Annual Equalities Workforce Report 2022-2023

A reflection of progress in relation to Equality Diversity & Inclusion, including our statutory equality standards

OUTSTANDING CARE
HEALTHY COMMUNITIES
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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. The information provided demonstrates how we have considered how our services and activities, both as an employer and a service provider, affect people with different protected characteristics.

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 2022/23 alongside our PSED requirements and Equality Standards data. A separate report is published annually in relation to the PSED requirements for our service users.

Meeting the PSED Standards

1. Part of meeting the PSED requirements is publishing information relating to employees who share protected characteristics. Our workforce data relating to protected characteristics of our colleagues is contained within this report. For the third consecutive year, we have reduced the number of colleagues with 'undisclosed' status on various protected characteristics. This is reflective of efforts to cleanse our workforce data and ensure we capture accurate demographic profiles of our workforce.

2. Equality objectives for the Trust were published in 2019 and have been renewed in 2023 to reflect the NHS EDI Improvement Plan 6 high impact actions, which all NHS organisations are encourage to meet. We are committed to implementing these objectives as part of our duties and importantly, in line with our values as a Trust. A supporting action plan is included at the end of this document.

3. We are required to publish information on work we undertake to eliminate discrimination and foster equal opportunities for those with protected characteristics. Analysis and recommendations relating to our Equality Standards are contained within this report.

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AND A GREAT PLACE TO WORK

Executive Summary Continued

What is our Equalities Data telling us?

Workforce Race Equalities Standard (WRES): Our data highlights continued improvements in recruitment, disciplinaries and access to training and development, with BME and White colleagues now achieving equivalent outcomes in these areas. Despite work to improve our recruitment outcomes for candidates, BME colleagues make up 32% of our Band 1-7 workforce but only 18% of the Band 8a+ leadership workforce; a percentage difference of 14%. This has increased from 5.5% difference in 2022. Experiences of bullying, harassment and discrimination increased for BME colleagues this year in all areas, including from patients where BHT performed worse than the NHS average. BME colleagues consistently report higher numbers of these experiences than White colleagues. In line with the NHS EDI Improvement Plan, reducing such instances will be a key focus for BHT this year.

Workforce Disability Equality Standard (WDES): Our data demonstrates an increase in the number of colleagues at BHT who have declared via ESR that they have a Long Term Condition (LTC) or disability compared to last year (3.4% in 2022 to 5.42% in 2023) . Colleagues with disabilities are experiencing equal outcomes in relation to recruitment and performance management, and more colleagues have been able to access reasonable adjustments within their roles (73.6% in 2022 to 77.2% in 2023). Incidents of bullying and harassment from patients increased in 2023 for colleagues with and without LTCs, with incidents being 4% higher for colleagues with LTCs. BHT is performing worse than the national average in this area, and colleagues with LTCs are also more likely to report experiencing harassment from their managers and other colleagues.

Gender Pay Gap (GPG): We are pleased to report an improvement (reduction) in both the hourly fixed pay gap between men and women for the mean pay gap – 26.9% for f/y 2022/23, compared to 27.6% for financial year f/y 2021/22, and the median hourly fixed pay gap –15.5% for f/y 2022/23 compared to17.2% for f/y 2021/22. Analysis has identified that our gender pay gap is driven by a higher percentage of men in the highest quartile of pay, mainly due to significantly different gender splits within the medical & dental and administrative & clerical staffing groups

However, there was an increase in our mean bonus gap this year, which has increased from 20.8% to 25.5%. There is also a 9% difference in the number of men and women who received a bonus for their performance in f/y 2022/23. Bonus Pay applies to fewer than 4% per cent of all our staff employed. This is because only certain medical staff (from within the consultant body) receive pay that is classified as bonus pay. A bonus pay element is awarded as a result of recognition of excellent practice over and above contractual requirements and has no gender bias. In f/y 2022/23 this payment was awarded equally to those meeting the criteria in line with national guidance and in agreement with the BMA.

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AND A GREAT PLACE TO WORK

Executive Summary Continued

Progress against Objectives

In 2020 we set four equalities objectives in line with our WRES & WDES data (page 9). We have achieved two of these objectives fully: there are now equal outcomes for BME and White candidates and disabled and able-bodied candidates in our recruitment processes. More work is required to improve the diversity of our senior leaders (Band 8b+) which is currently 17% BME compared to 32% of our overall workforce. Whilst we have previously made improvements against this objective, reaching parity in 2022, the percentage of BME Band 8b+ colleagues has declined whilst the total number of roles at this level has increased. We have also increased the diversity of our workforce through our successful recruitment of approximately 300 international nurses. Further work is also required to improve access to reasonable adjustments (currently 77%), despite making some progress in this area from previous years.

New Objectives

We are committed to meeting the new national NHS EDI Improvement Plan and implementing the six high impact areas to embed EDI work further into the organisation. Details of our progress against these areas is documented on pages 43-47. In keeping with these six areas, we have set two priority Equalities Objectives for BHT which also take into consideration our equalities data and progress to date. Our two priority objectives for the next three years will be:

1. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity. Specifically, Improve representation of BME colleagues in AfC Band 8b+ roles to 24% or above by July 2026.
2. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Specifically, Reduce occurrence of bullying and harassment from managers and other colleagues by a minimum of 2% per year.

An associated Action Plan to achieve these objectives is included at the end of this document.

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AND A GREAT PLACE TO WORK

Contents

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 contains specific measures and goals to enable this.

The Trust previously reported on its compliance with the Public Sector Equality Duty in October 2022.

This Report focusses on our colleagues and covers the 2022/23 Financial Year. It encompasses the information required to meet our Equality Duties in relation to our workforce for 2022/23. The data contained within the report is taken from our electronic colleagues record system as of 31st March 2023, unless otherwise specified. This report also highlights our work in Equality, Diversity and Inclusion throughout the year, and the work we have undertaken to achieve progression. A separate report will be published in relation to our PSED requirements for our patients.

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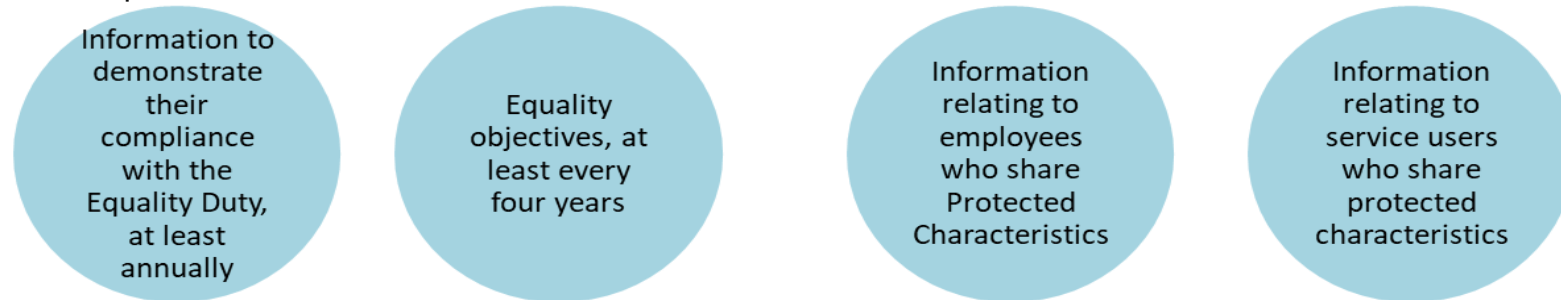HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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

Special Duties:

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

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

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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

Progress Against Previous Equalities Objectives

In 2020 we set four equalities objectives in line with our WRES & WDES data. Below is a summary of progress against those objectives.

