

Annual Equalities Workforce Report 2023-2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Contents	Page	Contents	Page
Executive Summary	3	Section 3: The Equality Standards	27
Introduction	6	Introduction to the Equality Standards	28
What is the Public Sector Equality Duty?	7	Workforce Race Equality Standard (WRES) Summary	29
The Nine Protected Characteristics	8	WRES Progress	30
Progress Against f/y 2023-24 Previous Objectives	9	Workforce Disability Equality Standard (WDES) Summary	33
Our 2024-25 Equality, Diversity & Inclusion Objectives	10	WDES Progress	34
Section 1: EDI Progress	11	Gender Pay Gap	37
Networks	12	Section 4: EDI Action Plan	41
Engagement and Events	13	NHS EDI Improvement Plan	43
Policies and Practices	14	NHS England Six High Impact Actions	44
Training	15	Progress against the NHS High Impact Actions and Objectives for f/y 2024/25	45
Talent Management	16		
Recruitment	17		
BOB EDI Activities	18		
Section 2: Workforce Information	19		
Gender	20		
Age	21		
Ethnicity	22		
Disability Declaration	23		
Sexual Orientation	24		
Religion and Belief	25		
Armed Forces	26		

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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 2023/24 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 fourth 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 renewed in 2022/23 to reflect the NHS EDI Improvement Plan 6 high impact actions (HIAs), which all NHS organisations are encouraged to meet. We have made significant progress against these 6 HIAs and we are committed to implementing the remaining HIAs 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.

Executive Summary Continued



Buckinghamshire Healthcare
NHS Trust

What is our Equalities Data telling us?

Workforce Race Equalities Standard (WRES): In 2023/24, our data shows a slight decline in recruitment parity, with white colleagues now 1.26 times more likely to be appointed from shortlisting compared to BME colleagues (deterioration from 1.15 in 2022/23), despite successful international recruitment leading to more BME colleagues both applying and being shortlisted for roles. BME representation within the Trust continues to grow, now making up 37.8% of our workforce. Following this increase in the diversity of our workforce, we need to do more to increase representation in leadership roles, which is at 20.4% (of Band 8a+ positions held by BME colleagues), and is an EDI Objective for f/y 2024-25. The likelihood of BME colleagues entering formal disciplinary processes has increased, deteriorating from 0.96 in 2022/23 to 1.48 in 2023/24 and a review of ER processes to target this disparity is pulled through into our EDI Action Plan. While there has been some improvement in the experiences of bullying and harassment reported by BME colleagues, disparities with white colleagues persist. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26.

Workforce Disability Equality Standard (WDES): The representation of disabled colleagues has increased for the fifth consecutive year, highlighting ongoing work to increase psychological safety and empower colleagues to declare. However, underrepresentation in leadership roles remains, with disabled colleagues making up 5.2% of the workforce but only 4.4% of those in Bands 8a+. Recruitment parity for disabled and non-disabled colleagues has been maintained for the third year consecutive. While there has been some improvement in the experiences of bullying and harassment reported by disabled colleagues, disparities with non-disabled colleagues remains prevalent. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26.

Gender Pay Gap (GPG): Progress has been made in reducing the gender pay gap, with the mean hourly fixed pay gap decreasing from 26.9% in 2022/23 to 22.9% in 2023/24, and the median hourly fixed pay gap improving from 15.5% to 13.9%. The mean bonus gap also saw improvement, decreasing from 25.5% in 2022/23 to 21.0% in 2023/24. Despite these positive trends, a higher proportion of male colleagues continue to occupy roles in the top pay quartile, particularly in Medical & Dental positions, which contributes to the overall gender pay gap. We are confident that male and female colleagues are paid equally doing equivalent jobs across the Trust and our aim is to reduce the gender pay gap throughout the organisation. However, we accept that this may take several years to achieve.

Progress against f/y 2023/24 objectives

For f/y 2023/24 set 2 objectives in line with our WRES and WDES data. We have achieved the first objective fully and partly achieved the second:

- Improve representation of BME colleagues in AfC Band 8+ roles by 2%
 - BME representation in AfC Band 8+ was 18.4% in 2022/23, which has increased by 2.1% to 20.5% in 2023/24.
- Reduce occurrence of bullying and harassment from managers and other colleagues by a minimum of 2% per year
 - Whilst we have reduced the percentage of BME colleagues experiencing bullying and harassment from colleagues by 3.2%, from 26.0% in 2022/23 to 22.8% in 2023/24, more work is required to improve the experiences of disabled colleagues.
 - The percentage of disabled colleagues experiencing bullying and harassment from colleagues has remained statistically similar in 2023/24 (21.5% in 2022/23, 21.8% in 2023/24).
 - The percentage of disabled colleagues experiencing bullying and harassment from managers was 15.0% in 2022/23. This has reduced by 1.0% to 14.0% in 2023/24, and reducing bullying & harassment is a Trust Objective for 2024-26.

Objectives for f/y 2024/25

We are committed to meeting the national NHS EDI Improvement Plan by the required deadline of 2026 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 42-47. 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 financial year will be:

1. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
2. Create a working environment that eliminates the conditions in which bullying and harassment occur. (This objective is a 2 year objective in line with the Trust Objective for 2024-26)

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

Introduction



Buckinghamshire Healthcare
NHS Trust

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 2023.

This Report focusses on our colleagues and covers the f/y 2023/24. It encompasses the information required to meet our Equality Duties in relation to our workforce for 2023/24. The data contained within the report is taken from the national Electronic Staff Record (ESR) system as of 31 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.

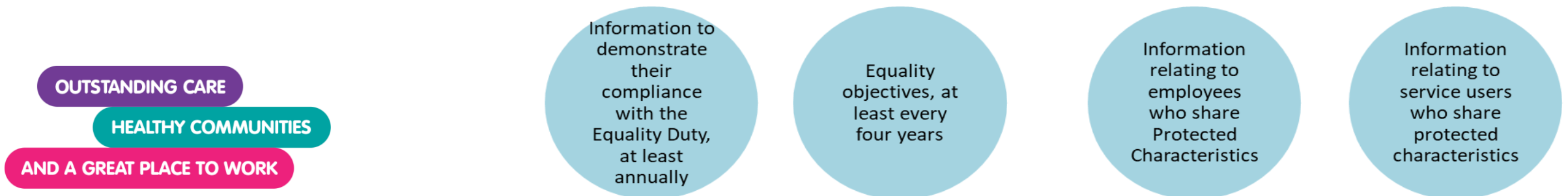
What is the Public Sector Equality Duty?

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



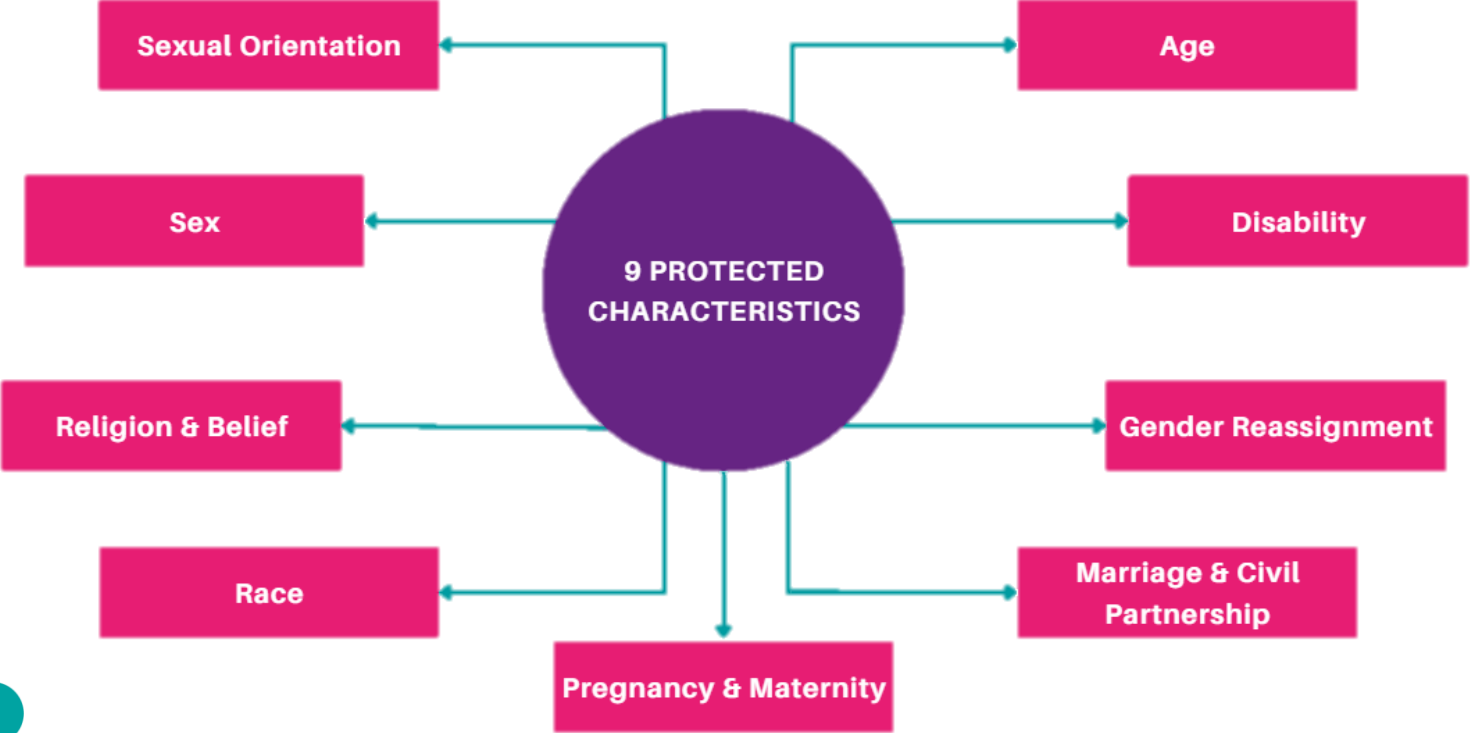
Special Duties:

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



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.



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Progress Against f/y 2023-24 Previous Objectives



Buckinghamshire Healthcare
NHS Trust

2023/24 Objective	Progress
Improve representation of BME colleagues in AfC Band 8+ roles by 2%	Achieved. BME representation in AfC Band 8+ was 18.4% in 2022/23. This has increased by 2.1% to 20.5% in 2023/24.
Reduce occurrence of bullying and harassment from managers and other colleagues by a minimum of 2% per year	<p>Partly achieved. Percentage of BME colleagues experiencing bullying and harassment from colleagues was 26.0% in 2022/23. This has reduced by 3.2% to 22.8% in 2023/24.</p> <p>Percentage of disabled colleagues experiencing bullying and harassment from colleagues has remained statistically similar in 2023/24. (21.5% in 2022/23, 21.8% in 2023/24).</p> <p>Percentage of disabled colleagues experiencing bullying and harassment from managers was 15.0% in 2022/23. This has reduced by 1.0% to 14.0% in 2023/24.</p> <p>Reducing bullying & harassment is a Trust Objective for 2024-26.</p>

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

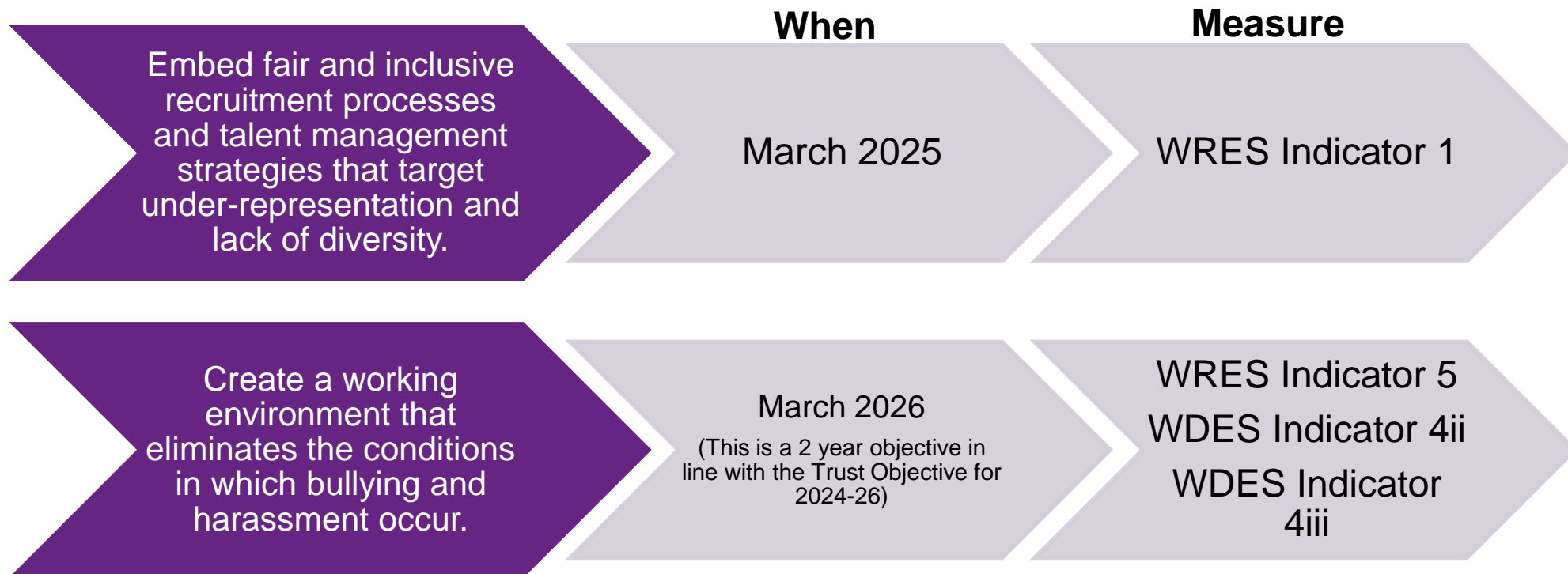
Our f/y 2024-25 Equality, Diversity & Inclusion Objectives

We are required to set new Equality Objectives for the next financial year in line with our PSED requirements.

In line with national requirements, we have used the NHS EDI Improvement Plan to identify our objectives for this financial year.

We are committed to meeting these objectives across the lifetime of this plan and continuing to embed equity and inclusion across our organisation.

This year we will also be completing the EDS2 (Equality Delivery System).



Section 1: EDI Progress 2023-2024

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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



Networks

Our networks support and foster an inclusive environment for colleagues. The networks provide a platform for colleagues and are vital in cultivating an authentic and accepting environment in the Trust.

Networks have executive sponsors who advocate at board and senior meetings. The sponsors mentor network chairs, shape objectives, and communicate the mission to increase awareness and membership.



In 2022/23, we set two objectives for our networks for 2023/24, which we have achieved:

- 1. Membership Growth and Enhanced Allyship:** We have celebrated a variety of diversity and inclusion events that have attracted new members and fostered increased allyship. Including, Black History Month, Pride Month, South Asian Heritage Month, Windrush Day.
- 2. Improved Network Structure:** Our Networks have incorporated Terms of Reference and have set objectives with their network sponsor for the 2024/25 year.

Engagement and Events



Buckinghamshire Healthcare
NHS Trust



Remembrance Day at Stoke Mandeville, Wycombe, and Amersham Hospitals



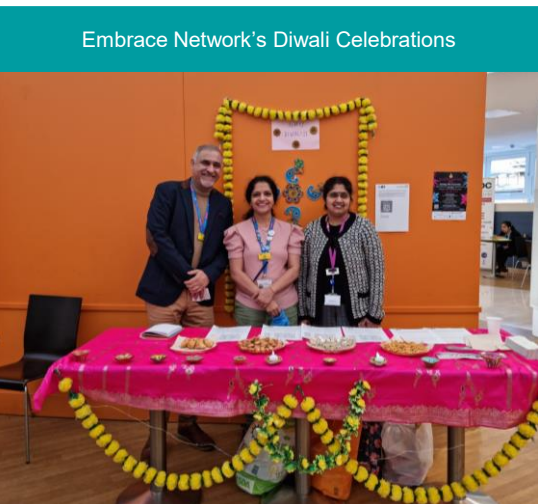
Embrace Network's Cricket Match for SAHM



EDI Stall at BHT Connecting Event for New Starters



BHM Interview Series with BHT Colleagues



Embrace Network's Diwali Celebrations



Kalinga Network's annual SportsFest



In recognition of achieving the Defence Employer recognition Scheme Gold award, the Armed Forces Covenant was re-signed

Policies and Practices



Buckinghamshire Healthcare
NHS Trust

The EDI team are members of policy review committees – HR Policy Group and Trust wide Policy Sub-Group – to review both new and updated policies and the associated Equality and Quality Impact Assessments (EQIAs). This process is instrumental in ensuring that policies undergo evaluation from an EDI perspective, aiming to pre-emptively identify and address any potential biases or discriminatory elements against protected characteristics prior to ratification, ensuring the Trust is fostering inclusivity.

