Berkshire Healthcare
NHS Foundation Trust

Workforce Disability Equality Standard (WDES) 2025/2026

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Executive Summary

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This report presents Berkshire Healthcare NHS Foundation Trust's Workforce Disability Equality Standard (WDES) submission for 2025/26 and provides additional analysis to help interpret the nationally mandated indicators.

The Trust has continued to improve disability representation within its workforce. Disabled staff now account for 9.6% of the workforce, exceeding the local workforce benchmark of 7.5%. Analysis suggests that this improvement reflects both workforce changes and increased disability disclosure and recording. However, 363 staff (7%) have not disclosed a disability status, compared with 3% for ethnicity and 0% for gender, indicating further opportunities to improve data quality and staff confidence in disclosure.

Several workforce indicators remain positive. Disabled applicants were slightly more likely than non-disabled applicants to be appointed following shortlisting, and disabled staff continued to experience slightly higher promotion rates than non-disabled staff.

Despite these positive workforce outcomes, disabled staff continue to report less positive workplace experiences than non-disabled staff. Additional analysis found less favourable outcomes for disabled staff across 96 of 100 comparable NHS Staff Survey questions. The largest differences were concentrated around wellbeing, burnout, negative workplace experiences, appraisal and development experiences, and staff voice and involvement.

Disabled staff also continued to report higher levels of harassment, bullying and abuse from patients, service users, managers and colleagues. The largest difference related to harassment, bullying and abuse from colleagues, reported by 20.0% of disabled staff compared with 10.5% of non-disabled staff. Disabled staff were also less likely to report incidents, creating a 3.9 percentage point reporting gap.

The Trust recognises that disability does not exist in isolation. Individuals may experience multiple and overlapping characteristics and identities, including ethnicity, sex, age, sexual orientation, religion or belief, and socio-economic background. Whilst this report focuses on disability as defined within the WDES, understanding these wider experiences remains an important part of the Trust's equality, diversity and inclusion approach.

Reasonable adjustments remain an important area for focus. Whilst Berkshire Healthcare continues to perform strongly on this indicator, with 82.1% of disabled staff reporting that appropriate adjustments had been made, almost one in five disabled staff still reported that their adjustment needs had not been fully met. The Trust also outperformed the most recently available national NHS benchmark of 75.3%.

The available data does not fully explain why some staff feel their adjustment needs have not been met. Experiences may reflect a range of factors, including whether adjustments were requested, agreed locally, delayed, declined or dependent on external support processes.

Understanding this area in greater detail may help the Trust better understand wider issues relating to wellbeing, engagement, burnout and job satisfaction. However, the current evidence does not demonstrate a direct causal relationship.

Disabled staff were more likely than non-disabled staff to enter the formal capability process during 2025/26. However, this indicator was based on only 5 disabled staff entering the formal process over the two-year reporting period. The result is therefore highly sensitive to small changes in case numbers and should be interpreted alongside detailed case review rather than the headline ratio alone. It should also be recognised that the indicator relates only to staff who reach the formal capability stage and excludes cases managed on health grounds. In addition, the indicator does not capture employees managed through earlier stages of the Supporting Attendance Policy or other informal processes. As a result, the available data provides only a partial view of the wider experience of disabled staff within attendance and capability-related processes.

Overall, the findings suggest that the Trust's principal challenge is no longer representation, recruitment or promotion, but ensuring that disabled staff experience the same levels of inclusion, wellbeing, opportunity and organisational support as non-disabled colleagues. Future improvement activity should therefore focus on understanding and addressing the factors that contribute to less positive workplace experiences. This should include continued partnership working with the Purple Network, alongside further work relating to reasonable adjustments, wellbeing, inclusion and staff voice.

The Trust recognises that disability equality is not measured solely through workforce representation or compliance with statutory standards, but through the day-to-day experiences of disabled colleagues. Whilst positive progress has been made in representation and workforce outcomes, the findings highlight the need for continued action to remove barriers, strengthen inclusion and ensure disabled staff can thrive throughout their careers.

1. Introduction

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The Workforce Disability Equality Standard (WDES) was introduced by NHS England to help NHS organisations understand the experiences of disabled staff and identify whether disabled and non-disabled staff experience different outcomes.

This report presents Berkshire Healthcare NHS Foundation Trust's WDES submission for 2025/26 alongside additional workforce analysis to help interpret the nationally mandated indicators.

The purpose of this report is not only to identify differences between disabled and non-disabled staff, but also to explore what may be driving those differences and where further improvement may be needed. Whilst disparities in outcomes and experiences may indicate inequity, they can also be influenced by factors such as workforce composition, staff group profile, age, recruitment patterns, disclosure rates, data quality and other organisational factors. Findings should therefore be interpreted within the wider workforce context.

2. WDES Indicator Overview (2025/2026)

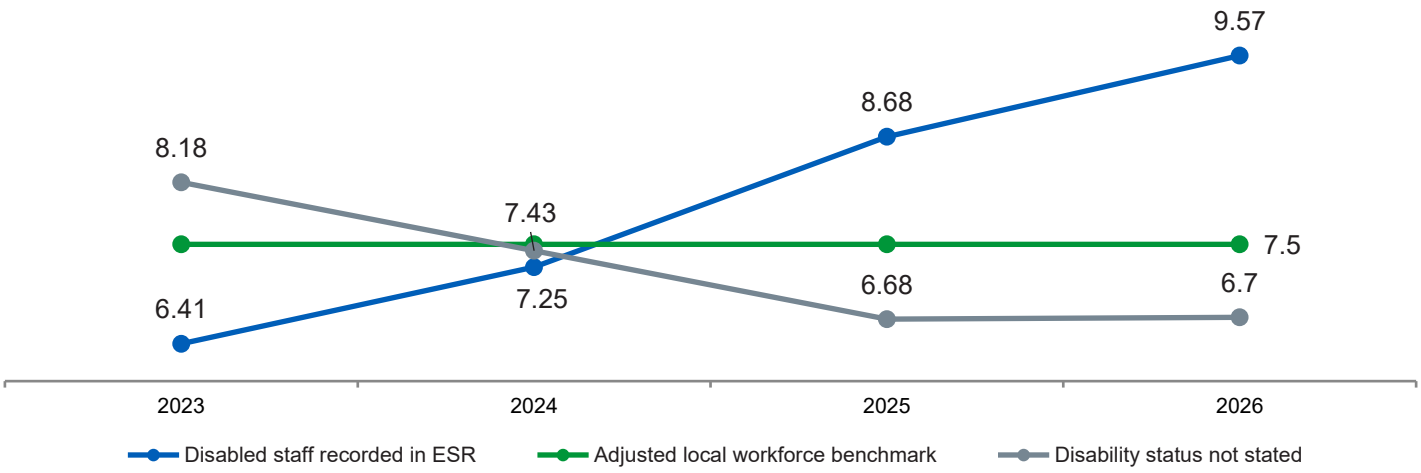
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No.	Indicator / metric	2025/26 position	Trend vs 2024/25	Board read
1	Workforce representation	9.6% overall; above 7.5% benchmark	Improving	Positive
2	Appointment from shortlisting	Non-disabled applicants 0.98× as likely; parity = 1.00	Improving	Positive
3	Capability process	1.30 from parity; 2.3× likelihood ratio	Deteriorating	Concern
4a–c	Harassment / bullying / abuse	Gaps from 5.2pp to 9.5pp	Mostly worse	Concern
4d	Reporting HBA incidents	3.9pp reporting gap	Deteriorating	Concern
5	Career progression perceptions	7.9pp experience gap	Worse	Watch
6	Pressure to work when unwell	3.2pp gap; lowest in 5 years	Improving	Positive
7	Feeling valued	8.6pp gap	Narrower but still high	Watch
8	Adequate adjustments	82.1% adequate	Slightly better	Positive
9	Staff engagement	0.51 score gap	Worse	Concern

3. Workforce Profile and Disability Data Quality

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The proportion of staff recorded as disabled within ESR has continued to increase year on year, rising from 6.4% in 2022/23 to 7.3% in 2023/24, 8.7% in 2024/25 and 9.6% in 2025/26.