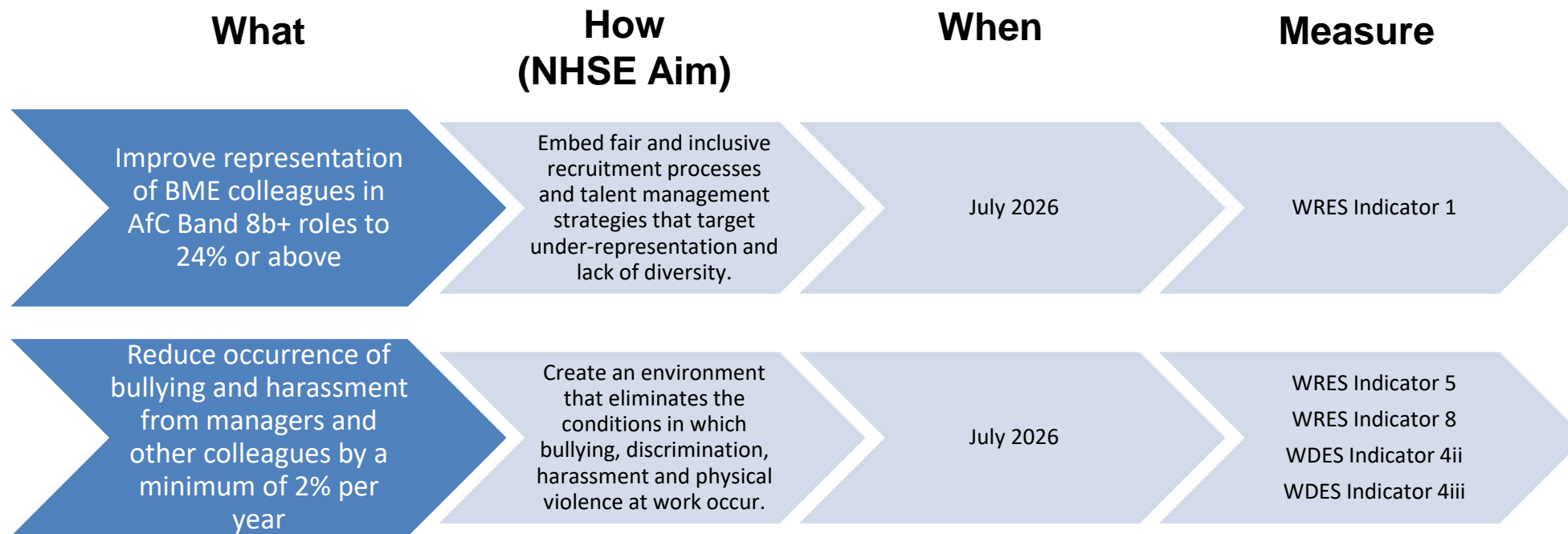| 2020 Objective	Progress
The ethnic make-up of our Board and senior leaders will be 24% from Ethnic Minorities, reflecting that of our workforce by 2022	This was met in 2022, however currently 17% of our Band 8b+ workforce are from a BME background and 78% are white.
Our recruitment processes will be fair, with equal outcomes for Ethnic Minority colleagues and white applicants by the end of 2021.	Achieved. The ratio of appointment from interview is 1.15 (parity).
Our recruitment processes will be fair, with equal outcomes for disabled and non-disabled applicants by the end of 2021	Achieved. The ratio of appointment from interview is 1.14 (parity).
All disabled staff will be provided with reasonable adjustments where needed by end of 2022	Currently 77.2% of colleagues with long term conditions report being able to access reasonable adjustments if required, up from 73.6% in 2022.

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HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Our Equality, Diversity & Inclusion Objectives for f/y 2023-24

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We are required to set new Equality Objectives for the next three years in line with our PSED requirements. We have chosen to align our objectives to the NHS EDI Improvement Plan and our staff survey results. We are committed to meeting these objectives across the lifetime of this plan and continuing to embed equity and inclusion across our organisation.

What	How (NHSE Aim)	When	Measure
Improve representation of BME colleagues in AfC Band 8b+ roles to 24% or above	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	July 2026	WRES Indicator 1
Reduce occurrence of bullying and harassment from managers and other colleagues by a minimum of 2% per year	Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	July 2026	WRES Indicator 5 WRES Indicator 8 WDES Indicator 4ii WDES Indicator 4iii

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HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Section 1: ED&I Progress 2022-2023

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

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AND A GREAT PLACE TO WORK

Our Colleague Networks

We currently have 9 Colleague Networks across the organisation representing different communities and protected characteristics.

BHT Belonging Network (LGBTQ+)

BHT Embrace Network (BME)

BHT Kalinga Network (Filipino Community)

Values
Identity
Beliefs
Ethics
Spirituality
BHT **vibes**

BHT VIBES Network (Values, Identity, Beliefs, Ethics, Spirituality)

BHT Armed Forces Network

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HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

BHT 1:4 Network (Mental Health)

BHT Carers Network

BHT Disability Network

BHT Women's Network

Colleague Network updates

By growing and developing our Colleague Networks, we directly contribute to better patient care and a more inclusive culture at BHT. Creating an authentic and accepting culture leads to improved team productivity and enhances the quality of patient care (CIPD, 2021). Colleague Networks play a significant role in increasing respect at work and enhancing colleagues' understanding of marginalised groups, leading to fair and equitable care for all patients, and improved wellbeing for our colleagues.

Each of our Colleagues Networks has recently been assigned an executive sponsor.

The network sponsors assume a crucial role in advancing network objectives and establishing the network within the organisation. Their responsibility involves advocating for the network and representing its perspectives in leadership and executive spaces. This engagement provides both the sponsor and network members with prospects for personal growth, learning, and fostering allyship.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

2023 Objectives:

Membership Growth and Enhanced Allyship: Implementing promotional initiatives and commemorating significant diversity and inclusion events to attract new members and foster increased allyship.

Improved Network Structure: Our Colleague Networks with large membership will benefit from a more robust structure through incorporating a comprehensive Terms of Reference. In addition, Chairs will receive protected time within their job roles for Network involvement, supported by compensation. This empowers the Networks to actively drive change and contribute essential insights on matters that impact their community.

Examples of Colleague Network activities

NHS Buckinghamshire Healthcare NHS Trust

BHT Embrace Network

To celebrate South Asian Heritage Month and NHS 75, the Embrace Network organised a cricket match against Milton Keynes University Hospital to collaborate and connect the two BME networks.

Around 60 colleagues, family and friends, and volunteers attended. There was a South Asian feast provided to celebrate the culture and food for South Asian History Month, and the day was a huge success with positive feedback.

The Embrace Network organised the event with support from their executive sponsor, Neil MacDonald, CEO.

BHT Kalinga Network

The Kalinga Network organised the 2nd Annual BHT Sportsfest to promote health and well-being and improve colleague retention. The event supported with raising awareness for the Kalinga Network, whilst creating a culture of inclusivity and belonging.

Over 300 colleagues, friends and family members attended the event which was organised with the support of the network's executive sponsor, Bridget O'Kelly, CPO.

BHT Disability Network

In March 2023 to support BHT colleagues, the Disability Network launched the Sunflower Badge Pin to help discreetly alert others that a little help or consideration may be needed. The scheme supports with raising awareness around invisible disability, and the sunflower is recognised nationally to identify invisible disability and signifies happiness, positivity and strength.

This scheme is continuing into the 23/24 year, with more badges being distributed to keep up with growing interest across the Trust.

EDI Engagement

The EDI team attended multiple engagement events to promote and raise awareness of all the EDI-related offerings for colleagues - including Colleague Networks, the Allyship Programme, and Reciprocal Mentoring.

Disability declaration was promoted at these events which included declaration forms to be filled out at these events and supported with increasing the disability declaration rate in the Trust by 1.12% in 22/23.

By promoting Colleague Networks at these
Events, we have increased membership and allyship.

Examples of events attended:

- Healthcare Support Worker Conference
- Multiple onboarding events for new colleagues

Living Libraries

National Inclusion Week 2022 was celebrated in the Trust during September. A series of events were held for colleagues which aimed to increase understanding of differences, promote key messages and celebrate diversity and culture.

These events included a living library for the first time at BHT. A Living Library is a library where the 'books' are BHT colleagues sharing their lived experience story and the reading consists of a conversation. 6 BHT colleagues volunteered to share their lived experience to encourage colleagues to learn and understand different life experiences.

Following the success of the face-to-face Living Library, 3 virtual sessions were held to allow colleagues who could not attend face-to-face.

The Embrace Network are planning to run Living Library sessions where Embrace members could share their own experiences and stories with the wider organisation to celebrate Black History Month

So inspirational! Just a bit of consideration can make such a difference to someone. And just giving some the chance and time to share – there are incredible stories here!

One thing that worked well was… The openness (and courage) of the human books

Nice to be able to talk with colleagues with lived experience rather than specialists.

Policy Developments

This year we have updated various policies to lay the foundations for managing unacceptable behaviour and reducing inequalities.

EDI Policy

The EDI Policy was updated to explicitly specify the types of behaviour deemed unacceptable. Additionally, it outlined the principles and regulations of the Equality Act 2010, and expanded the roles and responsibilities of colleagues, line managers and the organisation in reducing inequalities.

Managing Violence, Aggression and Unacceptable Behaviour Policy

This year we have updated our Managing Violence, Aggression and Unacceptable Behaviour Policy to tackle unacceptable behaviour from patients. The policy was socialised at various engagement events, meetings, and forums across the Trust, as well as presented at the Leadership Briefing to 100 leaders. Socialising the policy was essential to ensure understanding and full implementation and endorsement across all levels of the organisation. The 2023/24 focus is to work closely with local police forces on managing criminal acts of discrimination.

Employee Relations Policy Updates

Throughout this year, we have persistently engaged in policy review through collaborative efforts with staff -side colleagues.