The EDI team work on a consultation basis to provide specialist EDI perspectives and advice when approached by colleagues across the Trust.

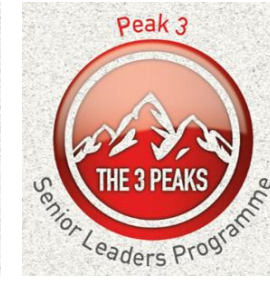
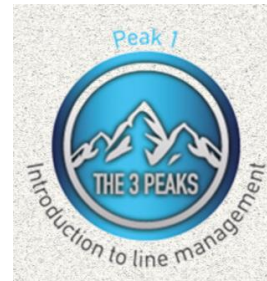
This year, a Standard Operating Procedure (SOP) for Inclusive Learning was developed by the Talent for Care Team Lead in consultation with various specialists within the Trust, including the EDI Officer and the Disability Network. The primary objective of the SOP is to establish clear guidelines for coordinating training and development initiatives tailored to colleagues within BHT who require additional learning support. By adhering to these guidelines, the Trust aims to ensure that all colleagues receive inclusive and equitable training opportunities.

Training

The EDI team has successfully implemented bespoke interventions and sessions across the Trust, with a focus on key areas such as neurodiversity and microaggressions. In addition to these interventions, the EDI team has provided consultation services, offering support and advice to managers and teams on topics including Equality Law, autism, neurodiversity, and bullying and harassment.

Regular EDI training delivers:

- 3 Peaks Leadership Programme
- Bands 2-4 Development
- EDI and Human Rights statutory training
- EDI corporate induction



Leadership Development



Influencing Leadership using the BHT behaviour framework



During Race Equality Week, the EDI Officer facilitated a training and informational session for Shirley Parsons, a local recruitment consultancy. Shirley Parsons has been instrumental in supporting a return-to-work programme in partnership with Brookside, providing brain injury patients with CV writing sessions and mock interviews. To educate their colleagues on Race Equality Week, an inclusivity session was conducted as part of their Corporate Social Responsibility (CSR) schedule.

Talent Management



Buckinghamshire Healthcare
NHS Trust

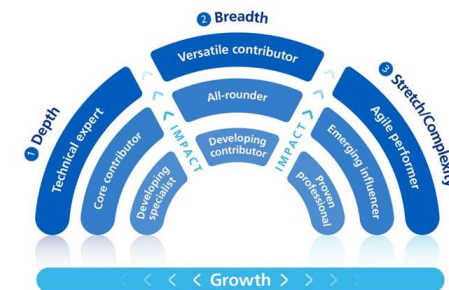
Scope for Growth has been implemented within the Trust and involves training line managers with the skills to conduct culturally sensitive career conversations and to recognise unconscious biases that may affect underrepresented groups, including BME and disabled colleagues. This initiative aims to ensure all colleagues have equal opportunities for career development and personal growth.

Developing Me, Developing You, aims to reduce disparities among BME and white colleagues through a structured Reverse Mentoring and Talent Management initiative. Through pairing Band 7 colleagues from BME backgrounds with senior sponsors in mentoring relationships, this programme fosters career progression and promotes diverse perspectives within the Trust. By nurturing these mentoring relationships, we strive to cultivate an inclusive workplace culture that values the diverse talents and viewpoints of all colleagues.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



We are
always
learning

Recruitment

The Trust maintains its Level 2 'Employer' Disability Confident status, emphasising inclusive recruitment practices.

- A guaranteed interview scheme for disabled applicants meeting essential criteria.
- Job advertisements include statements about flexible working to attract a diverse and inclusive workforce.



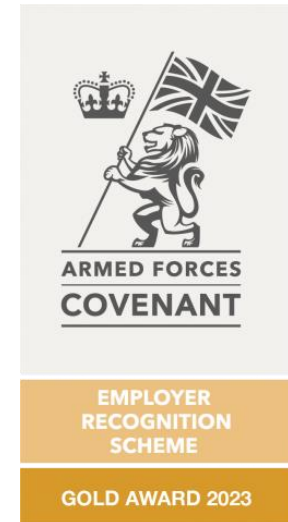
The Trust has achieved the Defence Employer Recognition Scheme Gold Award.

- A guaranteed interview scheme for Armed Forces Community applicants meeting essential criteria.
- Grants additional leave for military Reserves and Cadet Force Adult Volunteers to fulfill Ministry of Defence training commitments.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Buckinghamshire, Oxfordshire, Berkshire West (BOB) ICS Activities



Buckinghamshire Healthcare
NHS Trust

The EDI Team are members of the BOB ICS Inclusion Group to collaborate with EDI leads across the system and share best practices.

BHT leads the Empowerment Passport scheme within BOB ICS, providing licenses to colleagues with disabilities or long-term health conditions.



Two members of the Leadership and Organisational Development Team completed the Cultural Intelligence Programme to become accredited cultural intelligence facilitators.

They are qualified to deliver cultural intelligence training within the Trust and the wider BOB ICS.



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Section 2: Workforce Information

OUTSTANDING CARE

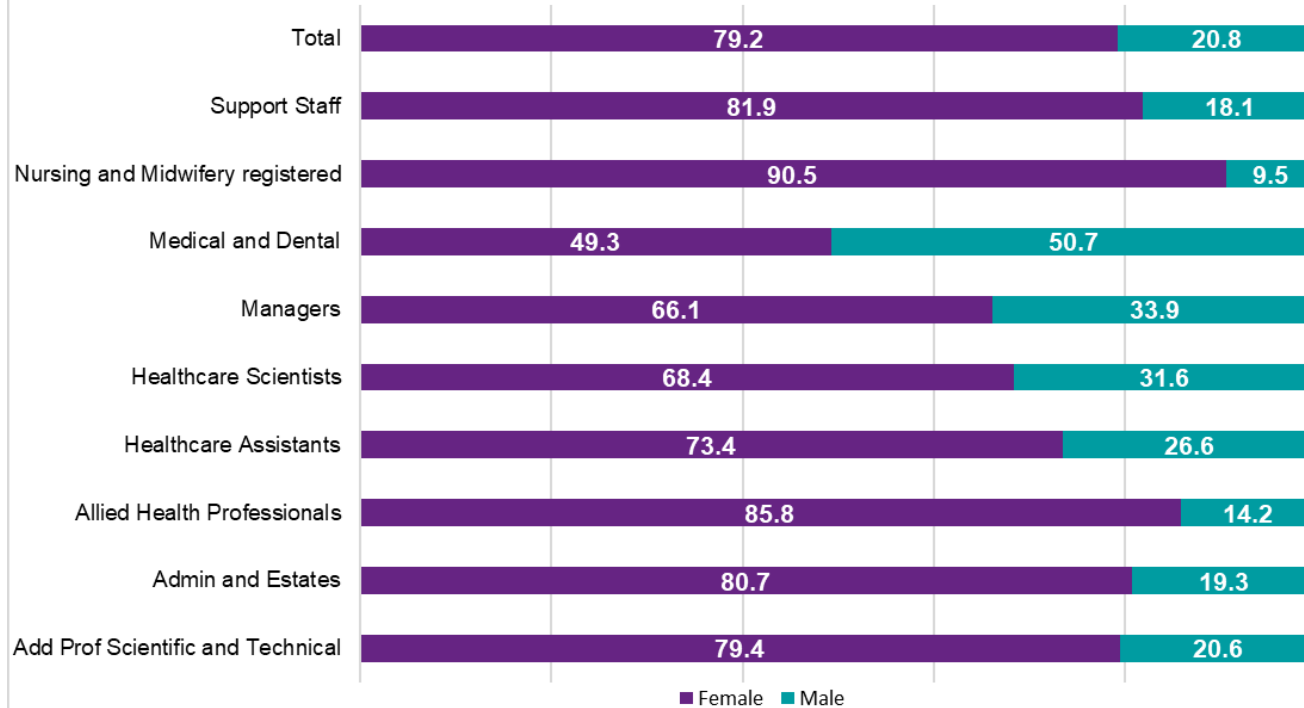
HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

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



Gender - Staff Group



The Trust's gender profile remains predominantly female at 79.2%.

The gender profiles for staff groups remain consistent with national NHS workforce statistics, where female colleagues make up a higher percentage, except within Medical and Dental where male colleagues tend to make up a higher percentage.

