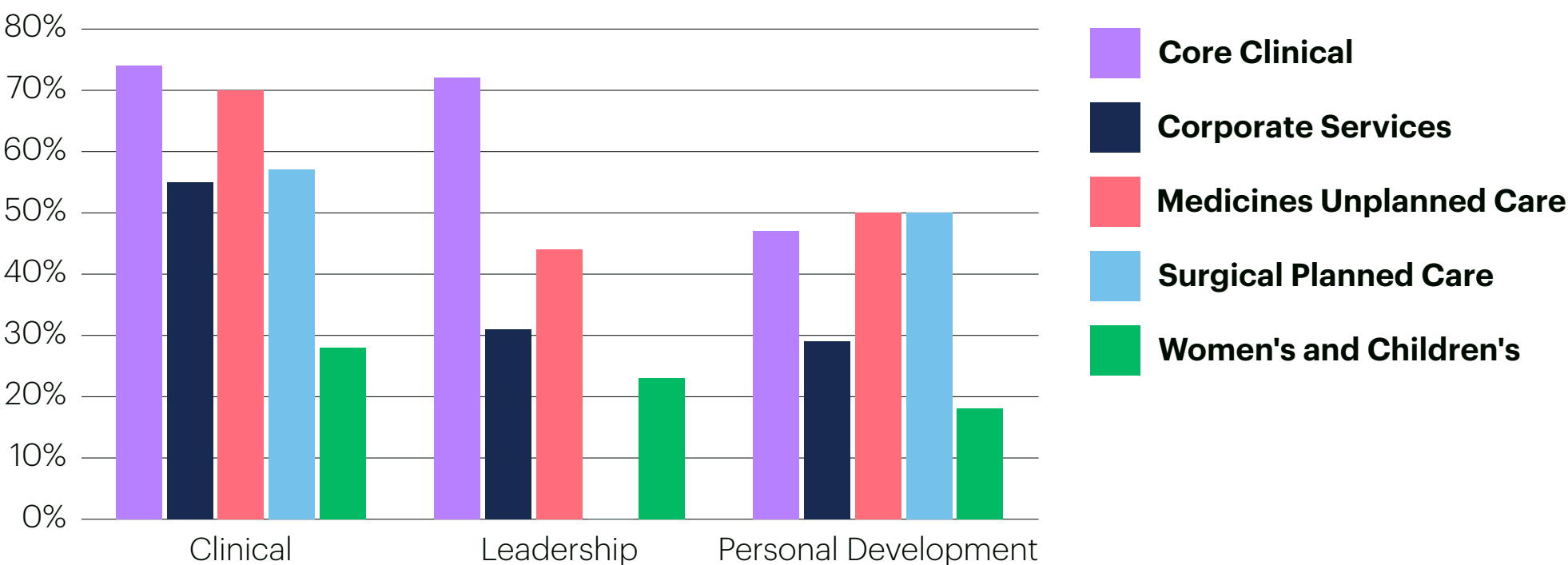
 - Clinical Training: Underrepresented (35.3% vs 52.7% SIP)
 - Leadership Training: Overrepresented (61.2% vs 52.7% SIP)

Personal Development: Overrepresented (57.7% vs 52.7% SIP)

Access to Training by Division

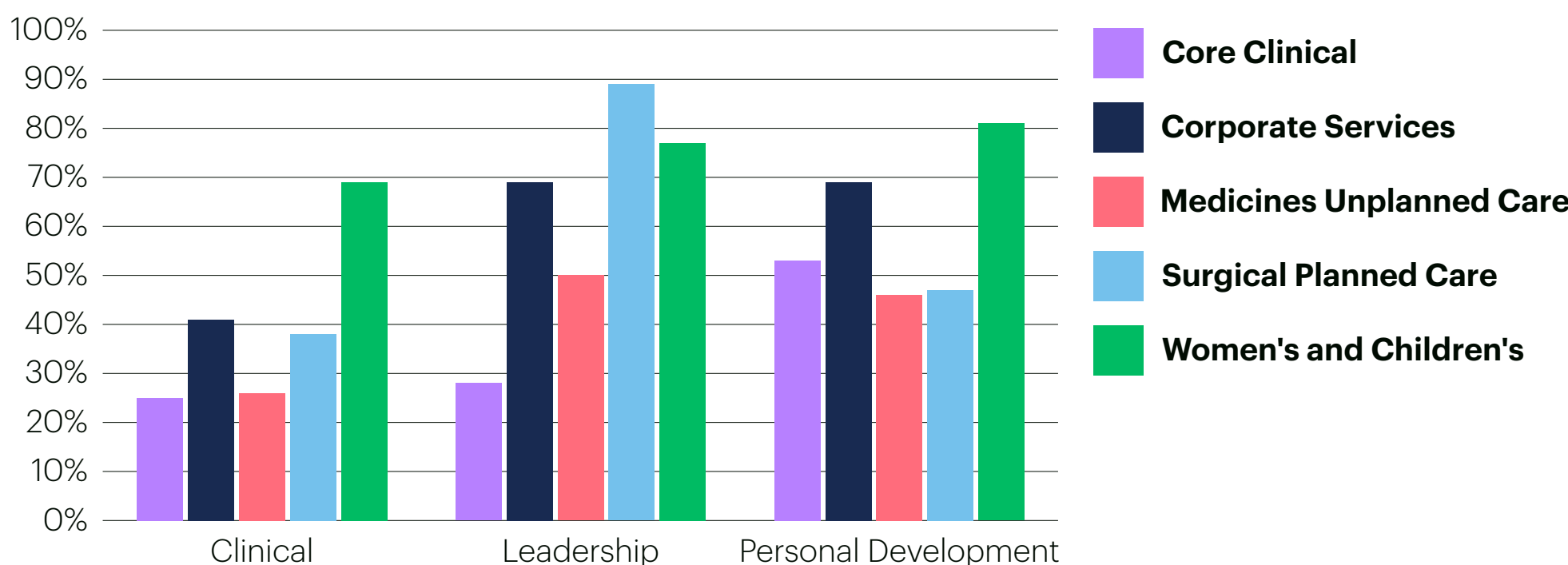
Figure 39: Training by ethnicity

Ethnic Minority Accessing Training by Division



Division	Clinical	Leadership	Personal Development
Core Clinical	74%	72%	47%
Corporate Services	55%	31%	29%
Medicines Unplanned Care	70%	44%	50%
Surgical Planned Care	57%	0%	50%
Women's and Children's	28%	23%	18%
Total	61%	37%	40%

White Accessing Training by Division



Division	Clinical	Leadership	Personal Development
Core Clinical	25%	28%	53%
Corporate Services	41%	69%	69%
Medicines Unplanned Care	26%	50%	46%
Surgical Planned Care	38%	89%	47%
Women's and Children's	69%	77%	81%
Total	35%	61%	58%

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There are significant disparities in training access across various divisions and training categories when compared to workforce representation. The most notable disparities include:

1. Leadership training in Surgical Planned Care: BME employees are underrepresented by -43.1%, while White employees are overrepresented by +36.3%.
2. Leadership training in Women’s and Children’s: BME employees are underrepresented by -20.1%, while White employees are overrepresented by +24.3%.
3. Personal Development training in Women’s and Children’s: BME employees are underrepresented by -25.1%, while White employees are overrepresented by +28.3%.
4. Clinical training in Core Clinical: BME employees are overrepresented by +30.9%, while White employees are underrepresented by -27.7%.
5. Leadership training in Core Clinical: BME employees are overrepresented by +28.9%, while White employees are underrepresented by -24.7%.

These disparities highlight significant differences in access to training opportunities between BME and White employees across different divisions, indicating a need for targeted efforts to ensure equitable training access for all ethnic groups.

In conclusion, the training data reveals notable disparities when compared to the staff in post percentages. Black and Minority Ethnic (BME) individuals are overrepresented in Clinical training but underrepresented in Leadership training. Asian individuals show a similar trend, being slightly overrepresented in Clinical training but underrepresented in Leadership training. Black individuals are significantly overrepresented in Clinical training, yet they experience substantial gaps in Leadership and Personal Development training. Mixed and Other ethnic groups tend to have varying degrees of overrepresentation in specific training categories, while White individuals are underrepresented in Clinical training but overrepresented in Leadership and Personal Development training. These findings highlight the need for a more balanced approach to training opportunities to ensure equitable representation across all ethnic groups.

Importance of Leadership Training for Minority Groups

Leadership training is crucial for minority groups to ensure equal opportunities and representation in leadership positions. When minority groups have access to leadership training, it helps to:

1. Equal Opportunities: Leadership training helps bridge the gap between different demographic groups, ensuring that everyone has equal access to growth opportunities and leadership positions.
2. Representation: Providing leadership training to minority groups increases their representation in higher-level positions, promoting diversity and inclusivity within the organisation.
3. Increased Innovation: Diverse leadership teams bring varied perspectives, which can lead to more innovative solutions and better decision-making processes.

4. Role Models and Mentorship: Having minority leaders can inspire and motivate other employees from similar backgrounds, creating a positive cycle of mentorship and support.
5. Addressing Systemic Barriers: Leadership training can help address systemic barriers and biases that minority groups face, promoting a more equitable and fairer workplace.

Implications/ Next steps

- The Trust must encourage and work with managers to get more ethnic minority staff to do development and leadership training.
- Report and monitor on training access by ethnicity, staff group and department.

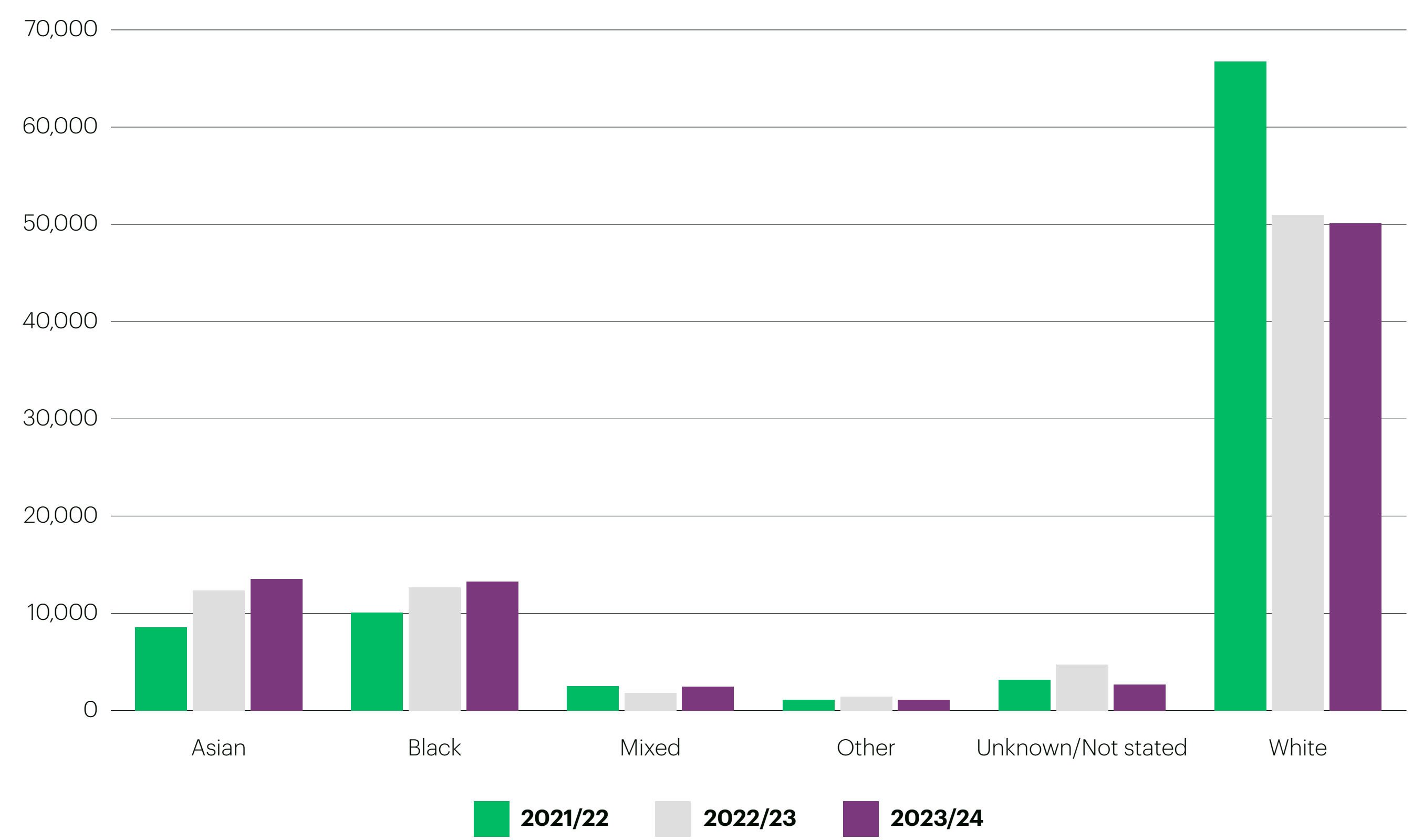
Sickness Absence

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This data provides a comprehensive analysis of sickness absence data across six ethnic groups over three fiscal periods: 2021/22, 2022/23, and 2023/24. The ethnic groups presented include Asian, Black, Mixed, Other, Unknown/Not stated, and White. The primary objective of this report is to identify trends and patterns in sickness absence, offering valuable insights that can guide efforts to enhance employee well-being and reduce absenteeism.

The data analysed spans various metrics, including the total number of days lost due to sickness, the average number of days lost per absence occurrence, and significant disparities observed across different divisions and staff groups. By examining these patterns, the report aims to uncover underlying issues and provide recommendations for targeted interventions that promote a healthier and more inclusive workplace for all employees, regardless of ethnicity.

Figure 40: Sickness days lost by ethnicity (2022 – 2024)



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Table 30: Sickness days lost by ethnicity (2022 – 2024)

Period	Asian	Black	Mixed	Other	Unknown/ Not stated	White	Grand Total
2021/22	8,577	10,098	2,495	1,095	3,143	66,771	92,179
2022/23	12,357	12,665	1,821	1,450	4,748	50,978	84,019
2023/24	13,555	13,280	2,443	1,084	2,687	50,106	83,155
Grand Total	34,489	36,043	6,759	3,629	10,578	167,855	259,353

Key Findings

Overall Trends

- There is a general decrease in the total number of days lost due to sickness over the three periods.
- The Grand Total shows a reduction from 92,179.4 days in 2021/22 to 83,155 days in 2023/24.

Breakdown by Ethnic Group

- **Asian:** The number of days lost has steadily increased from 8,577 days in 2021/22 to 13,555 days in 2023/24.
- **Black:** The number of days lost has also increased, but at a slower pace, from 10,098 days in 2021/22 to 13,280 days in 2023/24.
- **Mixed:** The number of days lost has fluctuated, decreasing from 2,495 days in 2021/22 to 1,821 days in 2022/23, then increasing slightly to 2,443 days in 2023/24.
- **Other:** The number of days lost has remained relatively stable, with minor fluctuations from 1,095 days in 2021/22 to 1,084 days in 2023/24.
- **Unknown/Not stated:** There is a noticeable fluctuation in this category, with a spike from 3,143 days in 2021/22 to 4,748 days in 2022/23, and then a decrease to 2,687 days in 2023/24.
- **White:** This group has seen a significant decrease in the number of days lost, from 66,771.4 days in 2021/22 to 50,106 days in 2023/24.

Average Number of Days Lost Per Absence Occurrence

Figure 41: Sickness average days lost by ethnicity (2022 – 2024)



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Table 31: Sickness average days lost by ethnicity (2022 – 2024)

Average days lost per absence occurrence							
Year	Asian	Black	Mixed	Other	Unknown/ Not stated	White	Grand Total
2021/22	6.9	8.2	12.4	6.8	8.8	12.8	10.9
2022/23	6.5	9.6	8.4	8.1	14.1	9.6	9.1
2023/24	5.8	8.7	8.9	6.5	7.0	9.9	8.6
Grand Total	6.3	8.8	9.7	7.1	9.8	10.7	9.4

Overall Trends

- There is a general decrease in the average days lost per absence occurrence over the three periods.

Breakdown by Ethnic Group

- **Asian:** The average days lost per absence occurrence have steadily decreased from 6.9 days in 2021/22 to 5.8 days in 2023/24.
- **Black:** The average days lost fluctuated, peaking at 9.6 days in 2022/23, then decreasing to 8.7 days in 2023/24.
- **Mixed:** This group saw a significant decrease from 12.4 days in 2021/22 to 8.9 days in 2023/24.
- **Other:** The average days lost remained relatively stable, fluctuating slightly from 6.8 days in 2021/22 to 6.5 days in 2023/24.
- **Unknown/Not stated:** This category had a noticeable spike to 14.1 days in 2022/23, then decreased to 7.0 days in 2023/24.
- **White:** This group saw a decrease in average days lost from 12.8 days in 2021/22 to 9.9 days in 2023/24.

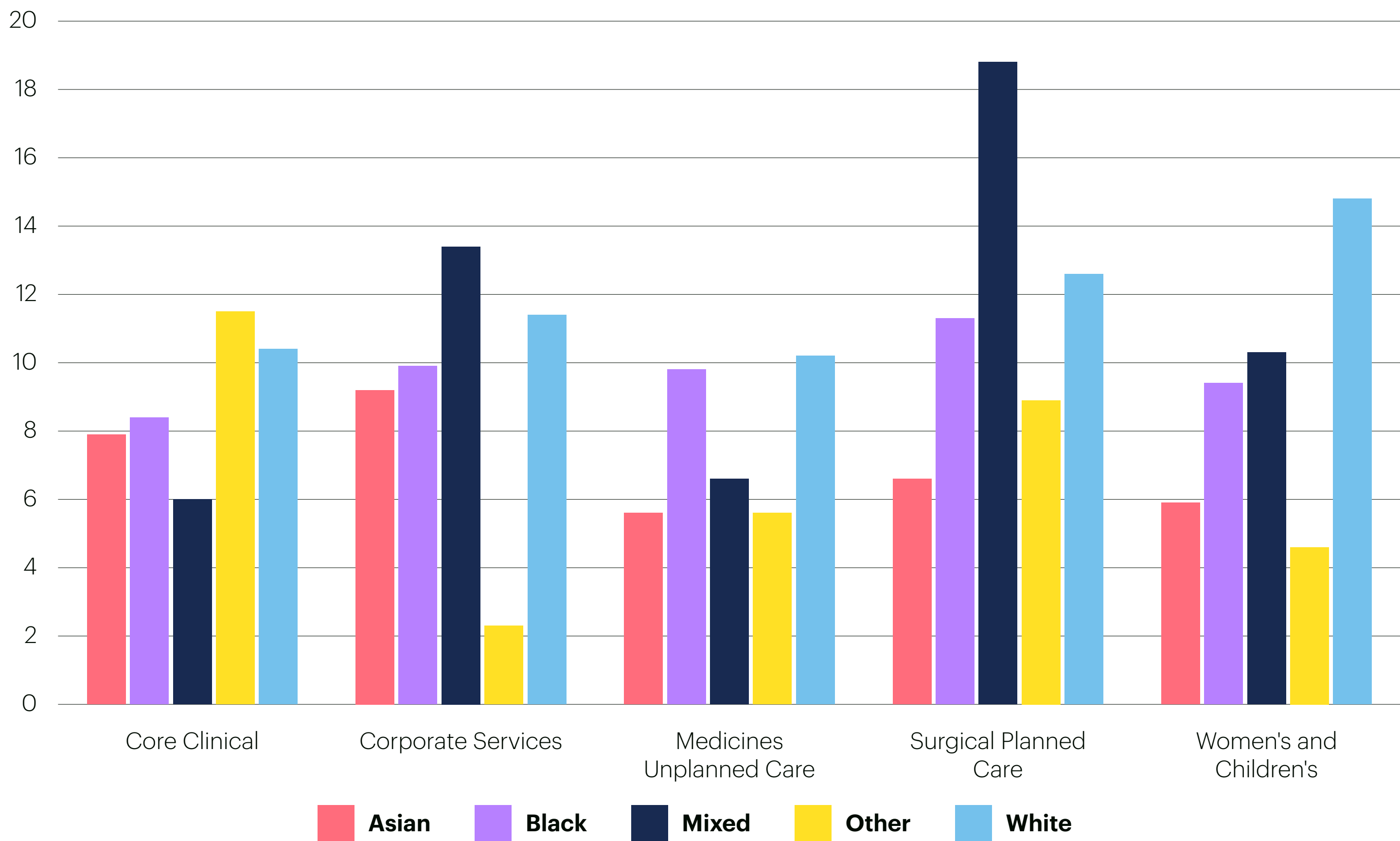
Total Average Days Lost

- **Grand Total:** Over the three periods, the overall average days lost per absence occurrence decreased from 10.9 days in 2021/22 to 8.6 days in 2023/24, with an overall average of 9.4 days across all groups.

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Average number of days lost per absence occurrence by division

Figure 42: Sickness average days lost by ethnicity and division (2022 – 2024)



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Table 32: Sickness average days lost by ethnicity and division (2022 – 2024)

Average number of days lost per absence occurrence by division							
Division	Asian	Black	Mixed	Other	Unknown/ Not stated	White	Grand Total
Core Clinical	7.9	8.4	6.0	11.5	11.7	10.4	9.7
Corporate Services	9.2	9.9	13.4	2.3	10.8	11.4	11.1
Medicines Unplanned Care	5.6	9.8	6.6	5.6	5.0	10.2	8.4
Surgical Planned Care	6.6	11.3	18.8	8.9	14.1	12.6	11.0
Women's and Children's	5.9	9.4	10.3	4.6	14.9	14.8	13.0
Grand Total	6.5	9.8	10.3	7.2	9.9	11.7	10.2

Top Disparities

- Corporate Services:**
 - Mixed group: The average days lost per absence occurrence is 13.4 days, which is significantly higher compared to the Other group at 2.3 days. This indicates a major disparity within this division.
- Surgical Planned Care:**
 - Mixed group: The average days lost per absence occurrence is 18.8 days, which is much higher than the average for the Other group at 8.9 days. This substantial disparity warrants further investigation.
- Women’s and Children’s:**
 - Unknown/Not stated: The average days lost per absence occurrence is 14.9 days, compared to the Other group at 4.6 days. This large disparity suggests an area that needs closer scrutiny.

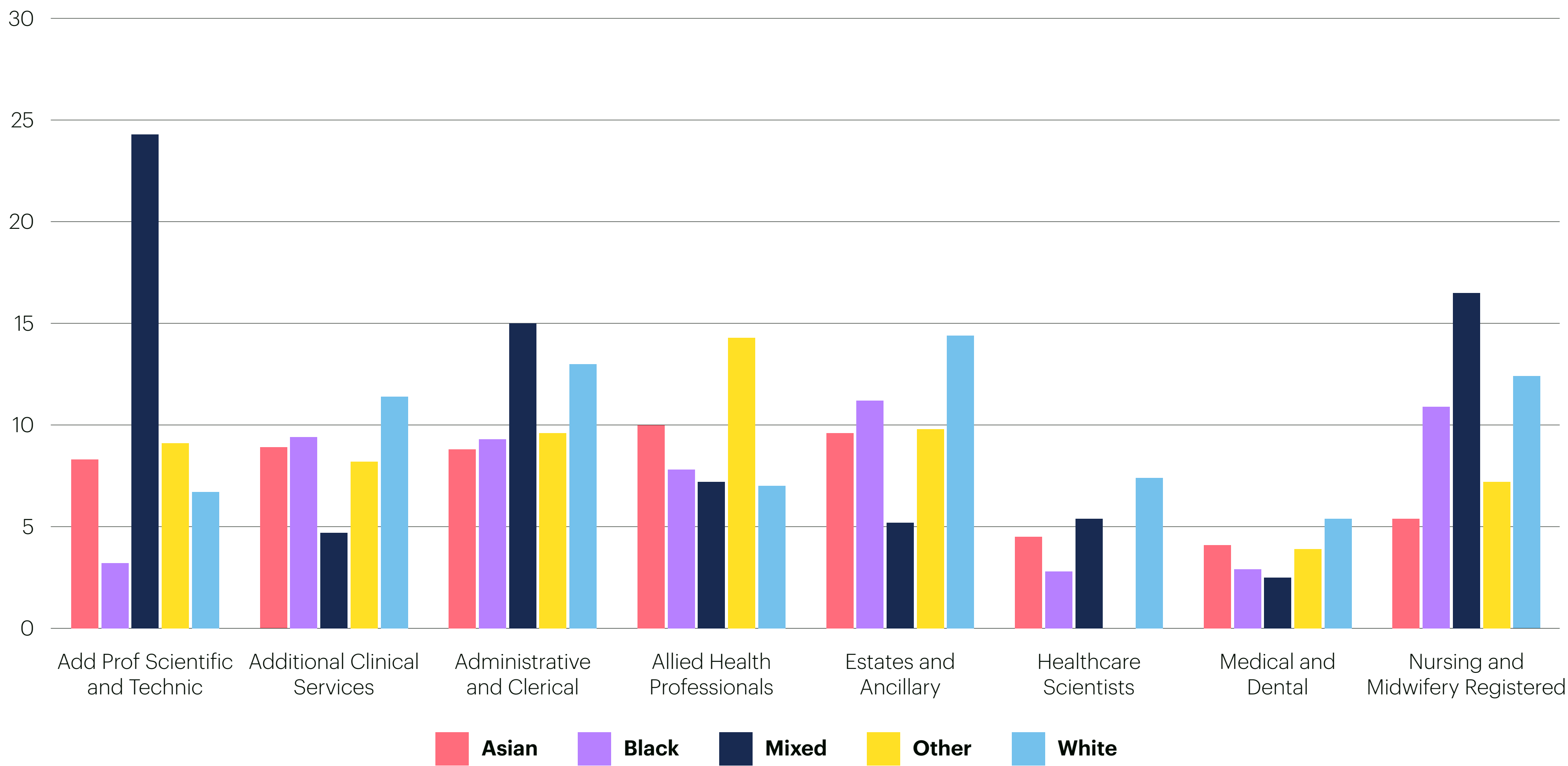
Divisions Needing Further Investigation

- Corporate Services:**
 - The significant variation between the Mixed group (13.4 days) and the Other group (2.3 days) indicates potential underlying issues that need to be explored.
- Surgical Planned Care:**
 - The high average days lost for the Mixed group (18.8 days) compared to other ethnic groups suggests a need for detailed analysis to understand the contributing factors.
- Women’s and Children’s:**
 - The high average days lost for the Unknown/Not stated group (14.9 days) suggests there may be specific issues affecting this group that require further investigation.

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Average number of days lost per absence occurrence by staff group

Figure 43: Sickness average days lost by ethnicity and staff groups (2022 – 2024)



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Table 33: Sickness average days lost by ethnicity and staff groups (2022 – 2024)

Division	Asian	Black	Mixed	Other	Unknown/Not stated	White	Grand Total
Add Prof Scientific and Technic	8.3	3.2	24.3	9.1	3.6	6.7	7.4
Additional Clinical Services	8.9	9.4	4.7	8.2	8.2	11.4	10.3
Administrative and Clerical	8.8	9.3	15.0	9.6	16.2	13.0	12.6
Allied Health Professionals	10.0	7.8	7.2	14.3	4.8	7.0	7.6
Estates and Ancillary	9.6	11.2	5.2	9.8	16.8	14.4	13.2
Healthcare Scientists	4.5	2.8	5.4	-	8.8	7.4	6.2
Medical and Dental	4.1	2.9	2.5	3.9	5.6	5.4	4.4
Nursing and Midwifery Registered	5.4	10.9	16.5	7.2	7.6	12.4	10.4
Grand Total	6.5	9.8	10.3	7.2	9.9	11.7	10.2



Top Disparities

1. Add Prof Scientific and Technic:

- **Mixed group:** The average days lost per absence occurrence is 24.3 days, significantly higher compared to other ethnic groups such as Black (3.2 days). It's important to note that the staff numbers for the Mixed ethnic group might be low, which could skew the figures and create a higher average.
- **Asian group:** The average days lost per absence occurrence is 8.3 days, which is higher than the overall average for this division (7.4 days).

2. Administrative and Clerical:

- **Mixed group:** The average days lost per absence occurrence is 15.0 days, compared to other ethnic groups such as Black (9.3 days) and Other (9.6 days). The low staff numbers for the Mixed ethnic group might contribute to this substantial disparity.
- **Asian group:** The average days lost per absence occurrence is 8.8 days, which is higher than the overall average for this division (12.6 days).

3. Estates and Ancillary:

- **Mixed group:** The average days lost per absence occurrence is 5.2 days, compared to other ethnic groups such as Asian (9.6 days) and Black (11.2 days). The potentially low staff numbers for the Mixed ethnic group might skew the figures and lead to a notable disparity.
- **Black group:** The average days lost per absence occurrence is 11.2 days, which is higher than the overall average for this division (13.2 days).

Divisions Needing Further Investigation

1. Add Prof Scientific and Technic:

- The significant variation between the Mixed group (24.3 days) and other ethnic groups like Black (3.2 days) suggests potential underlying issues that need to be explored, while considering the low staff numbers. The Asian group (8.3 days) also stands out.

2. Administrative and Clerical:

- The high average days lost for the Mixed group (15.0 days) compared to other ethnic groups highlights the need for detailed analysis to understand the contributing factors, with attention to the staff numbers. The Asian group (8.8 days) also stands out.

3. Estates and Ancillary:

- The high average days lost for the Mixed group (5.2 days) compared to other ethnic groups like Asian (9.6 days) and Black (11.2 days) suggests specific issues affecting this group that require further investigation, considering the staff numbers. The Black group (11.2 days) also stands out.

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Conclusion

The analysis of sickness absence data over the periods 2021/22, 2022/23, and 2023/24 reveals significant insights into the trends and disparities among different ethnic groups. While the overall number of days lost due to sickness has decreased, there remain notable variances when broken down by ethnic group and division. The steady decrease in average days lost per absence occurrence is encouraging, but the persistent disparities among ethnic groups highlight areas needing attention.

Recommendations for Improvement

1. **Targeted Health and Wellness Programs:**

Implement health and wellness initiatives tailored to the needs of ethnic groups that have shown an increase in sickness absence, such as the Asian and Black groups. These programs should focus on preventive measures, mental health support, and chronic disease management.
2. **In-depth Investigation and Root Cause Analysis:**

Conduct detailed analyses to understand the underlying factors contributing to the high average days lost per absence occurrence, especially in divisions like Corporate Services and Surgical Planned Care. This will help identify specific issues and develop targeted interventions.
3. **Diversity and Inclusion Training:**

Enhance diversity and inclusion training across the organisation to address potential biases and foster a more supportive work environment. This can help reduce stress and improve overall employee well-being.
4. **Data Monitoring and Reporting:**

Establish a robust system for ongoing monitoring and reporting of sickness absence data by ethnic group. Regularly review and analyse this data to identify emerging trends and address issues promptly.
5. **Employee Engagement and Support:**

Increase efforts to engage employees from ethnic groups with higher sickness absence rates. Provide additional support and resources, such as flexible work arrangements, to help them manage their health and well-being effectively.
6. **Focused Interventions in High-Disparity Staff Groups:**

Develop and implement interventions specifically designed for staff groups with the highest disparities, such as Add Prof Scientific and Technic, Administrative and Clerical, and Estates and Ancillary. These interventions should aim to address the unique challenges faced by employees in these groups.
- By implementing these recommendations, the organisation can work towards reducing sickness absence rates, promoting employee health and well-being, and creating a more inclusive and supportive workplace for all employees.

