

Equality Delivery System (EDS) 2022/23

1.0. Introduction

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight.

The EDS comprises eleven outcomes spread across three Domains, which are:

1. Commissioned or Provided Services
2. Workforce Health and Wellbeing
3. Inclusive Leadership.

Each of these domains and outcomes are evaluated, scored, and rated using available evidence and insight. Engagement is undertaken with staff, staff side, patients, and partner organisations to support the completion of the review. Once complete, an action plan is generated to outline activity required to support the Trust's implementation of the EDS over the next 12 months.

Trusts are required to undertake an EDS assessment each year and this report outlines the findings of MKUH's 2022/23 EDS review. The Trust's previous review was undertaken in 2021/22 and published on the Trust's website in February 2023.

For this 2022/23 return, the Trust is reporting an overall rating of 'developing' with a total score of 16 against a maximum of 33. (Scores are 0-3)

2.0. EDS 2023 Summary for MKUH

Full details of the Trust's EDS review can be found under section 4.0. of this report. Below is a summary of the Trust's ratings:

i) Domain 1: Commissioned or Provided Services

Outcome	Score
Patients (service users) have required levels of access to the service	1
Individual patients (service users) health needs are met	1
When patients (service users) use the service, they are free from harm	2
Patients (service users) report positive experiences of the service	1
Total Score for Domain	5

ii) Domain 2: Health and Wellbeing

Outcome	Score
When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	2
When at work, staff are free from abuse, harassment, bullying and physical violence from any source	2
Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2
Staff recommend the organisation as a place to work and receive treatment	1
Total Score for Domain	7

iii) Domain 3: Inclusive Leadership

Outcome	Score
Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	1
Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	1
Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	2
Total Score for Domain	4

3.0. Recommendations

This EDS return is supported by the Trust's published ED&I Strategy, Workforce Strategy and action plans generated through other ED&I reporting such as WRES, WDES, Gender Pay Gap and the Trust's Annual ED&I Report. Individual actions to support the improvement of the Trust's position have been identified within this report and regular updates of progress will be provided to the relevant Trust committees throughout the year.

The Trust's Board is requested to review the contents of this report and ratify the proposed grading and action plan.

4.0. NHS Equality Delivery System (EDS)

Name of Organisation:	Milton Keynes University Hospital NHS Foundation Trust
Name of Integrated Care System:	Bedford, Luton and Milton Keynes
Organisation Board Sponsor/Lead:	Danielle Petch, Chief People Officer
Peer Review Organisations:	Hertfordshire Partnership NHS Foundation Trust

EDS Rating and Score Card

Undeveloped activity – organisations score out of 0 for each outcome.	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped .
Developing activity – organisations score out of 1 for each outcome.	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing .
Achieving activity – organisations score out of 2 for each outcome.	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving .
Excelling activity – organisations score out of 3 for each outcome.	Those who score 33 , adding all outcome scores in all domains, are rated Excelling .

Completed Actions from 2021/22

Action	Related Equality Objectives
The Trust rolled out a bespoke campaign against violence and aggression, including posters, victim support cards and digital adverts outside wards.	Introducing zero tolerance policy impacting both staff and patients.
Introduction of flashcards for basic needs (comfort) rolled out in ED in a number of languages.	Design new simple forms in different languages to gather feedback
Review of sickness by disability undertaken and presented to staff side.	Working with staff networks, library, OD, EDI, HR, and Occupational Health to look at key issues including sickness absence
Wider roll out of cultural awareness training across the Trust and at MK Manager's Way Induction.	Promoting inclusion and diversity as part of cultural awareness and EDI programmes at the Trust
Development of Behaviours Policy, which has involved engagement with all staff networks.	Promote Trust Values and Behavioural Framework
Staff survey response rate for 2023 survey increase through engagement activities.	Staff survey response rate is 43%
ILC engagement increased through refreshed agenda. Work undertaken with networks to ensure robust management in place, supporting attendance at ILC with new leadership in Women's Network and ongoing development of Neurodiversity and International Recruits Network.	Increase ILC (inclusion leadership council) membership to ensure different divisions are included and heard.

