

Annual Equality, Diversity & Inclusion Report 2021-2022

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Our Vision, Our Priorities

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Our Priorities



Provide outstanding, best value care



Take a leading role in our community



Ensure our workforce is listened to, safe and supported

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Annual Equality, Diversity & Inclusion Report 2021-2022

Buckinghamshire Healthcare NHS Trust



BHT Ability Network



BHT Belonging Network



BHT Carers' Network



BHT Embrace Network



NHS Rainbow Badge



BHT Women's Network



BHT VIBES Network

Values
Identity
Beliefs
Ethics
Spirituality



BHT1:4 Network



BHT Kalinga – Filipino Colleagues Network



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A Message from our Chief People Officer



During 2021-22 I and my team have been 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.

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AND A GREAT PLACE TO WORK

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.

As you'll see in this report, in 2021-22, BHT has made progress in several areas – but we know there is much more to do. We've undertaken more work to make our people processes and practices fairer and more inclusive. We have launched an Allyship Programme for the first time which will enhance allyship amongst executive sponsors and senior leaders - this is important because there is a proven link between allyship, colleagues' level of belonging and engagement and good patient care. Additionally, we are training more managers and senior leaders in inclusive practices to ensure that the custodians of our culture know how to champion inclusion within their areas of responsibility.

We have also continued our work to understand the identities, intersectionality, and experiences of colleagues across BHT through engagement initiatives. We continue to grow our excellent colleagues' networks and I would like to thank them for their invaluable input to our decisions and support for colleagues this year. One example this year has been launching a trial of the Empowerment Passport Scheme. This scheme aims to improve the experience at work for people with disabilities by generating customised Reasonable Adjustments for to be applied in the workplace. This has been supported by the recent decision to centralise through the Occupational Health Team the funding for Reasonable Adjustments.

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

Bridget O'Kelly
Chief People Officer

Executive Summary

- 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 Duty (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 2021/22 alongside our PSED requirements and Equality Standard data.
- Our Workforce Race Equality Standard (WRES) 2022 data demonstrates that improvements have been made this year in relation to equal outcomes from recruitment processes, improvement having been achieved in this indicator for the fifth consecutive year. In early 2022, in the Workforce Race Equality Standard (WRES) National Data Report, BHT was highlighted for sustained long-term improvement in progress towards achieving equality for ethnic minority job applicants, compared to white applicants (WRES Indicator 2).
- The recruitment ratio for disabled vs non-disabled applicants improved this year, suggesting that this year the gap has closed slightly for disabled applicants, and their likelihood of being appointed from shortlisting is closer to equality in comparison with a non-disabled applicant. 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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HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Contents

Report Introduction	7
What is the Public Sector Equality Duty (PSED)	8
Protected Characteristics	9
Our Equality Objectives	10
Section 1: ED&I Progress	11

Section 2: Workforce Information	19
Section 3: The Equality Standards	27
Workforce Race Equality Standard	29
Workforce Disability Equality Standard.....	35
Gender Pay Gap Reporting	41
Conclusion:	44

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AND A GREAT PLACE TO WORK

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. In 2017, the Trust began to report on the Gender Pay Gap following its introduction nationally.. 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 2021, when it published its first Annual Equalities Report. Prior to that, in 2020 our PSED Reporting was suspended due to COVID-19. This Report focusses on our colleagues' experiences and covers the f/y 2021-22

This report encompasses the information required to meet our Equality Duties in relation to our workforce for 2021/22. The data contained within the report is taken from our electronic colleagues record system as at 31 March 2022, unless otherwise specified. This report also highlights our work in the ED&I arena throughout the year, and the work we have undertaken to achieve improvements..

A separate report will be published in relation to our PSED requirements for our patients.

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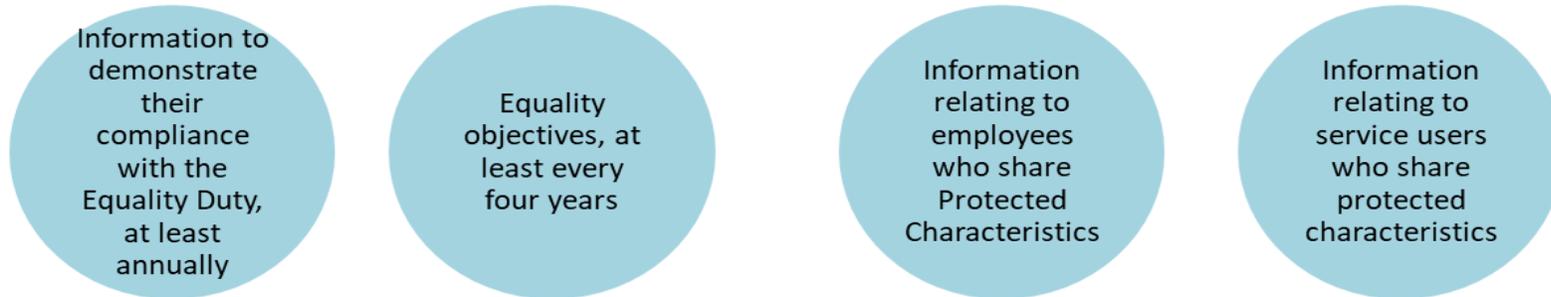
What is The Public Sector Equality Duty

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:



Special Duties:

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



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The Nine Protected Characteristics

There are nine Protected Characteristics which are covered by the Equality Act 2010 and the Public Sector Equality Duty. Our report provides an overview of our data and activities in relation to some of these characteristics.



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AND A GREAT PLACE TO WORK

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 2021-22

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



The Empowerment Passport for colleagues with disabilities and long-term conditions (LTCs)



In December 2021, the Trust won a bid from the WDES Innovation Fund to trial the Empowerment Passport. This is an interactive on-line tool which generates suggested Reasonable Adjustments for colleagues with disabilities and long term conditions.

Through the Empowerment Passport it will be easier to identify and put in place supportive measures for individuals including individualised flexible working plans, reasonable adjustments and an inclusive return to work if absent due to sickness.

The project has also enabled us to promote disability more widely across the Trust. This coincides with the centralisation through Occupational Health, of our budget for Reasonable Adjustments.

The trial continues throughout 2022.

‘Well you have put a smile on my face this morning I feel this Passport should be standardised and mandatory across the NHS’

‘I have to say that filling in this assessment did really make me think about what I need / would help me, which I have to be honest I don’t think I have ever truly listed that out previously.’

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HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

“I already have Reasonable Adjustments in place but the passport is useful in terms of enabling me to summarise my needs and easily review any changes.”

In 2021, we were successful in securing a national bid for ED&I initiatives. This funding was sourced to carry out focussed work around allyship. Our target is for 120 leaders to complete the allyship programme by March 2023. We have teamed up with Inclusive Employers (an external E,D&I consultancy firm) to deliver this programme.

The aim of the programme is to enable leaders to better understand the lived experiences and needs of colleagues from marginalized groups. The programme will support leaders to use this knowledge to actively challenge exclusion, advocate for colleagues and lead on the creation of inclusive practices within their areas to improve equalities for our colleagues and our patients. The programme launched on 12 July 2022, with 34 delegates in the first cohort.

Alongside the allyship development programme, we will also be working with the colleagues network groups to create short promotional videos for the networks to share across the organisation the work they are doing and encourage more colleagues to join.

During 2022, we will refresh the executive sponsorship for each network

Reciprocal Mentoring Scheme

To complement our Allyship programme, we are also rolling out a Reciprocal Mentoring Scheme to enable ten senior leaders to learn from the lived experience of our colleagues from marginalised groups, at all levels. The mentors will have a development opportunity through being mentored by senior leads in return. The Mentors will be offered mentoring training from which they can gain an accredited qualification at the end of the programme.

‘Our Allyship Programme is important because there is a proven link between Allyship, colleagues engagement and good patient care’

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Recruitment

This year, we have continued to review our recruitment processes to ensure they are unbiased in particular in our appointment processes for Executive Directors.

Recruitment Training

Over 80 more managers have attended our Peak 1 'Inclusive recruitment training' this year. The training was reviewed and improved last year with an aim to ensure all recruitment activities are as inclusive as possible, with a particular focus on attempting to de-bias a recruiting managers' decisions.

