

Workforce Equality, Diversity, and Inclusion Annual Report 2024-2025



Foreword

At Milton Keynes University Hospital, we are committed to putting Equality, Diversity and Inclusion (EDI) at the heart of everything we do.

It is my firm belief that when we foster a safe, inclusive and respectful workplace - where everyone is welcome and given equal opportunity – our patients receive the best possible quality of care.

Over 4,400 colleagues work on our team and their diverse backgrounds, experiences and perspectives play an important role in delivering that patient care with compassion and understanding.

As Chief Executive, I want to ensure that our Trust always recognises the enormous value of this diversity and provides a fair, inclusive workplace for everyone. I am pleased to report that, over the past 12 months, we have made tangible progress in doing so.

This year, for example, MKUH published the reports we commissioned from respected race equality experts, Yvonne Coghill and Roger Kline. Both experts identified areas for improvement which we have now begun to address through robust and sustainable plans of action, shaped by continued listening to the voices of our team.

I hope you find this year's EDI report encouraging and reflective of the importance I place on getting our culture right. Whilst there is still much we can do, I am confident that MKUH is taking the right steps to build a high-performing team of people who are fairly treated, recognised and rewarded for the vital work they do to benefit our patients.

Joe Harrison
Chief Executive Officer
Milton Keynes University Hospital



Context

Milton Keynes is a culturally diverse community which is growing at pace, with the population increasing by 15.3% between 2011 and 2021 as per the national census data¹.

As one of the largest employers in the area, Milton Keynes University Hospital (MKUH), is committed to creating a diverse workforce that is truly representative of the population we serve, where we celebrate difference, value everyone's contribution, and where people of all backgrounds can thrive.

We value the diversity of our workforce and the range of knowledge, skills, and experience our people bring to our work. We strive to create a working environment that promotes inclusion and gives everyone a sense of belonging.

MKUH is committed to providing services that meet each individual's need, treating everyone with the compassion and respect they deserve.

Our vision and values act as principles to guide us in our thinking and actions. Our equality objectives serve to promote these standards.

Purpose

MKUH, as a public sector body, is governed by the Equality Act 2010 and the Public Sector Equality Duty (PSED) in relation to its equality duties.

As part of these duties, we are required to publish equality information to demonstrate our compliance with the general equality duty on an annual basis. This report therefore includes the equality monitoring data for our workforce for the period 01 April 2024 to 31 March 2025.

Our workforce data forms part of the information we collate, monitor, and publish, to help us embed equality considerations within our employment policies and practices and meet our responsibilities under the duty to;

- Promote equality, diversity, inclusion and belonging
- Eliminate discrimination and harassment
- Promote equality of opportunities
- Foster good relations between different groups within our workforce

This report outlines our achievements around equality, diversity, and inclusion, highlights the key pieces of work we have undertaken in the past year, and states the future direction of the work around this agenda, with an action plan detailing key actions for the next year in Appendix A.

¹ [Census 2021 | Milton Keynes City Council \(milton-keynes.gov.uk\)](https://www.milton-keynes.gov.uk/census-2021)

Equality, Diversity & Inclusion Strategy 2021-2024²

Corporate Objectives

Improving patient safety

Improving patient experience

Improving clinical effectiveness

Ambition

We will become an exemplar organisation for equality, diversity and inclusion

What Success Looks Like

Desirable place to work / preferred place to work for all people from diverse backgrounds

All our people are able to be their best

Individually and collectively, we add value to our patients, service users and communities of all diverse backgrounds

We are recognised as a diverse, inclusive, flexible organisation known for its 'Kind Culture'

Delivered by

Trust Board Actions

Staff Equality Networks

Divisional Actions

Internal and External Communications

Individual Actions



² [Equality-Diversity-and-Inclusion-Strategy-2021—2024.pdf \(mkuh.nhs.uk\)](#)

Our Year at a Glance ...

Men's Network
launched

Sexual Safety at Work
Policy published

Gender pay gap reduce
to 9.9%

Fair and Just Culture
Decision Making Panels
implemented for
investigations

Anti-Racism
Programme launched

74.49% of staff state
that reasonable
adjustments were
made to enable them
to do their job

Values Based
Recruitment Training
rolled out

Yvonne Coghill MKUH
Workforce Equality
Report published

NHS Improvement Plan Six High Impact Actions

The EDI Improvement Plan sets out six targeted actions to address direct and indirect prejudice and discrimination, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

Action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable

Objectives

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process
- Board members should be able to demonstrate how organisational data and lived experience have been used to improve culture
- NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework

Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity

Objectives

- Create and implement a talent management plan to improve the diversity of executive and senior leadership teams
- Evidence progress of implementation
- Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes

Action 3: Develop and implement an improvement plan to eliminate pay gaps

Objectives

- Implement the 'Mend the Gap' review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026
- Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns

Action 4: Develop and implement an improvement plan to address health inequalities within the workforce

Objectives

- Line managers and supervisors should have regular effective wellbeing conversations with their teams
- Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare

Objectives

Action 5:
Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff

- Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options.
- Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback
- Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety
- Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression

Objectives

Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur

- Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set and plans implemented to improve staff experience year-on-year.
- Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from Trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this.
- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.
- Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff
- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence
- Have mechanisms to ensure staff who raise concerns are protected by their organisation.

Objectives in green have been achieved, all other objectives are in progress.

Staff Networks

At MKUH we are proud to have active staff networks that support our diverse community. We recognise they are essential to enhancing a culture of inclusivity, ensuring people can bring their whole selves to work and contribute to improving life at work for underrepresented groups and individuals.

The Trust is committed to making the organisation a more inclusive place to work and are looking into how we can better support our staff networks. As part of this, each network at MKUH has an Executive Sponsor who guides the group and ensures their voices are heard.

Currently, our Trust has eight staff networks, each at varying stages of development:

BAME Network

The BAME Network has had a productive and impactful year, marked by meaningful engagement with both the Trust Board and external experts. Our efforts have focused on shaping the organisation's approach to Equality, Diversity, and Inclusion (EDI), particularly in the areas of recruitment, tackling racism, and supporting career progression.

We were privileged to host respected experts including Roger Kline, Dame Yvonne Coghill, and CQ, who conducted a comprehensive review of HR processes. Their insights have been instrumental in identifying areas for improvement and supporting the development of fairer, more inclusive practices.

Following these reviews, a series of reports have been compiled, highlighting key findings and recommendations. We are pleased to see significant progress being made, with Catherine Wills, Chief People Officer, working closely alongside the Board to action these recommendations and drive positive change.

While these developments are encouraging, staff engagement within the network has seen a decline due to the loss of several committed members, however rebuilding active participation remains a priority as we move forward.

Despite these challenges, the network continued to deliver on key initiatives. We successfully celebrated Black History Month, showcasing the richness of Black culture and contributions across the Trust. Additionally, we participated in the 90-Day Challenge, a regional EDI initiative that fostered cross-organisational collaboration and learning.

Looking ahead, we remain committed to revitalising staff engagement and continuing to work in partnership with stakeholders to create an inclusive and equitable environment for all.

Alice Holland
BAME Network



Women's Network

Over the past year, the Women's Network has continued to play a significant role in promoting gender equality and fostering an inclusive workplace culture. Through collaboration, education, and advocacy, the network has delivered a range of impactful initiatives that support the wellbeing, representation, and empowerment of women across the organisation.

The network has experienced steady growth in membership, offering an inclusive space for colleagues to connect, share experiences, and support one another. New members are welcomed through regular updates and signposting to resources and activities relevant to women's health, professional development, and workplace wellbeing. Bimonthly network meetings provide a structured forum for updates, discussions, and shared learning, while an active Microsoft Teams channel supports ongoing dialogue, resource sharing, and peer support between sessions—helping to maintain momentum and foster a strong sense of community.



In partnership with UNISON and MKUH, the Women's Network launched a period product accessibility scheme to ensure staff are not caught off guard at work without essential hygiene items. Period product baskets have been placed in staff toilets across the organisation. The scheme operates on a “take one, donate one” model, promoting sustainability and shared responsibility. UNISON provided initial funding to support the scheme's launch. Local champions maintain the baskets, ensuring consistent and discreet access to products. We are actively working to roll this out to more areas across the Trust, ensuring greater accessibility and continued support for staff wherever they work. This initiative directly addresses period poverty and workplace dignity, contributing to a more supportive, equitable working environment.

The Women's Network supported a breast cancer awareness initiative in collaboration with the Trust's breast cancer nursing team. A stand was held on-site to provide information about the signs and symptoms of breast cancer, guidance on how to perform self-checks, and key risk factors to be aware of. The session encouraged early detection and promoted health education among staff, contributing to the organisation's wider commitment to women's health and wellbeing.

In collaboration with Microsoft and a Digital Innovation colleague, the network hosted a webinar exploring the role of artificial intelligence in the workplace. This session enabled colleagues to consider the potential of emerging technologies to support inclusive practices and professional growth.

To mark International Women's Day, the network hosted a virtual event featuring a powerful personal story from a senior colleague and a panel discussion on wellbeing

and work-life balance. The session encouraged open dialogue around the real-life experiences of women in the workplace, promoting understanding and allyship.

As part of World Menopause Day, the network delivered a series of expert-led sessions including nutritional workshops by Daksha Fort and a medical information session with Dr Jenny Cusack on hormone replacement therapy and menopause management. These events provided practical advice, reduced stigma, and empowered staff to make informed decisions about their health. Additionally, the network supported the recent refresh of the organisation's Menopause Policy to ensure it aligns with current best practices and staff experiences. The updated policy offers clear guidance for both employees and line managers and encourages open conversations and reasonable adjustments where needed. It also incorporates feedback from staff engagement sessions, including those delivered during Menopause Awareness events, ensuring the policy is both supportive and practical.

The Women's Network also supported a session introducing the Employee Passport—a tool designed to help employees document and communicate workplace needs. The session offered guidance on how both employees and managers can use the passport effectively and highlighted its value in supporting colleagues experiencing menopause or other health-related challenges. By championing awareness of the passport, the network has contributed to embedding more consistent and compassionate support practices across the organisation.

Through its bimonthly meetings, active Teams channel, and regular newsletter, the Women's Network maintains continuous engagement with its members. By actively seeking and incorporating feedback, the network remains responsive to emerging needs and reinforces a culture of shared ownership and continuous improvement.

**Charlotte Naqvi,
Women's Network Chair**

Ability Network

During the past twelve months, the network was thrilled to welcome Specialised Physiotherapist Gem Cook as Co-Chair/Vice Chair for the Ability Staff Network. The network leadership inspired to become further involved within and contribute to the Ability Staff Network due to our own lived experiences. The network collaborates closely with Lee Downes, who is the Trust's Workplace Adjustments Advisor (and former Ability Staff Network Chair), therefore this is very much a team effort. The vision of the network is to create an impactful Ability Staff Network that is predominantly shaped by its members/allies and champions for both hidden and visible disabilities.

Last year, the network provided multiple employees with peer support and signposting in order to try to resolve ongoing issues, such as changes to office space and staff parking at MKUH, flexible working applications and reasonable adjustments for personal work environments. Time permitting, moving forward the network would like to expand by hosting specific awareness events which are important to members.

A highlight of the past year was observing the strong community presence within MKUH; last July the network Chair organised a bake sale on site for a colleague whose son, also an MKUH employee, sustained life-changing injuries following a road traffic collision. Over £1,800 was raised within several hours due to the generosity of #TeamMKUH and was much appreciated by the family.

**Stephanie Jones,
Ability Network Chair**

Neurodiversity Network

The Neurodiversity network launched in March 2023 and is open to all staff and volunteers who define themselves as neurodivergent and to allies who support the aims and objectives of the network.

The network aims to create a supportive working environment and policy framework for neurodivergent colleagues and to encourage all staff within the Trust to understand issues particularly affecting neurodivergent employees. Over the next



year the network will be focusing on delivering regular meetings and workshops for members. The network has sought to increase awareness and education around neurodiversity within MKUH through a series of educational events including guest lectures, workshops and training sessions that cover topics such as recognising and supporting neurodiverse colleagues, the benefits of a neurodiverse workforce and strategies for inclusive practice.

Neurodiversity Network

Armed Forces Network (AFSN)

The Trust's Armed Forces Staff Network exists to bring together those who have served in the Armed Forces and those who are serving as military reservists, as well as their family members. We welcome anyone who is passionate about supporting those who have served.

It provides a great place for members of this community to come together, share lived experiences, and support the Trust's ongoing commitment to patients who have an armed forces link, as well as each other.

The network helps to maintain the Trust's accreditations, such as the Ministry Of Defence Employer Recognition Scheme Gold Award, and the Veteran's Covenant Healthcare Alliance Veteran Aware accreditation. We run events around Armistice, Armed Forces week, and other important military events.

The Armed Forces Covenant Support Officer can also provide guidance and support to those with a military background and help connect them with military-specific services they may not have been aware of. We are very proud to support those who have served, and are now serving again, within the NHS.

Johanna Hrycak
Armed Forces Network Chair

Faith and Belief Network

The network is passionate about celebrating all faiths and beliefs and in the last year has worked with departments to publicise the range of festivals and events celebrated by the MKUH community through the use of faith and belief calendars.

Pride Network

The Pride network is a group of individuals from across the Trust who self-identify as being LGBTQ+ or are an ally of LGBTQ+ individuals.

The core aim of the network is to promote equality, diversity, inclusion and Pride in our LGBTQ+ staff and to assist MKUH to deliver better services for all, both staff and patients. The network wants to improve the working lives of LGBTQ+ staff by empowering them to feel safe and able to be "out" at work, allowing all staff to bring their whole selves to work, which will benefit both colleagues and patients.

The focus for the past 12 months has been to rejuvenate interest in the network and expand membership.

Thomas Dunckley
Pride Network Chair

Men's Network

Since the launch of the network in November last year, the network has been slowly building awareness. The network has engaged guest speakers from the likes of Man Cave and some mental health nurses to deliver talks to the members. The network has also held awareness days outside the restaurant which has helped steadily grow network membership.

Over the next 6-12 months, the network has plans to continue to hold events, educational talks/lectures and to support the men of the Trust in all ways. It's a very exciting time to be running the men's network, with growing support nationally for men's mental health and growing support for new fathers.

Adam Byrne
Men's Network Chair



Compliance Reporting

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standards (WRES) is a key NHS initiative aimed at improving race equality across the NHS workforce in England. A collection of 9 metrics have been created to highlight any differences between the experience and treatment of white staff and BME staff in the NHS.