- The Standards of Conduct & Behaviour Policy (previously named the disciplinary policy) has been refined to integrate insights from Restorative Just Culture principles. This policy is currently in its concluding stages of ratification.
- Similarly, the Resolution Policy, which replaces our grievance and dignity and respect policies, also embodies Restorative Just Culture principles. This policy is presently undergoing consultation with staff -side colleagues, with an intent to publish it later this year.

These guiding principles have notably contributed to achieving parity in our Workforce Race Equality Standard (WRES) metrics, particularly from an Employee Relations (ER) perspective.

Buckinghamshire, Oxfordshire & Berkshire (BOB) Integrated Care System EDI Activities

Our organisation is an active partner within the BOB EDI programme. This group has led a number of EDI related activities this year, which have benefitted our organisation. Highlights include:

- **Inclusive Recruitment:** ICS partner Trusts and 1 local authority participated in an Inclusive Recruitment Training pilot and received a toolkit – including a co-produced guidance framework, a training module and a 7-minute video. This has helped to inform inhouse training and a review of practices within all our Trusts – which is being shared at a bi-monthly Inclusive Recruitment Working Group. Plans are underway to source and test a digital tool to support debiasing of shortlisting processes.

- **Health Inequalities at the workplace:** To support colleagues with disabilities and long-term conditions, the ICS commissioned an e-learning Disability Essentials eLearning module for 500 colleagues across the ICB. Useful feedback was gathered from participants for future training and resources to support reasonable adjustments in the workplace.

- **Voice and Engagement:** Colleague Network representatives benefitted from a Lunch and Learn Workshop demonstration of a network development toolkit designed by Kent and Medway ICB. Representatives from across partner Trusts and local authorities participated and received the toolkit to use within their organisations.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Empowerment Passports

Buckinghamshire Healthcare NHS Trust

In 2021/22 we received national funding to implement Empowerment Passports for colleagues across BOB ICS with disabilities or long-term conditions as a pilot. This project trial has been extended to October 2023. We received 300 licenses to be used for colleagues across BOB ICS, and 120 licenses have been utilised.

The Empowerment Passport is an interactive online 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.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

'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.'

''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.''

Reasonable Adjustments

The Occupational Health and Wellbeing Team now have a dedicated Disabilities and Reasonable Adjustments lead, to increase ease of access to reasonable adjustments for colleagues.

Benefits of this role:

Case Management: The Disability Lead overseas all reasonable adjustments requests and case manages complex and sensitive cases that require further support within the Trust and signposts to external support – e.g. Access to Work, Empowerment Passports

Visibility and Engagement: The Disability Lead attends Health Summits, delivers Health and Wellbeing Checks (available to all colleagues) and attends the Disability Network meetings. This engagement fosters increased visibility and accessibility

Collaborative discussion: The MSK specialists and Disability Lead meet bi-monthly to discuss cases and upcoming proactive work around reasonable adjustments

Accelerated support: A request for fast-tracking appointments are made, where appropriate, for colleagues requiring diagnostic investigations or treatment

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Plans to increase access to reasonable adjustments:

Review Manual Handling Strategies
- Successful initiatives in Blood Sciences and Radiology with positive feedback.
- Focus on top 3 departments with the most frequent MSK referrals.
- Collaboration with Moving and Handling & Health & Safety for this review.

Wellbeing Champion Training
- Training for 102 Wellbeing Champions to raise awareness about DSE assessments.

Dedicated OH Physio support
- Specialist advice on posture and micro breaks.
- Basic training for muscle strength and balance.
- Reasonable Adjustments webinar – raising awareness for managers and colleagues

Assistive Technology
- QI and Transformations Team engaging with Disability Network to identify requirements for Assistive Technology.

Improving Dragon Software Access
- Plans to streamline ordering of Dragon software through the IT portal.

Allyship and Talent Management

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NHS Trust

Allyship Development Programme

In 2022, national funding enabled the launch of a four-week allyship programme by Inclusive Employers. 96 senior leaders (Bands 8+, including medics) and executives completed the programme, enhancing understanding of marginalised colleagues' experiences. This fosters proactive allyship, advocating for colleagues, and creating inclusive practices for colleague and patients' equality.

Feedback Summary:
- Clarity on the role of an ally was reported by 74% of respondents.
- 87% indicated increased confidence in addressing discrimination.
- 74% felt highly confident in advocating for underrepresented groups.
- 94% believed the training would facilitate positive behaviour change.

In light of the positive feedback in line with the programme's aims to improve understanding of underrepresented groups and proactively champion and advocate for change in the role of an ally, we are looking to conduct a content review of the Allyship Development Programme. Our aim is to bring the programme in-house and integrate its key themes and insights into our internal Peaks training programmes.

Developing You Developing me Talent Programme

Summary of Interventions
- Mastering Storytelling and Listening into Action
- Talent Management in Action Masterclass
- Advancing Equality Workshop
- Psychological Reflective Sessions
- Scope for Growth Masterclass
- Monthly support from the Project Team

Culture Intervention:
A 'Reverse Mentoring and Talent Management Programme' for Nursing and Maternity, focusing on cultural transformation and reducing health inequalities among BME patients and colleagues .

Talent Intervention:
Initiative aimed at advancing career growth for underrepresented groups. Band 7 colleagues from BME backgrounds will be paired with Senior Sponsors for mentoring and sharing experiences, supported by senior managers to foster progress within the organisation.

Inclusive Organisation:
The programme aims to inspire diverse thinking and behaviour in daily work, aligning with the NHS Long Term Plan, the People Plan, and diversity and inclusion goals.

Section 2: Workforce Information

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

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HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Gender Profile

BHT Workforce by Occupational Group & Gender

Occupational Group	Female %	Male %
Total	80	20
Support Staff	83	17
Nursing and Midwifery registered	90	10
Medical and Dental	50	50
Managers	60	40
Healthcare Scientists	68	32
Healthcare Assistants	78	22
Allied Health Professionals	86	14
Admin and Estates	83	17
Add Prof Scientific and Technical	79	21
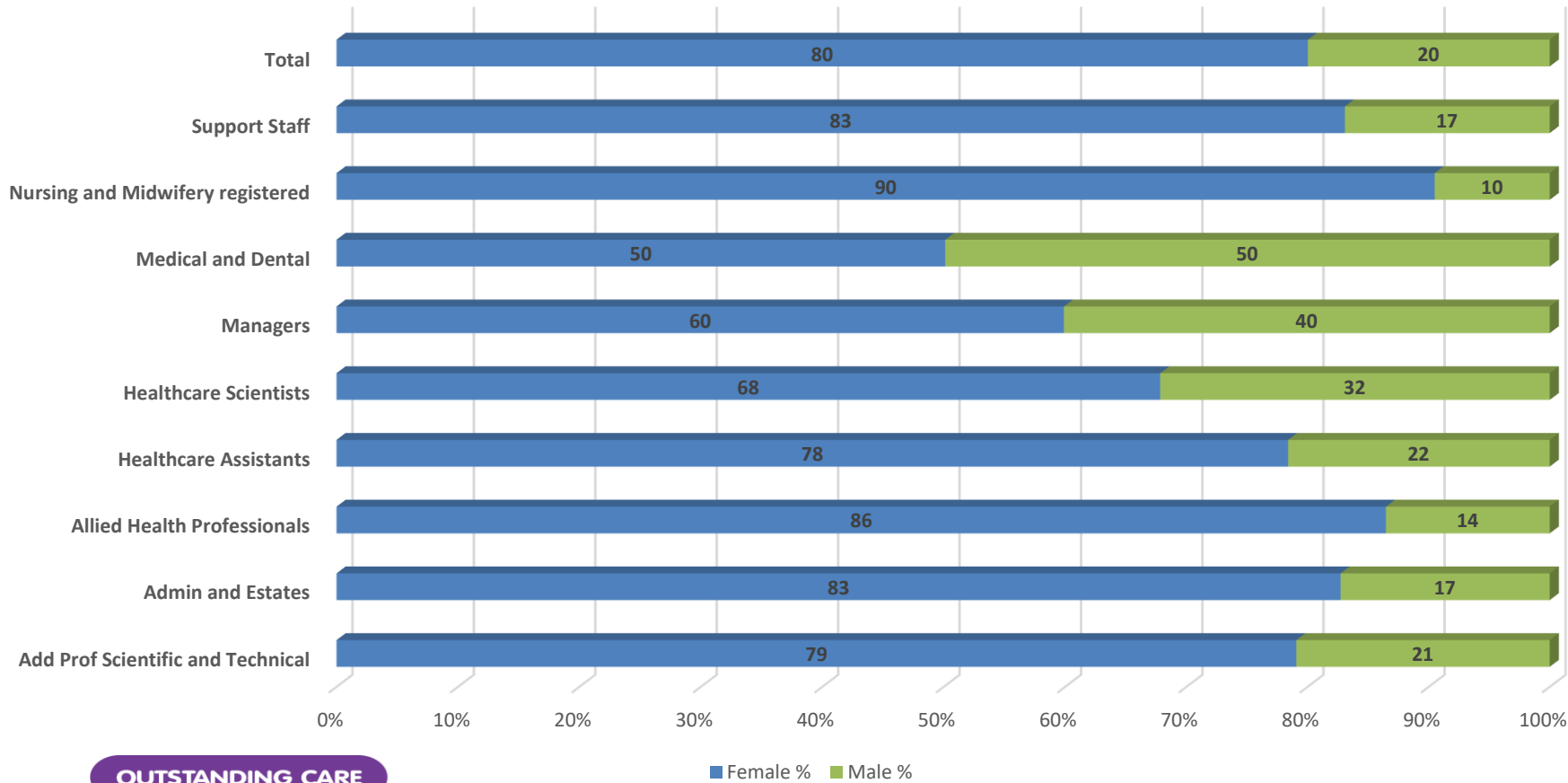
■ Female %   ■ Male %

What does this tell us?

