

# Workforce Equality, Diversity, and Inclusion Annual Report 2022-2023



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## 1. Introduction

Milton Keynes University Hospital NHS Foundation Trust (“MKUH” or “The Trust”) is pleased to present its annual workforce diversity report covering the period 01 April 2022 to 31 March 2023.

We provide a full range of acute services and an increasing number of specialist services to the growing population of Milton Keynes and the surrounding areas.

Our workforce data forms part of the equality information that we use to help us meet our public sector equality duty to:

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

As one of the largest employers in Milton Keynes, we strive to create a diverse workforce that is truly representative of the society we serve, where we celebrate difference, value everyone’s contribution and where people of all backgrounds can thrive.

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

### **MKUH Vision**

Our vision is to be an outstanding acute hospital and part of a health and care system working well together.

### **MKUH Values**

- We care
- We communicate
- We collaborate
- We contribute

All members of #TeamMKUH have a huge part to play in contributing to our goal of providing exceptional patient care and experience.

Through our workforce diversity monitoring, we continue to demonstrate our commitment to understanding, valuing, and incorporating differences in order to ensure a workplace that is fair, equitable and inclusive for all.

We have also introduced a behavioural framework to support the implement of our values.

## 1.1. Background and Scope

Under section 149 of the Equality Act 2010 (the Public Sector Equality Duty (PSED)) and the Equality Act 2010 (Specific Duties) Regulations 2011, we are required to publish equality information to demonstrate our compliance with the general equality duty.

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

This report provides an overview of our equality and diversity employment monitoring data as of 31 March 2023. It covers the following:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- ethnicity
- religion or belief
- gender
- sexual orientation

The report examines against these protected characteristics (where data is available), the composition of the workforce, how the Trust employs people, and the effect of employment interventions, training, and HR activity on employees.

All data presented within this report has been based on headcount, apart from learning and development data, which is based on the number of training events attended.

This report also references the following Trust documents:

- WRES (Workforce Race Equality Standard) Report 2022-2023
- WDES (Workforce Disability Equality Standard) Report 2022-2023
- Gender Pay Gap Report 2022-2023

## 2. Background

### 2.1. Local Population Data

Local population data is information from the national 2021 census, published by Milton Keynes Council<sup>1</sup>.

The population of Milton Keynes in 2021 was 287,100, growing by 39,100 between 2011 and 2021, a 15.3% increase across the decade. This growth is 7.7% higher than the growth in the decade prior (2001 to 2011).

Milton Keynes' population saw the second-largest percentage increase in the South East, behind Dartford (where the population increased by 20%). The population of the South East increased by 7.5%, while the population of England rose by 6.6% from 2011 to 2021.

The ratio of males to females in Milton Keynes is 50.5% female, compared to 49.5% male, this is on par with the gender demographics from 2011.

The population of the city continues to become more ethnically diverse, with 28.2% of the population coming from a Black and Minority Ethnic background (BAME, which encompasses all other races except White – British) in 2021, compared to 26.1% in 2011.

Milton Keynes has a younger age profile than England as whole, with 27.4% of the population aged 19 and under, compared with 23.7% in England. The city also has a higher percentage of the population of working age (16-64) with 168,400 people, 1.1% higher than England. Only 13.1% of the population were aged over 65, 4.8% less than England.

Throughout this document, where possible, comparisons have been made to the local population to ensure we maintain a workforce which is representative of the population we serve.

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

## 3. Executive Summary

### 3.1. Summary

The Trust refers to the published Workforce Race Equality Standards, Workforce Disability Equality Standards and Gender Pay Gap reports for 2022-2023 in support of the workforce data key findings. These reports and graphics are published on the Trust website, available at: [Equality, Diversity, and Inclusion - Milton Keynes University Hospital \(mkuh.nhs.uk\)](https://www.mkuh.nhs.uk/equality-diversity-and-inclusion)

The results of this report indicate that the Trust employs a workforce that is predominately female, white, non-disabled, heterosexual, and Christian.

The Trust will continue to analyse the workforce data it collects to address any inequalities and improve key performance indicators. In the context of the Trust's Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap some of the proposed actions will be reflected in the action plan at the end of the report.

### 3.2. Workforce Data Key Findings

#### 3.2.1. Ethnicity

The Trust employs a higher proportion of Black (16%) and Asian (18%) employees in comparison to the local population and, overall, employs a higher proportion of ethnic minority employees (40.2%) than the Milton Keynes population of 28.2%. This figure has steadily increased over the preceding years, rising from 36% in 2021-2022 to 40.2% in 2022-2023.

The NHS Workforce Race Equality Standard 2022 Data Analysis Report for NHS Trusts reports that BAME employees make up 24.2% of the workforce in NHS Trusts and Clinical Commissioning Groups (CCG's). In comparison, 40.2% of Trust employees identify as BAME, indicating the Trust is achieving above the average in terms of the ethnicity of its workforce.

It is important to note that 4% of employees are recorded as unidentified and have not disclosed their ethnicity. The percentage has not changed for the last two years.

#### 3.2.2. Disability

Workforce data shows that 4.9% of Trust employees have declared they have a disability and/or long-term condition, unfortunately this is 1% less than in 2021-22, demonstrating as the workforce headcount has increased across the last year, new employees have not declared any disabilities/long-term health conditions.

Disabled employees are less likely to enter capability processes and are more likely to be shortlisted for roles during the recruitment process than non-disabled employees, although they are less likely to be appointed following shortlisting. The Trust is planning a "Share Not Declare" campaign to encourage employees to report their disability status, providing them with education on how sharing their status

ensures that appropriate support and adjustments can be made. It is the aim of this campaign to improve disability declaration rates across all areas of the workforce.

### 3.2.3. Gender

The Trust workforce is 78.6% female and 21.4% male. Whilst this is not comparative to the Milton Keynes population, where the population is 50.5% female and 49.5% male, it is comparative to the rest of the NHS, in which the majority of employees are female.

The vast majority of female employees are employed within the Nursing and Midwifery staff group. All staff groups have a higher ratio of female to male employees apart from Medical and Dental.

The Trust's gender pay gap report for 2022-23 shows that there has been a consistent improvement in the percentage variance for the median hourly rate of pay for the last three years. The gap is reporting at 14.4%, compared to 16.1% in 2021-2022. For MKUH, statistically, this is more indicative than the average hourly rate of pay as it is not impacted as much by the female-to-male ratio. When reviewing the variance, consideration will need to be given to the variety of roles within the organisation.

### 3.2.4. Age

The Trust employs staff across all age bands, with a significantly reduced number of employees aged less than 20 years old (0.75%) and aged over 71 (0.41%). The smaller number of employees aged less than 20 correlates to having a minimum entry age into some professions due to health and safety restrictions, and a large proportion of the population in this age band still being in full-time education.

The second finding of note is that 27.4% of employees are aged between 51 and 65, and therefore over ¼ of the workforce are nearing retirement age.

### 3.2.5. Gender Reassignment

The Trust has no reportable data for this protected characteristic, and therefore, there are no conclusions or findings within this report. This does not mean that this group is overlooked, the Trust is working with Pride @ MKUH (the LGBT+ Staff Network) to develop a Transitioning at Work Policy and Procedure to support transgender employees who are transitioning in the workplace. We are also working with local charities and BLMK in developing this policy.

### 3.2.6. Marriage and Civil Partnership

The majority of Trust employees (52.3%) have declared they are married; however, 7.2% of employees' marital status is either unknown or unspecified. This is a reduction from 9.4% in the previous financial year.

### 3.2.7. Pregnancy and Maternity

The Trust has identified that the staff group with the largest proportion of employees on maternity leave during the reporting period are Allied Health Professionals.

Despite this staff group having the highest percentage of staff on maternity leave the Nursing & Midwifery staff group had the highest number of employees, with triple the number of employees taking maternity leave compared to other staff groups. This is consistent with this staff group being; a) the largest; and b) predominately female.

#### 3.2.8. Religious Belief

The majority of Trust employees (51.4%) have identified themselves as Christian, this is relatively reflective of the Milton Keynes population, where 42.8% have identified themselves as Christian. Atheism, or the lack of a religious belief, is the second largest category in the Trust, making up 12.8% of the staff population. 11.1% of Trust employees have not disclosed their religious beliefs, which is a reduction from 12.5% in the previous reporting period.

#### 3.2.9. Sexual Orientation

Most of the Trust workforce (84.4%) have identified as being heterosexual. 2.5% of the Trust's employees identify as Lesbian, Bisexual or Gay (LGB). This has slightly increased compared to the previous reporting period, however, remains lower than the Sexual Identity, UK: 2021 Experimental Official Statistics published by the Office for National Statistics, which saw 3.2% of the population identifying as LGBTQ+. 10.1% of Trust employees have declined to declare their sexual orientation, which is an increase of 2% from the previous reporting period.



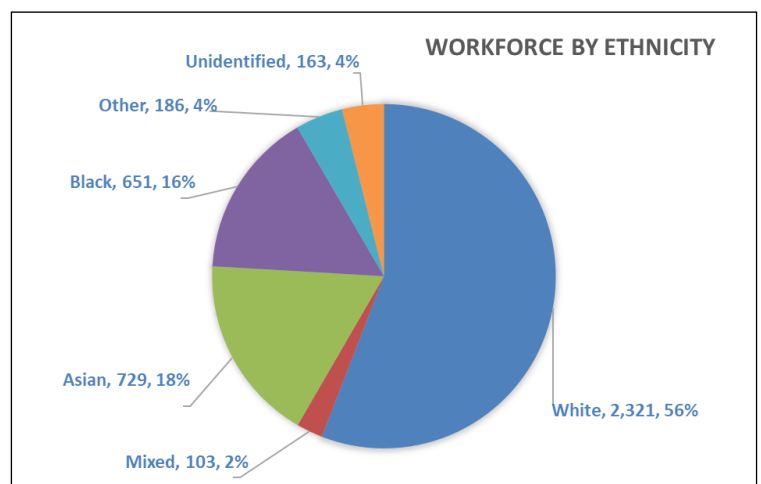
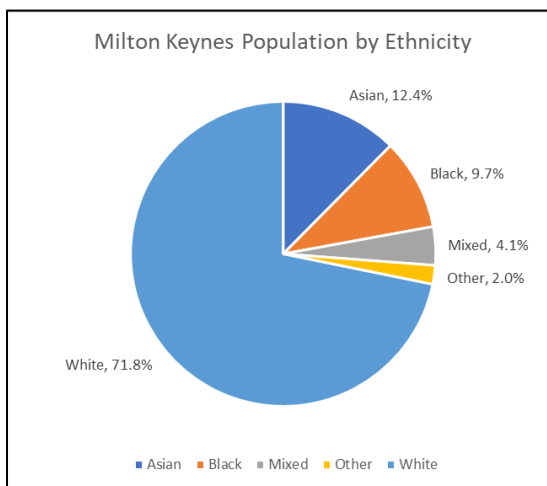
## 4. Workforce Data Report

### 4.1. Ethnicity

For the purpose of this report, ethnicity has been clustered into five main categories in order to create easier comparisons between White and other ethnic groups. The five categories are:

- White (incl. British, Irish and White Other).
- Mixed (incl. White and Black Caribbean, White and Black African, White, and Asian, and any other mixed background).
- Asian (incl. Asian British – Indian, Asian British – Pakistani, Asian British – Bangladeshi, and any other Asian background).
- Black (incl. Black British – Caribbean, Black British – African, and any other Black background).
- Other (incl. Chinese, Filipino, and any other specified).

#### 4.1.1. Ethnicity of Workforce Compared with Milton Keynes Population



The 2021 Census shows the population of Milton Keynes is 71.8% White, 9.7% Black, 12.4% Asian, 4.1% Mixed and 2% Other. This demonstrates that over the past 10 years, since the 2011 Census, the population of Milton Keynes has become more ethnically diverse with almost an 8% decrease in the White population and increases in all other ethnicity categories.

The Trust employs a higher proportion of Black (16%) and Asian (18%) employees in comparison to the local population and, overall, employs a higher proportion of ethnic minority employees (40.2%) than the Milton Keynes population of 28.2%. This figure has increased from 36% in 2021-2022.