Trusts are expected to demonstrate progress against these metrics which include recruitment opportunities, likelihood of entering the disciplinary process and accessing non-mandatory training, in order to improve workforce equality and create a more inclusive environment.

Trusts are required to report and publish data on each metric on an annual basis.

The key findings from the 2024/2025 WRES were:

- The number of BME employees employed at the Trust has increased, but BME representation remains lower in more senior positions, although this has improved from the previous year in bands 8a-9.
- There has been a reduction in the percentage of medical and dental employees who do not wish to disclose their ethnicity.
- BME candidates are less likely to be appointed from shortlisting than white candidates.
- BME employees are less likely to enter the formal disciplinary process than white employees.
- BME employees are more likely to access non-mandatory training and CPD than white employees.

The key actions to be undertaken following the publication of this report include:

- Develop and publish an MKUH Anti-Racism Strategy, informed by both Roger Kline & Yvonne Coghill's findings and co-created with the BAME Staff Network, that addresses the inequalities highlighted by the WRES data.
- Continue to support the ongoing development of the BAME Network.
- Ensure race equity is embedded into the foundations of the Talent Management pathway.

The WRES data can be found at Appendix C of this report. You can find the full report covering the 01 April 2024 to 31 March 2025 here: [MKUH-Workforce-Race-Equality-Standard-WRES-Report-2024-25.pdf](#)

Workforce Race Disability Standard (WDES)

The Workforce Disability Equality Standards (WDES) is also a NHS key initiative designed to improve the workplace experiences and career opportunities for disabled staff across NHS organisations in England.

Trusts are expected to show progress against 10 metrics which include recruitment opportunities and likelihood of entering the capability process, in order to improve workforce equality and create a more inclusive environment.

Trusts are required to report and publish data on each metric on an annual basis.

The key findings from the 2024/2025 WDES are;

- Following focused work by the Trust to increase disability declaration rates the number of employees declaring they have a disability increased from the previous year
- As with the previous year, a high proportion of the medical and dental workforce have chosen not to declare their disability status however, this had reduced.
- Disabled candidates are less likely to be appointed from shortlisting than those without disabilities.
- Disabled employees are less likely to enter into a formal capability process than non-disabled employees.

The key actions to be undertaken following the publication of this report include;

- Continuing to improve support for disabled staff and empower their managers to implement adequate reasonable adjustments.
- Attain Disability Confident Level 3 (Leader) status
- Continue to campaign and encourage staff to disclose their disability to improve our WDES data and ensure it is the best reflection of disabled staff experiences.

The WDES data can be found at Appendix D of this report. You can find the full report covering the 01 April 2024 to 31 March 2025 here: [MKUH-Workforce-Disability-Equality-Standard-WDES-Report-2024-25.pdf](#)

Gender Pay Gap

As MKUH employs more than 250 staff the Trust is required under the Equality Act 2010, to publish information on its gender pay audit.

The key findings from the 2024/2025 Gender Pay Gap report are;

- The gender pay gap reducing year on year, with the median gap moving from 20% in 2020 to 9.9% in 2025.
- The proportion of staff receiving bonus payments has changed from the previous year, with a decrease of female employees receiving Clinical

Excellence Awards. This is due to no new-style awards being made in the financial year due to the cessation of the scheme.

- There remains a higher proportion of female staff within the lower, lower middle, and upper middle pay quartiles and a higher proportion of male staff within the upper quartile.

The key actions to be undertaken following the publication of this report include;

- Reporting on Gender and wider Equality and Diversity data and analysing upper quartile male data to understand reasons for disproportionate increase of male appointments to more senior roles.
- Engaging with leadership teams in areas where the gender pay gap is driven to support the improvement of staff experience and provide clear progression routes for women to progress. Driving leadership and accountability for flexible working options and development opportunities identified at career conversations through our appraisal process.
- Working with the Women's Network, the Trust should undertake a deep dive into workforce data to identify roles and bands where women are underrepresented and barriers to progression, co-producing a long-term action plan spanning three years.

The gender pay data can be found at Appendix E of this report.

Ethnicity Pay Gap

As part of the NHS Improvement Plan Six High Impact Actions, the Trust is required to produce and analyse ethnicity pay gap data. This is the first year that the Trust has produced the data and therefore, has no previous data sets to compare to. The key findings of the data are as follows:

- The median pay gap difference between White employees and BME employees is -3.63%.
- Breaking the median pay gap down by ethnicity shows that there is a negative gap for all ethnicities in comparison to White employees, except for Black and Mixed Ethnicity employees, where the gap is 4.01% and 2.68% respectively.
- Bonus payments are only made to eligible consultants in the form of Clinical Excellence Awards (CEAs). There were no new-style awards issued this year due to the cessation of the scheme. Of the 61 eligible employees in receipt of a CEA this year, 60.7% were BME and 32.8% were White. This is consistent with the fact that the medical and dental staff group is majority BME.
- Black and Mixed Ethnicity employees make up the highest proportions of employees within the lower and lower middle pay quartiles.
- The upper middle quartile has a high proportion of Black, Mixed Ethnicity and Asian employees.
- There is a higher proportion of White and Asian employees within the upper quartile.

The key actions to be undertaken following the publication of this data are:

- To undertake further data analysis to understand the position of the Trust's ethnicity pay gap.
- Work with the Trust's BAME Network to develop an action plan.

The Trust's ethnicity pay gap data for 2024-25 can be found in Appendix F of this report.

Disability Pay Gap


As part of the NHS Improvement Plan Six High Impact Actions, the Trust is required to produce and analyse disability pay gap data. This is the first year that the Trust has produced the data and therefore, has no previous data sets to compare to. The key findings of the data are as follows:

- The median pay gap between Disabled and Non-Disabled employees is 18.38%.
- Bonus payments are only made to eligible consultants in the form of Clinical Excellence Awards (CEAs). There were no new-style awards issued this year due to the cessation of the scheme. Of the 61 eligible employees in receipt of a CEA this year 0 had declared a disability.
- It is known that the medical and dental staff group has a low disability declaration rate and therefore, the pay gap data produced for bonuses is not deemed to be statistically relevant.
- There is a disproportionately high proportion of Disabled employees within the lower pay quartile. The proportion within the upper quartile (3.64%) is lower than the 6.2% of Disabled employees within the overall workforce.
- There is an even split of Non-Disabled employees across all four pay quartiles.

The key actions to be undertaken following the publication of this data are:

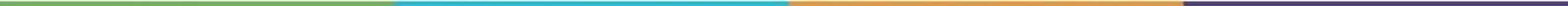
- To undertake further data analysis to understand the position of the Trust's disability pay gap.
- Work with the Trust's Ability and Neurodiversity networks to develop an action plan.

The Trust's disability pay gap data for 2024-25 can be found in Appendix G of this report.



Appendix A - Action Plan

Action	Deadline	How will we measure success?
Continue to raise awareness of Gender Pay Gap reporting, WRES and WDES metrics by creating and distributing infographic posters to be shared with staff networks, staff side representatives, and with staff in their departments.	Aug – 25	Increased awareness of the Trust's position
Continue to roll out cultural awareness training to identified areas to educate employees on diversity and inclusion, discrimination, unconscious bias, microaggressions and empathy.	Jan – 26	Attendance at sessions. Reduction in employee relations cases related to discrimination in these areas.
Work with the Women's Network to undertake a deep dive into workforce data to identify roles and bands where women are underrepresented and there are barriers to progression, co – producing a long-term action plan spanning three years.	Nov – 25	Development and delivery of action plan. Improvement of GPG metrics.
Produce an ethnicity pay gap report to explore the impact of inequalities and lack of representation at senior levels	Jan - 26	Review of GPG ethnicity data. Increase of BAME colleagues within senior bands
Develop and publish an MKUK Anti – Racism Strategy, informed by both Roger Kline & Yvonne Coghill's findings and co – created with the BAME Staff Network, centring feedback from racialised staff.	Sept - 25	Publication of the strategy within the agreed timeline and awareness of staff of the strategy.
Develop an EDI dashboard tracking key workforce metrics from WRES, WDES, and WMRES that is accessible to all staff.	Jan – 26	EDI statistics are readily available and staff are accessing the information
Ensure pages are created and updated on the staff intranet so EDI documents and updates can be accessed readily.	Sept - 25	Increased access of EDI pages on the staff intranet.
Refresh the EDI strategy to reflect MKUH's current priorities and strengthen staff network engagement.	Nov – 25	Staff networks confirm that the strategy reflects their input, and EDI objectives show measurable progress.
Review and improve career progression opportunities such as, acting up, secondments, training, project involvement to ensure equity, with clear guidance for managers.	Jan - 26	Increase in staff from underrepresented groups accessing progression opportunities and confirmed understanding of managers confirm understanding of guidance.
Review and update the Trusts equality impact assessments to ensure they encompass a debiasing framework that will enable consistency and focus to identify racial bias in the organisations policies and processes.	Dec - 25	The equality impact assessments remove any bias for Trust policies and processes.
Develop a new Talent Management Programme as part of The MKWay, ensuring visibility and access for BAME and women colleagues.	Mar – 26	Increased BAME & women representation in senior bands/roles. Improved CPD metrics. Improved Staff Survey score on equal opportunities for development
Continue to undertake initiatives that build leadership portfolio to apply for and gain Disability Confident Leader Status	Mar- 26	Successful application for leadership Status.



Appendix B – Workforce Profile

Ethnicity

Ethnic Group	Headcount	%
A White - British	1,952	42.92%
B White - Irish	29	0.64%
C White - Any other White background	259	5.69%
C2 White Northern Irish	2	0.04%
C3 White Unspecified	1	0.02%
CA White English	15	0.33%
CF White Greek	2	0.04%
CH White Turkish	1	0.02%
CK White Italian	2	0.04%
CP White Polish	10	0.22%
CQ White ex-USSR	1	0.02%
CV White Serbian	1	0.02%
CX White Mixed	1	0.02%
CY White Other European	15	0.33%
D Mixed - White & Black Caribbean	22	0.48%
E Mixed - White & Black African	36	0.79%
F Mixed - White & Asian	13	0.29%
G Mixed - Any other mixed background	38	0.84%
GA Mixed - Black & Asian	3	0.07%
GE Mixed - Asian & Chinese	2	0.04%
GF Mixed - Other/Unspecified	4	0.09%
H Asian or Asian British - Indian	619	13.61%
J Asian or Asian British - Pakistani	108	2.37%
K Asian or Asian British - Bangladeshi	30	0.66%
L Asian or Asian British - Any other Asian background	145	3.19%
LB Asian Punjabi	2	0.04%
LC Asian Kashmiri	2	0.04%
LE Asian Sri Lankan	16	0.35%
LF Asian Tamil	11	0.24%
LG Asian Sinhalese	2	0.04%
LH Asian British	7	0.15%
LK Asian Unspecified	18	0.40%
M Black or Black British - Caribbean	63	1.39%
N Black or Black British - African	660	14.51%
P Black or Black British - Any other Black background	30	0.66%
PA Black Somali	6	0.13%
PC Black Nigerian	40	0.88%
PD Black British	6	0.13%
PE Black Unspecified	2	0.04%
R Chinese	45	0.99%
S Any Other Ethnic Group	86	1.89%
SA Vietnamese	1	0.02%
SC Filipino	62	1.36%
SD Malaysian	2	0.04%
SE Other Specified	20	0.44%
Unspecified	23	0.51%
Z Not Stated	133	2.92%
Grand Total	4,548	100.00%

Disability

Disability Flag	Headcount	%
No	3,908	85.93%
Not Declared	105	2.31%
Prefer Not To Answer	13	0.29%
Unspecified	242	5.32%
Yes	280	6.16%
Grand Total	4,548	100.00%

Sexual Orientation

Sexual Orientation	Headcount	%
Bisexual	67	1.47%
Gay or Lesbian	46	1.01%
Heterosexual or Straight	3,966	87.20%
Not Disclosed	340	7.48%
Other sexual orientation not listed	6	0.13%
Undecided	6	0.13%
Unspecified	117	2.57%
Grand Total	4,548	100.00%

Religion

Religious Belief	Headcount	%
Atheism	569	12.51%
Buddhism	41	0.90%
Christianity	2,422	53.25%
Hinduism	269	5.91%
Islam	320	7.04%
Jainism	2	0.04%
Judaism	6	0.13%
Not Disclosed	453	9.96%
Other	271	5.96%
Sikhism	24	0.53%
Unspecified	171	3.76%
Grand Total	4,548	100.00%

Gender

	Female	Male
Part Time	32.48%	3.72%
Full Time	46.72%	17.08%
Total	79.20%	20.80%

Age

Age Band	Headcount	%
<=20 Years	28	0.62%
21-25	296	6.51%
26-30	576	12.66%
31-35	549	12.07%
36-40	628	13.81%
41-45	549	12.07%
46-50	585	12.86%
51-55	514	11.30%
56-60	428	9.41%
61-65	287	6.31%
66-70	78	1.72%
>=71 Years	30	0.66%
Grand Total	4,548	100.00%

Appendix C – WRES Data

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. (Data source: ESR).

1a. Non-clinical workforce

	BME staff in 2024	BME staff in 2025	BME staff in 2024 v 2025	White staff in 2024	White staff in 2025	White staff in 2024 v 2025	Unknown staff in 2024	Unknown staff in 2025	Unknown staff in 2024 v 2025	Total staff in 2024	Total staff in 2025
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	32.5%	35.7%	+ 3.2%	63.1%	61.1%	- 2.0%	4.4%	3.1%	- 1.3%	754	764
Cluster 2 (Bands 5 - 7)	24%	25.8%	+ 1.8%	72.3%	71.7%	- 0.6%	3.7%	2.5%	- 1.2%	267	279
Cluster 3 (Bands 8a - 8b)	15.9%	18.3%	+ 2.4%	84.1%	81.7%	- 2.4%	0%	0.0%	0%	69	71
Cluster 4 (Bands 8c – 9 & VSM)	6.3%	9.7%	+ 3.4%	93.7%	90.3%	- 3.4%	0%	0.0%	0%	32	31

1b. Clinical workforce

	BME staff in 2024	BME staff in 2025	BME staff in 2024 v 2025	White staff in 2024	White staff in 2025	White staff in 2024 v 2025	Unknown staff in 2024	Unknown staff in 2025	Unknown staff in 2024 v 2025	Total staff in 2024	Total staff in 2025
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	39.3%	48.7%	+ 9.4%	57.4%	48.5%	- 8.9%	3.3%	2.9%	- 0.4%	888	937
Cluster 2 (Band 5 - 7)	49%	49.2%	+ 0.2%	47.1%	47.1%	0%	3.9%	3.7%	- 0.2%	1701	1726
Cluster 3 (Bands 8a - 8b)	22.4%	24.4%	+ 2.0%	77.6%	75.6%	- 2.0%	0%	0%	0%	125	131
Cluster 4 (Bands 8c – 9 & VSM)	11.1%	17.4%	+ 6.3%	88.9%	78.3%	- 10.6%	0%	4.3%	+ 4.3%	18	23
Cluster 5 (Medical and Dental staff, Consultants)	62.5%	62.5%	0%	31%	32.3%	+ 1.3%	6.5%	5.2%	- 1.3%	232	232
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	81%	80.6%	- 0.4%	11.9%	13.6%	+ 1.7%	7.1%	5.8%	-1.3%	126	103
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	56.4%	68.8%	+ 12.4%	26.3%	23.2%	- 3.1%	17.3%	8%	- 9.3%	179	224

Metric 2 – Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates

(Data source: Trust's Recruitment data)

	Relative likelihood in 2024	Relative likelihood in 2025	Relative likelihood difference (+-)
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	1.27	1.48	+ 0.2

Metric 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to White staff, as measured by entry into a formal disciplinary process.