OUTSTANDING CARE

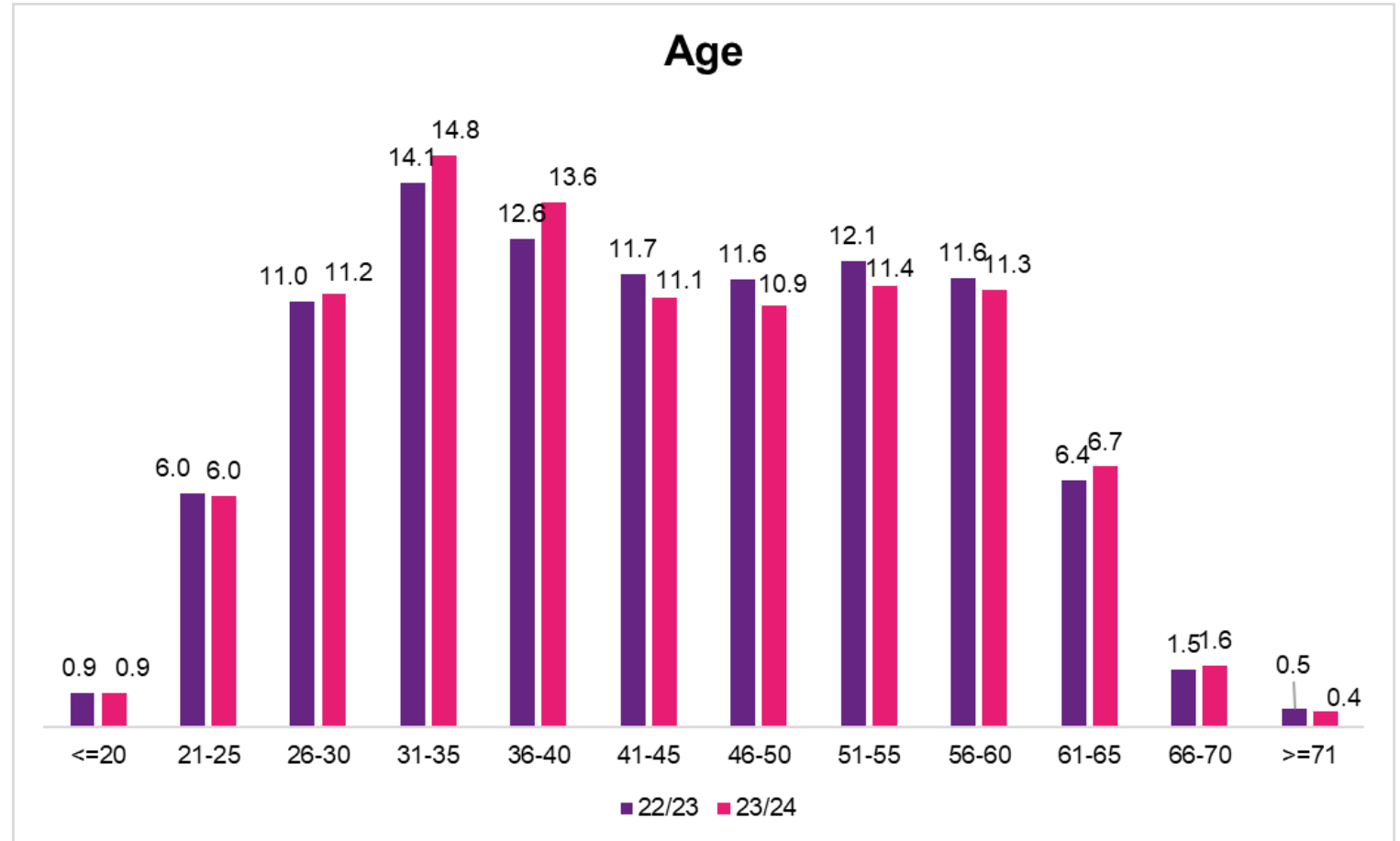
HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Age

The age distribution of colleagues has remained predominantly consistent, without significant fluctuations year over year.

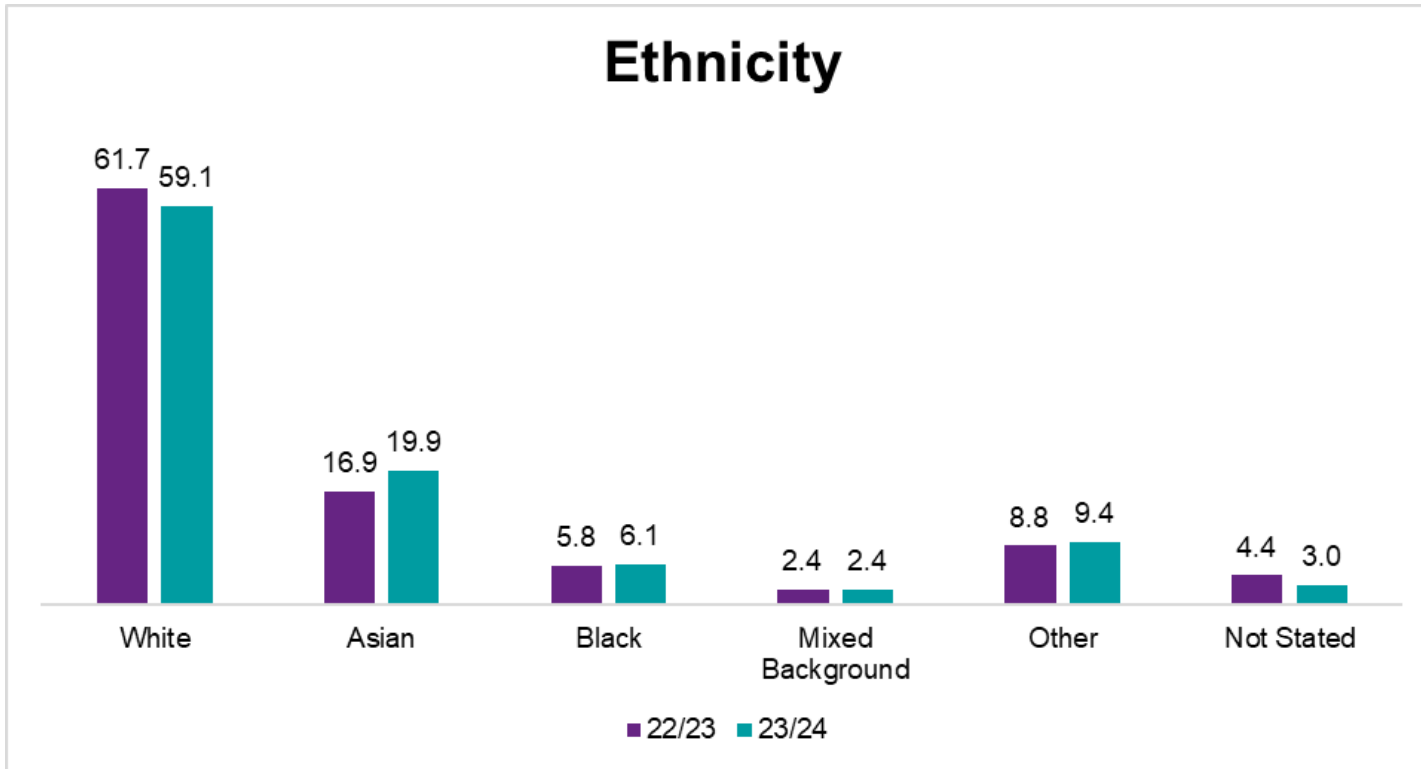
The Trust's largest age group continues to be 31-35, and ongoing work into the workplace experiences for younger colleagues is underway, including career development and training.



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



The percentage of Asian colleagues has increased by 3%. This change reflects our successful recruitment for internationally recruited nurses, from South India and the Philippines.