The chart above shows a sustained increase in disability representation over the last four years. Representation now exceeds the Trust's local workforce benchmark of approximately 7.5%, which reflects the estimated economically active disabled population within Berkshire.

The reduction in unknown disability status suggests that disability disclosure and workforce data quality are improving.

Analysis of workforce records indicates that the increase in disability representation is not solely due to recruitment and retention. Of the 4,141 staff employed continuously between April 2024 and April 2026, 154 changed their recorded disability status during this period. This included 109 staff whose status changed from non-disabled to disabled and 44 staff whose status changed from not stated to disabled. These findings suggest that both improved disability disclosure and changes in the circumstances or reporting of existing staff have contributed to the increase, alongside workforce movement. The available data does not identify the specific reasons for these changes, which may include increased disclosure, improved recording practices, developing health conditions or changes in individual circumstances.

Despite this progress, data quality remains an important challenge.

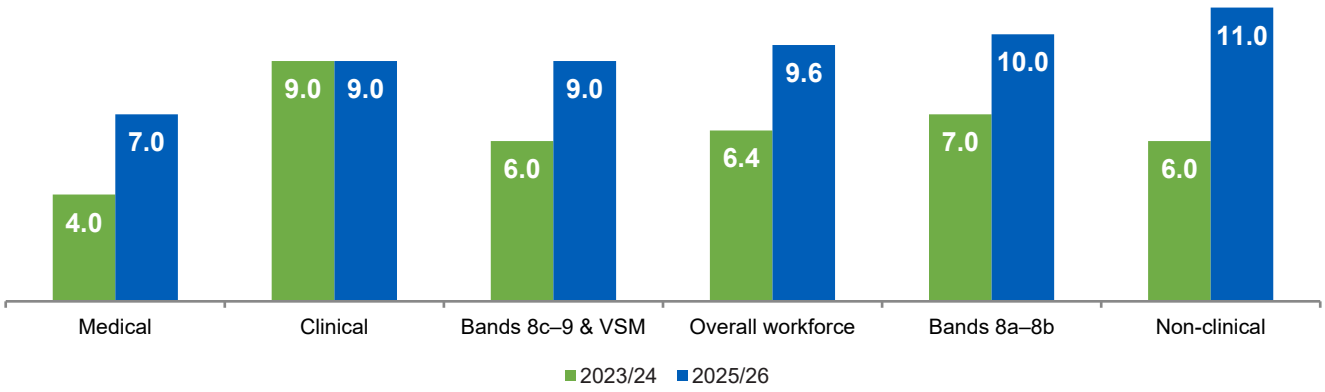
At the time of the 2025 NHS Staff Survey, approximately 9.2% of the workforce was recorded within ESR as having a disability. In contrast, 27% of Staff Survey respondents identified as disabled. This suggests that disability remains under-recorded within workforce systems and means that direct comparisons between ESR and Staff Survey data should be treated with caution.

Improving disability disclosure and recording will therefore remain important for future workforce analysis and will help ensure disabled colleagues are accurately reflected in workforce planning and improvement activity.

4. Workforce Representation and Progression

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Indicator 1 – Workforce Representation



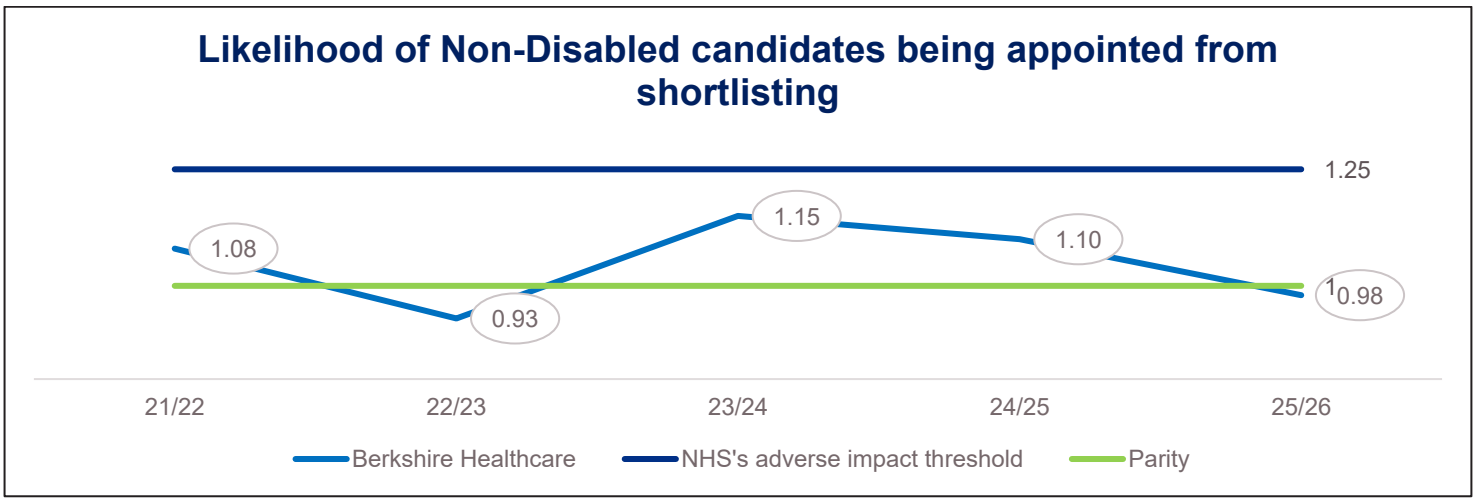
The chart above shows improvements in disability representation across multiple workforce groups.

The largest increase was seen within the non-clinical workforce. Representation also increased within clinical services, medical staff and senior pay bands.

Improvements were evident within both Bands 8a–8b and Bands 8c–VSM, suggesting that progress has not been limited to a single part of the organisation.

Overall, the data demonstrates continued progress in disability representation across the Trust. Whilst this is positive, representation alone does not guarantee an equitable workplace experience. The following sections therefore focus on whether disabled staff experience the organisation differently from their non-disabled colleagues.

Indicator 2 – Relative Likelihood of Appointment



The likelihood of a non-disabled applicant being appointed from shortlisting was 0.98. A score below 1.0 indicates that disabled applicants were slightly more likely to be appointed than non-disabled applicants following shortlisting. This is the second time in the last five years that disabled applicants have experienced a more favourable appointment outcome than non-disabled applicants and suggests that disability is not currently associated with poorer appointment outcomes following shortlisting.

Additional analysis found that disabled applicants who attended interview were more likely to be appointed than non-disabled applicants. However, disabled applicants appeared less likely to attend interview once invited.

This suggests that, where barriers exist, they may be more likely to occur before interview rather than during final recruitment decisions.

Whilst the overall indicator is positive, analysis of recruitment to Band 8a and above roles found less favourable outcomes for disabled applicants. Although based on relatively small numbers, this is an area that may warrant monitoring in future years.

Career Progression

The Trust also undertook additional analysis of promotion outcomes.

During 2025/26, 7.2% of disabled staff received a promotion compared with 6.7% of non-disabled staff. This continues the pattern seen during the previous year.

At first glance, these findings appear inconsistent with Staff Survey results, which show that disabled staff are less likely to believe the organisation provides equal opportunities for career progression and promotion. However, promotion data does not currently show poorer progression outcomes for disabled staff.

This suggests that perceptions of career progression may be influenced by factors beyond promotion outcomes alone. These may include the visibility of opportunities, confidence in accessing career pathways and wider workplace experiences.