(Data source: Trust's HR data)

	Relative likelihood in 2024	Relative likelihood in 2025	Relative likelihood difference (+-)
Relative likelihood of BME staff compared to White staff entering the formal disciplinary process	1.13	1.01	- 0.1

Metric 4 – Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

(Data source: Trust's Learning & development data)

	Relative likelihood in 2024	Relative likelihood in 2025	Relative likelihood difference (+-)
Relative likelihood of White staff compared to BME staff accessing non-mandatory training and CPD	0.63	0.82	- 0.2

Metric 5 - 8 – Percentage of BME staff compared to White staff experiencing discrimination, harassment, bullying or abuse.

Percentage of BME staff compared to White staff believing the Trust offers equal opportunities for career progression or promotion

(Data source: Question 14 15 & 16b, NHS Staff Survey)

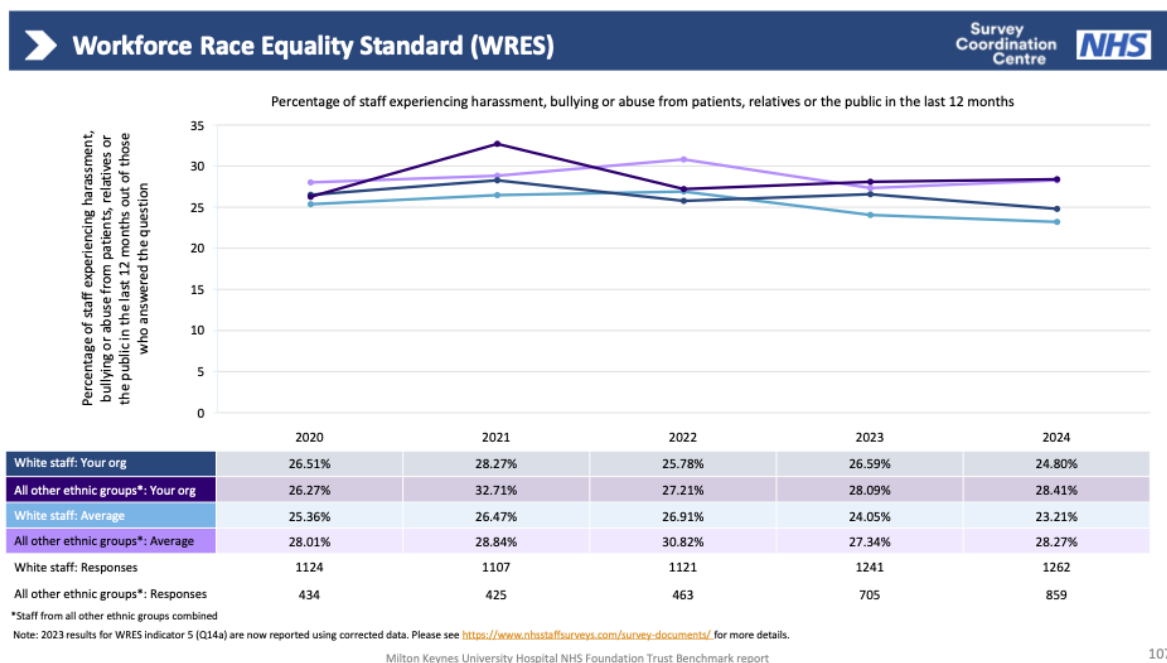
	BME staff responses to 2023 NHS Staff Survey	White staff responses to 2023 NHS Staff Survey	% points difference (+/-) between BME staff and White staff responses 2023	BME staff responses to 2024 NHS Staff Survey	White staff responses to 2024 NHS Staff Survey	% points difference (+/-) between BME staff and White staff responses 2024
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
14a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	28.1%	26.6%	+ 1.5%	28.4%	24.8%	+ 3.6%
14b/c) Staff experiencing harassment, bullying or abuse from staff in the last 12 months	24.4%	23.2%	+ 1.2%	22.9%	22.9%	0%
15) - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.	46.8%	59.7%	- 12.9%	44.4%	59.3%	- 14.9%
16b) In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues	13.4%	6%	+ 7.4%	14.7%	6.5%	+ 8.2%

Metric 9 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce
(Data source: NHS ESR and/or trust’s local data)

	BME Board members in 2024	White Board members in 2024	Board members with ethnicity status unknown in 2024	% points difference (+/-) between BME Board members and BME staff in overall workforce in 2024	BME Board members in 2025	White Board members in 2025	Board members with ethnicity status unknown in 2025	% points difference (+/-) between BME Board members and BME staff in overall workforce in 2025
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	Percentage (%)	
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0%	Exec = 100%	Exec = 0%	Total Board = 29.4%	Exec = 0%	Exec = 90%	Exec = 10%	Total Board = 17.7%
	Non-exec = 55.6%	Non-exec = 44.4%	Non-exec = 0%	Overall workforce = 42.9%	Non-exec = 42.9%	Non-exec = 57.1%	Non-exec = 0%	Overall workforce = 46.1%
	Voting = 15.4%	Voting = 84.6%	Voting = 0%	Difference = - 13.5% percentage points	Voting = 60%	Voting = 20%	Voting = 20%	Difference = - 28.4% percentage points
	Non-voting = 75%	Non-voting = 25%	Non-voting = 0%		Non-voting = 0%	Non-voting = 100%	Non-voting = 0%	

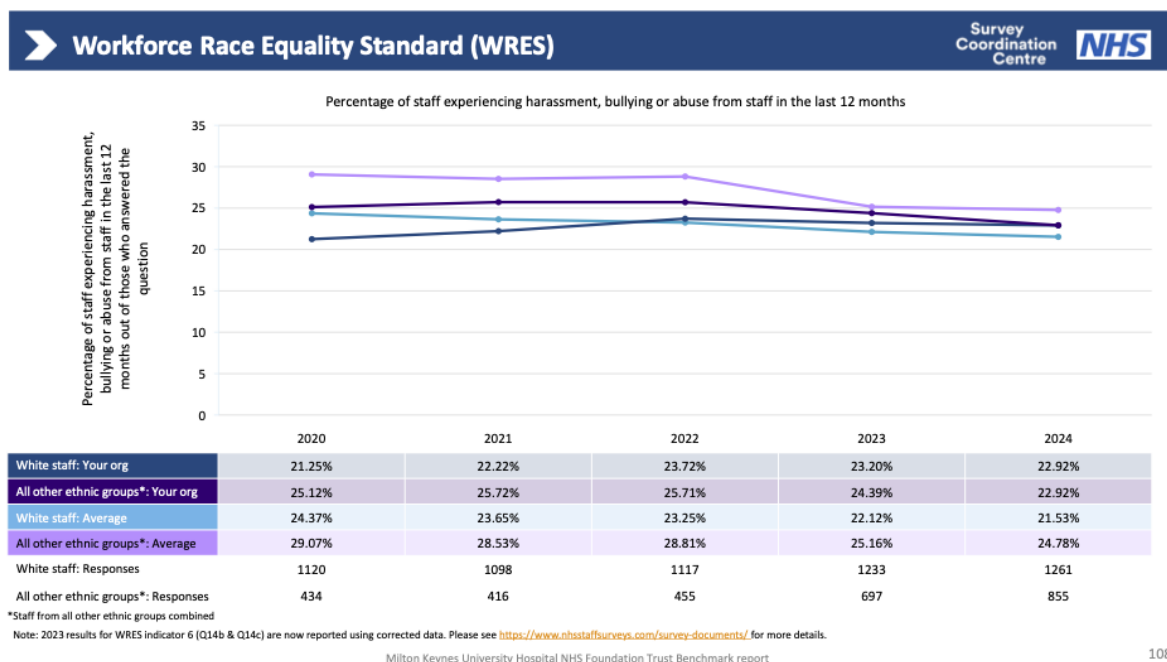
2024 Staff Survey Data

Question 14a:



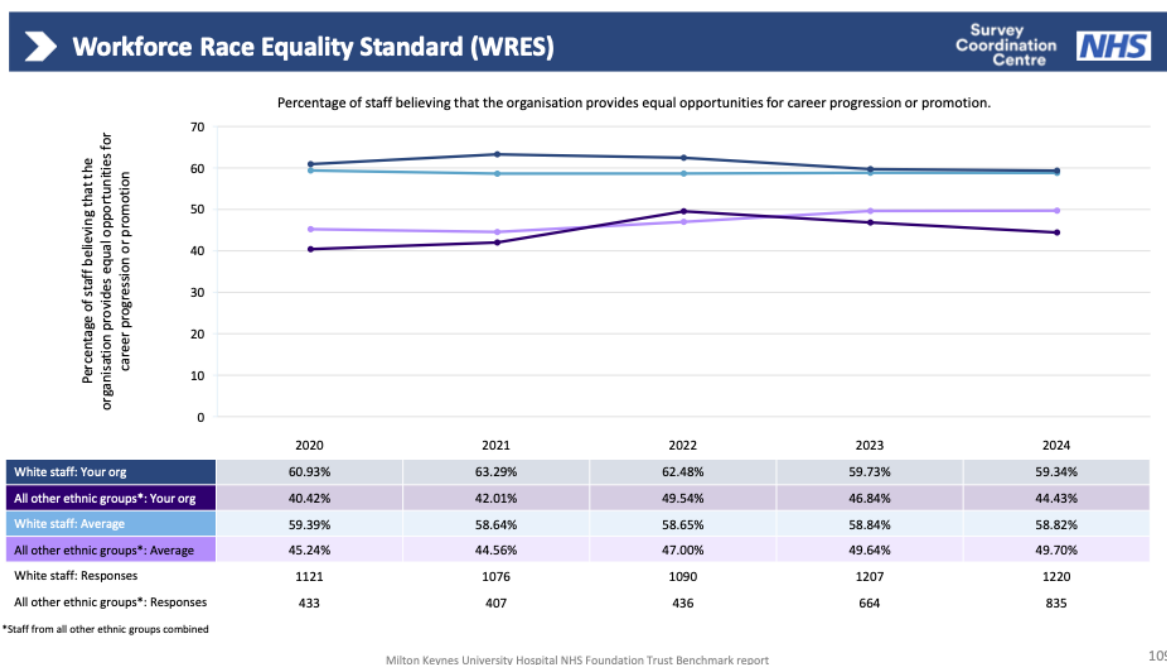
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Question 14b & c:



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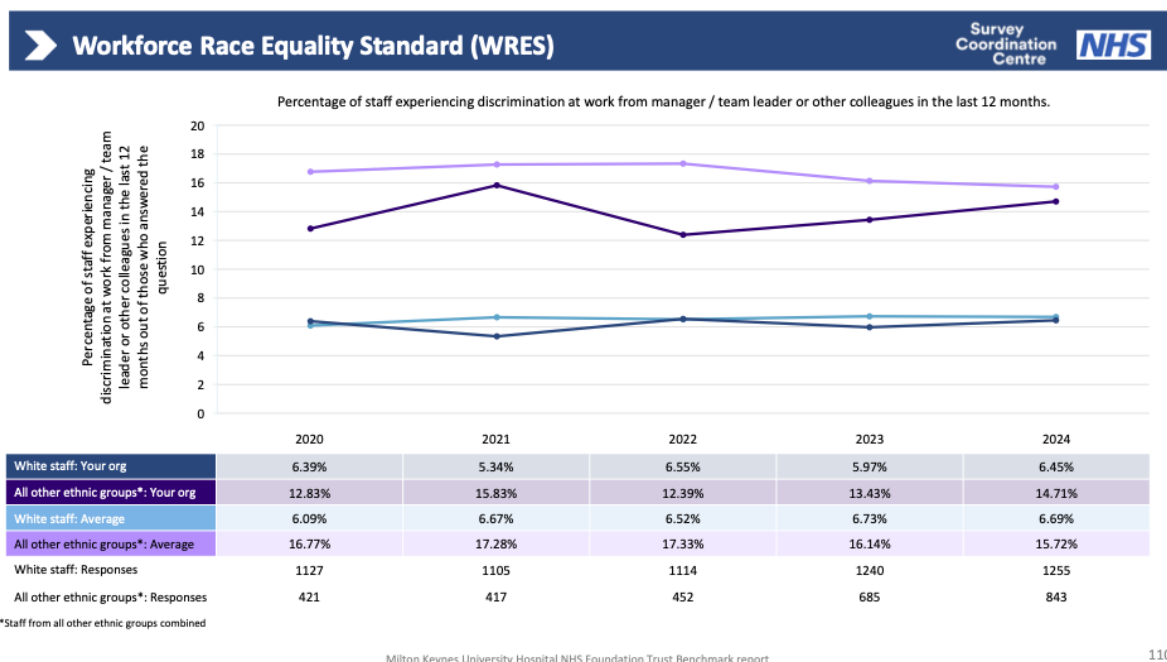
Question 15:



Milton Keynes University Hospital NHS Foundation Trust Benchmark report

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Question 16b:



Milton Keynes University Hospital NHS Foundation Trust Benchmark report

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Appendix D – WDES Data

Metric 1: Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. (Data source: ESR)