International Nurses

We undertook an ambitious programme to recruit 238 international nurses in 21-22. This was highly successful with 237 gaining their NMC PIN and working in the organisation as Registered Nurses to date. The programme included comprehensive learning, development and pastoral support to ensure these new colleagues feel supported & engaged as well as enriching the cultural diversity of our organisation.

Batch Recruitment

This year we have introduced a blind shortlisting, values-based batch recruitment process for Healthcare Support Workers. An evidence based process with great feedback. Based on this success, we plan to adopt the same model for Band 5 nurses. this model would provide better inclusivity and better productivity. Supporting us to recruit an additional 170 band 5 nurses, based on last year figures.

Next Steps

We are continually reviewing recruitment and selection processes, in line with best practice, to build on progress to date. We are focusing on further improving processes to reflect our aim of being a truly inclusive organisation, including neuro-diversity within our workforce.

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AND A GREAT PLACE TO WORK

Activities undertaken by our Staff Networks



BHT Ability - (Disabled colleagues network) – The network celebrated Disability Awareness Month in November and December 2021; mobile resources were taken to different areas of the Trust to raise awareness of disability which led to an increase in declaration rates. The Network has advocated for & achieved a major improvement to how Reasonable Adjustments are managed. The Network has agreed that it will change its name to BHT Disability Network in September 2022.

Kalinga Network – a Staff Network for Filipino colleagues. The Network held an event for Members in September 2021 celebrating 20 years of Filipino colleagues joining the Trust. The Network also held a commemorative event in 2021 following the initial waves of the Covid-19 Pandemic. Kalinga hosted a festival of sports (BHT Sportsfest) for colleagues across the Trust in August



BHT Belonging - (LGBTQ+ network) - The Network have been working collaboratively with the ED&I Team on the review of our Transgender Policy. The Network celebrated Pride in June, when we launched our new Progress Flag and held a number of celebratory events across the Trust.

BHT Carers – This Network celebrated Carers' Week in June, in collaboration with Carers' Bucks. This included a Webinar to promote support for Carers, along with Carer's Bucks setting up 'pop up' stalls across our main sites during that week, and a resource page set up on our colleagues intranet.



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AND A GREAT PLACE TO WORK

“What motivates me to be part of a Network? As a manager of a diverse and large team I want to better understand and support my team as an Ally”

Activities undertaken by each of our Staff Networks continued ...



BHT Women's Network – this Network launched in July 2021, attracting a large audience. The Network aims to support women with progression in the workplace, as well as offering support for commonly experienced life events. A focussed piece of work on the menopause started, with initiatives due to be implemented in autumn 2022.

BHT VIBES - (Belief and spirituality Multifaith Network) has collaborated with the Communications Team to cascade communications about a variety of religious festivals throughout the year. VIBES Members also provided support packs to Muslim colleagues during Ramadan 2022, having received donations from local companies to make this possible.



BHT vibes

Values
Identity
Beliefs
Ethics
Spirituality



BHT One in Four - (Mental Health Network) – Established on 21 October 2020. This year, in collaboration with our Health and Wellbeing Team, the Network contributed to events during Mental Health Awareness Week. The Network's focus continues to be on publicising the Network and attracting new members.

EMBRACE Network– (Racial Equality Network) - The network meets regularly through the year. This year it arranged Diwali celebrations on two sites. The Network also hosted a lively Cricket Match in July to celebrate South Asian History Month. The network has supported crucial work to strengthen our policy for the management of discrimination from service users.



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AND A GREAT PLACE TO WORK

“My motivation to join a colleagues network has been to support colleagues, learn what I can be doing to break down inequalities and use privilege I have to support others”.

Engagement

Each year the Trust celebrates a number of events with the aim of raising the profile of our protected characteristic groups through educational and fun events



Inclusion week

National Inclusion Week 2021 was celebrated in the Trust during September. Events included a fair featuring BHTVIBES network, where they asked colleagues for their ideas on sustainability. We also offered the opportunity for colleagues to step into the shoes of people with sensory impairment. We relaunched our BHT1:4 Network and invited all colleagues to a gardening event with the Trust's Brain Injury Team

Last October we collaborated with organisations both locally and nationally, including within our ICS/ICB, and to offer a variety of events throughout the Black History Month. The Freedom to Speak Up Guardian held a Black History Month themed Webinar. Our Library Service's Virtual Book Club ran a Black History Month themed event, featuring the book 'Girl, Woman, Other' by Bernardine Evaristo

Disability Awareness Month

This National Event ran from mid November to mid December 2021, was again celebrated in BHT. This year we focussed on increasing awareness of Disability. The aim was to help colleagues with long-term conditions who may not identify as 'disabled' to recognise the support available to them and that their conditions met the Equality Act definition. We took mobile resources to teams and departments across the main sites of the Trust

International Women's Day

We celebrated International Women's Day on 8th March 2022 with a Webinar entitled 'Celebrating Key Behaviours that empower Women'. We also held a social media campaign complementing the IWD's '#BreaktheBias' campaign. This told the stories of several female colleagues in the BHT who had faced barriers to their progression.

PRIDE Month

PRIDE Month was celebrated throughout June 2022 at BHT. Amongst internal celebratory activities, we launched our new Pride Progress Flag. The Pride flag was also projected onto one of our acute hospital buildings as a symbol of our allyship to the LGBTQ+ community. We held a Pride themed Piano recital and were invited to Stoke Mandeville Hospital Radio to co-present a Pride themed show.

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HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

"Your Pride event was a great opportunity to meet . It has helped me be more aware of the colleagues networks available for me and my team"

Some memories
from our year...

**BHT
Sportsfest**



**Pride
Fair**

**Pride Flag
Ceremony**



Diwali

Section 2: Workforce Information

(this relates to data from Financial Year 2021-22)

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HEALTHY COMMUNITIES

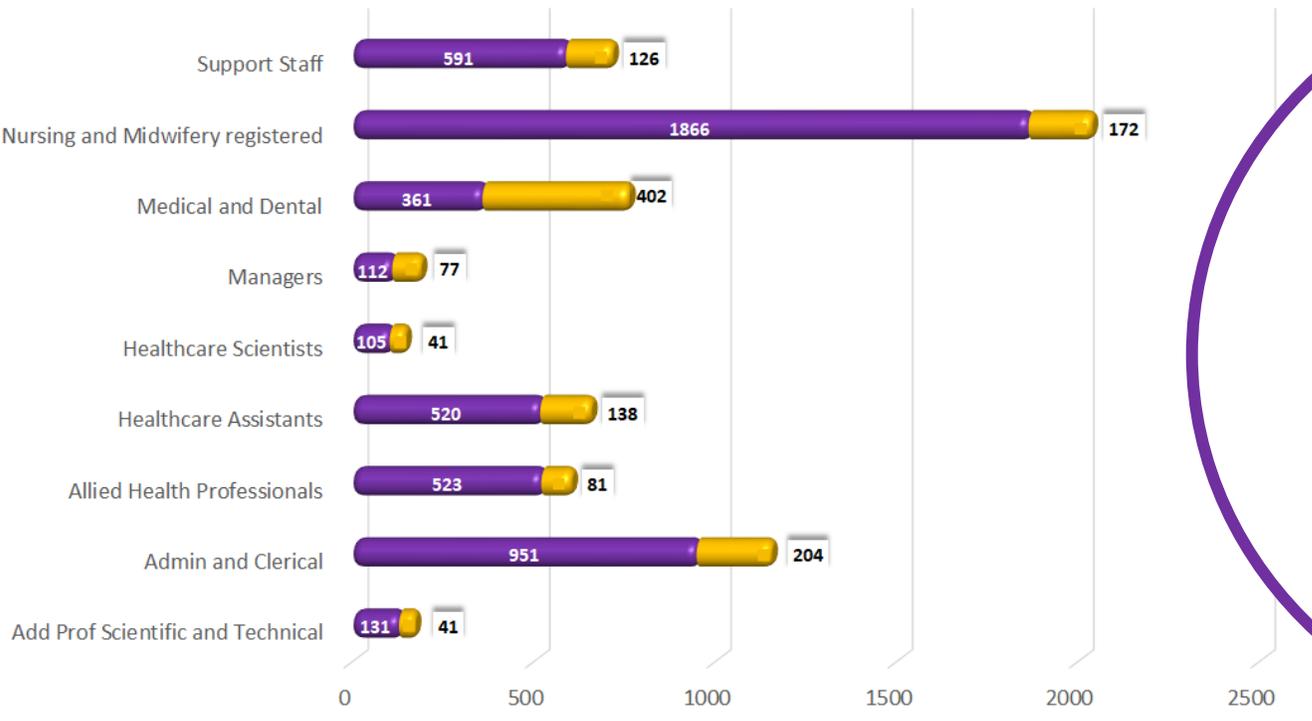
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In keeping with our PSED requirements, this section contains an overview of our workforce data in relation to some of the protected characteristics.