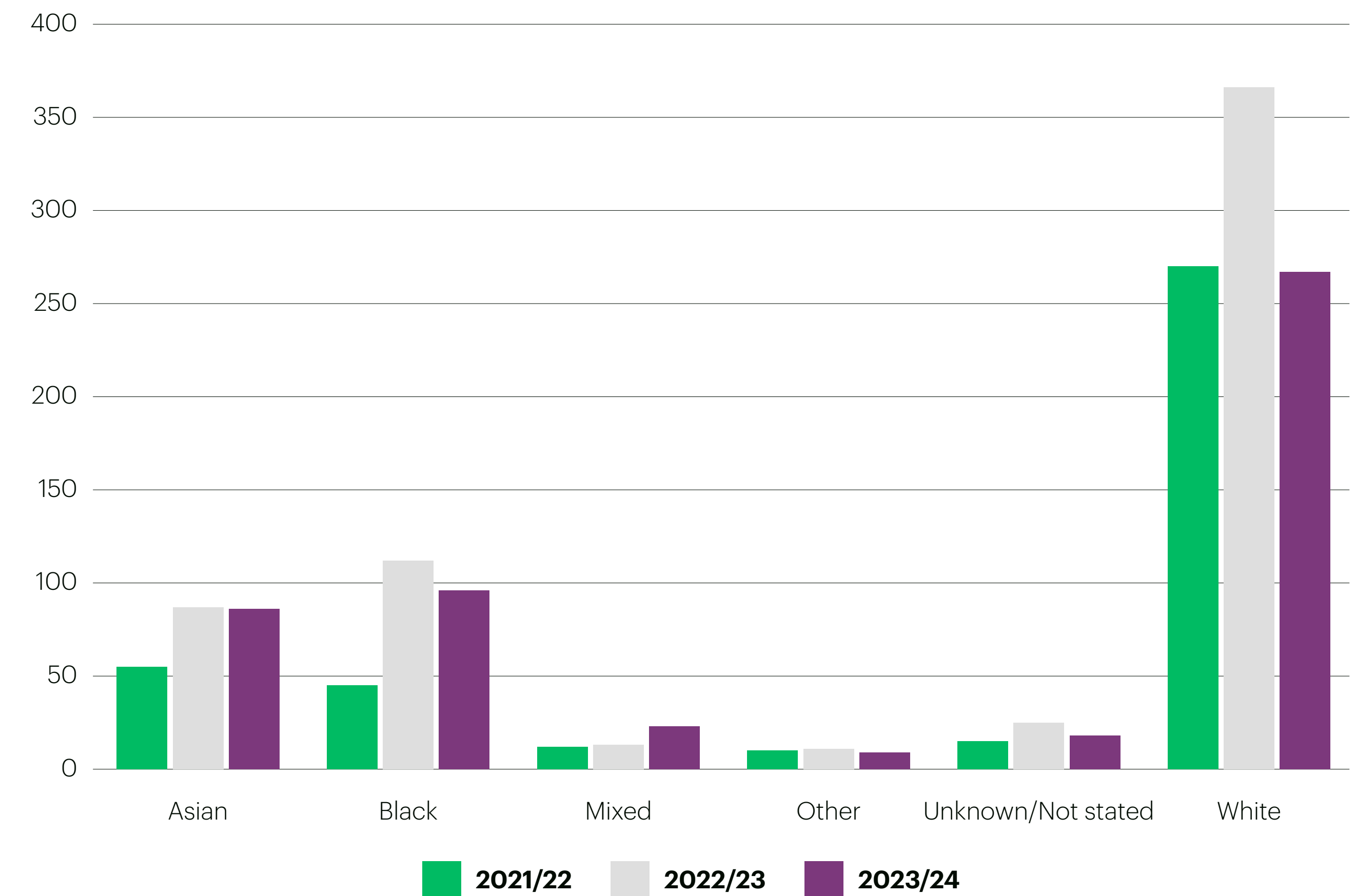
Leavers

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The data shows the staffing trends and turnover rates from 2022 to 2024, highlighting the number of staff in post and the ethnic disparities among leavers, with particular emphasis on the varying turnover rates across different ethnic groups. In addition, the number of leavers increased from 407 in 2021/22 to 614 in 2022/23, before decreasing to 499 in 2023/24.

While there is an increase in both the number of leavers and the overall number of staff in post, the rates of increase differ. The number of staff in post increased by 5.7% from 2022 to 2023, and by 6.2% from 2023 to 2024. On the other hand, the number of leavers saw a more significant increase of 50.8% from 2021/22 to 2022/23, before decreasing by 18.7% from 2022/23 to 2023/24. So, while both metrics are rising, the number of leavers has fluctuated more sharply compared to the steadier growth in staff in post.

Figure 44: Sickness average days lost by ethnicity and division (2022 – 2024)



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Table 34: Sickness average days lost by ethnicity and division (2022 – 2024)

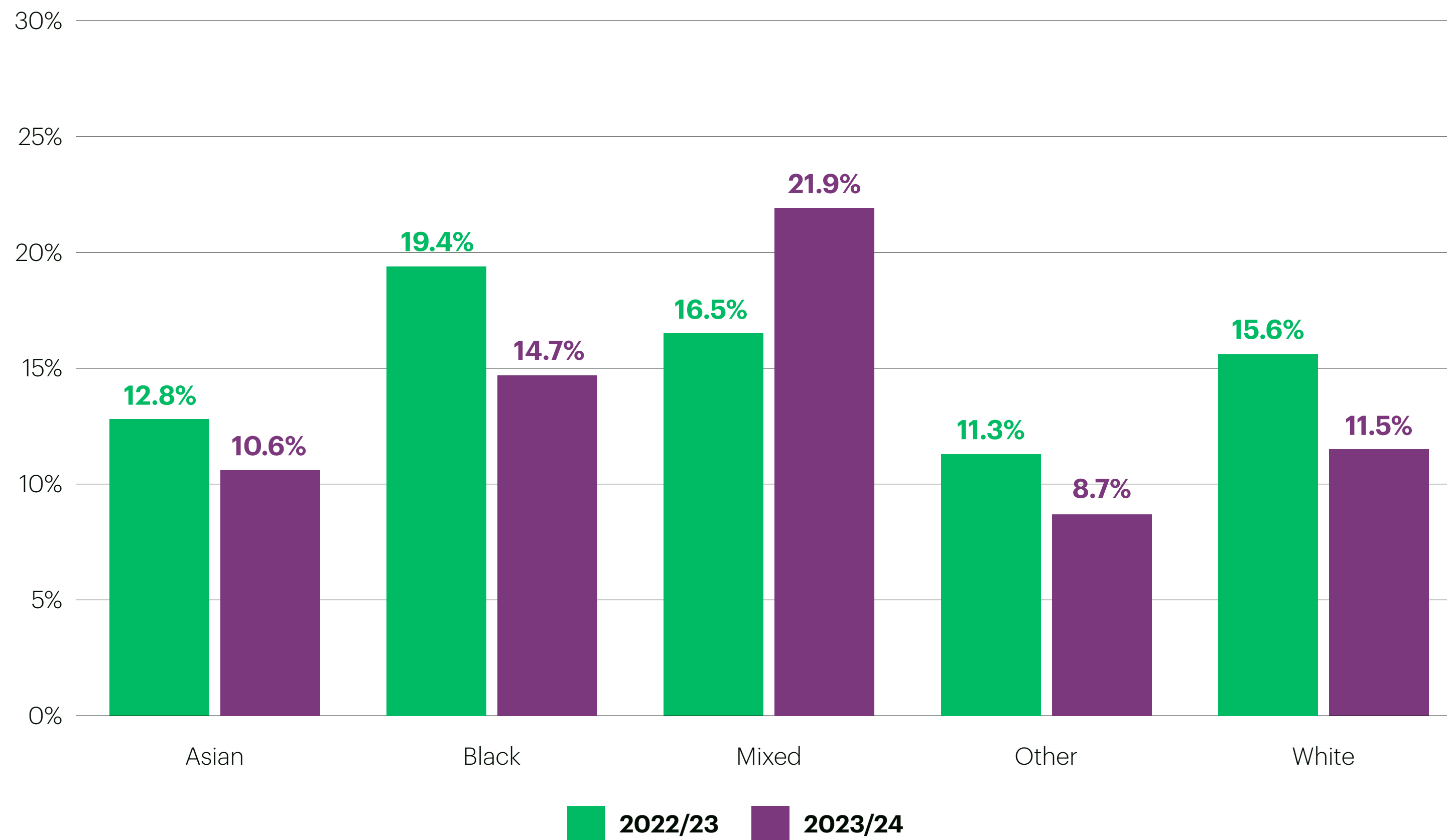
Year	Asian	Black	Mixed	Other	Unknown/ Not stated	White	Grand Total
2021/22	55	45	12	10	15	270	407
2022/23	87	112	13	11	25	366	614
2023/24	86	96	23	9	18	267	499
Total	228	253	48	30	58	903	1,520

The number of leavers varies each year, with the highest being in 2022/23:

- 2021/22: 407 leavers, with White staff forming the largest group (270).
- 2022/23: 614 leavers, with an increase across all ethnic groups, notably Black staff (112).
- 2023/24: A decline to 499, with fewer leavers among White staff (267) and Black staff (96).

Turnover Rate

Figure 45: Turnover rates by ethnicity (2022 – 2024)



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Table 35: Turnover rates by ethnicity (2022 – 2024)

Year	Asian	Black	Mixed	Other	Unknown/ Not stated	White	Grand Total
2022/23	12.8%	19.4%	16.5%	11.3%	16.2%	15.6%	15.6%
2023/24	10.6%	14.7%	21.9%	8.7%	11.6%	11.5%	12.0%

The turnover rates have varied significantly:

- **2022/23:** The overall rate was 15.6%. Notably high for Black staff (19.4%) and fairly consistent for White and Asian staff.
- **2023/24:** The overall rate decreased to 12%. The Mixed group saw the highest turnover (21.9%), while Other ethnicities had the lowest (8.7%).

Observations on Ethnic Disparities

- **Leavers:** The turnover rate among Black staff, while reduced in 2023/24, has been consistently higher compared to other groups. Mixed staff saw a significant rise in their turnover rate in 2023/24.
- **Staff in Post:** Despite the rising number of staff in post, certain ethnic groups like Black and Mixed staff have higher leaver rates, indicating potential disparities or challenges faced by these groups.

Understanding these patterns and addressing the root causes could be essential in creating a more inclusive and stable workforce.

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Voluntary Turnover Rate

Figure 46: Voluntary turnover rates by ethnicity (2022 – 2024)

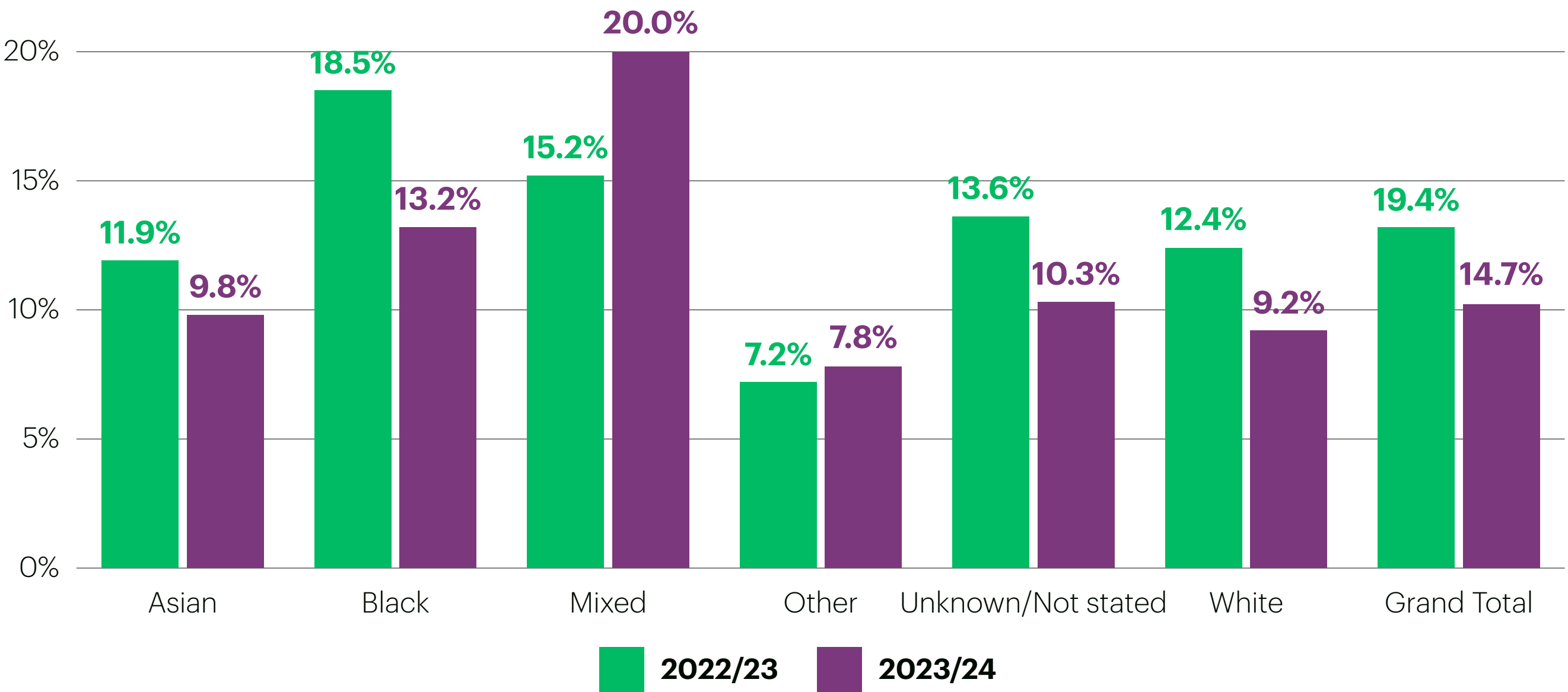


Table 36: Voluntary turnover rates by ethnicity (2022 – 2024)

Year	Asian	Black	Mixed	Other	Unknown/Not stated	White	Grand Total
2022/23	11.9%	18.5%	15.2%	7.2%	13.6%	12.4%	13.2%
2023/24	9.8%	13.2%	20.0%	7.8%	10.3%	9.2%	10.2%

The data shows a noticeable change in voluntary turnover rates across different ethnic groups from 2022/23 to 2023/24. Notably:

- Asian:** The turnover rate decreased from 11.9% to 9.8%.
- Black:** The turnover rate also decreased significantly from 18.5% to 13.2%.
- Mixed:** The turnover rate increased from 15.2% to 20.0%, highlighting a significant rise.
- Other ethnicities:** The rate increased slightly from 7.2% to 7.8%.
- Unknown/Not stated:** The rate decreased from 13.6% to 10.3%.
- White:** The rate decreased from 12.4% to 9.2%.
- Overall turnover rate:** Decreased from 13.2% to 10.2%.

These figures indicate that while the overall turnover rate decreased, there are notable differences among ethnic groups, particularly the significant increase among Mixed staff. This may suggest underlying issues or disparities that warrant further investigation.

Main Disparities in Voluntary Leaving Reasons for Ethnic Minorities

The voluntary leaving reasons highlight several disparities among ethnic minority groups:

- **Voluntary Resignation** - Child Dependants:
 - Black: Significantly higher with 21 individuals.
 - Mixed: Noticeably fewer at 3 individuals.
 - Asian: Relatively low at 3 individuals.
- **Voluntary Resignation** - Health:
 - Asian: Higher at 9 individuals.
 - Black: Moderate at 8 individuals.
 - White: High at 51 individuals (for comparison).
- **Voluntary Resignation** - Relocation:
 - Asian: High at 41 individuals.
 - Black: Significant at 36 individuals.
 - Mixed: Low at 4 individuals.
 - Other ethnicities: Low at 6 individuals.
- **Voluntary Resignation** - Work Life Balance:
 - Asian: Moderate at 23 individuals.
 - Black: Significantly higher with 32 individuals.
 - Mixed: Low at 6 individuals.
 - Other ethnicities: Low at 1 individual.

Recommendations to Reduce Disparities

- **Flexible Work Arrangements:**
 - Implement flexible working hours and remote work options to help employees with dependants.
 - Provide support for balancing work and personal life, especially for Black and Asian staff.
- **Health and Wellness Programs:**
 - Develop health and wellness initiatives tailored to the needs of different ethnic groups.
 - Promote preventive healthcare and support systems, especially for Asian and Black staff.
- **Career Development and Opportunities:**
 - Ensure equal access to career development opportunities for all staff.
 - Implement mentorship programs and leadership training for underrepresented groups.
- **Inclusion and Belonging Initiatives:**
 - Foster an inclusive workplace culture where all staff feel valued.
 - Address any systemic issues contributing to turnover.
- **Support for Relocation:**
 - Provide additional assistance and resources for employees considering relocation, including housing and integration support, especially for those recruited from overseas.
 - Address high resignation rates due to relocation among Asian and Black staff.
- **Enhanced Communication and Feedback Mechanisms:**
 - Establish regular check-ins and feedback mechanisms to understand and address employee concerns proactively.
 - Create safe spaces for employees to share their experiences and suggestions.

By implementing these recommendations, the organisation can work towards reducing the disparities in voluntary leaving reasons and creating a more equitable and supportive work environment for all employees.

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A series of semi structured interviews were conducted with individuals and groups in the organisation. Most interviews were conducted online and by using an online survey tool with some staff groups, their thoughts and views were captured safely and anonymously. Approximately 100 people were interviewed, this included

- Executive and non-executive board members
- Senior managers
- Team leaders
- Front line staff
- Governors
- Staff networks

Interviewees were told they were free to speak up safely and that they would not be identified. Interviewees were loosely asked the same questions.

- Why is race equality important
- How does race equality impact on staff
- What do you believe are the race equality issues in the trust
- What do you think can be done to improve the culture in the organisation

The executives, including the CEO and chair were interviewed individually. The non-executives were interviewed in a group, as were the black Asian and minority ethnic network members.

The interviewer explained that a piece of work had been commissioned by Joe Harrison the CEO to look at the issue of racial inequality in the organisation and to hear from staff what they believed the issues but most importantly to find out what they believe could be done to make positive change in the organisation. The interviewees were assured of anonymity and the confidential nature of the interviews for them to feel free enough to speak, bearing in mind the sensitive and complex nature of the subject matter. The Interviewer assured them that emerging themes from the interviews would be grouped so that individuals could not be identified. Interviews lasted approximately 1 hour.

The themes emerging from most of the interviewees were the same, the emphasis or importance of some of the issues was different depending on the individual's position in the organisation, their ethnicity and their profession.

Key recurring themes from the interviews with staff

- Agreement that race equality is important
- Tiredness and despondency
- Poor leadership
- Nepotism
- Unfairness
- Lack of progression

- Lack of trust
 - No one listens
 - Lack of understanding of the race agenda
 - Racism, bullying and harassment
- Race equality is important** - All members of staff from all levels and all backgrounds recognised that there was an issue of inequity and inequality within the trust and said that something needed to be done to improve the organisation to make it fairer and more equitable place for all within the Trust.
 - Despondency, disbelief and depression** - Many of the Black Asian and minority ethnic staff in the trust feel weary, tired of hearing that something is going to be done to improve race equality and nothing concrete being done to improve the situation. Everyone feels there is work to be done however many members of staff feel despondent and don't believe anything will be done to improve the culture in the organisation. Many interviewees stated that they believe the work on race equality being done in the trust is superficial and is only being done as 'top dressing'.
 - Leadership** - What was clear to many of the interviewees was that for any change to happen in the organisation, the leaders in the organisation and by that they meant board level leaders would have to demonstrably show that race was a priority.
- Poor leadership and a general disregard or disinterest in race inequality over many years at all levels within the organisation was seen as a key component in the organisation not taking the issue seriously enough to



make the necessary changes. Many of the interviewees stated that it was not solely the CEOs responsibility to highlight the issue, and that all executive members and non-executive board members had a responsibility to work on improving the situation, currently they did not feel this was the case.

- A consistent theme throughout the interviews with staff from ethnic minority backgrounds was the lack of management experience of their managers and supervisors, that generally people were promoted because they had been around a long time or they were popular with senior leaders but their leadership skills and knowledge of how to manage and lead staff was poor.
- There were many examples of staff complaining about poor culture or indeed racist incidents which were either ignored or brushed to one side. Some members of staff felt they were expected to put up with poor behaviour from colleagues as they got no support from their line managers and often if the issue was investigated there was never enough evidence to do anything about it. This led to a lot of cynicism about the organisation, with more than two interviewees saying, “I come to work, keep my head down and say nothing”
- A frequently occurring theme was the lack of progression for staff from non-white background and that getting promoted in the trust was hard. Many stated that individuals did not get either formal or the informal training and development opportunities their white counterparts got and that it was harder for them to access formal training.

- Many ethnic minority interviewees stated that they do not bother to apply for posts within the organisation because they knew they would not get them. Interestingly, some of the white leaders interviewed stated that perhaps the reason for so few non-white senior leaders were because they did not apply for posts, the data does not support that theory.
- There was a plea for a fairer more transparent recruitment process, with a diverse mix of people on the interview panel. Some of the interviewees mentioned the system being stacked against them due to them not having access to senior leaders or the informal networks that are in existence. Many mentioned working twice as hard to go half as far and always being given the menial tasks that no one else wanted to do.
- Senior leaders need to gain a deeper understanding of race equality, generally staff were pleased that the trust was making race equality a priority however it was stated many times by members of staff and senior leaders that they did not understand it.

4. Culture

- An issue that was raised by several members of staff was the communities that people live in and come from overall had negative feelings about foreigners and therefore it was difficult for them to understand the importance of inclusion.
- The culture in the organisation needs to change, 5 different leaders in such close succession has led to confusion about the direction of travel and knowledge.

- Some of the interviewees did not feel that senior leaders were approachable or trustworthy.
- There is a feeling of them and us in the organisation, senior leaders and then everyone else.
- Nepotism and unfair recruitment processes were pointed out as being rife within the organisation. People in the organisation believe these unfair processes to be deeply embedded and are the norm.
- Racism, bullying and harassment are said to be rife within the organisation and are said to be wholly ignored by senior leaders. Racism by and from patients, relatives and other members of staff and not dealt with appropriately or consistently.
- A feeling that ethnic minority staff have a worse experience and get fewer rewards (financial and otherwise) than their white counterparts.
- Senior leaders not listening to staff and if they do listen become defensive and or dismissive about the issues.



Lack of trust and belief in leaders who appear not to listen or understand the issues

A few people stated that senior leaders were not aware of the issues and did not know how to deal with race inequality. It is often brushed under the carpet or ignored. In addition, there has been a lot of changes in terms of senior leaders, therefore frequent changes in direction, leading to tiredness and despondency and a lack of belief that anything would be done to improve the situation. Leaders must have an understanding of the race equality agenda. They have a responsibility to ensure they are aware of the issues that might occur for ethnic minority staff. The trust should consider having an ongoing development programme for board and senior leaders. Their understanding of the race agenda and ability to work with is fundamental to the changes that need to be made in the trust.

Key recurring themes from the interviews with senior leaders

- Recognition that the demography is rapidly changing across the country and more specifically in Milton Keynes
- Race equality is an important issue and needs to be addressed, a need for an equitable organisation
- Not sure how to approach it or what to do to make it better
- Race inequality impacts patient care
- Poor understanding of the issue by some senior leaders
- All need to know the difference between equality and equity
- OD and Talent management need more profile and investment
- Need for an EDI lead with race equality expertise
- All senior leaders need to be demonstrably committed to the issue
- A need for education on the issue for senior leaders

Most senior leaders highlighted the changes in the local demography and that there are many more people from ethnic backgrounds in the local population than 10 years ago. All the leaders acknowledged that race equality was an important issue and needed to be addressed if patient care were to be improved. Some of the leaders were more committed to wanting to make the necessary changes than others. All acknowledged that this report was an important step in the right direction of improving relations with ethnic minority staff in the organisation. There was an obvious need for some board members to develop their understanding of race equality and its impact on patient care.

What is clear is that for members of staff in the organisation and senior leaders, race equality is a serious issue and one that needs to be dealt with as a priority.

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An article in the Guardian newspaper written over a year ago stated that more than a third of people from ethnic and religious minorities have experienced racially motivated physical or verbal abuse, according to the biggest and most comprehensive survey of race inequality in the UK for more than a quarter of a century.

The survey found “strikingly high” levels of exposure to abuse across a wide range of ethnic minority groups, as well as a high prevalence of racial discrimination and inequality of outcomes in education, the workplace, housing and interactions with the police.

“Britain is not close to being a racially just society,” concludes the two-year research project, which urges ministers to tackle what it describes as “substantial ethnic inequalities” found across a range of areas of British life and institutions.

The article provides the backdrop to this report. Unsurprisingly people that work in the NHS describe being discriminated against in and out of work. Whether it is admitted or not the evidence is that racism is deeply embedded within our society and that means all our institutions including the NHS. This report shines a light on the experiences of staff in Milton Keynes, the

experiences here are not unique to this organisation. The good news is that leaders in the organisation recognise that race inequality is an issue and want to work towards reducing it.

Milton Keynes University hospital Trust provides acute services to its population of 287,100 people of whom 26.2% are from Black Asian and minority ethnic backgrounds. The trust employs more than 4000 members of staff, 42.6% of which are from Black Asian or minority ethnic backgrounds though Black Asian and minority ethnic staff are under-represented at senior management and Board level compared to their presence in the workforce as a whole. (19 at band 8a, 5 at band 8b, 2 at band 8c and 1 band 9).

The medical profession is overrepresented with approximately 70% of all Drs coming from a black Asian or minority ethnic backgrounds.

Without exception members of staff spoken to were caring, considerate and professional. They are keen to support the organisation to give the very best treatment to patients and are a key asset to the organisation, they want to be valued and appreciated for what they do.

There are several race inequality issues within the trust that need to be addressed, particularly the feelings that staff have about nepotism, favouritism and a lack of progression for Black Asian and minority ethnic staff, the data bears this out.

An important point to note here is the national picture on race equality. In September 2020, the Phase Three letter sent to all organisations from Simon Stevens the then CEO of NHS England.



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The letter stated,
“That all NHS organisations should strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher”. (Page 9)

There is no question that like most organisations in the NHS Milton Keynes University Hospital Trust has good intentions when it comes to race equality, diversity and inclusion, the issue is that like most organisations it does not have a joined up or consistent approach to dealing with the difficult and complex issue of race equality. The CEO commissioned three pieces of work to look at the issue, a piece by Elina Misra, looking at HR and the law, one by Roger Kline looking at recruitment processes and this the third and final piece taking a deep dive into the workforce data.

Though a lot of good work is being carried out to improve equity in the organisation, it needs to be more joined up, have clearly defined and measurable outcomes and be led by people that understand race and know what needs to be done to improve the current situation. The complexity of making the required changes should not be underestimated. It will take courage, determination and focus to achieve a fair and equitable environment for all staff to work in. It must be understood that this can take years, not months

There have been many changes in the NHS and in the country since the pandemic, new leadership in the NHS and a new Government, this means that the focus on race equality isn't what it was even 5 years ago. However, the issue and problem of race inequality for patients and for staff remains as relevant as ever. The NHS is short of approximately 40000 members of staff, with people leaving in unprecedented numbers. It is therefore important to make the work environment inclusive and foster a sense of belonging amongst staff in order to keep them.

At the time of writing 26.8% of NHS staff are from ethnic minority backgrounds, yet race equality no longer appears to be an NHS priority. This has had a profound impact on NHS organisations, Milton Keynes being no different. Organisations will need to focus on the issue of race inequality because there is a growing realisation that this is an issue that will not simply go away, it cannot be resolved by ignoring it or sweeping it under the carpet, concerted and continuous effort needs to be made in order for there to be equity in the organisation, ultimately leading to better patient care, safety and satisfaction.

Key recommendations

Verbally agreeing to adhere to the recommendations made following a review is easy, turning those recommendations into robust implementation plans that make demonstrable, measurable and sustainable change to the lives of ethnic minority staff in the organisation is the more challenging part of the process. There is no question that like most organisations in the NHS Milton Keynes University Hospital Trust has good intentions when it comes to race equality, diversity and inclusion, the issue is that like most organisations it does not have a joined up or consistent approach to dealing with the difficult and complex issue of race equality. Though a lot of good work is being carried out to improve equity in the organisation, it needs to be more joined up, have clearly defined and measurable outcomes and be led by people that understand race and know what needs to be done in order to improve the current situation. The difficulty in making the required changes should not be underestimated. It will take courage, determination and focus to achieve a fair and equitable environment for all staff to work in. It must be understood that this can take years, not months.



Distribution of the report

- The report should be read by all senior leaders and the contents fully understood. They should be able to, when asked, explain the differences in experience of ethnic minority staff and white staff and why race equality is important for health
- The report should be widely circulated within the trust
- Trust wide workshops should be held, board members to be in attendance. All staff to have to opportunity to attend, comment and to understand why race equality is important to the organisation.

Vision and Leadership

Race equality is a difficult, complex and thorny issue, which has often been underestimated in terms of what it takes to make a difference to the many people nationally, or indeed globally that are subject to discrimination based on the colour of their skin. In the NHS we have for many years attempted to make a difference, through projects and initiatives that are at best well-meaning and at worst do more harm than good.

For there to be sustainable change there needs to be needs to a clear vision as to where the organisation wants to be and strong leadership to steer the organisation to get there. Many organisations do not have a clear vision of what they want the organisation to look, sound and feel like in terms of race equality. Unsurprisingly a diverse workforce does not necessarily mean the organisation is inclusive, fair or equitable. The vision for the organisation is important so that everyone knows when they have arrived at the destination.

Overall, the NHS is good at developing and implementing processes and frameworks, of introducing policies and procedures, many take time, energy and effort to develop and often the outcome is not what is needed, wanted or required. This is why the vision must be the place to start when developing an implementation strategy

for race equality. This is harder than it sounds as the vision is about making sure that all members of staff could help shape that vision and everyone must know and understand the direction of travel the organisation is moving in, there can be no exceptions to that. Most organisations have values statements which often sound great but are meaningless to the people in the organisation, many do not know what those values are or how to demonstrate they are living them. To make the vision real will take robust and focused leadership, and a good communications strategy. The importance of all leaders, but especially the leaders that have authority and power leading this work is essential.

- Stable leadership, a leadership team that stays in the organisation for more than 2 years
- Demonstrative leadership is a key component in making any sustainable change in the organisation
- The board should have 11% ethnic minority executives and 11% non-executives (the % of staff from ethnic backgrounds in the organisation)
- The development of a vision for race and equality in the organisation



Data

The importance of good, clear and understandable data in this work cannot be underestimated. It is difficult to know what to do, where to do it and for how long it will take without an in-depth and working knowledge of the data. Data will enable the organisation to make the decisions about where best to put its energies to achieve the highest return on investment.

