

Annual Workforce Equalities Report 2020-2021

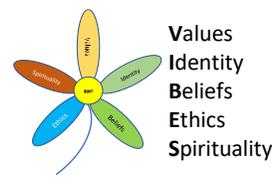
Buckinghamshire Healthcare NHS Trust



BHT Ability Network



BHT Proud Network



BHT VIBES Network

BHT EMBRACE Network

1 in 4 Network



BHT Kalinga -
Filipino
Colleagues
Network



BHT Carers'
Network

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A Message from our Chief People Officer

Buckinghamshire Healthcare NHS Trust is committed to promoting Equality, Diversity, and Inclusion (ED&I), creating a diverse, accessible and inclusive organisation where everyone feels like they belong. We aim to ensure that respect for diversity and inclusion are embedded in all areas of the community we serve.

My team is focused on building a workforce that better represents our patients and our communities, while ensuring that every colleague feels like they truly belong at BHT.

As you'll see in this report, BHT has made progress in several areas of our equality metrics this year, signifying progress towards our inclusion aims – but we know there is much more to do. We've undertaken innovative trials to make our people processes and practices fairer and more inclusive, including our work on unbiased recruitment which has been shortlisted for a HSJ Award. More broadly, we have taken several steps to lay the foundations of inclusion at BHT this year, including strengthening our development offering for people managers within the Trust to ensure that the custodians of our culture know how to be effective allies and champion inclusion within their areas of responsibility.

We also continued our work to understand the identities, intersectionality, and experiences of colleagues across BHT through engagement initiatives. We continue to grow our excellent staff networks who have provided invaluable input to our decisions and support for colleagues this year, including supporting the COVID-19 risk assessment and vaccination programmes, and providing lived experience of navigating our workforce spaces with a disability to our Work Spaces Committee.

Looking forward, we will continue to use data-informed efforts to support diversity and inclusion as we progress, working to reach our goals of creating an organisation where everyone feels they belong.

Thank you for joining us and following our journey.

Bridget O'Kelly
Chief People Officer



“My team is focused on building a workforce that better represents our patients and our communities, while ensuring that every employee feels like they truly belong at BHT”

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Executive Summary - How we met the PSED this year

As a publicly funded organisation, Buckinghamshire Healthcare NHS Trust (BHT) is required to publish information annually on how it has met the Public Sector Equality Duties (PSED) and taken steps to eliminate unlawful discrimination, advance equality of opportunity for people with protected characteristics and foster good relations between those who share protected characteristics and those who do not. This report provides assurance to the Trust Board and to the Public that BHT is meeting its PSED obligations and continuing to promote an inclusive culture across the organisation. The report summarises our workforce equality, diversity and inclusion activity in 2020/21 alongside our PSED requirements and Equality Standard data.

Our workforce data demonstrates that in many characteristics, the profile of BHT staff is in keeping with the population of Buckinghamshire or other NHS organisations. Equality objectives for the Trust were published in 2019, and will be renewed in 2022.

The Trust has undertaken significant work this year to progress its equality commitments made in 2020 by our Executive Team. This has included Executive sponsorship of our staff networks and action plans and celebrating numerous ED&I engagement events such as Black History Month, Disability Month, International Women's Day and PRIDE Month. Furthermore, significant work has begun to review our people processes and policies to ensure parity of outcomes for colleagues who share protected characteristics and those who do not. The Trust trialled an innovative inclusive recruitment process this year to minimise opportunities for biased decisions which has been identified nationally as an example of best practice in inclusive recruitment, and shortlisted for a HSJ Award. New development packages have also been implemented to support managers to create a more inclusive working environment within their areas.

Our Workforce Race Equality Standard (WRES) 2021 data demonstrates that significant improvements have been made this year in relation to equal outcomes from disciplinary processes, and improvements have been achieved in our recruitment indicator for the fourth consecutive year. Our workforce ethnicity profile data demonstrates that more work is required to achieve equal progression pathways into senior leadership positions.

The recruitment ratio for disabled vs non-disabled applicants deteriorated this year, suggesting that disabled applicants were less likely to be appointed at interview compared to non-disabled applicants. A comprehensive action plan is in place to further reduce inequalities and promote an inclusive environment across the Trust. We are confident that the plan will help us to achieve significant improvements in the near future.

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Report Introduction

The Trust's Equality, Diversity and Inclusion journey began in earnest in 2010, with the introduction of the Equality Act and then the launch of the Public Sector Equality Duty (PSED). Through the PSED and the Equality Delivery System (EDS2) the Trust has strived to improve the experience at work for Trust colleagues.

In 2015 the Workforce Race Equality Standard was introduced, with specific measures and goals to enable improvements in the working lives of our Ethnic Minority colleagues. Then in 2017, the Trust began to report on the Gender Pay Gap, as a way of ensuring that we are both remunerating women fairly and enabling their progression to more senior roles in BHT. In 2019, our newest Equality Standard was introduced. The Workforce Disability Equality Standard aims to improve the workplace experience of colleagues who have a Long Term condition or a Disability, and again contains very specific measures and goals to enable this.

The Trust previously reported on its compliance with the Public Sector Equality Duty in August 2019, when it published eleven reports on different aspects of its work in relation to both patients and colleagues. In March 2020 it was announced that in England planned compliance activity with the PSED was suspended due to COVID-19. This report focusses on Our Colleagues and covers the 2020-21 Financial Year

This report encompasses the information required to meet our Equality Duties in relation to our workforce for 2020/21. The data contained within the report is taken from our electronic staff record system as of 31st March 2021, unless otherwise specified. A separate report will be published in relation to our PSED requirements for our patients.



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What is the Public Sector Equality Duty?

The [Public Sector Equality Duty](#) (PSED) came into force across the UK in 2011, and is related to the Equality Act 2010. It means that public organisations have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. It requires that public bodies have due regard to the need to:

Eliminate unlawful discrimination, harassment & victimisation

Advance equality of opportunity for people with Protected Characteristics

Foster good relations between people with and without Protected Characteristics

To ensure transparency, and to assist in the performance of this duty, PSED Special Duties also require public organisations to publish:

Special Duties

Information to demonstrate their compliance with the Equality Duty, at least annually