1a. Non-clinical workforce

	Disabled staff in 2024	Disabled staff in 2025	Disabled staff in 2024 v 2025	Non-disabled staff in 2024	Non-disabled staff in 2025	Non-disabled staff in 2024 v 2025	Unknown staff in 2024	Unknown staff in 2025	Unknown staff in 2024 v 2025	Total staff in 2024	Total staff in 2025
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	7.1%	8%	+ 0.9%	81.8%	82.5%	+ 0.7%	11.1%	9.5%	- 1.6%	754	767
Cluster 2 (Band 5 - 7)	8.6%	10.4%	+ 1.8%	84.6%	84.3%	- 0.3%	6.8%	5.4%	- 1.4%	267	280
Cluster 3 (Bands 8a - 8b)	11.6%	9.9%	- 1.7%	81.2%	87.3%	+ 6.1%	7.2%	2.8%	- 4.4%	69	71
Cluster 4 (Bands 8c – 9 & VSM)	9.4%	0%	- 9.4%	81.2%	84.4%	+ 3.2%	9.4%	15.6%	+ 6.2%	32	32

1b. Clinical workforce

	Disabled staff in 2024	Disabled staff in 2025	Disabled staff in 2024 v 2025	Non-disabled staff in 2024	Non-disabled staff in 2025	Non-disabled staff in 2024 v 2025	Unknown staff in 2024	Unknown staff in 2025	Unknown staff in 2024 v 2025	Total staff in 2024	Total staff in 2025
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	8.7%	8.8%	+ 0.1%	85.2%	86.8%	+ 1.6%	6.1%	4.4%	- 1.7%	888	934
Cluster 2 (Band 5 - 7)	4.6%	4.6%	0%	90.9%	91.2%	+ 0.3%	4.5%	4.1%	- 0.4%	1701	1725
Cluster 3 (Bands 8a-8b)	3.2%	6.9%	+ 3.7%	90.4%	87%	- 3.4%	6.4%	6.1%	- 0.3%	125	131
Cluster 4 (Bands 8c-9 & VSM)	5.6%	4.5%	- 1.1%	94.4%	90.9%	- 3.5%	0%	4.5%	+ 4.5%	18	22
Cluster 5 (Medical and Dental staff, Consultants)	0.9%	1.3%	+ 0.4%	80.1%	83.6%	+ 3.5%	19%	15.1%	- 3.9%	232	232
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	0.8%	0%	- 0.8%	86.5%	85.4%	- 1.1%	12.7%	14.6%	+ 1.9%	126	103
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	1.1%	2.2%	+ 1.1%	33%	58%	+ 25%	65.9%	39.7%	- 26.2%	179	224

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Recruitment Data from TRAC)

	Relative likelihood in 2024	Relative likelihood in 2025	Relative likelihood difference (+-)
Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting	1.16	1.09	- 0.07

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Assure HR Case Data)

	Relative likelihood in 2023/2024	Relative likelihood in 2024/2025	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	2.46	0	- 2.46

Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

(Data source: Question 14, NHS Staff Survey)

	Disabled staff responses to 2023 NHS Staff Survey	Non-disabled staff responses to 2023 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2023	Disabled staff responses to 2024 NHS Staff Survey	Non-disabled staff responses to 2024 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2024
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
14a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	34.5%	25%	+ 9.5%	31.4%	24.9%	+ 6.5%
14b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	16%	6.3%	+9.7%	15.5%	8.5%	+ 7%
14c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	31.1%	17.7%	+ 13.4%	26.3%	17.1%	+ 9.2%
14d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	58.3%	53.5%	+ 4.8%	49.5%	55.3%	- 5.8%

Metrics 5 – 8

(Data source: Questions 15, 11e, 4b, 28b NHS Staff Survey)

	Disabled staff responses to 2023 NHS Staff Survey	Non-disabled staff responses to 2023 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2023	Disabled staff responses to 2024 NHS Staff Survey	Non-disabled staff responses to 2024 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2024
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 (Q15) - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	54.2%	55.3%	- 1.1%	49.4%	54.2%	- 4.8%
Metric 6 (Q11e) - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	30.4%	19.8%	+ 10.6%	30.2%	22.8%	+ 7.4%
Metric 7 (Q4b) - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	38.5%	54.2%	- 15.7%	37.5%	53%	- 15.5%
Metric 8 (Q28b) - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	76.5%	N/A	N/A	79.5% (+ 3%)	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: Staff Engagement Theme, NHS Staff Survey)

	Disabled staff engagement score for 2023 NHS Staff Survey	Non-disabled staff engagement score for 2024 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2023	Disabled staff engagement score for 2024 NHS Staff Survey	Non-disabled staff engagement score for 2024 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2024
The staff engagement score for Disabled staff, compared to non-disabled staff.	6.9	7.4	- 0.5	6.8	7.3	- 0.5

b) Has your organisation taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) - **YES**

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Example 1: The Trust have the Ability Network which gives a collective voice to disabled staff at MKUH. The network has an executive sponsor who drives the agenda at board level and in 2024/25 the network continued to develop its collective voice.

Example 2: The Trust continues to support the Neurodiversity Network and has implemented Values Based Recruitment Training which provides managers with skills to manage reasonable adjustments during the recruitment process.

Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

(Data source: ESR)

	Disabled Board members in 2024	Non-disabled Board members in 2024	Board members with disability status unknown in 2024	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce in 2024	Disabled Board members in 2025	Non-disabled Board members in 2025	Board members with disability status unknown in 2025	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce in 2025
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 25% Non-exec = 0% Voting = 15.4% Non-voting = 0%	Exec = 75% Non-exec = 100% Voting = 84.6% Non-voting = 100%	Exec = 0% Non-exec = 0% Voting = 0% Non-voting = 0%	Total Board = 11.7% Overall workforce = 5.7% Difference = +6% percentage points	Exec = 0% Non-exec = 14.3% Voting = 6.3% Non-voting = 0%	Exec = 60% Non-exec = 85.7% Voting = 75% Non-voting = 0%	Exec = 40% Non-exec = 0% Voting = 18.8% Non-voting = 100%	Total Board = 5.9% Overall workforce = 6.1% Difference = - 0.2% percentage points

2024 Staff Survey Data

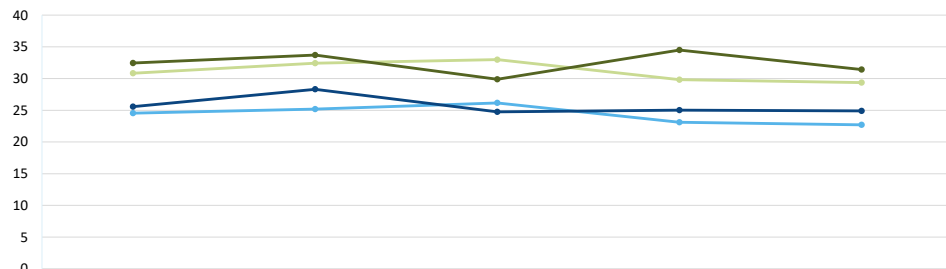
Question 14a:

Workforce Disability Equality Standards

Survey
Coordination
Centre


Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	32.44%	33.72%	29.89%	34.49%	31.41%
Staff without a LTC or illness: Your org	25.57%	28.31%	24.76%	25.03%	24.89%
Staff with a LTC or illness: Average	30.86%	32.43%	32.98%	29.83%	29.37%
Staff without a LTC or illness: Average	24.53%	25.19%	26.16%	23.11%	22.71%
Staff with a LTC or illness: Responses	299	344	368	403	468
Staff without a LTC or illness: Responses	1275	1194	1232	1558	1659

Note: 2023 results for WDES metric 4a (Q14a) are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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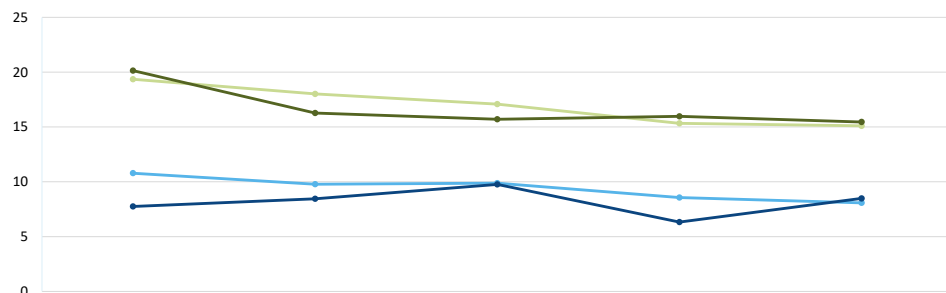
Question 14b :

Workforce Disability Equality Standards

Survey
Coordination
Centre


Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



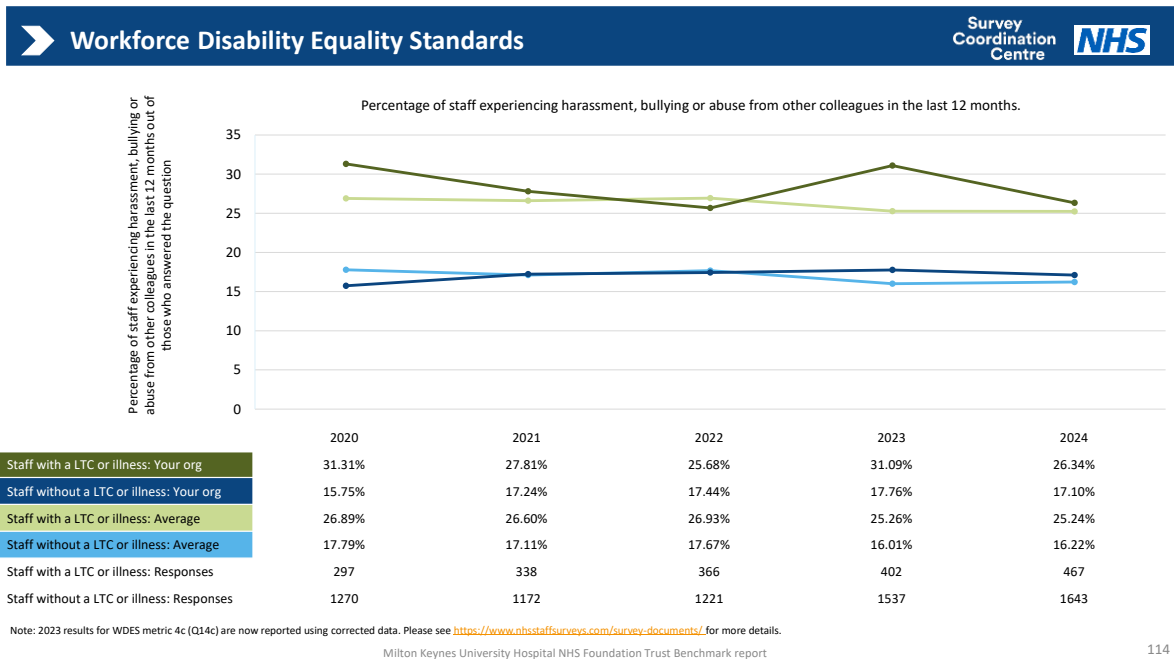
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	20.13%	16.27%	15.70%	15.96%	15.45%
Staff without a LTC or illness: Your org	7.75%	8.45%	9.76%	6.32%	8.48%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	298	338	363	401	466
Staff without a LTC or illness: Responses	1265	1172	1219	1534	1639

Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Milton Keynes University Hospital NHS Foundation Trust Benchmark report

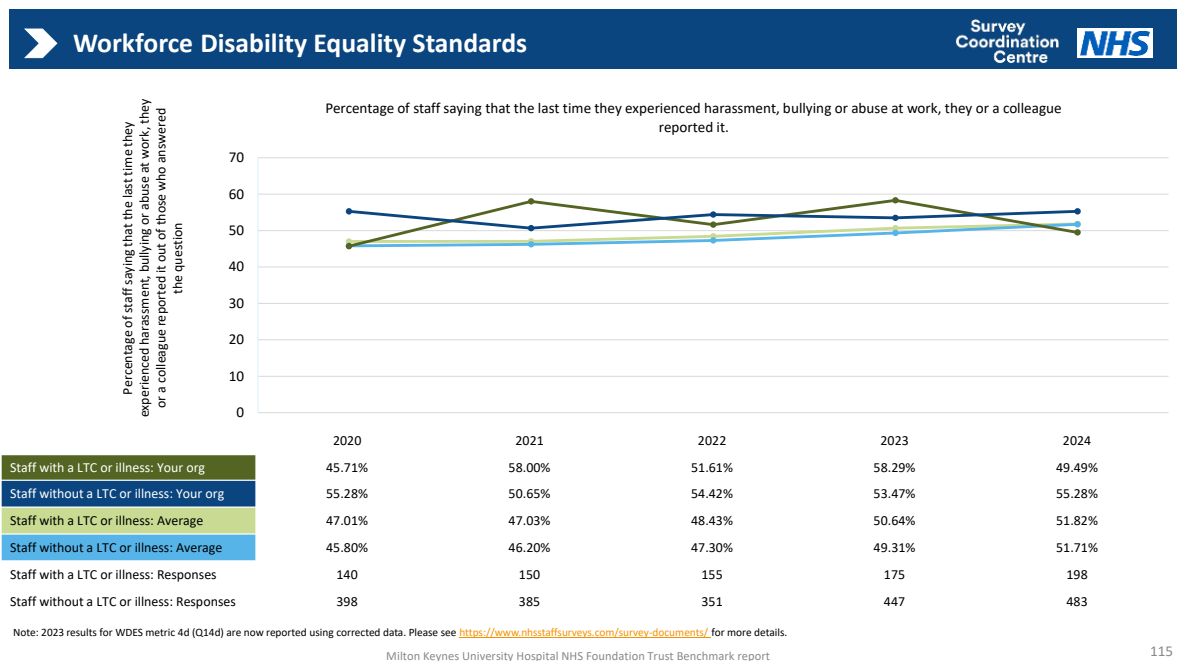
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Question 14c :



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Question 14d :