Most organisations have good data collection systems, often the information that is necessary to make the changes is available within the systems, the right questions simply need to be asked. Data collection on race issues has been patchy at best across the NHS and there are many examples of how ethnicity data, has not been routinely collected to improve the working lives of staff and the treatment of patients. Not only is it essential to collect the data, but it is also important to understand what it is saying and to discuss debate and decide what to do about it. Workforce Race Equality (WRES) Data has been collected across the NHS for the last 8 years and

there is widespread acknowledgement and agreement that ethnic minority staff have a poorer experience of working in the NHS than White staff. The national WRES data is merely a snapshot of the organisation. It does not give the clear and in-depth information about the nuances and difference between directorates and teams. It does not show where energy needs to be expended to improve the data within an organisation. Usually, boards receive the WRES data before it is signed off and sent to the NHS England WRES team and usually organisations will have attached to the WRES data an implementation plan to improve and close the gap in experience between White and ethnic minority staff. Leaders must have an in-depth understanding of the race equality data and what it means before developing a strategy to improve race equality in the organisation. Understanding self in relation to race is key. The 8 A's of allyship is a useful tool for leaders to use to identify their commitment to and energy to delivering race equality.

Developing a Strategy

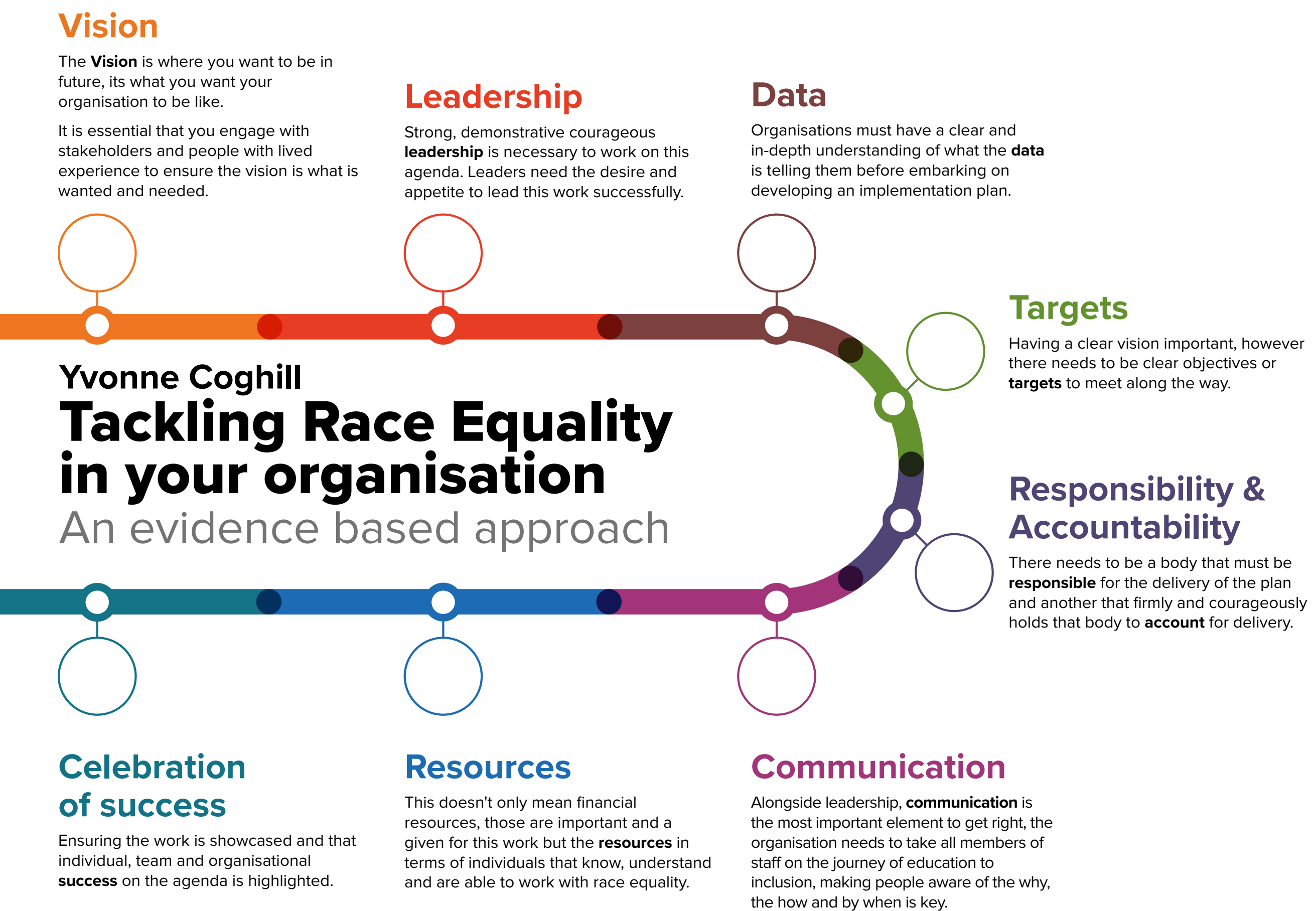
There is a need to have a good race equality strategy in place, with the resources necessary to deliver it, embedded in the strategy should be clear and unambiguous anti racism and zero tolerance statements. The development of an anti-racist and a zero-tolerance strategy alongside the strategy is important. The three documents should work in tandem and be understood and adhered to by all.

An excellent anti racism strategy has been developed by Chesterfield Royal hospital and could be used as a template. Including the 7 principles of antiracism developed by the NHS Race and Health Observatory would help keep the strategy on track and evidenced based.

The trust should not accept any situation in which an employee is abused, threatened or assaulted in circumstances relating to their work. This includes the serious or persistent use of verbal abuse, aggressive tone and/or language and swearing/foul language. Therefore, a robust policy should be developed. The policy needs to ensure there are demonstrable and decisive actions taken when abuse, harassment or violence occurs and that everyone is clear about the policy about how situations are dealt with. This is easier said than done, particularly when people are old and sick and might well not be fully cognisant of what they are saying and doing. It is important that staff feel supported at all times and able to report issues that might otherwise go unheard. The trust has a system in place whereby staff can speak to a professional about any worrying experience, this should be maintained.

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Figure 16: Evidence based strategy for tackling race inequality



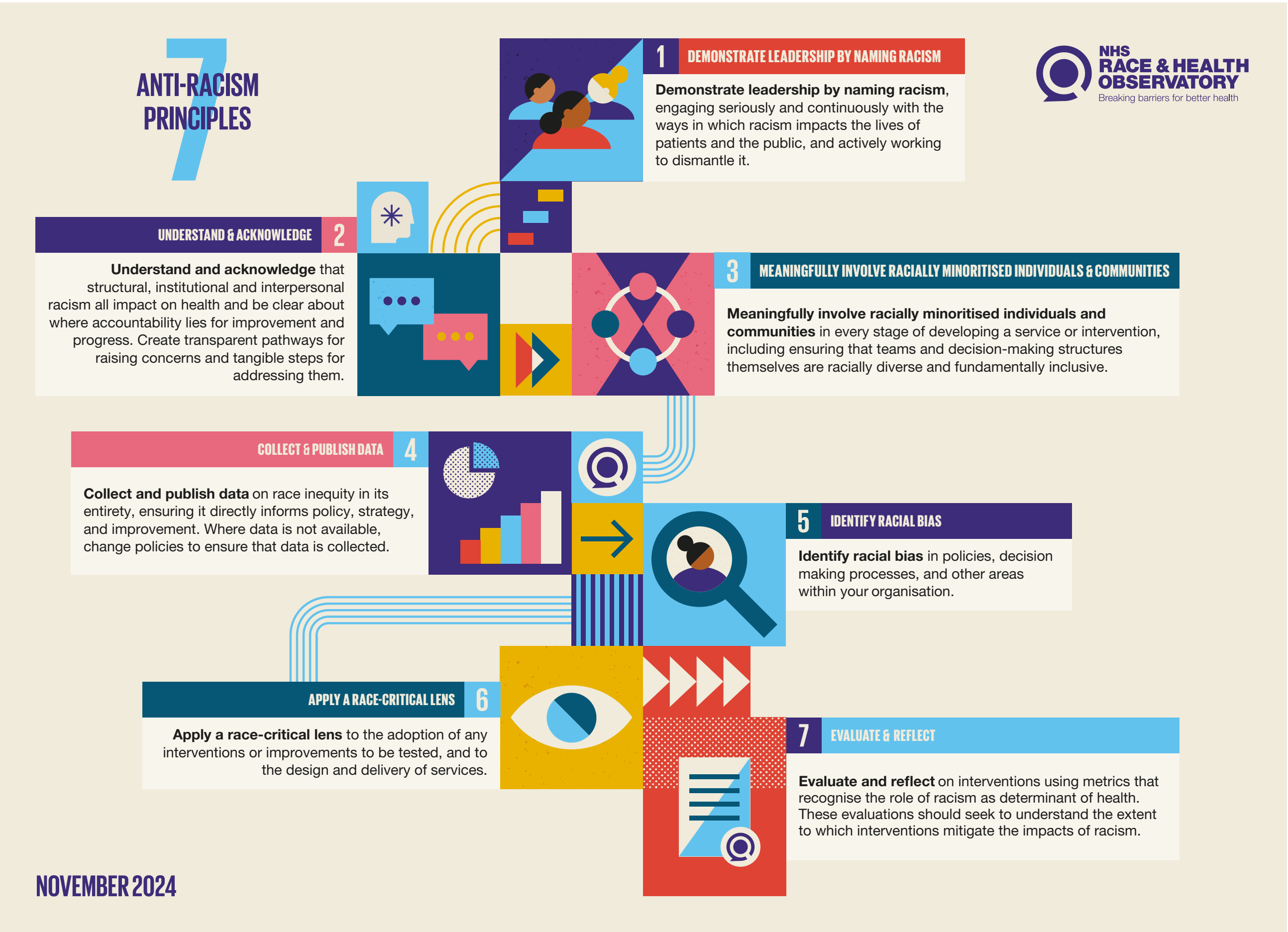
Race equality is an essential component in any organisation for delivering high quality services and saving money.

A well thought through and systematic approach to developing a strategy and implementation plan to improve race equality is essential if effective and sustainable change is to be made.

There must be an understanding that putting a robust plan into place that will deliver change will take time, commitment and energy from the organisations leaders.

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These are just some of the resources that organisations have access to develop a workable, evidence-based strategy to improve race equality in the organisation.



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Senior race equality lead

Race equality is a complex, thorny and difficult issue, it requires sensitivity, knowledge and the courage to tackle some of the more difficult issues. Several people highlighted the need for a race equality subject matter expert that would have access to the board, be accountable to the CEO and is senior enough to make a difference. The individual would have influence at board level and be well respected by staff. In addition, they should be able to hold the organisation to account in terms of delivering on the race and health agenda. This post must be set at director level, substantive, and not a training role, fixed term or secondment. Having a substantive post holder sends a clear message to staff that the trust is willing to invest in race and that the post will be part of showing the ongoing commitment to improving race equality in the trust.

Training and development

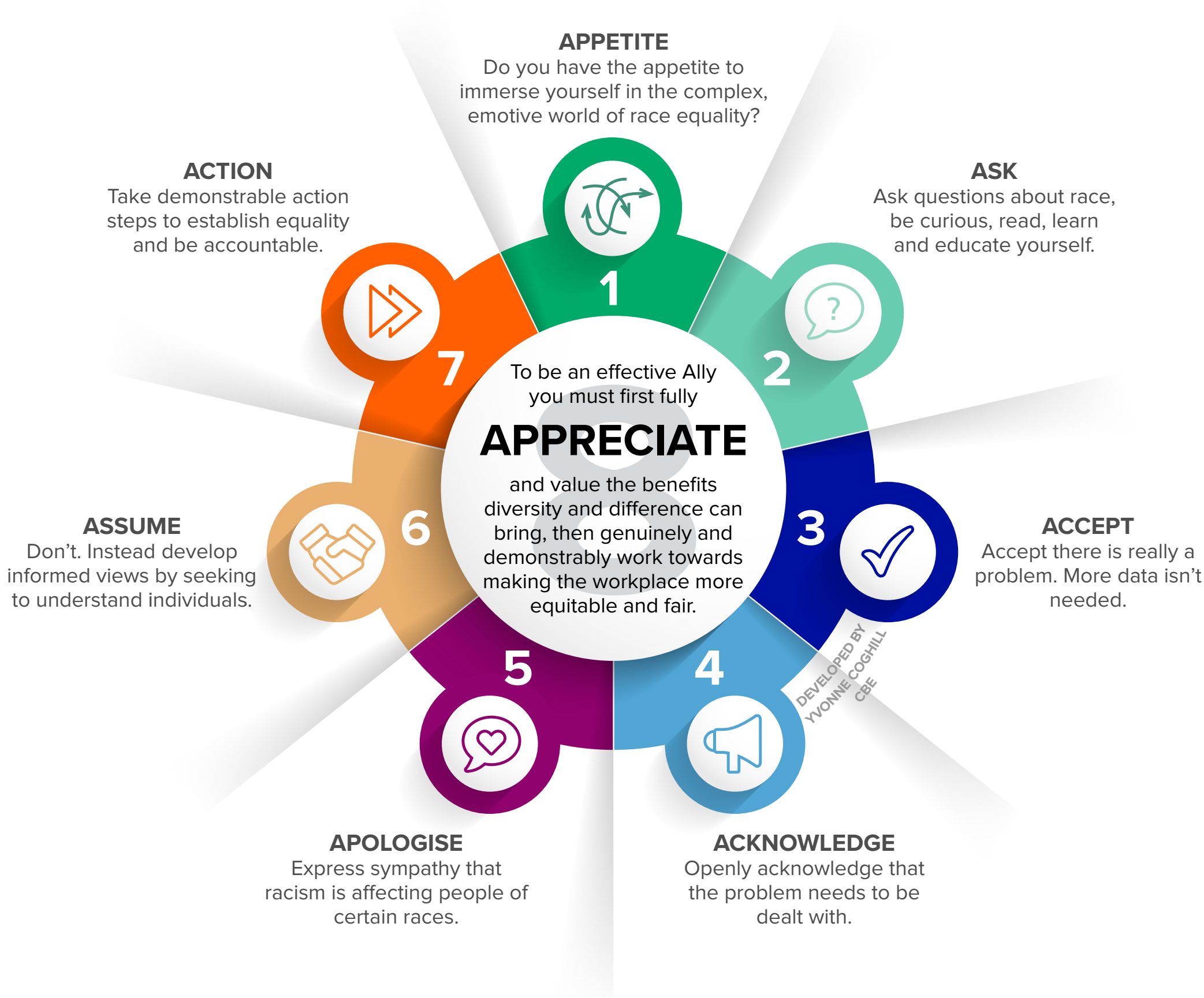
People felt that mandatory training and development in race and health was needed for all managers band 7 and above. Often, line managers are the forgotten elements when it comes to making changes on race equality. Senior leaders have development days on race and equality, the networks have sessions of their own, however line managers, who are in essence the engine drivers of the organisation are often left out of the equation and have little or no understanding as to why race equality is important for them, the trust and their patients. The trust already has a lunch and learn session on being anti racist in place, this should be rolled out across the whole organisation ensuring that staff are aware of the reasons for prioritising race equality. Using the model below to educate staff can be very useful enabling them to see clearly why race is a must do not a nice to have issue for the NHS.

- A positive action programme should be developed for ethnic minority staff, bands 4 and above.
- Leaders (Band 8 through to VSM) in the organisation should have a good understanding of race equality issues and the impact of inequality on health. Race equality objectives should be built into their appraisals, and they must be held to account for delivery of race objectives.
- There must be a targeted programme of development for all middle managers (Band 7- 9) Focus should be on recruitment, disciplinary processes and bullying and harassment.
- A talent management programme should be developed that specifically identifies talented staff from black Asian and minority ethnic backgrounds with a view to their progression in the organisation.
- An ongoing programme of development on race equality for board members

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Allyship

In order for staff to become true ally's the use of the 8A's of Allyship model would be helpful





The Eight A's to becoming an authentic Ally

To be an effective Ally you must fully appreciate and value the benefits diversity and difference can bring, then genuinely and demonstrably work towards making the workplace more equitable the fair.

Appetite

This A is the first and probably the most important, you must ask yourself, do I really have the appetite to immerse myself in the world of race equality, a world that I know little about, have no experience of and appears to be complex, convoluted and fraught with difficulty and high emotion. Spend some time thinking about and reflecting on whether you are prepared to be in or the long haul. Be honest with yourself, is this just a fad based on the George Floyd and Covid 19 issues. Allyship is forever not just during crises.

Ask

This is where you must be brave and actually ask questions about race, your own race included, be curious, find out what race equality and inequality means by looking things up, reading, questioning all your received wisdom about your race and others. Be prepared to be surprised and even shocked at what you hear.

Accept

Having done your homework on the issue and spent time reflecting on what you have learned, it's now time to accept, really accept that there is an issue for people of colour in our society. The acceptance ia an internal process and one that brings you to a place of understanding.

Acknowledge

Acknowledgement is external, here people will now know where you stand on race inequality because you will openly acknowledge that there is an issue that needs to be dealt with, you will speak up and speak out about the unfairness of a system that ensures that people with more melanin in their skins have poorer experiences of life.

Apologise

The apology is not about saying you are sorry for any individual wrong doings buy saying you are sorry this is happening globally to people of certain races and that apology needs to come from the heart and be authentic. It is not about empathising because you genuinely cannot walk in another man's shoes but you can show sympathy and caring about the situation in which they find themselves.

Assumptions

Don't make assumptions, too many plans and ambitions, personal or corporate, are driven by assumptions that are wrong and they fail. Full and informed views are critical prior to making any plans and the right moves. Never assume, it is dangerous but always seek the views of others and understand the implications of your actions across al interested parties, by doing so you will be better informed and you will have gathered the intelligence and ownership of individuals or groups for whom you endeavours have implications and you will significantly enhance your chances of success.

Action

The final A is taking demonstrable action on the race equality agenda. It can be sponsoring someone, it can be making a difference via policy changes, it can be any action that shows that you are indeed a true committed and authentic Ally.

Targets

Workin towards and hitting targets with regards to equity is a helpful and well understood way of the trust showing progress on the race equality agenda. In 2018 NHS England published the Model Employer document. Every provider organisation was given a target to reach over a 10-year period for equity in the organisation. Targets would also ensure staff are aware of successes and can see changes as and when they happen. The targets should be derived from the data and priorities agreed with the board and members of staff.

Responsibility and Accountability

Responsibility is embracing the obligations, commitments, choices, and attitude to get the work done, while accountability is about owning the outcomes of the actions and their impact on others. This is a difficult one because, everyone has the responsibility to ensure there is racial equity within an organisation, however when it comes to accountability, senior leaders need to be accountable, they should have to answer for why targets are missed or why they succeed. The difficulty with accountability with regards to the race agenda is that even if senior leaders are accountable, there are no consequences if targets are met or not met.

Communication

A robust community strategy should be developed alongside the implementation plan.

Communication is a key component to helping all staff in the organisation to understand why race equality is important. It is key that member of staff from white backgrounds understand the importance of race equality in improving patient care. Developing a communication strategy that ensures that all members of staff understand why race is a priority is important. The four reasons why race equality is important should be used.

- **The moral case** – It is the right and decent thing to treat everyone with dignity and respect
- **The legal case** – Ensuring that the Equality act 2010 is adhered to and that the public sector equality duty is met
- **The financial case** – understanding how much money can be saved by treating staff equitably (sickness, ETs, bank, agency)
- **The quality case** – understand and know that people that are valued give more in terms of patient care

Why Race Equality is essential in the NHS



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Resources

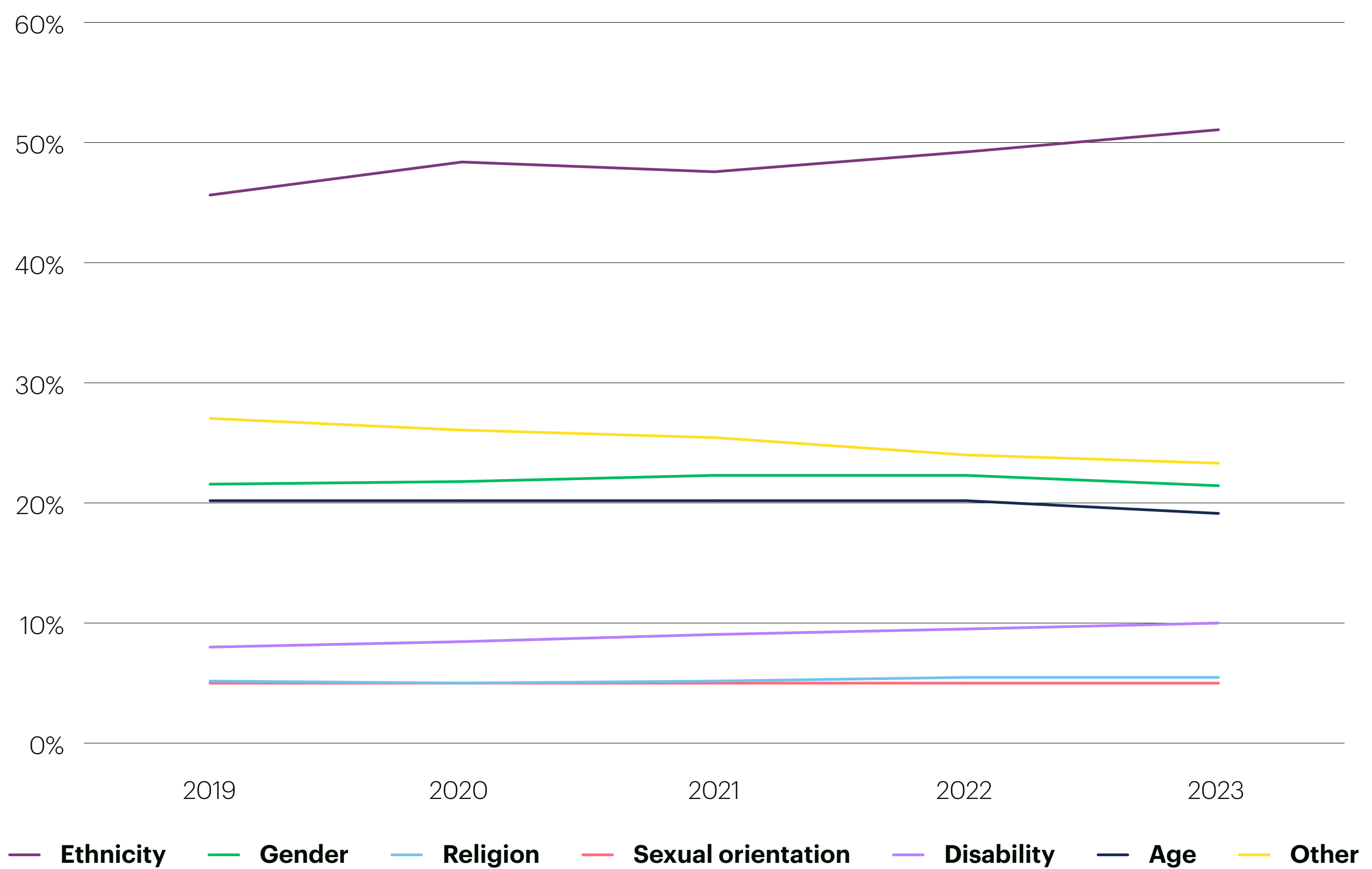
Dedicated resources must be allocated to the work on race equality. Statements like, “equality is a golden thread that should be woven through all we do” and “leaders should be managing all of the people all of the time” suggest that race equality should be every bodies business and no additional resource needs be allocated to the work on inclusion and equality. The data on the different experiences of ethnic minority backgrounds compared to white staff in the NHS show that additional resources need to be allocated to this work to help the organisation to make the necessary changes.

Resource also needs to be allocated to the ethnic minority network. Looking at the data below, it’s clear that race equality networks need to be allocated more than other networks as there is more work to be done in that space. Working with all staff on the race equality agenda is absolutely essential. Traditionally work is done with senior leadership teams and this work is important and should continue and most organisations have staff networks these, providing they are set up and run appropriately are beneficial to staff and the organisation. However, thousands of people in the middle of the organisation, get little or no education/training or development on the issue of race.

The case study entitled the Michigan Mandate highlights how dedicated commitment and resource to the race agenda can be beneficial to an organisation.

NHS Staff survey question 16c - On what grounds have you experienced discrimination - % of staff who experienced discrimination that said it was on this basis.

Figure 47: Grounds for experiencing discrimination trend (2019 – 2023)



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Challenges and risks to making sustainable change

The race and health inequalities agendas are areas of work that need consistency of approach, focus and commitment over time to produce the desired results of equity, this is true in the NHS and beyond. Producing a race equality strategy and making recommendations of what needs to be done to improve the working lives of the non-white people in an organisation is commendable and positive. However, the work does not come without its challenges and risks. These should be considered to the best of the organisations ability before embarking on work to improve race equality.

Other priorities

The NHS is a key priority for the new Government. Since winning the general election in the summer the new secretary of state for health commissioned a report by Lord Darzi has which highlights the issues currently being grappled with in the health care system. He has announced a consultation process for health and secured more funds for the service. The priorities are clear, reduce waiting lists, ensure there is value for money and swift access to services. In order for this to become the reality, staff in the NHS need to feel included and valued. The recent NMC report shows clearly that the trend is still for staff to leave and 1000s of nurses from India, Africa and the Philippines are being recruited. It is therefore incumbent on the NHS to treat these members of staff well in order to keep them and improve patient care at the same time. Finances and waiting lists are a priority but so is race equality withing the workforce.

Change of leadership

The organisation is stable, a key component with regards to change. The CEO is usually the driving force behind the desired changes in race equality in any organisation. Many people in the organisation stated that they were unsure about the CEOs commitment to the agenda, this needs to change. Senior leaders, especially the CEO needs to demonstrate in word and deed their complete commitment to the race agenda. A risk to the work could be if the CEO left and the trust, a new leader was appointed that perhaps did not have the same energy or commitment to this work.



Placing the content of report on the too difficult pile

The data in this report makes for very uncomfortable reading, the challenges seem enormous and the pace of change slow. This could lead people to place this work on the too difficult pile.

Race fatigue

This is a real problem and is one of the major threats to change in an organisation. Black Asian and Minority ethnic staff are tired of talking about the issue and nothing happening and white staff are simply bored with all the talk about race inequality. The important thing is to ensure all staff understand why the work is important and the organisation needs to invest time and energy into ensure all staff are aware of the reasons for the effort being put into the change of culture around race. A disillusioned, disgruntled and dejected workforce will not have the energy needed to make the necessary changes, keeping the agenda alive and celebrating successes is important to battle against race fatigue.

Ticking the box

Having the data analysis report, a race equality strategy, recommendations and a robust implementation plan are useful, however they are simply tools, a roadmap as it were to success. The NHS is great at developing plans, policies, strategies and framework, these are all things we can tick the box as having done and believe we will have made the necessary changes by doing so. Key to making the changes we all want to see is demonstrable actions that actually make a difference to the lived experience of the Black Asian and minority ethnic members of the workforce.



Appendix

References for extra reading

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Grateful thanks to

Amar from the Workforce Team.

Meeting Title	Board Report	Date: July 2024
Report Title	Roger Kline Report: Recruitment and Career Progression at MKUH FT	Agenda Item Number:
Lead Director	Joe Harrison, Chief Executive Officer	
Report Author	Roger Kline, OBE FRSA External Consultant & Research Fellow at Middlesex University Business School	

Introduction	This report is the outcome of the Board commissioned review into the processes, procedures, experiences and views of recruitment and career progression of BAME employees.		
Key Messages to Note			
Recommendation (Tick the relevant box(es))	For Information ☒	For Approval ☐	For Review ☐

Strategic Objectives Links (Please delete the objectives that are not relevant to the report)	To employ and retain the best people to work for you
---	--

Report History	This is the first submission of the report to a formal MKUH Committee or Board
Next Steps	N/A
Appendices/Attachments	MKUH statement on anti-racism

Report Purpose, Background and Next Steps

The MKUH Board commissioned subject matter expert Roger Kline to review the processes, procedures, experiences and views of recruitment and career progression of BAME employees at the Trust. This report outlines the methodology used, a summary of the findings and recommendations for improvement.

Following review of the report by MKUH Trust Board the report will be shared across the Trust. It has already been shared with the BAME Staff Network in order that actions to improve and address the issues raised can begin to be co-created.

In addition to this report, the Board also commissioned subject matter expert Yvonne Coghill, Excellence in Action, to undertake a review of the lived experiences of BAME colleagues. This work is planned for late summer/early autumn. Alongside this, Ms. Coghill will hold development sessions for the MKUH Board. When these programmes of work have completed Ms. Coghill will report her findings and recommendations to the MKUH Board.

Once this final report has been received an action plan to implement the recommendations from both reports will be co-designed with the Staff Networks and the MKUH workforce. The resultant action plan will deliver meaningful and sustained change across the Trust.

Recruitment and career progression at Milton Keynes University Hospital NHS Foundation Trust.

A review of current experience of Black, Asian and Minority Ethnic staff and steps to improve outcomes.

June 2024

Introduction

The report was commissioned on behalf of Milton Keynes University Hospital NHS FT in 2024.

The report had the following Terms of Reference:

- Data analysis – review of equality metrics under the NHS Workforce Equality Data Standards (the Workforce Race Equality Standard) to identify areas of both good practice and slowest progress
- Policy analysis – review of recruitment, retention and progression policies in relation to equality and equity
- Recruitment analysis – review a sample of medical, nursing, AHP, support services and management appointments in relation to equality and equity
- Formulate a targeted improvement programme on recruitment, retention and progression (WRES indicators 1, 2, 4, 7)

It was intended to create the following outcomes over time:

- Assurance on good practice and progress and shared understanding of areas of slow progress or gaps requiring further work or intervention
- Assurance on recruitment process and targeted actions to improve diversity in recruitment and management accountability for diversity in appointment process
- Targeted improvement programme on recruitment, retention and progression

Roger Kline is Research Fellow at Middlesex University Business School

Executive Summary

Milton Keynes University Hospital NHS FT has been consistently rated well above average against benchmarked trusts on most metrics in the annual NHS Staff Survey. However, in the most recent staff survey Picker, who conduct the survey, recommended that the trust should

Identify the staff groups experiencing discrimination because of their ethnic background

42.6% of trust employees are of Black and Minority Ethnic heritage and this figure has steadily increased over the preceding years, rising from 36% in 2021-2022 to 42.6% in 2023-2024. This is not a marginal issue.

The recommendation arose from the high proportion (67.3%) of respondents who said that they experienced discrimination on grounds of their ethnic background compared to the sector average (51.38%) and the knowledge that the proportion of staff experiencing race discrimination rose faster than the sector average last year.

The Trust's most recent WRES data (Aspril 2024) shows a slight deterioration on most metrics, though most are still close to or slightly better than the benchmarked average. It was noticeable that there was an ethnicity gradient whereby the more senior the grade, the less BME staff, especially at the most senior levels.

A number of focus groups and a small number of individual interviews enabled conclusions to be drawn about issues the Trust should focus on to improve equity in recruitment and career progression, especially related to ethnicity. Those conclusions in part focussed on a strong sense that "nepotism" was a significant factor on recruitment and especially career progression and that attempts to challenge individual decisions were seen as pointless.

Though the numbers interviewed were relatively small, and there was evidence of good practice as well, the clear sense from the interviews was that a more sustained approach, with a step change in pace of change, drawing on existing initiatives but emphasising more transparency and especially accountability for decision making was needed. That would require sustained leadership from the Board and from senior leaders to ensure the recommendations are implemented.