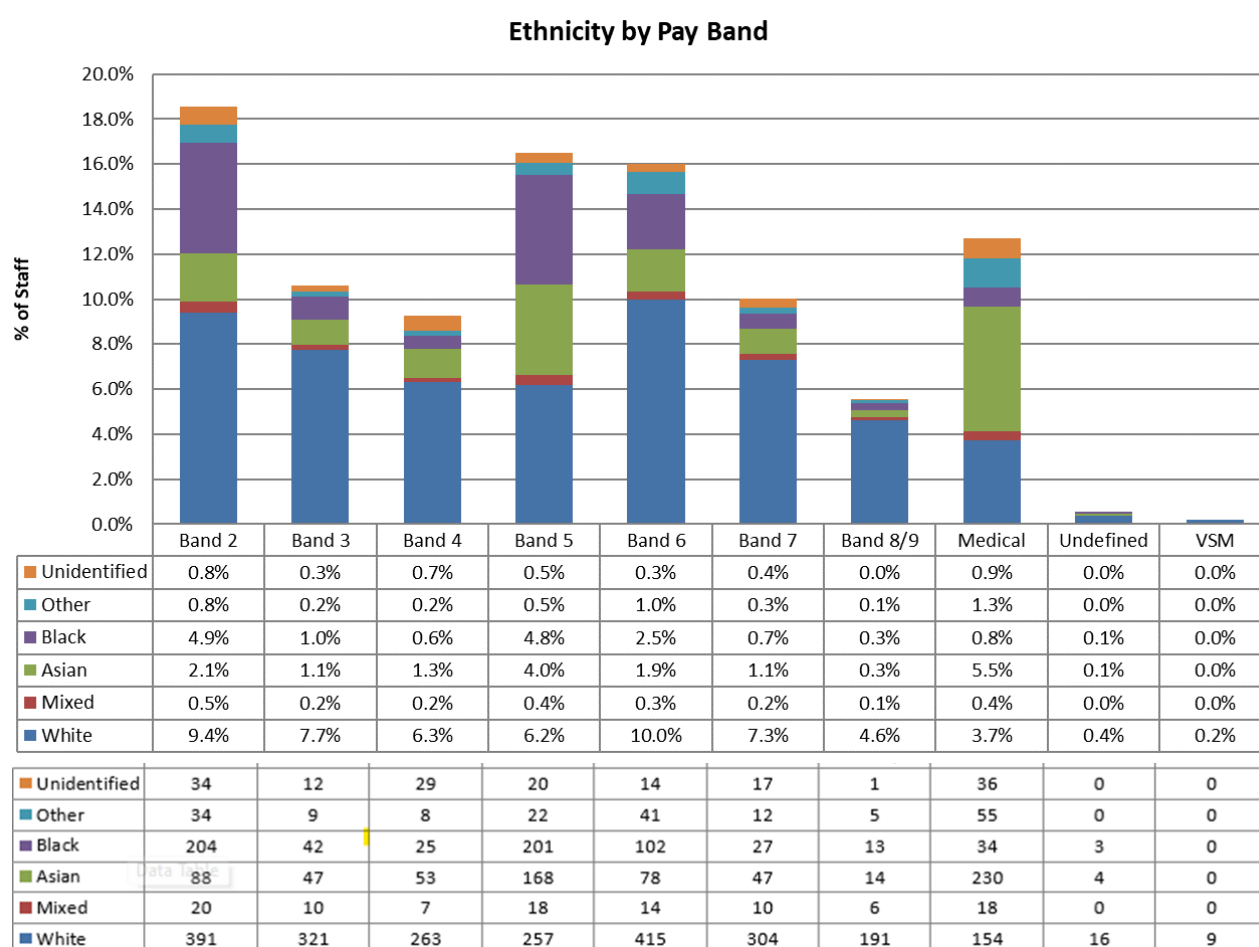
The NHS Workforce Race Equality Standard 2022 Data Analysis Report for NHS Trusts reports that BAME employees make up 24.4% of the workforce in NHS Trusts and Clinical Commissioning Groups (CCG's). In comparison, 40.2% of Trust

employees identify as BAME, indicating that the Trust is achieving above the average in terms of the ethnicity of its workforce.

It is important to note that 4% of employees are recorded as unidentified and have not disclosed their ethnicity, this remains unchanged for the 2021-22 data set.

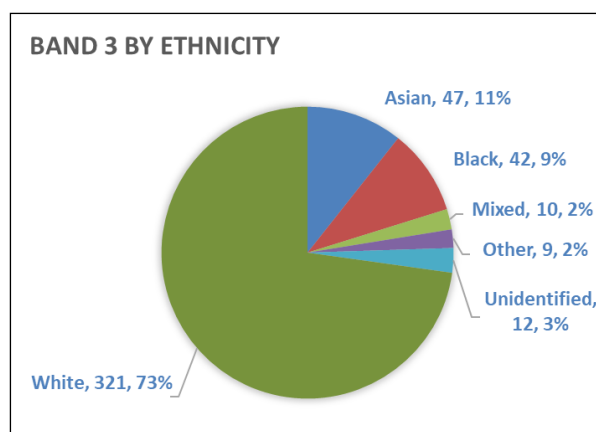
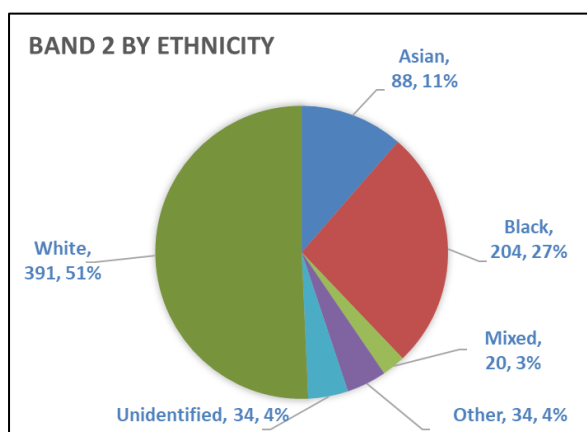
#### 4.1.2. Profile of Workforce Ethnicity by Pay Band

The chart below provides a breakdown of ethnicity by pay band, including Agenda for Change pay bands, Medical and Dental grades, and Very Senior Management (VSM) pay band:

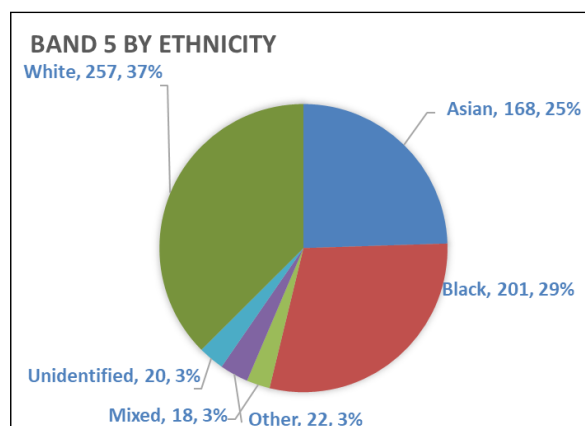
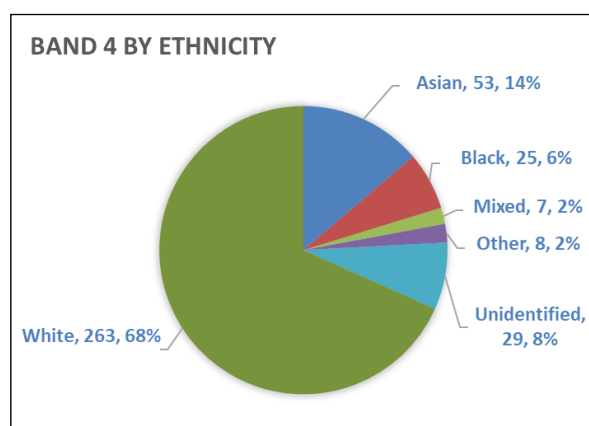


The largest proportion of White employees compared to those from BAME backgrounds continues to be across all pay bands, except for medical staff, where Asian is the predominant ethnic background. Between bands 2 and 5 there is a high concentration of BAME employees.

The ethnicity demographic is changing in the lower bands with an increase in BAME employees at Band 2. At Band 2 there has been a 4% increase in the number of Black employees, 2% increase in the number of Asian employees and a 10% increase of employees categorised as Mixed.



At Band 5 there was also a significant increase in BAME representation, with the number of Asian employees rising by 14%, and the number of White employees falling by 11%.

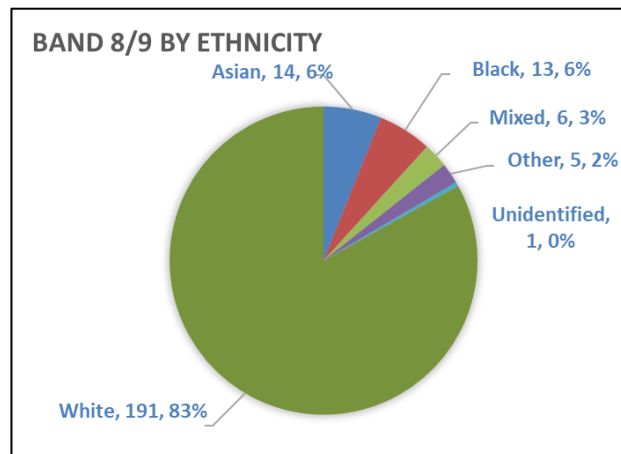
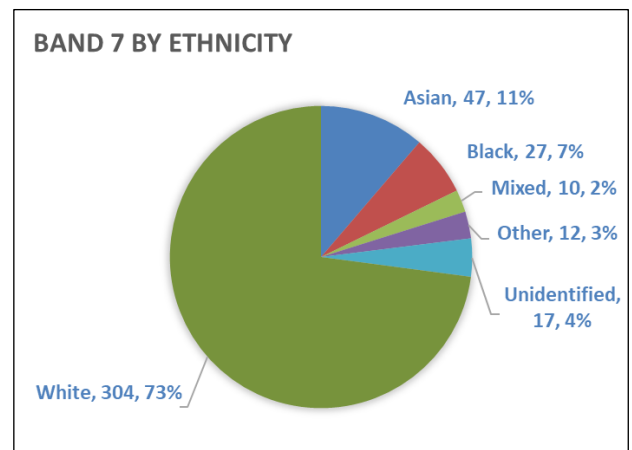
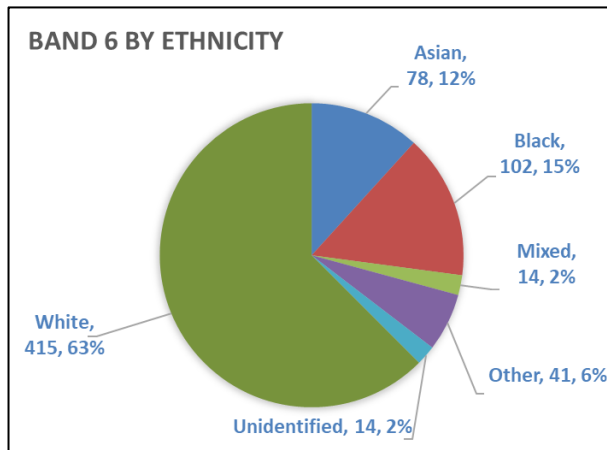


Looking at the senior bands within the Trust, specifically bands 7, 8 and 9, the majority of employees are from a White background; however, the Trust is taking action to close the gap and has seen an increase of BAME representation in bands 6 and 8/9 within the last 12 months.

	TRUST PROFILE	B2	B3	B4	B5	B6	B7	B8/9
BAME	40%	45%	24%	24%	60%	35%	23%	17%
WHITE	56%	51%	73%	68%	37%	63%	73%	83%
	BAME ↑ 4%	BAME ↑ 7%	BAME ↑ 4%	NO CHANGE	BAME ↑ 11%	BAME ↑ 4%	NO CHANGE	BAME ↑ 3%

Compared to last year it can be seen that the Trust profile for BAME employees has increased by 4%. Bands 2, 3, 5, 6 and 8/9 saw an increase in BAME representation, whilst bands 4 and 7 saw no change. There was no drop in BAME representation across any of the staff groups.

Out of the 230 employees employed within pay bands 8/9, 83% of employees are White, and only 17% of employees are from a BAME background. This is however an increase of 3% from the previous report.



When compared with the composition figures of the organisation with regards to the ethnicity of the workforce, this data shows that the percentage of BAME employees who hold senior positions is significantly lower than the percentage of BAME employees employed within the Trust overall.

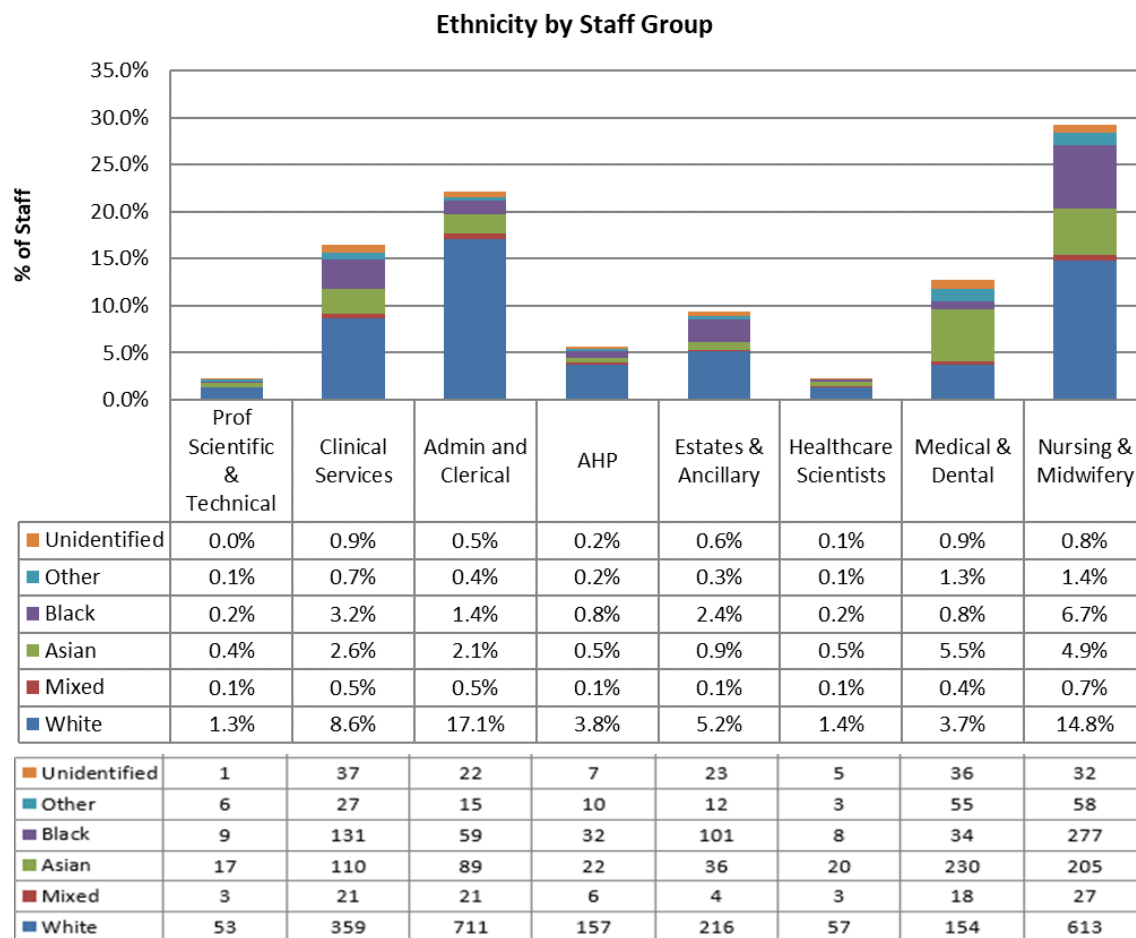
Looking at the Executive Director positions, i.e. those employed on the Trust board, 0% of the employees are from a BAME background. The Trust has been taking steps to widen its Board's ethnicity and this is reflected in the overall board composition which has increased from having 6.3% BAME membership in 2022 to 27.8% in 2023.