Gender Profile

BHT Workforce by Staff Group & Gender



= Male = Female

What does this tell us?

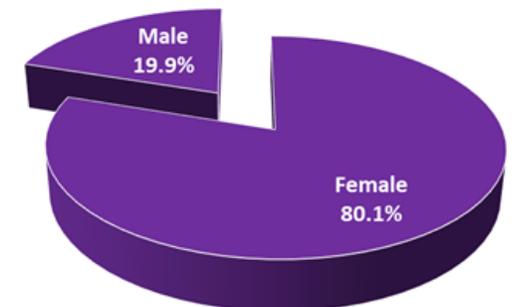
The workforce profile remains predominantly female, with 5160 (80.1%) female colleagues and 1282 (19.9%) male colleagues.

In the 2011 census, The gender profile of England was 51% female and 49% male, In 2019 NHS Employers produced data indicating that the gender profile for the national NHS workforce is 77% female and 23% male. BHT's workforce profile is broadly in line with this.

*The Census Data for Buckinghamshire was collected in 2011, therefore population figures may have changed. The new Census was completed in 2021, and initial results out later in 2022.

Gender

Buckinghamshire Healthcare NHS Trust
Staff in Post as of 31st March 2022



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Age

What does this tell us?

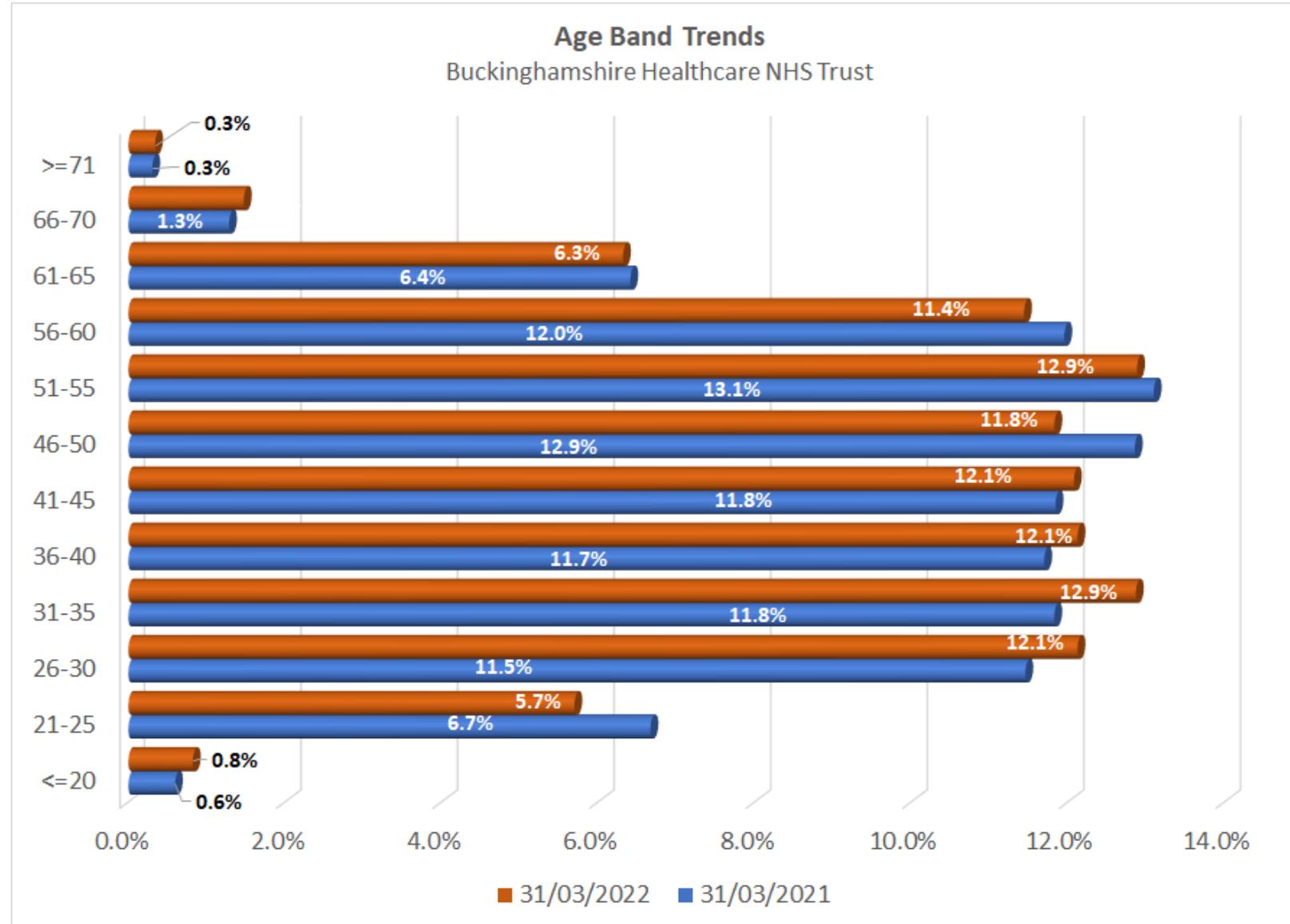
- The two largest age groups across at the Trust are 31- 35 and 51-55
- Further analysis also shows that the largest age group for Bands 1-7 is 46-50, followed by 51-55 and for Medical staff the largest age group is 31-35

The mean age of trust colleagues was 43.8 in 2021-22, a small decrease from 44.0 in 2020-21

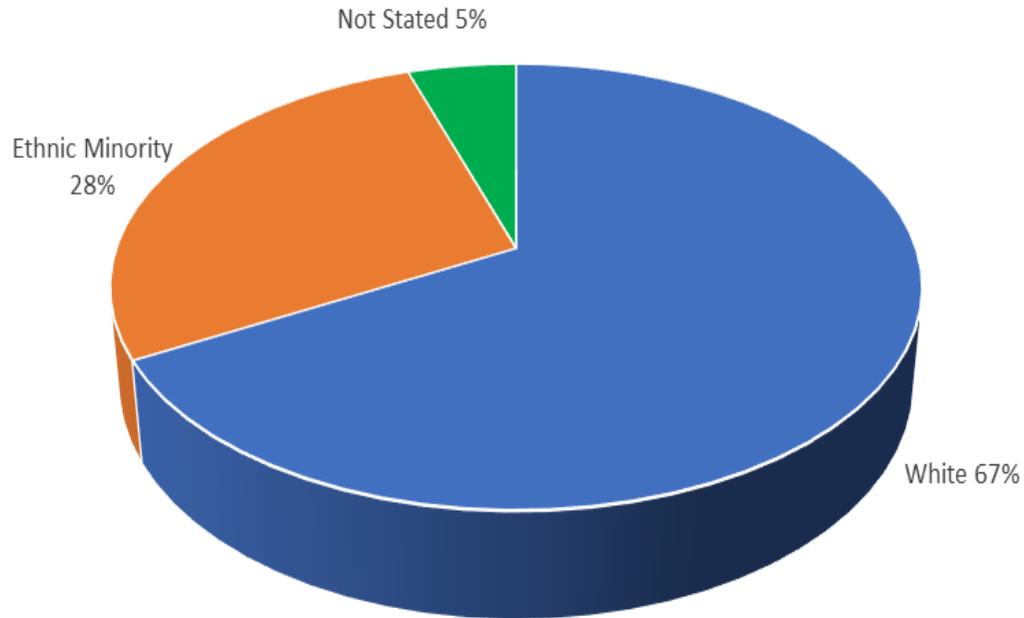
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Ethnicity



What does this tell us?