The detailed recommendations draw heavily on existing research evidence about what is most likely to be effective, though some of them (but certainly not all) will take some time to bring about the change staff (and the Board) want to see. Implementing them is not just in the interest of the 42% of MKUH staff who are of BME heritage but, as extensive research demonstrates, will ensure all talent is fairly developed, improve organisational effectiveness and benefit patient care as a whole.

1. Background – the Trust

- 1.1. The population of Milton Keynes in 2021 was 287,100, growing by 39,100 between 2011 and 2021, a 15.3% increase across the decade. The population of the city has become more ethnically diverse, with 28.2% of the population coming from a Black, Asian and Minority Ethnic background (BAME), which encompasses all other races except White – British) in 2021, compared to 26.1% in 2011.
- 1.2. The Trust employs a higher proportion of Black, Asian and Minority Ethnic (BAME) employees in comparison to the local population and, overall, employs a higher proportion of ethnic minority employees (42.6%) than the Milton Keynes population. This figure has steadily increased over the preceding years, rising from 36% in 2021-2022 to 42.6% in 2023-2024.
- 1.3. In comparison, the national NHS Workforce Race Equality Standard 2023 Data Analysis Report for NHS Trusts reports that BAME employees make up 26.0% of the workforce in NHS Trusts and Clinical Commissioning Groups (CCGs).
- 1.4. Please note that throughout this report the term BAME (Black, Asian and Minority Ethnic) is used since that is the terminology in use in the Trust

2. Methodology

- 2.1. Eight focus groups were identified together with a meeting of the Medical Advisory Committee. In addition, a presentation and discussion was held with a MKUH Board meeting by way of introducing a discussion on some of the issues to be covered. In addition, a very small number of individual staff were interviewed who felt unable to speak openly at a focus group.

The total numbers met were 107 (of which just over half were of BAME heritage) not including the Board and the Medical Advisory Committee.
- 2.2. These numbers mean that those interviewed were small compared to the Trust's substantive workforce. The groups were self-selecting but invited with the intention that they were representative by types of staff as individuals who were particularly interested in the issue. There is no way of telling if that meant they were more or less critical of current practices and behaviours. However, the general tone of discussion accorded with staff survey responses and their comments accorded with the wider literature on how BAME staff in the NHS and elsewhere face obstacles in recruitment and career progression (1).
- 2.3. The views shared are the perceptions and thoughts of the participants and investigating/validating these claims was outside the remit of the commissioned work, due to the nature of the interviews.

- 2.4. Though numbers were small they did represent a range of opinions of staff about recruitment and career progression and there was sufficient correlation between the views expressed and the available data to make it a meaningful exercise in identifying challenges faced in improving recruitment and career progression in general and specifically the under-representation of BME staff in middle and senior grades. It was selected to include groups with specific interests or concerns.
- 2.5. Interviews were not recorded but detailed notes were taken.
- 2.6. I met with senior HR staff before and during the process and they helpfully facilitated the groups but left after a very short welcome and returned just before the end of the groups. The focus and process were my own decisions.
- 2.7. Each group was asked to consider the same two questions:
- What are the current challenges and good practice in general of recruitment and career progression processes in MKUH and what might be done to meet these?
 - What are the specific challenges and good practice impacting recruitment and career progression processes for staff of BME heritage and what might be done to meet these?
- 2.8. I approached the research having previously reviewed the wider research on recruitment and career progression through the lens of gender, disability and ethnicity (2) and which set out a recommended approach, drawn from research evidence, of how to make recruitment and career progression fairer and more effective for women, disabled staff and Black and minority Ethnic staff – with some differences between protected characteristics but much common ground.

That framework was used in considering what steps MKUH might consider in the light of the specific situation in the trust.

3. What the data tells us

- 3.1. I considered publicly available data relevant to recruitment and career progression.
- 3.2. The Trust Workforce Race Equality Standard report (2024) WRES data shows:
- staff are substantially under-represented at senior management and Board levels compared to their presence in the workforce as a whole.
 - There was no significant improvement in ethnic diversity at Bands 8a-VSM for non-clinical staff whilst an improvement in diversity at Band 8a-8b was balanced by a deterioration at Bands 8C-VSM. For both clinical and non-clinical staff, BAME staff continue to be very significantly under-represented at more senior levels, though the improvement at Bands 8a-8b for clinical staff is

significant. There was no ethnicity change at medical and dental consultant grade.

- For 2023, the relative likelihood of White candidates being appointed from shortlisting compared to BAME staff is 1.27, meaning that BAME candidates are more likely to be appointed from shortlisting than White candidates. This is substantially better than the national average (1.59) or the benchmark average for similar trusts. It is however a significant deterioration on the previous year (1.05) which the Trust WRES states *“could in part be attributable to the lower number of internationally trained nurses recruited in year.”*
- BAME employees are 1.13 times more likely to enter the formal disciplinary process than White employees (as measured by entry into a formal disciplinary investigation) a deterioration from 0.61 in 2023. This is now slightly worse than the national average (1.03 in 2023).
- BAME staff are slightly more likely to experience harassment, bullying and abuse from both patients and from staff than white staff are, close to the national and benchmark averages.
- There is a substantial gap between whether white staff (60%) and BME staff (47%) believe the Trust provides equal opportunities for career progression of promotion. This is a slight decline compared to the BME figure for 2023 (49.5%) though still close to the national and benchmark averages.
- 13% of BME staff and 6% of White staff experienced discrimination at work from manager / team leader or other colleagues in the last 12 months. This is a slight deterioration compared to 2023 (12.3%) though still significantly better than the national and benchmark averages.

3.3. More generally:

- The only staffing group where White employees are not the majority is within the Medical and Dental staff group, where 64% identify as being from a BAME background.
- The Medical and Dental Staff group contains the highest proportion of Asian employees, whilst Nursing and Midwifery has the highest number of Black employees.
- The staff groups with the biggest growth in BAME representation from the previous report are Nursing & Midwifery, Estates & Ancillary and Clinical Services.

National Staff Survey (conducted Autumn 2023)

3.4. The majority of the scores for the 2023 National NHS Staff Survey for Milton Keynes University Hospital NHS Foundation Trust were significantly better than the sector scores for similar organisations surveyed.

3.5. The scores for:

- We are recognised and rewarded,
- We have a voice that counts,
- We are always learning, and
- We work flexibly

are all significantly better than other organisations, along with several of the subthemes. There are no themes or subthemes that are significantly worse.

- 3.6. The theme scores for Morale and Staff Engagement are higher than the benchmarked sector scores, in line with 2022 scores. At question level:
- 54 scores are in the top-20% range of similar organisations.
 - There are 44 scores that are in the intermediate-60% and 9 in the bottom-20%.
 - Where comparable to 2022, 16 question-level scores have declined and there have been 9 significant improvements.
 - There is a cluster of declined scores in the questions surrounding teamworking and respect within the team.
- 3.7. Despite the overall above average score for the Trust, the National Staff Survey authors make a specific recommendation directly relevant to this report that the Trust should

Identify the staff groups experiencing discrimination because of their ethnic background

- 3.8. This recommendation arose from the high proportion (67.3%) of respondents who said that they experienced discrimination on grounds of their ethnic background compared to the sector average (51.38%) – and the knowledge that the proportion of staff experiencing race discrimination rose faster than the sector average last year. The survey data may have reflected the deterioration in some of the workforce metrics relation to recruitment and career progression (Metric 2 and 3).
- 3.9. Concern will also have been raised by the fall in the proportion of MK staff of BAME heritage reporting (WRES Metric 7) that they believed the Trust provided equal opportunities for career progression and promotion (46.8%) which fell after two years of improvement and is now again below the sector benchmark average.
- 3.10. Moreover, the proportion of MKUH BME staff who reported experiencing race discrimination was at a much higher level than the proportion of staff (between 3.9% and 8.8%) of staff saying they had experienced discrimination because of any other protected characteristic. Interestingly, though the proportion of BME staff reporting discrimination from managers and colleagues slightly increased and was significantly better than the benchmark average.

3.11. One other metric from the National Staff Survey may be relevant. The Speaking Up questions showed the following:

- *Q25e I feel safe to speak up about anything that concerns me in this organisation.*
There was a significant decline from 69.4% to 66.3% which would include staff confidence in speaking up about perceived unfairness or discrimination
- *Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.*
This marginally improved from 55.6 to 56.4

3.12. These responses are in contrast to the improvement in responses to:

- *Q20a I would feel secure raising concerns about unsafe clinical practice* which improved from 70.7% to 73.0%; and
- *Q20b I am confident that my organisation would address my concern,* which also improved from 57.4% to 60.8%

The data reflects both the national data and general NHS BAME staff of raising concerns explored in Too Hot To Handle (2024) (3) which attributed (as did the National Guardian Office (4)) the national experience for BME staff to:

- A belief that raising concerns was ineffective and drawn out
- Raising concerns ran the risk of retribution often in subtle way.

That data may be relevant to whether staff feel safe raising concerns about unfair practice within recruitment and career progression – an issue which was raised in the focus groups.

4. Evidence from focus groups and individuals

4.1. The evidence from the focus groups and a small number of individual interviews was analysed.

The groups were run on Chatham House rules and in only one group – not a focus group – did staff approach me afterwards because they felt they couldn't say what they really felt because senior managers were present. I subsequently met some of those from that group who approached me.

I undertook to anonymise all comments hence I have generally not identified the authors grade or profession.

General comments on recruitment and career progression in MKUH

4.2. Despite very good WRES Metric 2 data and overall very good annual staff survey results there is a widespread belief that progress on career progression for BME staff is slow, that nepotism is widespread.

Longer standing staff recall assurances up to ten years ago that snowy white peaks would melt and that feeds into a narrative of promises not met. One said:

In 2014 I was told the profile of our SMT, VSMs and Band 9s would change. Why is it taking so long? Good people have given up and gone elsewhere."

Another said: *"As long ago as 2011 people raised concerns about the absence of diversity in senior roles and progress feels like it has been painfully slow. There are a lot more BME consultants but the very senior medical leadership is still largely white"*

- 4.3. There was a degree of frustration with some staff saying they – or others *"know a number of people who have given up trying to get more senior posts here but had not difficulty getting them at neighbouring trusts"*.
- 4.4. The importance of change in the most senior positions was emphasised on a number of occasions, thus *"Without people at senior level acting with purpose to make career progression fair then we will have to wait a long time"* and *"we need to see people like us in senior positions to convince us change is possible and happening"*.
- 4.5. One longstanding nurse said *"BME staff need enormous self confidence and to be tough to get on in MKUH – accent, ethnicity and institutional bias all combine against you"*.

Variation between support encouragement and awareness between managers and teams seems considerable Managers were aware there was a challenge but some seem much more proactive than others. Similarly, there seemed to be differences between occupations in terms of support and encouragement

- 4.6. Like other NHS Trusts, the sense of hierarchy is strong here. *"Status is really important in this Trust – and there are real gatekeepers if you want to raise things upwards"*.

Diverse panels were welcomed but there was a lack of confidence that diverse panels will make much difference unless part of a wider change. *"Many panels really don't seem to realise how bias creeps in"* said one front line worker.

There was a frustration that the talent was there and just needed encouragement, support and opportunity that often simply wasn't there. As was put *"We - BME staff - are diamonds who need polishing but it doesn't happen."*

- 4.7. It was noticeable that a number of white colleagues who were not of English heritage seemed able to understand how bias and stereotypes work from their own experience.
- 4.8. MKUH has large numbers of bank staff and it was suggested that *"Some BME staff gone onto Bank because lost confidence in either their individual manager or the chances of progressing."* Opaqueness in decision making about career progression was named as a specific issue in the Medicine Division.

- 4.9. Treatment of international staff with pastoral care was reported as good but the participant who shared this wasn't sure what happens after initial support
- 4.10. Staff from other Trusts were able to describe practices around talent and career progression that seemed ahead of those in Milton Keynes.

Recruitment

- 4.11. Several staff made statements like this *"You will hear the word nepotism. A lot. It is widespread, hard to pin down and nobody wants to tackle it."*

Nepotism was seen as widespread affecting all staff not just BME staff.

I was told more than once that *"Some jobs are clearly stitched up – very short application period so no chance to apply properly – sometimes clear that a job is lined up for someone"*.

- 4.12. More than one BME manager described how they were widely regarded as very good at their job but when it came to interview they were told *"you were very good but someone else was just slightly better"*. In two specific cases the successful candidate was a white candidate from outside the Trust.

"I have worked here for a very long time as a junior manager but I was hurt by my treatment when I went for a job and "just missed it". After a year the (white) external person who got the job moved on. I was not going to apply again"

Another manager said *"Experience and years of work as team leader not recognised e.g. "team of year" but lost out on job narrowly to a White external candidate. That was the final straw for me."*

- 4.13. Recruitment processes were widely seen as hopelessly clunky especially in terms of time take to recruit – *"some good people have been lost – is there not way things can be streamlined?"* – reference was made to how some trusts had used automation to significantly cut workloads and time. It was claimed it takes 44 days to get a new recruit in and *"that is really so frustrating."*

Career progression

- 4.14. Early on I was told that *"the Trust has to decide if fairer career progression – developing our own talent – is really a priority. If it is then the Board has to put its money where its mouth is"*

There are signs of change at 8a and above but the Trust needs to make sure that those diverse people moving into more senior roles stay by ensuring they are properly included and valued for who they are. I heard good and bad experience with some staff describing how they had really been welcomed into their promoted job but some others felt they were never quite accepted – especially if an existing team member had gone for the job they got.

- 4.15. There were a number of requests for more clarity and transparency for applicants on how selection processes work, how interviews and shortlisting are conducted, for prep for interviews and applications and so on. A talent management strategy would address all those but some of these steps could be taken now.

- 4.16. There was scepticism about “acting up” processes – description of how staff knew that the person a manager chose to act up would probably get the substantive job. Example of “taps on the shoulder” were given.

One experienced staff member said “It’s hard to know where to start – everything seems an obstacle from who gets encouragement, to how stretch opportunities are allocated, to who gets the heads up on questions at interview, to how scoring is done”.

- 4.17. Feedback is often regarded as poor and not sincere, leading some staff to give up. Some staff found managers reluctant to have honest supportive conversations about how they might progress.

There was support for the idea of talent conversations as long as they were genuine and managers were properly trained to have them.

Some managers liked the idea of a talent pool re stretch opportunities.

- 4.18. One nurse used her experience to illustrate how there could be more effort to develop nurses within MKUH rather than bring in managers from outside?

One manager said “We should be using appraisals and data to identify who would benefit from development – it is really patchy and managers can either be enablers or blockers.”

That was followed by the claim that “It is absolutely clear in our department that if you face doesn’t fit you will simply not be encouraged to go for promotion. And there’s nothing much you can do about it.”

“I think there are significant numbers of staff who experience imposter syndrome because we are not proactive enough in seeking out and encouraging some groups to progress their careers.”

Another said “After being told three times something like “you were good in interview but someone else was better on the day” I decided my track record counted for nothing but my accent was seen as all important – as a reason to not appoint me. So I’ve given up applying and will stay as a junior manager unless I can get a job in another Trust.”

- 4.19. In respect of more senior posts one participant asked if anyone looked at patterns of longlisting compared to shortlisting in terms of ethnicity suggesting *“I wouldn’t be at all surprised if it is relatively easy to be longlisted in you are BAME but bias cuts in when it comes to shortlisting”.*

Examples of the “capping” of late applicants (not including them)– in time but close to the deadline – were given leading to the question whether this disadvantages staff who may have hesitated to apply – precisely because of scepticism about whether it is worth it?

- 4.20. Much of the treatment of BAME staff that deters people from going for more senior jobs is hard to pin down but you just know you’re not expected to apply.

“In parts of nursing there is a view that white colleagues get more encouragement to go for promotion than other staff. Perception matters.”

- 4.21. There was a widespread view that the Trust needs stop leaving it to individual managers to develop staff because many only develop their friends. As someone put it:

“We’ve discussed this issue of career progression before. There is too much emphasis on individuals to sort out career progression but little responsibility taken by the Trust – occasions like appraisals, feedback from interviews ought to be opportunities for the Trust to make sure talent is developed and fairness prevails but you’re often left on your own. It needs to change and fast.”

Even after getting support prior to interviews, it was felt obvious that positive action support doesn’t count as much as who you know and what you look like.

“A colleague had the right qualifications and experience and was really well regarded. She asked if she could do it four days a week but was turned down on that basis. A white candidate then got the post and after they got it went part time.”

- 4.22. One interesting question raised – but not pursued was whether evening shift workers get a fair crack of the whip when opportunities arise? Night shift workers are more likely to be of BME heritage.

- 4.23. There was a view that in some specialities it was difficult to release doctors for additional roles (especially small ones) whereas and that where doctors were closely linked to job plans requiring heavy bed holding this could be a challenge.

There was a view amongst internationally trained doctors in particular that their earlier training and accent was an obstacle to being regarded as potential future leaders even when their clinical skills were first class.

The same was seen as being the case for SAS doctors where there was talent that should be developed but was often left unused.

The view of BME consultants interviewed individually was that where the profession wanted to enable career progression there should (and were) always ways of doing so.

“I know a number of BAME consultants who will not apply for additional responsibilities or posts because they fear being held to a higher standard if they are successful.”

- 4.24. Significant numbers of consultants won't say what they really think about the culture because they fear the consequences of doing so.

5. Managers

- 5.1. Some managers said there is a problem with BAME applicants coming forward but without an awareness of why that might be.
- 5.2. It was felt that 360 degree reviews for some managers – if it was safe – would be revealing about career progression and management style – concerns not raised in appraisals as not acted on.
- 5.3. More than one participant felt there is still an assumption for lots of managers that what is needed to make progress is support and development for BME staff *“when what is (also but more importantly) needed is an end to any subtle institutional barriers that mean that even with lots of positive action you may still be repeatedly rejected.”*
- 5.4. Several staff were not confident lots of white managers understand how race discrimination operates or how it impacts – or their own biases.

One participant said *“some managers carry all sorts of stereotypes about black women which means there is less chance of them appointing or encouraging you.”*

- 5.5. On the other hand, a number of examples were given of managers who were evidently committed to making diversity a reality. *“My manager who is white really goes the extra mile to support and encourage BAME staff and we have seen at least three promotions from our time in the recent past who I doubt would have got promotions with support from this manager.”*

Another said *“Some senior managers really do want to see more diverse teams but the Trust doesn't seem to have the systems to ensure that happens”*

Thus *“My own manager was great. He gave me the confidence and support in all sorts of ways that I believed in myself and have had two promotions. But that is not the experience of other black staff I know”.*

Two people suggested – with nods from others – that *“360 degree reviews for some managers – if it was safe – would be revealing about career progression and management style”.*

6. Behaviours

- 6.1. Covid seems to have accentuated some poor patterns of behaviour, something which the deteriorating staff survey metrics on respect within teams might reasonably confirm.

One doctor said "Behaviour has got worse and it is often not tackled which makes some BAME staff wary of going for posts because they don't really know what the team they might join will be like."

There was a significant view that in some groups of staff, the bullying and fear of what might happen if something went wrong in a new role where they might be treated differently to a white staff member deterred some BAME people from applying. This was especially true amongst internationally trained doctors and within black and Asian nurses.

One nurse said "The behaviours within the Trust have got worse recently and I'm sure that affects whether some people are willing to move into a more senior job where they don't know how they will be received".

- 6.2. One aspect of behaviour, potentially linked, that was outside my Terms of Reference but which clearly troubled some staff, especially doctors, was the perceived threat of inappropriate disciplinary action – mentioned independently by a number of staff. The relevance of this to recruitment and career progression is the view shared by some that they believed that some staff – particularly internationally trained clinicians - might be held to a higher standard should they gain promotion.
- 6.3. A number of staff – especially doctors – felt there were some senior staff for whom BAME women had to be better and work harder (and keep quieter) to be treated as equals – it was felt hard to tell if this was conscious bias or not.

7. HR

- 7.1. HR steps such as HR on panels were welcomed but it is unclear if this is accompanied by scrutiny of patterns of outcomes, not just individual outcomes.
- 7.2. Access to substantial development was seen as insufficient. Access to apprenticeships, leadership academy courses was seen as too constrained by funding compared with demand and potential.

"There has been some inclusion training for some senior groups but why isn't it rolled out at pace?"

There was an awareness of some inclusion workshops for senior managers but people seemed unclear how widespread these were and why it was taking so long to disseminate the training.

Questions were asked about what is happening with values-based recruitment.

- 7.3. There was a lack of awareness of steps that HR had taken relatively recently to improve equity in recruitment processes. The new staff were able to surprise focus groups with news of what was planned but also as was already underway.

However, when explained the response was positive. *“From what we have heard of the role of the new recruitment officers, it seems a real step forward but we need much more of this. Sometimes you have to spend money to save money.”*

- 7.4. In response to concerns that unfair recruitment practices were not challenged, it was explained that HR do investigate when people complain of unfairness but it can be difficult to prove unfairness has taken place. Some were not convinced.

“I don’t understand why we don’t use data to identify where there are clearly issues rather than waiting for people to complain”.

“HR gets a lot of blame but the Trust as a whole needs to take responsibility for the challenges on fair career progression.”

- 7.5. One suggestion was that the Trust could make it really clear how interviews are run, how to plan for your career, how to stretch your experience, how to apply.

The Trust should be nurturing talent consistently but too many BAME staff are left on their own. Why not have workshops on career profession.”

- 7.6. The introduction of HR members on recruitment panels was welcomed, especially the way the new recruitment officers have been undertaking that role, but clearly there is a resource challenge to ensure this becomes the norm. It should be mandatory.

8. Speaking up about concerns on recruitment and career progression

- 8.1. BAME staff said colleagues were nervous about complaining about unfair selection in case there is retaliation – this was notable amongst some doctors.

“When concerns were raised managers tended to push back because they don’t want to be seen as biased nor incompetent.”

“Staff don’t want to be seen as troublemakers, so we tend to keep quiet.”

Staff could think of virtually no examples of successfully raising concerns about appointment process and outcome.

- 8.2. Some staff may be more reluctant to raise concerns – especially some groups of international staff.

“If you do raise concerns about the fairness of appointments nothing generally happens because it is really hard to show any individual appointment was unfair without a smoking gun.”

- 8.3. There was a lack of confidence in the FTSU process stated a number of times– or indeed in wider forums for raising concerns, including about appointments.

The new FTSU role was welcomed but staff were not confident it will improve things.

9. Staff networks

- 9.1. The Trust has in place an Inclusion Council and a number of staff networks. There was a consensus the Inclusion Council needed “a reset” with clearer links to the Board. The involved in the networks felt they could play a really positive role in identifying issues and giving constructive challenge but the level of resourcing is really poor. Thus:

“It is good we meet very senior people but I don’t think its role is clear and I’m not sure what difference it makes these days”.

“There is no sense that we reach a decision and we get assurance at the next meeting it’s been actioned.”

- 9.2. There was a degree of frustration that staff networks in general couldn’t play the important role they could:

“there is almost no resourcing of those of us who are responsible for leading staff networks so we have to do it in the corners of our working lives.”

“staff often get no encouragement from managers to attend staff meetings which impacts attendance.”

- 9.3. Whilst some sponsors (notably the CEO for the BAME network) were visible and supportive some others were less so.

“The sponsor for our network is, frankly, almost invisible.”

10. Senior Leadership

- 10.1. There was a view that whatever the good intentions, most senior leaders were not sufficiently visible on the issue and not sufficiently determined to prioritise it. A sample of statements:

“The leadership team talk a lot about values but some of them really need to be more visible.”

Most staff have no idea who the non-execs are – we don’t know their names never mind ever seen them.”

“The CEO is seen as authentic and is approachable and listens but why should we have to go to him to raise concerns?”

“The Board sponsor for our network hardly ever comes near us.”

“We’ve had promise of more diverse leadership for years but very little progress especially amongst very senior managers and clinicians”.

“Everyone knows nepotism is an issue in this Trust so why haven’t Board done something about it?”

“The Trust leaders should take credit for the fact this is seen as a good Trust in lots of ways but they must know nepotism is widespread and eats away at you especially if you are a BAME member of staff.”

11. Recommendations.

- 11.1. **It is crucial that, as part of the narrative for staff and managers, and in the implementation, process proposed, it is made clear that the steps proposed here to address racial disparity will help ensure fairer processes across protected characteristics, not just race, evidenced by the research (summarised in No More Tick Boxes (2)).**
- 11.2. There is a recognition from both the CEO who commissioned this report, and from HR who will have prime responsibility for implementing it, that significant change is needed.
- 11.3. The key challenges that arise from both the available data and from listening to staff are these:
 - i. Though the data shows there has been some recent progress, and the WRES data on the relative likelihood of BME staff being recruited from shortlisting is substantially better than the national average, senior managerial and leadership posts remain disproportionately White and thus unrepresentative of both the workforce and the local populations.
 - ii. There is a widespread view that the pace of improvement is too slow – which is reflected in the significant gap between whether White and BME staff believe there are equal opportunities for career progression and promotion.
 - iii. Nepotism is felt to be rife but raising concerns about individual appointments is not seen as effective and is regarded as something that may damage future progression. Examples were given of HR investigating examples but it being difficult to prove in any individual case as discrimination is subtle and hard to prove.
 - iv. There is a view that whilst some managers really make an effort to support diverse staff in their career progression, others do not, with substantial variation in which staff get encouragement and support to progress their career.
 - v. This is particularly noted in who is able to access stretch opportunities. This is seen as a key example that what counts is not just what happens in the interview but what happens beforehand.
 - vi. There is a view that for many senior managers a deficit model (we need to improve the skills and confidence of BAME staff) may be easier to tackle than the institutional obstacles to fair progression.
 - vii. There is a view that there is a lack of consistency in how panels set criteria for shortlisting, interviews and decision making with a risk of focussing on past

- opportunities not future potential – and how criteria are applied within the interviews.
- viii. There was a perception that in some parts of the Trust getting into 8a and above may mean you are held to a higher standard than white colleagues.
 - ix. There is a view that substantial numbers of managers at all levels are not confident about the importance of having a diverse leadership – and struggle to have conversations where race may be a factor.
 - x. Recruitment processes were widely regarded as clunky and too slow.
 - xi. A number of recent HR changes – notably the appointment of recruitment officers and including HR within some panels - were widely welcomed though not well known.
 - xii. HR have brought in a number of welcomed initiatives but are not seen as having the resources to step up their initiatives.
 - xiii. The governance (relationship with the Board) and resourcing (to enable attendance and time to lead and organise) around staff networks, which could play a significant role in highlighting concerns and areas for improvement in recruitment and career progression needs improvement.
 - xiv. The Board is not seen as prioritising these issues and visibility of most members is not good in general, including on these issues.
 - xv. There is a significant perception amongst BAME doctors that the WRES Metric 3 data on disciplinary action may not reflect the experience of medical staff. I was unable to explore that issue further, but since perception is a powerful influencer of attitude, it would be helpful, indeed important, for there to be a transparent discussion with medical staff about the specific data for medical disciplinaries disaggregated by ethnicity, not least because some doctors suggested that fear of being held to a higher standard through performance and disciplinary processes might possibly be a factor deterring some staff (especially BAME staff) from applying for more senior posts.
- 11.4. The recommendations that follow seek to address some of these issues and to do so by proposing evidence-based actions, some of which may have an early impact and some of which will take time to implement and have the intended impact.
- In making these recommendations I have drawn heavily on the research summarised in No More Tick Boxes (2) and am cognisant of the NHS EDI strategy published by NHS England. (5)
- 11.5. In making them I have sought to make appropriate recognition of the October 2023 WRES Action Plan published by the Trust. A substantial number of the recommendations are similar to those contained in that Action Plan and their status is reflected in these recommendations, A number of additional recommendations are made, however.

Understanding of the case for diversity in MKUH

- 11.6. There is a very powerful and well evidenced case for creating a workforce that is diverse, treated fairly and with respect, with equitable career progression and

working in diverse teams underpinned by inclusion. In introducing the recommendation and the report, MKUH should step up its works setting out why EDI is important and benefits staff, patient care and safety and organisational effectiveness.

- 11.7. Leaders (including the Board) and senior managers should be supported to confidently set out the case to their staff – and that should involve face to face discussions which are a safe space for questions.
- 11.8. The staff networks and trade unions should continue to be actively engaged to improve their confidence in the evidence and the recommendations.
- 11.9. This work should continue to be seen as an integral part of the East of England Anti Racism Pledge.
- 11.10. HR should be given a specific page on the Trust intranet to bring together the various documents suggested within these recommendations and should devise improved ways of sharing key HR and OD information.

Getting to grips with bias and driving improvement

Mitigating bias

- 11.11. Research (2) is very clear: whilst diversity training, including unconscious bias training, can improve cognitive understanding, it is not an effective way of changing decision making certainly not in isolation
- 11.12. Much more effective is debiasing processes. For this report, that means:
 - understanding the ubiquitous nature of bias
 - being clear about the various ways in which bias can disrupt fair recruitment and career progression
 - setting out specific ways in that can be mitigated
 - creating an overarching strategy to drive improvement.
- 11.13. Such work can complement the work already developed on Cultural Intelligence for senior managers.

This work should build on the development and roll out of values-based recruitment and inclusive recruitment practice within the WRES Action Plan.

Improvement and accountability

- 11.14. Within the NHS, EDI has predominantly been seen within a compliance and risk management framework. This is a serious mistake, not because a degree of compliance and awareness of risk is not necessary for because it ignores the crucial contribution to improvement that EDI can have.

We know that scrutiny helps to mitigate bias and undermine stereotypes and that inserting accountability – often as behavioural nudges not as a compliance measure – can be effective in improving behaviours and decision making. (2)

- 11.15. It is recommended that the following steps are taken as part of a wider talent management strategy building on the WRES Action Plan strands of scrutiny, the new Talent Management strategy and values based recruitment:

Talent management strategy

- 11.16. Though there are individual initiatives by individual managers, the absence of a coherent talent management strategy is a significant weakness. There is enthusiasm within HR for developing and implementing one but to do so will almost certainly require additional resources.

To be effective a talent management strategy will require:

- Clarity on the issues it should address
- How to mitigate bias in any proposals
- Prioritisation of certain measures within a coherent whole
- Dedicated staff to support managers in delivering it and an assurance of additional resources to do so.

A data dashboard of key workforce measures

- 11.17. This would be intended to enable managers at every level to be aware of progress and challenges on key aspects of recruitment and career progression. It would give a clear focus to scrutiny and support of workforce and staff survey data on EDI as a whole, as well as specifically on race. Once established such as dashboard would become:

- a key source of support and challenge for managers up to and including at Board level.
- a key component of appraisals making managers aware of trends in their areas of responsibility.
- a key means of tracking progress or otherwise across the Trust but especially within divisions, departments and occupations.
- assist MKUH is meeting its data reporting for the national EDI Improvement Plan.

Such a dashboard would initially include the following data:

- Data collected for metric 1, 2, 4 and 7 of the WRES.
- Recruitment and career progression data collected for the WDES.
- Data on access to stretch opportunities when available.
- Data on appraisal outcomes if available.
- Data on discrimination from the WRES and WDES.
- Equivalent data for doctors including via MWRES.

The data collected would be shared on a quarterly basis (except for staff survey data which would be annual) with SMT, Divisional heads and then cascaded to their reports in an accessible, preferably including graphic, manner to facilitate local conversations aimed at understanding and improving the data.