Equality objectives, at least every four years

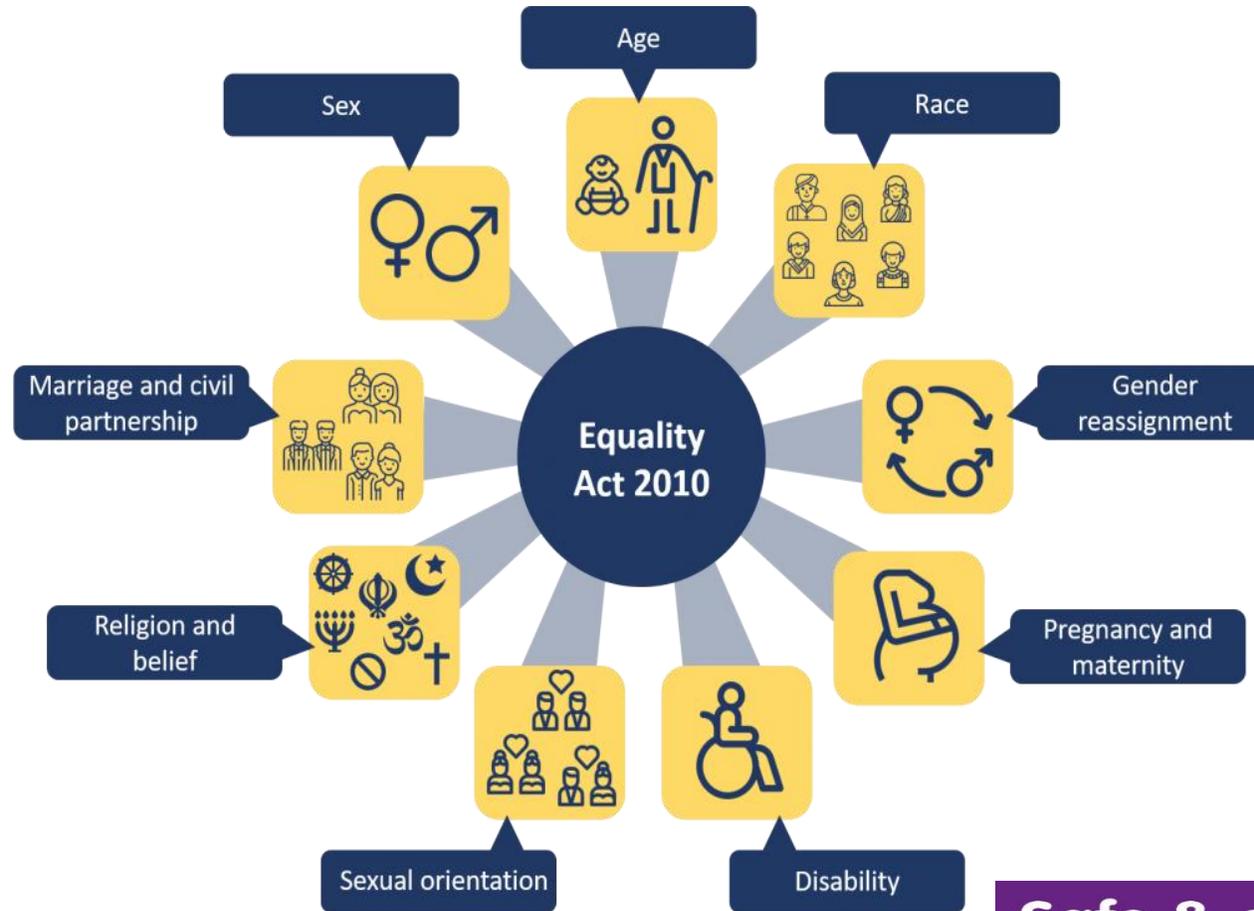
Information relating to employees who share Protected Characteristics

Information relating to service users who share protected characteristics

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Protected Characteristics

There are 9 Protected Characteristics which are covered by the Equality Act 2010 and the PSED. Our report will provide an overview of our data and activities in relation to some of these characteristics.



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Our Equality, Diversity & Inclusion Objectives

In 2019 the following equality objectives were set by our Trust Board for 2019-2023, in line with our PSED requirements.



Reduce inequalities for staff with Protected Characteristics



Increase the percentage of staff from a black, Asian or minority ethnic background at Senior Levels within the organisation



Reduce incidents of Bullying and Harassment from both patients and colleagues, towards staff with Protected Characteristics

The Trust has also set itself some ambitious objectives in relation to our Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES), which are included in Section 3 of this report.

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Section 1: ED&I Progress 2020/21

This section contains a snapshot of some of our activities undertaken this year in support of equality, diversity and inclusion.

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ED&I Progress & Achievements

Managing Inclusively – Developing and Assessing our Leaders

A core part of our work to reduce inequalities and drive forward inclusion is education and learning. We understand that advancing inclusion requires that all people managers, decision makers and budget holders have a clear understanding of what equality and inclusion means for them and their area of responsibility and why it is important.

This year, we've redesigned our staff induction process with a greater focus on inclusion, and designed a new management development package in collaboration with industry experts Pearn Kandola. All people managers at BHT are now required as part of their roles to undertake a learning programme on inclusive management, culture, decision-making and relationships. They will also be offered the opportunity to further build their self-awareness through undertaking an Inclusive Management 360 feedback report.

As part of our performance management processes, all managers are also now required to reflect on (and evidence) the work they have personally undertaken to advance inclusion within their area of responsibility in their annual appraisal.

Later this year, in line with national guidance all candidates for senior leadership roles (Band 8a+) will be assessed at interview on their personal contributions to furthering inclusion.



Pearn Kandola's Inclusive Leadership Model

ED&I Progress & Achievements

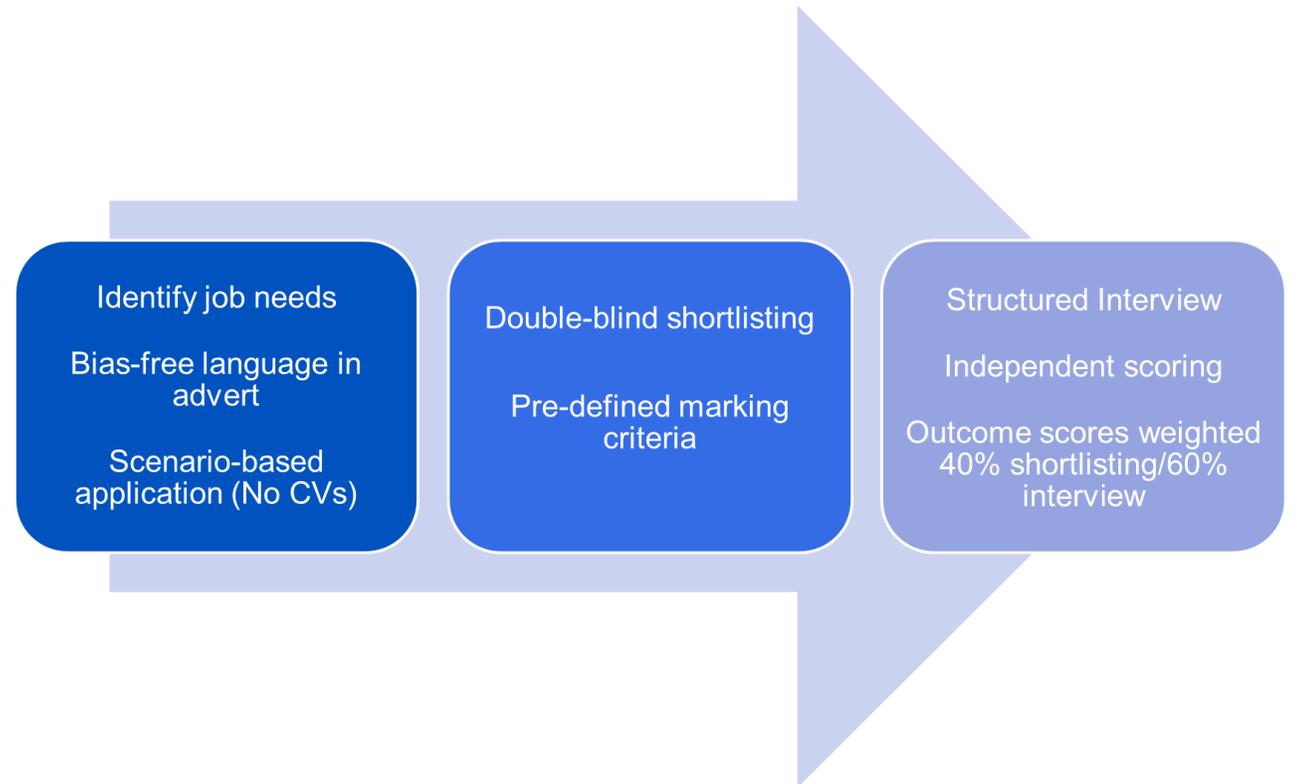
Inclusive Recruitment at BHT

Last year we made a commitment to review all of our people processes and practices to ensure they were truly fair and inclusive, with equal outcomes for colleagues who share protected characteristics compared to those who do not. We've undertaken significant work this year to start that journey, beginning with our recruitment process.