- 64.7 % of our colleagues overall are from a White ethnic background, the next largest group is colleagues from an Asian ethnic background, representing 14% of the workforce.
- Overall 30.7% of colleagues are from an ethnic minority background compared to 26% in 2021; The increase from last year, reflects the international recruitment that we have undertaken in f/y 2021-22. 4.6% of colleagues have not stated their ethnicity.
- Across the NHS , the WRES* 2021 data analysis report (f/y2021-22) shows that 22.4% of all NHS Staff are of an ethnic minority background, and 73.1% are of a White background, 4.6% of colleagues have not stated their ethnicity.
- 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 once it is released.

*WRES = Workforce Race Equality Standard.

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HEALTHY COMMUNITIES

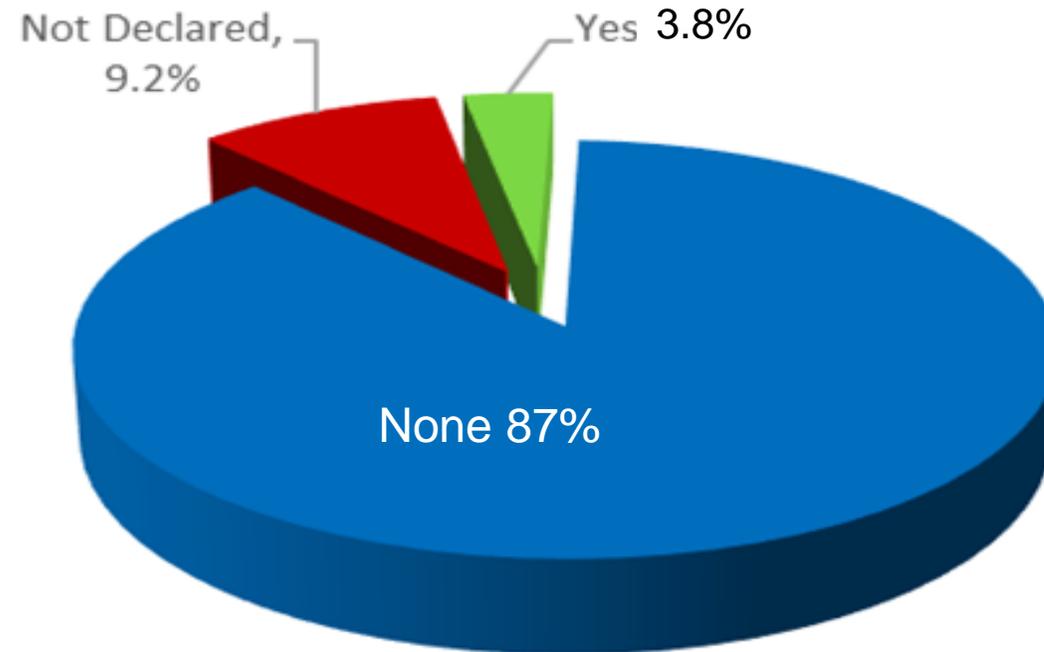
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Disability declaration rates

What does this tell us?

- In 2021-22 the number of colleagues who declared a disability was 218 (3.8%), an increase from 175 (2.8%) in 2020-21.

Employees with disability
31st March 2022



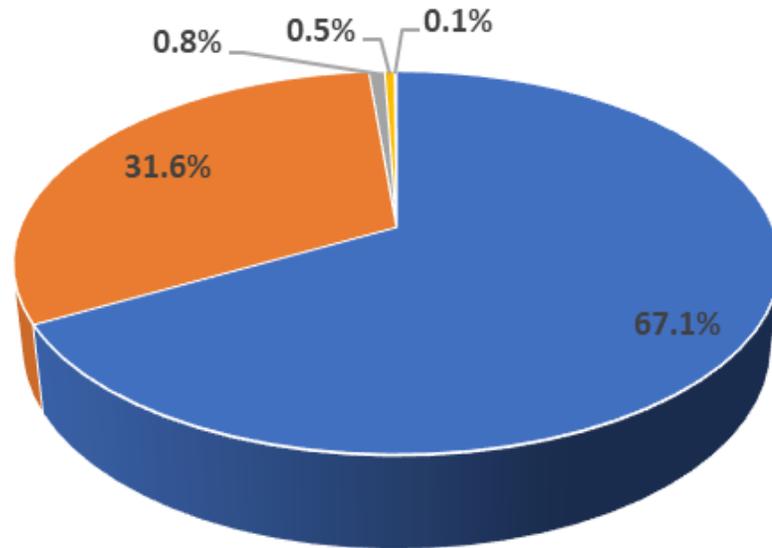
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Sexual Orientation

Sexual Orientation by Percentage



■ Heterosexual ■ Unknown or Not Stated ■ Gay or Lesbian ■ Bisexual ■ undecided

What does this tell us?

- 1.3% of colleagues have declared that they are either Gay, Lesbian or Bisexual, this represents an increase since **of x 2021**. We know from our staff survey returns (which are anonymous), that a higher proportion of colleagues identify as LGBTQ+
- 31.6% % of colleagues have not stated their sexuality or their sexuality is unknown
- 67.1% of colleagues have stated that they are Heterosexual
- 0.1% of colleagues declared that their sexuality was undecided

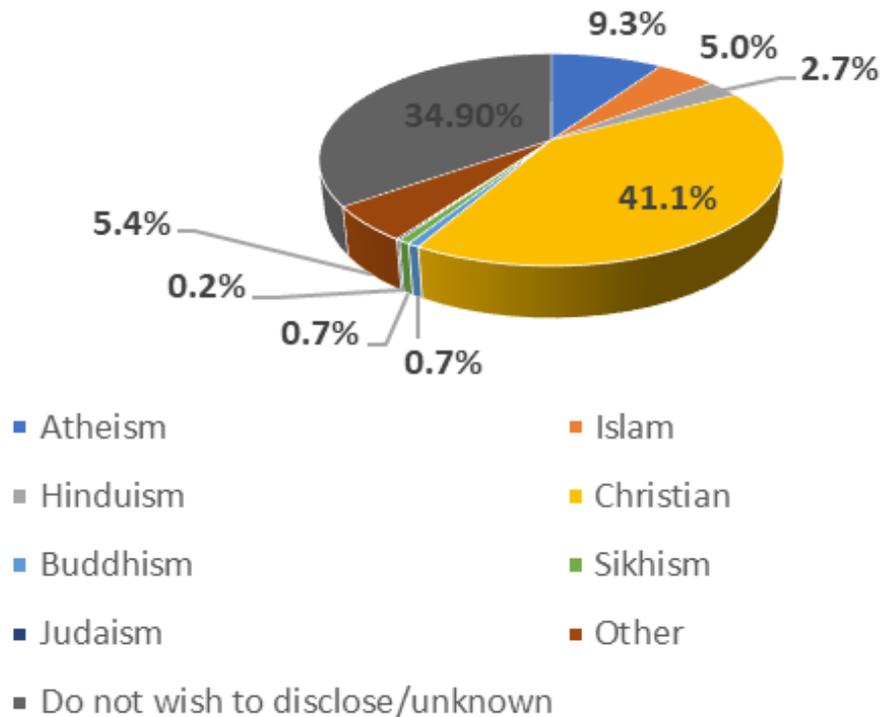
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AND A GREAT PLACE TO WORK

Religion and Belief

Religious Belief as at 31 March 2022



What does this tell us?