Domain 1: Commissioned or Provided Services

Outcome	Evidence	Rating	Owner
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>The 2021 census shows that the population of Milton Keynes is 26.1% BAME.</p> <p>A survey of demographics within Maternity in 2022 identified the following:</p> <ul style="list-style-type: none"> • 169 patients responded to the survey. • 43.2% were aged 30-34 and 39.1% were aged 35+. • 62.1% were White and 34.3% were BAME. • 40.8% identified as Christian whilst 35.5% identified as having no religion. • 93.4% were heterosexual and 1.8% were LGB+. • 95.8% identified as the gender they were assigned at birth whilst 1.2% identified as a gender different to the gender they were assigned at birth. <p>This is helpful in developing a profile of the patients who used the service in 2022.</p> <p>A similar survey conducted in ED in 2022 identified the following:</p> <ul style="list-style-type: none"> • 237 patients responded to the survey. • 57% of patients were aged 66+. • 87% were White and 8% were BAME. 	<p>1</p>	<p>Patient Experience</p>

	<ul style="list-style-type: none"> • 58% identified as having a disability. • 55% of patients were female and 45% male. • 64% identified as Christian whilst 27% identified as having no religion. <p>To improve patient experience, the Trust has implemented the following:</p> <ol style="list-style-type: none"> 1. Patient Experience Resource Trolley – providing a wealth of information, activities, and personal care items to patients on wards. 2. Clothing Project – ensuring a supply of clothing for all patients whilst in hospital and suitable clothing for discharge. 3. Sensory Garden – for any patients and families to access. 4. Mobile Phone Charging Units (Joos) – in ED and the Maple Centre to ensure patients are able to charge their devices. 5. Dedicated Infant Feeding Area – plans in place to set this up in Main Reception following feedback received via PALS. 		
<p>1B: Individual patients (service users) health needs are met</p>	<p><u>SignLive</u></p> <p>The Trust introduced SignLive with support from the charity. There are 10 iPad devices available on mobile stands in various locations throughout the Trust. SignLive is an anytime, anywhere BSL interpreting on demand service.</p>	<p>1</p>	<p>Patient Experience</p>

	<p>Support has been sought from the Sensory Advice and Resource (SARC) to ensure user engagement at each stage. Ongoing work with staff engagement.</p> <p><u>Patient Engagement</u></p> <p>An ongoing focus for Patient Experience is to continue to build up an engagement group. This is supported by the Membership and Engagement Manager and the Trust's Engagement Board have engaged with various groups on projects/initiatives including the following:</p> <ol style="list-style-type: none"> 1. New hospital build. 2. Checking any new leaflets/documentation. 3. Involvement in the PLACE Audit. 4. Feedback gained by patients for patient experience projects to ensure we are working with them. 5. SARC. 6. Surveys. 7. Age UK, Carers MK and Healthwatch all report through the Patient Experience Board. 8. Working with Dietetics to set up a Nutrition/Catering Patient Representative Group. <p>Patient Experience have restarted community engagement including a visit to the local Gurdwara and have attended the SARC Open Day.</p> <p>A monthly meeting is held with Age UK for shared learning.</p>		
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	<p><u>Meaningful Activities Facilitator (MAF)</u></p> <p>Funded by the charity and supported, and line managed by the Dementia Nurse as part of the Safeguarding team. The MAF provides soft-touch support (including art activities, handholding, general conversations), activities and engagement for long-stay patients including those with dementia, delirium, learning disabilities, challenging behaviours and those admitted to hospital following a mental health crisis. They see any patient and visits wards 5 days a week to provide support that medical staff are not able to provide due to time constraints. The role is also supported by a small team of volunteers.</p> <p>Face-to-face appointments to discuss concerns can be booked with an interpreter or telephone calls can be undertaken using the telephone interpreting service. The SignLive unit is based in the PALS office for 24/7 BSL translation support.</p> <p>Complaints and PALS information leaflets are available in various languages and easy read.</p>		
<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>All serious incidents are reviewed weekly at the Trust's Serious Incident Review Group (SIRG).</p> <p>In the 2022 Staff Survey, 73.6% of employees felt that the organisation acts on concerns raised by patients/service users and 80.3% stated that the care of patients/service users was the organisation's top priority.</p>	<p>2</p>	<p>Patient Experience</p>