The NHS People Promise findings provide additional context. Disabled staff reported lower scores than non-disabled staff within the overall We Are Always Learning theme, with the largest difference relating to appraisal experience. This suggests that perceptions of career progression may be shaped not only by promotion outcomes, but also by the quality of appraisal conversations, access to development opportunities and confidence that development pathways work equally well for disabled staff.

5. Workforce Experience

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The headline finding from the Staff Survey is that disabled staff continue to report less positive workplace experiences than non-disabled staff across almost all comparable measures.

4 **of approximately 100 comparable positive-scoring Staff Survey questions were more favourable for disabled staff.**

Across approximately 100 comparable positive-scoring NHS Staff Survey questions, disabled staff reported more favourable outcomes than non-disabled staff on only four questions. Whilst this is not a WDES indicator, it provides important context and suggests that the experience gap extends well beyond the nationally mandated measures.

The NHS People Promise analysis provides further insight into where these differences are most pronounced.

Disabled staff scored lower than non-disabled staff across every People Promise element and Staff Survey theme reviewed.

The largest differences were concentrated around:

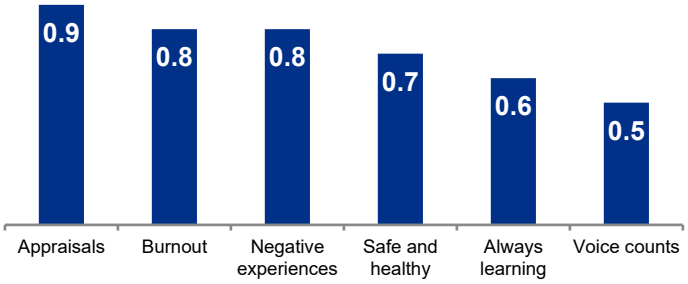
- wellbeing and workplace health;
- burnout and negative experiences;
- appraisal and development experience;
- raising concerns and organisational voice;
- involvement and influence.

These findings suggest that the less positive experiences reported by disabled staff are unlikely to be driven by isolated issues. Instead, a smaller number of interconnected factors may be influencing multiple aspects of working life.

High-level People Promise themes

Safe and healthy	6.2 vs 6.9 (gap 0.7)
Always learning	5.9 vs 6.6 (gap 0.7)
Voice that counts	6.9 vs 7.5 (gap 0.6)
Staff engagement	7.1 vs 7.6 (gap 0.5)

People Promise Score Gap Between Disabled and Non-Disabled Staff (2025 NHS Staff Survey)



Indicator 4 – Harassment, Bullying and Abuse

Disabled staff continued to report higher levels of harassment, bullying and abuse from all measured sources. This remains an important equality and workforce experience issue because of its potential impact on inclusion, wellbeing, psychological safety and retention.

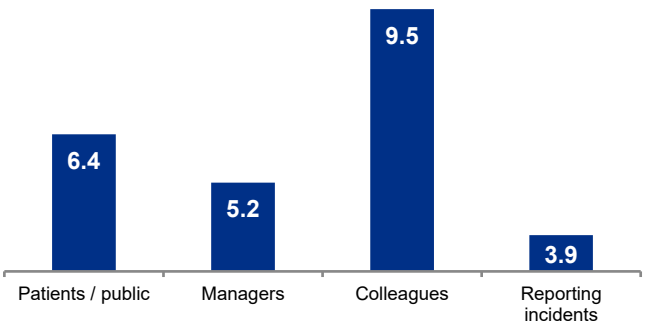
The largest disparity related to harassment, bullying and abuse from colleagues. Disabled staff also reported less positive experiences relating to managers and members of the public.

Of particular concern is the deterioration in reporting behaviour. Reporting rates amongst disabled staff declined whilst reporting rates amongst non-disabled staff improved, creating a new reporting gap.

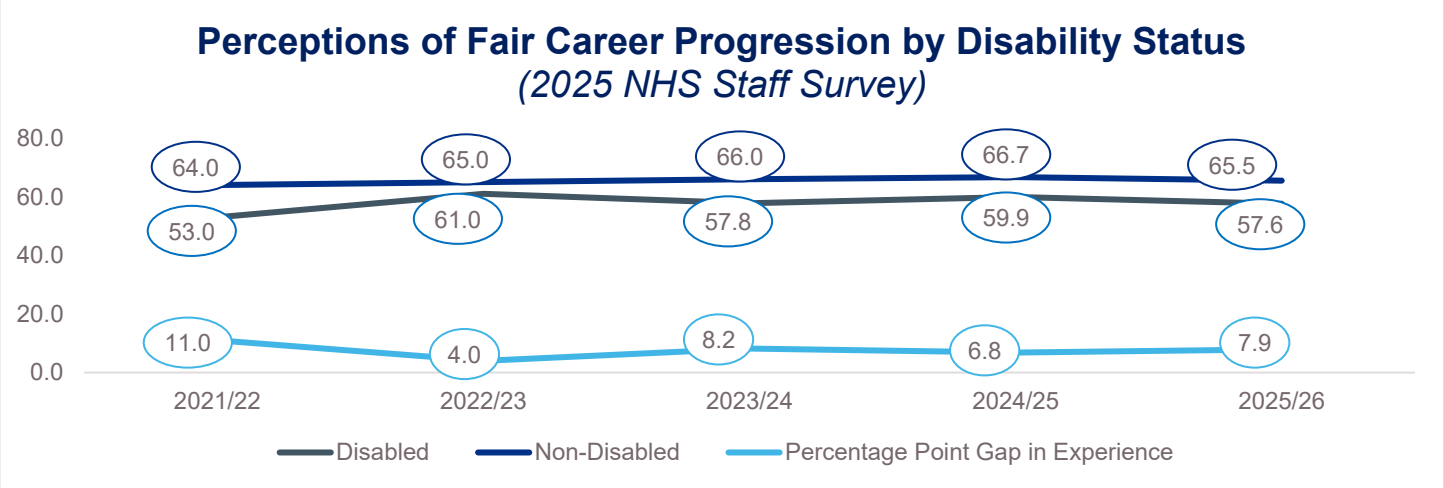
The People Promise analysis provides additional context. Disabled staff reported lower scores relating to raising concerns and negative workplace experiences, suggesting that confidence in reporting concerns and organisational response may require further exploration.

Further analysis will be undertaken to understand whether these differences are associated with particular staff groups, service settings, clinical roles or organisational factors, enabling targeted action where required.

WDES Staff Survey Indicator Gaps: Disabled vs Non-Disabled Staff (2025)



Indicator 5 – Career Progression Perceptions



Disabled staff were less likely than non-disabled staff to believe that the organisation provides equal opportunities for career progression and promotion. However, this finding should be considered alongside the Trust's recruitment and promotion data, which does not currently show poorer progression outcomes for disabled staff and has, in recent years, shown slightly more favourable recruitment and promotion outcomes.