Where appropriate these would be linked to Trust wide goals on improvement and become an integral part of performance data for divisions and department.

HR/OD staff would be trained to offer effective evidence-based support alongside examples within MKUH of good practice that others might learn from. This is likely to require some additional investment.

Specific career development measures

Appraisals

- 11.18. Research demonstrates that appraisals are prone to bias and are generally not rated as helpful They should be reviewed to ensure the following

Managers must be supported to understand the risk of bias in appraisals as part of a review of appraisals to ensure that they form a coherent part of career progression and talent management with evidence-based steps taken to mitigate the risk of bias. These should become core part of talent conversations which every staff member should be expected to have.

- 11.19. Insofar as appraisal outcomes are graded, analysis is undertaken on an annual basis to ensure that outcomes of appraisals are evenly distributed across protected characteristics. This may have to commence with a random or targeted sample of appraisals.

Stretch opportunities

- 11.20. Stretch opportunities – such as acting up, secondments, access to substantial courses and involvement in significant projects – are prone to bias through the informal decision making by individual line managers.

They are crucial to career progression but are a particular source of staff concern about bias in staff development and should not be at the discretion of an individual manager.

MKUH should examine, at pace, alternatives which enable accountability for decision making on this issue which may take the form of talent pools, ending the right of individual managers to single handedly control access. Access to stretch opportunities should be monitored and be part of a Trust wide dashboard intended to drive data driven accountability and fairness and become an element of performance measures.

Positive action

11.21. There was widespread staff support for positive action which might take the form of:

- Guidance on how selection processes work, how interviews and shortlisting are conducted.
- Prep for interviews and applications.
- Embedding talent conversations to support career progression for each individual.

Such support should be available for all staff.

Recruitment processes

11.22. A review of end-to-end recruitment/promotion processes should be undertaken. Interview outcomes are crucially determined by prior access to development opportunities and support but there is an extensive evidence base on how to make the appointment process less prone to bias and more likely to lead to the appointment of staff most likely to make the most effective future contribution to MKUH.

11.23. In particular the review should consider:

- how to make the shortlisting and interview process as structured as possible – there is extensive research on this (2).
- wherever possible to consider the inclusion of more than one data point e.g. work samples, situational judgement tests.
- how values-based recruitment can be an integral part of all interviews
- how to ensure panels are diverse whilst taking steps to ensure steps to mitigate bias within decision making.
-

Holding panels to account

11.24. An extension of the principle that scrutiny improves decisions should be the introduction of a requirement (initially for Band 7 posts and above) that panel chairs are expected to set out in writing why the proposed successful candidate has been successful, why others were not and what steps are being taken to ensure anyone shortlisted, especially from under-represented staff groups, will be supported to do better next time.

That should be complemented by the Chief Executive randomly phoning divisional leaders and departmental leaders to discuss appointment outcomes where patterns of appointment are not improving diversity.

These approaches have been developed elsewhere in the NHS and elsewhere.

Behaviours

11.25. Work already underway to strengthen the implementation of the Trust Behaviours Framework directly affects recruitment and especially career progression. A number of participants expressed the view (supported by the Trust staff survey

data) that behaviours in term of respect within teams had declined since Covid. Some staff raised a concern that anxiety about how diverse appointments would be treated in teams they might be promoted to, was a deterrent to some staff applying for such jobs.

Moreover, the research on inclusions and psychological safety demonstrates both their importance to staff well-being, organisational effectiveness and patient care and safety – but also to staff retention – crucial in the current NHS circumstances.

The existing training on inclusion and cultural intelligence could assist with that work.

- 11.26. Alongside that, it will be essential to roll out in a sustainable way support to clinical teams on how to respond to racism and abuse from patients, relatives and the public.

Raising concerns about poor practice in recruitment and career progression

- 11.27. MKUH must not rely on individual members of staff to raise concerns about aspects of recruitment and career progression. There is currently little confidence that is worth doing and little confidence that doing it through the FTSU is more effective.

Recent authoritative research instead emphasises the need for leaders to hear, listen and be seen to act on concerns raised (6) rather than primarily rely on individuals staff raising concerns.

Moreover, when raising concerns about individual decisions being unfair it is extremely difficult for HR when investigating to be able to demonstrate unfairness or discrimination in the absence of a “smoking gun”. Scrutiny of patterns – with support and/or consequences is much more likely to change outcomes.

- 11.28. The appointment of a new FTSU Guardian, however, does give MKUH the opportunity to research how concerns are raised and acted on – alongside consideration of the governance arrangements which could give staff more confidence in the process – with clearer links to a dedicated Board member.

In essence the approach to concerns should be proactive and preventative, using all forms of formal and informal data to intervene early. Any forthcoming guidance from NHS England/NHS Employers may be helpful in applying an evidence vased approach to the challenge. Individual challenge to poor practice cannot be the prime way of managing discrimination.

Governance

- 11.29. The role of the Board as a whole is crucial to ensuring EDI – including specifically race as a particularly challenging issue – are central to Board decision making. That should include:

- EDI being a standing item on all Board and SMT meetings – and not at the very end of agendas. That should include regular reports on the

implementation of an Equality Dashboard– thus modelling the approach for division and departmental meetings.

- EDI being an explicit consideration in all other agenda items.

11.30. In the course of undertaking this report a number of outstanding individuals, some of who have significant experience in other Trusts of similar challenges being addressed, and some who have developed good practice within MKUH and are clear what ought to be done, have been identified. Consideration should be given to a task and finish group drawing such colleagues in the support and advise HR/OD colleagues on how best to approach these recommendations.

11.31. If these recommendations are not to fade away in the minutes of the Board, it will be essential to think through how to engage the maximum number of staff in developing and supporting the implementation of the proposed approach.

Inclusive leadership is a pre-requisite for progress on EDI. What leaders understand, model, do and don't do set the tone for the culture of the organisation.

- Aided by the new national framework for leadership within the EDI improvement plan and Board level appraisals, the Board should commence, and then cascade, honest discussion about this strategy – its rationale, its implementation, its expectations and individual and collective accountability – alongside evaluation.
- Through its active support for these recommendations, the Board can gain the confidence of staff that the Trust is serious about stepping up its work on fairness in recruitment and career progression
- Without teams being inclusive, sustainable improvement in representation requires that teams are inclusive. Training has been underway for senior leaders but pressure on resources has limited their roll out. They should be seen as a priority and clarity gained as how an acceleration of that programme can be achieved alongside the work on behaviours

HR

13.32. HR is held responsible for the pace of progress but the Trust as a whole needs to take responsibility for the challenges on fair recruitment and career progression. This work needs investment if it is important.

HR and OD staff repeatedly made it clear they welcomed the general thrust of the inquiry. A significant number of the recommendations have been considered in the recent past and some steps proposed were already in hand.

Like all NHS HR and OD teams there is a mismatch between what needs to be done and the resources available to meet those needs. HR experiences similar pressures, in that respect, to the rest of the workforce.

13.33. I have avoided performative recommendations which might give the impression of progress but have no likelihood of significantly meeting the challenge.

I have instead used the data and lived experience of staff to focus on those measures that research suggests are most likely to be effective. There is no magic solution to the challenges NHS organisations face on recruitment and career profession but I have indicated the evidence that supports the focus set out here. The large majority of what is recommended is already being undertaken by NHS organisations.

13.34. For HR specifically:

- i There were a number of points in focus groups where staff did not realise important elements of work HR was already doing e.g. the role of the new recruitment consultants.
- ii It is important that HR is seen to be as open as possible with data. Thus this year's reporting format for WRES was significantly better and more detailed than last year.
- iii There was an awareness of some inclusion workshops for senior managers but people seemed unclear how widespread these were and why it was taking so long to disseminate the training. That needs to be addressed.
- iv Steps such as HR on recruitment panels were welcomed but this needs to be accompanied by scrutiny of patterns of outcomes not just individual interviews.
- v There is very little communication about what HR do are doing on recruitment and career progression – more than one staff member said *"I've been surprised by what I've learnt today that HR is doing"*. The introduction of HR members on recruitment panels was welcomed, especially the way the new recruitment officers have been undertaking that role, but clearly there is a resource challenge to ensure this becomes the norm.
- vi One simple thing the Trust could do is to make it really clear how interviews are run, how to plan for your career, how to stretch your experience, how to apply etc.
- vii There was repeated support for a talent management strategy with a widely held view that too many BAME staff are left on their own rather than the Trust taking prime responsibility for nurturing talent consistently.
- viii There was a view amongst internationally trained doctors in particular that their training and accent was an obstacle to being regarded as potential future leaders even when their clinical skills were first class. That needs discussion.
- ix It would be worth establishing if Metric 2 (relative likelihood of appointment from shortlisting) is different (worse) for higher grade appointments – and if so why.
- x There was no system for providing feedback from shortlisting and whilst this would be too onerous for external applicants to receive it, it should be available for internal applicants as part of talent conversations.
- xi HR do investigate when people complain of unfairness but the perception is that nothing much seems to happen as a result. The problem is that without a "smoking gun" it is extremely difficult to demonstrate nepotism or discrimination. I suggest this is part of a wider challenge – the need to be proactive and preventative rather than rely on individual staff to raise concerns.
- xii As part of seeing this work as an improvement strategy, more work, potentially linked to the use of the Dashboard was essential and the sharing of good practice within the Trust as well as support where improvement is needed.

xiii If HR is to use these recommendations to drive improvement it will be essential have (or develop) OD capacity to support managers in taking the work forward.

June 2024

References

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- (2) Vijaya Nath et al (2022). Why are we still here? The factors affecting the career progression of ethnic minority doctors in the UK. BMA.
- (3) Roger Kline (2021) No more tick boxes: a review on the evidence on how to make recruitment and career progression fairer
- (4) Warmington J, Kline R. (2024) Too Hot to Handle: Why concerns about racism are not heard or acted upon. BRAP
- (5) National Guardian Office. (2023). Fear and Futility: what does the staff survey tell us about speaking up in the NHS>
- (6) NHSE (2023) The NHS EDI Improvement Plan
- (7) Megan Reitz et al (2020) Speaking truth to power: why leaders cannot hear what they need to hear

Appendix 1. MKUH statement on anti-racism

At MKUH we take a stand against racism. We are committed to the promotion of equality, diversity, inclusion, and belonging in the workplace and the services we provide to our patients and service users.

As part of our stand against racism:

- We acknowledge the existence of racism and the negative impact it has on society
- We stand with our staff, patients, volunteers, and community members in the fight against racism and pledge to challenge racist behaviours
- We aim to be an inclusive organisation for all who work here and all who access our services

Our commitment to the promotion of equality, diversity, inclusion, and belonging is defined by seven key principles:

1. We acknowledge that institutional racism exists in the NHS.
2. We will make sure key decision-making teams include people from a diverse background and their work is credited.
3. We will actively make systems and processes more equitable by opening paths of opportunity to those affected by racism.

4. We will be open to experiences that challenge your world view of racism and inequity.
5. We will provide high quality learning and development opportunities on race, racism, allyship, and being anti-racist.
6. We will review our policies to reflect our anti-racist stance.
7. We will take action to address the lack of representation.

The report's author.

Roger Kline OBE FRSA is Research Fellow at Middlesex University Business School

Roger authored several reports on race equality in the NHS including *"The Snowy White Peaks of the NHS"* (2014) and *Fair to Refer* (GMC 2019) with Dr Doyin Atewologun on disproportionality in GMC referrals. He designed the NHS Workforce Race Equality Standard (WRES) and was joint national director of the WRES team 2015-17.

Roger was co-author of *Being Fair* (2019) on disciplinary action in the context of patient safety and human factors and co-author with Prof Duncan Lewis of *The Price of Fear* (2018) – the authoritative estimate of the financial cost of bullying in the NHS.

Roger was author of *No More Tick Boxes* (September 2021) a review of the research evidence on fair recruitment and career progression.

Roger was co-author of *Difference Matters* (National Guardian Office 2021) on raising concerns and BME staff and co-author of the recent report *Too Hot to Handle* (2024) on lessons for the NHS from recent Tribunal cases on race discrimination

Roger was voted as one of the top 30 Most Influential UK HR thinkers by HR Magazine in 2021 and in 2022

Corporate Risk Register															
Reference	Description	Impact of risk	Owner	Last review	Next review	Status	Inherent score	Current score	Target score	Controls outstanding	Controls implemented	Risk appetite	Risk response	Latest review comment	Risk identified on
RSK-035	IF there is a high turnover of staff due to: work pressure, not having the opportunity to work at the top of their licence, lack of capacity for development, lack of capacity for supervision / support. Also difficulty in recruiting. Loss of staff to primary care which offers more attractive working hours. THEN there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines.	LEADING TO: 1. increased length of stay due to TTO delay 2. increase in prescribing errors not corrected 3. increase in dispensing errors 4. increase in missed doses 5. failure to meet legal requirements for safe and secure use of medicines 6. harm to the patients 7. adverse impact on mental health of Pharmacy staff All resulting in adverse patient outcomes. Lack of financial control on medicines expenditure Breach of CQC regulations	Helen Smith	15-May-2025	30-Jun-2025	Planned	20	20	6	Actively recruiting staff (20-Feb-2025)	Business Case for additional staff(05-Apr-2022), Temporary role realignment towards patient facing roles(05-Apr-2022), Use of Agency Staff(05-Apr-2022), Prioritisation of wards(28-Jun-2022), Band 6 Pharmacist roles changed to band 6-7(09-Sep-2024), Restructure senior clinical team(09-Sep-2024), Enhance E&T team(09-Sep-2024)	Low	Treat	Recruitment continues. 5 new starters planned for August. Significant change expected at this point.	07-Aug-2019
RSK-134	If there is insufficient funding, then the Trust may be unable to meet financial plans and targets or deliver its strategic aims,	Leading to service failure and regulatory intervention THEN the Trust will be unable to meet its financial performance obligations or achieve financial sustainability	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	20	8	Work with ICS partners and NHSE to mitigate financial risk.	Cost and volume contracts replaced with block contracts (set nationally) for clinical income(04-Nov-2021), Top-up payments available where COVID-19 leads to additional costs over and above block sum amounts (until end of March 2022)(04-Nov-2021), Budgets to be reset for FY22 based on financial regime; financial controls and oversight to be reintroduced to manage financial performance(04-Nov-2021), Cost efficiency programme to be reset to target focus on areas of greatest opportunity to deliver(04-Nov-2021), The current funding has now been clarified .The trust will work with BLMK system partners during the year to review overall BLMK performance(21-Mar-2022), Internal budgetary review/financial performance oversight processes to manage/mitigate cost pressures. Financial efficiency programme identifies headroom for improvement in cost base. Close monitoring/challenge of inflationary price rises(16-Nov-2022), Financial efficiency programme identifies headroom for improvement in cost base.(04-Sep-2023), Close Monitoring/challenge of inflationary price rises(04-Sep-2023), Medium Term financial modelling commenced with ICS partners.(04-Sep-2023), Escalation of key issues to NHSE regional team for support(04-Sep-2023), Close monitoring of Elective Recovery Fund (ERF) activity and income(09-Jan-2024)	High	Treat	Risk transferred from Datix	01-Apr-2022
RSK-202	IF Financial Efficiency schemes are not fully developed THEN There is a risk that the Trust will not deliver the required level of savings	LEADING TO potential cash shortfall and non-delivery of its key targets	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	20	8	Divisions to have fully implemented all savings plans which have resulted in in year reductions for their respective savings targets	Divisional CIP review meetings in place attended by the DoF, divisional managers and finance business partners(23-Nov-2021), Cross-cutting transformation schemes are being worked up(23-Nov-2021), Savings plan for 21/22 financial year not yet fully identified(23-Nov-2021), Divisional CIP review meetings in place attended by the DoF, divisional managers and finance business partner. There are no cross-cutting transformation schemes yet identified and savings of around £9.2m as the end of Oct 223 have been identified against the £17m target. Whilst this shortfall can be mitigated this year, the risk is around the underlying financial position.(16-Nov-2022), Fully identified CIP programme of £23.8m for 2024/25 by the end of Sept 2024(12-Aug-2024), Engagement of consultancy to support help delivering the CIP programme(12-Aug-2024), Further on-going support from external consultancy until the end of March 25(31-Dec-2024), Grip & Control and Matrix support through divisional Strategic Transformation and Efficiency Portfolio (STEP) meetings held every 2 weeks(14-Apr-2025)	Medium	Treat	Risk transferred from Datix	01-Apr-2022
RSK-305	If there is insufficient strategic capital funding available in relation to NHP THEN the Trust will be unable to invest in the site to maintain pace with the growth of the Milton Keynes population's demand for hospital services	LEADING To financial loss and reputational damage	Karan Hotchkin	15-May-2025	07-Jun-2025	Planned	20	20	10	Agreement from the National NHP to fully fund the NHP scheme to an agreed design .	The trust has a process to target investment of available capital finance to manage risk and safety across the hospital(06-Dec-2021), Trust is discussing this with the regional Capital Team and with the ICB capital allocations for 23/24.(16-Nov-2022), The Trust has established management processes to prioritise investment of available capital resources to manage emerging risk and safety across the hospital.(04-Sep-2023), The Trust is responsive in pursuing additional NHSE capital programme funding as/when additional funding is available.(04-Sep-2023), The Trust is agile in responding to alter notified capital slippage from across the ICS and wider region to take advantage of additional capital budget(04-Sep-2023), Trust is awaiting the capital funding allocation as part of the 25/26 planning guidance and will review the risk once this is produced by the National Capital team(31-Dec-2024)	Medium	Treat	On-going conversations with regional and national capital team	01-Apr-2022

Corporate Risk Register																
RSK-456	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	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.Back 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	Rebecca Potter	19-May-2025	19-Jun-2025	Planned	20	20	8	Recruitment of staff (19-May-2025), Training & Competency progression new staff (19-May-2025), Monitor staff available for out of hours rota (19-May-2025), Quality support offered to Manager and Seniors to help close gap prior to replacement 8a starting (01-May-2025)	Use of Agency, Locum and Bank Staff(17-May-2023), Currently utilising the 8a Chief BMS to cover shifts where possible.(17-May-2023), Prioritisation of urgent work(17-May-2023), Existing staff offered overtime(17-May-2023), Increase WTE staff resource in Chemistry within budget(23-Jun-2023), Recruit Haematology bank Bnd 4 resource(23-Jun-2023), Recruit Chemistry bank Bnd 6 resource(23-Jun-2023), Recruit Haematology agency Bnd 6 resource(23-Jun-2023), Recruit Chemistry Agency Bnd 6 resource(23-Jun-2023), Recruitment of B8a, following resignation of Chemistry Operations Manager(22-Nov-2024)	Low	Treat	Staffing remains short, particularly in light of upcoming LIMS project and expected retirement of management team members.	02-Mar-2023	
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	16-May-2025	16-Jun-2025	Planned	20	20	6	Use of agency radiographers until sufficient staffing in place (16-May-2025)	Prioritising 2WW patients at the expense of urgent, routine and planned/cancer follow-up patients(27-Jun-2023), Signposting patients to PALS Team, where appropriate(27-Jun-2023), Recruitment of staff(27-Jun-2023)	Low	Treat	Recent agency contract has not been renewed, meaning there are large gaps in CT capacity. This is leading to further increases in waiting lists for 2WW, cancer f/u, urgent and routine patients.	22-Jun-2023	
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	15-May-2025	07-Jun-2025	Planned	20	20	5	Senior Finance team are reviewing on a weekly basis the cash position which is dependent on the funding outcome for Q4 for ERF which has not been confirmed	Regular exec lead efficiency review meetings(01-Jul-2024), Regular monthly oversight of cash by regional NHSE team(12-Aug-2024), Grip & Control" and Matrix Team Support have been strengthened across each division to foster idea generation and development. This is being facilitated through new divisional Strategic Transformation and Efficiency Portfolio (STEP) meetings, held every two weeks. Additionally, oversight is provided through monthly Divisional Financial Performance reviews and the Transformation Board.(14-Apr-2025)	Low	Treat		11-Jun-2024	
RSK-591	If the Ultrasound service cannot meet the demands of the maternity service and the required SBLv3 scan requirements Then there is a risk to clinical safety for women, including those under a SBL v3 pathway at booking, those that enter am SBL v3 pathway during their pregnancy and any other woman that requires additional USS that is time critical.	Leading to undiagnosed fetal compromise which could result in Fetal compromise leading to operative delivery or impacted birth choices, unplanned admission to NNU or fetal demise.	Katy Philpott	10-Jan-2025	11-Feb-2025	Overdue	20	20	2		Audit of SBL v3 compliance to required standard needed for MIS and ensuring patient safety(19-Nov-2024)	Low	Treat	Risk assessment received and attached to risk	19-Nov-2024	
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	15-May-2025	01-Jun-2025	Pending	16	16	6	Recruitment of staff (07-Jan-2025)	Use of remote bank staff to update policies(28-Sep-2021), Business Case for additional Pharmacy staff(19-Apr-2022)	Low	Treat	5 new starters in August will free up more senior staff to undertake governance roles. Expected change at this point.	01-Oct-2021	
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	23-May-2025	27-Jun-2025	Planned	16	16	6	Redway clinic to be started for children on HEF	Existing staff are working some additional hours but this remains insufficient to meet the needs of the service(04-Nov-2021), In contact with commissioners to discuss service provision Collecting additional data (feedback from stakeholders, benchmarking etc) to support business case(05-Feb-2023)	Low	Treat	Aiming to start Redway school HEF clinic in next month. Have emailed MKUH contracts manager re CNWL SLA - waiting for a response	01-Nov-2021	

Corporate Risk Register															
RSK-638	IF the POCT Poccellerator Informatics System was to fail THEN Pathology will be unable to assign new lots of consumables to the devices. Pharmacy will still dispense consumables but staff will be unable to use them.	LEADING TO the Trust being unable to provide POCT glucose and ketone tests; Potential mismanagement of diabetic patients; delay in diagnosis and treatment of patient; reputational damage; potential litigation	Phillip Dickson	21-May-2025	19-Jun-2025	Planned	16	16	6	NovaNet middleware system installed following renewal of contract. IT will need to create a new server to house the system. (01-May-2025), POCcellerator system to be replaced. Options appraisal to be completed to identify best system for MKUH, to allow all device types to connect (21-May-2025), Implementation of a business continuity plan to provide clear instructions on how to deal with equipment faults and failures. (21-May-2025)	Nova StatStrip SOP (POCT16WI) developed and available to staff via Radar and Q-Pulse(24-Mar-2025), Actioning analyser issues is covered in staff training, which is refreshed every 24 months.(24-Mar-2025), Ward staff reminded of the current process to communicate directly with the DISN team if a patient has an abnormal glucose or ketone result.(24-Mar-2025), All current lots have been assigned, and the Trust can maintain sufficient stock to last 2-3 months whilst the system remains functional(24-Mar-2025), Expiry of POCT access has been extended from 12 months to 24.(24-Mar-2025), Ram has been increased on current server to try and stabilise the system.(24-Mar-2025), Devices set to lock-out if the QC result is more than 3 points of standard deviation from the mean.(24-Mar-2025), Further communication sent out reminding ward staff to contact the POCT team of any device issues.(24-Mar-2025), Devices can be shared between departments where necessary in an emergency situation, in conjunction with the site team(24-Mar-2025), POCT review non-conformances and investigate repeated non-returns(24-Mar-2025), EQA provider, WEQAS has been advised of issue(24-Mar-2025)	Low	Treat	Risk remains high. Whilst BCP is not yet published contingency instruments and sharing of instruments in place	20-Feb-2025
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	15-May-2025	02-Jun-2025	Pending	25	15	12	EPIC consultant in place to aid flow within department and speed up decision making(22-Sep-2021), Recruitment drive for more nurses/HCA's ongoing. Active management of Nursing/Consultant and Registrar gaps in rota daily to ensure filled.(22-Sep-2021), RAT-ing process and specialty referrals having a RAG system developed to prioritise sickest patients to be assessed.(22-Sep-2021), Walking majors and resus reconfigured. Expanded Cubicle space in Majors - extra 10 spaces, increased capacity using Acorn Suite.(22-Sep-2021), Internal escalation policy in place. CSU lead developing trust escalation criteria to alert trust leads to problems sooner - diverting patients to; Ambulatory care(22-Sep-2021), Since Covid pandemic, phasing plan in place with red and green zones within ED.(22-Sep-2021), Escalation plan for ED to mitigate patient pressures(22-Sep-2021)	Low	Treat	No change	07-Mar-2016	
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	23-May-2025	27-Jun-2025	Planned	16	15	6	To seek approval for additional bank dietetic hours to try and reduce OP waiting list (additional OP clinics)	1. Dietetic manager has been given approval to source a band 6 experienced locum paediatric dietitian to provide cover.(22-Oct-2021), 2. As a back up plan,a band 5 basic grade dietitian is also being sourced from the locum agency, with the expectation that senior dietetic staff can cover the complex paediatric cases.(22-Oct-2021), 2 new starters to join the team in the next few weeks will start to increase paediatric dietetic provision - to review waiting list once new starters in post(19-Apr-2022), Paediatric Dietetic Assistant Practitioner appointed - to start on 9.5.22, after induction will help to reduce risk(29-Apr-2022), additional paediatric dietitian employed on bank contract for 2 sessions / week to help with long waiting lists - monitor waiting lists on a monthly basis(05-Feb-2023), review of patient pathways to reduce need for outpatient appointments(09-May-2023)	Low	Treat	Staff member fully back from long term leave next week therefore staffing improved. To put in a bank request for additional hours to try and reduce OP waiting list	01-Oct-2021
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	15-May-2025	07-Jun-2025	Planned	20	15	6	Agreement to be reached with the National team around the funding of the 25/26 CDEL	Trusts 24/25 planning process will prioritise capital based on clinical need and key maintenance risks(20-Mar-2024), The trust will pro-actively manage in-year underspend across other capital schemes(20-Mar-2024), Discussions are on-going with the National NHSE Capital team about the CDEL allocation(20-Mar-2024), The Trust's 25-26 capital plan has prioritised allocations based on clinical need and key estates risks.(14-Apr-2025)	Medium	Treat		20-Mar-2024
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	15-May-2025	07-Jun-2025	Planned	15	15	8	In year monitoring of clinical income		Medium	Treat	ERF continues to be reviewed monthly and in detail. No change to Risk Score	20-Mar-2024
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.	Julie Orr	24-Feb-2025	24-Mar-2025	Overdue		15	10	Climate Change Adaptation Strategy plan in place	Local Resilience Forum(04-Jun-2024), Local Health Resilience Partnership(04-Jun-2024), MKUH Adverse Weather and Health Policy(04-Jun-2024)	Low	Treat	Risk Review Date Audit completed - Next Review Date updated	03-Jun-2024
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	15-May-2025	07-Jun-2025	Planned	16	15	4	On going over sight required to ensure adherence to SFI's with any breaches to be escalated to CFO (22-May-2025)	Targeted trust wide communication strategy(01-Jul-2024), Trust wide Non clinical Non Pay weekly review group(01-Jul-2024)	Low	Treat	Review of risk Treatment Type. Risk has outstanding controls to mitigate risk, therefore Treatment Type should be 'Treat'. Risk updated.	11-Jun-2024
RSK-587	IF the Trust approach to the adoption of clinical digital systems continues as it is without changes to attitudes for engaging in digital work and resources focused on supporting clinical adoption of those systems THEN the use and development of such systems as eCARE will remain as it is now.	LEADING TO a continuation in the frequency of clinical incidents raised, levels of frustration with those systems, and a missed opportunity to drive quality, efficiency and productivity benefits.	Craig York	19-May-2025	13-Jun-2025	Planned	15	15	4	•Expansion of adoption resources/staff focused on driving the adoption of clinical digital systems. •Consideration across clinical operational and financial leadership on releasing time to staff to engage in training and system development work. •Aligned internal communication on the positive opportunities linked to clinical digital system adoption.		Low	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	17-Oct-2024

Corporate Risk Register															
RSK-658	IF the savings required by NHSE of £650k in the Finance and Procurement teams are implemented THEN there is a risk that there will be an impact on the quality of services provided to the rest of the organisation and externally .	LEADING TO diminished financial control, less reliable financial information, lower compliance with regulatory requirements and poorer decision-making on financial matters. There is an additional risk to team morale with a further impact on motivation and productivity.	Daphne Thomas	15-May-2025	09-Jun-2025	Planned	15	15	10	Cost-cutting Corporate Services in the Transformation Programme to identify savings towards the £650K target	Support from PA Consulting to review proposals(07-May-2025), All proposals to be reviewed and approved by Quality Committee to ensure no adverse quality impact(12-May-2025)	Medium	Treat		07-May-2025
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	16-May-2025	07-Jul-2025	Planned	16	12	9	On going monitoring of agency and locum spend	Weekly vacancy control panel review agency requests(23-Nov-2021), Control of staffing costs identified as a key transformation work stream(23-Nov-2021), Capacity planning(23-Nov-2021), Robust rostering and leave planning(23-Nov-2021), Escalation policy in place to sign-off breach of agency rates(23-Nov-2021), Fort-nightly executive led agency reduction group meeting with aim of delivering reduction in both quantity and cost of agency used(23-Nov-2021), Agency cap breaches are reported to Divisions and the FIC(23-Nov-2021), Divisional understanding of how to reduce spend on temporary staffing to be developed(23-Nov-2021), Weekly Agency review by Executive Directors(10-Jul-2023), Workforce is discussed as apart of the monthly exec led performance review meetings(14-Apr-2025)	Medium	Treat	Additional controls are in place for long lines of agency that require an Exec sign off	01-Apr-2022
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	21-Jan-2025	21-Feb-2025	Overdue		12	3	Following R&D presentation and constant review of the circumstances, MKUH Space Committee has planned to allocate clinical space at Outpatients, replacing Eye Clinic Department.	Phlebotomy procedures will be undertaken in the Blood Taking Unit(25-Nov-2021), Physical assessment using consultant's clinic rooms(25-Nov-2021), Request submitted to the Space Committee for additional space(25-Nov-2021)	Low	Treat	Next review date updated to 21st February as moderate risks need to be reviewed at least monthly.	25-Nov-2021
RSK-254	IF Nursing & midwifery 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	19-May-2025	13-Jun-2025	Planned	12	12	9	Drive adoption of CareAware Connect, including the support from senior Nursing Leadership. (05-Jun-2024), Remove the ability for nurses and midwives to document medication administration via the drug chart and route them via the medications administration wizard (MAW)	eCARE alert if mismatch between wrist band & electronic drug chart. Correct workflow taught in eCARE training. Monthly scanning compliance report(26-Nov-2021), CareAware Connect going live by August 2023(11-Apr-2023)	Low	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	25-Jan-2023
RSK-263	IF the Trust Fire Compartmentation are not surveyed and remedial works funded THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices	Darren Hutchings	16-May-2025	18-Jun-2025	Planned	20	12	8	Re-review of Hospital Streets and Ward Kitchens/Pantries to be planned. Remedials on Theatres to be actioned. (18-Sep-2024), Outstanding compartmentation items from last survey to be prioritised on risk basis, on a rolling program (14-Apr-2025)	fire door maintenance, fire alarm system, compartmentation inspections and remedials, fire damper inspections and remedials, automatically closing fire doors, emergency lighting, fire extinguishers and other elements of the fire strategy mitigates the reliance on any one component of fire safety(29-Nov-2021), Mandatory fire training(29-Nov-2021), Fire wardens(29-Nov-2021), Annual Capital bids rolling program(29-Nov-2021), Annual audit regime in place(29-Nov-2021), Authorised Engineer (AE)appointment made March 2020(29-Nov-2021), Annual audit in place(29-Nov-2021), Annual Remedial programme in place, risk based priority(29-Nov-2021), Identified remedials were completed Jan 2021(29-Nov-2021), 21/22 programme approved at May 2021 Trust Exec Group(29-Nov-2021), Audit completed June 2021, included all plant room spaces(29-Nov-2021), Works identified including 140 fire doors to be fitted on electrical cupboards. Prioritisation on risk basis, Order for £10K placed with Nene Valley(29-Nov-2021)	Low	Treat	Work being carried out currently looking at higher risk areas.	25-Aug-2021
RSK-264	IF the Trust Fire Doors are not regularly surveyed and remedial works funded THEN remedial work not being completed	LEADING TO the travel of fire between compartments causing risk to life, greater damage to the estate, poor public image and subsequent interventions from the Fire Brigade with potential enforcement notices.	Darren Hutchings	28-May-2025	30-Jun-2025	Planned	8	12	8		A combination of fire door maintenance, fire alarm system, compartmentation inspections and remedials, fire damper inspections and remedials, automatically closing fire doors, emergency lighting, fire extinguishers and other elements of the fire strategy mitigates the reliance on any one component of fire safety(29-Nov-2021), Mandatory fire training(29-Nov-2021), Fire wardens(29-Nov-2021), Pre commitment to continual rolling program of updates and refurbishment. BAU funding. £300k invested on Phase 2 2023/24(29-Nov-2021), Plant Room Doors surveyed(29-Nov-2021), Guaranteed Capital agreed brought service in house January 2020(29-Nov-2021), Authorised Engineer (AE) appointed April 2023(29-Nov-2021), Many Fire Doors have been replaced since Jan 2020 as part of the prioritisation programme(29-Nov-2021), Rolling programme with backlog to overcome issues, on annual business case.(29-Nov-2021), 21/22 programme approved at May 2021 Trust Exec Group(29-Nov-2021), Options for new AE, out to tender(29-Nov-2021), Fire Door Asset List updated 2024(19-Dec-2024)	Low	Treat	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	29-Nov-2021
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	Darren Hutchings	16-May-2025	20-Jun-2025	Planned	20	12	6	Whilst general improvement in testing, PPM task is not fully resourced and therefore not able to achieve target testing schedule. Additional resources are required. (20-May-2025)	Future investment requirements identified by PPM , reactive maintenance and Estates Specialist Officer(30-Nov-2021), PPM checks in place with regular testing by direct labour(30-Nov-2021), Rolling program of capital investment(30-Nov-2021), Rolling PPM program PPM 3 hour E-light testing program in place(30-Nov-2021), List of known remedials to be completed and prioritised(30-Nov-2021), P4 reporting being connected.(26-Mar-2024), C&B replaced failed lights and remedial works 24/25(26-Mar-2024)	Low	Treat	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	25-Aug-2021