In alignment with the national NHS workforce profile, our workforce gender profile remains predominantly female (80%) and 20% male.

The Medical & Dental and Manager occupational groups have the most diverse split of female and male role incumbents.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Age

What does this tell us?

The UK has an ageing population and workforce.

The age profile of our workforce has changed slightly since 2021.

In 2021, our largest age groups were 46-60 years. In 2023, our biggest age groups are 31-40 years.

	<=20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71
2023	1%	6%	11%	14%	13%	12%	12%	12%	12%	6%	1%	0.5%
2022	0.80%	5.70%	12.10%	12.90%	12.10%	12.20%	11.80%	12.90%	11.40%	6.30%	1.50%	0.30%
2021	0.60%	6.70%	11.50%	11.80%	11.70%	11.80%	12.90%	13.10%	12.00%	6.40%	1.30%	0.30%
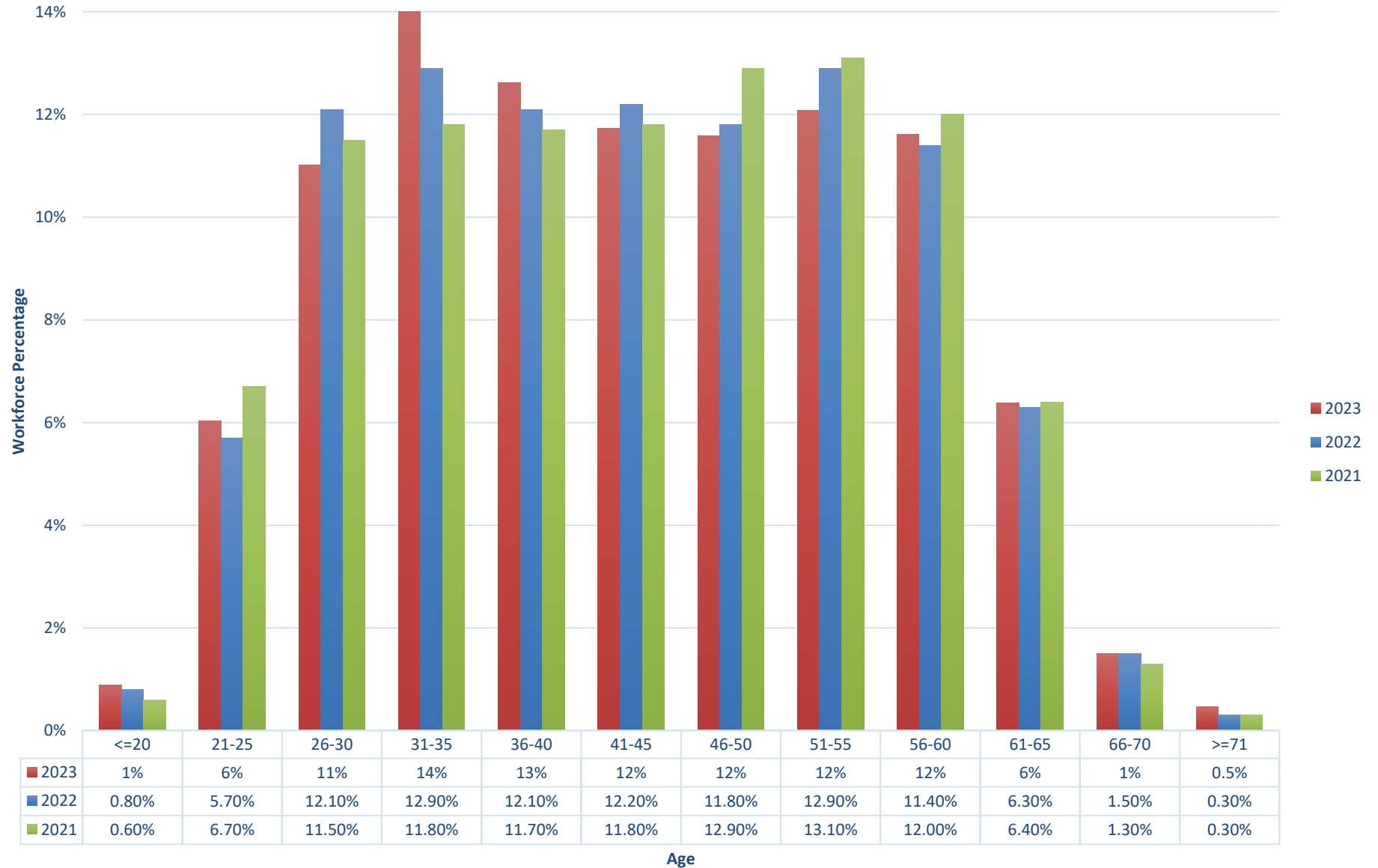
Ethnicity
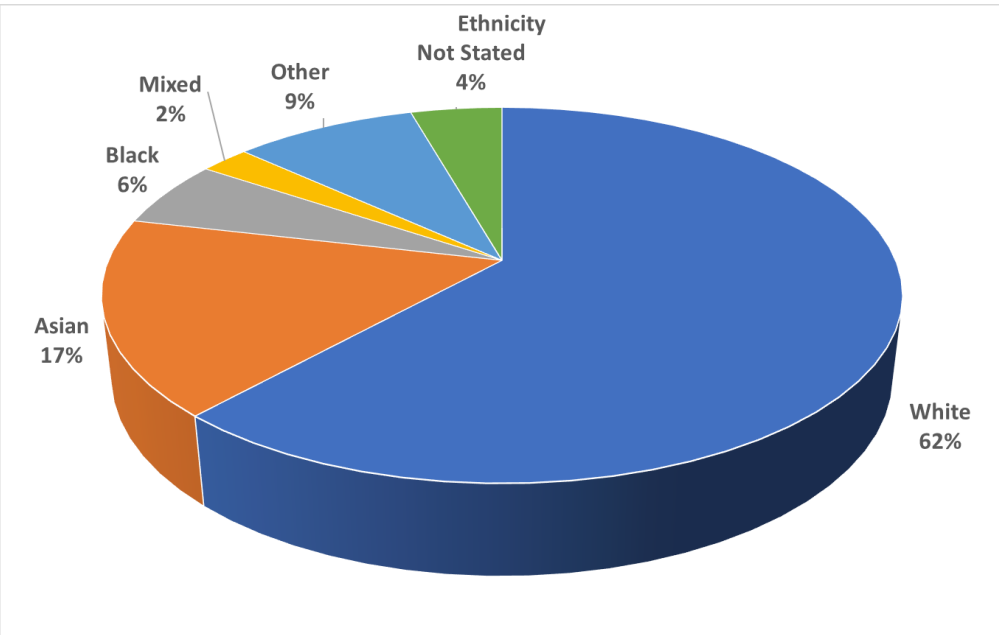
What does this tell us?

The chart on the left demonstrates that 62% of our colleagues overall are from a White background; the next largest group is colleagues from an Asian ethnic background representing 17% of the workforce.

In 2023, 34% of colleagues identified as being from an ethnic minority background compared with 27% in 2022, and 26% in 2021. There has also been a 4% reduction in 'not stated' since 2022; reflecting work to cleanse our workforce database and encourage colleagues to identify their ethnicity.

How does this compare to Buckinghamshire residents?

The 2021 Census Data for Buckinghamshire found that 20% of Buckinghamshire residents identified as being from an ethnic minority group. 12% of Buckinghamshire residents identified their ethnic group as Asian, 2.6% as Black, 3.5% as Mixed or Multiple ethnic groups and 1.6% identified as Other ethnic groups.

This means that BHT has a higher percentage of colleagues from an ethnic minority than Buckinghamshire residents as a whole (14% more). Our workforce ethnicity profile is also more diverse than the National NHS average.

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AND A GREAT PLACE TO WORK

Disability declaration rates

Buckinghamshire Healthcare
NHS Trust

What does this tell us?