We launched new recruitment training which is now mandatory for all hiring managers, and undertook several innovative trials of new recruitment processes which were designed to eliminate key opportunities for bias to affect the decision making process, as oppose to only attempting to de-bias a person's decisions (using Unconscious Bias training or similar methods).

During the trials, we reviewed the methods used to select and assess candidates and replaced these with methods which are evidenced to be most predictive of job performance and least biased. This meant eliminating CVs and covering letters, and replacing them with scenario and skill based application forms. We also used blind shortlisting (removing all personally identifiable information and randomising the order of applications for each short-lister to counter ordering effects) and used structured interviews with full marking criteria and independent scoring by all panellists.

We learnt a lot during these trials and are using them to design a sustainable, unbiased process for all roles which will launch later this year. We're now using this inclusive recruitment method for all Board-level appointments, including our new Chief Medical Officer post. This process has been identified as best practice nationally in an NHSE/I resource on inclusive recruitment and been shortlisted for a HSJ Award.



What's next?

We're now redesigning our other people processes including appraisal and talent management processes, to ensure they are unbiased and inclusive. A review of all people policies is also underway to support a Just Culture.

Staff Networks

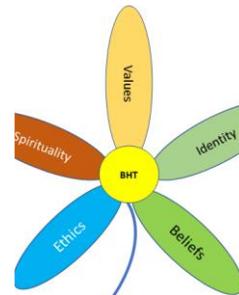
Staff networks have continued to meet virtually throughout the pandemic and play a key role in advancing inclusion within the Trust. They have provided input to trust-wide decisions and supported initiatives including COVID-19 vaccinations and risk assessments, reverse mentoring, and inputting to the Trust's Space committee review of working areas. Key updates from each network this year are as follows:



EMBRACE Network – The network has provided additional support to the wellbeing of network members, input into the decision making on the Covid-19 Staff Risk Assessment process and distributing communications regarding the Covid-19 vaccination programme.



BHT One in Four - (Mental Health Network) – Established on 21 October 2020. The Network shared the lived experiences of colleagues mental health during National Mental Health Week. The current focus is on growing the Network.



BHT VIBES - (Belief & values Network) - VIBES provided support to colleagues of different religions during the first Wave of COVID-19. This included comprehensive advice for Muslim staff during Ramadan, which was offered in collaboration with our Trust Imam.

Staff Networks Continued



BHT Ability - (Disabled staff network) – The network celebrated Disability Awareness Month in November and supports colleagues with Access to Work applications. They also attend the BHT Space Committee to provide input on navigating our working areas with disabilities. They're also supporting work to improve the process for accessing Reasonable Adjustments.



BHT Proud - (LGBTQ+ network) - The Network organised a development session for the Trust Board to undertake their Rainbow Badge Training and become allies of the LGBTQ+ community. They also arranged for the Pride flag to be projected onto two of our acute buildings as part of a number of activities during Pride Month.



Kalinga Network – a Staff Network for Filipino staff was established as part of our response to Covid-19. Work is underway to establish the needs of the network and its 230 members.



BHT Carers – Established in June 2020 as part of Carers' Week – despite holding further meetings, attendance has been low so future work will be focussed on growing the Network to support our Carer community.

Engagement

The Trust celebrated a number of national Inclusion events this year, including:



Inclusion week

National Inclusion Week 2020 was celebrated in the Trust during September. Each of the Staff Networks hosted a day where communications were focussed on that Network or relevant protected characteristic. A Virtual Fair with information for all of the Networks ran online during the week.

Black History Month

Throughout October we celebrated Black History Month 2020 with a series of communications and daily virtual events. BHT held 12 events including discussion groups, cooking classes and coaching events, and these were complimented with national NHS workshops, public events and events hosted by partner organisations.

Disability History Awareness Month

This National Event which ran from 18 November to 20 December 2020, has been celebrated in BHT for the first time. Activities were co-designed with the BHT Ability Network and included a virtual online fair, a virtual discussion regarding Disability Access, and a Guest Speaker event on The Social Model of Disability with Andrew Clark from local charity BuDS.

International Women's Day

We celebrated IWD 20 on 8th March 2020 with local and national events focussed on the impact of COVID-19 on women, under the theme of #EverydayCourage. BHT colleagues also joined a national networking programme designed to connect aspiring female leaders

PRIDE Month

PRIDE Month was celebrated throughout June at BHT. Amongst internal celebratory activities, a ceremonial PRIDE flag was raised for the first time by our Trust Chair Hattie Llewelyn-Davies, and the PRIDE flag was also projected onto two of our acute hospital buildings as a symbol of our allyship to the LGBTQ+ community.

Section 2: Workforce Information 2020/21

This section contains an overview of our workforce data in relation to some of the protected characteristics.

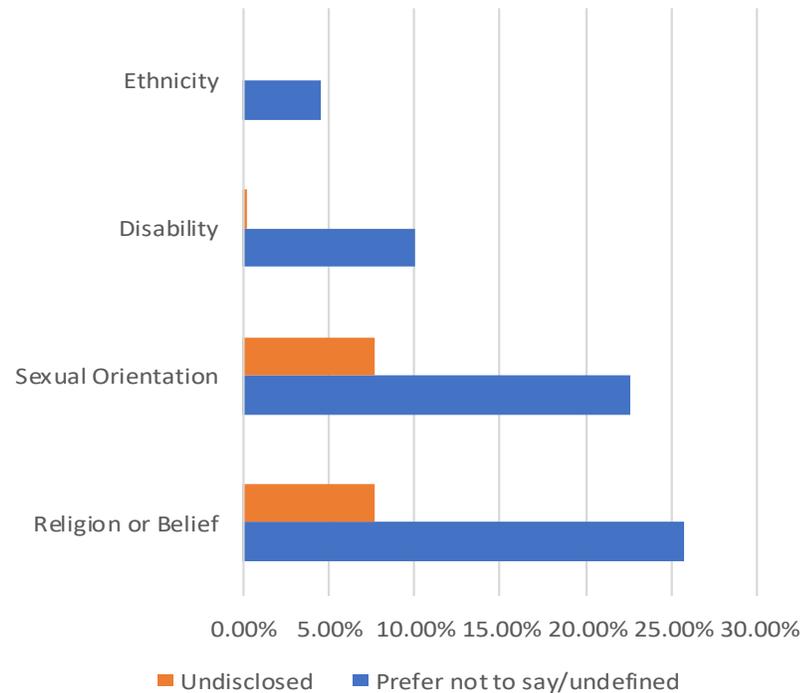
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Non Disclosure Rates for Protected Characteristics

The table below sets out the numbers of staff who have chosen 'prefer not to say' or have not defined their status for the following Protected Characteristics using our Electronic Staff Record (ESR) System as of 31st March 2021.