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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	16-May-2025	01-Jun-2025	Pending	16	12	4	Development of OBC	Seed funding approved by DHSC to support the development of a Strategic Outline Case (SOC)(30-Nov-2021), SOC has been formally completed(30-Nov-2021), Regular monthly meetings on a formal basis with NHSE/I and DHSC(30-Nov-2021), Regular dialogue taking place with NHSE/I Strategic Estates Advisor(30-Nov-2021), Regular dialogue taking place at Board level(30-Nov-2021), Monthly reporting structure in place with NHSE/I(30-Nov-2021), Programme Board chaired by CEO set-up with agreed ToR(30-Nov-2021), Wider engagement with MK Council(30-Nov-2021), Wider engagement with senior colleagues in the Trust commenced(30-Nov-2021), Engagement with CCG undertaken(30-Nov-2021), SOC Submitted to NHSEI, OBC to be progressed in quarter 4(30-Nov-2021)	Medium	Treat	Continued Engagement with NHP	30-Nov-2021
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	19-May-2025	13-Jun-2025	Planned	12	12	6	DQ Working Group Focus on RTT and PTL content will scope work required. Action delayed while clinic outcome forms web tool is replaced and waiting list task and finish groups continue. Work in progress with national team re: FDP and potential PTL replacement tools.	Business Case being submitted by late spring to implement RTT functionality.(11-Apr-2023)	Medium	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	25-Jan-2023
RSK-448	IF the GE Voulson E10 obstetric ultrasound machines are more than 5 years old THEN there may be reduced accuracy in imaging and reduction in image quality; ongoing further costing to replace probes and complete maintenance; higher risk of equipment breakdown	LEADING TO potential unnecessary further testing and patient stress; potential withdrawal from service and cancelation of lists; breach of Public health England's Fetal anomaly screening programme (FASP) guidance	Alexandra Godfrey	16-May-2025	07-Jun-2025	Planned	12	12	12	Replacement obstetric ultrasound machines (07-May-2025)	Regular servicing and QA programming to ensure accuracy and functionality(17-Apr-2023), Ensuring probes are repaired and maintained.(17-Apr-2023), Switch older machine with newer machine for those undertaking the 12 and 20 week screening scans(17-Apr-2023)	Low	Treat	Risk Management Audit on Next Review Dates of Risks with Current Risk Rating of 8 or more. Next Review must be no more than 1 month. Therefore Next Review Date has been updated to reflect this.	21-Mar-2023
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	Rachel Collins	16-May-2025	30-Jun-2025	Planned	25	12	4	Widen environmental study to consider patients with mental health, learning disability, dementia etc – holistic approach to care, environment, distraction therapies (07-Mar-2025), Documented strategy Review policy, local risk assessments, warning system Review and implement flagging of behaviours on ecare and through staff communication between team(s) (03-Mar-2025)	CCTV in high-risk areas(04-Aug-2023), Presence of security in Emergency Department (ED)(04-Aug-2023), Posters displayed in wards/department(04-Aug-2023), Staff communicate patient behaviours during handovers and not on patients notes(04-Aug-2023), Follow conflict resolution training(04-Aug-2023), De-escalate/Staff withdraw from situation if person becomes challenging(04-Aug-2023), Where known aggressor – dynamic assessment, have an escape route, consider seeing patient in twos, do not work alone, do not work in a closed space, consider screens/barriers between aggressor and staff, consider security presence to see patient Ensure panic alarms/call bells within easy reach Call for assistance where situations are escalating(04-Aug-2023), Application of 3 tier warning system – verbal, behavioural, red card – overseen by Head of Security(04-Aug-2023), Enforcement/criminal prosecution where possible(04-Aug-2023), Conflict resolution training mandatory for all staff and Breakaway training available adhoc(04-Aug-2023), Security available - Code victor 2222 Police available – 999 Support for staff through manager/Occupational Health & Wellbeing Services/Employee Assistance Programme Staff support through Staff Debrief available through Chaplaincy service Support also available through Head/Deputy Head of Security/Health & Safety Advisor Staff victims of crime support document – referral to Victims First(04-Aug-2023)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	31-Jul-2023
RSK-493	IF mailing groups on the directory are not kept up to date by IT and HR THEN communications from departments intended for dissemination do not reach intended staff and	LEADING TO risk by ineffective communication	Victoria Balaktsoglou	28-May-2025	30-Jun-2025	Planned	12	12	6	HR and IT to work together to create staff-group specific acute user group lists within AD for comms team to use	When issuing notices intended for all clinical staff to ensure there is a statement to encourage dissemination to relevant staff(02-Nov-2023)	Low	Treat	Ticket raised with IT (#INC-258860) to get acute user email groups updated with data HR have offered to provide.	02-Nov-2023
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	16-May-2025	16-Jun-2025	Planned	20	12	12	Transfer of data (excluding documents) to Radar Analytics, Recruitment of Data Analyst to review which documents can be deleted AND to convert the remaining data into a format that can be transferred to Radar Analytics.	Current RLDatix Licence to 01/12/25(29-May-2024), Transfer of RLDatix documents into MS Team folder(29-May-2024), IT Department to write script on server to identify which documents in MS Teams relate to which record in RLDatix.(29-May-2024)	Low	Tolerate	Risk reviewed, no change to risk or controls	13-May-2024
RSK-645	IF the capacity to increase CPAP appointments is not increased THEN patients will face significant delays in appointment waiting times	LEADING TO delays in treatment, DM01 breaches (of initial diagnostic) and potentially patient safety issues/harm	Alexandra Peers	29-Apr-2025	09-May-2025	Overdue	16	12	4	Appointment of STP Physiologist and/or extension of FTC for 1x Physiologist who is currently covering a Mat Leave vacancy (short-term support for team) (14-Apr-2025), Service Development - Implementation of 1x Band 7 Physiologist post (14-Apr-2025), Urgent patients expedited / Consideration of electronic referral process	Capacity of 18x CPAP new appointments per week(31-Mar-2025), Senior Chief Respiratory Physiologist complies Rota and priorities DM01 requests(31-Mar-2025), Colleagues working additional 2x Bank shifts per week since September 2024(31-Mar-2025), Urgent CPAP patients (65+ weekers) are prioritised(31-Mar-2025), The annual departmental budget is £155k(31-Mar-2025), Approval for continuation of DM01 Recovery and CPAP Follow Up clinics on Bank(31-Mar-2025)	Low	Treat	Risk approved onto the CRR at TEC - 9th April 2025	27-Mar-2025

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RSK-664	IF there is no authorising person for for decontamination in post THEN there will be no day to day operational support for decontamination.	LEADING TO errors going unnoticed and unmanaged in terms of compliance. possible use of unsafe equipment; reputational damage to the trust if equipment is continued to be used without the appropriate evidence of compliance records.	Lisa Charles	28-May-2025	19-Jun-2025	Planned	16	12	4	estates to source a third party AP(D) to oversee the documentation sign off for decontamination and support the CP(D)'s, Ensure testing schedule is current as a preventative for breakdowns.	AE(D) bi-monthly visits to check reports(19-May-2025), Highlighted all gaps in control to Estates management and asked to be sighted in their remedial actions plan.(19-May-2025), Maintenance schedule for decontamination equipment.(19-May-2025)	Low	Treat		16-May-2025
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	Benjamin Hazell	19-May-2025	19-May-2025	Overdue	15	10	5	Refresher Ladder Training to be arranged and delivered. Quote to be obtained from Alan Hambridge. (20-Sep-2023), Cherry Picker has been sold, and will be replaced with a hire in service with operator as and when needed. This will negate the need for staff training, storage and maintenance of the kit, and reduce the risks to the workforce. (18-Sep-2024), Manual alternative to Cherry Picker to be sourced. (11-Dec-2024)	Staff training. Ladder/equipment inspections(29-Nov-2021), Written processes and Working at Height Policy reviewed regularly(29-Nov-2021), New lifting equipment purchased(29-Nov-2021), General H&S training conducted(29-Nov-2021), Cherry Picker obtained- staff trained(29-Nov-2021), RAMS from contractors reviewed by Compliance Manager(29-Nov-2021), Edge protection in place in all locations where plant or PV panels exist(29-Nov-2021), On going Contract in place for Edge Protection and Latchways systems Inspections and Maintenance.(29-Nov-2021), Trained RP in August 2021(29-Nov-2021), RP has been appointed by Alan Hambridge(29-Nov-2021)	Low	Treat	Noted that Ladder asset have been tagged and added to PPM checks. No change to risk rating	25-Aug-2021
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	Darren Hutchings	16-May-2025	20-Jun-2025	Planned	15	10	5	Recruitment, current vacancies in Estates Services - 1 x Fitter, 1 x Estates Officer and 1 x vacancy Estates Officer in May (10-Feb-2025)	Agency staff option to back fill to current vacancies, whilst recruitment process continues if required(30-Nov-2021), Change paper put through to TEG for additional resources, better R&R payments and to bring 7 day working over longer hours by introducing a shift pattern which should protect the service availability, enhance remuneration closer to market rate and make on-call sessions less onerous. Approved subject to funding like date March 2022(30-Nov-2021), Validation pending on some changes to funding going through(30-Nov-2021)	Low	Treat	Have appointed Senior engineer with now a vacant estates officer position and 2 fitter positions.	23-Apr-2024
RSK-575	IF the current method for using smart cards to log into eCARE (CIS 1.0) is not updated by Oracle Health to use NHS England's newer method (CIS 2.0), NHS England reduce their support of CIS 1.0, and there is a technical outage to CIS 1.0 THEN NHS England may not investigate and resolve the outage outside of normal working hours (Mon-Fri 9-5), which could leave MKUH without access to eCARE for an extended period of time,	LEADING TO significant risk to patient care, operational management of the Hospital site, and data collection for commissioning. Inability to access and use eCARE for multiple days over a weekend could lead to an impact to patient care, cancelled clinics or theatre lists, slower flow through the hospital, and gaps in reporting data.	Craig York	19-May-2025	13-Jun-2025	Planned	15	10	5	Implement CIS 2.0	Escalation to NHS England and Oracle Health International CIO(30-Sep-2024)	Low	Treat	NHS England have confirmed MKUH will still have out of hours support until change to CIS 2 is completed.	13-Sep-2024
RSK-651	IF tests are not entered into LIMS and authorised in a timely fashion THEN results will breach turnaround times	LEADING TO potential for delayed and missed diagnosis and treatment; tests may be repeated which poses an operational and financial pressure to Pathology	Rebecca Potter	21-May-2025	19-Jun-2025	Planned	15	10	6	Overseas doctors to be onboarded and trained in referral procedures (06-May-2025), Review of process and reassignment of responsibilities (06-May-2025), Extra resource for authorisation of Chemistry-Immunology results (06-May-2025), Review of departmental SOPs, responsibilities and authorities with regards to all aspects of referrals to be clarified (06-May-2025), Review of handbook, work instructions and Winpath to ensure TAT align., Review each test for correct coding, Removal or improvement of generic send away codes in WPE	Results are entered in order of receipt(23-Apr-2025), Queries are run periodically to highlight outstanding results(23-Apr-2025), Any abnormal results (those outside of the reference range or highlighted by sender as abnormal) are identified on receipt are prioritised(23-Apr-2025), Deputy Manager has returned on bank to carry on with this function(23-Apr-2025), Cases are chased once they breach two weeks overdue.(23-Apr-2025), Where possible results are entered before chasing(23-Apr-2025), Lists are run monthly to capture those that are outstanding.(23-Apr-2025), Samples are only sent to miscellaneous reference/referral labs following clinical approval.(23-Apr-2025)	Low	Treat	Risk remains high. increasing demands on bank B6 have meant this has been deprioritised for a short while.	23-Apr-2025
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	Sarah Sandham	16-May-2025	31-May-2025	Pending	9	9	6	Head of safeguarding and Named Doctor to review the CP medical internal MKUH process for booking CP medicals and data capture as part of gap analysis (07-Apr-2025)	Social Service made aware that the earlier we know about CP Medicals the easier it is to get them in and out(24-Nov-2021), Ongoing discussions are being held with BLMK and CNWL and Designated Doctor to progress toward an agreeable pathway(24-Nov-2021), A interim process has been agreed that SW requesting CP Medical contacts the SGC Lead who will coordinate booking through ward 4 and discuss with on call consultant(24-Nov-2021)	Low	Treat	A QI project is currently underway to review all Processes regarding Child Protection Medicals	24-Jan-2022
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	Benjamin Hazell	19-May-2025	19-May-2025	Overdue	15	9	6	Regular funded replacement programme required. (22-Apr-2025)	Capital bid to be placed annually(30-Nov-2021), Ward 6 and Ward 1 full floor replacement completed(30-Nov-2021), Business Case written, funded 21/22(30-Nov-2021), Adhoc floor repairs made with temporary taping of any failures occurring(30-Nov-2021), Going to the market for new contractor, out to tender(30-Nov-2021), Crown Industrial flooring making small repairs(30-Nov-2021), 3 year + 1 +1 . contract awarded. Annual audit of Common areas, corridors and circulation, includes repairs(03-Mar-2022), Major works funded by emergency business case, smaller repairs funded under revenue repairs(20-Sep-2023)	Low	Treat	B/Case to be written to obtain funds for repairs this year 2025 rolling programme	25-Aug-2021
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	16-May-2025	30-Jun-2025	Planned	15	9	3	Replacement/upgrade of flat roofs identified in the 6 facet survey. Ongoing replacement works since Jan 24. Funded in 2024/25 Programme (12-May-2025)	Inspections and repairs as needed(30-Nov-2021), Updated annual 6 facet survey by Oakleaf(30-Nov-2021), Large patch repairs undertaken as emergency business cases(30-Nov-2021), 1 x Post Grad roof fully replaced 19/20(30-Nov-2021), Ward 10 - 50% of roof patch repairs completed 19/20(30-Nov-2021), Phase 1, Phase 2 and Community Hospital survey completed.(52 roof leaks noted in 12 months Jan 19 -Aug 20) 16 leaks in 1st week of October 2020(30-Nov-2021), Pharmacy small roof replaced September 20(30-Nov-2021), Business Case approved for 4 to 5 year rolling programme(30-Nov-2021), Community Hospital work completed July 2021(30-Nov-2021), Phase 1 and Phase 2 of the hospital works outstanding. Funding to be approved(30-Nov-2021)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	21-Dec-2022

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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	Benjamin Hazell	16-May-2025	03-Jun-2025	Pending	12	9	6	Wards with obsolete equipment require replacement. Spares have increased as old system been replaced. Replacement program on hold due to lack of capital funding and reviewing Ascom's contract performance. BH to advise if any obsolete equipment. (03-May-2023)	An emergency back up system of 30 units has been purchased in the event of current system failing. There is also an additional spare unit(30-Nov-2021), Ward 4, 5 and Milton Mouse & A&E Majors were replaced in FY18/19(30-Nov-2021), ADAU replaced as emergency business case October 2019(30-Nov-2021), Endo replaced in Jan 2020(30-Nov-2021), Vizcall no longer in business, plan to replace all Vizcall systems in 20/21 - Vizcall test equipment and spares purchased for in house support(30-Nov-2021), Above the line funding for 2 x wards and ED agreed for 2021 with Ascom. Ward 2A and ED will be completed in 2023/2024(30-Nov-2021), Milton Mouse and Urology have been added to the Ascom system 2024(26-Mar-2024)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021	
RSK-401	IF the GE OEC 7900 Fluorostar and GE OEC 9900 Image Intensifiers are 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)	Deborah Dolling	16-May-2025	30-Jun-2025	Planned	9	9	6	Purchase and implementation of new Image Intensifier (17-Mar-2025)	Maintain routine servicing/QA and physics checks to monitor equipment performance(24-Nov-2022), Liaise closely with Theatre operational managers and admissions to fulfil Imaging's commitment to cover these cases(24-Nov-2022), Attend weekly admissions meeting to monitor the theatre lists being booked to foresee any preventable issues with over booking of units.(24-Nov-2022), Liaise closely with Theatre to co-ordinate a plan when emergencies arise(24-Nov-2022)	Low	Treat	Risk Owner updated	24-Nov-2022	
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	27-May-2025	30-Jun-2025	Planned	9	9	6		Fortnightly ASI reports are produced and circulated at a senior level identifying polling ranges and patients waiting on e-Referral worklists.(10-Feb-2023), Divisions reviewing capacity & demand planning.(10-Feb-2023), WLIs are being held in services to expedite long waiting patients.(10-Feb-2023), Patients are booked according to referrals priority and wait time(10-Feb-2023), Many services have referral assessment services in order to clinically triage referrals(10-Feb-2023), All services have been requested to ensure that there are firebreaks within their clinic templates to mitigate disruption due to clinic cancellations(10-Feb-2023), Daily 78+ week report circulated to monitor longest waiting patients.(10-Feb-2023), Capacity & Demand planning for all services to be completed(10-Feb-2023), Cleanse of the Patient Tracking Lists for the following services to be undertaken, utilising additional non-recurrent resource - Ophthalmology; ENT; Urology; Trauma & Orthopaedics; Gynaecology(10-Feb-2023)	Low	Treat	Felicity Maple approved next review date for 28 March 2025 - no other information changed	06-Feb-2023	
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	16-May-2025	16-Jun-2025	Planned	15	9	4	Recruit substantive staff to increase capacity for training (16-May-2025)	Offering fast-track training to allow staff to volunteer for extra duties to facilitate training(28-Jun-2023), Employ agency staff to cover substantive staff(28-Jun-2023)	Low	Treat	JD review and planned recruitment. Staffing pressures ongoing due to sickness and annual leave.	27-Jun-2023	
RSK-574	IF there are insufficient staff within the Cyber Security Team THEN the team will have insufficient capacity to meet the demand on the service.	LEADING TO potential vulnerability; critical BAU actions being picked up by existing staff	Oliver Chandler	19-May-2025	13-Jun-2025	Planned	9	9	3		Critical Cyber functions distributed to others in IT.(25-Sep-2024)	Low	Treat	Review Date Audit - Review date updated to reflect Trust Policy. Risks graded 8+ must be reviewed a least monthly.	25-Sep-2024	
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	16-May-2025	02-Jun-2025	Pending	12	8	8	Mental Health pathway to be reviewed by the Corporate Team (17-Jan-2025)	Patients assessed and those at risk of self harming are placed in an area they can easily be observed.(22-Sep-2021), New mental health room has been ligature and risk assessed by CNWL team(22-Sep-2021), Remind all staff about keeping swipe doors closed so they don't access rooms where they are not observable Last ligature audit was April 2019 and actioned.(22-Sep-2021), Risk Assessment of adult and C&YP areas reviewed April 2019(22-Sep-2021), Check list in place to risk asses each Adults and C&YP attending with MH/DSH issues to identify personalised action plan(22-Sep-2021), Follow up ligature RA completed as advised by H&S lead for trust Risk Assesment completed - identified need for collapsible clothes hangers in public toilets - request to estates to install and completed; x1 non-compliant cord pull also in toilet - changed(22-Sep-2021), Repeat Ligature Risk Assessment for 2020 required(22-Sep-2021), ensure all staff are aware of the new Policy - "Ligature Risk Awareness"(22-Sep-2021), E-Care Risk Assessment Tool to be reviewed/adapted(10-Aug-2022)	Low	Treat	discussed with safeguarding BJ.. noting a small number of identified pt with known MH issues who are high risk who are frequent attenders to ED.	05-Aug-2014	
RSK-090	IF the Trust cannot access and report on inpatient activity for Therapy & Dietetics, THEN Therapy Services are unable to determine demand in order to plan and develop services effectively.	LEADING TO poor patient experience, inability to demonstrate the effectiveness of the service and an inability to benchmark and compare data with other Trusts due to lack of data submission	Robert Baddeley	16-May-2025	06-Jun-2025	Planned	15	8	6	To create standard Operating Procedure for eCare contact forms - to be part of Inpatient Operating Guideline, Manual data collection using Teams survey (06-May-2025), Standard Operating Procedure for ecare patient data (07-May 2025)	Therapies Service working with the Information Team to establish where data is located by validating data entries(21-Oct-2021), Therapies Service collecting manual data to validate eCARE entries and to enable submission of benchmarking data(21-Oct-2021), Inpatient data/ dashboard to be created to show live patient contact activity. This will support with the modelling of the inpatient services in order to predict and meet future demands(21-Oct-2021), Contact another Trust that uses Cerner to discuss Therapy data reporting(14-Dec-2022)	Low	Treat	Second version of inpatient activity dashboard is being tested for accuracy.	21-Nov-2021	

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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.	Julie Orr	03-Apr-2025	01-May-2025	Overdue		8	8		Major incident response plan (IRP)(25-Nov-2021), Action Cards have been removed from the Major Incident Response Plan and are held as a separate annex(25-Nov-2021), CBRN arrangements outlined within the IRP(25-Nov-2021), Mass casualty response outlined within the IRP(25-Nov-2021), Regional casualty dispersal process in place(25-Nov-2021), Local resilience Forum working group meetings attended, with tactical and strategic levels represented by CCG and NHSE&I(25-Nov-2021), Training and Exercise programme in place to ensure the Trust meets national best practice and statutory obligations(25-Nov-2021), EPRR annual work plan in place and agreed with Accountable Emergency Officer (AEO) that is scrutinised and reviewed through the Emergency Planning Steering Committee on a quarterly basis attended by senior and key staff(25-Nov-2021), Annual NHSE&I EPRR Core Standards review conducted by BLMK CCG to ensure MKUH is meeting its statutory obligations, with internal report sent to Managing Board and Trust Public Board for sign-off(25-Nov-2021), Development and delivery of EPRR Work Programme 2024 - to be signed off by Emergency Planning Steering Committee in February 2024.(15-Nov-2023)	Low	Tolerate	Review Date Audit - Next Review date updated to reflect Trust Policy	25-Nov-2021
RSK-236	IF there is inability to retain staff employed in critical posts THEN we may not be able to provide safe workforce cover	LEADING TO clinical risk. Increasing temporary staffing usage and expenditure Increased turnover Decreased stability rates Increased stress levels within trust Reduced morale	Louise Clayton	16-May-2025	06-Jun-2025	Planned	16	8	8	Creation of retention toolkit (08-Apr-2025)	Variety of Organisational Development and Reward initiatives, including Event in the Tent, P2P, Schwartz Rounds, Living our Values, Annual Staff Awards and feedback from staff being acted upon(25-Nov-2021), Monitoring via staff survey feedback and local action plan based outcomes(25-Nov-2021), Health and Wellbeing promotion, education and prevention via Staff Health and Wellbeing(25-Nov-2021), Online onboarding and exit interview process in place(25-Nov-2021), Flexible working and Agile Working policies in place(25-Nov-2021), MK Managers Way in place(25-Nov-2021), Recruitment and retention premia in place, including Golden Hello for Midwives(25-Nov-2021), Enhanced social media engagement in place and ongoing(25-Nov-2021), Annual funding initiatives to upskill staff and retain them through ongoing education e.g. Chief Nurse Fellowships, PGCE and Rotary Club Bursary fund(25-Nov-2021), Refer a Friend Scheme introduced in 2022 to improve retention and recruitment.(10-May-2022), International Recruitment ongoing to recruit 125 nurses in 2022, attraction campaign to commence in 2022 with national advertising of the Trust as employer of choice.(10-May-2022), Attraction Campaign to launch Autumn 2022 with programme of events and mixed media advertising through to March 2023(31-Oct-2022), Staff Survey Action Plans for key areas of focus(20-Jul-2023), Review of Retention Frameworks in Core Clinical post-implementation(20-Jul-2023), Review of local induction/onboarding process(20-Jul-2023)	Low	Tolerate	Risk Reviewed - Controls updated. No change to Risk Score	02-Jan-2023
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.	Darren Hutchings	16-May-2025	20-Jun-2025	Planned	20	8	8	All fire dampers identified, requires ongoing capital funding to maintain and resurvey as required.	A combination of fire door maintenance, fire alarm system, compartmentation inspections and remedials, fire damper inspections and remedials, automatically closing fire doors, emergency lighting, fire extinguishers and other elements of the fire strategy mitigates the reliance on any one component of fire safety(29-Nov-2021), Mandatory fire training(29-Nov-2021), Fire wardens(29-Nov-2021), Authorised Engineer (AE)appointed March 2020(29-Nov-2021), Annual inspections(29-Nov-2021), Funded annual remedial programme(29-Nov-2021), Site wide Damper annual audit, risk based approach to any remedials(29-Nov-2021), £10K of repair work ordered and new inspection(29-Nov-2021), Changed Theatre 5 Damper, remaining 6 faults to be replaced 2022/2023(03-Mar-2022), Fire Damper O&M to be checked for Ward 22/Endo and added to maintenance schedule if appropriate(26-Mar-2024)	Low	Tolerate	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	25-Aug-2021

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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	19-May-2025	23-Jun-2025	Planned	16	8	8		A Water Services Management Group operates quarterly, with agreed membership and agenda items(30-Nov-2021), Audit document and action plan has been circulated to the Group for discussion and progression at the next meeting(30-Nov-2021), Independent contractor commissioned to regularly test water outlets. Controls and testing regimes in place(30-Nov-2021), Review and Water Services Management Group membership includes independent contractor and Authorising Engineer(30-Nov-2021), Whole site risk assessments are current and risk reviewed at each meeting(30-Nov-2021), Risk assessment undertaken of augmented care areas(30-Nov-2021), House keepers are flushing water out lets in clinical areas and return flushing sheets to estates, Hotel Services Audit manager to track progress and compliance(30-Nov-2021), Tender awarded to Evolution, 2 year contract commenced 1st July 2019. extended for 6 months. New tender to be drafted(30-Nov-2021), Phase 1 and Cancer Centre risk assessments completed(30-Nov-2021), Phase 2 Risk Assessment completed June 2021, actions underway(30-Nov-2021), Audit and Risk assessments for outlying buildings planned 2022(30-Nov-2021), Ben Hazell is trained and appointed Appointed Person (AP)(22-Mar-2023), Controls and action recommendations being reviewed by Compliance Officer(31-Mar-2023), Cleaning of Phase 1 Cylinders and Calorifiers, and descaling of phase 1 calorifiers(22-Jun-2023), Ongoing engineering improvements actioned when identified(20-Dec-2023), Water Coolers being changed across the Trust to direct feed and Healthcare equipment recommended(20-Mar-2024)	Low	Tolerate	No significant changes to note	21-Dec-2022
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	Darren Grace	19-Mar-2025	30-Apr-2025	Overdue		8	6	Proactive maintenance commitment, reactive CCTV of problem areas (20-May-2025)	Reactive maintenance repairs, using Trust owned CCTV for inspections and remedial works.(30-Nov-2021), Wards 1-5 identified as risk areas(30-Nov-2021), Some CCTV inspection has been completed(30-Nov-2021), Multiple areas descaled ongoing programme(30-Nov-2021)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
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	16-May-2025	05-Jun-2025	Planned	10	8	6		Actively working on reducing any impact from medicines out of stock - sourcing where possible. Regional procurement, NHS England and mutual aid all being used.(20-Jan-2023), increase capacity of pharmacy procurement team(09-Jun-2023), Additional team members trained in procurement(30-Oct-2023)	Low	Treat	significant shortages continue	27-Nov-2022
RSK-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.	Vivian De Vittoris	16-May-2025	30-Jun-2025	Planned	15	8	4	Trust-wide temperature monitoring system for the monitoring of temperature in all medicine storage locations (room, fridge and freezer) to be implemented	Redesign of temperature monitoring forms(18-Jan-2024), Redesign of temperature monitoring guidance and disseminated to clinical areas(18-Jan-2024), Teaching sessions in senior nurses meeting & pharmacy(18-Jan-2024), Safe and secure handling audit to gain assurance and identify deficiencies(18-Jan-2024), The use of stand-a-lone thermometers for temperature monitoring (but requires user to manually record temperatures)(18-Jan-2024), Escalation to Chief Pharmacist for issue awareness at executive level(18-Jan-2024)	Low	Treat	To liaise with Helen re: plan for capital	15-Jan-2024
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	16-May-2025	16-Jun-2025	Planned	20	6	6		Project Manager identified along with 3 members of staff to provide cover and support to the project where necessary(06-Sep-2021), Radar Project Plan in place(06-Sep-2021), Radar Risk Assessment in place(06-Sep-2021), Working Groups identified to support design/build of system in line with Trust's requirements(06-Sep-2021), Radar Healthcare have a dedicated Project Manager and team in place to support MKUH with implementation(06-Sep-2021), Clearly defined roles added to the Project Plan(06-Sep-2021), Escalation process in place to Exec Sponsor(06-Sep-2021), Communication Strategy Developed(06-Sep-2021), Enhancements / Developments to Radar System required to support staff in reporting incidents.(23-Dec-2022), Radar moving server from Windows to Linux to provide more stable analytics system, with improved speed and functionality(23-Dec-2022), Redesign of Analytics to meet the needs of the Trust(08-Jun-2023), System redesign to meet the needs of the new Patient Safety Incident Response Framework (PSIRF)(08-Jun-2023), Training and Comms in relation to Documentation Process (including, how to access the latest versions)(09-Aug-2023), MKUH/Radar Programme Board(29-Jan-2024)	Low	Tolerate	Risk reviewed, no change to risk or controls	28-Apr-2021
RSK-033	If the laundry contractor (Elis) can not provide an efficient and effective service. Then there may be: Delayed deliveries from Elis 2. Shortage deliveries from Elis 3. Lack of contingency stock	Leading to: 1. Delayed linen distribution throughout the trust. 2. Delayed personal care – negative impact on patient experience. 3. Delayed clinics and surgical lists (theatres). 4. Staff health and wellbeing – stress. 5. Waste of staffing resources – staff without linen to distribute. 6. In case of a Major Incident there would not be enough laundry to provide a good level of patient care.	Aiden Ralph	21-May-2025	24-Jun-2025	Planned	12	6	6		1. Escalated issue internally and externally.(27-Sep-2021), In daily contact with laundry company to ascertain their position.(11-Feb-2022), There is a lock on the dirty linen store to prevent employees/patients/visitors entering.(11-Feb-2022), Contract review meetings with Elis every quarter.(15-Dec-2022), MKUH has a contract with Elis which has contingency plans in place.(15-Dec-2022)	Low	Tolerate	Review Date Audit - Next Review date updated to reflect Trust Policy	01-Dec-2022