	<p>72.3% of employees stated that they would feel secure raising concerns about unsafe clinical practice with 59.9% responding that they were confident that the organisation would address their concerns.</p> <p>A total of 88 serious incidents were reported in 2022/23 The areas with the highest number of incidents reported were:</p> <ul style="list-style-type: none"> • Ward 23 (9) • Labour Ward (7) • Ward 1 (7) • ED Majors (4) <p>Current CQC ratings rate the Trust’s services as “good” under the heading of “safe”, except for urgent and emergency services, and surgical, both of white are rated “requires improvement”.</p> <p>Oliver McGowan Training on Learning Disability and Autism is mandatory for patient facing employees.</p> <p>Schwartz Rounds are embedded within the organisation and promote discussions around the emotional and social aspects of working in healthcare, include reflections on practice.</p>		
<p>1D: Patients (service users) report positive experiences of the service</p>	<p>The following is in place to engage with service users and obtain feedback:</p> <p><u>Friends and Family Test (FFT)</u></p>	<p>1 (2 on some elements)</p>	<p>Patient Experience</p>

There are various options to complete the FFT, including paper forms, an online survey, via SMS (for the majority of patients over 18), and paper forms available in various languages, easy read and forms specific for children.

The FFT includes questions on protected characteristics and this data is available to the Patient Experience team. And a demographics breakdown can be found below:

Emergency Dept	No.	%
Female	3715	57.5%
Male	2640	40.8%
Non-Binary/Non Gender Conforming	13	0.2%
BAME	1309	20.2%
White	5064	78.3%
Disabled	2179	33.7%
Not Disabled	4161	64.4%

Maternity	No.	%
Female	4160	95.9%
Male	80	1.8%
Non-Binary/Non Gender Conforming	9	0.2%
BAME	1811	41.8%
White	2454	56.6%
Disabled	270	6.2%
Not Disabled	3946	91.0%

	<p>Information relating to the FFT on the Trust website is translatable in different languages and the Trust is developing a read aloud function.</p> <p><u>Tell Us About Your Care Webpage</u> Online information on the following, which is supported by Recite Me to make the pages accessible:</p> <ul style="list-style-type: none"> • Getting involved/patient engagement. • You said, we did. • Compliments. • PALS. • Making a complaint. • Social media. • FFT. • National and local surveys. • Our national rating. • Suggest an improvement. • Healthwatch MK. • Director of Armed Forces support. <p><u>Other General Patient Experience</u> Support other departments to collect feedback specific to their area.</p>		
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	<p>Work with Paediatrics and Children’s ED to provide alternative ways for younger patients to provide feedback.</p> <p><u>Complaints/PALS</u> There are various options to contact Complaints and PALS for support, including paper and online contact forms, telephone, mobile telephone, email, and the open office in the Main Entrance (Mon-Fri, 09:30-16:00).</p> <p>There are mandatory fields when inputting complaints and PALS cases onto RADAR that ask about protected characteristics.</p> <p>MVP review complaint response for Materntiy.</p> <p><u>National Surveys</u> The Trust works with Picker on all national surveys, including:</p> <ul style="list-style-type: none"> • Adult inpatient survey. • Cancer patient experience survey. • Children and young people’s survey. • Maternity survey. • Urgent and emergency care survey. <p>Each survey identifies a set number of random patients who have accessed the relevant service during a set time.</p> <p>Results include a demographic breakdown.</p>		
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	<p>Surveys are accessible in various formats to ensure accessibility. Divisional and Trust-wide action plans are implemented based on results.</p> <p>The Trust received 1149 patient complaints in the 2022/23 financial year. Whilst protected characteristic data is not available for the majority of these complaints, as this is dependent on the patient responding with this information when asked, we can establish the following:</p> <ul style="list-style-type: none"> • 7 complaints (0.6%) were from BAME patients however, this number is likely to be much higher as 1080 complaints (94%) of complaints did not provide their ethnicity. • 36.9% of complaints were from patients within the 26-55 age group and 19.5% were from patients 75+. • The vast majority (62.6%) of patients stated they did not have a disability, with 0.3% of patients disclosing a disability and 36.9% choosing not to disclose. • 26.8% of complains were from female patients with 10.0% from male patients. 63.2% of patients did not disclose their gender. • 40.2% of complaints were from patients accessing services within Medicine and Acute Care, 31.5% were from patients accessing Surgical Care, and 18.0% were from patients accessing Women’s and Children’s Services. 		
Overall Domain Rating:			5