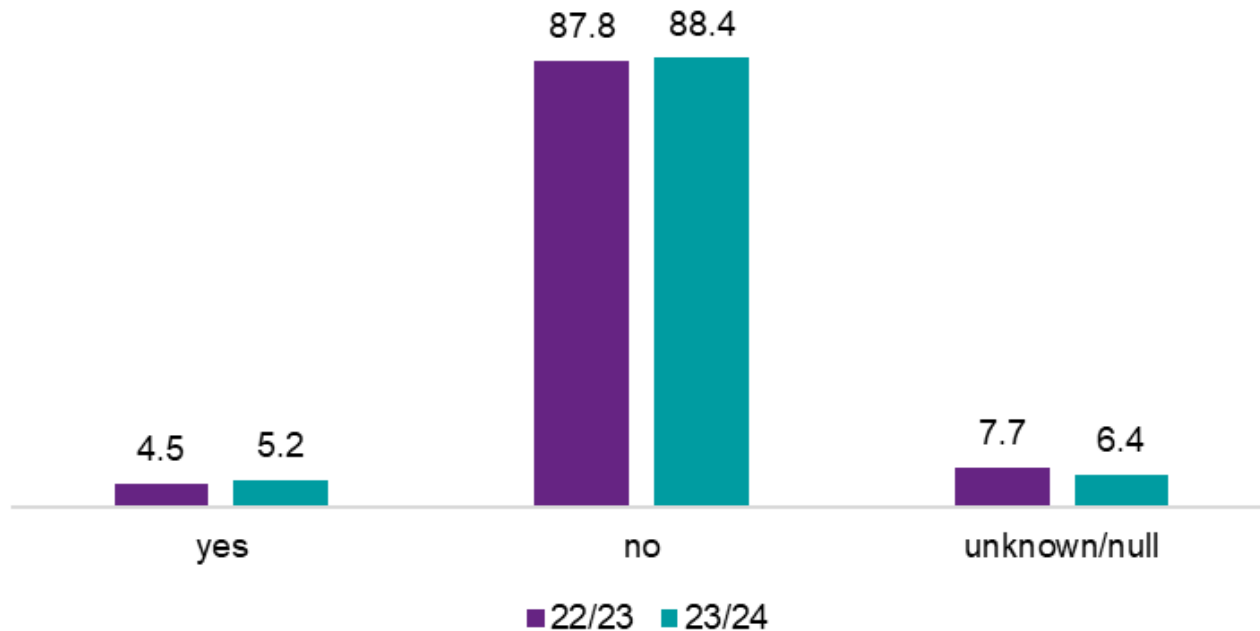
OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Disability Declaration

Declared Disability



The data indicates an increase in the percentage of colleagues declaring a disability. The 'unknown/null' category decreased, reflecting better reporting and data accuracy, and suggesting that colleagues are feeling psychologically safer to declare their disability.

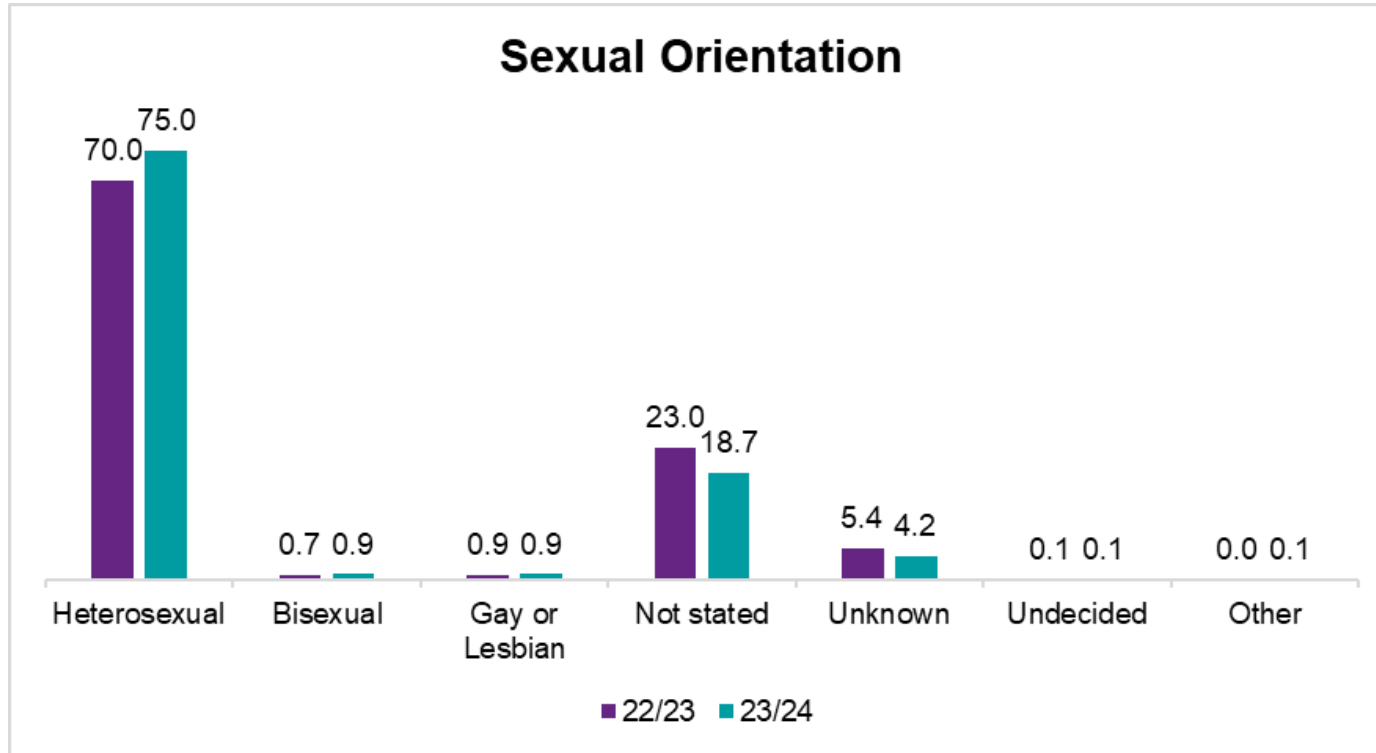
This is the fifth consecutive year of increasing declaration rates, as a result of targeted work such as easier access to reasonable adjustments, Empowerment Passports, and a growing Disability Network.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Sexual Orientation



There has been an increase in declaration for heterosexual colleagues and a reduction in the 'Not Stated' category.

The percentages of bisexual, gay and lesbian colleagues is in line with disclosure from the Staff Survey 2023 respondents.

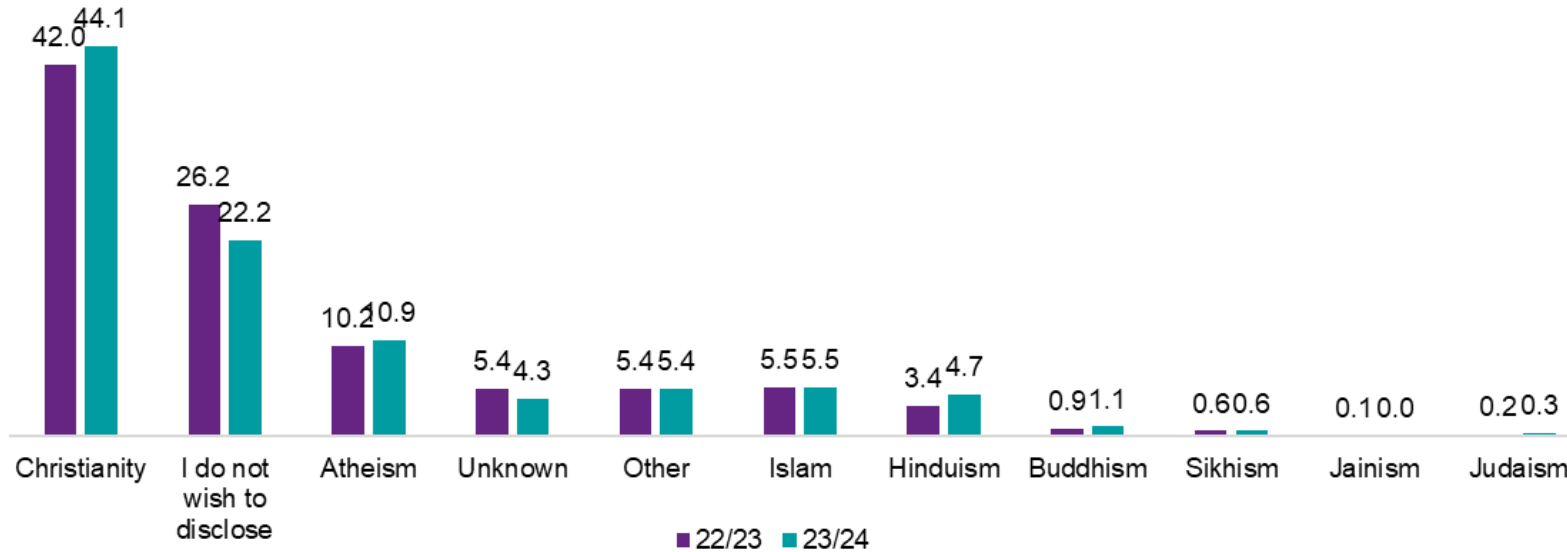
OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Religion & Belief

Religious Belief



The largest religious belief of our colleagues is Christianity, which is reflective of national NHS workforce statistics.