Non disclosure rates for selected Protected Characteristics 2020- 2021



- **Ethnicity** – 5% of colleagues have not specified their Ethnicity
- **Disability** - 10.2% of colleagues have not specified if they have a Disability
- **Sexual Orientation** – 30.3% of colleagues have not specified their Sexual Orientation
- **Religion or Belief** – 33.5% of colleagues have not specified their Religion or Belief
- For the four protected characteristics listed above, this is partly due to our International recruitment activities and Recruitment Open Days where the online recruitment process is not used, and therefore the data is not captured as fully as possible

For the remaining five protected characteristics:-

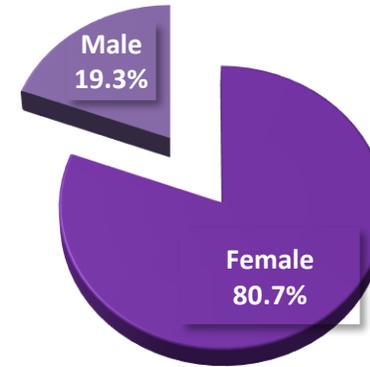
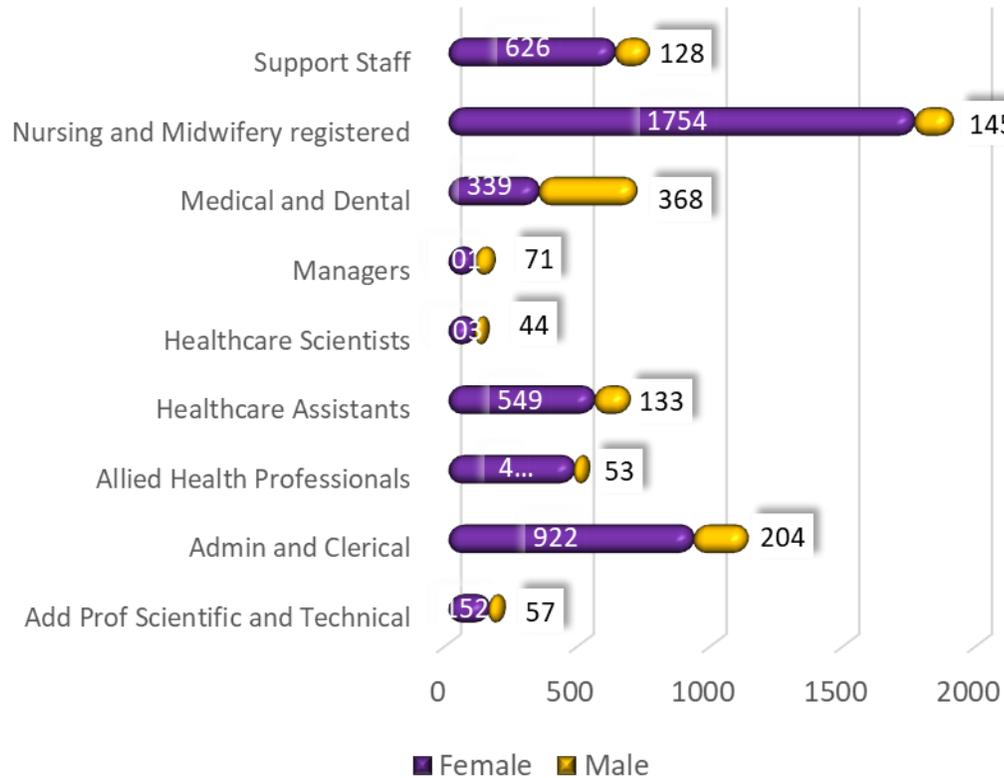
- **Maternity Leave**– this process is linked to Payroll and we capture all Maternity Leavers
- **Marriage and Civil Partnership** – This is a compulsory field on our online recruitment systems and therefore we are aware of this for all of our colleagues
- **Age** – This is a compulsory field on our online recruitment systems and therefore we are aware of this for all of our colleagues
- **Gender** - This is a compulsory field on our online recruitment systems and therefore we are aware of this for all of our colleagues
- **Gender Reassignment** –Work is in progress nationally to enable us to capture this on ESR

Improving Data Quality – We have been working to improve our data quality this year through harnessing data available to us through other systems and processes used in relation to our Trust Colleagues. This has reduced the non-disclosure of ethnicity from 12% to 5%.

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Gender

BHT Workforce by Staff Group and Gender



What does this tell us?

The workforce profile remains predominantly Female (80.7%, n5020) and 19.3% (n1203) Male.

The gender profile of England is 51% Female and 49% Male, and Buckinghamshire reflects this*. However, the gender profile for national NHS workforce is 77% Female and 23% male, therefore our workforce profile is in keeping with the health and social care sector average.

*The Census Data for Buckinghamshire was collected in 2011, therefore population figures may have changed. The new Census is being completed in 2021.

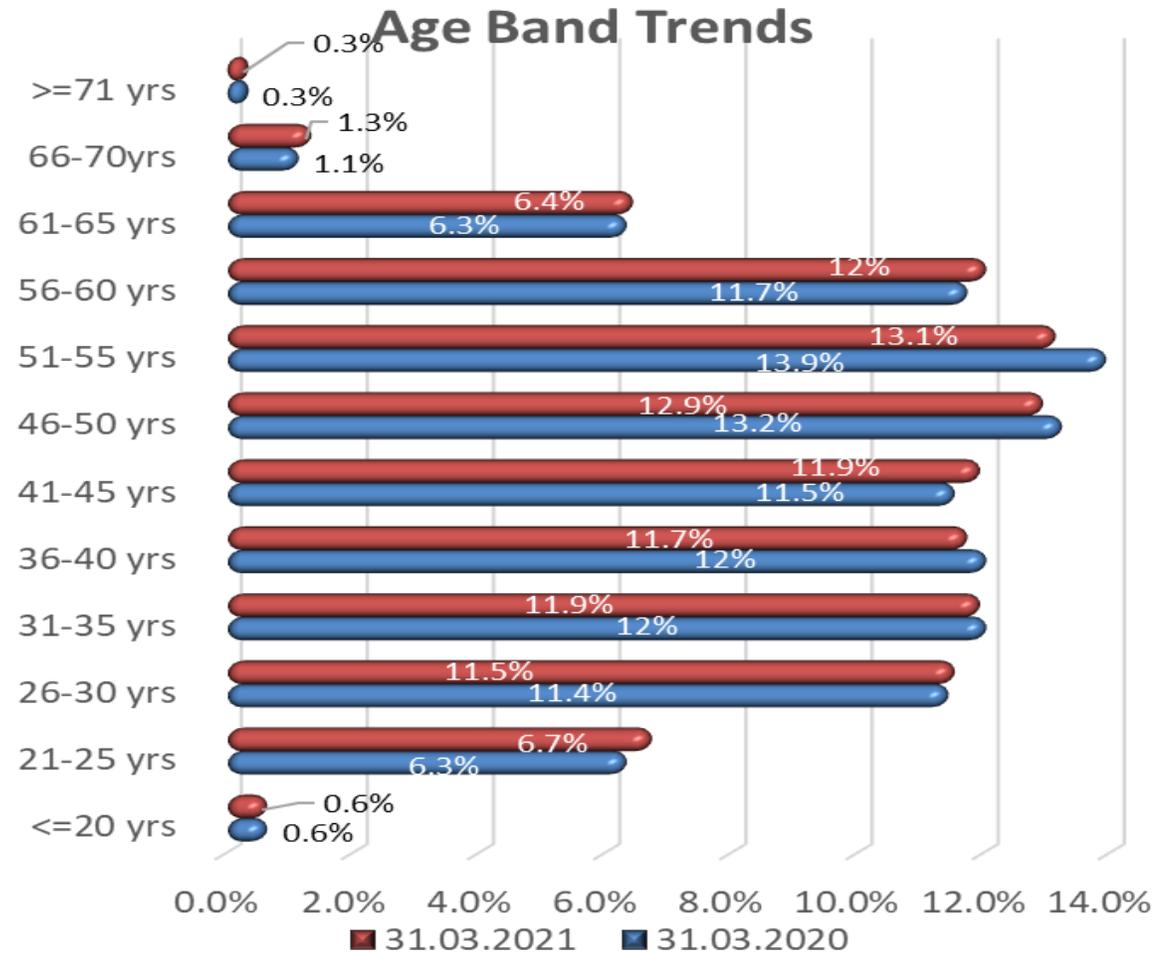
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Age

What does this tell us?