Domain 2: Workforce Health and Wellbeing

Outcome	Evidence	Rating	Owner
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>MKUH offers occupational health services to employees, operated in-house by Staff Health & Wellbeing (SH&WB). SH&WB have not developed provisions that concentrate on managing diabetes. There is some provision for staff to manage some mental health conditions.</p> <p>Services operated by SH&WB include:</p> <ul style="list-style-type: none"> • Management referrals to provide advice to managers and support to employees, both for those at work or currently on long-term sickness absence. • A self-referral service for employees. • Action following exposure to body fluids. • Immunisation (flu, COVID-19). • Ill health retirement. • Blood testing. • Health surveillance. • Pre-employment screening. <p>There is also a staff Weight Watchers clinic that runs one day per week onsite.</p> <p>SH&WB operate ad-hoc 'know your numbers' clinics which provide employees with the opportunity to check their weight, blood pressure and cholesterol.</p>	<p>2</p>	<p>Staff Health & Wellbeing</p>

	<p>A counsellor is provided and is available on site for employees who need to seek support. This is operated by the Trust's EAP, VIVUP and the Trust is currently exploring provision for a permanent service run in-house. Telephone counselling support is also available through the EAP.</p> <p>SH&WB offers an in-house physiotherapy service for employees who require therapy for specific physical conditions. This allows employees to return to work sooner rather than waiting for treatment externally. Furthermore, the in-house physio undertakes education events to prevent conditions and incidents before they happen.</p> <p>This is supported by the in-house manual handling service. As part of this service, risk assessments and training are undertaken. Data from a number of sources (RADAR incident reporting, sickness absence, SH&WB/physio referrals etc.) is triangulated to identify hotspot areas. Bespoke interventions for those areas are then implemented.</p> <p>Other SH&WB initiatives include:</p> <ul style="list-style-type: none"> • Provision of breakfast items, tea and coffee for staff. • Mandatory lunch breaks. • Walking group. • Employee recognition. • Monthly lunch and meet SMT. • Resilience training. 		
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	<ul style="list-style-type: none"> • Face-to-face meetings. • SH&WB webinars for staff to access. • Promotion of QR code for SH&WB. • Rest areas. • Wellbeing room in each area. • Weight management programme. • Water fountains for each area. • Support package for Forces workers. <p>The Trust has a provision in place for Mental Health First Aid with courses available to employees. Trained MH First Aiders are in place.</p> <p>Library resources include health and wellbeing pages, with leaflets containing suggested reading, apps and website.</p> <p>Information is available on:</p> <ul style="list-style-type: none"> • Anxiety. • Coping with COVID-19. • Depression. • Smoking cessation. • Healthy eating. • Long COVID. • Men's health and wellbeing. • Menopause. • Mental health. • Mindfulness. 		
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	<ul style="list-style-type: none"> • Relaxation. • Resilience. • Sleep. • Stress. • Wellbeing at Work. <p>Within SH&WB a Workplace Adjustment Advisor role has been piloted and is now permanent. This role provides support to employees and managers, ensuring that any reasonable workplace adjustments are in place. This is supported by the Trust's Employee Passport Policy and Procedure which encourages the formalisation of workplace adjustments within an Employee Passport that moves with the employee throughout their career with the Trust.</p> <p>Information on a range of topics is also available from SH&WB, including:</p> <ul style="list-style-type: none"> • Arthritis. • Heart health. • How to stay calm in a global pandemic. • Hidden disabilities. • Kortext health and wellbeing books. • Media literacy. • Translated patient information list. • Your health collection. 		
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	<p>A number of policies are in place to support employees with a range of issues. These include a Menopause Policy and Procedure, and a Domestic Abuse Policy and Procedure. The latter includes signposting as well as paid time off and pay advances for those needing to move house at short notice.</p> <p>In the 2022 Staff Survey, the Trust received a score of 6.9 against the People Promise theme “we are safe and healthy”, which was higher than the national average.</p>		
<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.</p>	<p>In the 2022 Staff Survey, the Trust saw a reduction in BAME employees experiencing harassment, bullying or abuse at work from patients, service users, their relatives or other members of the public (2021 – 37.3%; 2022 – 27.2%).</p> <p>The Trust also saw a reduction in BAME employees experiencing harassment, bullying or abuse at work from managers or other colleagues (2021 – 25.7%; 2022 – 17.0%).</p> <p>For both categories, BAME employees remain more likely to experience this type of harassment, bullying or abuse compared with White employees.</p> <p>The Trust also saw a reduction in disabled employees experiencing harassment, bullying or abuse at work from patients, service users, their relatives or other members of the public (2021 – 33.7%; 2022 – 29.9%).</p> <p>These metrics are reported in the Trust’s WRES and WDES reports. Through engagement with the Trust’s staff networks,</p>	<p>2</p>	<p>Workforce</p>