Pay Grade	BME	Unknown	White	Grand Total
Associate Specialist	90.0%	0.0%	10.0%	100.0%
Consultant	61.1%	6.9%	32.0%	100.0%
Foundation Year 1	55.6%	11.1%	33.3%	100.0%
Foundation Year 2	69.0%	0.0%	31.0%	100.0%
Locum Consultant	64.3%	0.0%	35.7%	100.0%
Specialist Grade	100.0%	0.0%	0.0%	100.0%
Specialty Doctor	73.3%	8.1%	18.6%	100.0%
Specialty Registrar	64.5%	7.8%	27.7%	100.0%
Trust Doctor	100.0%	0.0%	0.0%	100.0%

In terms of the medical and dental workforce, BAME representation is higher than White representation in all pay grades, with 65% of the workforce coming from a BAME background, compared to 28% from a White background, whilst 7% is unknown.

#### 4.1.3. Profile of Workforce Ethnicity by Staff Group

The chart below provides a breakdown of ethnicity by staff group:



The only staffing group where White employees are not the majority is within the Medical and Dental staff group, where 64% of the 527 employees identify as being from a BAME background, this is 1% decrease from the previous report.

The Medical and Dental Staff group contains the highest proportion of Asian employees (230), whilst Nursing and Midwifery has the highest number of Black employees (277).

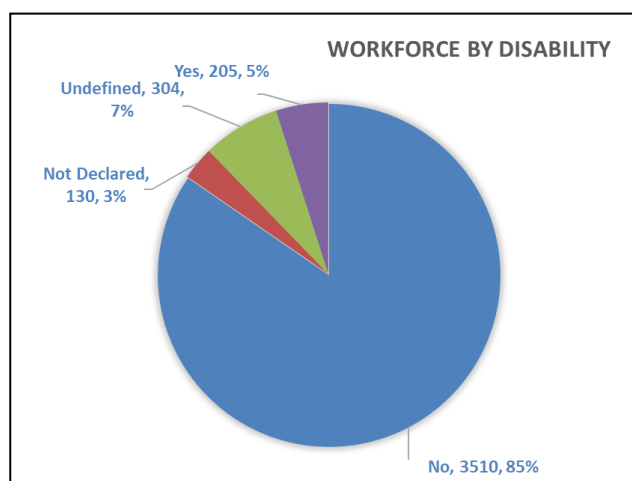
The staff groups with the biggest growth in BAME representation from the previous report are Nursing & Midwifery (13.4%), Estates & Ancillary (18%) and Clinical Services (33%).

Further analysis will be carried out to explore how to achieve a more representative workforce across each of the professional groups.

## 4.2. Disability

### 4.2.1. Profile of Workforce by Disability

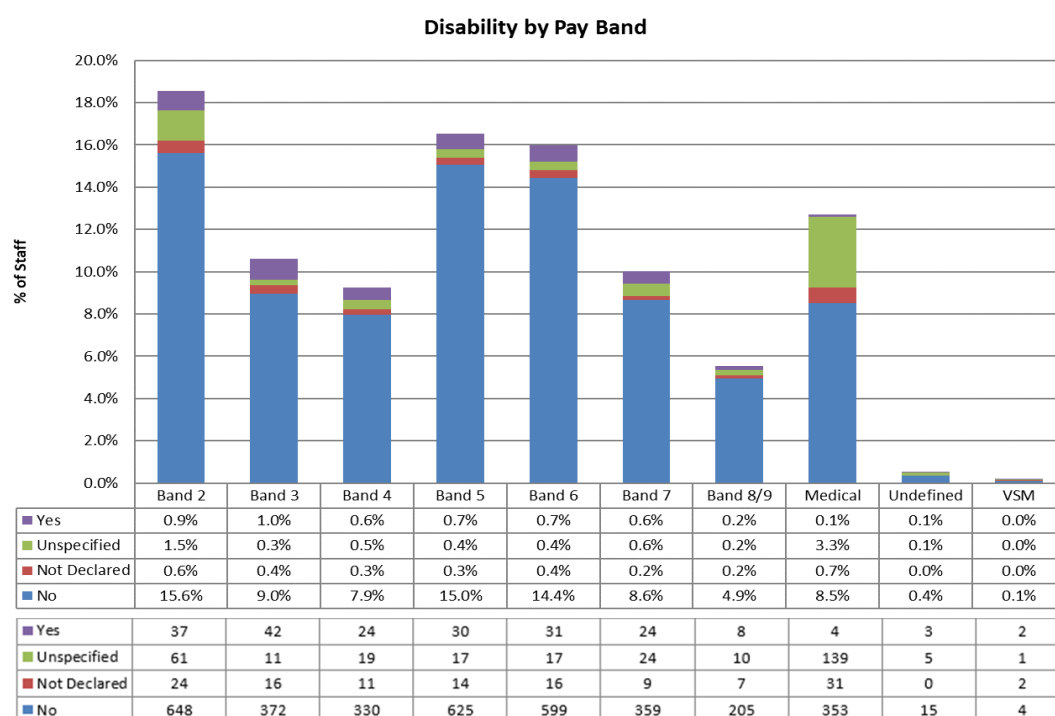
The chart below provides a breakdown of the workforce by disability status:



A total of 5% of the Trust's workforce has declared a disability. This is a 1% decrease from the previous report. Whilst 97% of the Trust has declared their disability status, 3% of Trust employees have not. This figure has decreased in recent years, falling from 7% in 2019, suggesting employees feel more comfortable in disclosing their disability status.

### 4.2.2. Profile of Workforce Disability by Pay Band

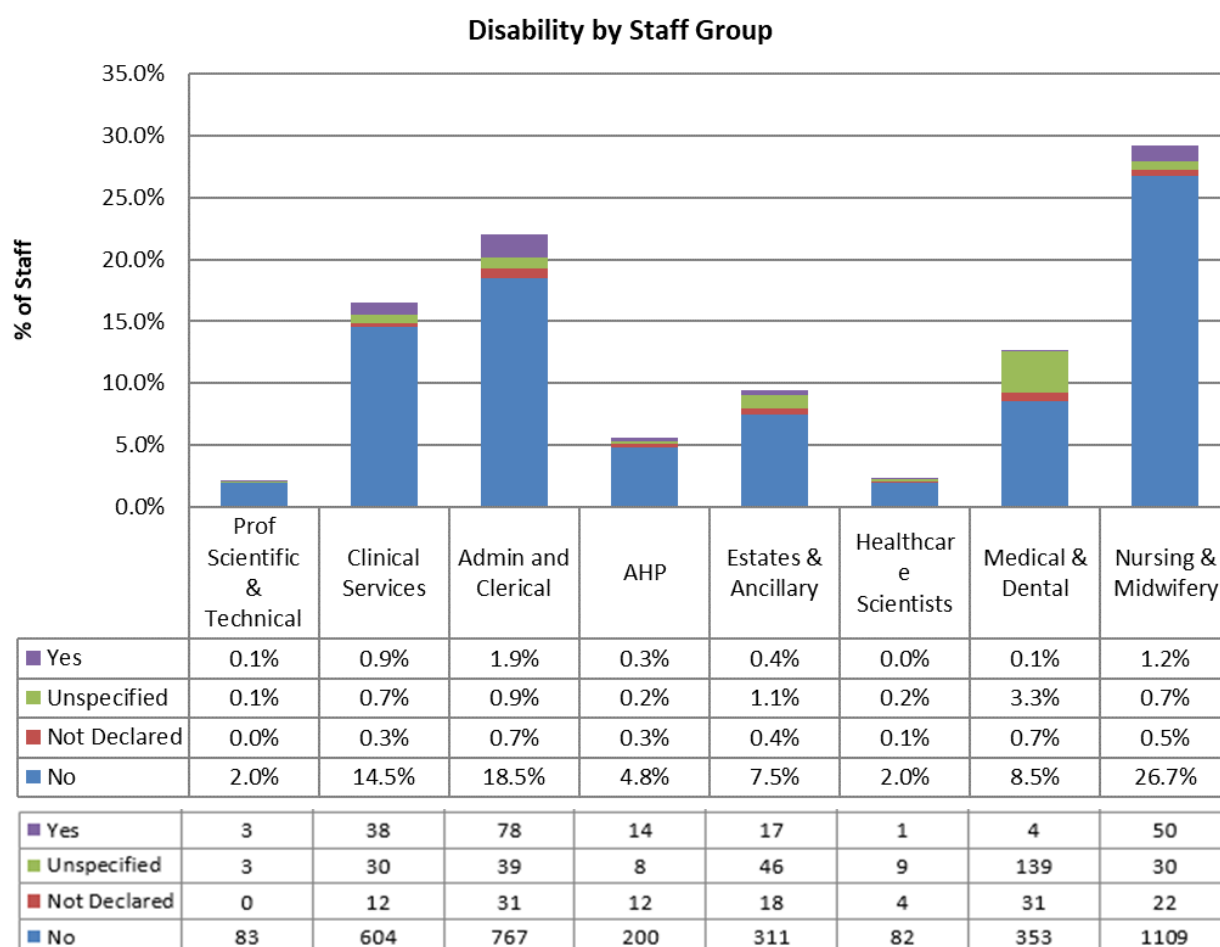
The chart below provides a breakdown of disability by pay band:



Analysis of disability by pay band shows the highest proportion of disabled employees are within bands 2 to 7. The data in the table above is reflective of the Trust as a whole and therefore staff groups with small numbers, such as VSM, will show as 0%. However it should be noted that there are Board Members that have declared a disability.

#### 4.2.3. Profile of Workforce Disability by Staff Group

The chart below provides a breakdown of disability by staff group:



The staff groups with the lowest proportion of disability are Healthcare Scientists (0.02%), Prof Scientific & Technical (0.1%) and Medical and Dental (0.1%). The highest proportion of disabled employees are within the Admin & Clerical (1.9%) and Nursing & Midwifery (1.3%) staff groups.

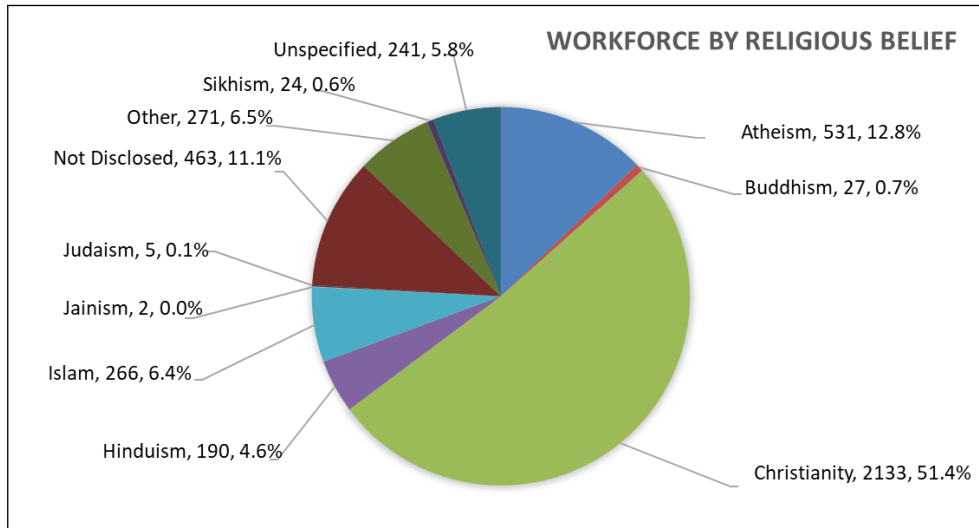
The Medical and Dental staff group has the highest proportion of employees who have not declared their disability status, totaling 4.0%.

Further analysis will be carried out to explore how to encourage more employees to declare they have a disability across each of the professional groups.

### 4.3. Religious Belief

#### 4.3.1. Profile of Workforce by Religious Belief

The chart below provides a breakdown of the workforce by religious belief:



The Trust workforce is predominantly Christian (51.4%), which is an increase from 50.2% in 2021. This is slightly higher than the local population, which the 2021 census reported as predominantly Christian (42.8%).

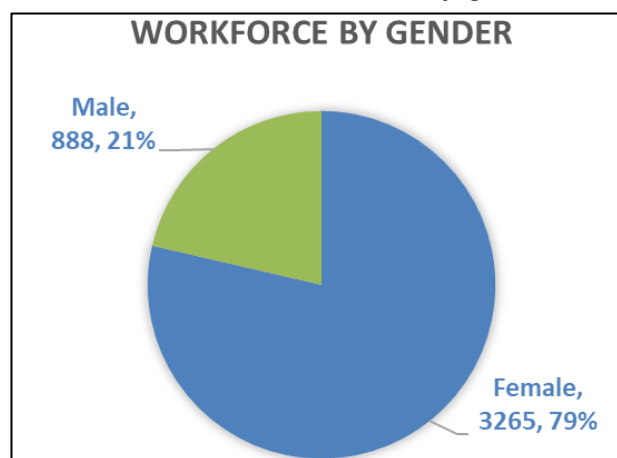
At the Trust the second highest religion or belief is Atheism (12.8%). The second highest religion or belief in Milton Keynes was also Atheism, although this was significantly higher than then Trust at 38% of the population.

The third largest religious belief at MKUH is Islam (6.4%) which was an increase from the previous year (5.8%). This is in line with the local population, with 7% of the population declaring Islam as their religion.