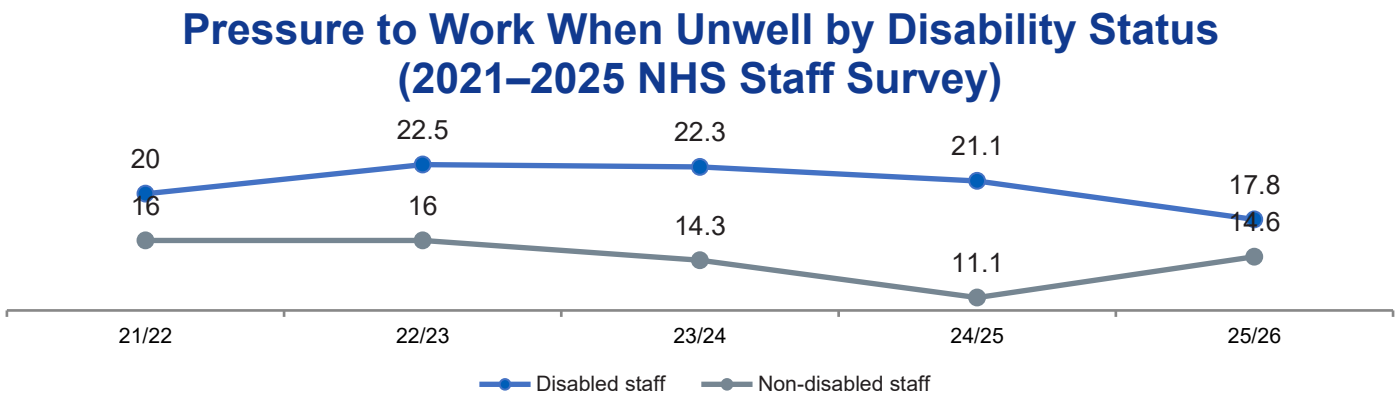
The gap widened during 2025/26 despite disabled staff continuing to experience slightly more favourable promotion outcomes than non-disabled staff.

The People Promise findings provide additional context. Disabled staff scored substantially lower than non-disabled staff in appraisal experience, development opportunities and the overall *We Are Always Learning* theme.

This suggests that perceptions of career progression may be influenced by more than promotion outcomes alone. Factors such as appraisal quality, access to development opportunities and confidence in future career pathways may also play an important role.

The findings therefore suggest that the gap may reflect wider experiences relating to development and progression rather than promotion outcomes alone.

Indicator 6 – Pressure to Attend Work When Unwell



This indicator represents one of the strongest improvements within the 2025/26 WDES submission.

The proportion of disabled staff reporting pressure to attend work when unwell reduced substantially and is now at its lowest level within the period analysed. At the same time, the equivalent score for non-disabled staff deteriorated, resulting in the smallest gap observed over the last five years.

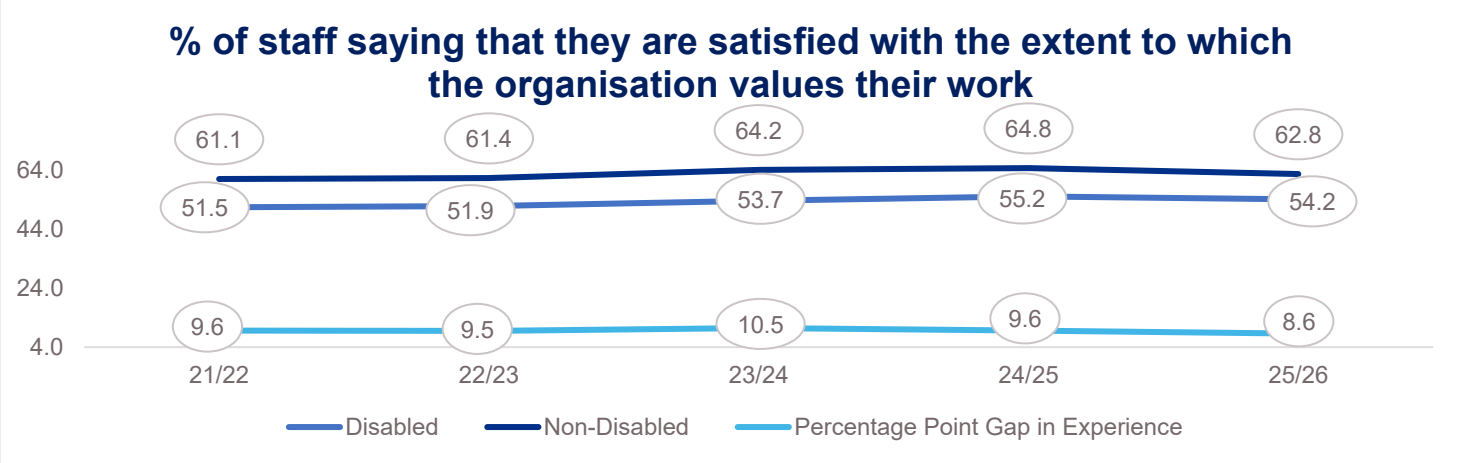
However, this positive finding should be considered alongside wider Staff Survey evidence. Whilst the gap relating to pressure to attend work when unwell has narrowed, the two largest differences across 100 comparable Staff Survey questions both relate to wellbeing and health.

Only 36.6% of disabled staff reported that they had not attended work when not feeling well enough to perform their duties, compared with 57.4% of non-disabled staff, creating a 20.8 percentage point gap. Similarly, only 50.6% of disabled staff reported that they had not felt unwell due to work-related stress compared with 70.2% of non-disabled staff, creating a gap of 19.6 percentage points.

Taken together, these findings suggest that whilst disabled and non-disabled staff are becoming more similar in their experiences of feeling pressure to attend work when unwell, disabled staff remain substantially more likely to experience ill health and work-related stress in the first place. The challenge may therefore be less about pressure to attend work when unwell and more about understanding the factors contributing to the wider wellbeing disparities experienced by disabled staff.

This finding is consistent with the wider People Promise analysis, which identified wellbeing, burnout and negative workplace experiences as some of the largest areas of difference between disabled and non-disabled staff. Taken together, the evidence suggests that wellbeing remains one of the most significant areas of inequality within the Staff Survey and continues to warrant particular attention.

Indicator 7 – Feeling Valued



Disabled staff remained less likely than non-disabled staff to feel that the organisation values their work.

Although the gap narrowed slightly during 2025/26, this was largely driven by worsening scores amongst non-disabled staff rather than improvement amongst disabled staff.

Importantly, this is not the largest area of difference within the Staff Survey. Thirty-seven other comparable questions demonstrated larger gaps between disabled and non-disabled staff.

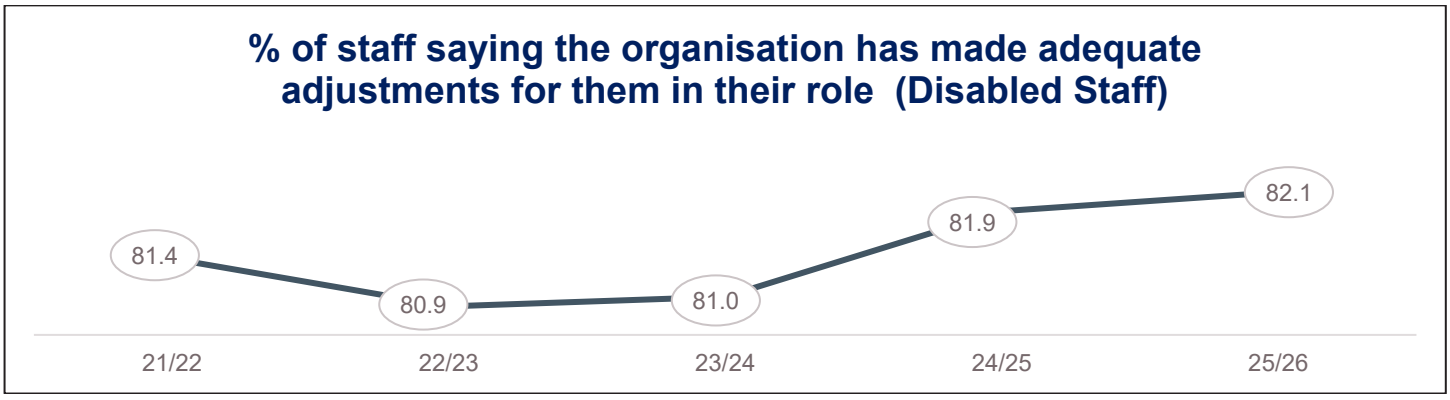
The largest differences continue to relate to wellbeing, stress, exhaustion, workplace health and confidence in organisational support.