	<p>an action plan for WRES and WDES has been produced. All of these documents are available on the Trust’s public website.</p> <p>In the 2022 Staff Survey, employees were asked on what grounds they had experienced discrimination:</p> <ul style="list-style-type: none"> • 53.7% of employees answered that they had experienced discrimination on the grounds of ethnicity. • 18.7% of employees answered that they had experienced discrimination on the grounds of gender. • 5.0% of employees answered that they had experienced discrimination on the grounds of religion. • 4.2% of employees answered that they had experienced discrimination on the grounds of sexual orientation. • 7.5% of employees answered that they had experienced discrimination on the grounds of disability. • 12.7% of employees answered that they had experienced discrimination on the grounds of age. <p>The Trust has undertaken a lot of work to support employees and reduce their experiences of harassment, bullying or abuse, both from patients/service users and colleagues.</p> <p>The Trust has increased its provision for breakaway training for employees.</p> <p>The Trust has rolled out a bespoke campaign against violence and aggression, including posters, victim support cards and digital adverts outside wards.</p>		
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	<p>The Trust updated its Violence and Aggression Policy and Procedure.</p> <p>The Trust has developed a process for racial abuse or discrimination by patients/service users towards employees for both in and out-of-hours.</p> <p>The Trust operates a zero-tolerance approach towards inappropriate behaviour, evidenced by the significant proportion of disciplinary cases being for inappropriate behaviour.</p> <p>The Trust has signed up to the East of England Anti-Racism Pledge and is developing a communications and engagement plan to support this.</p> <p>The Trust has robust and regularly updated Disciplinary and Grievance Policies.</p> <p>The Trust has implemented a Domestic Abuse Policy and Procedure that provides signposting in addition to paid leave and salary advances for those who need time to leave their home.</p> <p>A FTSU Guardian and FTSU Champions are in place. Regular meetings are held with the Employee Relations team to identify trends and target training/additional support.</p> <p>All employees can raise incidents via RADAR.</p>		
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	<p>Cultural Awareness Training has been delivered in areas highlighted as having conflict. The training is now being rolled out more widely across the Trust for all employees.</p> <p>An Employee Relations Report is produced annually to identify key trends in employee relations activity, across all reportable protected characteristics.</p> <p>All managers can attend the Trust’s MK Manager’s Way Training Programme. The programme is for leaders and delivered by leaders and is designed to equip managers with the essential tools needed to manage people.</p> <p>The Trust is currently developing a Behaviours Policy and Procedure to promote the Trust’s established Behaviours Framework (linked to Trust values), outline the Trust’s stance on unacceptable behaviours and signpost employees to resolution formally and informally under the Grievance Policy and Procedure.</p> <p>The Trust offers the following methods for raising and handling concerns:</p> <ul style="list-style-type: none"> • RADAR. • FTSU • Grievance Policy and Procedure. • Line manager. • Employee Relations. 		
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<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source</p>	<p>A wide range of independent advice in respect of stress, abuse, bullying, harassment and physical violence is available.</p> <p>The Trust offers EAP services operated by VIVUP, which include a 24/7 advice line, telephone counselling and an in-house counsellor available at the Trust part time.</p> <p>There are many routes in which employees can seek support:</p> <ul style="list-style-type: none"> • Staff networks (BAME, Ability, Pride, Women’s, Faith, Armed Forces, Neurodiversity, International Recruits). • FTSU. • P2P listening service. • Employee relations. <p>Staff governors are in place at the Trust to represent interest of all employees, playing a key role by informing the Council of Governors about widely held staff views. This could be on patient safety, patient experience and/or quality of services.</p> <p>SH&WB also offer the following:</p> <ul style="list-style-type: none"> • Occupational health. • Emotional and mental wellbeing. • Financial wellbeing. • Social wellbeing. • Spiritual wellness. • Physical wellbeing. 	<p>2</p>	<p>Workforce SH&WB</p>
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	<ul style="list-style-type: none"> • Environmental wellbeing. <p>Within Maternity, Trauma Risk Management is available in the form of TRiM, with TRiM trained practitioners in place to support employees following traumatic incidents.</p> <p>The Trust's Grievance Policy and Procedure provides detailed support for informal resolution, including models on how to challenge poor behaviour.</p>		
<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>In the 2022 Staff Survey, 68.4% of employees stated that they would recommend the Trust as a place to work. This was a slight reduction from 69.3% in 2021 but remains over the national average of 56.3%.</p> <p>68.5% of employees stated that, if a friend or relative needed treatment, they would be happy with the standard of care provided by the Trust. This was a reduction from 79.3% in the previous year but remains above the national average of 62.1%.</p> <p>Sickness absence data is regularly reviewed by the HR Business Partners in each division and bespoke interventions are introduced.</p> <p>The Trust operates a robust Sickness Absence & Attendance Policy and Procedure which provides detailed support to those absent from the workplace due to long-term sickness absence.</p>	<p>1</p>	<p>Workforce</p>