The religious belief profiles are in line with disclosure from the Staff Survey 2023 respondents.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

BHT signed the Armed Forces (AF) Covenant in November 2019 committing to fair treatment for those who serve, or have served in the military, and their families. The AF Covenant is a promise from the nation, committing to do all we can to ensure that they are treated fairly and not disadvantaged in their day-to-day lives. This includes offering injured servicemen and women and bereaved families extra support where appropriate.

The 2021 census showed that 15,128 (3.4%) individuals had previously Served in the UK Armed Forces in Bucks, indicating circa 34,000 of the population belong to the extended AF community. The BHT AF Network currently has 72 members comprising of Reserves, Cadet Force Adult Volunteers, Veterans, AF family members and AF advocates.

Recently funding has been released from the BHT Charitable fund to part fund salary for a Defence Medical Welfare Services, Welfare Officer position. This individual will be able to support colleagues and patients of the AF community to access support where necessary from a host of wider Service and Veteran charities.

OUTSTANDING CARE

HEALTHY COMMUNITIES

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.

OUTSTANDING CARE

HEALTHY COMMUNITIES

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 male and female colleagues 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)



Buckinghamshire Healthcare
NHS Trust

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 2023/24

In the 2023/24 period, BHT continued its commitment to improving race equality.

Recruitment outcomes remain at near parity (when a measure falls between 0.8 and 1.2), with the relative likelihood of white colleagues being appointed from shortlisting compared to BME colleagues deteriorating marginally from 1.15 in 2022/23 to 1.26 in 2023/24, despite successful international recruitment leading to more BME colleagues both applying and being shortlisted for roles.

This is our fifth consecutive year of increasing BME representation within the Trust, a reflection of our successful recruitment of international nurses. Following this increase in the diversity of our workforce we need to do more to increase representation in leadership roles, which is at 20.4% (of Band 8a% positions held by BME colleagues), and this is an EDI Objective for f/y 2024-25.

The increased likelihood of BME colleagues entering the formal disciplinary process has deteriorated from 0.96 in 2022/23 to 1.48 in 2023/24. Ongoing work is underway in this area. A new Resolution Policy, amalgamating the previous Grievance and Dignity and Respect Policies, was introduced in March 2024. This policy highlights our commitment to resolving issues at work informally and ensures colleagues have tools, advice, and support to address issues early, wherever possible. Analysis into the demographic data of colleagues entering the disciplinary process is underway to identify and understand the drivers and support necessary. A targeted action to review ER processes is outlined in EDI Action Plan.

Additionally, while the percentages of bullying and harassment have improved for BME colleagues, a disparity between white and BME colleagues remains evident. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26.

Perceptions of equal opportunities for career progression among BME colleagues improved for the fourth consecutive year, as a result of targeted talent management strategies and training opportunities.



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

WRES Indicator 1 Progress - Workforce Representation

Bands 1 to VSM



Buckinghamshire Healthcare
NHS Trust

		2022/23			2023/24			
		White %	BME %	Unknown %	White %	BME %	Unknown %	increase in BME %
WRES Indicator 1 - Percentage of colleagues in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM	AfC up to band 7	63.3	32.1	4.5	60.1	36.8	3.0	4.7
	AfC bands 8a to VSM	76.1	18.4	5.5	75.2	20.5	4.4	2.1
	Number of colleagues in workforce %	61.7	33.9	4.4	59.1	37.8	3.1	3.9

The percentage of BME colleagues in the Trust increased, as well as BME representation in up to Band 7, and Bands 8a+. The percentage of BME colleagues up to Band 7 is representative of the overall BME workforce. However, the percentage of BME colleagues in Bands 8a+ is not representative of the overall BME workforce.

This is the fifth consecutive year of increasing BME representation in the Trust, reflecting our successful recruitment of internationally recruited nurses.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

WRES Progress f/y 2023/24



Buckinghamshire Healthcare
NHS Trust

	2022/23	2023/24	Commentary
WRES Indicator 2 - Relative likelihood of White colleagues being appointed from shortlisting compared to BME colleagues	1.15	1.26	Deterioration in figure, despite successful international recruitment leading to more BME colleagues both applying and being shortlisted for roles. Inclusive recruitment is an EDI Objective for f/y 2024-25, and a working group has been created in collaboration with the Recruitment Team to consider innovative and sustainable ways in to make our recruitment processes more inclusive.
WRES Indicator 3 - Relative likelihood of BME colleagues entering the formal disciplinary process compared to White colleagues	0.96	1.48	Deterioration in figure. The overall number of cases is low, so small variations in numbers affects the overall figure. An established Employee Relations Triage is in place which approves cases before they are referred to a formal investigation. All cases submitted to the panel are anonymised to eliminate unconscious bias. Targeted action to review ER processes outlined in EDI Action Plan.
WRES Indicator 4 - Relative likelihood of White colleagues accessing non-mandatory training and CPD compared to BME colleagues	0.86	0.78	Parity between groups. Higher likelihood that BME colleagues access non-mandatory training & CPD
WRES Indicator 5 - % of BME colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31.49	30.15	Improvement in percentage, but higher than the Trust average. Disparity between BME and white colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.

WRES Progress f/y 2023/24



Buckinghamshire Healthcare
NHS Trust

	2022/23	2023/24	Commentary
WRES Indicator 6 - % of colleagues experiencing harassment, bullying or abuse from colleagues in last 12 months	25.96	22.81	Improvement in percentage. Disparity between BME and white colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.
WRES Indicator 7 - % of colleagues believing that trust provides equal opportunities for career progression or promotion	50.53	53.5	Improvement in percentage.
WRES Indicator 8 - % of colleagues experiencing discrimination at work from their managers / team leader or other colleagues in the last 12 months	15.38	12.28	Improvement in percentage. Disparity between BME and white colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.
WRES Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce	BME Board Voting %	BME Board Voting %	The board's voting membership is no longer representative of the overall BME workforce at 37.8%.
	50	27	

Workforce Disability Equality Standard (WDES)



Buckinghamshire Healthcare
NHS Trust

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 in 2023/24

During the 2023/24 period, progress was made in several areas under the WDES.



Representation of disabled colleagues in the workforce has increased, for the fifth consecutive year, highlighting our ongoing work to increase psychological safety and empower colleagues to declare their disabilities, including easier access to reasonable adjustments, Empowerment Passports, and a growing Disability Network. There is an underrepresentation of disabled colleagues in leadership roles (Bands 8a+). Disabled colleagues make up 5.2% of our overall workforce, yet only 4.4% of Bands 8a+. This suggests that more work is urgently required to achieve equal representation and progression pathways into leadership positions for disabled colleagues and is an EDI Objective for f/y 2024-25.

Parity in recruitment outcomes for disabled and non-disabled colleagues is maintained for the third consecutive year, reflecting the impact of our Disability Network and easier access to reasonable adjustments.

Although there was an improvement in the percentage of disabled colleagues who experienced bullying and harassment, disparities compared to non-disabled colleagues remain. To target this disparity, reducing bullying and harassment is both a Trust and EDI Objective for 2024-26. There was also an increase in the number of disabled colleagues reporting these incidents, to over 50%, reflecting a growing confidence in the reporting process and an increase in psychological safety.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

WDES Indicator 1 Progress - Workforce Representation Bands 1 to VSM



Buckinghamshire Healthcare
NHS Trust

		2022/23			2023/24			
		Non-Disabled %	Disabled %	Unknown %	Non-Disabled %	Disabled %	Unknown %	increase in disabled %
WDES Indicator 1 - Percentage of colleagues in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM	AfC up to band 7	88.5	4.8	6.7	88.9	5.6	5.5	0.8
	AfC bands 8a to VSM	88.5	3.3	8.2	89.1	4.4	6.5	1.0
	Number of colleagues in workforce %	87.8	4.5	7.7	88.4	5.2	6.4	0.7

There percentage of colleagues with a declared disability increased, as well as representation in up to Band 7, and Bands 8a+. The percentage of colleagues with a declared disability up to Band 7 is representative of the overall workforce with declared disabilities. However, colleagues with a declared disability in Bands 8a+ is not representative of the overall workforce with declared disabilities.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

This is the fifth consecutive year of increasing representation of disabled colleagues in the Trust, as a result of targeted work such as easier access to reasonable adjustments, Empowerment Passports, and a growing Disability Network.