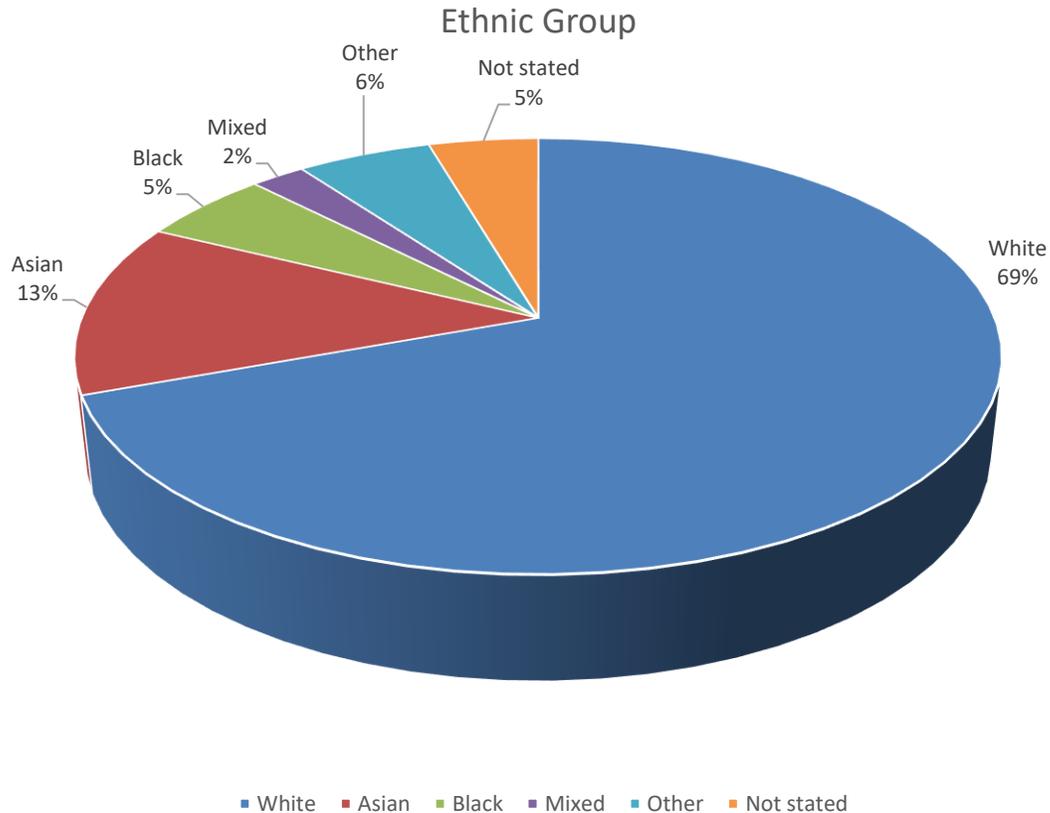
- The biggest age group in the Trust overall is 51-55
- The biggest age group for Bands 1-7 is 46-50, followed by 51-55
- For our Medical Staff the biggest age group is 31-35 and this reflects both England's working population and that of the NHS
- In the NHS the biggest age group is 45-54, with 28% of its workforce falling into that age group. A total of 26% of BHT staff fall into that group



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Ethnicity



What does this tell us?

The chart on the left demonstrates that 69 % of our staff overall are from a White ethnic background, with 13% from an Asian ethnic background.

26% overall are from an ethnic minority background and 5% have not stated their ethnicity.

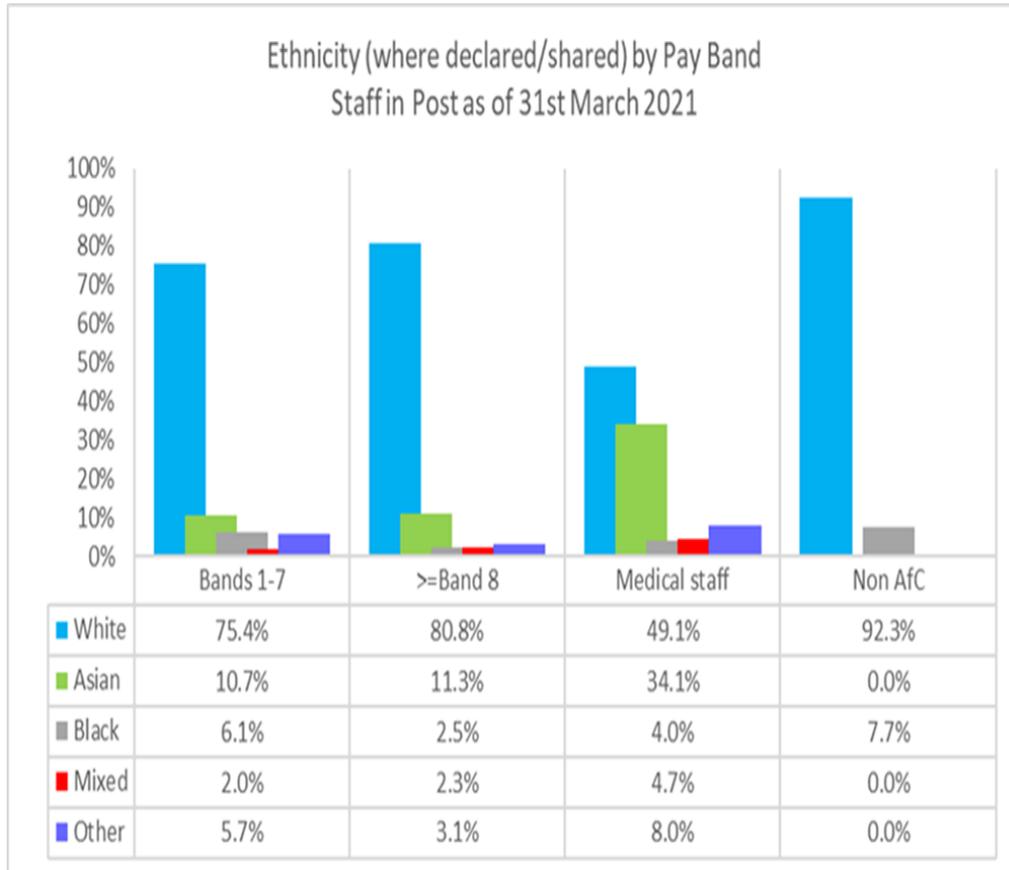
In the NHS as a whole, data published in January 2020 shows that 19.7% of all NHS Staff are of an ethnic minority background, and 77.9% are of a White background.

This means that BHT has a higher percentage of ethnic minority colleagues than the average across the NHS. Buckinghamshire Census data (2021) will support the Trust to further understand it's workforce population ethnic profile in relation to the Buckinghamshire population.

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Ethnicity By Pay Band/Staff Group



What does this tell us?

The graph on the left shows that as of the 31 March 2021 our workforce ethnicity profile within our pay grade structure was as follows:

- In Bands 1-7, 75.4% of our colleagues are from a White ethnic background, and 24.5% are from a Black, Asian, Mixed or Other ethnic minority background
- In Band 8 and above, 80.8% of our colleagues are from a White ethnic background and 19.2% are from an ethnic minority background
- Amongst Medical Staff 49.1% were from a White ethnic background and 50.8% from an ethnic minority background. Medical Staff have the most frequently stated proportion of colleagues with a Black, Asian, Mixed or Other ethnic minority background, in keeping with the national workforce profile for medical colleagues
- The Non Agenda for Change staffing group are the Very Senior Managers within the Trust. Within this group, 92.3% of this group were from a White ethnic background and 7.7% are from a Black ethnic background