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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.	Darren Hutchings	15-May-2025	30-Jun-2025	Planned	20	6	6	AE(D) to appoint AP(D) for Endoscopy. Assessment due Feb-March, 2025 (10-Feb-2025)	Estates management informed and plans in place to receive reports on time and to standard. Independent monitoring system in place monitoring machine performance. Weekly PPM carried out on machinery. An action plan has been created by estates, to include training the specialist estates officer so he can gain the recognised qualification he needs to carry out the role of the Authorised person for decontamination (AP(D)) and for additional training of the estates competent persons (CP(D) who test the decontamination equipment.(29-Oct-2021), A meeting took place in January with estates managers, where HSDU were seeking assurance that the service would be covered. Estates have agreed to look for a plan to mitigate the risk and to keep HSDU fully informed. HSDU have informed the AE(D), so he is now aware that the site will not have any day to day operational AP(D) cover. Estates nominated person AP is undergoing training and awaiting final sign off and official appointment to role.(21-Jan-2022), Mechanical Engineer is trained and appointed as AP, for HSDU.(04-Apr-2023), Appointed AP(D)(27-Jul-2023)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
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 unfunded demand on the Inpatient Therapy & Dietetic Services.	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	16-May-2025	30-Jun-2025	Planned	16	6	6	Inpatient Therapies business case submitted to increase staffing for resilience against a predicted use of escalation beds to reduce use of agency (02-Apr-2025)	Therapy staff attend board rounds and work with the MDT to determine priority patients. The skills mix and workforce is reviewed twice weekly between Occupational Therapy and Physiotherapy to determine cover for the base wards. To work closely with community services to raise awareness and to increase discharge opportunities i.e. in reaching Therapies working with Long stay Tuesday initiative Therapies supporting new discharge pathway/process in the Trust Over recruitment of PT and OT band 5's Locum cover for vacant posts. Daily attendance at 10.30 system wide discharge call. Inpatient Therapy Service participation in MADE events. Review of staffing model across inpatient medical and frailty wards.(12-Nov-2021), To ensure that inpatients teams are aware of open escalation areas and patient are prioritised in line with agreed criteria(12-Apr-2023), agency physiotherapist and occupational therapist to cover additional workload.(09-May-2023), inpatient improvement project- aiming to review patient pathways to optimise staffing(09-May-2023), Inpatient teams aware of who covers additional areas as the open Complex med physio ward 12 stroke OT- ward 12 AAFT- 2B AAFT/SDEC bedded SDEC ortho- DSU Escalation areas to be managed by substantive staff members. back fill of locum cover to be checked within existing structures (30-Dec-2024)	Medium	Tolerate	escalation and reverse boarding beds remain in use. Locum agreements in place, have been filled for approx. 50% of hours available. risk remains unchanged	27-Nov-2018
RSK-159	IF patients referred to the Occupational Therapy and Physiotherapy inpatient services covering complex medical are not seen in a timely manner. 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	28-May-2025	30-Sep-2025	Planned	20	6	6	each team to review skill mix to provide resilience in team, introduce support workers where required (07-May-2025)	Daily prioritisation of patients cross covering and review of skill mix locum cover x1 OT and x1 PT in place Ward book for escalation wards setup and band 7 reviews the caseload on the ward daily Monday- Friday and requests the most urgent are reviewed. Recruitment process ongoing but vacancies have reduced slightly. Over recruitment of band 5 OT and PT roles. Non-recurrent funding application for increase in therapy assistants over winter months.(12-Nov-2021), Review of Governance Structure(19-Apr-2022), Review Model of Care(19-Apr-2022), Review Workforce Model and Structure(19-Apr-2022), Recruitment and Retention of staff(19-Apr-2022), Education and Training of staff(19-Apr-2022), workforce plan to improve retention(09-May-2023), recruitment of bank staff for any gapped posts. premium agency utilised only when essential(09-May-2023), winter proposal for therapy services- enhanced number of support workers for winter period.(09-May-2023), regular attendance at MADE (Multiagency Discharge Event) to improve flow of patients and safe timely discharge.(09-May-2023)	Low	Tolerate	long term sickness continues to affect support worker provision. Registered posts currently staffed.	04-Mar-2019
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	16-May-2025	07-Jun-2025	Planned	16	6	6		All staff attend an annual mandatory training course on Information Governance(23-Nov-2021), Staff are encouraged to use catalogues which reduces the requirements for free text(23-Nov-2021), Data sent out to external agencies is checked for any patient details before submitting(23-Nov-2021)	Medium	Tolerate	Ongoing risk	01-Apr-2022
RSK-205	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	16-May-2025	07-Jun-2025	Planned	12	6	6		Monthly reviews on data quality and corrections(23-Nov-2021), Mechanisms are in place to learn and change processes(23-Nov-2021), Data validation activities occur on monthly basis(23-Nov-2021), A desire to put qualifying suppliers in catalogue(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022

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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	16-May-2025	07-Jun-2025	Planned	12	6	6		If its an external issue, SBS the service provider of the purchase to pay and order and invoicing has a business continuity plan in place(23-Nov-2021), If its an internal issue. The Trust has arrangements with the CCG who also use SBS to use their SBS platform(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-209	IF staff members falsely represent themselves, abuse their position, or fail to disclosure information for personal gain THEN the Trust/Service Users/Stakeholders may be defrauded	LEADING TO financial loss and reputational damage	Karan Hotchkin	16-May-2025	07-Jun-2025	Planned	12	6	6		Anti-Fraud and Anti-Bribery Policy(23-Nov-2021), Standards of Business Conduct Policy including Q&A section(23-Nov-2021), Standing Orders(23-Nov-2021), Local Counter Fraud Specialist in place and delivery of an annual plan(23-Nov-2021), Proactive reviews also undertaken by Internal Audit(23-Nov-2021), Register of Gifts and Hospitality(23-Nov-2021), Register of Declarations(23-Nov-2021)	Medium	Tolerate	Risk transferred from Datix	01-Apr-2022
RSK-211	IF the presence of colonisation with pseudomonas aeruginosa is identified during routine water sampling from any outlets in the Cancer Centre. THEN this 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	28-May-2025	01-Jul-2025	Planned	16	6	6		For direct contact with patients water where testing has shown absence of P.aeruginosa(23-Nov-2021), For direct contact with patients water supplied through a point of use (POU) filter(23-Nov-2021), For direct contact with patients sterile water (for wound washing if required)(23-Nov-2021), Signs at all taps alerting people to refrain from drinking or brushing teeth with water(23-Nov-2021), Bottled water available(23-Nov-2021), Correct installation and commissioning of water systems in line with HTM 04-01 is adhered to. Schematic drawings are available for water systems(23-Nov-2021), Flushing of water outlets is carried out daily and documented (07:00 – 09:00 HCA)(23-Nov-2021), Plans for sampling and microbiological testing of water is in place(23-Nov-2021), replacement of pipework to hand wash basins in patient bays(27-Feb-2023), replacement of pipework not yet removed/ replaced remains an option(17-Apr-2023), close monitoring of cleaning by domestic team (taps) and water sampling by external authorised company. pt. information includes safe use of drinking water(17-Apr-2023)	Medium	Tolerate	Ongoing review with risk assessment/ mitigations	16-Mar-2021
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	Julie Orr	18-Dec-2024	21-Apr-2025	Overdue		6	6		Business continuity plans in some areas(25-Nov-2021), Heat wave plan(25-Nov-2021), Extreme weather policy(25-Nov-2021), Cold Weather Plan(25-Nov-2021), Development and delivery of new national Adverse Weather and Health Plan to be implemented into EPRR Work Programme 2024 - to be signed off by Emergency Planning Steering Committee in February 2024.(15-Nov-2023)	Low	Tolerate	Adverse Weather Impact will occur on an annual basis, with current incident report outlining such events with recommendation to support Climate Change Adaptation measures	10-Apr-2022
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	16-May-2025	31-May-2025	Planned	16	6	3	Recruitment plans by role (23-Dec-2024)	Apprenticeship routes for nursing(25-Nov-2021), System in place to recruit student nurses from placements at MKUH(25-Nov-2021), Enhanced adverts, social media and recruitment open day tool kit for Divisions to use(25-Nov-2021), NHS People Plan strengthens action on education and new roles(25-Nov-2021), National NHS England recruitment publicity(25-Nov-2021), International Recruitment of 100 Nurses in 2023(31-Oct-2022), Recruitment and retention premia or certain specialties(11-May-2023), Advanced Nurse Practitioner development and integration in progress(11-May-2023), New SAS grade established(11-May-2023), New publication for International Medical Graduates developed(11-May-2023), Action down policy in place(11-May-2023), Routine/Regular evidence based trends inform early recruitment activity(11-May-2023), Shared recruitment campaigns for HCSW(19-Jul-2023), Recruitment Specialists impacting hard to recruit areas(19-Jul-2023), Maintain current headcount of recruitment team by making FTC employees substantive(13-May-2024)	Low	Treat	Continue to monitor this risk.	01-Nov-2021
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	16-May-2025	30-May-2025	Pending	12	6	6	Triangulate Data (25-Apr-2025)	Currently manual handling training is carried out every three years and the Manual Handling and Ergonomics Advisor visits all departments to carry out risk assessments, offer advice and ad-hoc training as required(25-Nov-2021), Training is currently being provided ad-hoc by an external company(10-May-2022), Occupational Health are employing a MSK Physio to provide staff support post injury.(10-May-2022), The Trust is exploring bank contracts for trainers to meet demand(10-May-2022), Set up standing agenda for Manual Handling Steering Group(18-Oct-2023), Create action plans for top areas identified through group(18-Oct-2023)	Low	Tolerate	Risk reviewed - Controls updated	01-Nov-2021

Corporate Risk Register															
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	16-May-2025	31-Jul-2025	Planned	9	6	6		eCARE training of correct process -eCARE training includes advice on only performing tasks related to professional registration and job role(26-Nov-2021), Code of conduct - NMC -eCARE pop up requires staff to state who advised them to prescribe medication & how (verbally/written)(26-Nov-2021), Monthly audit of in place a mechanism where medications prescribed by non-physicians are audited monthly against the known list of Non-Medical Prescribers/pharmacists/Midwives. Inconsistencies will be escalated to CNIO for investigation(15-Dec-2021), SOP to be produced to support monthly audit.(16-Feb-2022), Accepted risk & continue to do as a monthly audit, with assistance identified and acted on.(11-Apr-2023)	Low	Tolerate	Existing mechanisms in place for review and action.	25-Jan-2023
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	Darren Hutchings	16-May-2025	31-Mar-2026	Planned	12	6	6		Sloping curbs painted yellow where they may be crossed(30-Nov-2021), Fencing or railings in some areas to deter access(30-Nov-2021), Rolling Paths annual program to repair paths and roads(30-Nov-2021), Grass kept cut by grounds team(30-Nov-2021), Ongoing review of grounds to control access(30-Nov-2021), Keep off the Grass signage in place(30-Nov-2021), Areas suitable to install knee high fencing identified. High risk areas with slopes actioned. Continual review to identify and prioritise for installation in future years.(04-Mar-2022)	Low	Tolerate	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
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	Darren Hutchings	16-May-2025	17-Feb-2026	Planned	12	6	6		There is an SLA in place that states that the lift will be repaired within 4 hours, normally 1-2hours(30-Nov-2021), ResQmat are on the landings on floors 3 & 4 and should be used in the event disabled persons and those with limited mobility, are unable to leave their respective floors, although staff are not trained in their use(30-Nov-2021), Call bell/telephone in lift to call for assistance(30-Nov-2021), Monthly lift inspections in place(30-Nov-2021), 6 Monthly PPM in place(30-Nov-2021), Annual insurance inspections in place(30-Nov-2021), ResQmat training video in place created by Manual Handling adviser(30-Nov-2021), Refurbishment of ward 14 lift carried out(30-Nov-2021), Luig Cowley Lift awaiting upgrades, parts delivered, to be installed December 2024,FY 24/25(30-Nov-2021), On the Capital Programme(30-Nov-2021), Outpatients Business Case approved for M&E study, with any identified anticipated to be completed end of FY 2022(30-Nov-2021), Tender raised to replace control panels, hydraulic tanks(03-Mar-2022)	Medium	Tolerate	This project has been completed however we are still waiting for O&M Manual and completion certificate	25-Aug-2021
RSK-283	IF medical equipment is damaged due to misuse, inappropriate use, storage, transportation, and/or inappropriate cleaning THEN the medical equipment may be unavailable due to damage	LEADING TO delay in patient care and treatment; cost of parts; cost of repairs; purchasing replacement	Ayca Ahmed	16-May-2025	18-Jun-2025	Planned	12	6	6		Training in the use of medical equipment(01-Jul-2022), Auditing PPMs(01-Jul-2022), Medical Devices Management policy- following processes(01-Jul-2022), Discuss at the monthly MDG meetings(31-Aug-2023)	Low	Tolerate	updated consequence as per our current assessment for damaged/misused medical equipment review.	16-Oct-2018
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	16-May-2025	18-Jul-2025	Planned	12	6	6		Medical Devices Group meetings are held monthly to discuss procurement(01-Jul-2022), BC review for capital medical equipment purchase(18-Dec-2023), Checklist for procurement team to make sure prior to purchase they liaise with the MEM team(21-Dec-2023), AUDITING PPMs(16-Feb-2024)	Low	Tolerate	updated consequence as per our assessment and judgement on the current processes as per the MDEM policy.	16-Oct-2018
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	Darren Hutchings	16-May-2025	02-Mar-2026	Planned	6	6	4	Full site has been surveyed and remedial works planned. Some issues outstanding, but nothing significant. Being reviewed by Strategic Development for Capital in FY25 (31-Mar-2023)	Reactive maintenance repairs(30-Nov-2021), CCTV works has indicated areas of root re-growth with pipe damage to storm water pipes, works being undertaken during summer/autumn 2021(30-Nov-2021), BDP created scope for full site survey under the HIP program to identify shortfall in current data and future plan requirements. A new link is likely to be required as part of South Site development(30-Nov-2021), Road Gulley on PPM(30-Nov-2021)	Low	Treat	Reviewed by Estates Manager & Fire Safety Officer, no change to risk rating	25-Aug-2021
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	16-May-2025	31-Aug-2025	Planned	9	6	4	Ongoing reviews, identified backlog issues driving Capital Plan. Outstanding funding of Capital works required. Operational impact of significant works to be considered. (12-May-2025)	All areas are reviewed on a monthly basis by Estates Service Manager, or sooner if equipment/plant breakdown demands(30-Nov-2021), Business cases for plant replacement to be put forward FY21/22(30-Nov-2021), Compliance Officer reviewing to identify significant costs(30-Nov-2021), Annual review of recent 6 Facet Survey to identify future funding requirements e.g. Roof, Ventilation, Plant, HV, drainage(30-Nov-2021), Annual Physical 20% of site 6 facet survey undertaken, remainder of site updated with desktop exercise(03-Mar-2022)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	31-Mar-2022

Corporate Risk Register															
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	16-May-2025	31-Jul-2025	Planned	15	5	5		All NPSA recommendations were acted upon in 2011 in the Trust as per NPSA requirements by the ANP for Nutrition(24-Nov-2021), Nutrition Committee overseeing this alert and is standard item on agenda from Dec 16. Clinical Medical and Nutritional ANP leading on the action plan(24-Nov-2021), Policies, protocols and bedside documentation reviewed to ensure compliance(24-Nov-2021), Ongoing programme of audit. Previous audit data presented to NMB Spring 2016(24-Nov-2021), Dietetic Amalga database identifies patients who require Nasogastric feeding(24-Nov-2021), Trust declared compliance with 2016 Nasogastric Tube Misplacement: Continuing Risk of Death or Severe Harm Patient Safety Alert (NHS/PSA/RE/2016006)(24-Nov-2021), The NG tube used by the trust was changed in 2020 to a tube that is more radiopaque and is therefore easier to interpret on X-ray(24-Nov-2021), pH strips are purchased from one supplier to avoid confusion with colour interpretation(24-Nov-2021), Two nutrition nurses available to place NG tubes if there are no trained clinical staff available(24-Nov-2021), Radiographers trained to interpret x-rays for confirmation of NG tube tip position. This speeds up reporting and avoids junior medical staff having to assess X-rays(24-Nov-2021)	Low	Tolerate	Risk reviewed at Therapies CIG - No change to risk	23-Apr-2014
RSK-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)	Julie Orr	16-May-2025	31-Oct-2025	Planned	10	5	5		The outstanding areas identified in South Central Ambulance Service bi-annual audit will be incorporated into revising the CBRN SOP and training programme to be embedded with MKUH EPRR Work Programme 2024. This programme will be presented at the Emergency Planning Steering Committee in February 2024 for sign-off.(15-Nov-2023)	Low	Tolerate	review when new EPO in post after 6 months	26-Nov-2021
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	Anna O'Neill	19-May-2025	30-Sep-2025	Planned	4	4	4		Incident Reporting Policy(06-Sep-2021), Incident Reporting Mandatory/Induction Training(06-Sep-2021), Incident Reporting Training Guide and adhoc training as required. Radar to provide on site & bespoke training IT drop in hub to be set up 2 days a week for staff drop ins(06-Sep-2021), Datix Incident Investigation Training sessions(06-Sep-2021), Daily review of incidents by Risk Management Team to identify potential Serious Incidents and appropriate escalation(06-Sep-2021), Serious Incident Review Group (SIRG) ensure quality of Serious Incident Investigations(06-Sep-2021), SIRG ensure appropriate reporting of Serious Incidents to Commissioners(06-Sep-2021), Standard Operating Procedure re Risk & Governance Team supporting the closure of incident investigations during unprecedented demand on service(06-Sep-2021), Implementation of new Risk Management Software to make incidents easier to report and improve engagement with staff(06-Sep-2021), Staff competence and confidence with Radar reporting, with improved reporting rate, reduction in inaccurate reports on system and/or failure of incidents being reported(01-Apr-2022), Patient Safety Incident Response Framework Policy and Plan(31-Mar-2025)	Low	Tolerate	Audit of Risk Review dates for 8+ risks. Review date must be at least once per month. Therefore Next Review Date updated.	06-Sep-2021
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. If policies are not monitored by the relevant Corporate Governance Groups there may be gaps in Quality Assurance in the Trust and in divisions. There may be gaps in continuous improvement and opportunities to improve safety, experience and effectiveness of a Trust process.	LEADING TO potential error in patient care, non-compliance with legislative, national requirements, potential litigation and potential loss of reputation to Trust	Jacqueline Stretton	19-May-2025	31-Aug-2025	Planned	12	4	4		Trust Documentation Policy(06-Sep-2021), Library resource to source current references(06-Sep-2021), Governance Leads provide support to staff reviewing guidelines and policies(06-Sep-2021), Monthly trust documentation report shared with Governance Leads(06-Sep-2021), New process via Trust Documentation Committee for 'removal' of significantly breached documents(06-Sep-2021), Work plan in place to check approval of documents/links to national leaflets(06-Sep-2021), Implementation of Radar Document Management System to improve engagement and access to the documentation process(06-Sep-2021)	Low	Tolerate	Radar system set up to manage Trust documentation. Radar dashboards which provide staff with real time data and access to documentation. Gap in PILs development.	06-Sep-2021
RSK-008	IF the Trust does not have an appropriate system to record mortality and morbidity data; THEN the Trust will not be able to record and/or provide accurate reports for governance or the Trust Board	LEADING TO non-compliance with the National Mortality & Morbidity 'Learning from Death' Framework	Nikolaos Makris	16-May-2025	26-Aug-2025	Planned	15	4	2	IT team to create bespoke solution for Medical Examiners Office to allow collation and review of data	Governance Team putting forward deaths for Structured Judgement Reviews (SJRs) based on previously agreed clinical criteria e.g. sepsis related(06-Sep-2021), Learning from Deaths policy as a tool to indicate required processes and cases that require review(06-Sep-2021), Implementation of the new system - CORs(06-Sep-2021), M&M review meetings on a regular basis with all required SJRs completed(01-Apr-2022)	Medium	Treat	Risk reviewedby Nikos. CORS implemetation ongoing, nearing completion. No change to risk, review in 3 months and then potentially close risk.	06-Sep-2021
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	16-May-2025	02-Apr-2026	Planned	9	4	4		Trust Decontamination Policy in place and accessible to staff(29-Oct-2021), Low risk medical equipment are cleaned on the wards in line with Decontamination Policy(05-Jan-2023), HSDU and Endoscopy Decontamination Unit are accredited to ISO 13485(04-Jan-2024), Specialist equipment used in wards/departments is identified at point of purchase using the PPQ to determine what methods of decontamination are required.(04-Jan-2024), Equipment unsuitable for reprocessing must have an individual Risk Assessment(04-Jan-2024), Quarterly Decontamination Group(04-Jan-2024)	Low	Tolerate	residual risk which requires updating annually	05-Jan-2023

Corporate Risk Register															
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	16-May-2025	30-May-2025	Pending	15	4	4		Apprenticeship Manager attends the Nursing, Midwifery and Therapies Education Forum to promote apprenticeship benefits(25-Nov-2021), NHS People Plan commitment to support apprenticeships and other key national entry routes(25-Nov-2021), There is a national tender for the radiography apprenticeships underway led by HEE(25-Nov-2021), Apprenticeship strategy approved, maximising Levy use going forwards(25-Nov-2021), Medical apprenticeship consultation ongoing(25-Nov-2021), Review of the Nurse Apprenticeship pathway is underway with newly appointed Head of Practice Education(10-May-2022), New apprenticeships have been created for IT, Data Analyst roles and HR.(10-May-2022), Increase in advertising of apprenticeships across the Trust and through the network through widening participation.(10-May-2022), Increase available apprenticeships(19-Jul-2023)	Low	Tolerate	Risk reviewed - Additional controls identified. No change to risk scoring.	25-Nov-2021
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	Darren Hutchings	16-May-2025	31-Mar-2026	Planned	8	4	4		Visual checks carried out by user(29-Nov-2021), 100% PAT testing of all available devices at time of testing annually by contractor(29-Nov-2021)	Low	Tolerate	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	29-Nov-2021
RSK-288	IF the medical oxygen supply fails to function or becomes non-compliant with HTM requirements THEN the oxygen plant may not be available	LEADING TO potential loss of service, reduced patient safety and substandard care	Mike Stark	16-May-2025	31-Mar-2026	Planned	12	4	4		PPM Schedule, and reactive repairs as required(30-Nov-2021), Robust contingency plan is in place with liquid O2(30-Nov-2021), Steve Goddard has been appointed as Authorised Engineer(30-Nov-2021), Estates Officer has been appointed as AP(30-Nov-2021), SHJ appointed as maintenance contractor(30-Nov-2021), AP training booked for and additional estates officer and estates service manager(30-Nov-2021), VIE capacity upgrade 2021(30-Nov-2021), Draft feasibility to achieve second VIE, and conversion of site to ring main, linked to HIP programme(30-Nov-2021)	Low	Tolerate	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
RSK-293	IF the current fuse boards are not updated to miniature circuit breakers THEN existing fuse-boards could fail	LEADING to delays in repairs/replacement resulting in possible service disruption and poor patient experience	David Field	27-May-2025	02-Nov-2025	Planned	12	4	4	Subject to Trust Capital programme funding Works updating as part of of ward refurbishments. (23-Mar-2023)	PPM testing and repairs(30-Nov-2021), Fixed electrical testing program in place to identify any potential risks and actions required(30-Nov-2021), Replaced Circuit breakers/fuses FY 20/21(30-Nov-2021), Ward 1 completed 2021(30-Nov-2021), Wards 15, 16 and Milton Mouse have replacement circuit boards fitted as part of ward refurbishment in 2022/2024(21-Dec-2022)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021
RSK-294	IF staff do not carry out either informal (i.e. experience-based) or formal risk assessments before attempting a work task THEN there is a risk of personal injury to staff carrying out routine work	LEADING TO poor staff safety, injury and financial loss	Mike Stark	16-May-2025	31-Mar-2026	Planned	12	4	4		All staff receive formal risk assessment training, and are competency assessed for their roles. Independent External Advisor contractor commissioned to review estates risk assessments and arrangements regularly.(30-Nov-2021), Risk awareness training is performed annually along with asbestos awareness training for all workshop staff as part of the H&S training package(30-Nov-2021), Training plan updated and implemented(30-Nov-2021), Risk Assessments by task type pop up on MICAD PPM tasks for workshop staff.(30-Nov-2021), Weekly huddle meeting with maintenance staff to include H&S(30-Nov-2021)	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	30-Nov-2021
RSK-295	IF there is a lack of knowledge on use or poor condition of ladder THEN there is a risk of fall from height from ladders	LEADING TO risk of harm to staff, poor public image, a potential investigation by HSE	Benjamin Hazell	19-May-2025	31-May-2025	Pending	12	4	4	A competent training person needs to be identified to provide continual training (19-Mar-2025)	Staff issued with safe use of ladder guidance(30-Nov-2021), Ladder inspections PPM schedule in place to check(30-Nov-2021), New replacement ladders have been installed, tagged and registered(30-Nov-2021), RP Appointed(30-Nov-2021)	Low	Tolerate	Reviewed by Associate Director of Estates and Compliance Officer, no change to current risk rating.	30-Nov-2021
RSK-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	Rachel Collins	23-May-2025	21-May-2026	Planned	20	3	3		Re-profiled staff rotas(29-Nov-2021), Trained Bank staff employed where possible(29-Nov-2021), IT Department implemented IVR to assist in reducing the volume of calls through the switchboard(29-Nov-2021), Contingency trained staff available to assist(29-Nov-2021), Two additional workstations/consoles created in Estates Information office and Security office to allow for remote working(29-Nov-2021), Review of staff rota profile with Security Manager and Switchboard Manager to confirm current status, If adequate then change the risk profile to tolerate.(04-Mar-2022)	Low	Tolerate	Changed ownership from Alan Brooks to Rachel Collins	25-Aug-2021
RSK-272	IF the Passenger Lifts are not maintained THEN there is a risk of failure of components or the lift	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.	Darren Hutchings	28-May-2025	26-May-2026	Planned	15	3	3		Maintenance Contracts are in place(30-Nov-2021), Insurance inspections are place(30-Nov-2021), Lift modernisation inspection has been completed and 5 year plan underway since FY17/18(30-Nov-2021), Eaglestone lift upgraded and some remedial and safety upgrades during FY19-20(30-Nov-2021), W14 upgraded 2020(30-Nov-2021), Luing Cowley Lift awaiting upgrades, difficult as no alternative when lift not in service.(30-Nov-2021), Maintenance contract awarded.(30-Nov-2021), AE (Authorising Engineer) to be identified.(01-Jul-2022), Remedial works are prioritised on a risk basis. Business case for funding produced, variation to be updated(20-Sep-2023), Upgrade of aged car interiors required. Funding to be identified.(18-Sep-2024)	Low	Treat	Reviewed by Compliance Officer and Estates Manager, no change to risk rating.	25-Aug-2021

Corporate Risk Register															
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	16-May-2025	18-Jun-2025	Planned	15	3	3		Robust PPM maintenance schedule in place, audits of the rolling programme(30-Nov-2021), Audits monitored at Medical Devices Committee(30-Nov-2021), Escalation process in place to respond to 'unfound items'(30-Nov-2021), September 2018 , 6 Years contract approved(30-Nov-2021), Contract KPI's agreed as part of new contract(30-Nov-2021), Annual review of asset base and contract base reset linked to Capital Programme(30-Nov-2021), Loan Medical Equipment Arrangement with Supplier(01-Sep-2023)	Low	Tolerate	updated likelihood as per our assessment on the current position (MVS contract management level)	16-Oct-2018
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	16-May-2025	31-Jul-2025	Planned	15	1	1		Audit report templates available to identify audit action plans(06-Sep-2021), Monitoring via Clinical Audit & Effectiveness Committee (CAEB)(06-Sep-2021), Terms of Reference (ToR) for Clinical Audit & Effectiveness Board revised to include quality improvement, GIRFT etc(06-Sep-2021), Escalation/exception reporting to Management Board(06-Sep-2021), Refresh of SharePoint data base to assist with data capture, with Level 1 audit a priority(06-Sep-2021), Structure review - Staff realignment to support audit agenda(06-Sep-2021), Scheduled implementation of Radar audit module(06-Sep-2021), Pilot of new governance approach to reports/CIG meetings(06-Sep-2021)	Low	Tolerate	Audit outcomes captured in Radar including actions from audits. QI team follow up actions with auditor to ensure a 'closing of the loop' or re-audit	06-Sep-2021

Meeting Title	Trust Board (Public)	Date: 3rd July 2025
Report Title	Board Assurance Framework	Agenda Item Number: 22
Lead Director	Kate Jarman, Chief of Corporate Services	
Report Author	Paul Ewers, Senior Risk Manager	

Introduction	Assurance Report		
Key Messages to Note	There have only been minor review and amendments during May.		
Recommendation (Tick the relevant box(es))	For Information ☐	For Approval ☐	For Review ☒

Strategic Objectives Links (Please delete the objectives that are not relevant to the report)	- Keeping you safe in our hospital - Improving your experience of care - Ensuring you get the most effective treatment - Giving you access to timely care - Working with partners in MK to improve everyone's health and care - Increasing access to clinical research and trials - Spending money well on the care you receive - Employing and retaining the best people to care for you - Expanding and improving your environment - Innovating and investing in the future of your hospital
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Report History	Regular Committee cycle
Next Steps	N/A
Appendices/Attachment	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 nine risks against the achievement of the Trust's strategic objectives in 2024/25:

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
8. Head & Neck cancer pathway
10. Insufficient staffing levels to maintain safety – Inability to recruit to 'hard to recruit' roles
11. Insufficient staffing levels to maintain safety – Inability to retain staff
12. Vulnerability to Cyber Security breach

Risk in relation to Poor Data Quality is still being Risk Assessed. This will be added to the BAF once the risk assessment is complete.