### 4.4. Gender

#### 4.4.1. Profile of Workforce by Gender

The chart provides a breakdown of the workforce by gender:



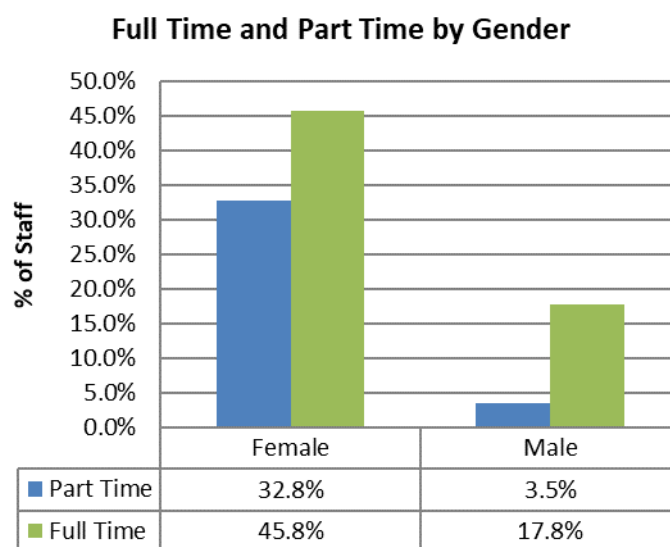


The gender profile of the workforce remains unchanged from 2021-2022, with 79% of employees identifying as female and 21% identifying as male.

Compared with the population of Milton Keynes, which is 50.5% female, the Trust employs a significantly disproportionate number of female staff however, the Trust's profile is comparative to the rest of the NHS, in which the majority of employees are female.

#### 4.4.2. Profile of Workforce Gender by Full-Time/Part-Time

The table below shows a breakdown of full-time and part-time employees at the Trust by gender

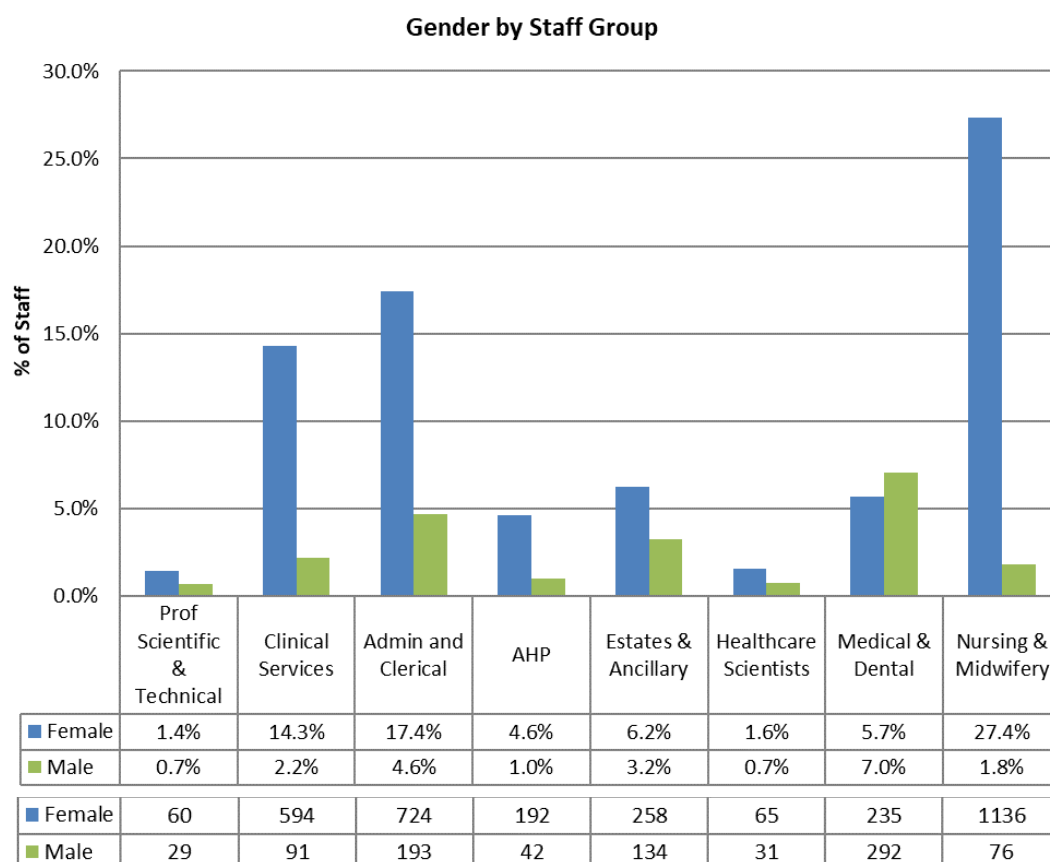


The majority of both full-time and part-time employees continue to be female, with 32.8% of the female workforce working part time, in comparison to just 3.5% of the male workforce. The percentage of males working part time has however increased (+0.4%) from 2021-2022.

The high number of females working part-time compared to men does however correlate with the high number of female employees in total compared to male employees.

#### 4.4.3. Profile of Workforce Gender by Staff Group

The chart below provides a breakdown of gender by staff group:



In the majority of staff groups, there are more female employees than male. The only staff group with more male employees than female is Medical & Dental, which employees 292 males (55.4%) and 235 females (44.6%). This has only marginally changed from 2021-2022.

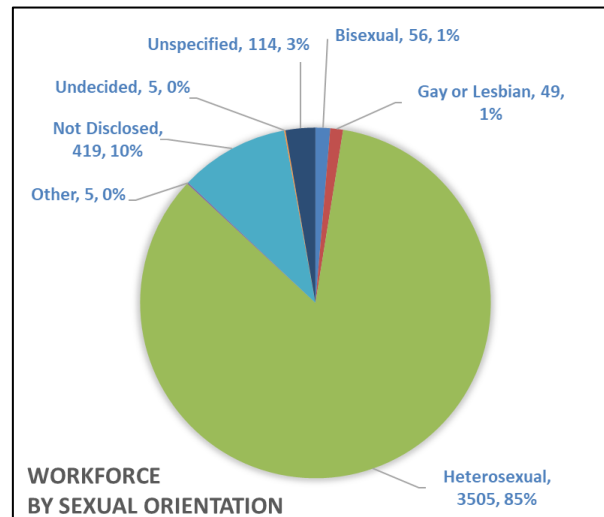
The largest gender disparity is within the Nursing & Midwifery group, which is the Trust's biggest staff group. In this group, only 76 (a reduction from 78 in the previous year) employees are male compared to 1136 (a reduction from 1148 in 2022) being female. This correlates with the profile of this staff group nationally.

There is also a relatively large gender disparity for the staff group of Clinical Services (591 females compared to 91 males) and Admin and Clerical (724 females to 193 males).

## 4.5. Sexual Orientation

### 4.5.1. Profile of Workforce by Sexual Orientation

The chart below provides a breakdown of the workforce by sexual orientation:



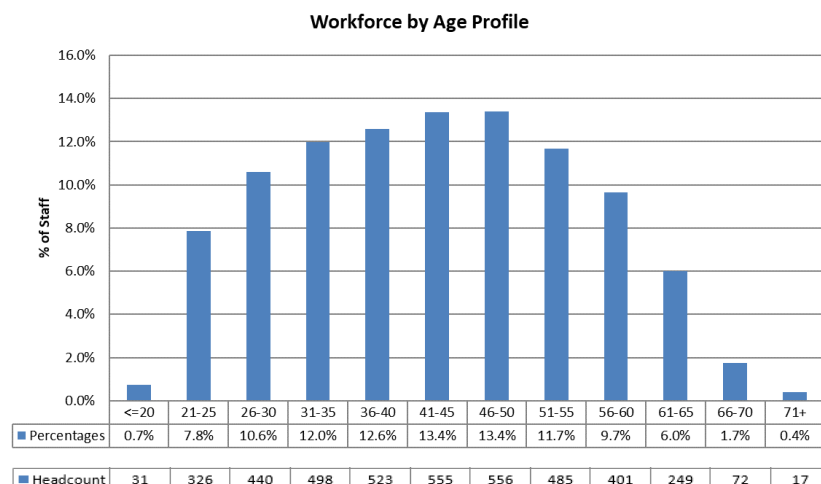
The majority of employees continue to declare that they are heterosexual (85%) which is a 1% increase from 2021-2022. 2% of employees identify as LGB (Lesbian, Gay or Bisexual) and this is in line with the data from which is below data from Sexual Identity, UK: 2021 Experimental Official Statistics published by the Office for National Statistics, which saw 3.2% of the population identifying as LGBTQ+.

There continues to be a significant proportion of employees that have not disclosed or defined their sexual orientation (10%), which has increased from last year (+2%).

## 4.6. Age

### 4.6.1. Profile of Workforce by Age

The chart below provides a breakdown of the workforce by age:



The majority of the workforce is aged between 26 and 55, with age ranges 26-30, 31-35, 36-40, 41-45, 46-50, and 51-55, each representing a consistent number of employees.

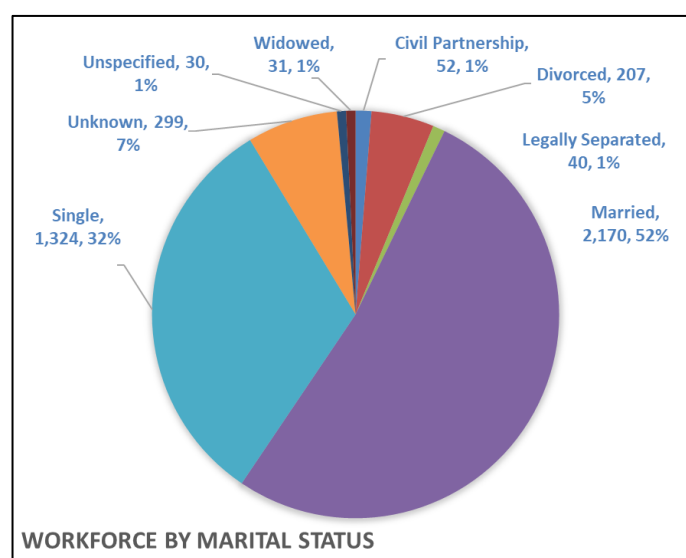
The two age ranges with the biggest in year growth in employees are 41-45 (+0.8%) and 51-55 (+0.9%). In contrast, the biggest fall in the number of employees was for those aged 31-35 (-0.8%).

There are two areas of note within these results:

1. Firstly, employees aged under 20 represent 0.7% of the workforce with only 31 employees employed within this group, with those aged 21-25 only representing 7.8% of the workforce. This shows that the Trust employs a significantly small proportion of employees who are younger and starting their career. It is however of note that the number of employees aged 21-25 has risen from 2021-2022, when the percentage was 6.3%.
2. The second finding of note is that 27.4% of employees are aged between 51 and 65 which has not changed since 2021-2022 (27.8%).

## 4.7. Marital Status

### 4.7.1. Profile of Workforce by Marital Status



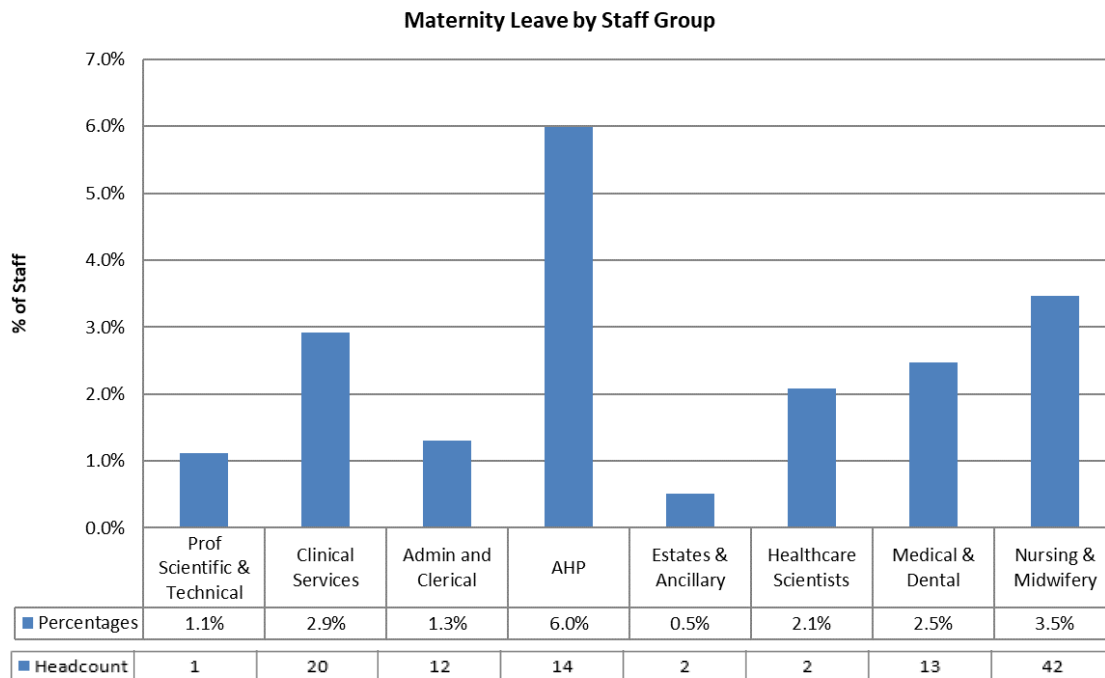
The majority of the Trust's workforce (52%) are married, and this has not changed from the previous report. 32% of the workforce declared that they are single, which has increased by 2% from 2021-2022.

The percentage of employees with an unknown marital status has reduced by 2% from the last report and now represents 7% of the workforce.

## 4.8. Maternity

### 4.8.1. Profile of Workforce by Maternity

The chart below provides a breakdown of the maternity leave across each staff group, reporting the percentage of employees who are on maternity leave within each group as of 31 March 2023:



The staff group with the largest proportion of employees on maternity leave is Allied Health Professionals with 6% of the workforce on maternity leave, although this only equates to 14 employees.