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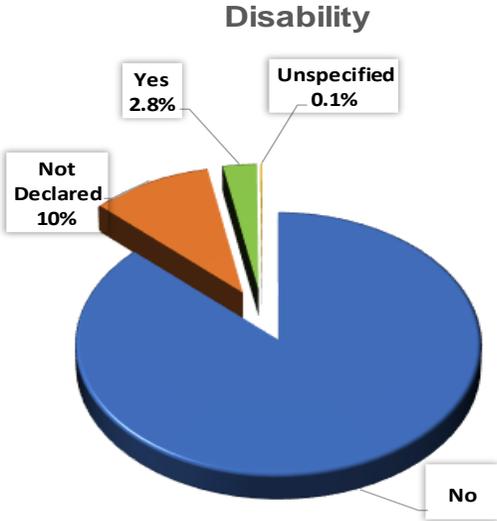
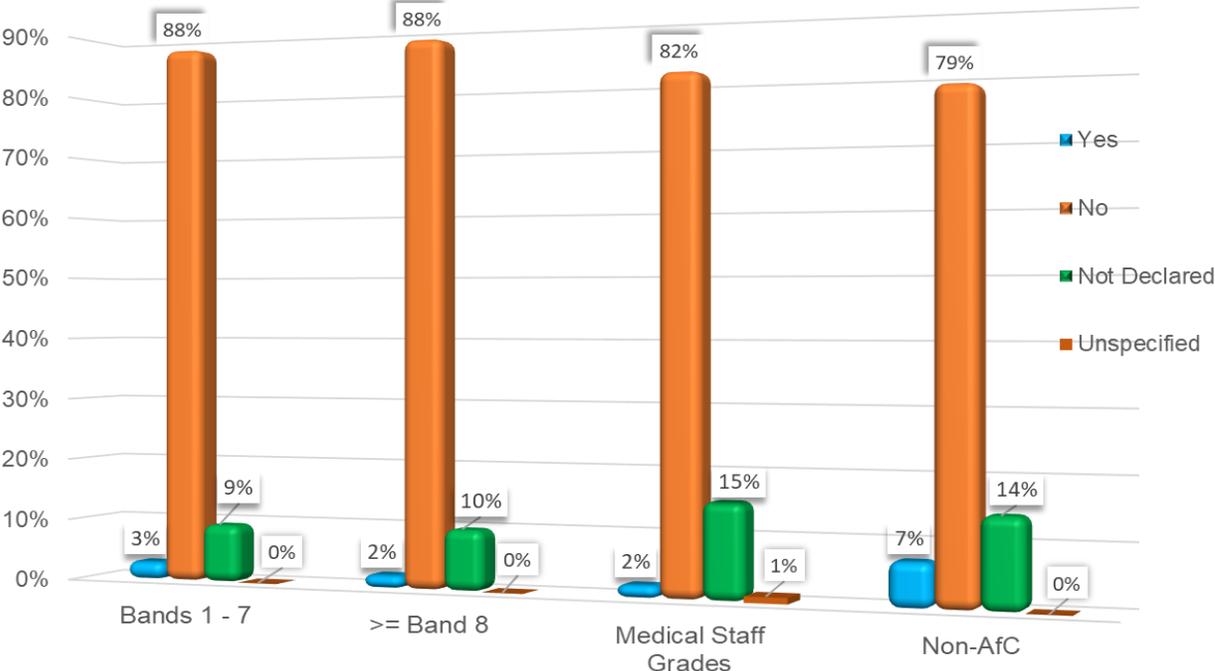
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Disability

What does this tell us?

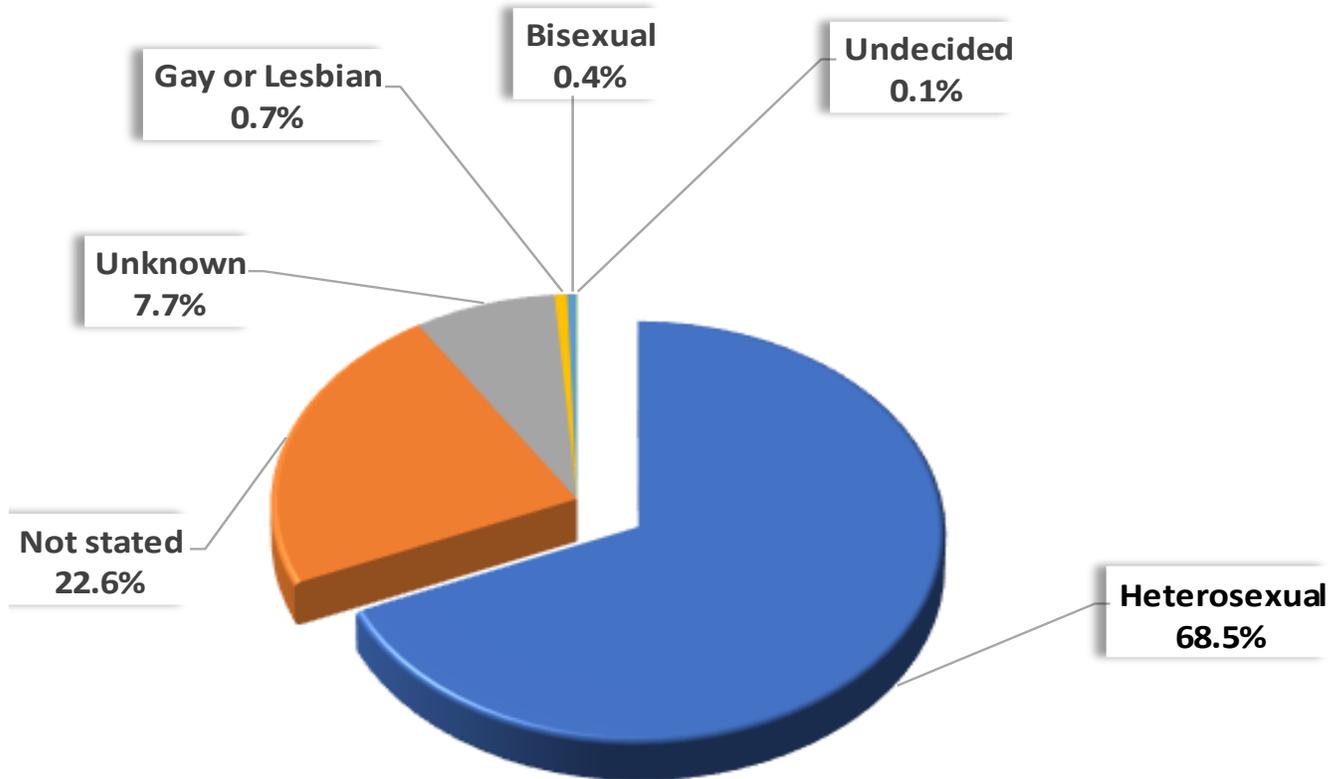
- Our disability/long term condition (LTC) declaration rate remained approximately the same between 2020 and 2021
- Disability declaration is highest between Bands 1-7
- Declaration is low in Band 8
- Disability declaration includes different types of disability, including hidden disability
- Our colleagues with disabilities are supported by our BHT Ability Staff Network

Disability by Pay Band
 Buckinghamshire Healthcare NHS Trust
 Staff in Post as of 31 March 2021



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Sexual Orientation



What does this tell us?