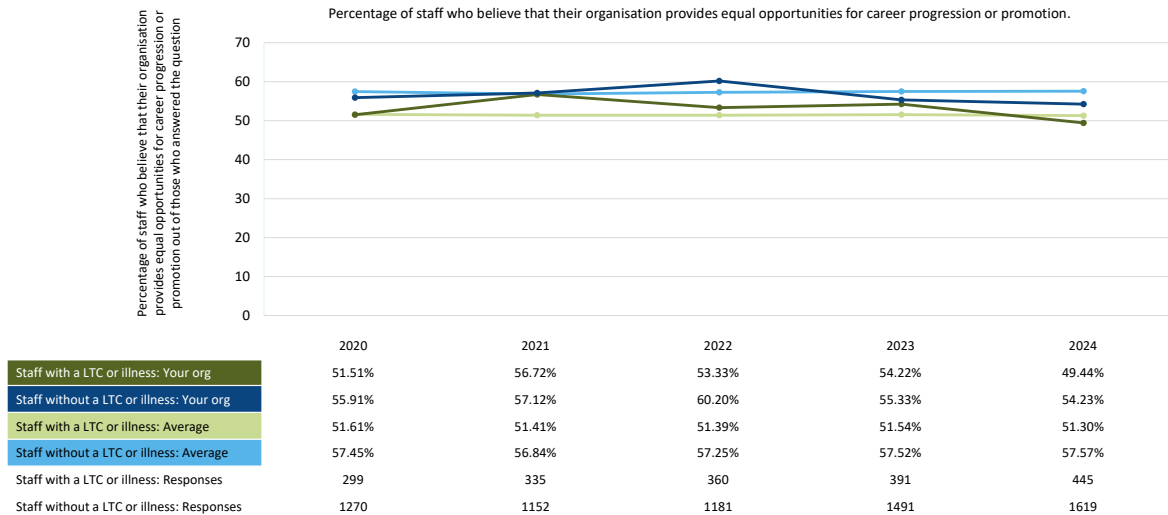


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Question 15 :

Workforce Disability Equality Standards

Survey
Coordination
Centre



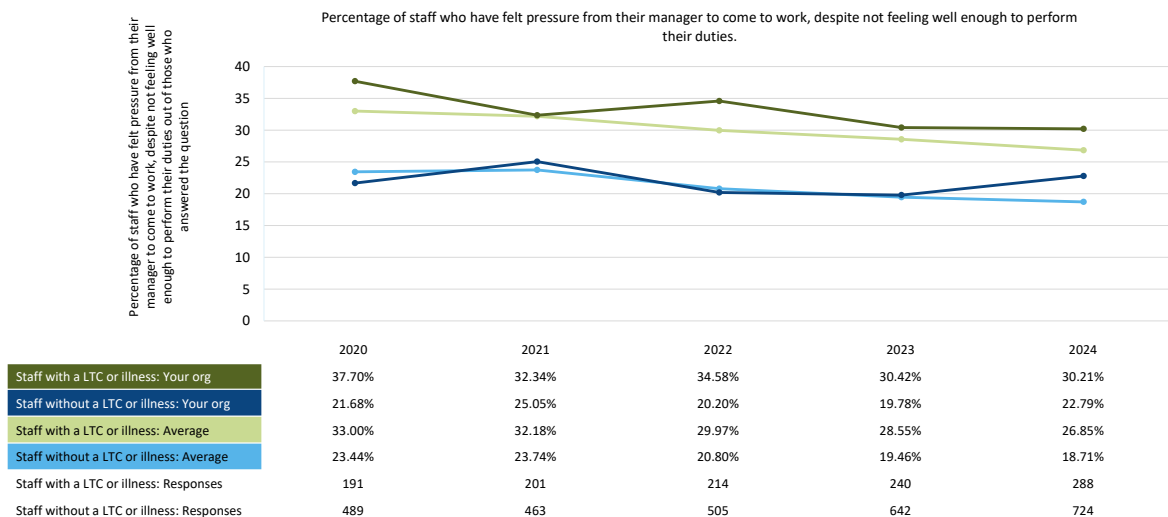
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Question 11e:

Workforce Disability Equality Standards

Survey
Coordination
Centre



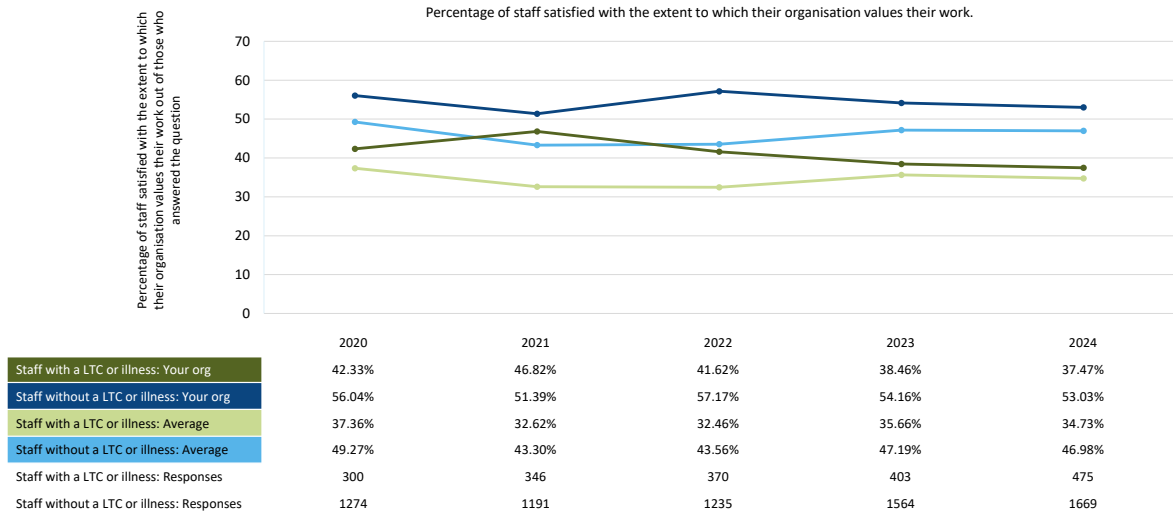
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Question 4b :

Workforce Disability Equality Standards

Survey
Coordination
Centre 



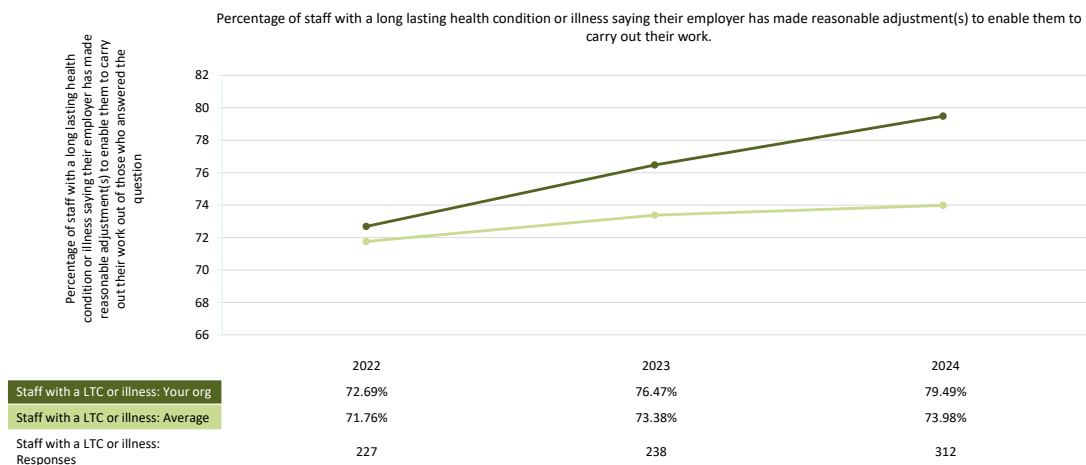
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Question 28b :

Workforce Disability Equality Standards

Survey
Coordination
Centre 



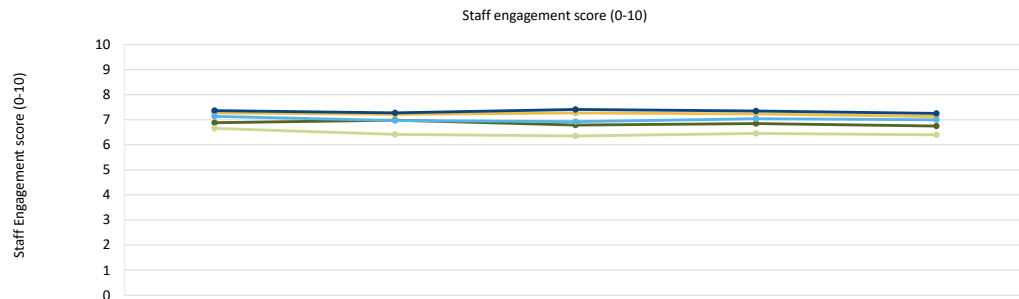
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Theme – Engagement :

Workforce Disability Equality Standards

Survey
Coordination
Centre 



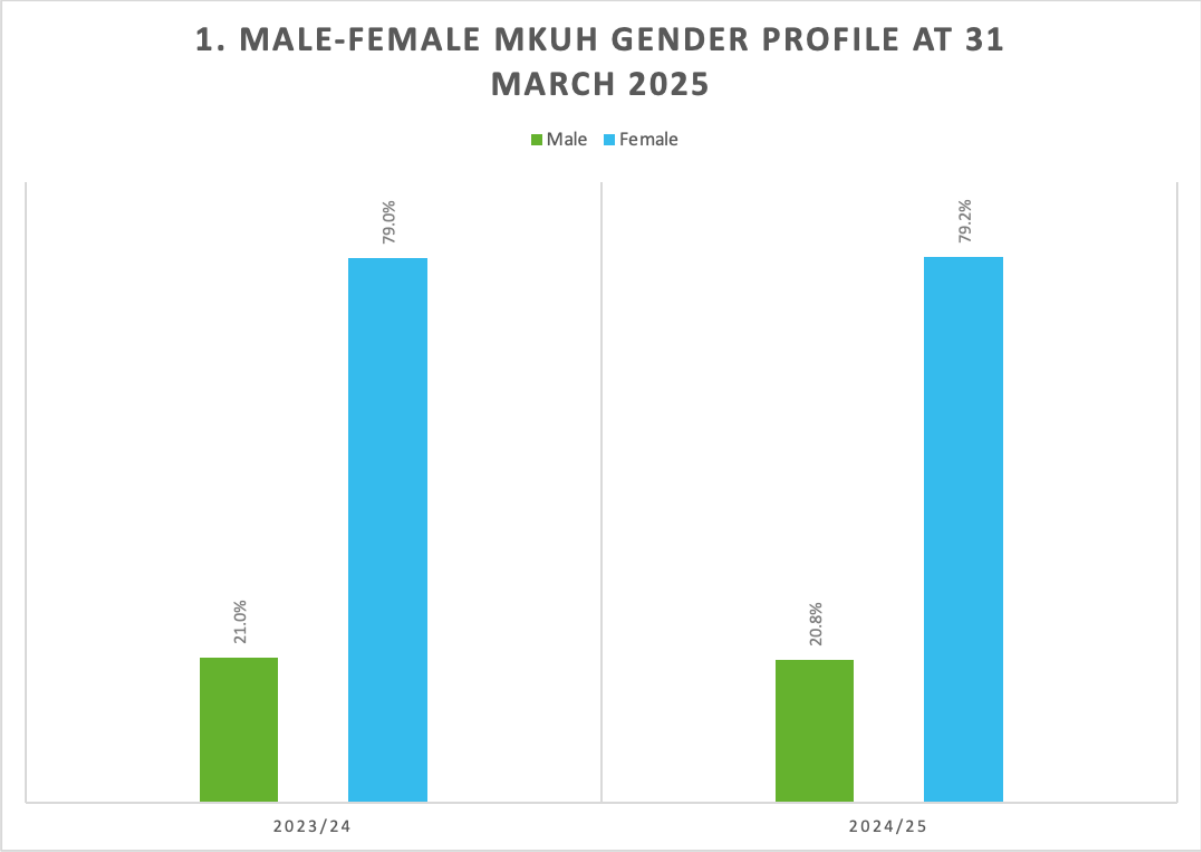
Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

Milton Keynes University Hospital NHS Foundation Trust Benchmark report

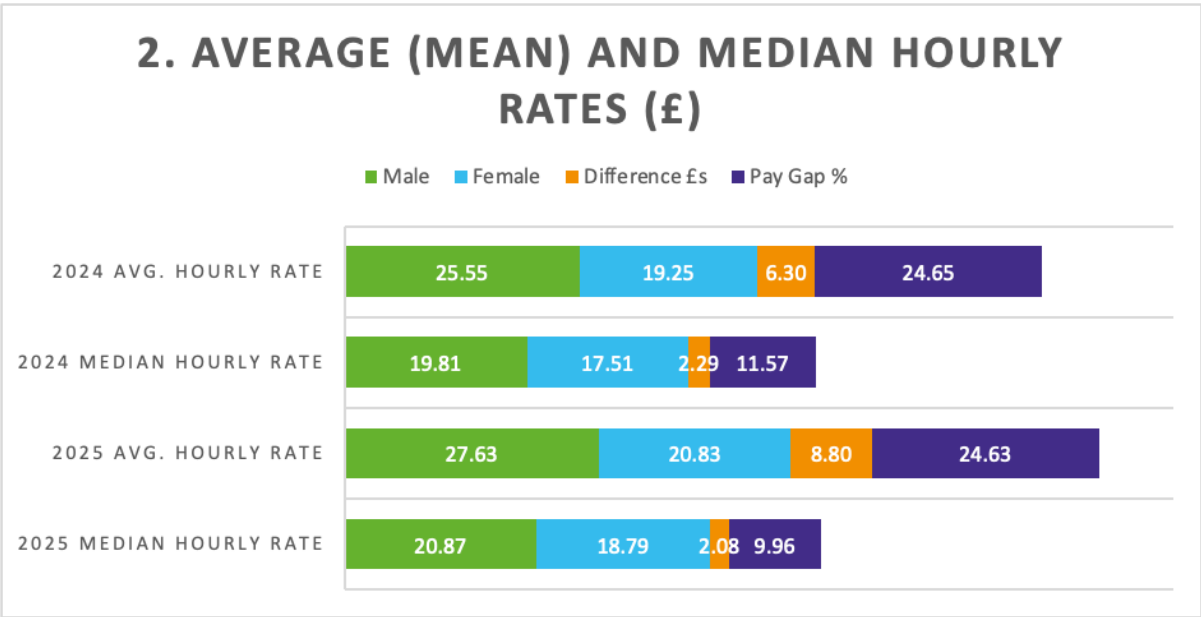
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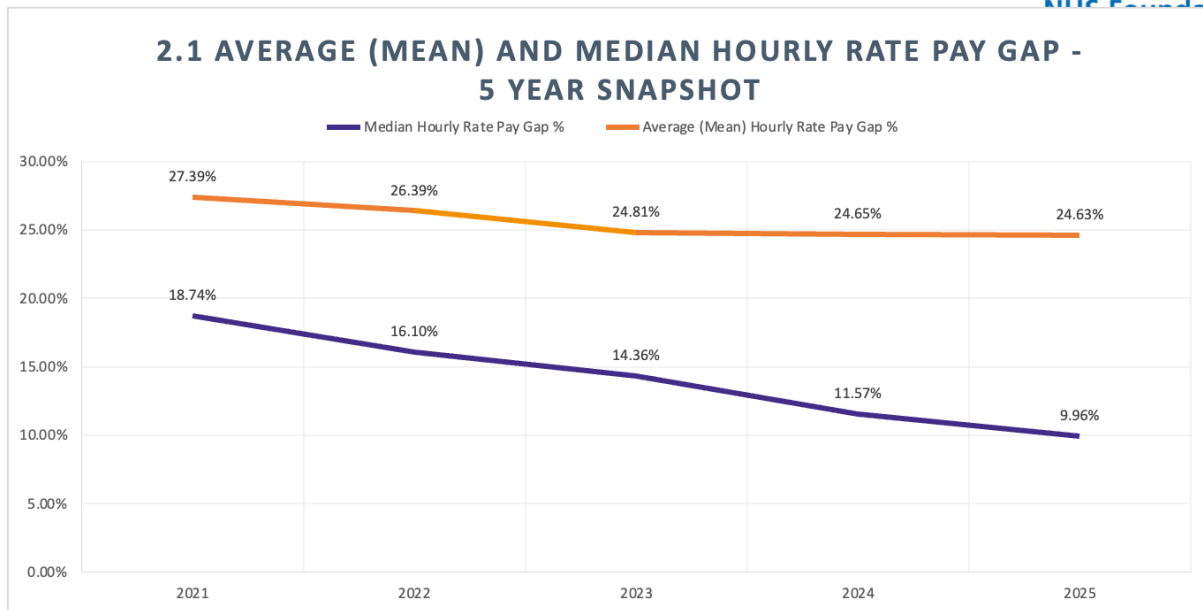
Appendix E – Gender Pay Gap Data