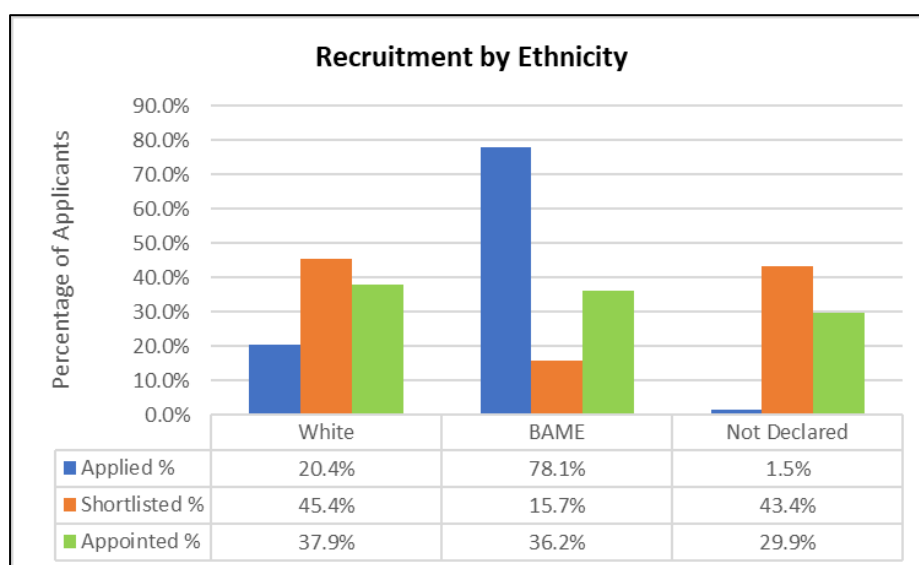
Nursing & Midwifery in contrast have 42 employees on maternity leave but due to the larger size of this staff group this only equates to 3.5% of the workforce. This is consistent with this being the largest workforce for female staff.

## 5. Recruitment Data Report

The recruitment data within this section of the report relates to all applications, shortlisting and appointments to roles advertised by the Trust internally and externally between 01 April 2022 and 31 March 2023.

### 5.1. Recruitment by Ethnicity

The chart below shows a breakdown of recruitment activity by ethnicity:



The majority of the recruitment activity at the Trust is from BAME applicants, which is not proportionate to the local population as the majority of the Milton Keynes population is White, with only 28.2% of the population from a BAME background.

Out of the 21,537 applications received in this period, a total of 20.4% were from White applicants (a decrease from 33.3% in the previous report). In comparison, 78.1% of the applicants were BAME which is an increase of 14.3% from the last report. 1.5% of applicants did not disclose their ethnic origin which is a decrease of 1.4% from 2021-2022.

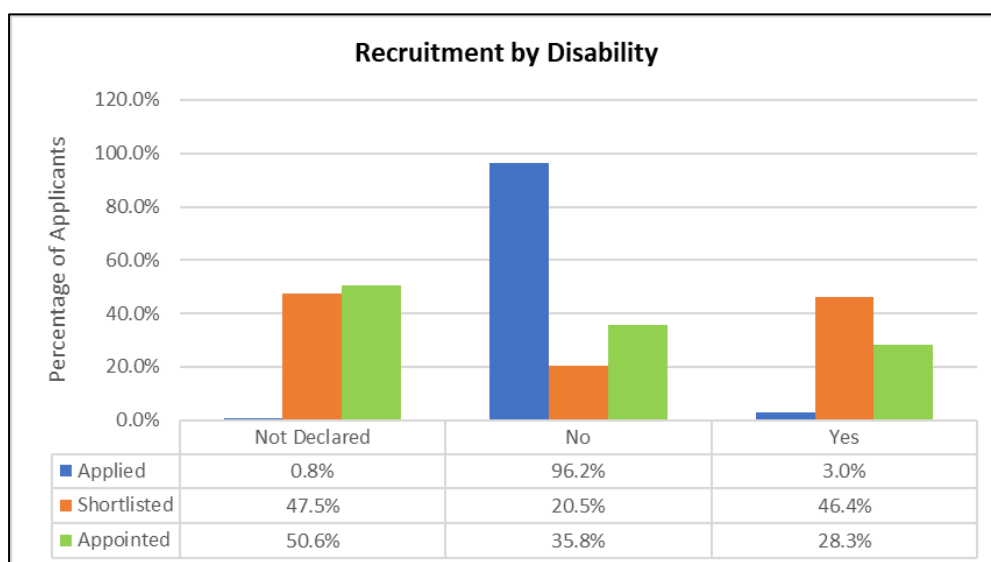
In respect of shortlisting, 22% of the total candidates who applied for roles were shortlisted. 45.4% of White applicants (an increase from 41% in the previous report) were shortlisted, whilst 15.7% of BAME applicants were shortlisted (a decrease from 20% in the previous report). This is likely due to a high number of overseas applicants that did not meet the professional registration and visa requirements to be shortlisted.

In respect of employees appointed, 29.9% of those who were shortlisted but did not wish to disclose their ethnic origin were appointed. 37.9% of White applicants who were shortlisted were appointed (an increase from 20% in the previous report), whilst 36.2% of BAME applicants who were shortlisted were appointed (a significant increase from 14.7% in 2021-2022).

The data in the chart shows that the recruitment process does not disadvantage those from BAME backgrounds, with the number of BAME applicants appointed to posts at the Trust being relatively proportionate to the population of Milton Keynes.

## 5.2. Recruitment by Disability

The chart below shows a breakdown of recruitment activity by disability:



N.B Data for recruitment by disability does not include data from international nurse recruitment

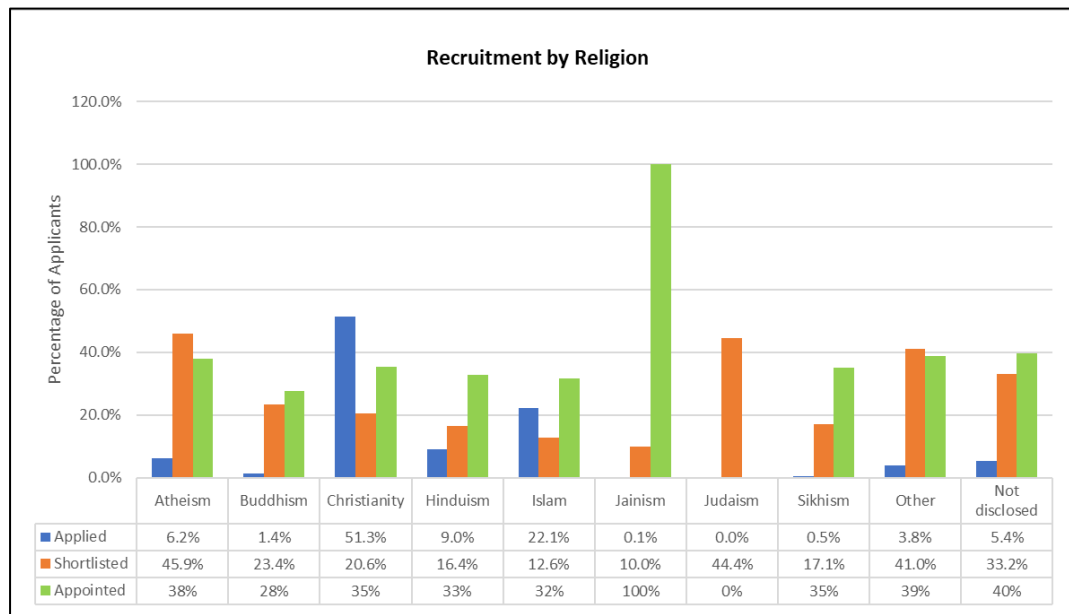
The majority of recruitment activity at the Trust is from applicants who do not have a disability.

Only 3% of those applications received were from applicants who declared they have a disability. Of the 647 applications received from candidates with a disability, 46.4% were shortlisted, which is the same as in the previous period. Compared with candidates who do not have a disability, 20.5% of whom were shortlisted which is a decrease of 6% from last report. This shows that the Trust is more likely to shortlist a candidate who declares a disability than one who does not. This could be due to the national “Disability Confident” scheme in which the Trust participates. This scheme is a guaranteed interview scheme, whereby disabled applicants who meet the person specification of the post they apply for are guaranteed an interview.

In respect of candidates that were appointed, 28.3% of those with disabilities that were shortlisted were appointed (an increase of 6.3% from the previous period) whilst 35.8% of those shortlisted without a disability were appointed. This demonstrates, that whilst applicants with a disability are more likely to be shortlisted, they are less likely to be appointed.

### 5.3. Recruitment by Religious Belief

The chart below shows a breakdown of recruitment activity by religion and belief:



N.B Data for recruitment by religion does not include data from international nurse recruitment

The chart above identifies the percentage of recruitment by religious belief and highlights that the majority of applications are from those who identify as Christian, which correlates with the majority of the Milton Keynes population being Christian.

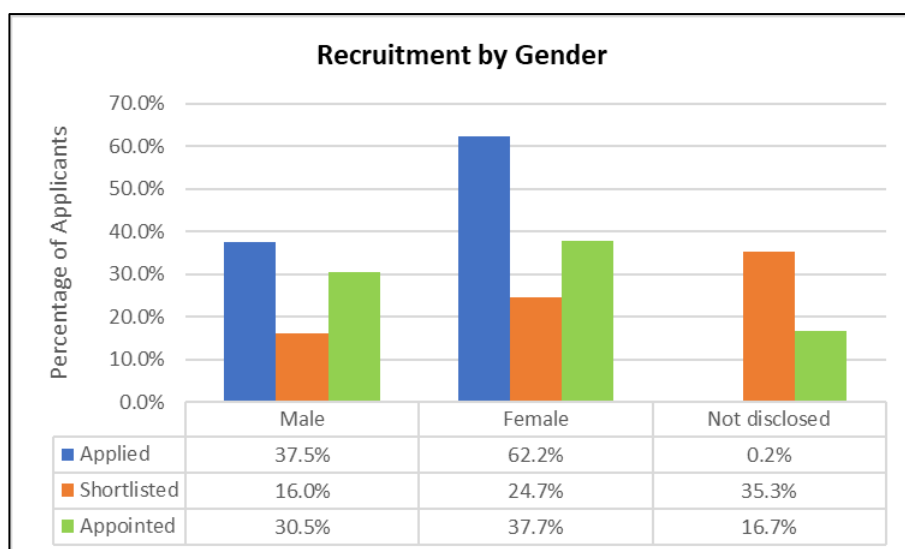
Of note, the data shows that those whose religious beliefs are Atheism, Judaism or Other are most likely to be shortlisted (45.9%, 44.4% and 41% respectively).

The religious belief most likely to be appointed at the Trust is Jainism, although the data is skewed as this only relates to 2 applicants. Those who have not disclose their religion (40%), identify as Other (39%) or are Atheist (38%) are most likely to be appointed.

### 5.4. Recruitment by Gender

The chart below shows a breakdown of recruitment activity by gender:





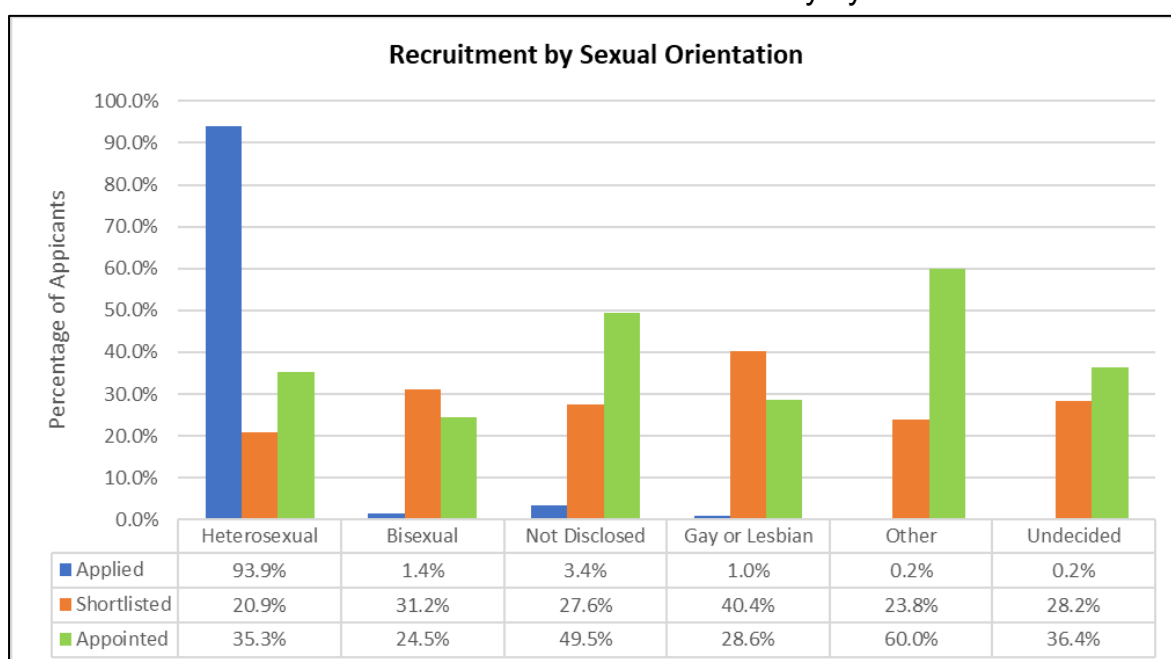
N.B Data for recruitment by gender does not include data from international nurse recruitment

The majority of applications received were from female candidates (62.2%), which is reflective of the fact the NHS and MKUH are predominantly a female workforce.

Out of the applicants shortlisted, 24.7% of female candidates who applied were shortlisted in comparison with 16% of male applicants. The percentage of shortlisted female candidates being appointed is 37.7%, compared with 30.5% for shortlisted male applicants. Female applicants are, therefore, more likely to apply for roles at the Trust and subsequently be shortlisted and appointed.