5% of our workforce identified as having a disability or long-term condition in 2023, up from 3.4% in 2022. This represents the third consecutive year of increasing declaration rates within the Trust.
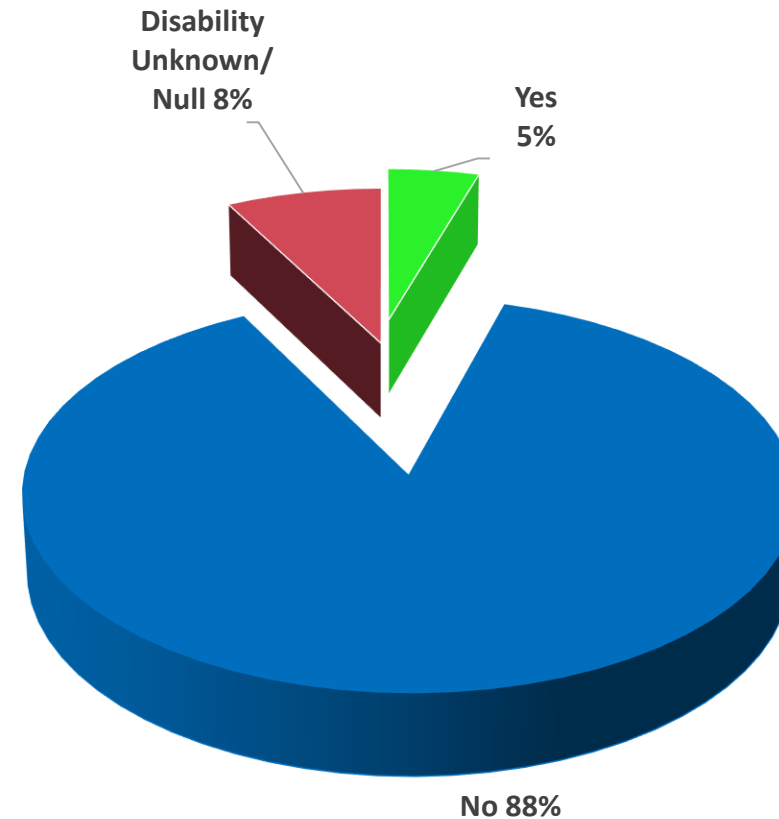
There has been a 2% decrease in colleagues with an unknown disability status in 2023 (10% in 2022).
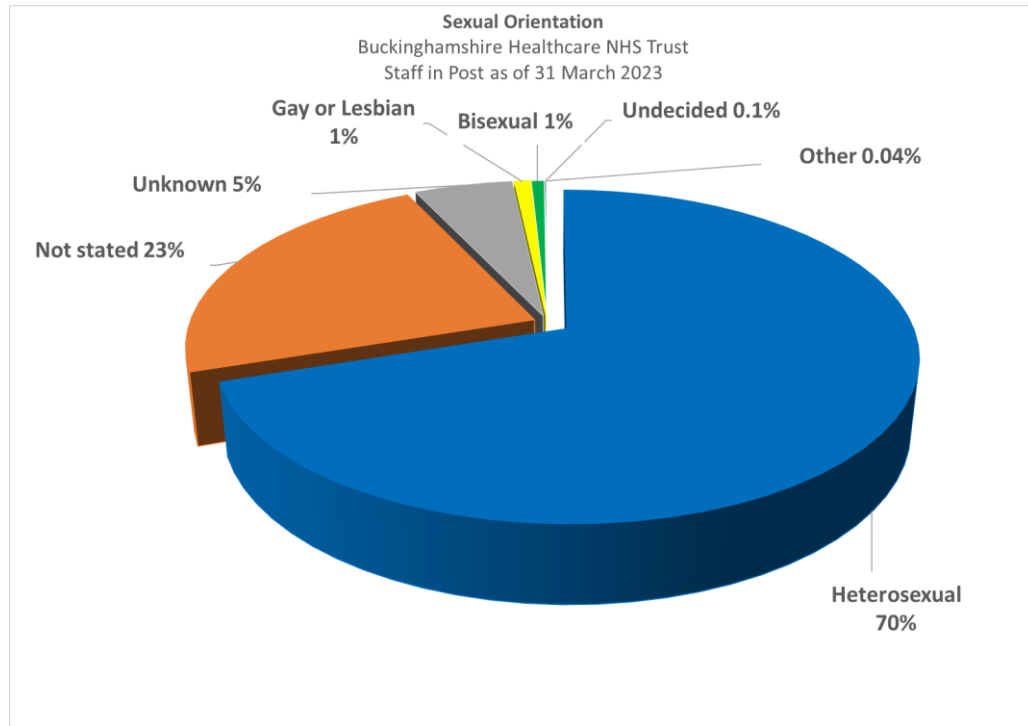
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Disability

Disability Unknown/ Null 8%

Yes 5%

No 88%

Sexual Orientation

Sexual Orientation
Buckinghamshire Healthcare NHS Trust
Staff in Post as of 31 March 2023

- Gay or Lesbian 1%
- Bisexual 1%
- Undecided 0.1%
- Other 0.04%
- Unknown 5%
- Not stated 23%
- Heterosexual 70%

What does this tell us?

- 2% of colleagues have declared that they are from an LGBTQ+ background, as captured on our Electronic staff Record system. This represents a 0.7% increase since 2022 and the third consecutive year of an increase in sexual orientation declaration. There have been subsequent reductions in the 'unknown' and 'not stated' categories.

- 3.1% of our 2022 Staff Survey respondents identified as LGBTQ+ which is in line with the national average for the NHS.

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AND A GREAT PLACE TO WORK

Religion and Belief

Religious Belief

- Christianity 42%
- I do not wish to disclose 26%
- Atheism 10%
- Unknown...
- Other 5%
- Islam 6%
- Hinduism 3%
- Buddhism 1%
- Sikhism 1%
- Jainism...
- Judaism 0.2%
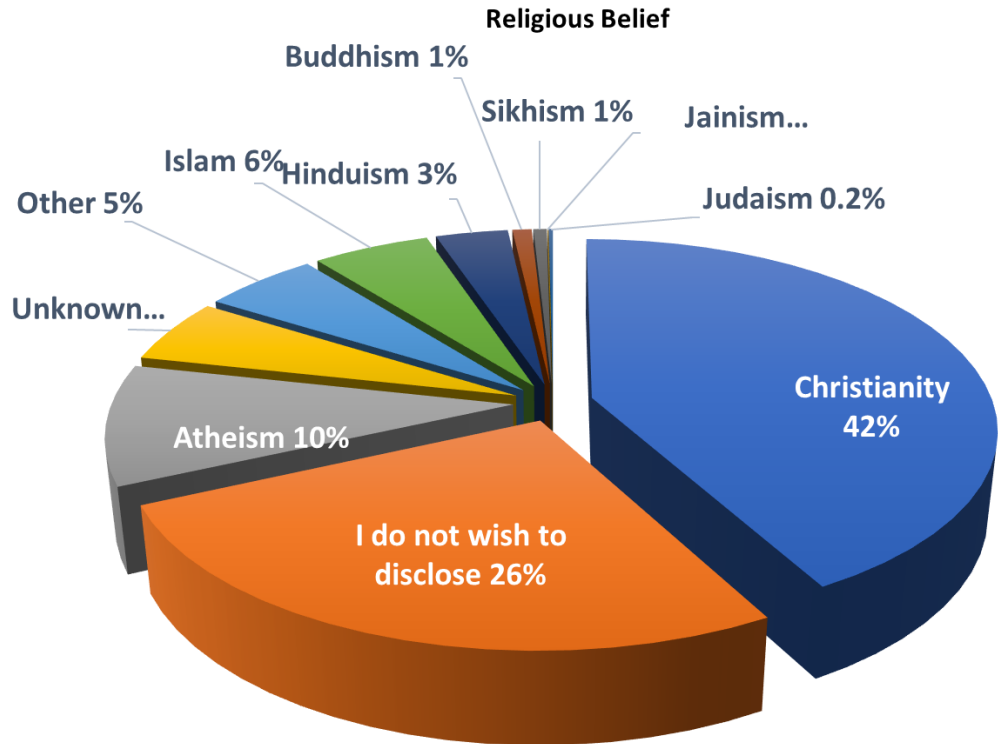
What does this tell us?

• The religious profile of our workforce since 2021 remains fairly static.

• Our most frequently stated religious group is Christianity (42% of our colleagues)

• 26% of colleagues have not disclosed their religious/belief group, down from 28.4% in 2022. This is reflective of efforts to cleanse our workforce data and ensure we capture accurate demographic profiles of our workforce.

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AND A GREAT PLACE TO WORK

Section 3:The Equality Standards

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

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AND A GREAT PLACE TO WORK

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 to address inequalities.