1. Gender Profile

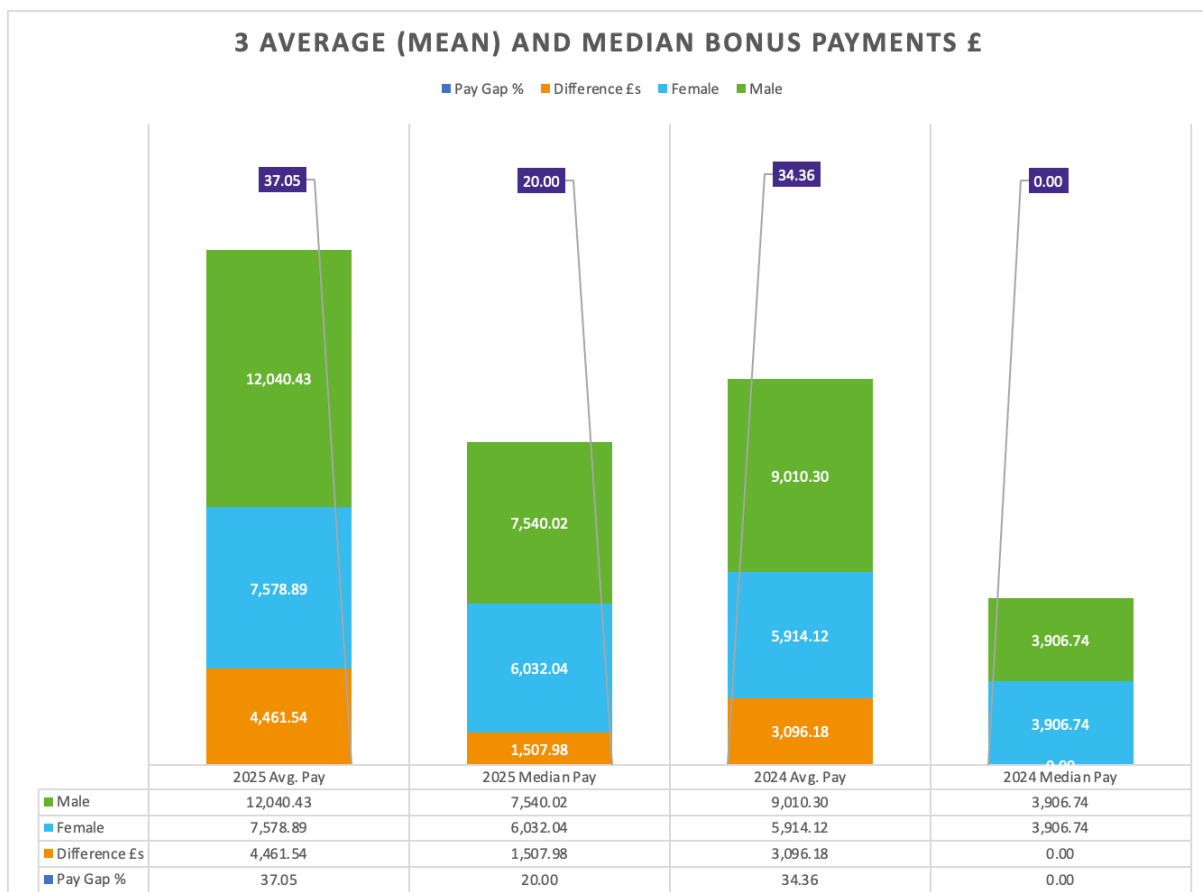


2. Average (Mean) and Median Hourly Rates (£)

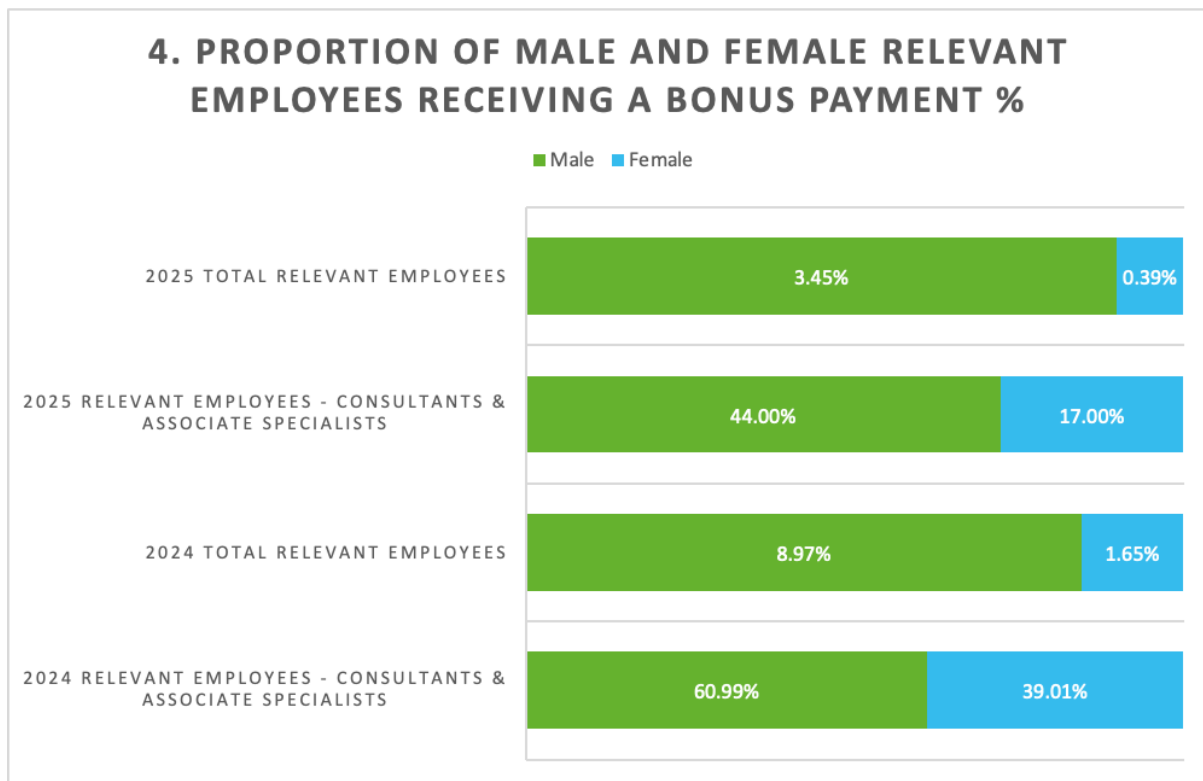




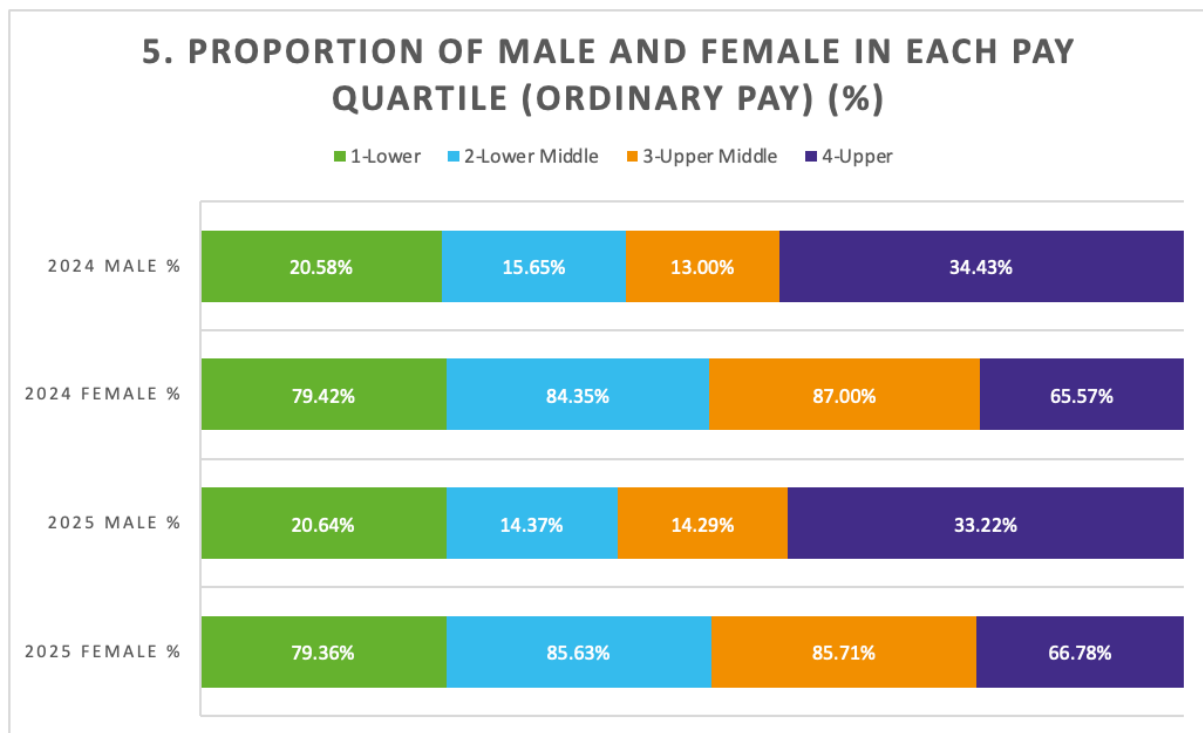
3. Average (Mean) and Median Bonus Payments (£)