## 5.5. Recruitment by Sexual Orientation

The chart below shows a breakdown of recruitment activity by sexual orientation:



N.B Data for recruitment by sexual orientation does not include data from international nurse recruitment

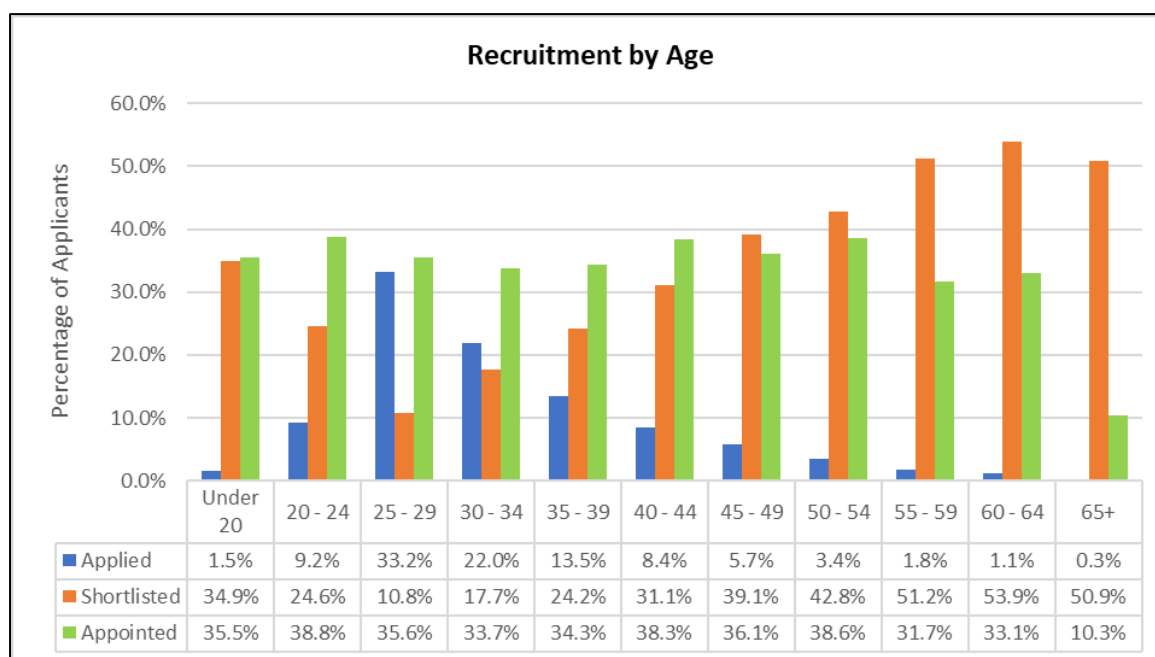
The majority of applicants have continued to identify themselves as being heterosexual (93.9%), which is in line with the make-up of the current Trust workforce.

In terms of shortlisting, LGB+ applicants are more likely to be shortlisted than heterosexual candidates, with 31.2% of bisexual applicants, 40.4% of Gay or Lesbian candidates and 23.8% of other sexual orientations not listed (which could include identities such as pansexual, demisexual, aromantic and/or asexual) shortlisted, compared to 20.9% of Heterosexual candidates.

Bisexual and Gay or Lesbian candidates are less likely to be appointed after shortlisting, with 24.5% and 28.6% respectively appointed from shortlisting compared to 35.3% of Heterosexual candidates. However, those who identify as other sexual orientations are more likely to be appointed, with 60% appointed from shortlisting however, this only relates to 6 candidates.

## 5.6. Recruitment by Age

The chart below shows a breakdown of recruitment activity by age:



N.B Data for recruitment by age does not include data from international nurse recruitment

In respect of age, the majority of applicants are in the age range of 20 to 44, with a lower percentage in the older age bracket and under 20.

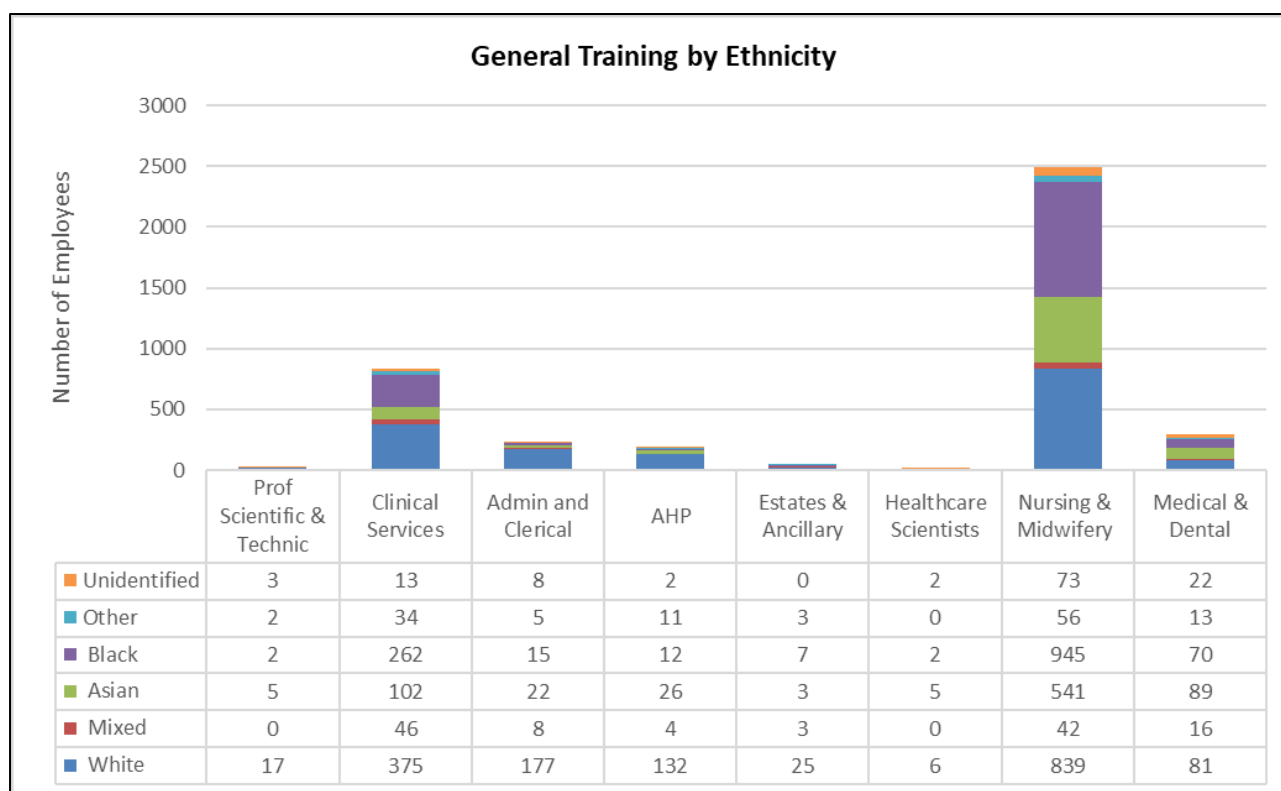
The data highlights that you are most likely to be shortlisted if you are under 20 or between the ages of 40 and 65+.

With regards to being successfully appointed from shortlisting, this is largely consistent across the age brackets, bar 65+ which has over a 20% lower appointed from shortlisting rate than any other age bracket.

## 6. Learning and Development Data Report

### 6.1. Learning and Development Attendance by Ethnicity

The chart below breaks down training and development workforce data by staff group and ethnicity:

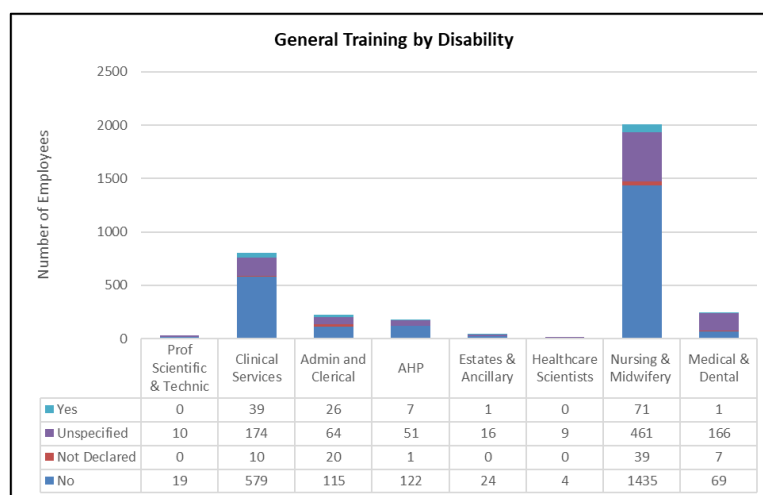


Nursing and Midwifery and Clinical Services are the staff groups mostly accessing training and development resources, and this is the same as the previous report. Of these staff groups, the majority of employees accessing training and development are White, with the breakdown of access roughly reflecting the ethnic profile of the Trust.

It is of note that that more Nursing & Midwifery employees from BAME backgrounds are accessing training and development resources than White employees, which is a change from 2021-2022. The proportion of BAME employees accessing training is not proportionate to the ethnic portfolio of the Nursing & Midwifery staff group, with 839 White employees accessing training compared to 1584 BAME employees, although this growth does support the growth in BAME representation in this staff group at the Trust in 2023.

### 6.2. Learning and Development Attendance by Disability

The chart below breaks down training and development workforce data by staff group and by those who have declared a disability:

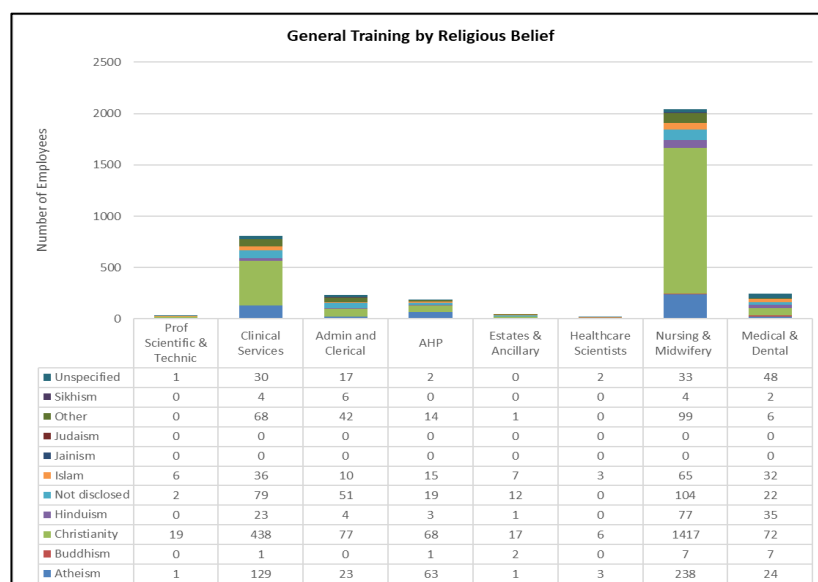


The majority of staff accessing training either do not have a declared disability or a disability is not specified.

Nursing and Midwifery is the largest staff group accessing training and declaring a disability, and this is unchanged from the previous report. No staff from the Healthcare Scientists or Professional Scientific and Technical staff group who accessed training have declared they have a disability, however the overall accessing of training from this staff group is low.

### 6.3. Learning and Development Attendance by Religious Belief

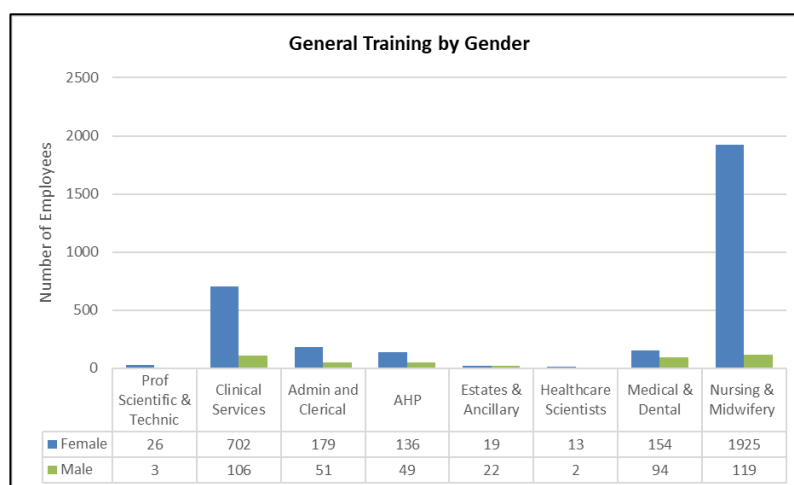
The chart below breaks down training and development workforce data by staff group and by religion and belief:



Christian employees were recorded as the highest number of training attendances in every staff group, followed by Atheism and those who did not wish to disclose. This remains unchanged from 2021-2022 and correlates with the profile of the workforce.

## 6.4. Learning and Development Attendance by Gender

The chart below breaks down training and development workforce data by staff group and by gender:

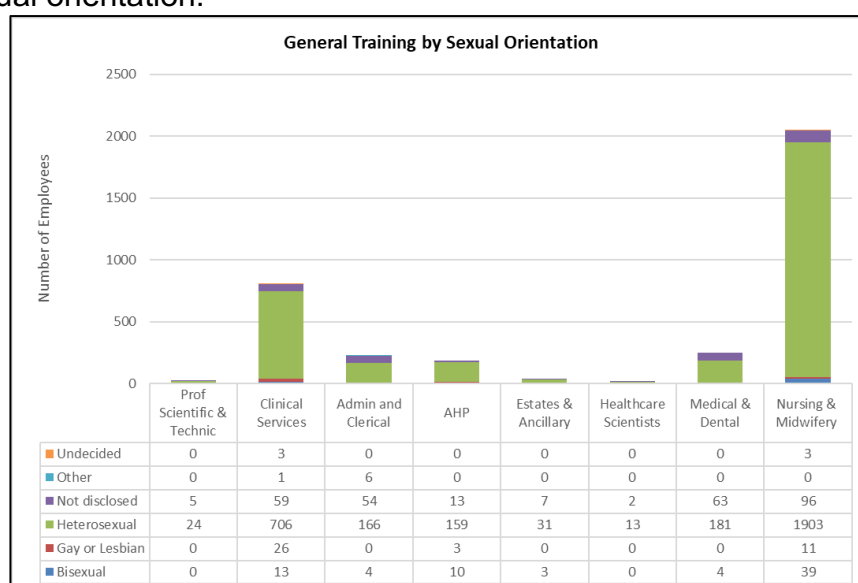


In line with the Trust's gender split, training attendance was higher for female staff in every staff group.