- 41.1% of colleagues state that they are Christian
- 5.0% of colleagues are of an Islam background
- 2.7% of colleagues are of a Hindu background
- 0.7% of colleagues are of a Buddhist background
- 0.7% of colleagues are of a Sikh background
- 0.2% of colleagues state their religion to be Judaism
- 9.3% of colleagues are atheist
- 5.4% of colleagues state that they are part of another religious group
- 34.9% of colleagues do not wish to disclose or are of an unknown background

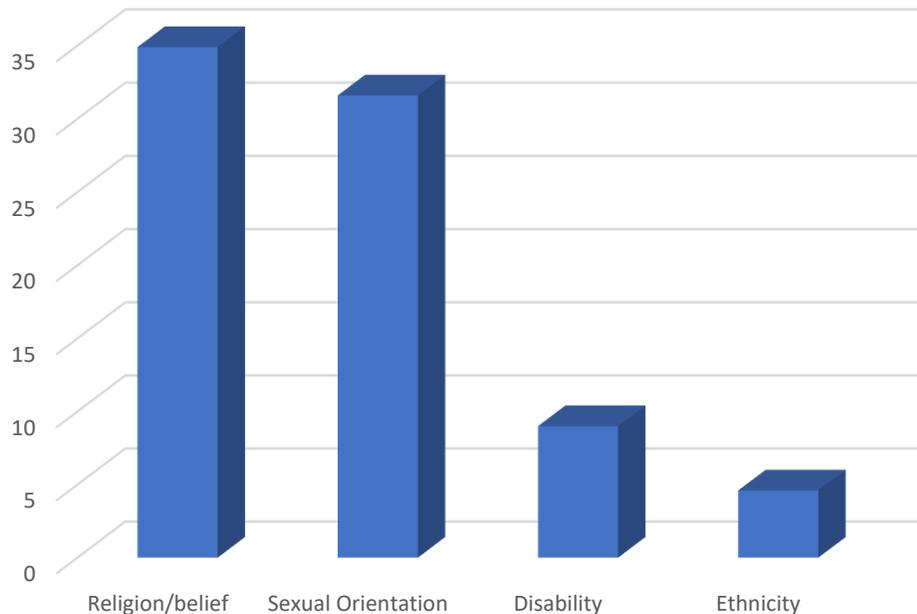
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AND A GREAT PLACE TO WORK

Non-disclosure rates for protected characteristics

*Non Disclosure rates for protected characteristics
2021-22*



- **Ethnicity** – 4.6% of colleagues have not specified their Ethnicity; an increase from last year from 3.6%.
- **Disability** - 9% of colleagues have not specified if they have a Disability; this is an improvement from 10.2% in 2021
- **Sexual Orientation** –25.1% of colleagues have not specified their Sexual Orientation; this is an improvement from 30.3% in 2021
- **Religion or Belief** –28.4% of colleagues have not specified their Religion or Belief; this is an improvement on the 2021 figure of 33.5%

About the remaining protected characteristics:

- **Colleagues currently on Maternity Leave**– this process is linked to Payroll and we have records of all colleagues who are taking maternity leave.
- **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

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Our aim is to decrease non-disclosure rates year-on- year to ensure our data accurately reflects the demographic of BHT

Section 3: The Equality Standards

(this relates to data from Financial Year 2021-22)

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

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Introduction to 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)** – This was introduced in 2019 and is designed to measure and enable improvement of the working lives of colleagues with disabilities and/or 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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AND A GREAT PLACE TO WORK

Overall our Data for 2021-22 shows:

What we did well:-

- We demonstrated improvement in our WRES and WDES Recruitment Indicators
- There is a small improvement in our Gender Pay Gap Data

Where we need to improve:-

- The number of colleagues who have received the Reasonable Adjustments they need
- There was a deterioration in our Disciplinary Data for ethnic minority colleagues

“As a manager of a diverse and large team I want to better understand and support the workforce as an Ally”

People say ...

“Your Pride event was a great opportunity to meet . It has helped me be more aware of the colleagues networks available for me and my team”

**Where continued focus is needed:
Our Staff Survey Data relating to Bullying, harassment and abuse**

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AND A GREAT PLACE TO WORK

Workforce Race Equality Standard (WRES)



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 Ethnic Minority 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.

Summary of WRES Progress in 2022

Our recruitment indicator has decreased for the fifth consecutive year, reducing from 2.44 in 2018 to 1.35 in 2022. The ethnic diversity of the Trust Board is greater than that of the organisation.

Our 2022 data demonstrates that we continue to achieve parity of outcomes for access to training.

Our workforce ethnicity profile data (indicator 1) highlights an increase in the number of ethnic minority colleagues in Band 8a+ roles compared to last year.

There has been a slight deterioration in the metric relating to disciplinary cases this year, with an increase in the likelihood of colleagues from a minority ethnic background being involved in cases, compared to white colleagues.

In 2020, the Trust Board agreed 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

The ethnic make-up of our Board is more diverse than our workforce as a whole. The ethnic make-up of our senior leaders (band 8a – 9 and VSM) is 19.4%, so work remains.

2. Our recruitment processes will be fair, with equal outcomes for BAME and white applicants by the end of 2021

Our WRES Data shows that we have met this target.

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AND A GREAT PLACE TO WORK

WRES Progress Indicator 1 - Workforce Representation

Bands 1 to Very Senior Manager (VSM)

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

	WRES Indicator 1 – 31 March 2021			WRES Indicator 1 – 31 March 2022		
	White	Ethnic Minority	Not Stated	White	Ethnic Minority	Not Stated
Bands 1-7	3745 72.8%	1196 23.3%	199 3.9%	3493 66.5%	1494 28.5%	260 5.0%
Bands 8A to VSM	297 78.1%	70 18.4%	13 3.4%	309 74.3%	81 19.4%	26 6.3%
TOTAL	4042 (73.2%)	1266 (23%)	212 (3.8%)	3802 (67.1%)	1575 (27.8%)	286 (5.1%)

What does this tell us?

The above tables highlight the differing ethnicity profile of our workforce across the various pay bands. While we have an increase of 1% in our colleagues from Ethnic Minority backgrounds in bands 8A to VSM this year, there is still 8.4% to get full representation 19.4% vs 27.8%).

Our overall workforce now consists of 27.8% Ethnic Minority

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AND A GREAT PLACE TO WORK

WRES Progress Indicator 1 - Workforce Representation

Bands 1 - 7 (detail)



Buckinghamshire Healthcare
NHS Trust

1) **Workforce representation.** Percentage of white and BME colleagues in each of the AfC Bands compared with the percentage of colleagues in the overall workforce

	WRES 2021 Submission			WRES 2022 submission		
	White	Ethnic Minority	Not Stated	White	Ethnic Minority	Not Stated
Band 1	0	1 (100%)	0	0	0	0
Band 2	661 (66.9%)	286 (28.9%)	40 (4.1%)	591 (60.9%)	280 (28.8%)	100 (10.3%)
Band 3	446 (77%)	118 (20.3%)	15 (2.6%)	423 (73.5%)	122 (21.2%)	30 (5.2%)
Band 4	498 (74.7%)	100 (15%)	68 (10.2%)	461 (75.0%)	117 (19%)	37 (6.0%)
Band 5	689 (64.5%)	337 (31.5%)	42 (3.9%)	589 (49.2%)	583 (48.7%)	25 (2.1%)
Band 6	849 (74.9%)	258 (22.7%)	26 (2.3%)	820 (71.7%)	277 (24.3%)	46 (4.0%)
Band 7	602 (85%)	96 (13.6%)	8 (1.1%)	609 (81.6%)	115 (15.4%)	22 (3.11%)
Total	3745 (72.9%)	1196 (23.3%)	199 (3.9%)	3493(66.6%)	1494 (28.5%)	260 (5.0%)

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WRES Progress Indicator 1 - Workforce Representation

Bands 8 TO VSM (detail)

Buckinghamshire Healthcare

NHS Trust

1) **Workforce representation-** Number of white and BME colleagues in each of the AfC Bands 8a-9 to VSM (including executive Board members) compared with the percentage of colleagues in the overall workforce

	WRES 2021 Submission			WRES 2022 submission		
	White	Ethnic Minority	Not Stated	White	Ethnic Minority	Not Stated
Band 8a	168 (73.6%)	51 (22.3%)	9 (3.9%)	175 (71.7%)	53 (21.7%)	16 (6.6%)
Band 8b	57 (82.6%)	10 (14.5%)	2 (2.9%)	58 (71.6%)	15 (18.5%)	8 (9.9%)
Band 8c	41 (89.0%)	4(8.7%)	1 (2.2%)	44 (89.7%)	4 (8.2%)	1 (2.0%)
Band 8d	13 (92.8%)	0	1 (7.1%)	12 (80.0%)	2 (13.3%)	1 (6.7%)
Band 9	11 (73.3%)	4 (26.7%)	0	15 (75.0%)	5 (25.0%)	0
VSM	7 (87.5%)	1 (12.5%)	0	5 (71.4%)	2 (28.6%)	0
Total	297 (78.1%)	70 (18.4%)	13 (3.4%)	309 (74.3%)	81(19.4%)	26 (6.3%)