Clinical Risk Committee. The following risk was discussed and it was recognised that the risk would need to be appropriate worded so that it reflects what MKUH can influence/control. The Committee decided that this needs further discussion at Board:

- Widening health inequalities



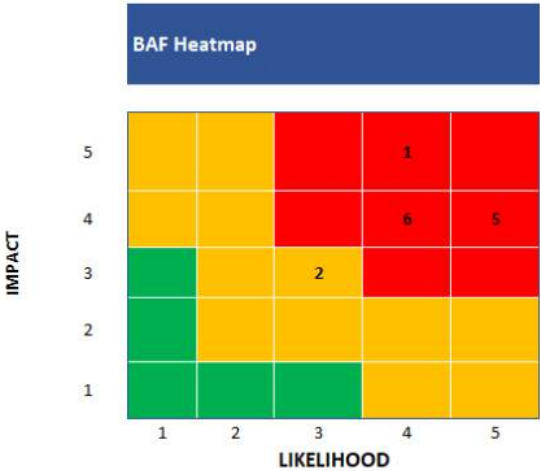
Longer-term Risks: Seven longer-term risks have been identified.

- Conflicting priorities between the ICS and providers
- Lack of availability of skilled staff
- Increasing turnover
- Lack of time to plan and implement long-term transformational change
- Long-term financial arrangements for the NHS
- Growing/ageing population
- A pandemic
- Continued industrial action resulting in significant disruption to service/ care provision
- Political instability and change

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

The system wide BAF currently incorporates 14 strategic system risks, as at January 2025.

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services	20	→
BAF0002	Developing suitable workforce	20	→
BAF0003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System	20	→
BAF0004	Widening Inequalities	16	→
BAF0005	System Transformation	20	→
BAF0006	Financial Sustainability & Underlying Financial Health	20	→
BAF0007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation	16	→
BAF0008	Impact of Population Growth on Health and Care Services Infrastructure	20	→
BAF0009	Impact of Rising Cost of Living on Residents and Staff Wellbeing	16	→
BAF0010	Partnership Working	9	→
BAF0011	Health Literacy - Denny Review	16	→
BAF0012	System Collaboration	9	→
BAF0013	VCSE sustainability - Impact on Delivery of ICS Strategic Priorities	16	→
BAF0014	Maternity Services at BHFT	16	→



Planned System Risk Deep Dives:

Reference	Risk
BAF0013	VCSE Sustainability
BAF0014	Maternity Services at BHFT
NEW	Provider Selection Regime for Community & Mental Health Services
NEW	Benefits realisation from digital transformation
NEW	Estates Infrastructure
NEW	CYP – Complex Care Risk



Risk Profile (2025)

	1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
1 Rare					
2 Unlikely					SR10 Insufficient staffing levels to maintain safety – Inability to recruit ‘hard to recruit’ roles SR11 Insufficient staffing levels to maintain safety – Inability to retain staff
3 Moderate					SR8 Head & Neck cancer pathway SR2 Insufficient capital funding to meet the needs of population we serve.
4 Likely				SR12 Vulnerability to Cyber Security breach	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			SR13 - Poor Data Quality impacting patient care, operational performance and Trust financial position	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 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	Cautious																																							
Date of Assessment		Likelihood	5	3	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	25	15	10	Assurance Rating	Negative Assurance																																							
Linked Trust Objectives	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-134 RSK-202 RSK-305 RSK-526																																							
Progress: Summary narrative	Current Risk Score remains at 15; however, there remains a level of uncertainty relating to the in-year additional capital being cash backed.																																													
Trend	Tracker <table><tr><th>Month</th><th>Score</th><th>Target</th></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><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>15</td><td>10</td></tr><tr><td>Mar</td><td>15</td><td>10</td></tr><tr><td>Apr</td><td>15</td><td>10</td></tr><tr><td>May</td><td>15</td><td>10</td></tr></table>							Month	Score	Target	June	20	10	July	20	10	Aug	20	10	Sep	20	10	Oct	20	10	Nov	20	10	Dec	20	10	Jan	20	10	Feb	15	10	Mar	15	10	Apr	15	10	May	15	10
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Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
- The current NHS capital regime does not provide adequate certainty over the availability of strategic capital finance or cash funding. - The base line capital budget available for 2025/26 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	- 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. - In year oversight of BC approvals to	- 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 within its approved allocation but the Trust has allocated capital contingency funding to align spend to its capital allocation	- Continued dialogue with Regional and National Capital teams at NHS England by CFO from MKUH and BLMK ICB during 2025/26. Ongoing - Dialogue with regulators relating to funding for capital schemes. Ongoing	First Line: - 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 Second Line: - Monthly Performance Board reporting - Trust Executive Committee reporting - Finance and Investment Committee reporting. Third Line: - Internal Audit Reporting on the annual audit work programme. - External Audit opinion	- Limited oversight of ICS capital slippage until notified by partner organisation. - BLMK and regional team unable to provide assurance around future capital allocations	Continued dialogue at an ICB /Regional and National CFO level regarding future capital allocations and funding. Ongoing



available capital budget. • There is an issue with additional capital funding not being cash backed	ensure early oversight of any potential slippages. All BC have been through the internal process as of the end of September			on the Annual Report and Accounts		
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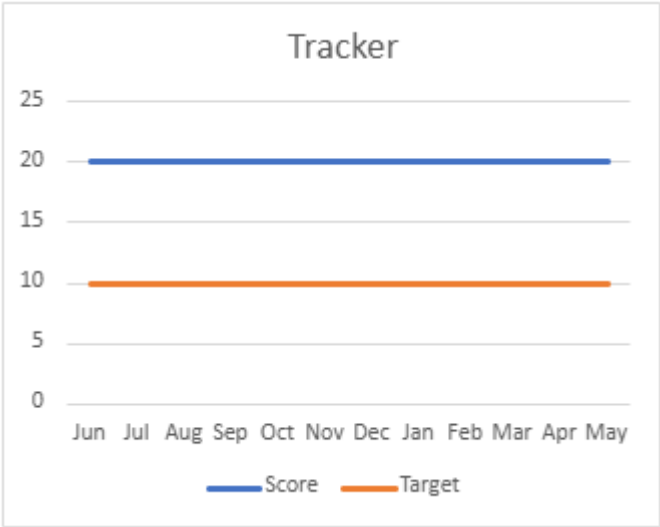
Strategic Risk 3	If the future NHS funding regime is not sufficient to cover the costs of the Trust, then the Trust will be unable to meet its financial performance obligations or achieve financial sustainability and financial liquidity						
Lead Committee	Finance & Investment Committee	Risk Rating	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	May 2025	Risk Rating	20	20	8	Assurance Rating	Negative Assurance
Linked Trust Objectives	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	None Identified
Progress: Summary Narrative							
Trend	Tracker Score Target						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
• Increase in operational expenditure initially in response to COVID-19 (sickness/enhanced cleaning etc.) • 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	• 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	• 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 Comm • Inability to recover ERF for	• Maximisation of ERF contribution within envelope. Ongoing monthly tracking • Pro-active procurement to minimise inflationary pressures. Part of CIP programme above (Non-Pay cross cutting) • Workforce planning in areas of where market forces are a significant inflationary factor. Part of CIP programme above (Non-Pay cross cutting) • Discussion with	First Line: • 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) • Urgent work to identify and de-risk the CIP delivery plan of	• Systematic monitoring of inflationary price changes in Non-Pay expenditure. • Limited ability to directly mitigate demand for unplanned services. • The break-even plan for 2025-26 has a target of £24m CIP's which remains high risk.	• Ensure resources in 2025/26 plan fully understood by divisions and budget-holders. • The cash implications and need for cash support are also being progressed with NHSE so that any cash drawdowns are planned in advance. Monthly monitoring • Service reviews are planned as part of CIP planning as well as demand management and access to diagnostics both internally and by GP's. Ongoing

delivery. - Affordability of 2024/25 planning objectives (e.g., backlog recovery) in the context of the evolving financial regime for 2024/25 - Affordability of 2025/26 planning objectives (e.g., backlog recovery) in the context of the evolving financial regime for 2025/26	oversight of escalation capacity and controlled decision-making on additional capacity. - 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 - Delivery of CIP programme of £23.8m in 2024-25. Ongoing monthly tracking of CIP plan development via	growth in Spec Comm contract due to ERF target being set at a level which does not recognise growth The 2025/26 ERF rules still being finalised – cap has been removed but there will be control/restriction at ICB level – full implications still to be understood	commissioners regarding block contract value and demand pressures thereon. Pressures communicated to ICB by March 2025, to inform next year's block - Plan for the 2025/26 submitted – financial break-even with £24m efficiency programme and restricted ERF/RTT. - Enhanced financial controls to deliver financial break-even and remain within financial envelope still being finessed for 2025/26.	£24m for 2025/26. On-going monthly tracking of CIP plan development via Transformation Programme Board - Divisional recovery plans developed for Medicine, Core Clinical and Surgery, with ongoing monitoring Second Line: - Monthly Performance Board reporting - Trust Executive Committee reporting - Finance & Investment Committee reporting. Third Line: - Review of drivers of deficit by external	- Ensure final rules around ERF caps fully understood internally and with commissioners. Additional activity to deliver 60% ERF target to be understood and agreed with divisions including assurance around resource required to deliver. Agree Indicative Activity Plan with commissioners.
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	Transformation Board. • Maximisation of ERF income. Ongoing with monthly tracking • Planning for 2025/26 has been submitted currently subject to NHSE agreement (financial break-even) • Close monitoring of the trust cash position on a weekly basis			consultancy		
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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	Minimal (ALARP)
Date of Assessment	May 2024	Likelihood	5	4	2	Risk Treatment Strategy	Treat
Date of Review	May 2025	Risk Rating	25	20	10	Assurance Rating	Inconclusive Assurance
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment					Linked Corporate Risks	RSK-131 RSK-374 RSK-110 RSK-439 RSK-457 RSK-036 RSK-080 RSK-107 RSK-142 RSK-157 RSK-523 RSK-550 RSK-564 Linked to Strategic Risk 5
Progress: Summary Narrative							
Trend	Tracker 						

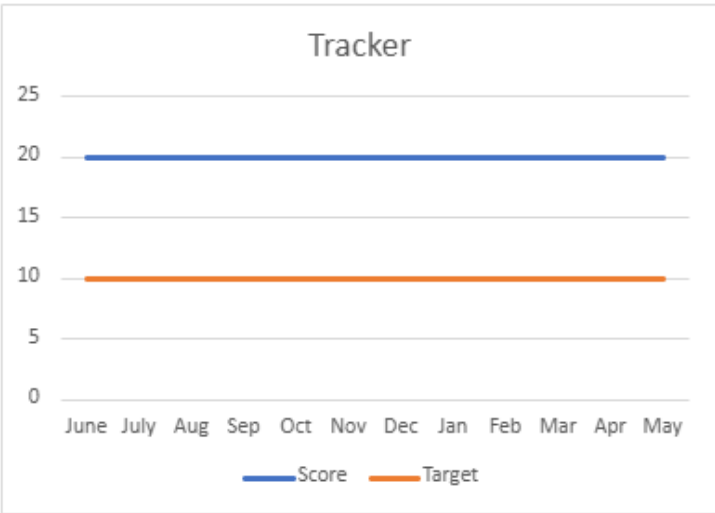
Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
- Patients delayed in elective backlogs (including cancer) - Delays in elective patient pathways due to diagnostic backlogs - Challenged financial position has led to the cessation of all premium cost additional activity schemes. This has reduced available capacity to clear backlogs.	- Routine and diligent validation and clinical prioritisation of patient records on waiting lists. - Robust application of Access Policy - Daily/Weekly management of PTL (Patient Tracking List) up to Executive level. - Restore and recovery weekly cancer meetings. - Clinical reviews and full harm reviews of long waiting patients, including root cause analysis (RCA). - Additional executive capacity to provide greater scrutiny and oversight.	- Capacity limitations to meet demand. - Limitations of current PTL tool. - Poor clinic outcome processes. - Insufficient capacity to meet demand across multiple modalities. - Reduction in overall Theatre capacity due to refurbishment programme.	- Implementation of 3 modules of the federated data platform. Significant delay, date TBC - Implementation of Phase D outpatients, including ambient voice technology. March 2026 - Implementation of WAVE Lite programme of service reviews to improve productivity and efficiency. September 2025 - Working to secure capital to support 2 additional theatres. January 2026 - Development of specialty level trajectories to inform prioritisation of use of additional funding. June 2025	First Line: - Internal escalation meetings with performance monitoring of key indicators. - Specialty validation and weekly PTL meetings. - Participation in NHSE validation sprint Second Line: - ICB & regional scrutiny via performance meetings. - Board level performance reporting. Third Line: - National performance profile monitoring.	- Completeness and accuracy of PTL tool. - Lack of theatre capacity.	- Implementation of 3 modules of the federated data platform. Significant delay, date TBC - Implementation of Phase D outpatients. March 2026 - Business Case in development to address capacity gap. June 2025



	• Short term provision of additional resources to clear backlogs. • Bank and agency staffing deployed. • Changes to the PTL tool to support 18-week performance • Detailed capacity and demand analysis at specialty level. • Weekly diagnostic PTL meetings. • Diagnostic improvement trajectories and action plans developed. • Daily escalation of urgent patient requiring booking. • Attendance of diagnostic lead at elective PTL to					
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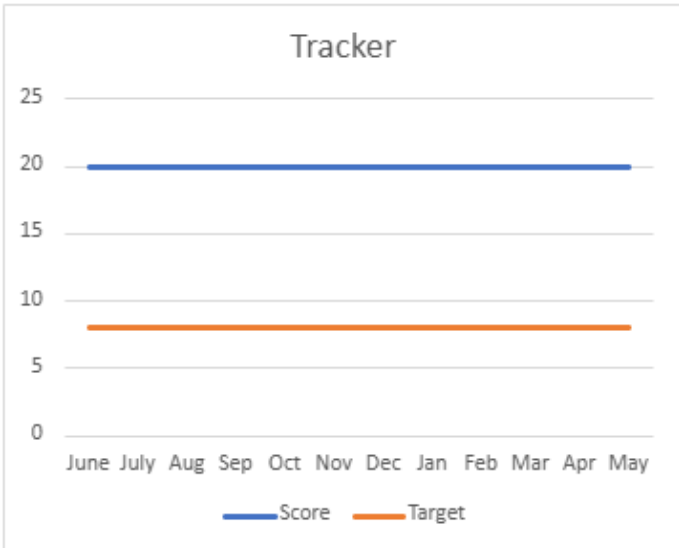
	address urgent requests. • Continue to increase activity through the community diagnostics centres. • Additional funding to support elective recovery received from ICB will provide some additional capacity but not to level previously achieved.					
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Strategic 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	Minimal (ALARP)
Date of Assessment	June 2024	Likelihood	5	4	2	Risk Treatment Strategy	Treat
Date of Review	May 2025	Risk Rating	25	20	10	Assurance Rating	Positive Assurance
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment					Linked Corporate Risks	RSK-016 RSK-131 RSK-409 RSK-427 RSK-457 RSK-036 RSK-095 RSK-523 RSK-550 RSK-564
Progress: Summary narrative							
Trend	Tracker  The chart displays a horizontal line for the Score at 20 and a horizontal line for the Target at 10, spanning from June to May. The Y-axis ranges from 0 to 25 in increments of 5.						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
- Inadvertently high demand of emergency presentations on successive days - Overwhelm or service failure (for any reason)	- 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 - Risk assessed redeployment of staff to where there is greatest need.	- 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	- MKUH SHREWD project to be completed. September 2025 - Develop and implement real-time oversight of bed capacity through eCARE. December 2025 - Roll out of electronic whiteboards across organisation. September 2025	First Line: - 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. Second Line: - System escalation calls with partners. - MADE's: Multi-agency Discharge Events. - MK Place transformation & redesign projects. - ICB challenge. Third Line: - Audit accreditation & national benchmarking.	- Better understanding of the capacity required to meet emergency demand - Better understanding of capacity required for patients discharged on a pathway - Real-time oversight of bed capacity within organisation	Full capacity and demand exercise. June 2025



	• Integrated Discharge Hub operational 7 days a week. • Weekly review of top 15 length of stay with COO • UEC Steering Group with key workstreams identified • System/ Place Transformation steering group to focus on UEC pathways.					
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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	Minimal (ALARP)																																							
Date of Assessment	June 2024	Likelihood	4	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	20	20	8	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment					Linked Corporate Risks	RSK-438																																							
Progress: Summary narrative																																														
Trend	Tracker <table><caption>Tracker Data</caption><thead><tr><th>Month</th><th>Score</th><th>Target</th></tr></thead><tbody><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><tr><td>Sep</td><td>20</td><td>8</td></tr><tr><td>Oct</td><td>20</td><td>8</td></tr><tr><td>Nov</td><td>20</td><td>8</td></tr><tr><td>Dec</td><td>20</td><td>8</td></tr><tr><td>Jan</td><td>20</td><td>8</td></tr><tr><td>Feb</td><td>20</td><td>8</td></tr><tr><td>Mar</td><td>20</td><td>8</td></tr><tr><td>Apr</td><td>20</td><td>8</td></tr><tr><td>May</td><td>20</td><td>8</td></tr></tbody></table>							Month	Score	Target	June	20	8	July	20	8	Aug	20	8	Sep	20	8	Oct	20	8	Nov	20	8	Dec	20	8	Jan	20	8	Feb	20	8	Mar	20	8	Apr	20	8	May	20	8
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Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
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	- 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 - Monthly interface meeting with Mental Health/ED	- 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.	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. September 2025	First Line: - Operational information (data) on numbers of patients inappropriately in the ED/ wards and time to appropriate care setting Second Line: - Oversight of management activity Third Line: - Independent/ Objective assurance (e.g. Internal Audit)	- Lack of system action and assurance - Better understanding of the capacity required to meet emergency demand - Better understanding of capacity required for patients discharged on a pathway	- System-wide mental health care meeting to be convened to agree escalation model and SOP. September 2025 - Full capacity and demand exercise. September 2025
Lack of social care capacity for patients with complex needs (adult and child) including patients under	Safeguarding expertise in the Trust, with well established relationships with social	Inappropriate care setting for patient need – although some risk can be mitigated the Trust is not a mental health hospital and	Formal system escalation process and SOP to manage the safety of patients inappropriately left in the Trust's care (awaiting a			System-wide social care meeting to be convened to agree escalation



Deprivation of Liberty Safeguards or other court orders who require specialist care settings or placements	care	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.	specialist social care bed/ placement) which all partners adhere to. September 2025			model and SOP. September 2025 • Full capacity and demand exercise. September 2025
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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	Minimal (ALARP)																																							
Date of Assessment	December 2022	Likelihood	5	3	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	25	15	10	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 7. Giving you access to timely care					Linked Risks	RSK-080																																							
Progress: Summary narrative	We have escalated the issue appropriately to the Commissioners. We are working constructively with Commissioners and other providers to design a future operating model. We are employing additional safety netting in the clinical service day to day.																																													
Trend	Tracker <table><tr><th>Month</th><th>Score</th><th>Target</th></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><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></table>							Month	Score	Target	Jun	20	10	Jul	20	10	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
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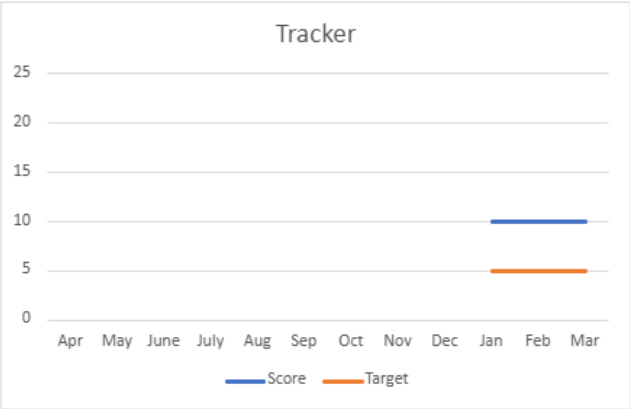
Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
- Milton Keynes University Hospital NHS FT does not provide head and neck cancer services but acts as a spoke unit to the hub at Northampton. Northampton faces: - Increased demand related to the pandemic. - Staffing challenges in the service. - Reduced capacity as a consequence of having reduced the scope of work permissible at MKUH as the spoke site.	- 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. - Enhanced safety-netting for patients in current pathway - CEO to regional director escalation - Report into cluster of serious incidents	- 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).	- 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	First Line: - Active monitoring and review of clinical incidents Second Line: - Regional quality team or independent review of pathway Third Line: - To be confirmed	Lack of visibility of outputs of NHS Midlands quality work in relation to the wider pathway.	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



	produced by Northampton and shared with Commissioners. • 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) • Discussion between CMOs for MKUH, Northamptonshire					
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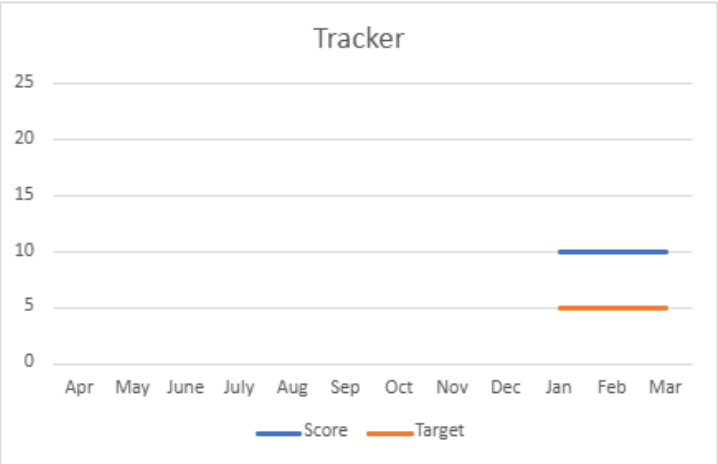
	Hospitals Group and EoE Specialised Commissioning on 22 November (followed by letter of 06 December). Specific agreements regarding how mutual aid is sought in respect of MK patients when treatment is not timely. • Contact between EoE Specialised Commissioning CMO, NHS South East Interim CMO and OUH CMO in November 2024, in order to try to progress matters.					
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Strategic Risk 10	Insufficient staffing levels to maintain safety – Inability to recruit to ‘hard to recruit’ roles						
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	Minimal (ALARP)
Date of Assessment	January 2025	Likelihood	3	2	1	Risk Treatment Strategy	Treat
Date of Review	March 2025	Risk Rating	15	10	5	Assurance Rating	Positive Assurance
Linked Trust Objectives	1 Keeping you safe in our hospital 8 Employing and retaining the best people to care for you					Linked Corporate Risks	RSK-035 RSK-457 RSK-529 RSK-095 RSK-414 RSK-456 RSK-481 RSK-490
Progress: Summary narrative							
Trend	Tracker  Score Target						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
- National occupation shortage - Changes to right to work regulations - Proximity to London for higher banded roles and Cost of Living supplement - Regional competition in NHS for qualified/specialty roles - Local competition in MK for entry-level roles (band 2-4)	- Attraction payments such as Golden Handshake - Benchmark of salary against local Trusts - Focused HRBP intervention in areas where vacancies and turnover are high. - Exploration of rotations in community and shared roles with larger Trusts (OUH) - Advertisement in key journals and websites for specific roles - Bespoke recruitment for hard to fill roles - Development through course funded by apprenticeship levy - Shadowing, and work experience opportunities - Focus on degree-level apprenticeships for post-A Level students - Improvement of benefits	Monitoring Divisional leavers' processes to ensure timely recruitment	- Review of staff working to the top of their license. September 2025 - Introduction of Advanced Clinical Practitioners and Nurse Consultants. March 2026	First Line: - Divisional teams and planning processes - Resourcing Manager and HRBPs Second Line: - Professional lead operational oversight. - Deputy / CPO led staffing oversight. Third Line: - Report through to People Committee and Trust Board - Report to ICS/Region	None Identified	None required



	and advertising of package • Development of recruitment microsite • Exploration and use of new roles to deliver services differently • Use of enhanced adverts, social media and recruitment days • Creation of recruitment "advertising" films • Recruitment Specialists in post to support bespoke recruitment • Holding Divisions to account for their elements of time to hire					
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Strategic Risk 11	Insufficient staffing levels to maintain safety - inability to retain staff						
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	Minimal (ALARP)
Date of Assessment	January 2025	Likelihood	3	2	1	Risk Treatment Strategy	Treat
Date of Review	March 2025	Risk Rating	15	10	5	Assurance Rating	Positive Assurance
Linked Trust Objectives	1 Keeping you safe in our hospital 8 Employing and retaining the best people to care for you					Linked Corporate Risks	RSK-035
Progress: Summary narrative							
Trend	Tracker 						

Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
- National occupation shortage leading to high level of employee choice - Proximity to London for higher banded roles and Cost of Living supplement - Regional competition in NHS for qualified/specialty roles - Local competition in MK for entry-level roles (band 2-4) - Management and leadership capabilities - Trust culture - Increased organisational change and financial scrutiny - Pressures and	- Exploration and use of current practitioners' jobs to make roles more interesting and support practicing at the top of their license. - Retention payments - Succession planning - Development, improvement, and advertising of benefits package - Equitable access to Learning and development programmes - Health and wellbeing initiatives - Staff recognition - staff awards, long service awards - Development of kinder policies with increased special leave - Review of staff survey outcomes and creation of action plans for improvement	- Leadership development, career coaching, and talent management - Increased talent management processes and resource capacity to deliver	- Increase in capacity for Organisational Development Team. September 2025 - Progress with cultural change programme. September 2025	First Line: - Divisional teams and planning processes - Resourcing Manager and HRBPs Second Line: - Professional lead operational oversight. - Deputy / CPO led staffing oversight. Third Line: - Report through to People Committee and Trust Board - Report to ICS/Region	None Identified	None required



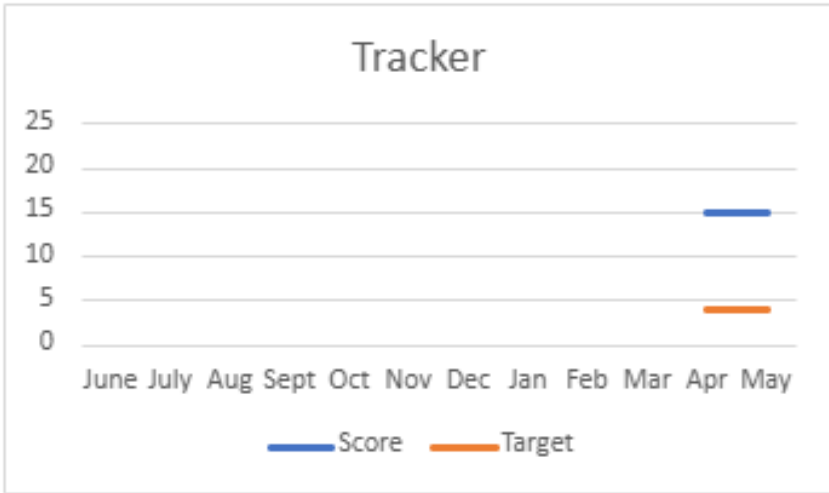
challenges with Trust performance	- Review of exit data and creation of plans locally to make improvements - Retention initiatives led by HRBP and bespoke to role/department					
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Strategic Risk 12	Vulnerability to Cyber Security breach																																													
Lead Committee	Finance & Investment	Risk Rating	Inherent	Current	Target	Risk Type	Operational / Financial / Reputational																																							
Executive Lead	Chief Strategic Development Officer	Consequence	4	4	4	Risk Appetite	Cautious																																							
Date of Assessment	March 2025	Likelihood	5	4	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	20	16	8	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	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					Linked Corporate Risks	RSK-574																																							
Progress: Summary narrative																																														
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Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
Increasing world-wide data security attacks	- Automated software to detect cyber security attacks - Staff training and awareness - System testing using phishing emails - Regularly/annual penetration testing - Backfill of cyber security team by other senior IT staff - Software controls for user to stop unauthorised software being installed	Dedicated cyber security team	- Recruitment of cyber security team. Ongoing - Financial investment required to successfully recruit team. Ongoing - Identify the resources to attract suitably trained staff. Ongoing - Commence training of junior staff to become more proficient. Ongoing	First Line: - Reports from software identifying successful defence to attack - Penetration testing reports Second Line: - Oversight of management activity - To horizon scan for changes to threats and for appropriate action defence action to be taken. Ongoing Third Line: - Internal Audit testing	Controls meet current threat levels. As threat levels change this may need to change.	None identified

Strategic Risk 13	Poor Data Quality impacting patient care, RTT performance and Trust financial position																																													
Lead Committee	Audit & Risk Committee	Risk Rating	Inherent	Current	Target	Risk Type	Patient Safety, Financial, Reputational																																							
Executive Lead	Chief Operating Officer – Planned Care	Consequence	4	3	2	Risk Appetite	Cautious																																							
Date of Assessment	February 2025	Likelihood	5	5	2	Risk Treatment Strategy	Treat																																							
Date of Review	May 2025	Risk Rating	20	15	4	Assurance Rating	Inconclusive Assurance																																							
Linked Trust Objectives	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																																													
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Cause	Controls	Gaps in Controls	Action Required	Sources of Assurance	Gaps in Assurance	Action Required
- Outpatient workflows are not digital requiring paper outcome forms to capture data. Forms are manually entered into a bespoke application leading to potential transcription errors. Limited knowledge of RTT rules of some staff therefore outcomes not always entered correctly and delay in updating systems - Patient Tracking List (PTL) requires upgrade. Bespoke system with complex algorithm which has had multiple iterations over the years - Admitted clock start dates often incorrect defaulting to decision to admit date in 60% of entries - Historic data issues have not been fixed at source and are continuing to impact on	- Patient access SOPs - Reports are being produced to monitor delays in completion. - Measures are in place to ensure the PTL remains validated with a dedicated team to identify any potential DQ errors and highlight these to the Data Warehouse team. - Now monitored via a report on the PTL Tool. - Themes collated and worked through to understand the issue and what can be rectified to prevent the	None identified	- Develop processes to comply with Provider Data Quality Assurance Documents 1 & 2 - Deployment of Phase D outpatient digitisation programme including ambient voice technology - Deployment of FDP modules for Outpatients, elective and RTT - Take part in NHSE validation sprint of PTL	First Line: - Issues Log (positive - 23 rows of issues, down to 13) - Validation team in place - Specialty, divisional and corporate PTL meetings Second Line: - DQ steering Group Third Line: - System, regional and national performance monitoring	To be confirmed	To be confirmed



current data quality • Outpatient procedures not always captured and/or coded leading to loss of income • Potential Failure to accurately record patient care episodes at point of care (in e Care) • Incorrect coding / capture of Maternity data Post natal • Inconsistent reporting of >12hr trolley waits in ED • Activity from supplementary systems not fully integrated such as audiology (Auditbase) missing from Secondary Uses Service (SUS) leading to loss of income	same data issue reoccurring once highlighted. • Recruitment of specific Data Analyst Midwives • Data is live on the ED Dashboard and also via a daily report to support daily validation. Daily Sitreps report zero unless information team is otherwise advised, ECDS uses raw data from eCare so includes DQ issues.					
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