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 in keeping with the Equality Act 2010.

- **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.

OUTSTANDING CARE
HEALTHY COMMUNITIES
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 black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Summary of WRES Progress in 2023

Our WRES indicators 2-4 indicate that BHT has made further improvements this year in relation to recruitment, disciplinaries and access to training and development, with BME and White colleagues now achieving equivalent outcomes in these areas. This is the sixth consecutive year we have achieved improvement in our recruitment outcomes, reducing from 2.44 in 2018 to 1.15 (parity) in 2023. There has also been an increase in perceptions of equal career development opportunities from BME colleagues (50.5% in 2023, 47.9% in 2022).

Despite work to improve our recruitment outcomes for candidates, this year there has been a decrease in representation of BME colleagues within leadership roles (Band 8a+). BME colleagues make up 32% of the Band 1-7 workforce but only 18% of the Band 8a+ leadership workforce; a percentage difference of 14%. This has increased from 5.5% difference in 2022, largely due to our international recruitment campaigns. This suggests that more work is urgently required to achieve equal representation and progression pathways into leadership positions for colleagues from ethnic minority backgrounds.

A further area of concern is the experiences of bullying, harassment and discrimination experienced by our workforce. Experiences of bullying, harassment and discrimination increased for BME colleagues this year in all areas, including from patients where BHT performed worse than the NHS average. BME colleagues consistently report higher numbers of these experiences than White colleagues. In line with the NHS EDI Improvement Plan, reducing such instances will be a key focus for BHT this year.

WRES Indicator 1 Progress - Workforce Representation Bands 1 to VSM

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NHS Trust

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

	WRES Indicator 1 – 31 March 2022			WRES Indicator 1 – 31 March 2023		
	White	BME	Not Stated	White	BME	Not Stated
Up to Band 7	3493 66%	1298 24.5%	499 9.4%	3467 65%	1759 32%	248 4%
Bands 8A to VSM	289 74.3%	74 19.0%	26 6.7%	344 76%	83 18%	25 5%

What does this tell us?

The above tables highlight the differing ethnicity profile of our workforce across the various pay bands. BME colleagues represent 32% of our Bands 1-7 workforce compared with 18% of our Bands 8a+ workforce. BME representation within the Band 8a+ workforce has also decreased since 2022, largely linked to our international recruitment campaigns. This suggests that more work is required to achieve equal progression pathways into senior leadership roles for BME colleagues.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

WRES Progress f/y 2022-23

NHS Buckinghamshire Healthcare NHS Trust

Metric	f/y 2021/22 Score	f/y 2022/23 Score	Progress 2023/ Parity between groups
2) Recruitment. Relative likelihood of white candidates being appointed from shortlisting across all posts compared to BME candidates	1.25	1.15	**Improvement in ratio- Parity between groups maintained**
3) Disciplinaries. Relative likelihood of BME colleagues entering the formal disciplinary process compared to White colleagues, as measured by entry into a formal disciplinary investigation	1.35	0.96	**Improvement in ratio- Parity between groups achieved**
4) Training & Development. Relative likelihood of colleagues accessing non-mandatory training and CPD	1.12	0.86	**Improvement in ratio- Parity between groups achieved**
5) Patient Bullying & Harassment. Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White = 26.7% BME = 26%	White=28.8% BME=31.5%	**Deterioration in figures. BHT performed worse than the NHS average.**
6) Staff Bullying & Harassment. Percentage of colleagues experiencing harassment, bullying or abuse from other colleagues in last 12 months	White = 22. 6% BME = 25.1%	White = 21.3% BME = 26%	**Deterioration in figures for BME colleagues. BHT performed better than NHS average.**
7) Career progression perceptions. Percentage of colleagues believing that the Trust provides equal opportunities for career progression or promotion	White = 60% BME = 47.9%	White = 63.4% BME = 50.5%	**Improvement since 2021. BHT performed better than NHS average, however perceptions not even between groups.**
8) Discrimination. Percentage of colleagues who have experienced discrimination at work from their manager/team leader or other colleagues	White = 6.8% BME = 13.8%	White = 5.2% BME = 15.5%	**Deterioration in figures for BME colleagues. BHT performed better than NHS average.**
9) Board representation. Percentage difference between the organisations' Board voting membership and its overall workforce	Board Voting = 36.4% BME Overall Workforce = 26% BME	Board Voting = 50% BME Overall Workforce = 34% BME	**The Board's voting membership is representative of the BME workforce**

Workforce Disability Equality Standard (WDES) Progress

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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 colleagues with a long term condition (LTC) or disability as defined by the Equality Act 2010, and those without a LTC or disability. The WDES enables BHT to better understand the experiences of our disabled colleagues 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.

Summary of WDES Progress 2023

WRES Indicator 1 demonstrates an increase in the number of colleagues at BHT who have declared via ESR that they have a LTC or disability compared to last year (3.4% in 2022 to 5.42% in 2023) . This compares to approximately 20% of BHT Staff Survey respondents identifying themselves as having a LTC or disability.

Our data indicates that colleagues with LTCs are experiencing equal outcomes in relation to our recruitment and performance management processes compared with colleagues without LTCs (Indicators 2 & 3). There has also been an increase in colleagues reporting that they have been able to access reasonable adjustments within their roles (73.6% in 2022 to 77.2% in 2023) and BHT is performing above the NHS average in this area.

Incidents of bullying and harassment from patients increased in 2023 for colleagues with and without LTCs, with incidents being 4% higher for colleagues with LTCs. BHT is performing worse than the national average in this area, and colleagues with LTCs are also more likely to report experiencing harassment from their managers and other colleagues. It is positive that we have seen an increase in the number of colleagues reporting such experiences, although work to reduce incidents of discriminatory or harassing behaviour towards colleagues is fundamental.

BHT currently has no Board members with a declared disability or LTC. Having a least 1 Board member with a LTC would create equal representation to the percentage of colleagues within our workforce with a LTC.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

WDES Indicator 1 - Percentage of colleagues in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (VSM) compared with the percentage of colleagues in the overall workforce

	WDES Indicator 31 March 2022			WDES Indicator 31 March 2023		
	Colleagues with a LTC	Colleagues without a LTC	Not Stated	Colleagues with a LTC	Colleagues without a LTC	Not Stated
Up to Band 7	3.93%	87.43%	8.68%	5.48%	87.60%	6.98%
Bands 8a to VSM	2.93%	86.63%	10.45%	4.63%	87.08%	8.28%
Medical & Dental	3.2%	81.8%	15.1%	3.55%	82.72%	13.73%
Number of colleagues in workforce	**3.4%**	**87.4%**	**9.2%**	**4.52%**	**87.82%**	**7.65%**

What does this tell us?
The table above demonstrates that the percentage of colleagues reporting that they have a long term-condition or disability has increased by 1.12% since 2022, to 4.52%. There has also been an associated decreased in 'not stated'. Colleagues with long-term conditions are currently most likely to work in Band 1-7 roles although there is less than 1% difference in Band 8a+ roles, suggesting even progression pathways. Colleagues from our Medical & Dental workforce were least likely to report having a long term condition or disability.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

WDES Progress

Buckinghamshire Healthcare NHS Trust

Metric	2021/22 Score	2022/23 Score	Progress 2023/ Parity between groups
2) Recruitment – relative likelihood of Non-disabled applicants compared to disabled applicants being recruited from shortlisting	1.11	1.14	**Parity between groups**
3) Performance Management – Relative likelihood of disabled compared to non-disabled colleagues entering the formal capability process	0	0	**Parity between groups**
4. Bullying and harassment – percentage of disabled colleagues compared to non-disabled colleagues experiencing harassment bullying or abuse from:- **i) patients or service users**	Colleagues with a LTC = 29.9% Colleagues without a LTC = 25.7%	Colleagues with a LTC = 32.6% Colleagues without a LTC = 28.8%	**Deterioration for both groups. BHT performed in line with NHS average for colleagues with LTC.**
4ii) Managers	Colleagues with a LTC = 18.5% Colleagues without a LTC = 9.6%	Colleagues with a LTC = 15.1% Colleagues without a LTC = 8.8%	**Improvement since 2021. BHT performed better than NHS average, however perceptions not even between groups.**
4iii) Other colleagues	Colleagues with a LTC = 24.7% Colleagues without a LTC = 16.4%	Colleagues with a LTC = 21.5% Colleagues without a LTC = 17.1%	**Improvement since 2021. BHT performed better than NHS average, however perceptions not even between groups.**
4iv) 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	Colleagues with a LTC = 42.9% Colleagues without a LTC = 47.4%	Colleagues with a LTC = 48.4 Colleagues without a LTC = 49.2%	**Improvement since 2021. Experiences within groups differ by less than 1%.**
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.	Colleagues with a LTC = 54.0% Colleagues without a LTC = 58.0%	Colleagues with a LTC = 56.6% Colleagues without a LTC = 60.8%	**Improvement since 2021. BHT performed better than NHS average, however perceptions not even between groups.**