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WRES Progress – Metrics 2-9



Buckinghamshire Healthcare

Metric	2020/21 Score	2021/22 Score	Progress 2022
2) Recruitment. Relative likelihood of white candidates being appointed from shortlisting across all posts compared to BME candidates (including International recruitment)	1.28	1.25	Improvement Parity achieved
3) Disciplinarys. Relative likelihood of BME colleagues entering the formal disciplinary process compared to White colleagues, as measured by entry into a formal disciplinary investigation	1.23	1.35	Deterioration within 10% of parity
4) Training & Development. Relative likelihood of colleagues accessing non-mandatory training and CPD	1.02	1.27	Deterioration Within 10% of parity
5) Patient Bullying & Harassment. Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White = 24.2% Ethnic Minority 26.2%	White = 26.7% Ethnic Minority = 26.0%	No significant change but requires further progress
6) Staff Bullying & Harassment. Percentage of colleagues experiencing harassment, bullying or abuse from colleagues in last 12 months	White = 21.6% Ethnic Minority = 28.9%	White = 22.6% Ethnic Minority = 25.1%	Improvement but requires further progress
7) Career progression perceptions. Percentage believing that trust provides equal opportunities for career progression or promotion	White = 59.2% Ethnic Minority = 44.4%	White = 60% Ethnic Minority = 47.9%	Improvement but requires further progress
8) Discrimination. Percentage of colleagues who have experienced discrimination at work from their manager/team leader or other colleague	White = 6.2% Ethnic Minority = 18.6%	White = 6.8% Ethnic Minority = 13.8%	Improvement but requires further progress
9) Board representation. Percentage difference between the organisations' Board voting membership and its overall workforce	Board voting = 36.4% Ethnic Minority Overall workforce = 26% Ethnic Minority	Board voting = 45.5% Ethnic Minority Overall workforce = 27% Ethnic minority	Significantly Improved

Key

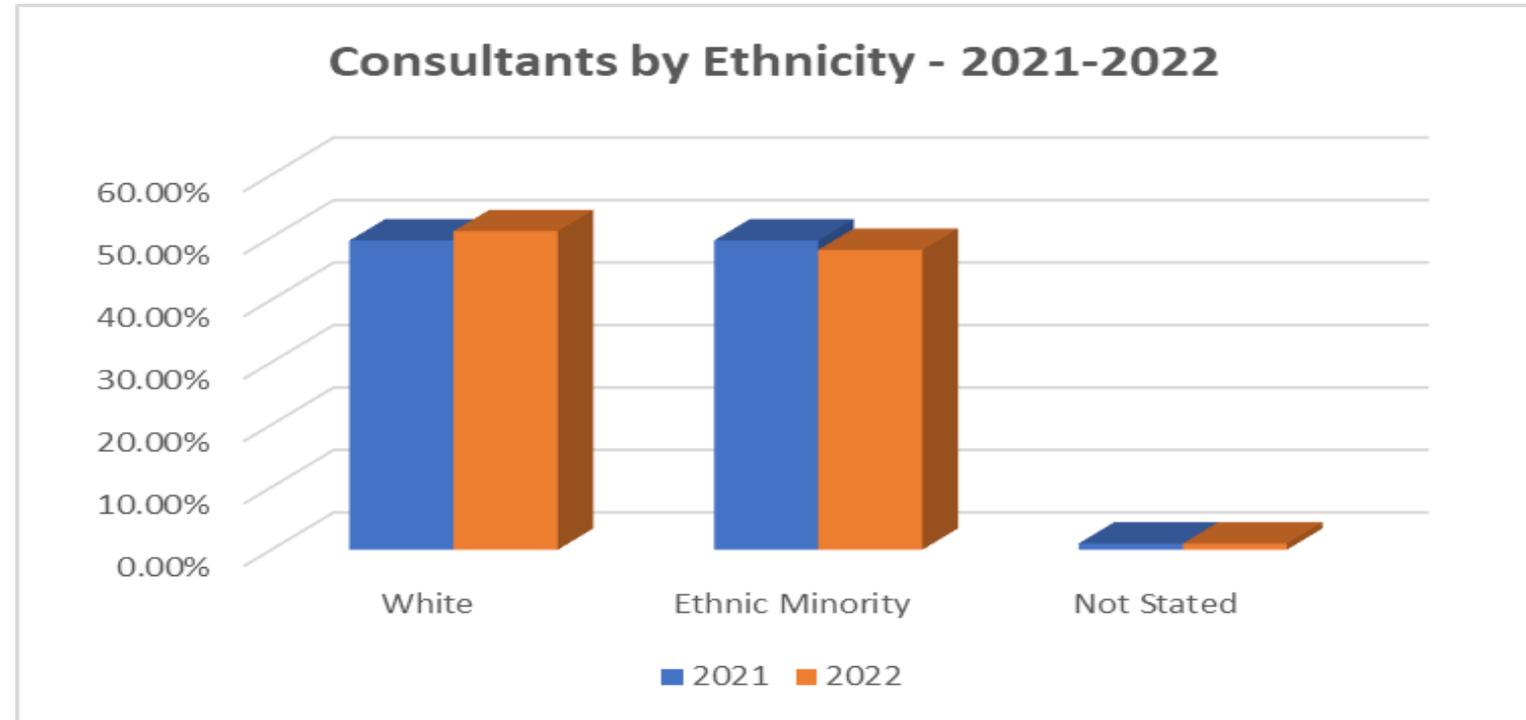
-  = Improvement
-  = No significant change
-  = Deterioration

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WRES – Medics & Consultants by Ethnicity – 2021 - 2022

- Overall at 31 March 2022 48% of our Consultants were from an ethnic minority background
- At 31 March 2022, 55.5% of our SAS Doctors were from an ethnic minority background



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 colleagues. The WDES enables BHT to better understand the experiences of our disabled colleagues and those with long term conditions in order to support 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 enable us to measure progress against the indicators of disability equality.

In 2020, BHT The Trust Board agreed 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 colleagues will be provided with reasonable adjustments where needed by end of 2022



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Summary of WDES Progress in 2022

The recruitment ratio for disabled vs non-disabled applicants improved slightly this year. I.e. the gap between the likelihood of a disabled person being recruited from shortlisting, compared to a non-disabled person closed slightly, meaning that we have reached parity on this metric (a ratio which falls between 0.8 and 1.2)

As at March 2022, 218 colleagues had declared a disability or long term condition, compared to 175 in March 2021. This represents an improvement in the declaration rate from 2.8% to 3.38%, which had previously not changed for a number of years.

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 2021; 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 – Disability Declaration Rates



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

	WDES Indicator 1 – 31 March 2021 Disability Declared		WDES Indicator 1 – 31 March 2022 Disability Declared		
	Number	%		Number	%
Bands 1-4	72	3.2	Bands 1-4	90	4.2
Bands 5-7	83	2.9	Bands 5-7	94	3.0
Bands 8a/8b	5	1.7	Bands 8a/8b	5	1.5
Band 8c/d/VSM	4	4.8	Band 8c/d/VSM	4	4.4