WDES Progress f/y 2023/24



Buckinghamshire Healthcare
NHS Trust

	2022/23	2023/24	Commentary	
WDES Indicator 2 - Relative likelihood of non-disabled colleagues being appointed from shortlisting compared to Disabled colleagues	1.14	1.19	Deterioration in figure however parity between groups is maintained.	
WDES Indicator 3 - Relative likelihood of Disabled colleagues entering the formal capability process compared to Non-Disabled colleagues	0	0	No change.	
WDES Indicator 4a - % of disabled colleagues who experienced at least one incident of harassment, bullying or abuse from: Patients / service users, their relatives or other members of the public	32.57	28.73	Improvement in percentage.	Disparity between disabled and non-disabled colleagues remains prevalent. Reducing and tackling bullying and harassment is both a Trust and EDI Objective for 2024-26, and a dedicated taskforce is in progress to target supportive interventions.
WDES Indicator 4a - % of disabled colleagues who experienced at least one incident of harassment, bullying or abuse from: Managers	15.06	14.04	Improvement in percentage.	
WDES Indicator 4a - % of colleagues who experienced at least one incident of harassment, bullying or abuse from: Other colleagues	21.48	21.8	Minimal deterioration in percentage.	
WDES Indicator 4b - % of disabled colleagues saying they, or a colleague, reported their last incident of bullying, harassment or abuse	48.38	52.99	Improvement in percentage.	

WDES Progress f/y 2023/24



Buckinghamshire Healthcare
NHS Trust

	2022/23		2023/24		Commentary
WDES Indicator 5 - % of disabled colleagues who believe that their organisation provides equal opportunities for career progression or promotion	56.61		54.4		Deterioration in percentage. Inclusive recruitment is an EDI Objective for f/y 2024-25, and a working group has been created in collaboration with the Recruitment Team to consider innovative and sustainable ways in to make our recruitment and retention processes more inclusive.
WDES Indicator 6 - % of disabled colleagues who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	20.62		24.31		Deterioration of percentage.
WDES Indicator 7 - % of disabled colleagues satisfied with the extent to which their organisation values their work	40.51		40.84		Improvement in percentage.
WDES Indicator 8 - % of disabled colleagues saying their employer has made adequate adjustment(s) to enable them to carry out their work	Number	391	Number	461	Deterioration in percentage but improvement in number of colleagues accessing reasonable adjustments.
	%	77.24	%	75.27	
WDES Indicator 9a - Staff Engagement score (0-10)	Disabled		Disabled		Improvement in score.
	6.71		6.73		
WDES indicator 10 - Percentage difference between the organisations' Board voting membership and its overall workforce	Disabled Board Voting %		Disabled Board Voting %		No change.
	0		0		

Gender Pay Gap Reporting f/y 2023/24



Buckinghamshire Healthcare
NHS Trust

Introduction

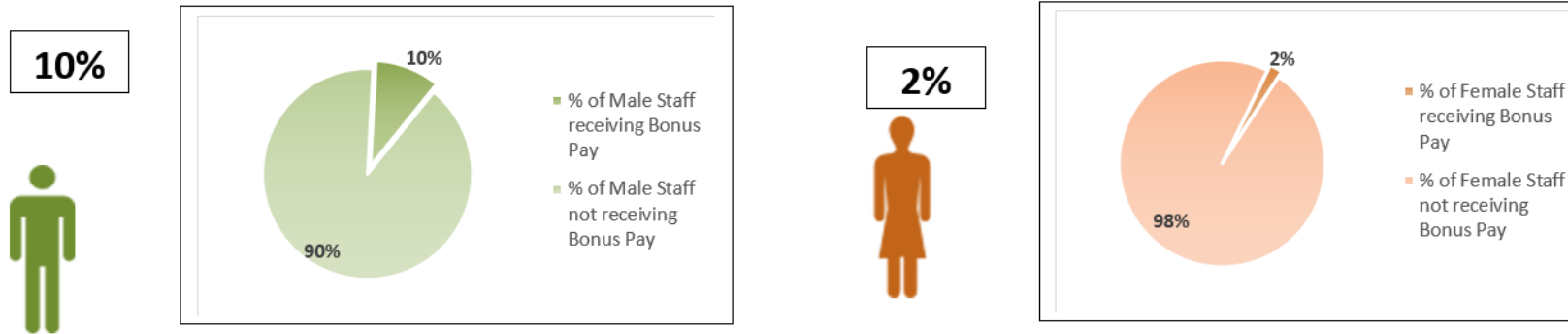
The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 apply to all public sector employers with 250 employees or more, which means that BHT must report its Gender Pay Gap data annually, by 30 March each year. However, understanding the Gender Pay Gap and the drivers behind it is also an 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 male and female colleagues in the Trust. This is the sixth year that the Trust has produced its Gender Pay Gap report.

	Difference between male and female colleagues			
	Mean		Median	
	2023	2024	2023	2024
Hourly fixed pay	26.9%	22.9%	15.5%	13.9%
Bonus Pay Gap	25.5%	21.0%	0%	0%

The median compares typical values and is less affected by extreme values, such as a relatively small number of high earners, whereas the mean may be skewed by very high earners. As the mean and median are widely different, with the mean being higher than the median, it can be inferred that the dataset is skewed, by presence of very high earners.

Our analysis indicates a significant reduction in the gender pay gap. The mean hourly fixed pay gap decreased from 26.9% in 2022/23 to 22.9% in 2023/24. Similarly, the median hourly fixed pay gap improved from 15.5% to 13.9% over the same period. Additionally, the mean bonus gap showed a positive trend, decreasing from 25.5% to 21.0% this year. These improvements reflect our ongoing efforts to address pay disparities and promote equity within the organisation.

Proportion of colleagues receiving a bonus

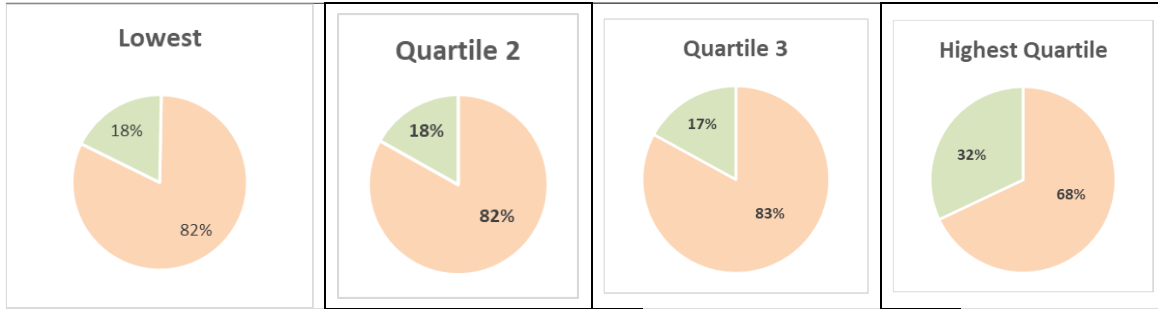


This shows an 8% difference in the number of male and female colleagues who received a bonus for their performance in 2023/24.

Only certain medical colleagues, within our Trust, receive pay that is classified as bonus pay. Bonus Pay applies to fewer than 4% of all our colleagues employed. A bonus pay element is awarded as a result of recognition of excellent clinical practice over and above contractual requirements and has no gender bias.

2023/24 was the last year of new payments associated with Local Clinical Excellence Awards (LCEAs). As per 2022/23, no agreement had been reached at a National Level between NHS Employers, the British Medical Association (BMA) and the Hospital Consultants Specialists Association (HCSA) on a new scheme in respect of LCEAs. In the absence of an agreement being reached, schedule 30 of the terms and conditions – consultants (England) 2003, sets out the contractual provisions that take effect from 1 April 2022. These provisions were confirmed in 2017 when the interim LCEA arrangements were agreed and were to take effect in the absence of an agreement being reached on a new set of arrangements. The provisions require organisations to continue to invest in and run annual LCEA rounds but with a greater degree of flexibility about how they do this. At BHT, the Joint Negotiating Consultative Committee (JCNC) requested that for 2023/24, equal distribution of awards should be considered. This is in recognition of the disruption to SPA and Clinical activity due to the various industrial actions. As such all consultants that met the qualifying criteria for an award received an equally distributed payment (pro-rata for less than full time consultants).

Pay Quartiles



Percentage Female



Percentage Male

	Quartile 1 (Lower)		Quartile 2		Quartile 3		Quartile 4	
	Female	Male	Female	Male	Female	Male	Female	Male
Allied Health Professional	0	0	100	16	214	39	197	31
Medical	0	0	46	30	42	37	309	361
Nursing & Midwifery	13	0	561	51	998	124	429	43
Administrative and Clerical	597	92	312	79	80	47	20	28

The above images illustrate the gender distribution across the 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 colleagues is consistent, however in the highest quartile there are more male colleagues than the previous quartiles.