WDES Progress Continued

![NHS Buckinghamshire Healthcare NHS Trust]

Metric	2021/22 Score	2022/23 Score	Progress 2023/ Parity between groups
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.	Colleagues with a LTC = 26.8% Colleagues without a LTC = 18.1%	Colleagues with a LTC = 20.6% Colleagues without a LTC = 16.5%	**Improvement since 2021. BHT performed better than NHS average, however perceptions not even between groups.**
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.	Colleagues with a LTC = 36.7% Colleagues without a LTC = 45.0%	Colleagues with a LTC = 40.5% Colleagues without a LTC = 49.3%	**Improvement since 2021. BHT performed better than NHS average, however perceptions not even between groups.**
8) Reasonable adjustments. Percentage of disabled colleagues saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	73.6%	77.2%	**Improvement since 2021. BHT performed better than NHS average.**
9a) Engagement. The staff engagement score for disabled colleagues, compared to non-disabled colleagues.	Colleagues with a LTC = 6.6 Colleagues without a LTC = 7.0	Colleagues with a LTC = 6.7 Colleagues without a LTC = 7.1	**Improvement since 2021. BHT performed better than NHS average, however perceptions not even between groups.**
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	**Yes, we have a Colleague Network for disabled colleagues**

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

WDES Progress Continued

Indicator 10		2022			2023			Progress 2023/ Parity between groups
10. Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting and non-voting membership of the Board. • By Executive and non-exec membership of the Board.		Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown	
	Difference (Total Board - Overall Workforce)	-3%	13%	-9%	-5%	12%	-8%	BHT has no Board members with a declared disability
	Difference (Voting membership - Overall Workforce)	-3%	13%	-9%	-5%	12%	-8%	
	Difference (Executive membership - Overall Workforce)	-3%	13%	-9%	-5%	12%	-8%	

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Gender Pay Gap Reporting f/y 2022/23

NHS
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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. This is the sixth year that the Trust has produced its Gender Pay Gap report.

The table shows our overall mean and median gender pay gap based on hourly rates of pay as at the snapshot date (31 March 2023). It also captures the mean and median difference between bonuses paid to men and women in Buckinghamshire Healthcare NHS Trust in the year up to 31 March 2023 (i.e. 1 April 22 – 31 March 23).

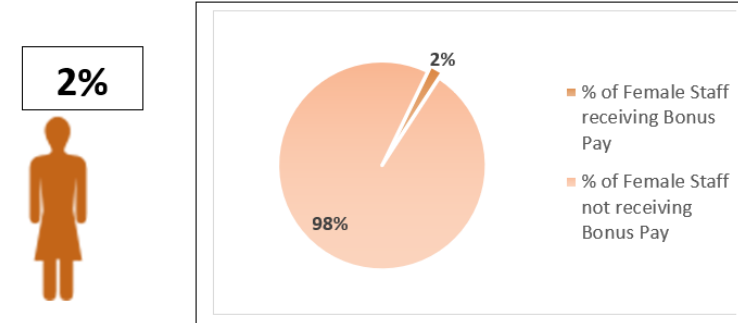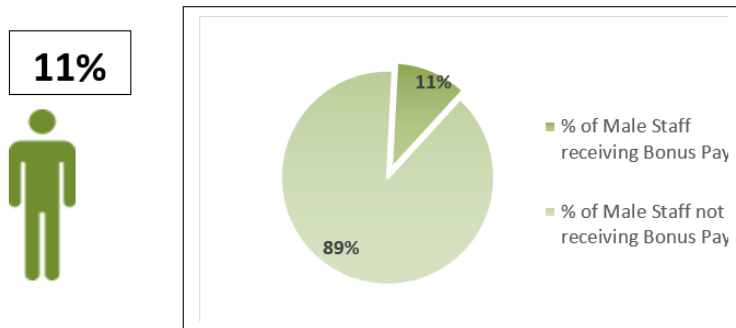| Difference between men and women					
	Mean			**Median**	
	2022	2023		2022	2023
Hourly fixed pay	27.6%	26.9%		17.2%	15.5%
Bonus Pay Gap	20.8%	25.5%		33.3%	0%

We have seen an improvement (reduction) in both the hourly fixed pay gap between men and women for the mean pay gap –26.9% for f/y 2022/23, compared to 27.6% for financial year f/y 2021/22, and the median hourly fixed pay gap –15.5% for f/y 2022/23 compared to17.2% for f/y 2021/22. Analysis has identified that our gender pay gap is driven by a higher percentage of men in the highest quartile of pay, mainly due to significantly different gender splits within the medical & dental and administrative & clerical staffing groups. We have observed an increase in our mean bonus gap this year, as this has increased from 20.8% to 25.5%.

Proportion of employees receiving a bonus

This shows a 9% difference in the number of men and women who received a bonus for their performance in 2022/23. Only certain medical colleagues (within the consultant body) receive pay that is classified as bonus pay in line with their contracts; this equates to less than 4% of all our colleagues employed. A bonus pay element is awarded as a result of recognition of excellent practice over and above contractual requirements and has no gender bias.

In f/y 2022-23, these payments were awarded to all eligible medical colleagues – resulting in a median pay gap of 0%. Working with the BMA, we will look to take action to reduce this gap, for example re-introducing a competitive process.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK
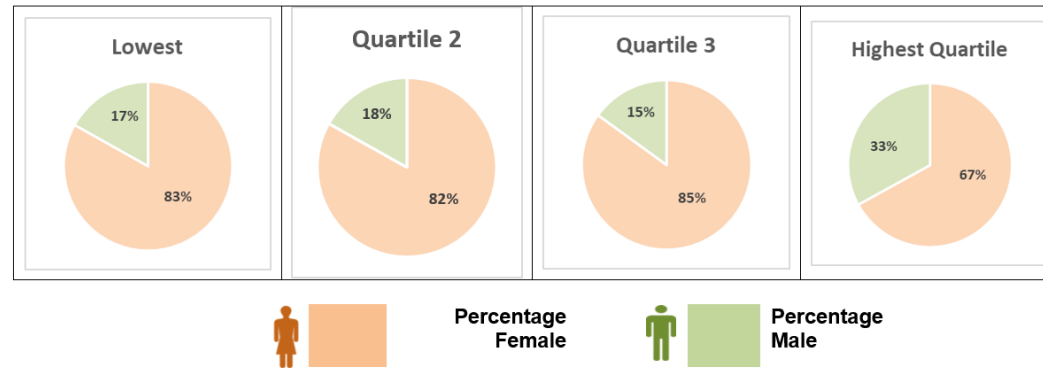
Pay Quartiles

The above images 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 fairly consistent, however in the highest quartile there are more male employees than the previous quartiles.

The variance in the highest quartile is mainly due to significantly different gender splits within the medical & dental and administrative & clerical staffing groups. We will use our talent management programmes to address these differences.

We are confident that men and women are paid equally doing equivalent jobs across the Trust. Our aim is to reduce the gender pay gap throughout the organisation but accept that this may take several years to achieve.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Section 4: EDI Improvement Action Plan

EDI Improvement Plan

We are proud of the progress we have made this year in our pursuit of developing a more diverse and inclusive organisation for our colleagues, patients and visitors. We've achieved improvements in our recruitment outcomes for the sixth consecutive year and have diversified our population and Buckinghamshire county residency through our international recruitment programmes. The richness of diversity, culture, heritage and backgrounds of our workforce is something we are extremely proud of and is widely regarded as an asset at BHT.

As we look forward, we are deeply committed to reducing the inequalities which our colleagues are experiencing and remain steadfast in our aim to embed inclusivity and belonging within our organisation and local communities. The work we undertake to achieve our objectives will be evidenced-based and rooted in the experiences of our Colleague Networks. It will also be informed by national metrics and action plans such as the Medical Workforce Race Equality Standard (MWRES) and EDI best practice publications such as "NMC Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates".

We have developed an EDI Improvement Plan to support us in achieving the objectives set on page 10. The action plan has been based on the national NHS Equality Diversity & Inclusion (EDI) Improvement Plan published in June 2023, which uses the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion. The six high impact actions within the plan are designed to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation. Alongside this approach, BHT have added additional actions to target improvement in our organisational equalities data where appropriate, such as actions from the national MWRES report.

The following pages contain an overview of the six high impact actions with success metrics, and our BHT Improvement Plan including a gap analysis and milestones for achieving the six impact actions. The Plan is intended to be an iterative document, which will be adapted as we achieve our objectives or if evidence suggested an alternative intervention would be more suitable.