	<p>Monthly meetings are undertaken between the Employee Relations and SH&WB teams to ensure that long-term sickness cases are managed appropriate and that OH advice is implemented.</p> <p>Out of the 125 long-term sickness absence cases (where employees are absent for longer than four working weeks) in 2022/23, 85% of employees were supported in returning to work.</p> <p>The Trust's Annual Employee Relations Report provides detail of cases opened by case type and protected characteristic, allowing the Trust to identify whether any particular group is disproportionately more likely to enter into a formal process.</p> <p>Key findings from this report are:</p> <p><u>Disciplinary Cases</u></p> <p>Cases were opened in line with the profile of the Trust's workforce, meaning that there isn't any specific group that appears to be disproportionately more likely to enter into a formal disciplinary process.</p> <p><u>Grievance Cases</u></p> <p>Disabled employees were disproportionately more likely to raise a formal grievance than non-disabled employees, with 4.9% of the workforce declaring a disability and 17.4% of</p>		
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	<p>grievance cases opened being raised by employees with a disability.</p> <p>The majority of grievance cases were opened for reasons of bullying and harassment.</p> <p>This indicates that employees continue to face bullying and harassment at work, with disabled employees more likely to face this than employees without a disability however, employees do raise these matters formally.</p> <p>The Employee Relations team undertakes monthly learning events to review cases, reflect on practice and share learning, with a view to improving employee experience throughout employee relations processes.</p> <p>The Trust is a Disability Confident Employer at Level Two.</p>		
Overall Domain Rating:			7

Domain 3: Inclusive Leadership

Outcome	Evidence	Rating	Owner
<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<p>Every staff network has an Executive Sponsor and Non-Executive Lead.</p> <p>The Trust Chair is the chair of the Inclusion Leadership Council (ILC) and is supported by the Executive Sponsor and Deputy.</p> <p>Members of the Board and senior leaders have attended network and staff events, and shown allyship, through the year such as the opening and closing ceremonies of Black History Month, Race Equality Week, International Women’s Day, Armistice Day. ED&I data has been shared publicly by Execs at Live Q&A events.</p> <p>The second Board Cultural Inclusion Day was carried out in year.</p> <p>All policies and guidelines are Equality Impact Assessed to ensure considerations are given to staff and patients with different needs.</p> <p>The Trust has attended and engaged with the Diversity in Health Care Partners Programme, which includes board seminars.</p>	<p>1 (2 on some elements)</p>	<p>Trust Board</p>