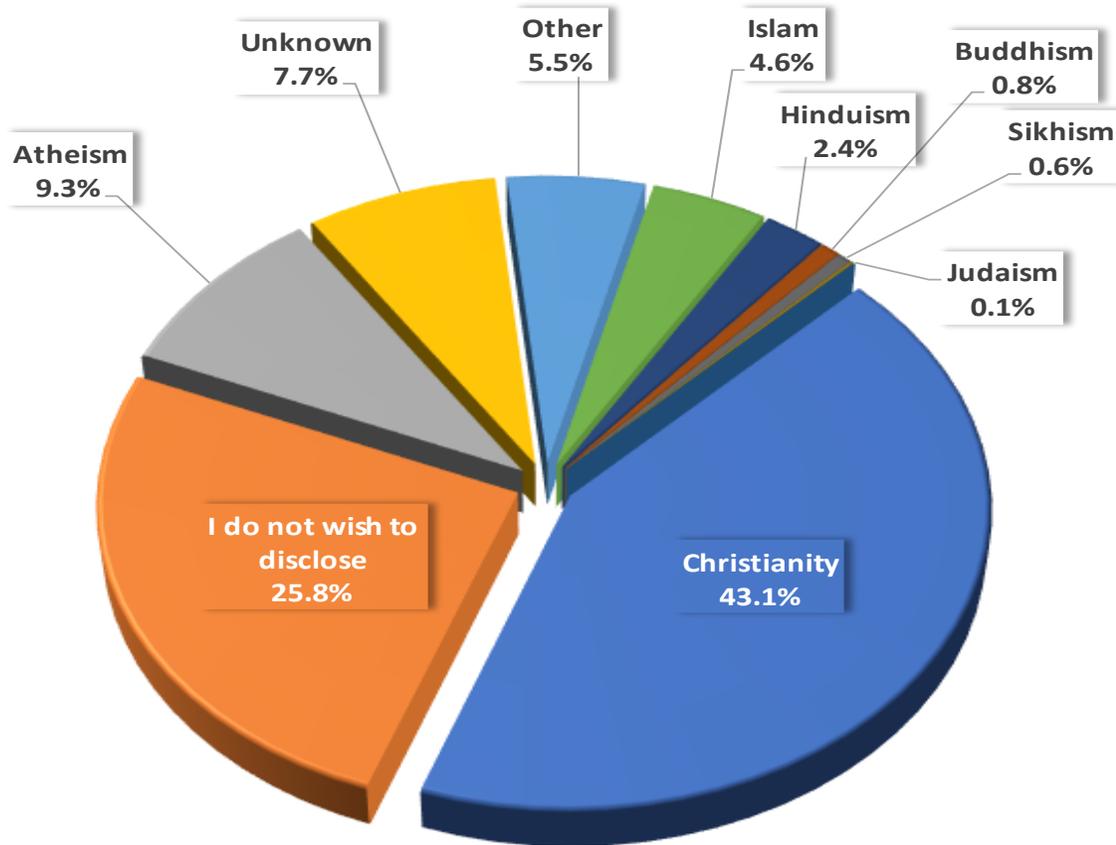
- 1.2% of colleagues have declared that they are from an LGBTQ+ background and this data has not changed since 2020
- 22.6% of colleagues have not stated their sexuality
- There is no data for sexual orientation for the population of Buckinghamshire
- No census data on sexual orientation is currently available, however the Census 2021 will collect information on this protected characteristic. This will give us a better understanding of the sexuality profile of our workforce in comparison to our local population.

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Religion and Belief

Religion / Belief



What does this tell us?

- Our most frequently stated religious group is Christianity (43.1% of our colleagues)
- 25.8% of colleagues have not disclosed their religious/belief group
- The smallest groups are Judaism (0.1%), then Sikhism (0.6%), Buddhism (0.8%), Hinduism (2.4%) and Islam (4.6%)
- There has been minimal change across these groups since 2020.

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Section 3: Equality Standards 2020/21

This section contains an overview of our latest data in relation to our Equality Standards.

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The Equality Standards

As part of our PSED obligations, the Trust is required to report annually on the following Equality Standards and to use the outputs to inform an Action Plan for each of these Standards.

The Equality Standards are:

- **Workforce Race Equality Standard (WRES)** – This was introduced in 2015 and is designed to measure and enable improvement of the working lives of colleagues from an ethnic minority background.
- **Workforce Race Disability Standard (WDES)** – The was introduced in 2019 and is designed to measure and enable improvement of the working lives of colleagues with disabilities and long term conditions.
- **Gender Pay Gap Reporting (GPG)** – This is an annual exercise designed to measure the gap in pay between men and women and is designed to enable organisations to close this gap through appropriate actions.

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Workforce Race Equality Standard (WRES) Progress

Implementation of the Workforce Race Equality Standard (WRES) is a requirement for all NHS Provider organisations. BHT is expected to show progress against 9 indicators which measure whether or not employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This work requires the commitment, agreement and financial support of the Board and in 2020, executive directors at BHT became sponsors of key actions within our WRES action plan.

In 2020, the Trust created two specific objectives to progress racial equality:

1. The ethnic make-up of our Board and senior leaders will be 24% BAME, reflecting that of our workforce by 2022
2. Our recruitment processes will be fair, with equal outcomes for BAME and white applicants by the end of 2021

Summary of WRES Progress in 2021

Significant improvements have been made this year in relation to equal outcomes from our recruitment and disciplinary processes. Our recruitment indicator has decreased for the fourth consecutive year, reducing from 2.44 in 2018 to 1.28 in 2021. The national parity benchmark for indicators 2-4 is any figure between 0.8-1.2. Our 2021 data demonstrates that we have achieved parity of outcomes for disciplinaries and access to training.

Our workforce ethnicity profile data (indicator 1) highlights a 5% difference in the number of ethnic minority colleagues in Band 1-7 roles compared to senior leadership roles (Band 8A+). This suggests that more work is required to achieve equal progression pathways into senior leadership positions.

There were no statistically significant differences to our staff survey indicators this year (indicators 5-8). This was anticipated as our enhanced WRES action plan was put in place in October 2020; the same time period in which the survey data was collected. We are confident that our WRES action plan will support significant improvements in these areas in the future.



WRES Progress

- 1) **Workforce representation.** Percentage of white and BME staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

WRES Indicator 1 - 31 March 2020 Bands 1-7				WRES Indicator 1 - 31 March 2021 Bands 1-7		
	White	BME	Not Stated	White	BME	Not Stated
Bands 1-7	3758 74%	1199 24%	120 2%	3679 72%	1198 23%	255 5%
Bands 8A+	279 80%	62 18%	9 2%	293 77%	69 18%	17 4%

What does this tell us?

The above tables highlight the differing ethnicity profile of our workforce across the various pay bands. There is a 5% difference between the number of colleagues from a Black, Asian, Mixed or Other ethnic minority background in Bands 1-7 compared to senior leadership bands 8A and above. This suggests that more work is required to achieve equal progression pathways into senior leadership roles.

WRES Progress

Key
 = Improvement
 = No significant change
 = Deterioration

The below data covers the period from the 1st of April 2020 to 31st March 2021.

Metric	2019/20 Score	2020/21 Score	Progress 2021	Parity between groups
2) Recruitment. Relative likelihood of white candidates being appointed from shortlisting across all posts compared to BME candidates	1.98	1.28	Improved	No
3) Disciplinarys. Relative likelihood of BME staff entering the formal disciplinary process compared to White staff, as measured by entry into a formal disciplinary investigation	1.95	1.25	Improved	Yes
4) Training & Development. Relative likelihood of staff accessing non-mandatory training and CPD	0.96	0.80	No change	Yes
5) Patient Bullying & Harassment. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White = 28% BME = 24.7%	White = 24.2% BME = 26.2%	* No change	There is no national benchmark for parity between groups for these indicators
6) Staff Bullying & Harassment. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White = 22.2% BME = 24.5%	White = 21.6% BME = 28.9%	* No change	
7) Career progression perceptions. Percentage believing that trust provides equal opportunities for career progression or promotion	White = 87.9% BME = 76.7%	White = 89.7% BME = 74.2%	* No change	
8) Discrimination. Percentage of staff who have experienced discrimination at work from their manager/team leader or other colleague	White = 5.9% BME = 11.5%	White = 6.2% BME = 18.6%	* No change	
9) Board representation. Percentage difference between the organisations' Board voting membership and its overall workforce	Board Voting = 27.3% BME Overall Workforce =26% BME	Board Voting = 27.3% BME Overall Workforce =26% BME	* No change	

* = Despite visual changes in the data compared to previous years, advanced statistical analysis was undertaken on these results which demonstrated that the observed changes are not statistically significant, and instead are considered normal data variation. As such the results have been labelled as 'No significant change'.