The variance in the highest quartile is mainly due to significantly different gender splits within the Medical and Dental group when compared to the other quartiles; this is countered by a greater proportion of female colleagues in the Allied Health Professional, and Nursing staff groups, as is consistent with national NHS statistics on gender distribution in staff groups.

We are confident that male and female colleagues 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.

Drivers of the Gender Pay Gap



Buckinghamshire Healthcare
NHS Trust

Detailed analysis of our data highlights that the gender pay gap is driven by the below factors:

- **Quartile 4 roles** - A relatively higher proportion of male colleagues are in roles which fall into the top quartile of pay when compared to the average workforce (33% of male colleagues in quartile 4 posts compared to 21% male colleagues in the BHT workforce).
- **Medical & Dental roles** - A higher proportion of male colleagues than female colleagues are in Medical and Dental consultant roles (54% male colleagues, 46% female colleagues). There is also a higher proportion of male consultants in the older age ranges; as medical and dental pay scales reward seniority in post, this is influencing our gender pay gap.

The Trust will continue to consider how we can encourage more female applicants to apply for consultant roles and progress into more senior management positions.

We will continue to address this through the Trust's talent management approach, and through the implementation and monitoring of inclusive recruitment processes.

However, the legacy of a higher proportion of male consultants is influencing the current imbalance, which will remain up until the point this cohort retires.

High Impact Action 3 in the NHS EDI Improvement Plan outlines the implementation of the Mend the Gap review recommendations, an independent review into gender pay gaps in medicine in England commissioned by the Department of Health and Social Care in 2017. This is pulled through into the EDI Action Plan 2024-26 and will support with closing the gender pay gap.

Section 4: EDI Action Plan

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



NHS EDI Improvement Plan



Buckinghamshire Healthcare
NHS Trust

We have made progress this year in our pursuit of developing a more diverse and inclusive organisation for our colleagues, patients, and visitors. We have seen an increase in the representation of both BME and disabled colleagues for the fifth consecutive year, diversifying 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 an asset for us at BHT. In light of the recent violence and civil unrest in England, we want to reaffirm our commitment to supporting our BME colleagues and we have taken targeted action to provide safe spaces for colleagues to share their experiences and feelings, and updated policies, practices, and communication on violence, aggression and harassment. We are dedicated to ensuring that BHT remains a place where all individuals feel safe, valued, and respected, with a zero tolerance for abuse.

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 networks. It will also be informed by national metrics and action plans such as NHS England EDI Improvement Plan, WRES and WDES.

In 2022/23 we developed an EDI Action Plan to support us in achieving our EDI Objectives, and we have updated this to reflect the significant progress we have made in 2023/24 and to integrate our plans for 2024-26. The action plan has been based on the national NHS 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. We are committed to meeting the national NHS EDI Improvement Plan by the required deadline of 2026.

The following pages contain an overview of the six high impact actions with success metrics, and our EDI Action Plan. 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.

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)



Progress against the NHS High Impact Actions and Objectives for f/y 2024/25

Key	
Achieved	
Partly Achieved/In Progress	
Planned	

NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
<p>HIA 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.</p>	<p>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</p>	<p>Executive team have set EDI objectives.</p>	<p>Achieved</p>	<p>March 2024</p>
	<p>Board members should demonstrate how organisational data and lived experience have been used to improve culture</p>	<p>Colleague and patient stories are shared at Board meetings. 96 senior leaders completed the Allyship Development Programme, and executives sponsor the networks.</p>	<p>Achieved</p>	<p>March 2024</p>
	<p>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</p>	<p>Cycle of twice a year (progress report March, year and EDI report in Oct)</p>	<p>Achieved</p>	<p>March 2024</p>
<p>HIA 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.</p>	<p>Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation</p>	<p>Initiatives in place: Developing Me, Developing You programme Scope for Growth TM programme Exec succession plan Leadership Board Board Affiliate Peaks programme</p> <p>Implemented talent management programmes and training will be evaluated.</p>	<p>Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.</p>	<p>Implement talent management initiatives by June 2024. Evaluate progress by March 2025.</p>
	<p>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.</p>	<p>Initiatives in place: Bright futures NHS Choices College Local GMTS Apprenticeships Armed Forces Community</p> <p>A working group dedicated to inclusive recruitment and career progression has been created in collaboration with the Recruitment Team to deliver end-to-end support for underrepresented groups.</p>	<p>Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</p> <p>Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.</p>	<p>March 2026</p>

Progress against the NHS High Impact Actions and Objectives for f/y 2024/25



NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
HIA 3: Develop and implement an improvement plan to eliminate pay gaps.	Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce	The Mend the Gap recommendations will be reviewed, and an action plan created with the relevant leads.	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	Scope the requirements for an improvement plan to eliminate pay gaps by March 2025 for development and implementation by March 2026.
	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	Gender Pay Gap data is already collected and analysed annually. Data analysis capability currently being identified to support work with ESR to capture disability & race pay gap.	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	March 2026
	Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns	New Flexible working policy implemented.	Achieved	March 2024
HIA 4: Develop and implement an improvement plan to address health inequalities within the workforce.	Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework	Wellbeing conversations are conducted by managers; reasonable adjustments are accessible via Occupational Health.	Achieved	October 2023
	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	Supporting opportunities Bucks initiatives and being recognised as a cornerstone employer in: 1 Widening Opportunity 2 Building Future Skills 3 Raising Quality.	Achieved	April 2025

Progress against the NHS High Impact Actions and Objectives for f/y 2024/25



Buckinghamshire Healthcare

NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
<p>HIA 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.</p>	<p>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</p>	<p>IENs are presented information on the workplace, community and relevant legislation both from the Trust and their agencies. Regular contact is maintained between the IEN and trust throughout the recruitment process. IEN's also receive a detailed welcome pack with a range of guidance, signposting and information.</p>	<p>Achieved</p>	<p>March 2024</p>
	<p>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, staff survey results and cohort feedback</p>	<p>The International team has a thorough onboarding process involving the Wellbeing and Education teams, whilst also supporting the IENs Line Manager. The trust also work with a Social Prescriber to assist IENs integration. Turnover rates for IENs were 3.9% sine 2021 which is significantly lower than the Trust average for nursing.</p>	<p>Achieved</p>	<p>March 2024</p>
	<p>Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety</p>	<p>Line Managers and IENs are both supported with the integration and given guidance on potential cultural differences and expectations. Listening events are held to share learning and experiences. Cultural celebration events are held at ward and trust wide levels.</p>	<p>Achieved</p>	<p>March 2024</p>
	<p>Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression</p>	<p>IENs are supported in their careers by their Line Managers and Preceptorship team. Personal Development Plans are discussed at appraisal highlighting training that can support career progression. We have a number of IENs who have now progressed to Band 6 & 7 roles.</p>	<p>Achieved</p>	<p>March 2024</p>

Progress against the NHS High Impact Actions and Objectives for f/y 2024/25



NHSE EDI Improvement Plan	Action	Progress and Next Steps	EDI Objectives 2024-26	Deadline
<p>HIA 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</p>	<p>Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set and plans implemented to improve staff experience year-on-year.</p>	<p>5 year trend analysis on workforce equalities data completed to identify trends.</p> <p>Staff Survey data analysed to identify trends and what demographics/protected characteristics are disproportionately impacted in order to target supportive interventions.</p> <p>Bullying and Harassment taskforce is in place and progressing.</p>	<p>Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</p>	<p>Reduction targets set by March 2024, data reviewed by July 2024.</p> <p>Interventions implemented by March 2026.</p>
	<p>Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff 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</p>	<p>An established Employee Relations Triage is in place which approves cases before they are referred to a formal investigation. All cases submitted to the panel are anonymised to eliminate unconscious bias.</p> <p>Review ER processes in collaboration with HR.</p>		<p>Highlighted in 2023/24 WRES data, review to be completed by March 2025.</p>
	<p>Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it</p>	<p>A domestic abuse policy is in place and all colleagues are able to access support within the Trust, including through the Safeguarding Team, Wellbeing Team and Freedom to Speak up Guardian.</p>	<p>Achieved</p>	<p>June 2024</p>
	<p>Create an environment where staff 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 staff</p>	<p>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.</p>	<p>Achieved</p>	<p>March 2024</p>
	<p>Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence</p>	<p>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.</p>	<p>Achieved</p>	<p>March 2024</p>
	<p>Have mechanisms to ensure staff who raise concerns are protected by their organisation.</p>	<p>FTSUG, Safeguarding, Union representation, Wellbeing, TRiM</p>	<p>Achieved</p>	<p>March 2024</p>