	Managers from the Trust have attended the Leading Beyond Boundaries Programme.		
3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p>All transformation projects and changes to services are Equality Impact Assessed by a panel and reviewed at the Quality Group to identify potential equality issues and health inequalities from the change.</p> <p>Health inequalities are considered at Board and Board-level Committees when identifying service improvements or gaps in provision. Papers evidence open and engaging discussion on impacts and risks as well as actions from improvements.</p>	1 (2 on some elements)	Trust Board
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<p>WRES and WDES, Staff Survey, Gender Pay Gap, and Annual ED&I Report are reviewed and discussed at Workforce Development Assurance Committee, Trust Board, Trust Executive Committee and Inclusion Leadership Council.</p> <p>Regular ED&I presentations are given throughout the year to senior leaders and through live events, including annual staff engagement events which are open to all team members.</p>	2	Trust Board
Overall Domain Rating:			4

EDS Organisation Rating

EDS Organisation Rating:	16 - Developing
Organisation Name:	Milton Keynes University Hospital NHS Foundation Trust
Staff Side Engagement:	Anne Booth, Staff Side Chair, 27 February 2024
<p>Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped</p> <p>Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing</p> <p>Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving</p> <p>Those who score 33, adding all outcome scores in all domains, are rated Excelling</p>	

EDS Action Plan

Outcome	Objective	Action	Completion Date
1A	Support patients from underserved, under-represented and seldom heard groups to identify service development and improve the services – focusing on protected characteristics	Using the ED&I community engagement strategy working with community leaders, faith leaders and VCSEs to collect more data on access to service. Start working on the key themes collected as part on the engagement strategy including awareness session at community centres/faith centres, dealing with language and IT issues.	June 2024

		Undertake a review of equality impact assessments to ensure the documents are fit for purpose, are regularly reviewed, and managers are appropriately trained.	
1B	Support patients to be involved in their healthcare needs and support shared decision making - – focusing on protected characteristics	<p>Working with the community and focusing on the new sight, touch, smell and sound project for the new hospital project.</p> <p>Conduct listening events at the Trust and in the community to understand the health needs and work on the interventions.</p> <p>Conduct ‘you said we did’ events in the community.</p> <p>Make the patients part of the decision making process with the help of faith leaders, charities and VCSEs (network attached below).</p>	June 2024
1C	Supporting staff caring for patients and visitors from protected characteristic groups, including disabled, LGBT and religious groups.	<p>Enforce zero tolerance policy impact both staff and patients.</p> <p>Promote the anti-racism pledge.</p> <p>Introduce a disability pledge.</p>	September 2024
1D	Improve the collection of protected characteristic data when gaining patient feedback and complaints.	Undertake a review of how protected characteristic data can be collected more effectively to provide a better understanding of demographics and their experiences.	June 2024

2A	Review SH&WB provision to ensure that it is fit for purpose and meeting employee needs.	Implement SH&WB provision to support employees with managing diabetes. Implement wellbeing conversations across the Trust, providing managers with a forum for feeding back the needs of the workforce to SH&WB	September 2024
2B	Build awareness around acceptable behaviours across the Trust and how unacceptable behaviours can be identified, challenges, and reported	Fully roll-out of Behaviours Policy and Procedure. Fully roll-out of Cultural Awareness Training across the Trust. Ensure continued links between FTSU and Employee Relations identifies trends.	April 2024
2C	Increase counselling provision to employees.	Continued review of counselling provision – consideration to be given to a business case for a full-time, Trust-employed counsellor.	April 2024
2D	Analyse and communicate 2023 staff survey results widely across the Trust, ensuring that all protected characteristics are catered for.	Undertake deep dive analysis on 2023 staff survey results by protected characteristic. Create an ED&I action plan in conjunction with staff networks	March 2024
3A	Objectives related to ED&I are discussed as part of appraisal and committed to with annual review against achievement of these,	Shared objectives to be reviewed and built in through annual appraisal and performance review for all Board members.	March 2024

3B	All Board and Committee Papers to clearly identify that ED&I and /or health inequalities have been taken into account, assessed and what the mitigation/management outcome has been	Review of paperwork to include section on ED&I review and assessment (either through changes to coversheet or EIA for each paper)	April 2024
3C	Board members and senior leaders to review performance and challenge through an inclusive lens	Active monitoring of performance and challenge, taking into account protected characteristics, evidenced through minutes of ED&I focussed discussions on patient experience and activity	May 2024