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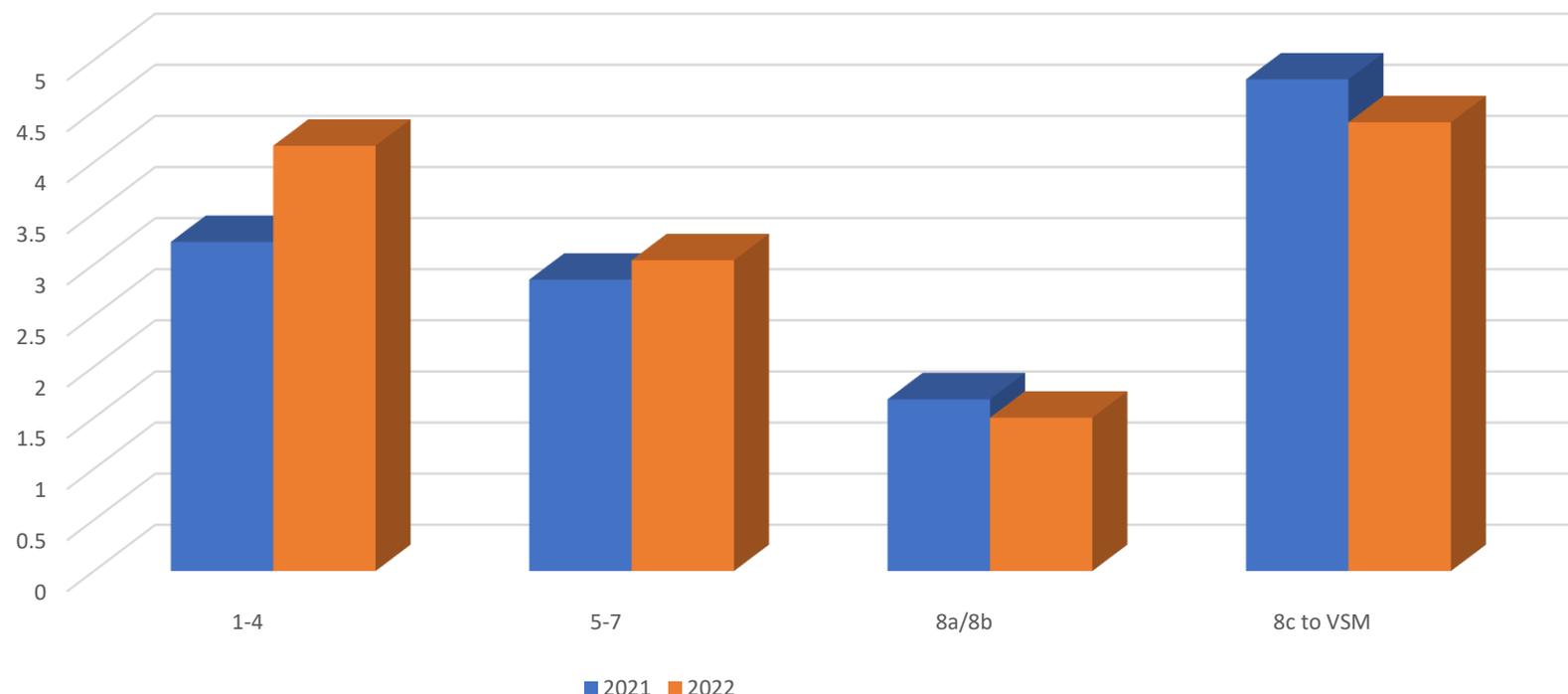
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WDES 2022 – Declared Disability By Pay Bands 1 to Very Senior Manager

What does this tell us?

- The disability declaration rate was higher in 2022 than in 2021 in Bands 1-7 (4.2% compared to 3.2%)
- The declaration rate was lower in 2022 than in 2021 for Band 8c to VSM (4.4% compared to 4.8%)
- Disability declaration is lowest overall in Bands 8a and 8b

% Disability declaration by WDES pay band cluster



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WDES Progress 2021-22 – Indicators 2-4



Buckinghamshire Healthcare
NHS Trust

	2021 Score	2022 Score	Progress 2022 Parity between groups
2) Recruitment – relative likelihood of Non-disabled colleagues compared to disabled colleagues being recruited from shortlisting	1.27	1.11	Improvement and parity achieved
3) Performance Management – Relative likelihood of disabled compared to non disabled colleagues entering the formal capability process	0	0	No Change
4a) Bullying and harassment – percentage of disabled colleagues compared to non disabled colleagues experiencing harassment bullying or abuse from:- patients or service users	Disabled 31.9% Non Disabled 23.3%	Disabled 29.9% Non disabled 25.7%	Improvement but further work required
ii) Managers	Disabled 18.4% Non Disabled 10.3%	Disabled 18.5% Non disabled 9.6%	No significant change but further work required
iii) Other colleagues	Disabled 21.9% non disabled 16.3%	Disabled 24.7% Non disabled 16.4%	Deterioration
4b) Reporting harassment – percentage of disabled colleagues compared to non disabled colleagues saying that the last time they experienced bullying, harassment or abuse, they or a colleague reported it	Disabled 46.3% Non Disabled 45.4%	Disabled 42.9% Non Disabled 47.4%	Deterioration

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Key
= Improvement
= No significant change
= Deterioration

WDES Progress 2021 – 2022I – Indicators 5 - 10

Metric	2020/21 Score	2021/22 Score	Progress 2021/22
5) Career progression perceptions. Percentage of Disabled colleagues compared to non-disabled colleagues believing that the Trust provides equal opportunities for career progression or promotion.	Disabled =51.4% Non-disabled = 57%	Disabled =54.0% Non-disabled =58.0%	Improvement
6) Pressure to work. Percentage of Disabled colleagues compared to non-disabled colleagues saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled =26.4% Non-disabled =20.8%	Disabled =26. 8% Non-disabled =18.1%	No significant change
7) Feeling valued. Percentage of Disabled colleagues compared to non-disabled colleagues saying that they are satisfied with the extent to which their organisation values their work.	Disabled =40.3% Non-disabled =48.8%	Disabled =36.7% Non-disabled = 45.0%	Deterioration
8) Reasonable adjustments. Percentage of Disabled colleagues saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	77%	73. 6%	Deterioration
9a) Engagement. The colleagues engagement score for Disabled colleagues, compared to non-disabled colleagues.	Disabled =6.8 Non-disabled =7.2	Disabled 6.6 Non-disabled 7.0	Deterioration
9b) Engagement. Has your Trust taken action to facilitate the voices of Disabled colleagues 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 = 6% Workforce Disabled =3% Executive Disabled = 3%	Voting Disabled = 3 % Workforce Disabled =3.38% Executive Disabled = 3%	No significant change

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Key

-  = Improvement
-  = No significant change
-  = Deterioration

Gender Pay Gap Reporting – 2021-22

Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 apply to all public sector employers with 250 employees or more, which means that BHT must report its Gender Pay Gap data annually, by 30 March each year. However, understanding the Gender Pay Gap and the drivers behind it is also an important tool, which helps us determine how we can enable the closing of our Gender Pay Gap. This is crucial to increasing inclusivity within BHT through achieving parity between men and women in the Trust.

Gender Pay Gap reporting identifies the gender pay gap in our fixed hourly pay rates and also in bonus pay. In BHT Bonus Pay is driven by Clinical Excellence Awards for our Medical Consultants

On the following page you will see a the progression of our Gender Pay Gap data summarised from 2017 to 2022. Overall this shows an improvement for our mean gender pay gap for hourly fixed pay. It also shows an improvement in our mean data for Bonus Pay . However over the five years there has been a deterioration in the median hourly fixed pay.

Next Steps:-

In the coming year we will support our Women's network to engage with our new Talent Management processes to facilitate better career progression and promotion opportunities for women in BHT.