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HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Six High Impact Actions

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

BHT EDI Improvement Plan

Buckinghamshire Healthcare NHS Trust

High Impact Area (HIA)	Ref.	Action	Suggested Owner	NHSE Deadline	Are we currently meeting this at BHT?	Recommended plan to meet this deliverable at BHT	By When?
1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	1.1	Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process	CEO	**March 2024**	No. Some Executive Team members currently have EDI related objectives but not all.	All executive team members to have EDI objective set during performance year 2023/24 with CEO.	31/03/2024
	1.2	Board members should demonstrate how organisational data and lived experience have been used to improve culture	CEO	**March 2025**	Staff survey and engagement mechanisms (e.g. Colleague Networks, Unions) currently provide data and evidence which is used to make organisational improvements.	No change needed	
	1.3	NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework	CEO	**March 2024**	Annual PSED/EDI paper includes WRES/WDES/GPG data and recommendations presented to Board annually.	Following publication of the PSED report, the prioritised actions are linked to the Board Assurance Framework and tracked accordingly.	Nov 2024
2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	2.1	Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation	CPO	**Create and implement TM plan by June 2024. Evidence progress by June 2025**	No. a TM programme to develop B7 nurses from BME backgrounds is currently underway. Once this has completed, we will iterate the programme and roll it out more widely to other occupational groups at B7-8+. We do not currently have a positive action policy in place within recruitment for senior leaders or executive roles, therefore any increases in diversity are random rather than intentional.	Seek advice from Capsticks on positive action interventions available to BHT in relation to recruitment and talent management, and form task and finish group to take this forward. All Band 8b+ role adverts to include inclusive positive action statement with recruitment materials, and inclusivity to be measured as p[art of recruitment competencies. Rollout talent management intervention(s) to increase ethnic diversity of colleagues in Band 8b+ roles in line with our workforce profile. Milestone objectives to be set following Capsticks advice. Review the recruitment policy to actively support our EDI objectives.	30/06/2024
	2.2	Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes. Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.	CPO	**October 2024**	BHT has a number of initiatives currently in place which meet this deliverable, including: • Guaranteed interviews scheme • Apprenticeships • Offering placements to graduate management trainees • School engagement service • Recruitment open days	No change needed	
	2.3	Continue to increase access to Reasonable Adjustments for colleagues with long term conditions/disabilities as defined in the equalities act.	CPO	**BHT Action**	BHT has put a number of processes in place to address this in recent years including: • Empowerment passports to further support identification of adjustments required • New Occupational Health role to support with reasonable adjustments and Access to Work applications	Further plans include: • QI and Transformations Team engaging with Disability Network to identify requirements for Assistive Technology. • Rolling out trust-wide software for common conditions such as Dyslexia	July 2024

High Impact Area	Ref.	Action	Suggested Owner	NHSE Deadline	Are we currently meeting this at BHT?	Recommended plan to meet this deliverable at BHT	By When?
3. Develop and implement an improvement plan to eliminate pay gaps.	3.1	Implement the Mend the Gap review recommendations for medical colleagues and develop a plan to apply those recommendations to senior non-medical workforce	CMO	**March 2024**	There are 20 actions within the Mend the Gap review. A review is needed to understand which actions are in place and which need implementing.	CMO to identify a Medical Lead to support Head of Leadership, Talent & Inclusivity to review actions and create gap analysis. Plan presented to EMC to apply recommendations.	1st December 2023 31st March 2024
	3.1a	BHT Action - Implement the national Medical WRES recommendations for medical colleagues.	CMO	**BHT Action**	There are 13 actions within the national MWRES report. A review is needed to understand which actions are in place and which need implementing.	CMO to identify a Medical Lead to support Head of Leadership, Talent & Inclusivity to review actions and create gap analysis. Plan presented to EMC to apply recommendations.	1st December 2023 31st March 2024
	3.2	Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards	CPO	**Sex and Race - 2024 Disability - 2025 Other protected characteristics – 2026**	No. Pay gap data currently only analysed by gender.	ESR Team to disaggregate pay gap data race, disability and any other protected characteristics possible. This data will be presented with PSED 2024 which is published annually in October.	31st October 2024
	3.3	Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns	CPO	**March 2024**	Flexible working policy currently in place at BHT and was last reviewed at the beginning of the COVID pandemic. BHT job adverts include flexible working options (e.g. full time, part time) but do not give examples of flexible working arrangements available such as compressed working week, annualised hours, term time only contracts.	Programme planned for 2023/24 to further improve working flexibly in line with legislation and best practice. This encompasses recruitment and full employee journey through to and including retirement flexible options. As a follow on from this work all related policies will also be reviewed.	
4. Develop and implement an improvement plan to address health inequalities within the workforce.	4.1	Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework	CPO	**October 2023**	Yes. One to one wellbeing conversations currently offered to all colleagues via the Wellbeing Team,. Wellbeing conversations implemented in previous years instead of appraisals. REACT training rolled out across BHT as part of Peak 1 to support managers in having sensitive and controlled wellbeing conversations.	To further strengthen BHT's approach to this, wellbeing conversation template to be added to 1:1 template and rolled out as part of existing project to operationalise the performance management cycle at BHT (1:1s, appraisals, career conversations).	31st March 2024
	4.2	Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare		**April 2025**	Yes. BHT already works with a number of partner organisations on reducing health inequalities and inequalities across our workforce. For instance, the Bucks Health & Social Care Academy includes partnerships with voluntary, educational, primary care, and social care partners.	No change required	
5. Implement a comprehensive induction, onboarding and development programme for internationally-recruited colleagues.	5.1	Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options	CPO	**March 2024**	Yes. Prior to landing in the UK International Nurses receive extensive information from the organisation including the information outlined in action 5.1.	No change required	
	5.2	Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, colleague survey results and cohort feedback	CPO	**March 2024**	BHT recruits currently attend an extensive Corporate Induction programme. The IR team are in the process of creating an 'international Recruitment' Standard Operating Procedure' and updating the 'Welcome Pack' ensuring information and assurance is provided.	Publish Standard Operating Procedure and Welcome Pack	31st March 2024
	5.3	Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety	CPO	**March 2024**	All line managers undertake mandatory EDI training and are encouraged to attend a comprehensive management development programme (Peak 1). The development of the IR process, including Pastoral Care is regularly reviewed and line managers are encouraged to maintain cultural awareness.	Peak 1 could be mandated for line managers who are welcoming international recruits.	31st March 2024
	5.4	Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international colleagues, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression	CPO	**March 2024**	Upon receipt of the NMC pin, all IENMs are given the opportunity to undertake professional development and our WRES data demonstrates equality of opportunity in accessing non-mandatory training.	Creating personal development plans to be added to existing project to operationalise the performance management cycle at BHT (1:1s, appraisals, career conversations).	31st March 2024

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NHS Trust

High Impact Area	Ref.	Action	Suggested Owner	NHSE Deadline	Are we currently meeting this at BHT?	Recommended plan to meet this deliverable at BHT	By When?
6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	6.1	Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set and plans implemented to improve colleague experience year-on-year.	CPO	**Reduction targets set by March 2024**	Data on bullying, harassment and discrimination currently disaggregated by ethnicity and disability status but not for other protected characteristics. Reduction targets not currently set. Work currently underway to partner with Thames Valley Police on managing incidents which meet criminal threshold.	Data analysis to be undertaken by protected characteristic to identify colleague communities most likely to be affected by B&H. Task and Finish group to be established. Use existing EDI data and colleague lived experience to set reduction targets and implement action plan, including targeting interventions in departments/areas/occupations with highest incidences. Reduction targets to be linked to performance frameworks across Trust (e.g. management appraisal objectives or division/department performance metrics).	31st March 2024
	6.2	Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all colleagues who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this	CPO	**March 2024**	ER processes and policies already reviewed as part of WRES and restorative just culture work. Triage put in place some years ago. Parity of outcomes achieved for protected characteristics ethnicity and disability as per WRES & WDES standards.	No change required	
	6.3	Ensure safe and effective policies and processes are in place to support colleagues affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and colleagues should know how to access it	CPO	**June 2024**	Yes. A domestic abuse policy is in place and all colleagues are able to access support within the Trust, including through the Safeguarding Team and Wellbeing Team.	No change required	
	6.4	Create an environment where colleagues feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all colleagues	FTSUG	**March 2024**	FTSUG Service established across BHT and expanded to increase outreach. FTSUG data is reviewed against all protected characteristics to ensure equality of access and reported in line with governance processes.	No change required	
	6.5	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence	CPO	**March 2024**	Yes. The Managing Unacceptable Behaviours, Violence & Aggression Policy, EDI Policy and Standards of Behaviours and Conduct Policy each contain clear information on the extensive wellbeing support available to colleagues who experience these types of behaviours.	No change required	
	6.6	Have mechanisms to ensure colleagues who raise concerns are protected by their organisation.	CPO	**TBC**	colleagues are able to confidentially raise concerns via the FTSUG Service.	No change required	