The People Promise findings provide additional context. Disabled staff scored lower across every People Promise element reviewed, with the largest differences relating to wellbeing, burnout, development, appraisals and staff voice.

This suggests that feeling valued may not be an isolated issue, but instead reflects wider experiences relating to support, development, wellbeing and organisational responsiveness.

Whilst recognition remains important, the findings suggest that addressing wider issues relating to wellbeing, inclusion, development and staff voice is likely to be necessary to fully close the gap.

Indicator 8 – Adequate Adjustments



The proportion of disabled staff reporting that reasonable adjustments had been adequately implemented increased slightly to 82.1%.

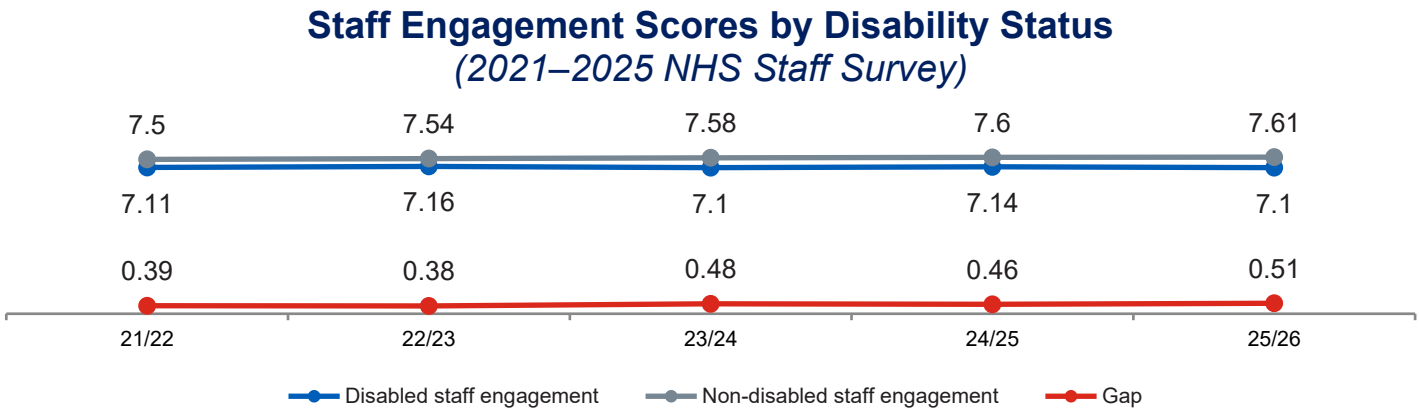
Whilst this represents a positive result, almost one in five disabled staff requiring a reasonable adjustment still reported that their needs had not been fully met.

The Staff Survey identified 565 staff who reported requiring a reasonable adjustment. However, only 55 staff used the Trust's formal reasonable adjustment process during the reporting period. This may reflect non-disclosure, support being managed informally, or differences in how adjustment needs are identified and recorded.

Given the role reasonable adjustments play in reducing workplace barriers, improving the Trust's understanding of adjustment needs, requests and outcomes may provide an important opportunity to improve staff experience.

Further consideration of this issue is explored within the cross-cutting analysis section of this report.

Indicator 9 – Staff Engagement



The engagement gap widened during 2025/26, with engagement amongst non-disabled staff increasing slightly whilst engagement amongst disabled staff reduced slightly.

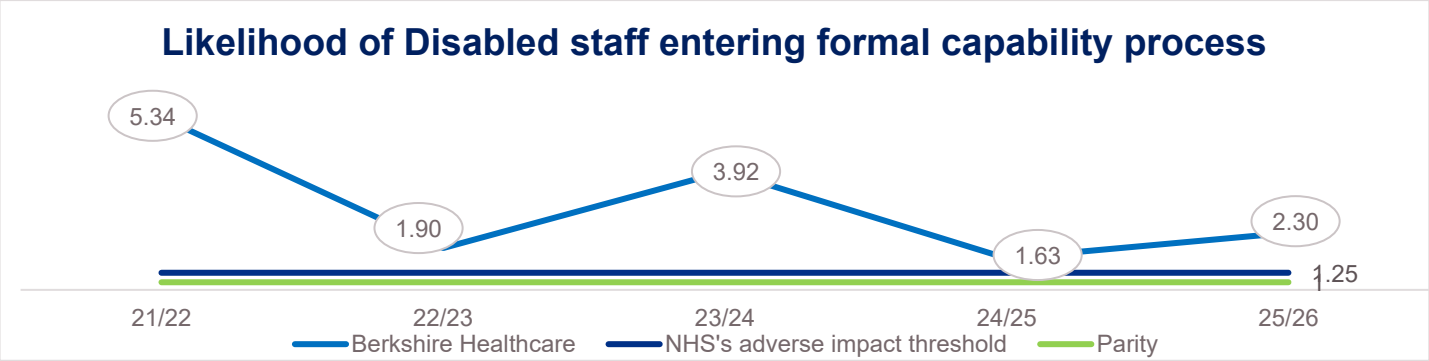
Further analysis found that disabled staff scored lower than non-disabled staff across every component of the engagement score. The largest difference related to feeling able to make improvements happen within the workplace.

The People Promise analysis supports this finding. Disabled staff scored lower than non-disabled staff within both the Staff Engagement theme and the *We Each Have a Voice That Counts* People Promise element, particularly in relation to involvement and raising concerns.

These findings suggest that disabled staff may experience lower levels of influence, involvement and organisational voice than non-disabled colleagues.

6. Capability Processes

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Indicator 3 remains an important assurance issue within the WDES submission.

Disabled staff were 2.3 times more likely than non-disabled staff to enter the formal capability process during 2025/26, compared with 1.63 in the previous year. On the surface, this appears to be one of the more significant disparities within the WDES.

However, the indicator is based on very small numbers. Over the two-year reporting period used for this measure, 5 disabled staff entered the formal capability process, compared with 19 non-disabled staff. Whilst the relative likelihood ratio is high, the actual number of disabled staff involved is small.

It is also important to understand how the indicator is calculated. WDES uses a rolling two-year reporting period, meaning that some cases included in this year's submission had already contributed to the previous year's result. Of the five disabled staff included in the current calculation, three had already been included in the previous year's submission. Only two new cases were added within the newly included reporting period. This demonstrates how small changes in case numbers can have a substantial impact on the reported indicator.

Had approximately two fewer disabled staff entered the formal capability process, the indicator would have been close to parity. The current score should therefore be interpreted with caution and alongside a review of individual cases rather than the headline ratio alone.

This does not rule out the possibility of bias, discrimination, inconsistent policy application or other organisational factors. However, the available data is not sufficient to draw firm conclusions about the reasons behind the difference.

The most appropriate next step is therefore a targeted case-level review. This should consider whether the small number of cases share any common characteristics, including service area, staff group, role type, disability-related adjustment needs, absence or performance context, management decision points and final outcomes. It should also consider whether appropriate workplace adjustments and support arrangements were explored and implemented before progression into formal processes.

This report therefore identifies capability processes as an area for targeted review during 2026/27. Whilst conclusions should be drawn cautiously due to the small number of cases involved, the Trust recognises the importance of reviewing all available evidence to ensure disabled staff are not experiencing disadvantage within formal employment processes.

7. Board Representation

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Board voting member representation remains slightly below overall workforce representation.

However, the number of Board voting positions is small, meaning that a single appointment can have a significant impact on the overall position. Year-to-year changes should therefore be interpreted with caution.

Whilst disabled staff remain slightly underrepresented at Board level, the difference is small and should be considered in the context of the limited number of positions available.

8. Cross-Cutting Analysis: What May Explain the Wider Experience Gap?

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One of the most significant findings in this report is that disabled staff report less positive experiences than non-disabled staff across almost all comparable Staff Survey measures.