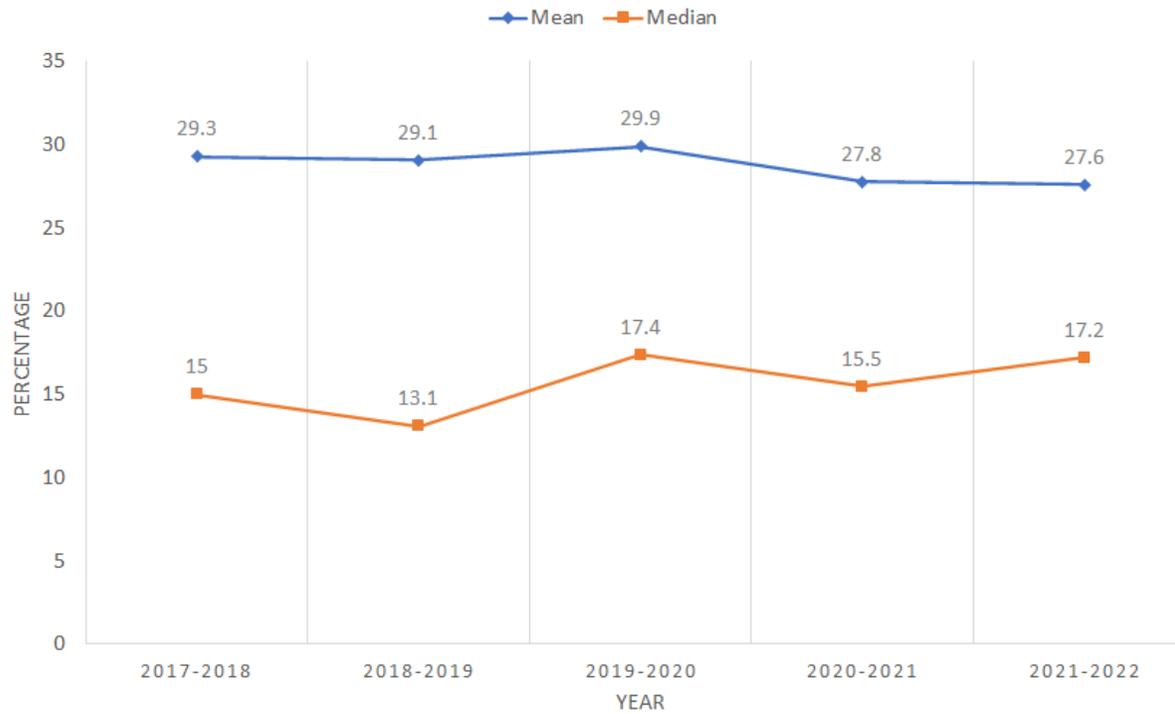
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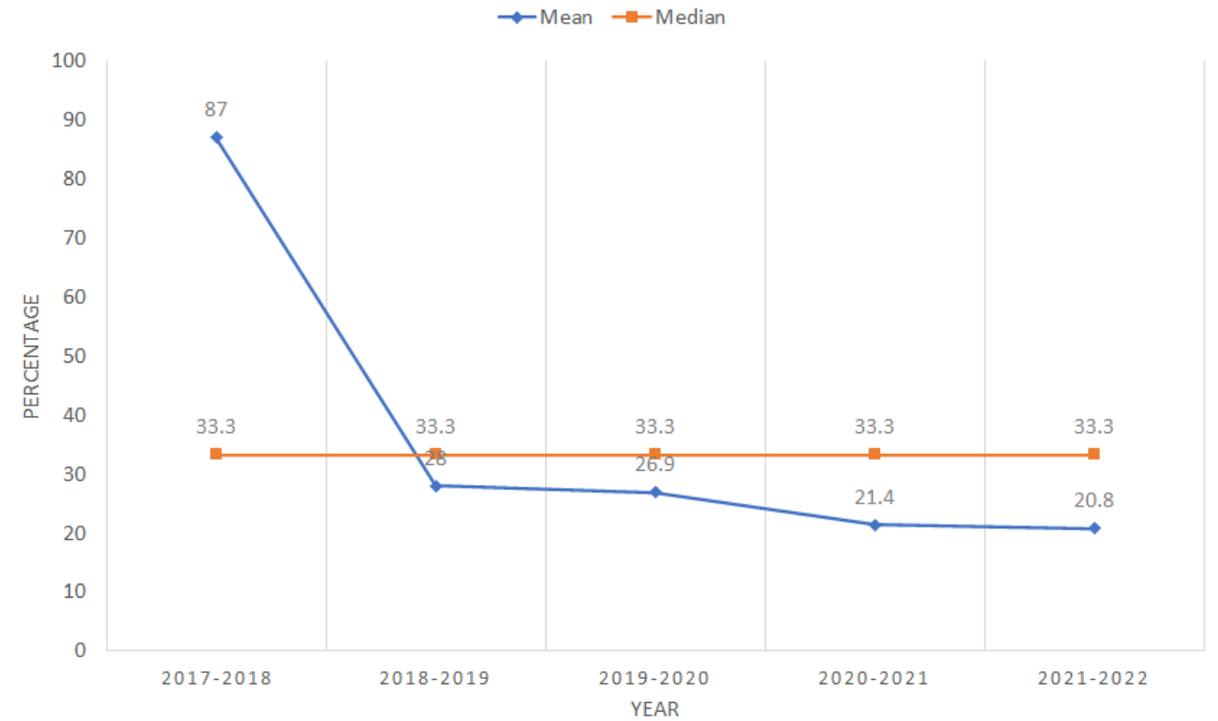
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Gender Pay Gap Reporting Annual comparison - 2017 to 2022

GENDER PAY GAP – HOURLY FIXED PAY



GENDER PAY GAP – BONUS PAY



Gender Pay Gap by Staff Group 2022 (highest to lowest mean gap)

Staff Group	Mean Hourly Rate			Median Hourly Rate			Headcount	
	Female	Male	Mean Gap	Female	Male	Median Gap	Female	Male
Admin and Clerical & Managers	£14.37	£20.57	30%	£12.00	£16.50	27%	1034	278
Medical and Dental	£35.39	£41.03	14%	£32.27	£41.50	22%	352	400
Healthcare Scientists	£20.46	£22.25	8%	£20.49	£20.49	0%	97	41
Healthcare Assistants	£11.58	£11.99	3%	£11.34	£11.74	3%	469	134
Add Prof Scientific and Technic	£22.26	£22.19	0%	£20.49	£20.61	1%	118	40
Nursing and Midwifery Registered	£19.62	£19.42	-1%	£19.88	£18.53	-7%	1790	169
Allied Health Professionals	£20.91	£20.52	-2%	£20.49	£20.49	0%	478	79
Support Staff	£11.77	£11.19	-5%	£11.44	£10.84	-6%	556	118

Admin and Clerical – this year the mean gender pay gap has increased from 28% to 30%. This gap is primarily driven by a higher proportion of females occupying Admin and Clerical roles in quartiles 1&2, alongside a higher proportion of males occupying roles in quartiles 3 and 4

Key

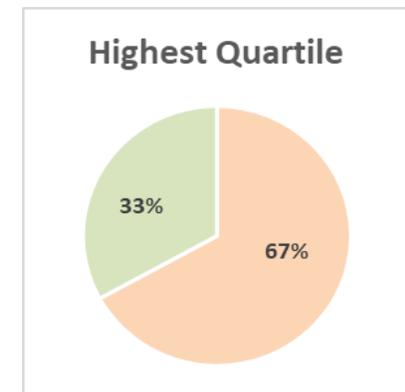
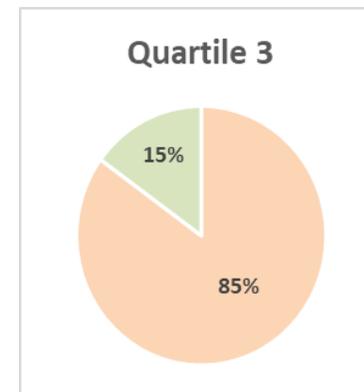
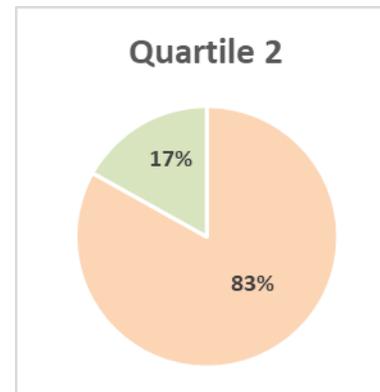
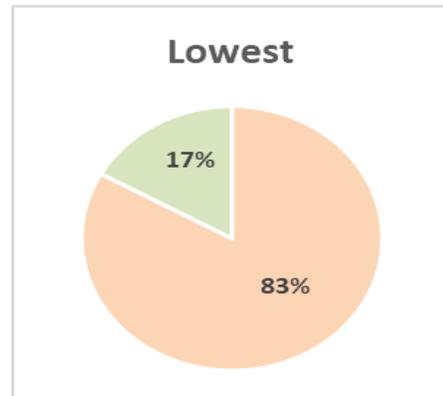
- Gap in favour of men
- Gap in favour of women
- No gender pay gap

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Medical and Dental – For Medical and Dental Staff the mean gender pay gap has increased from 11% to 14%, and the median has increased from 19% to 22%. The gender profile for medical Consultants remains predominantly male, with 62% being male.

Gender Pay Gap Reporting 2022

- The images below illustrate the gender distribution across Buckinghamshire Healthcare NHS Trust in four equally sized quartiles. In order to create the quartile information all colleagues 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 colleagues groups have a higher proportion of female colleagues in the highest quartile compared to male colleagues.
- We are confident that men and women are paid equally doing equivalent jobs across the organisation.



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