Workforce Disability Equality Standard (WDES) Progress

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics which requires all NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The WDES enables BHT to better understand the experiences of our disabled staff and supports positive change for all existing employees by creating a more inclusive environment for disabled people working and seeking employment in the NHS. Year on year comparisons enables us to measure progress against the indicators of disability equality.

In 2020 BHT created two specific objectives in relation to disability equality within the Trust:

1. Our recruitment processes will be fair, with equal outcomes for disabled and non-disabled applicants by the end of 2021
2. All disabled staff will be provided with reasonable adjustments where needed by end of 2022

Summary of WDES Progress in 2021

The recruitment ratio for disabled vs non-disabled applicants deteriorated this year, suggesting that disabled applicants were less likely to be appointed at interview compared to non-disabled applicants.

There have been no significant changes to any other WDES indicators this year. This was anticipated as our enhanced WDES action plan was put in place in October 2020; the same time period in which the survey data was collected. We are confident that our WDES action plan will support significant improvements in these areas in the future.



WDES Progress

Indicator 1 - Workforce representation. Percentage of disabled vs non-disabled staff in AfC pay-bands, medical subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

WDES Indicator 1 - 31 March 2020 Disability declared				WDES Indicator 1 - 31 March 2021 Disability declared		
	No	Yes	Total	No	Yes	Total
Band 1-7	4927 98%	151 3%	5078	4981 97%	152 3%	5133
Band 8A+ Total	343 98%	6 2%	349	369 98%	8 2%	377

What does this tell us?

The above tables highlight that the number of staff declaring a disability has stayed approximately the same over the last two years. Buckinghamshire Census data 2021 will support us to better understand the profile of our staff in relation to the population of the county.

WDES Progress

Key

- = Improvement
- = No significant change
- = Deterioration

The below data covers the period from the 1st of April 2020 to 31st March 2021.

Metric	2019/20 Score	2020/21 Score	Progress 2021	Parity between groups 0.8-1.2
2) Recruitment. Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.06	1.27	Deteriorated	No
3) Performance management. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0	0	No change	Comparisons not possible.
4a) Bullying & Harassment. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:	Disabled =29% Non-disabled =26.8%	Disabled = 31.9% Non-disabled = 23.3%	*No change	There is no national benchmark for parity between groups for these indicators
i. Patients/Service users, their relatives or other members of the public			*No change	
ii. Managers	Disabled =17.7% Non-disabled =10.7%	Disabled =18.4% Non-disabled =10.3%	*No change	
iii. Other colleagues	Disabled =24.8% Non-disabled =15.9%	Disabled =21.9% Non-disabled =16.3%	*No change	
4b) Reporting harassment. Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Disabled =42.3% Non-disabled =46.7%	Disabled =46.3% Non-disabled =45.4%	*No change	

* = Despite visual changes in the data compared to previous years, advanced statistical analysis was undertaken on these results which demonstrated that the observed changes are not statistically significant, and instead are considered normal data variation. As such the results have been labelled as 'no significant change'.

WDES Progress

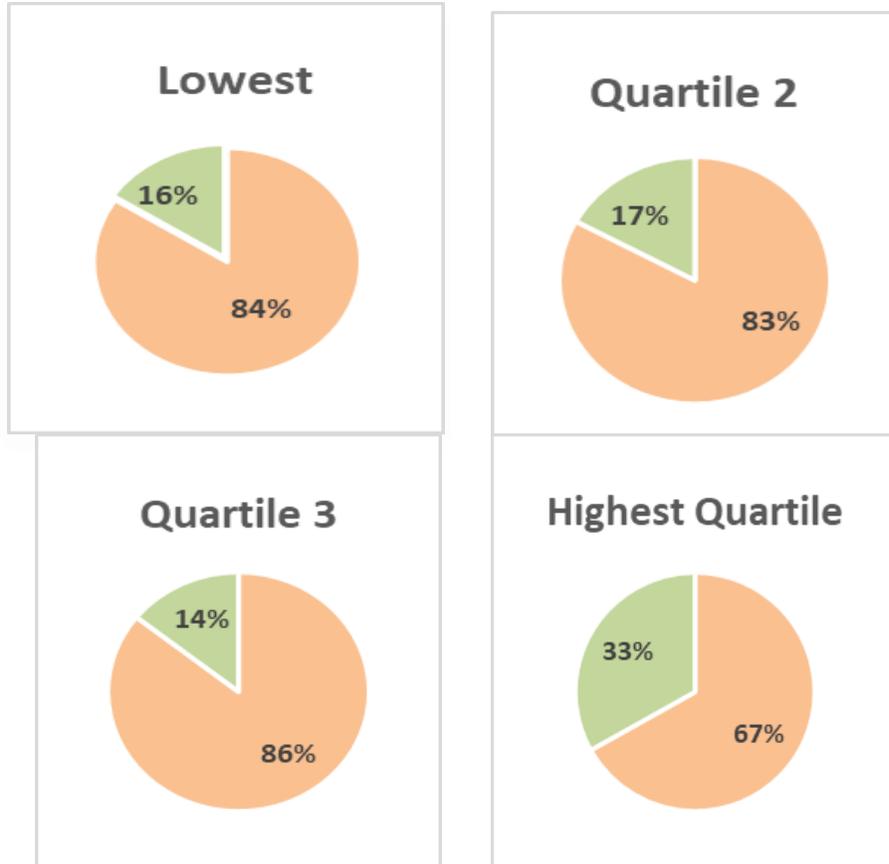
Key
 = Improvement
 = No significant change
 = Deterioration

The below data covers the period from the 1st of April 2020 to 31st March 2021.

Metric	2019/20 Score	2020/21 Score	Progress
5) Career progression perceptions. Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled =80.4% Non-disabled =86.1%	Disabled =83.9% Non-disabled =87.3%	*No change
6) Pressure to work. 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.	Disabled =26.3% Non-disabled =18.1%	Disabled =26.4% Non-disabled =20.8%	*No change
7) Feeling valued. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled =37.2% Non-disabled =48.3%	Disabled =40.3% Non-disabled =48.8%	*No change
8) Reasonable adjustments. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	75.2%	77%	*No change
9a) Engagement. The staff engagement score for Disabled staff, compared to non-disabled staff.	Disabled =6.7 Non-disabled =7.2	Disabled =6.8 Non-disabled =7.2	*No change
9b) Engagement. Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)	Yes	Yes	No change but benchmark achieved
10) Board representation. Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.	% Voting Disabled = 9% % Executive Disabled = 0% % Workforce Disabled = 2%	% Voting Disabled = 9% % Executive Disabled = 0% % Workforce Disabled = 2%	

* = Despite visual changes in the data compared to previous years, advanced statistical analysis was undertaken on these results which demonstrated that the observed changes are not statistically significant, and instead are considered normal data variation. As such the results have been labelled as ‘no significant change’.

Gender Pay Gap Reporting



- The images opposite illustrate the gender distribution across Buckinghamshire Healthcare NHS Trust in four equally sized quartiles. In order to create the quartile information all staff are sorted by their hourly rate of pay, this list is then split into 4 equal parts (where possible).
- This demonstrates that in quartile 1, 2 and 3 the split between male and female employees is broadly consistent, however in the highest quartile there are more male employees than the other quartiles.
- The variance in the highest quartile is mainly due to significantly different gender splits within the medical staffing group. In contrast, the Allied Health Professional and Nursing staff groups have a higher proportion of female staff in the highest quartile compared to male staff.
- We are confident that men and women are paid equally doing equivalent jobs across the organisation.

Safe & compassionate care,

every time