The NHS People Promise analysis suggests that these differences are not evenly distributed across organisational life. The largest gaps were concentrated around:

- wellbeing, health and burnout;
- negative workplace experiences;
- development and appraisal experience;
- voice, involvement and confidence in raising concerns.

This suggests that the wider experience gap is unlikely to be driven by dozens of unrelated issues. Instead, a smaller number of underlying factors may be influencing multiple aspects of working life at the same time.

No single factor is likely to fully explain the differences identified in this report. Workplace experience is influenced by organisational, managerial and individual factors, and disabled staff are not a single homogenous group. Nonetheless, one area appears particularly important: reasonable adjustments.

Reasonable adjustments are one of the most direct ways of reducing workplace barriers associated with disability. Where appropriate adjustments are not made, disabled staff may continue to experience barriers affecting wellbeing, development opportunities, workplace relationships and overall workplace experience.

The Staff Survey identified 565 staff who reported requiring a reasonable adjustment. However, only 55 staff used the Trust's formal reasonable adjustment process during the reporting period. Whilst many adjustments may be agreed informally, this means that most adjustment activity sits outside formal reporting arrangements. The significant difference between disability disclosure in ESR (9.2%) and the Staff Survey (27%) also suggests that not all disability-related support needs are formally disclosed, recorded or managed through formal adjustment processes.

As a result, the Trust does not currently know:

- whether disabilities have been formally disclosed;
- whether adjustments have been requested;
- whether adjustments have been implemented;

- whether delays or barriers have occurred;
- whether experiences differ between staff groups or services.

Discussions with the Equality, Diversity and Inclusion Team highlighted that the Trust does not currently have a complete picture of reasonable adjustment activity. Formal requests can be influenced by factors such as procurement processes, IT system compatibility and delays to external support, including Access to Work assessments. Some support may also be agreed and managed informally without entering the formal process.

This means that it is difficult to determine how much reasonable adjustments contribute to the wider staff experience differences identified in this report. Future analysis could usefully explore whether adjustment requests are linked to events such as joining the Trust, changing role, newly disclosing a disability or changes in individual need.

Whilst the available evidence does not demonstrate a direct causal relationship, reasonable adjustments remain one of the clearest organisational factors capable of influencing a wide range of workplace experiences. Improving understanding, oversight and organisational learning in this area may therefore provide an opportunity to improve disabled staff experience across multiple domains.

9. Conclusions

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The Trust has continued to make positive progress in disability representation and maintains favourable workforce outcomes in several important areas.

Disability representation has continued to improve, whilst disabled applicants continue to experience favourable recruitment outcomes and slightly higher promotion rates than non-disabled staff.

However, significant experience gaps remain.

Disabled staff continue to report less positive experiences across a wide range of Staff Survey measures, particularly in relation to wellbeing, negative workplace experiences, appraisal and development experience, and staff voice. These findings suggest that the principal challenge facing the organisation is no longer representation, recruitment or promotion, but ensuring that disabled staff experience the same levels of inclusion, wellbeing, opportunity and organisational support as non-disabled colleagues.

The report identifies several areas for further improvement and investigation.

Disabled staff continue to report higher levels of harassment, bullying and abuse than non-disabled staff, particularly in relation to colleagues. Reporting rates amongst disabled staff have also deteriorated, indicating a need to better understand both confidence in reporting and perceptions of organisational response.

The formal capability process also remains an important assurance issue. Although disabled staff were more likely than non-disabled staff to enter the process, the indicator is based on a small number of cases and should therefore be interpreted with caution. The most appropriate next step is a targeted case-level review rather than broad conclusions regarding systemic inequity.

The analysis also highlights the importance of reasonable adjustments. Whilst most disabled staff report that appropriate adjustments have been made, the Trust currently has limited information about many adjustment requests and outcomes. Improving understanding and oversight in this



area may help the organisation better understand and address some of the wider experience gaps identified throughout this report.

It is also important to recognise the progress made in recent years, including the introduction of the Inclusion Passport, strengthened neuroinclusion support, improvements to reasonable adjustment guidance and processes, and the continued contribution of the Purple Network in promoting disability inclusion across the Trust.

Overall, the evidence suggests that future improvement activity should focus on:

- improving disability disclosure and data quality;
- undertaking a targeted review of capability cases involving disabled staff;
- strengthening understanding of harassment, bullying and negative workplace experiences;
- improving understanding and oversight of reasonable adjustment requests and outcomes;
- improving appraisal and development experiences for disabled staff;
- strengthening staff confidence in raising concerns and organisational response;
- understanding the relationship between disability, wellbeing, burnout and workplace experience;
- ensuring improvements in representation translate into improvements in lived experience.

The Trust is committed to creating an environment where disabled staff feel valued, included, supported and able to achieve their full potential. The findings within this report will inform future improvement activity aimed at reducing experience gaps, strengthening inclusion and ensuring disabled staff can thrive throughout their careers.

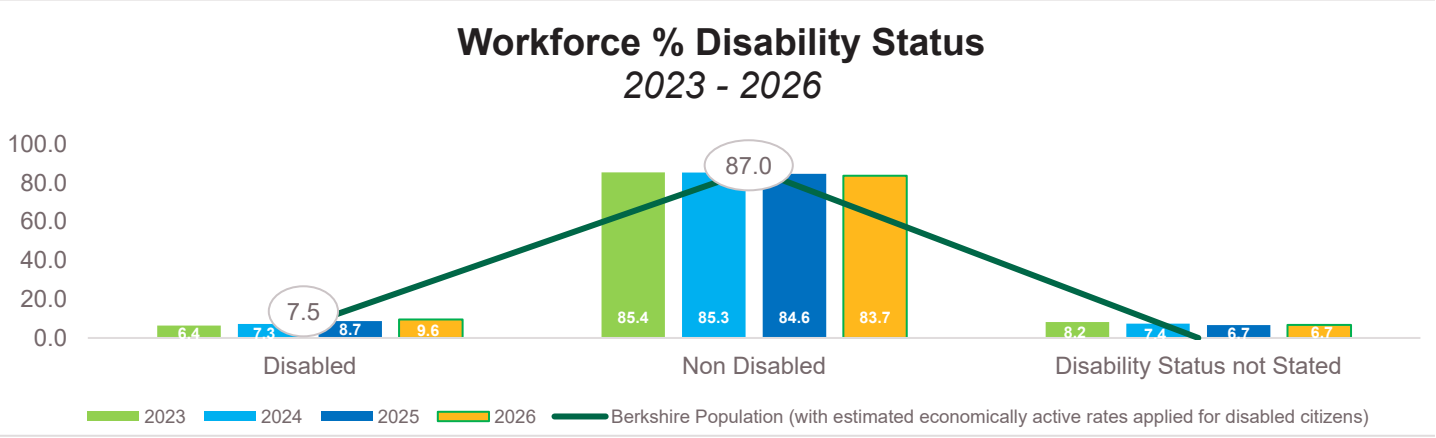


Appendices

Workforce Profile:

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BHFT Workforce compared to Berkshire Population *(from census data,2021)*



BHFT workforce Disability Status % compared to Berkshire population (Census 2021)

Group	2023	2024	2025	2026	Berkshire Population (with estimated economically active rates applied for disabled citizens)
Disabled	**6.4**	**7.3**	**8.7**	**9.6**	**7.5**
Non-Disabled	**85.4**	**85.3**	**84.6**	**83.7**	**87.0**
Disability Status not Stated	**8.2**	**7.4**	**6.7**	**6.7**	**0.0**

Headcount of staff by Disability status 2023 - 2026 (plus year-on-year change)