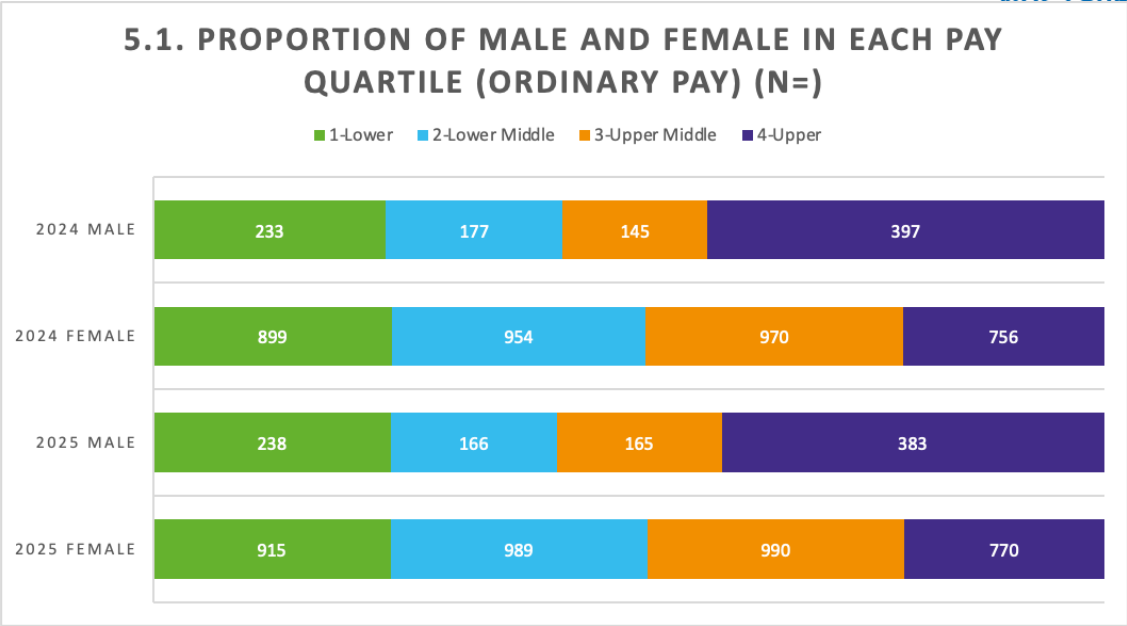


4. Proportion of Male and Female Relevant Employees Receiving a Bonus Payment (%)



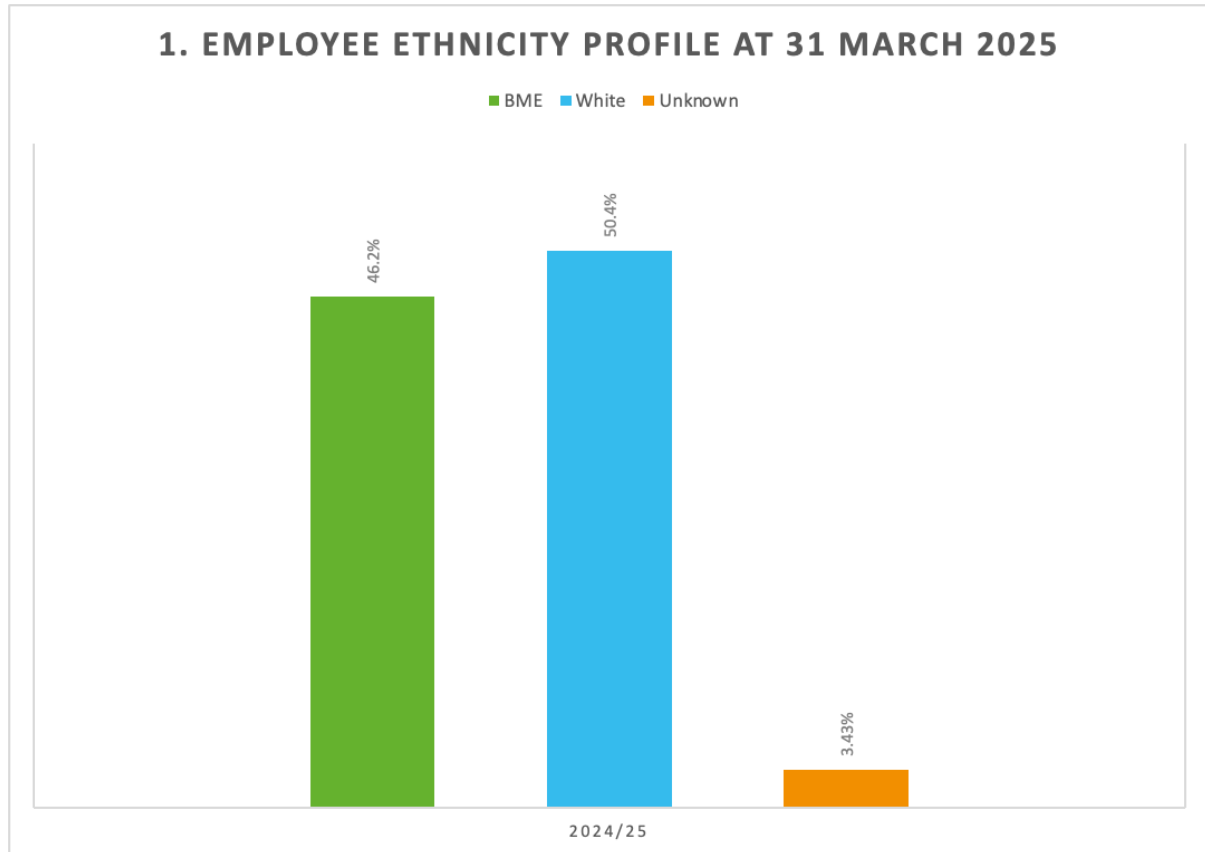
5. Pay Quartiles



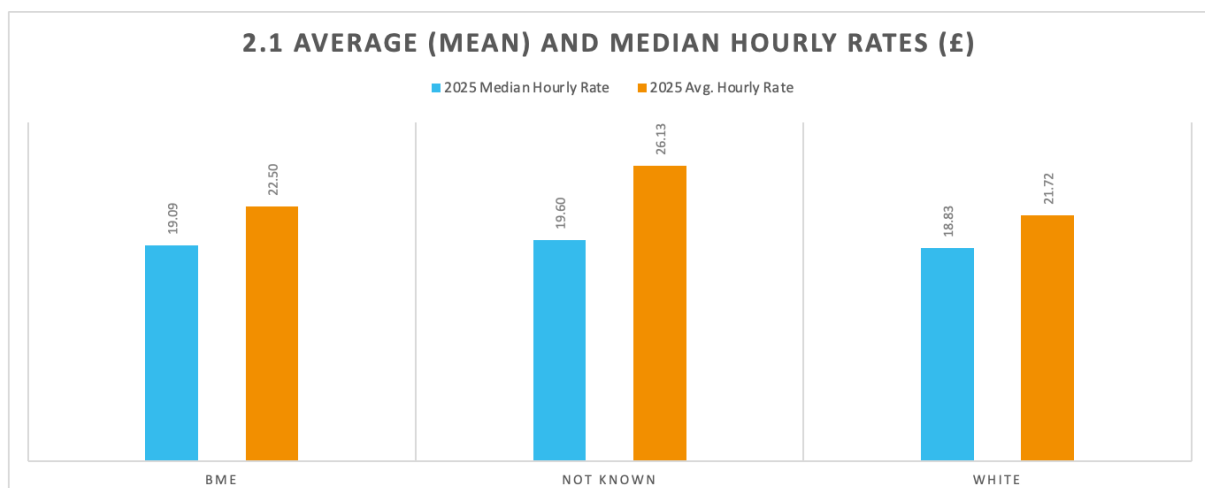


Appendix F – Ethnicity Pay Gap Data

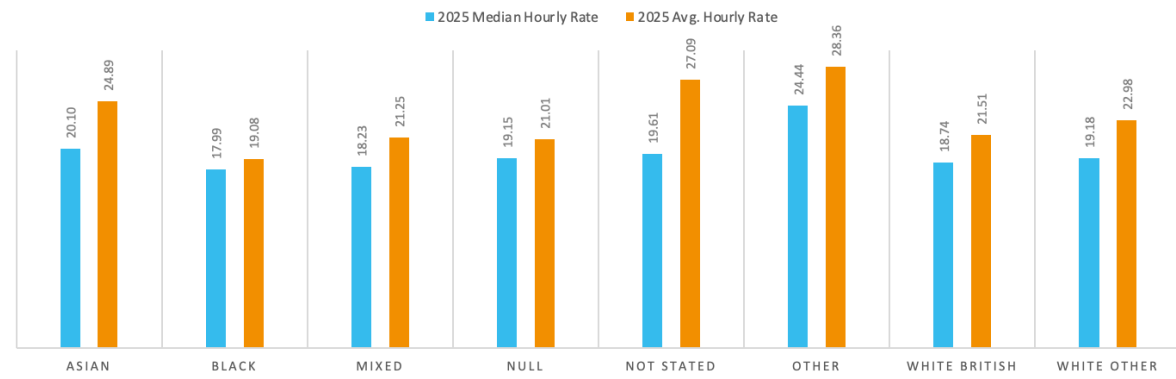
1. Ethnicity Profile



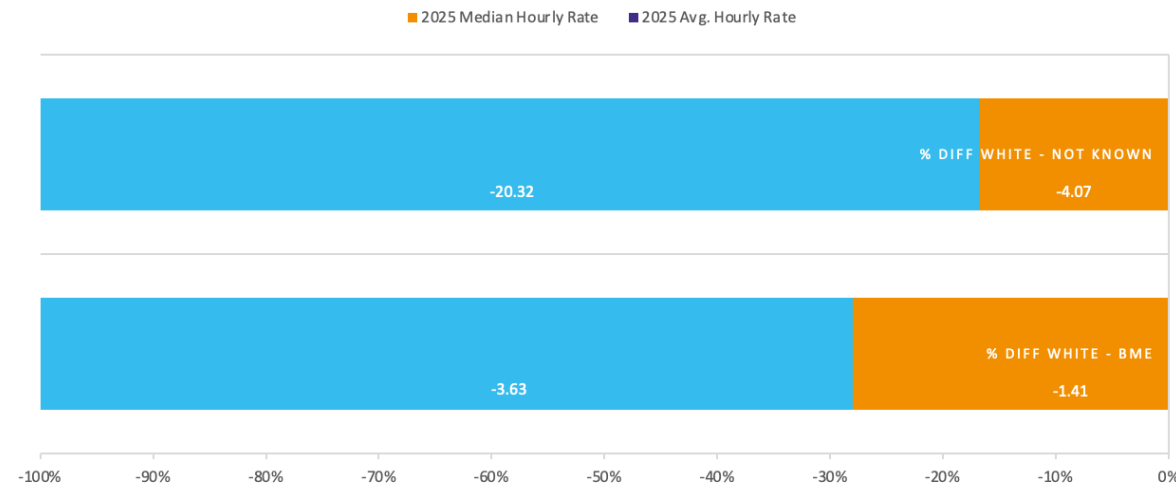
2. Average (Mean) and Median Hourly Rates



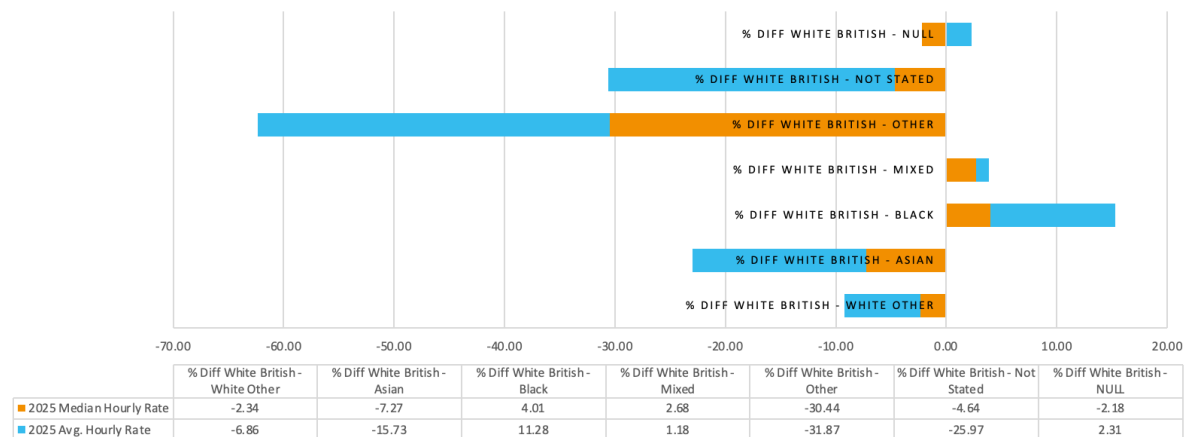
2.1.1 AVERAGE (MEAN) AND MEDIAN HOURLY RATES (£) FURTHER BREAKDOWN



2.2. DIFFERENCE BETWEEN AVERAGE (MEAN) AND MEDIAN HOURLY RATES (%)



2.2.1 DIFFERENCE BETWEEN AVERAGE (MEAN) AND MEDIAN HOURLY RATES (%) FURTHER BREAKDOWN



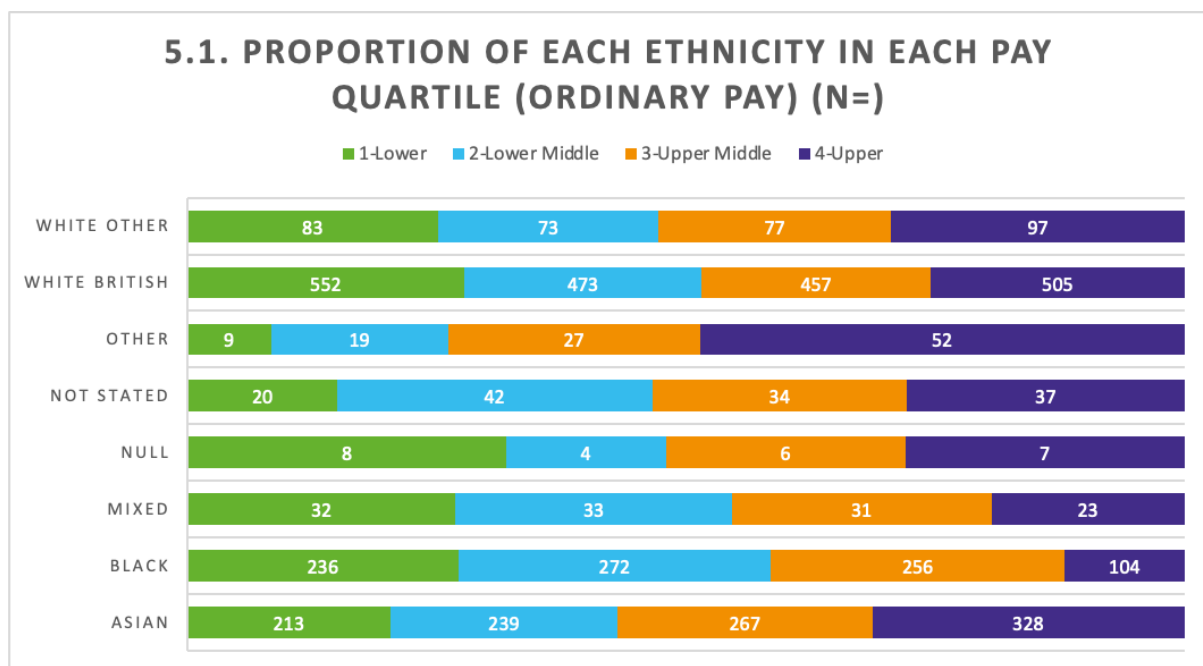
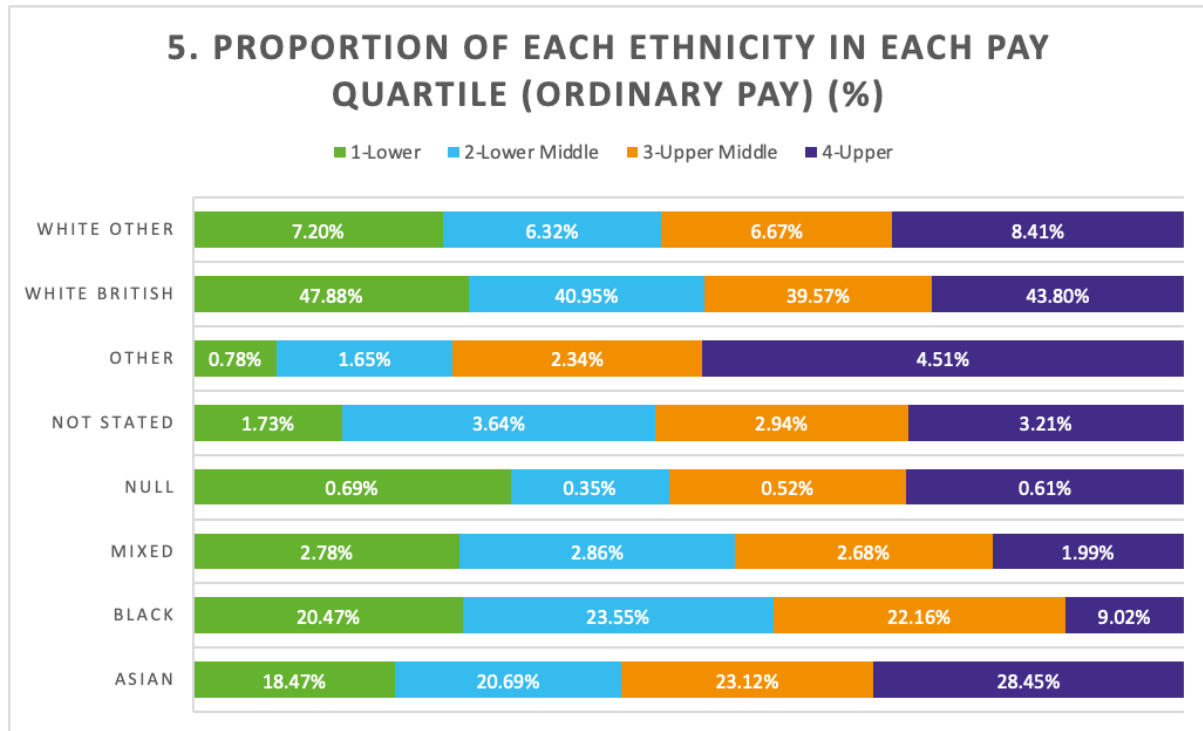
3. Average (Mean) and Median Bonus Payments (£)