As the majority of female employees are within the Nursing and Midwifery staff group it is expected that the highest number of attendances are from this staff group. The second-highest attendance was from the Clinical Services staff group which is a change from 2021-2022 when the second highest attendance was from the Medical and Dental staff group.

## 6.5. Learning and Development Attendance by Sexual Orientation

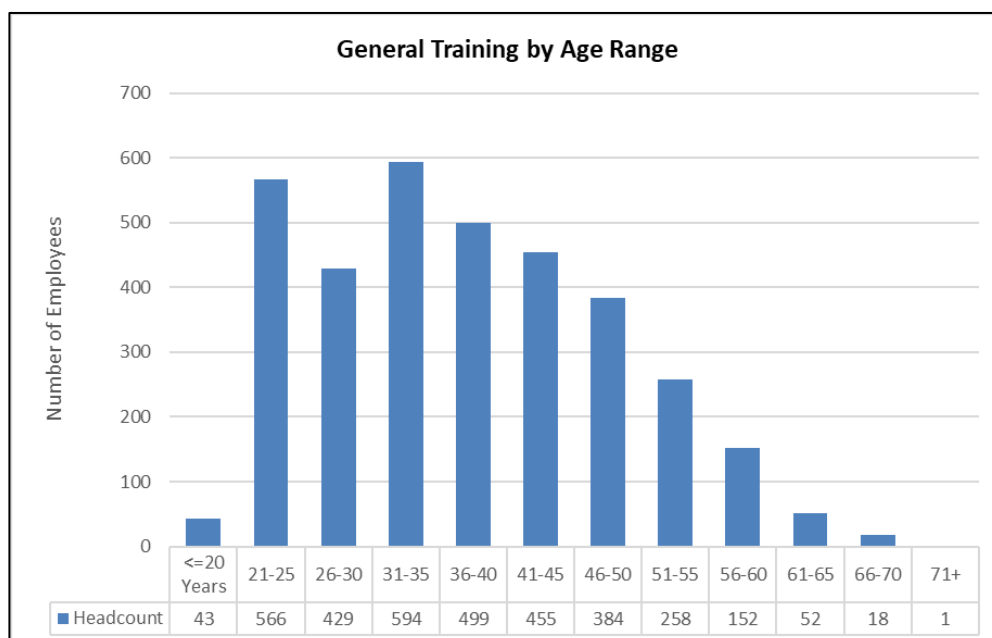
The chart below breaks down training and development workforce data by staff group and by sexual orientation:



In line with the Trust's sexual orientation split, training attendance was higher for heterosexual staff across every staff group.

## 6.6. Learning and Development Attendance by Age

The chart below breaks down training and development workforce data by age:



The highest staff range for training attendance is from 31-35 years of age and the second largest is from 21-25 years of age.

The profile of training attendance by age is broadly in line with age profile of the workforce, although it is of note that training for employees between 51-55 years of age has fallen from 2021-2022, whilst the workforce of that age had the biggest growth in the Trust. The low attendance for those less than 20 and over 71 is reflective of the smaller number of staff in the workforce at this age.

It is clear from the above data that older generations of the workforce access training and development less, which is likely due to these employees being at the end of their career.

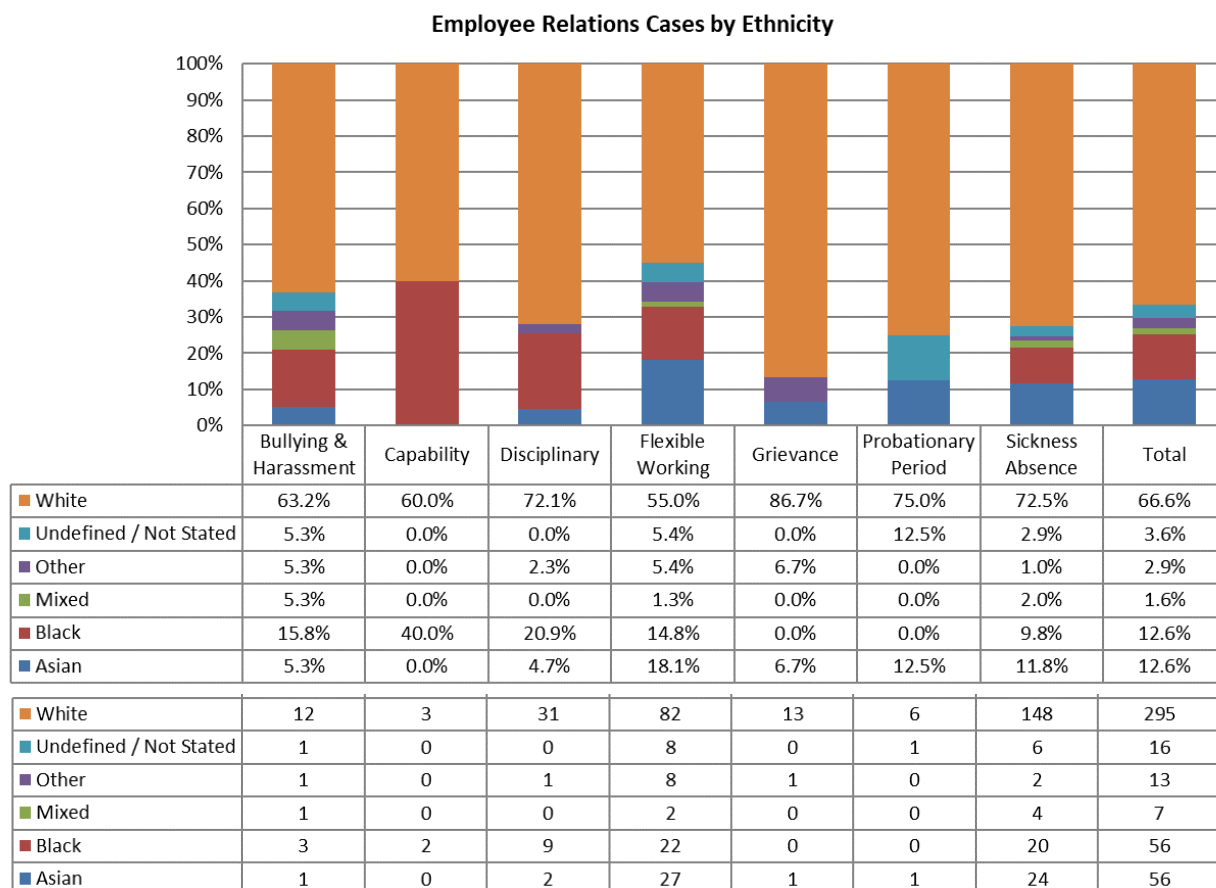
## 7. Employee Relations Data Report

The information within this section provides the breakdown of the main types of formal employee relations cases handled by the Trust. Between 01 April 2022 and 31 March 2023. The following formal cases are referred to:

- Disciplinary
- Flexible Working
- Bullying & Harassment
- Grievance
- Capability

### 7.1. Employee Relations Cases by Ethnicity

The chart below provides a breakdown of formal employee relations cases by ethnicity:

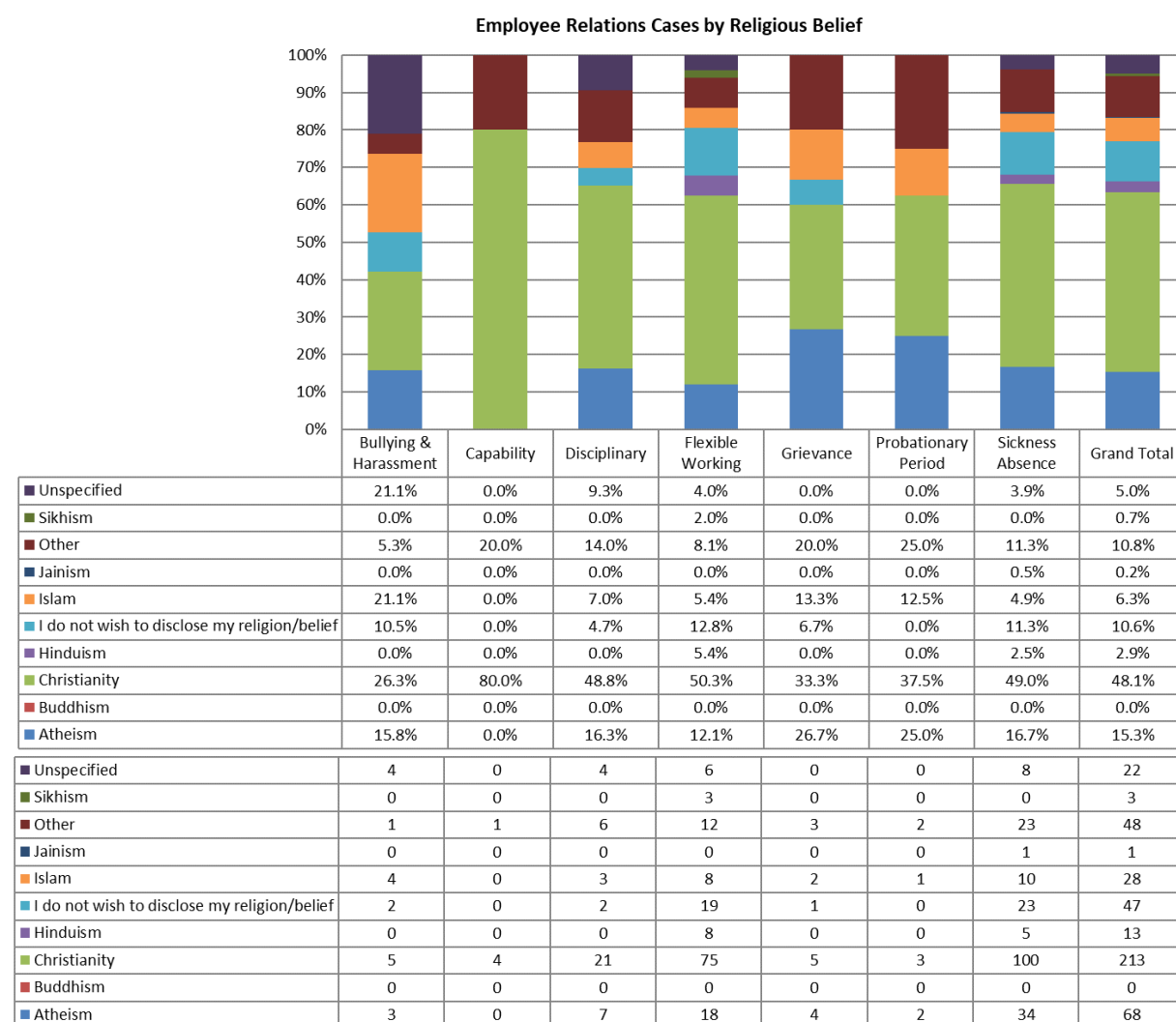


The majority of formal cases (66.6%) were opened for White employees. BAME employees are not more likely to enter into a formal disciplinary or capability process than white colleagues.

BAME employees are slightly less likely to submit a formal flexible working request (39.6%) compared with White employees (55.0%) and this is a reduction from last year, where 49.6% of flexible working applications were submitted by BAME colleagues. This year the number of flexible working requests from BAME employees is proportionate to the BAME workforce.

## 7.2. Employee Relations Cases by Religious Belief

The chart below provides a breakdown of formal employee relations cases by religious belief:



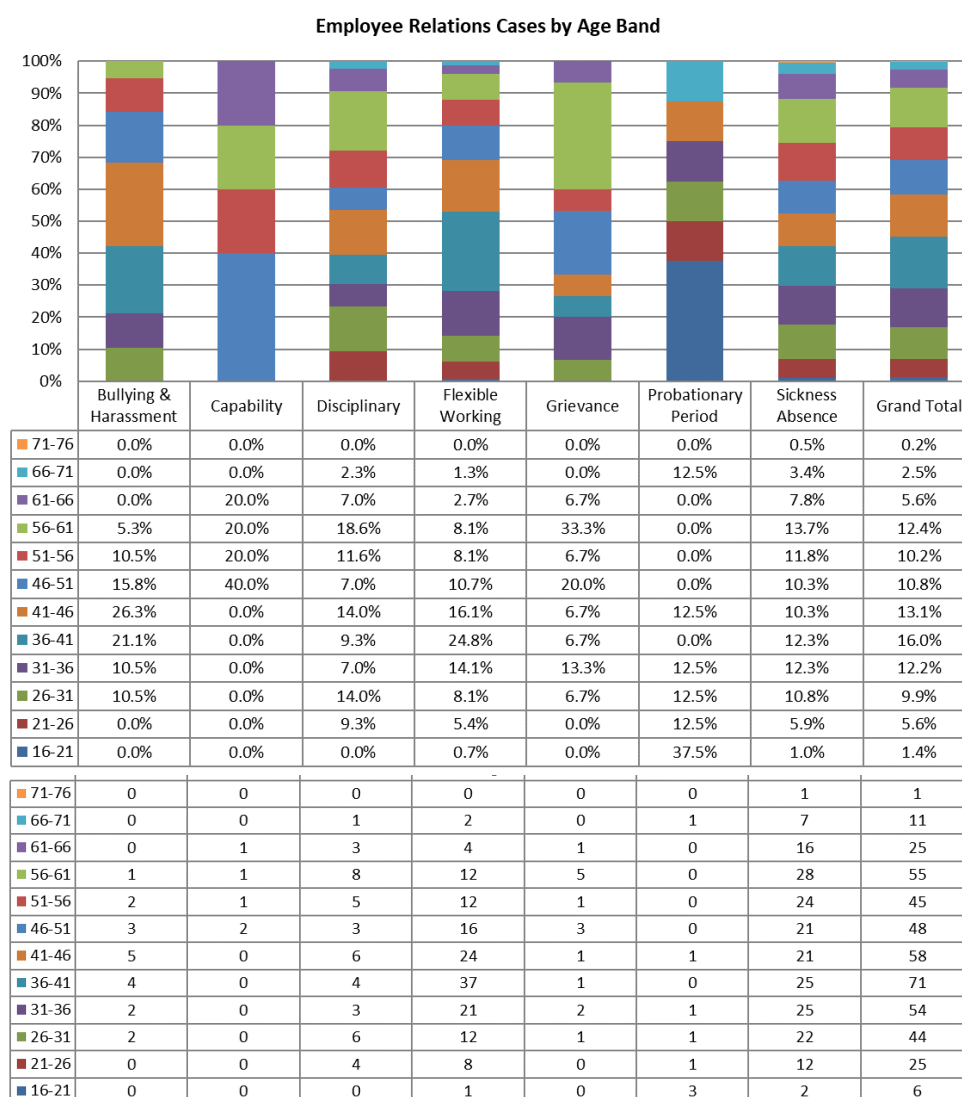
The highest proportion of disciplinary, bullying & harassment and capability cases were opened for those who are Christian, which correlates with the majority of the workforce holding this religious belief.