	Disabled	Non-Disabled	Disability Status not Disclosed
2023	**318**	**4237**	**406**
2024	**378 (+60)**	**4447 (+210)**	**387 (-19)**

2025	477 (+99)	4652 (+205)	367 (-20)
2026	518 (+41)	4534 (-118)	363 (-4)

Working Patterns by Disability Status (Average FTE and Full-time / Part-time Split)

Disability Status	Average FTE	% Full-time	% Part-time
Disabled	0.9	69	31
Non-Disabled	0.88	64	36
Disability Status Not stated	0.84	56	44
Total	0.89	64	36

Average age by Disability Status

	Disabled	Not Disabled
Average age of workforce	43 years and 10 months	44 years and 10 months

Understanding which staff have changed disability Status

	Disabled
April 26 staff	5412
April 26 staff who were working for trust in April 24	4141
Number of staff from above who changed disability status in that time	154
% of staff who changed disability status in that time	3.71%

ESR reported Disability vs Staff Survey Reported Disability

	Disabled
October 25 staff (total headcount)	5429
October 25 staff recorded as having a disability	500
% of October 25 staff recorded with a disability	9.2

October 25 staff recorded with no disability status	393
2025 staff surveys completed	3351
2025 staff survey eligible sample	5406
2025 staff surveys completed who stated they had a disability	904
% of staff who completed 2025 staff survey who stated they had a disability	27

WDES Indicators

1. Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and Very Senior Manager (VSM) roles (including executive board members) compared with the percentage of staff in the overall workforce

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Non-Clinical Workforce *(Disability Status Representation)*

Pay Band	2024 Non-Clinical Workforce Data				2025 Non-Clinical Workforce Data				2026 Non-Clinical Workforce Data			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Under Band 1	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 1	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	65	3 (5%)	55 (85%)	7 (11%)	53	5 (9%)	43 (81%)	5 (9%)	44	4 (9%)	34 (77%)	6 (14%)
Band 3	298	15 (5%)	272 (91%)	11 (4%)	309	24 (8%)	274 (89%)	11 (4%)	285	27 (9%)	251 (88%)	7 (2%)
Band 4	305	19 (6%)	259 (85%)	27 (9%)	316	30 (10%)	262 (83%)	24 (8%)	313	35 (11%)	256 (82%)	22 (7%)
Band 5	153	12 (8%)	130 (85%)	11 (7%)	150	15 (10%)	125 (83%)	10 (7%)	154	17 (11%)	129 (84%)	8 (5%)
Band 6	163	9 (6%)	149 (91%)	5 (3%)	162	14 (9%)	142 (88%)	6 (4%)	156	15 (10%)	136 (87%)	5 (3%)
Band 7	126	8 (6%)	111 (88%)	7 (6%)	130	10 (8%)	114 (88%)	6 (5%)	127	8 (6%)	113 (89%)	6 (5%)
Band 8a	95	6 (6%)	83 (87%)	6 (6%)	106	9 (9%)	92 (87%)	5 (5%)	115	15 (13%)	95 (83%)	5 (4%)
Band 8b	55	8 (15%)	45 (82%)	2 (4%)	69	12 (17%)	55 (80%)	2 (3%)	61	10 (16%)	49 (80%)	2 (3%)
Band 8c	35	0 (0%)	27 (77%)	8 (23%)	38	2 (5%)	29 (76%)	7 (18%)	40	4 (10%)	29 (73%)	7 (18%)
Band 8d	15	1 (7%)	12 (80%)	2 (13%)	16	1 (6%)	14 (88%)	1 (6%)	16	1 (6%)	14 (88%)	1 (6%)
Band 9	4	0 (0%)	3 (75%)	1 (25%)	9	2 (22%)	6 (67%)	1 (11%)	6	2 (33%)	3 (50%)	1 (17%)
VSM	8	1 (13%)	5 (63%)	2 (25%)	8	1 (13%)	6 (75%)	1 (13%)	8	1 (13%)	6 (75%)	1 (13%)
Total	**1322**	**82 (6%)**	**1151 (87%)**	**89 (7%)**	1366	**125 (9%)**	**1162 (85%)**	**79 (6%)**	1325	**139 (11%)**	**1115 (84%)**	**71 (5%)**

Clinical Workforce *(Disability Status Representation)*

Pay Band	2024 Clinical Workforce Data				2025 Clinical Workforce Data				2026 Non-Clinical Workforce Data			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Under Band 1	7	1	6	0 (0%)	13	3 (23%)	10 (77%)	0 (0%)	4	0 (0%)	4 (100%)	0 (0%)
Band 1	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	183	8 (4%)	164 (90%)	11 (6%)	56	3 (5%)	50 (89%)	3 (5%)	29	4 (14%)	24 (83%)	1 (3%)
Band 3	354	8 (2%)	324 (92%)	22 (6%)	505	10 (2%)	471 (93%)	24 (5%)	505	11 (2%)	471 (93%)	23 (5%)
Band 4	515	54 (11%)	439 (85%)	22 (4%)	546	72 (13%)	452 (83%)	22 (4%)	486	66 (14%)	397 (82%)	23 (5%)
Band 5	500	39 (8%)	436 (87%)	25 (5%)	542	53 (10%)	466 (86%)	23 (4%)	581	59 (10%)	478 (82%)	44 (8%)
Band 6	784	79 (10%)	664 (85%)	41 (5%)	832	76 (9%)	715 (86%)	41 (5%)	825	78 (9%)	708 (86%)	39 (5%)
Band 7	869	71 (8%)	748 (86%)	50 (6%)	929	91 (10%)	787 (85%)	51 (6%)	954	109 (11%)	796 (83%)	49 (5%)
Band 8a	296	18 (6%)	267 (90%)	11 (4%)	319	24 (8%)	286 (90%)	9 (3%)	326	28 (9%)	290 (89%)	8 (2%)
Band 8b	113	5 (4%)	104 (92%)	4 (4%)	112	5 (5%)	103 (92%)	4 (4%)	112	6 (5%)	103 (92%)	3 (3%)
Band 8c	35	1 (3%)	33 (94%)	1 (3%)	32	0 (0%)	31 (97%)	1 (3%)	29	1 (3%)	27 (93%)	1 (3%)
Band 8d	20	2 (10%)	17 (85%)	1 (5%)	16	2 (13%)	13 (81%)	1 (6%)	19	2 (11%)	16 (84%)	1 (5%)
Band 9	6	2 (33%)	3 (50%)	1 (17%)	3	0 (0%)	2 (67%)	1 (33%)	4	0 (0%)	3 (75%)	1 (25%)
VSM	1	0 (0%)	1 (100%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Total	**3683**	**288 (8%)**	**3206 (87%)**	**189 (5%)**	**3905**	**339 (9%)**	**3386 (87%)**	**180 (5%)**	3874	364 (9%)	3317 (86%)	193 (5%)

Medical and Dental Workforce *(Disability Status Representation)*

Pay Band	2024 Clinical (Medical & Dental) Workforce				2025 Clinical (Medical & Dental) Workforce				2026 Clinical (Medical & Dental) Workforce			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Consultants	**91**	4 (4%)	47 (52%)	40 (44%)	101	6 (6%)	53 (53%)	42 (42%)	98	8 (8%)	53 (54%)	37 (38%)
Non-consultant Career Grade	**81**	3 (4%)	42 (52%)	36 (44%)	84	4 (5%)	44 (52%)	36 (43%)	80	6 (8%)	45 (56%)	29 (36%)
Trainee Grade	**35**	1 (3%)	1 (3%)	33 (94%)	40	3 (8%)	7 (18%)	30 (75%)	38	1 (3%)	4 (11%)	33 (87%)
Total	**207**	**8 (4%)**	**90 (44%)**	**109 (53%)**	225	**13 (6%)**	**104 (46%)**	**108 (48%)**	216	15 (7%)	102 (47%)	99 (46%)