Ethnicity	Avg. Hourly Rate	Median Hourly Rate	Total Fully Pay Relevant Employees
A White - British	21.5051	18.7374	1,987
B White - Irish	23.284	24.8164	29
C White - Any other White background	23.5188	19.2218	251
C2 White Northern Irish	23.1402	23.1402	2
C3 White Unspecified	36.3294	36.3294	1
CA White English	15.3605	13.6886	14
CF White Greek	48.7335	48.7335	1
CH White Turkish	12.0768	12.0768	1
CK White Italian	25.4087	25.4087	2
CP White Polish	20.2586	15.3281	11
CQ White ex-USSR	15.1413	15.1413	1
CV White Serbian	17.5555	17.5555	1
CX White Mixed	21.4585	21.4585	1
CY White Other European	21.2631	18.2838	15
D Mixed - White & Black Caribbean	21.9597	18.759	20
E Mixed - White & Black African	20.2079	16.9397	39
F Mixed - White & Asian	19.18	18.4742	12
G Mixed - Any other mixed background	21.705	17.8696	39
GA Mixed - Black & Asian	24.8257	24.8341	3
GE Mixed - Asian & Chinese	12.3099	12.3099	2
GF Mixed - Other/Unspecified	31.4744	31.4857	4
H Asian or Asian British - Indian	25.5438	19.7367	600
J Asian or Asian British - Pakistani	29.1536	27.4528	106
K Asian or Asian British - Bangladeshi	20.3183	16.9872	28
L Asian or Asian British - Any other Asian background	22.1853	19.4176	148
LA Asian Mixed	28.4227	28.4227	2
LB Asian Punjabi	31.2374	31.2374	2
LC Asian Kashmiri	26.921	26.921	2
LE Asian Sri Lankan	22.7592	16.9695	14
LF Asian Tamil	25.3047	23.8404	11
LG Asian Sinhalese	26.9121	26.9121	2
LH Asian British	29.1348	24.4563	7
LK Asian Unspecified	30.5669	23.7253	18
M Black or Black British - Caribbean	21.0257	18.9701	65
N Black or Black British - African	18.995	18.0366	719
P Black or Black British - Any other Black background	18.9446	18.8854	34
PA Black Somali	17.8173	16.8549	5
PC Black Nigerian	17.2789	16.3265	37
PD Black British	19.1671	16.6255	6
PE Black Unspecified	24.3453	24.3453	2
R Chinese	21.745	17.6719	46
S Any Other Ethnic Group	27.4654	23.3125	89
SA Vietnamese	34.6071	34.6071	1
SC Filipino	19.6007	19.4846	58
SD Malaysian	19.5121	19.5121	2
SE Other Specified	32.7789	27.0499	18
Z Not Stated	27.089	19.6059	133
	21.0081	19.1466	25

4. Proportion of Relevant Employees Receiving a Bonus Payment by Ethnicity (%)

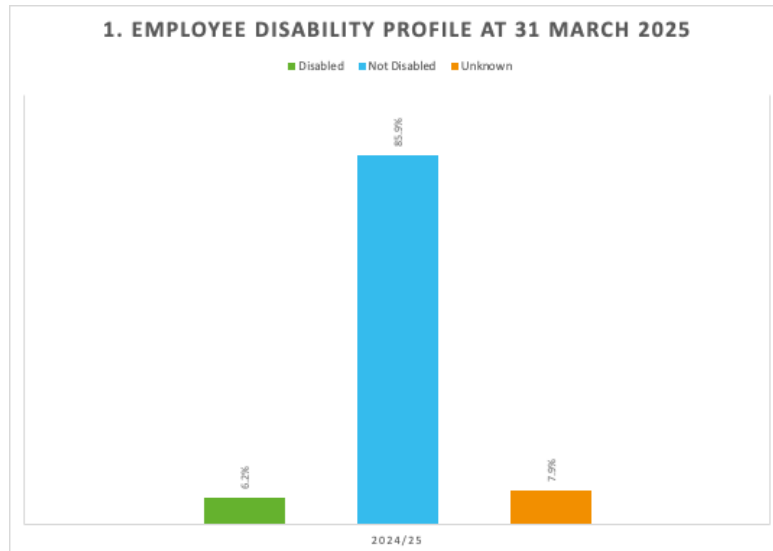
Ethnicity	Employees Paid Bonus	Total Relevant Employees	%
A White - British	17	1947	0.87
B White - Irish		29	
C White - Any other White background	3	257	1.17
C2 White Northern Irish		2	
C3 White Unspecified		1	
CA White English		15	
CC White Welsh		0	
CF White Greek		2	
CH White Turkish		1	
CK White Italian		2	
CP White Polish		10	
CQ White ex-USSR		1	
CS White Albanian		0	
CU White Croatian		0	
CV White Serbian		1	
CW White Other Ex-Yugoslav		0	
CX White Mixed		1	
CY White Other European		15	
D Mixed - White & Black Caribbean		21	
E Mixed - White & Black African		36	
F Mixed - White & Asian		13	
G Mixed - Any other mixed background	1	38	2.63
GA Mixed - Black & Asian		3	
GD Mixed - Chinese & White		0	
GE Mixed - Asian & Chinese		2	
GF Mixed - Other/Unspecified		4	
H Asian or Asian British - Indian	28	608	4.61
J Asian or Asian British - Pakistani		107	
K Asian or Asian British - Bangladeshi		30	
L Asian or Asian British - Any other Asian background	1	145	0.69
LA Asian Mixed		0	
LB Asian Punjabi		2	
LC Asian Kashmiri		2	
LD Asian East African		0	
LE Asian Sri Lankan		15	
LF Asian Tamil		11	
LG Asian Sinhalese		2	
LH Asian British	1	7	14.3
LK Asian Unspecified	1	18	5.56
M Black or Black British - Caribbean		63	
N Black or Black British - African	2	645	0.31
P Black or Black British - Any other Black background		30	
PA Black Somali		6	
PC Black Nigerian		39	
PD Black British		6	
PE Black Unspecified		2	
R Chinese		44	
S Any Other Ethnic Group	1	86	1.16
SA Vietnamese		1	
SC Filipino		61	
SD Malaysian		2	
SE Other Specified	2	20	10
Z Not Stated	4	132	3.03
Blank		23	

5. Pay Quartiles

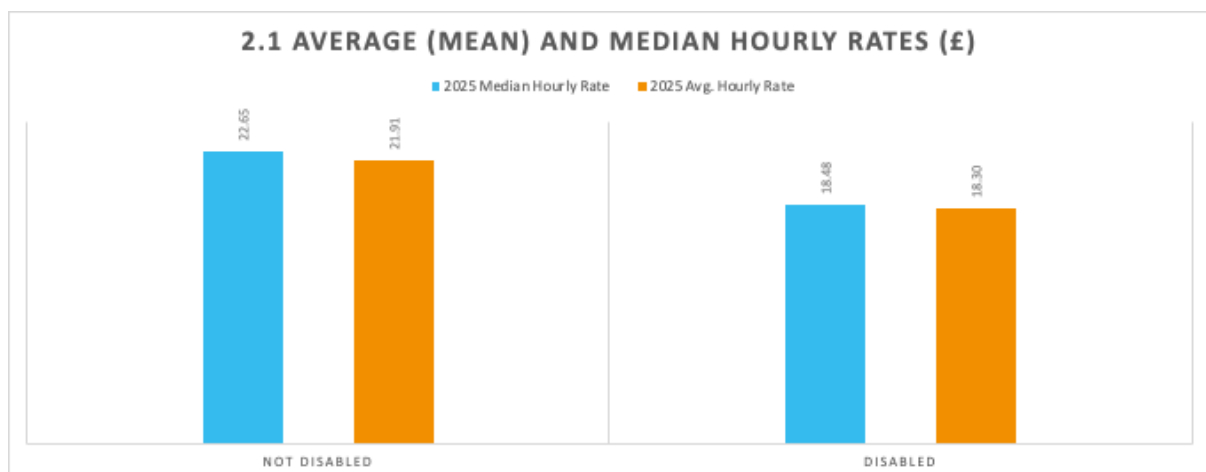
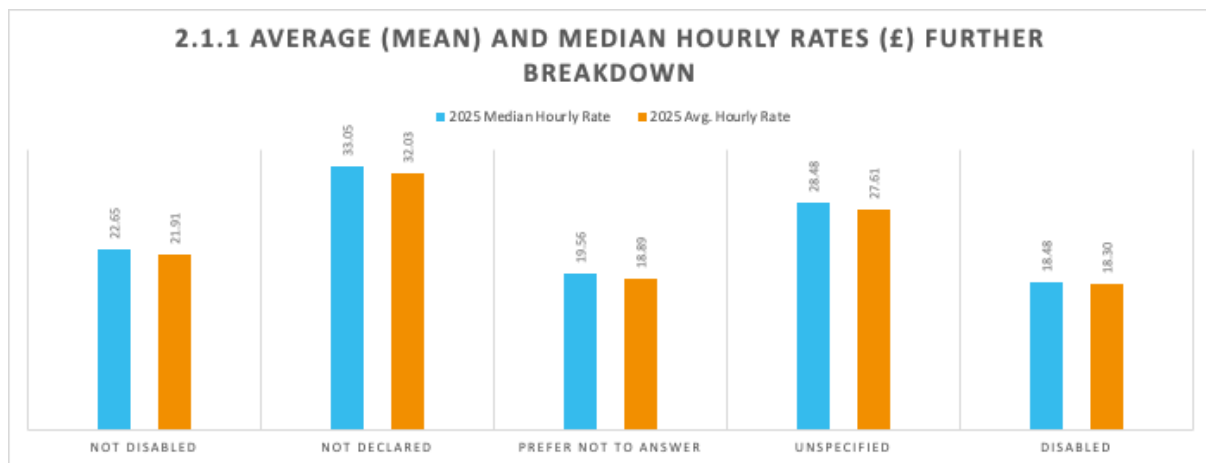


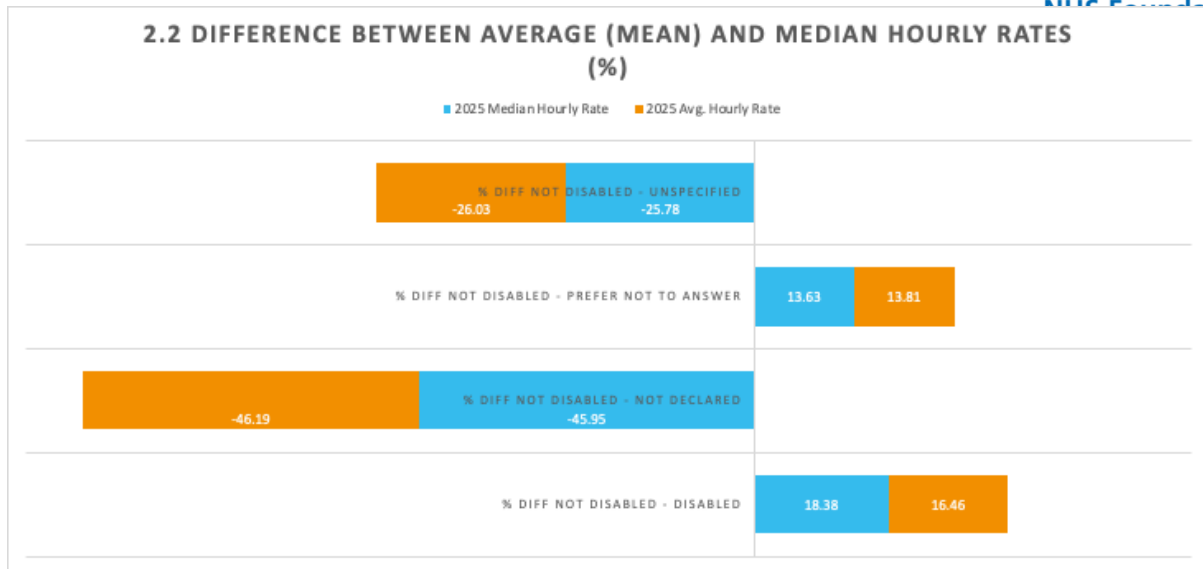
Appendix G – Disability Pay Gap Data

1. Disability Profile



2. Average (Mean) and Median Hourly Rates





3. Average (Mean) and Median Bonus Payments (£)

Disability Category	Avg. Hourly Rate	Median Hourly Rate	Total Fully Pay Relevant Employees
Learning disability/difficulty	18.8672	17.7787	67
Long-standing illness	18.8059	15.667	88
Mental Health Condition	18.4419	15.56	34
No	21.843	18.9821	4,054
Not Declared	28.8329	21.5171	245
Other	15.7047	14.0707	36
Physical Impairment	17.9473	14.9661	29
Prefer Not to Answer	19.6146	19.2645	17
Sensory Impairment	18.3738	16.4019	35
Unspecified	15.0284	15.0284	1
Yes - Unspecified	18.4313	14.889	55
Blank	27.7967	23.9966	235

4. Proportion of Relevant Employees Receiving a Bonus Payment by Ethnicity (%)

Disability Category	Employees Paid Bonus	Total Relevant Employees	%
Learning disability/difficulty		66	
Long-standing illness		86	
Mental Health Condition		32	
No	41	3965	1.03
Not Declared	11	235	4.68
Other		35	
Physical Impairment		29	
Prefer Not to Answer		17	
Sensory Impairment		33	
Unspecified		1	
Yes - Unspecified		55	
Blank	9	232	3.88

5. Pay Quartiles