For the capability case type, 80% of cases were opened for employees who identified as Christian and 20% of cases were opened for employees who identified as 'other' category.



### 7.3. Employee Relations Cases by Age

The chart below provides a breakdown of formal employee relations cases by age:



For disciplinary cases, the single age bracket with the highest proportion of cases is the 56-61 age bracket (18.6%), this has changed from the previous report when the highest proportion of cases were in the 41-46 age bracket (27%). However, 41-46 and 26-31 also had a higher number of cases (14%).

For flexible working, the highest number of cases were reported for the 36-41 age bracket (24.8%), this has changed from 2021-2022 when the highest proportion of requests came from the 31-35 age bracket. This is consistent with these age ranges being when most people would be having children and may therefore be wishing to work part-time.

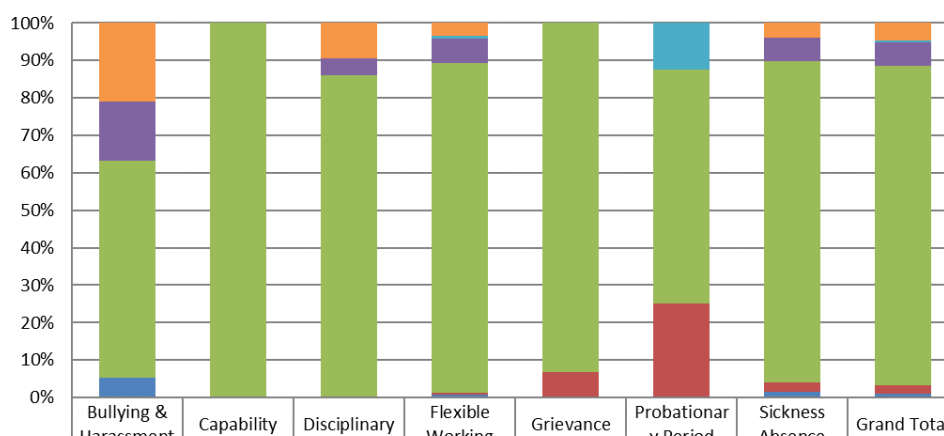
For bullying and harassment, most cases were reported for the 41-46 age bracket (26.3%). For grievance, it was 33.3% reported for the 56-61 age bracket.

In terms of capability, all employees going through a capability process are within the higher age brackets, specifically ages 46 – 66, 40% for 46 – 51.

## 7.4. Employee Relations Cases by Sexual Orientation

The chart below provides a breakdown of formal employee relations cases by sexual orientation:

Employee Relations Cases by Sexual Orientation



Unspecified	21.1%	0.0%	9.3%	3.4%	0.0%	0.0%	3.9%	4.7%
Undecided	0.0%	0.0%	0.0%	0.7%	0.0%	12.5%	0.0%	0.5%
Not stated (person asked but declined to provide a response)	15.8%	0.0%	4.7%	6.7%	0.0%	0.0%	6.4%	6.3%
Heterosexual or Straight	57.9%	100.0%	86.0%	87.9%	93.3%	62.5%	85.8%	85.3%
Gay or Lesbian	0.0%	0.0%	0.0%	0.7%	6.7%	25.0%	2.5%	2.0%
Bisexual	5.3%	0.0%	0.0%	0.7%	0.0%	0.0%	1.5%	1.1%

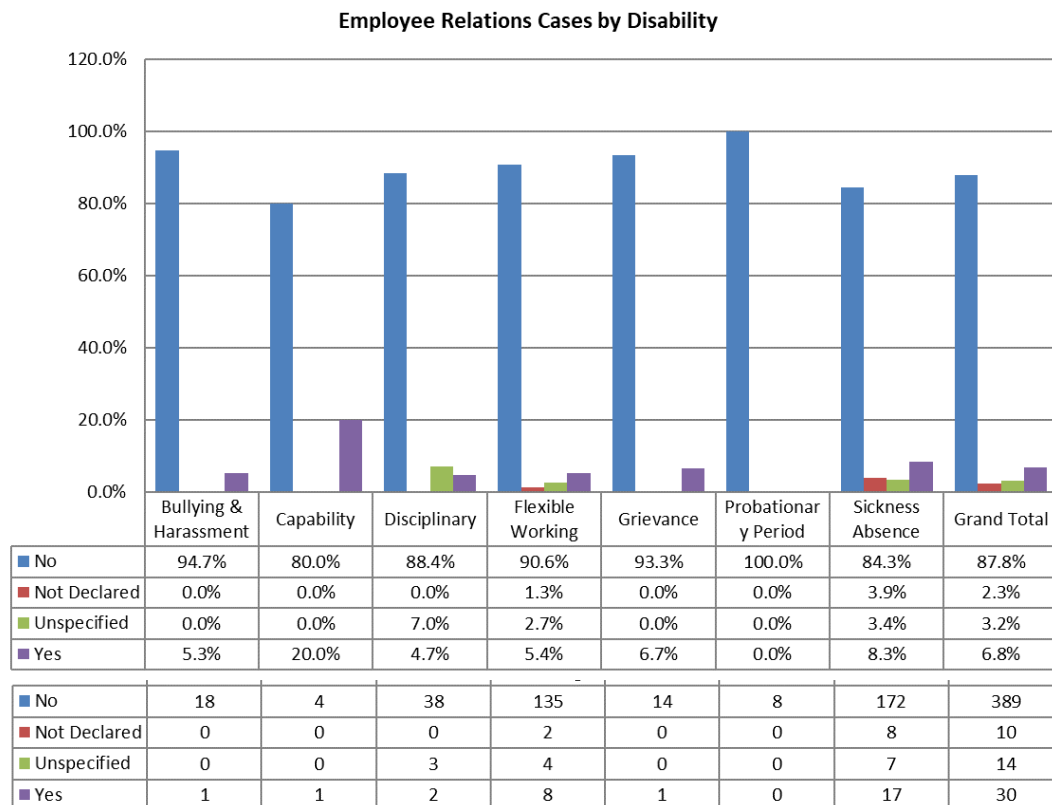
Unspecified	4	0	4	5	0	0	8	21
Undecided	0	0	0	1	0	1	0	2
Not stated (person asked but declined to provide a response)	3	0	2	10	0	0	13	28
Heterosexual or Straight	11	5	37	131	14	5	175	378
Gay or Lesbian	0	0	0	1	1	2	5	9
Bisexual	1	0	0	1	0	0	3	5

The majority of employee relations cases opened were for those who have identified as heterosexual, which correlates with the majority of the workforce being heterosexual.

It is of note that, despite comprising 2% of the workforce, 5.3% of Bullying & Harassment cases, 6.7% of Grievance cases and 25% of Probationary Period cases opened were for employees who identify as gay, lesbian, or bisexual.

## 7.5. Employee Relations Cases by Disability

The chart below provides a breakdown of formal employee relations cases by disability:



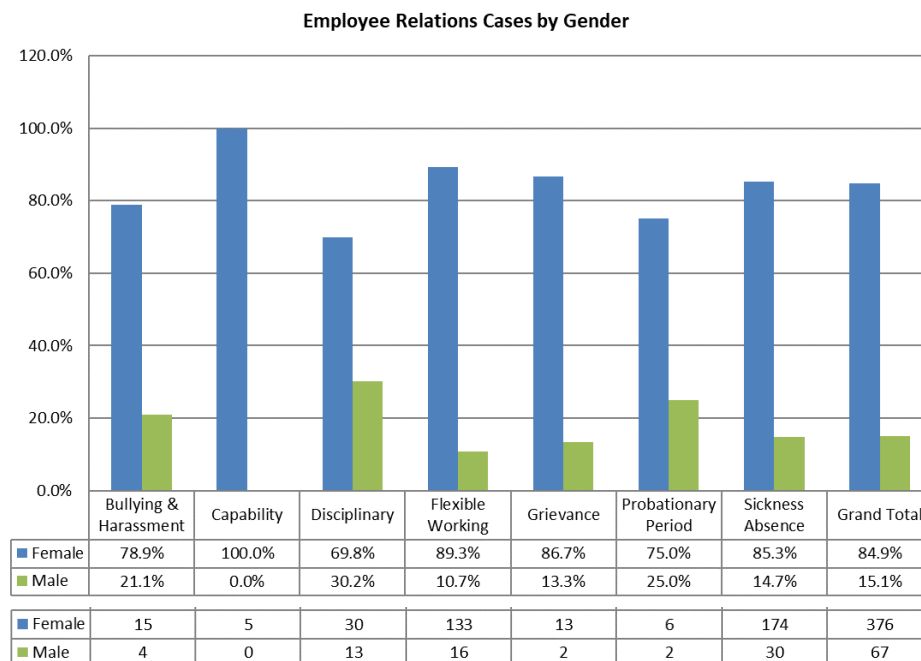
For all case types, the majority of cases opened were for employees who were not disabled. This correlates with only 5% of the workforce declaring they have a disability.

The data shows that 20% of capability cases opened were for disabled employees, however this only correlates to 1 employee and therefore is a small sample size.

5.4% of Flexible Working cases opened were for disabled employees, which is proportionate to the percentage of the workforce who have declared they have a disability.

## 7.6. Employee Relations Cases by Gender

The chart below provides a breakdown of formal employee relations cases by gender:



As expected, the majority of cases opened in each case type relate to female employees, which is proportionate to the fact that 78.6% of the workforce is female.

All capability cases opened were for female employees, this is a change from the previous report when there was an even split between capability cases opened for males and females.

The percentage of male employees submitting Flexible Working requests has reduced from the previous report, falling by 6.7%, likewise the number of male employees raising Grievances has fallen from 2021-2022 by 20%.

Bullying & Harassment, Disciplinary and Probation cases opened in 2022 – 2023 reflect the makeup of the gender of the workforce. Whilst the number of sickness cases opened is slightly higher for females than males, this is on par with the cases opened in 2021 – 2022.

## 8. Action Plan

Outlined below is a summary of actions intended to improve equality, diversity and inclusion metrics across the Trust in addition to improving employee experience:

Action	Deadline	How will we measure success?
Continue to raise awareness of WRES and WDES metrics by creating and distributing infographic posters to be shared with Staff Networks, Staff Side, and with staff in their departments.	Dec-23	Increased awareness of the Trust's position.
Development of East of England Anti-Racism Pledge communications campaign to promote the pledge across all Trust departments.	Dec-23	Increased awareness of the EoE Anti-Racism Pledge.
Implement a staff network for international nurses to support those who have recently moved to the UK to commence employment.	Dec-23	Network to be up and running with elected leadership.
Undertake self-assessment of Trust against NHS ED&I Improvement Plan 6 High Impact Actions with development of an action plan.	Dec-23	Detailed action plan developed.
Implement a staff network for neurodiverse employees.	Dec-23	Network to be up and running with elected leadership.
Conduct employee census to ensure employee data on ESR is up to date, incl. ethnicity data.	Nov-23	Reduction in unknown ethnicity statuses within employee data.
Continue to roll out cultural awareness training to identified areas to educate employees on diversity and inclusion, discrimination, unconscious bias, microaggressions and empathy.	Jul-24	Attendance at sessions. Reduction in employee relations cases related to discrimination in these areas.
Development and roll-out of a communications and education campaign on the subject of allyship.	Jun-24	Improved awareness of issues faced by disabled employees.
Continue roll out of phase two of the Above Difference Cultural Intelligence Programme for senior managers.	Mar-24	Attendance at sessions. Improved cultural intelligence demonstrated at a senior level.
Development of Behaviours Policy and Procedure to incorporate the Trust's Behaviours Framework in addition to outlining the responsibilities of all employees to challenge poor behaviour and specific statements re racism, homophobia, transphobia, sexism, ableism etc.	Mar-24	Reduction in discrimination, bullying, harassment against BAME colleagues. Increase in incidents being reported.
Development and roll-out of values-based recruitment programme and inclusive recruitment practices.	Mar-24	Improved shortlisting of BAME colleagues. Improved staff survey scores in questions related to discrimination.
Implement a new Talent Management Programme as part of The MKWay, ensuring visibility and access for BAME colleagues.	Mar-24	Increased BAME representation in senior bands/roles. Improved CPD metrics.
Roll out workplace adjustment training for line managers to ensure they are equipped to identify and implement reasonable adjustments for their teams.	Mar-24	Improved staff survey score regarding reasonable adjustments.
Undertake a review of appraisal paperwork to ensure that it is accessible and fit for purpose for employees with disabilities.	Mar-24	Improvement in staff survey results around appraisals.
Development of guidance for clinical teams on how to manage racism from patients/service users and relatives.	Jan-24	Reduction in discrimination, bullying, harassment against BAME colleagues. Increase in incidents being reported.

<b>Action</b>	<b>Deadline</b>	<b>How will we measure success?</b>
Continue to undertake initiatives that build leadership portfolio to apply for and gain Disability Confident Leader Status	Mar-24	Successful application for Leadership Status.
Undertake a deep dive into gender pay gap data, reviewing each band/grade and staff group, utilising this data to co-produce an action plan with the Women's Network incorporating the Mend the Gap themes/recommendations.	Oct-24	Development and delivery of action plan. Improvement of GPG metrics.
Produce an ethnicity pay gap report to explore the impact of inequalities and lack of representation at senior levels.	Oct-24	Review of GPG ethnicity data. Increase of BAME colleagues within senior bands.