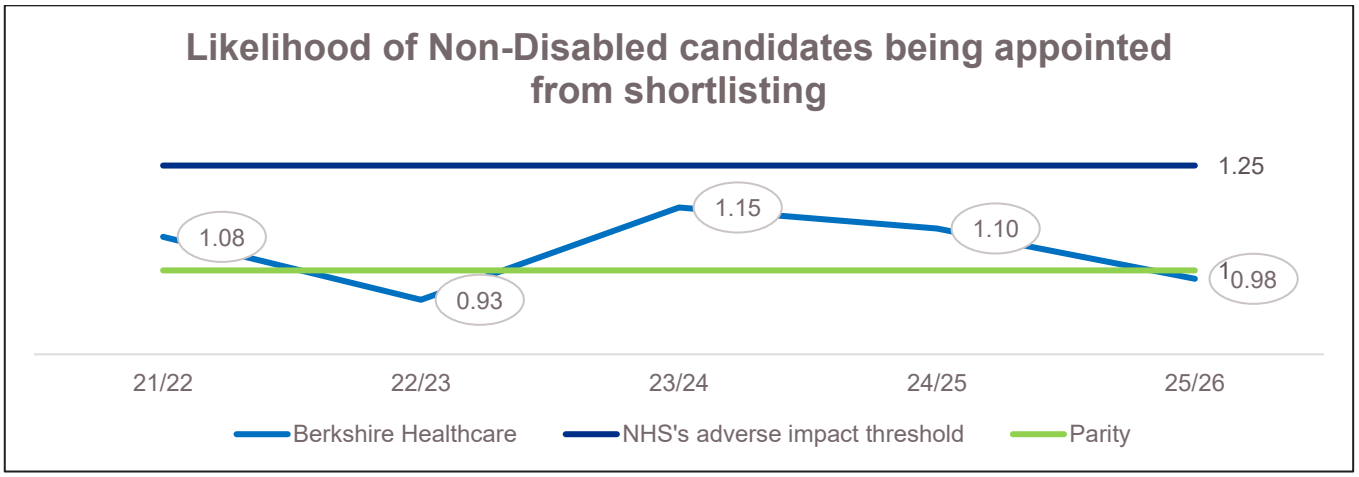
Entire Workforce *(Disability Status Representation)*

Pay Band	2024 All Staff Workforce Data				2025 All Staff Workforce Data				2026 All Staff Workforce Data			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Under Band 1	7	1 (14%)	6 (86%)	0 (0%)	13	3 (23%)	10 (77%)	0 (0%)	4	0 (0%)	4 (100%)	0 (0%)
Band 1	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	248	11 (4%)	219 (88%)	18 (7%)	109	8 (7%)	93 (85%)	8 (7%)	73	8 (11%)	58 (79%)	7 (10%)
Band 3	652	23 (4%)	596 (91%)	33 (5%)	814	34 (4%)	745 (92%)	35 (4%)	790	38 (5%)	722 (91%)	30 (4%)
Band 4	820	73 (9%)	698 (85%)	49 (6%)	862	102 (12%)	714 (83%)	46 (5%)	799	101 (13%)	653 (82%)	45 (6%)
Band 5	653	51 (8%)	566 (87%)	36 (6%)	692	68 (10%)	591 (85%)	33 (5%)	735	76 (10%)	607 (83%)	52 (7%)
Band 6	947	88 (9%)	813 (86%)	46 (5%)	994	90 (9%)	857 (86%)	47 (5%)	981	93 (9%)	844 (86%)	44 (4%)
Band 7	995	79 (8%)	859 (86%)	57 (6%)	1059	101 (10%)	901 (85%)	57 (5%)	1081	117 (11%)	909 (84%)	55 (5%)
Band 8a	391	24 (6%)	350 (90%)	17 (4%)	425	33 (8%)	378 (89%)	14 (3%)	441	43 (10%)	385 (87%)	13 (3%)
Band 8b	168	13 (8%)	149 (89%)	6 (4%)	181	17 (9%)	158 (87%)	6 (3%)	173	16 (9%)	152 (88%)	5 (3%)
Band 8c	70	1 (1%)	60 (86%)	9 (13%)	70	2 (3%)	60 (86%)	8 (11%)	69	5 (7%)	56 (81%)	8 (12%)
Band 8d	35	3 (9%)	29 (83%)	3 (9%)	32	3 (9%)	27 (84%)	2 (6%)	35	3 (9%)	30 (86%)	2 (6%)
Band 9	10	2 (20%)	6 (60%)	2 (20%)	12	2 (17%)	8 (67%)	2 (17%)	10	2 (20%)	6 (60%)	2 (20%)
VSM	9	1 (11%)	6 (67%)	2 (22%)	8	1 (13%)	6 (75%)	1 (13%)	8	1 (13%)	6 (75%)	1 (13%)
Consultants	**91**	4 (4%)	47 (52%)	40 (44%)	101	6 (6%)	53 (53%)	42 (42%)	98	8 (8%)	53 (54%)	37 (38%)
Non-consultant Career Grade	**81**	3 (4%)	42 (52%)	36 (44%)	84	4 (5%)	44 (52%)	36 (43%)	80	6 (8%)	45 (56%)	29 (36%)
Trainee Grade	**35**	1 (3%)	1 (3%)	33 (94%)	40	3 (8%)	7 (18%)	30 (75%)	38	1 (3%)	4 (11%)	33 (87%)
Bands 1-4	1727	108 (6%)	1519 (88%)	100 (6%)	1798	147 (8%)	1562 (87%)	89 (5%)	1662	147 (9%)	1433 (86%)	82 (5%)
Bands 5-7	2595	218 (8%)	2238 (86%)	139 (5%)	2745	259 (9%)	2349 (86%)	137 (5%)	2797	286 (10%)	2360 (84%)	151 (5%)
Bands 8a-8b	559	37 (7%)	499 (89%)	23 (4%)	606	50 (8%)	536 (89%)	20 (3%)	614	59 (10%)	537 (87%)	18 (3%)
Bands 8c-9 & VSM	124	7 (6%)	101 (82%)	16 (13%)	122	8 (7%)	101 (83%)	13 (11%)	122	11 (9%)	98 (80%)	13 (11%)
Total	5212	**378 (7%)**	**4447 (85%)**	**387 (7%)**	5496	**477 (9%)**	**4652 (85%)**	**367 (7%)**	5415	**518 (10%)**	**4534 (84%)**	**363 (7%)**

2. Relative likelihood of staff being appointed from shortlisting

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Likelihood of Non-Disabled candidates being appointed from shortlisting	21/22	22/23	23/24	24/25	25/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare	**1.08**	**0.93**	**1.15**	**1.10**	**0.98**	**-0.12**	**Improving**
NHS Trusts (National)	**1.09**	**0.99**	**0.98**	**0.95**	**–**	**–**	**–**



Recruitment Outcomes by Disability Status (All Applicants) of those who attended interview (rather than just invited to interview)

Recruitment stage	Disabled	Non-Disabled
Applications shortlisted	1,253	18,706
Offered interview	335	2,629
% of shortlisted offered interview	26.7%	14.1%
Attended interview	233	1,974
% of interviews attended	69.6%	75.1%
Offered job	103	797
% offered job (of those interviewed)	44.2%	40.4%
Likelihood to be appointed	1.09	0.91

Recruitment Outcomes by Disability Status (Internal Applicants Only)

Recruitment stage	Disabled	Non-Disabled
Applications shortlisted	161	1,335
Offered interview	74	575
% of shortlisted offered interview	46.0%	43.1%
Attended interview	66	498
% of interviews attended	89.2%	86.6%
Offered job	46	332
% offered job (of those interviewed)	69.7%	66.7%
Likelihood to be appointed	1.04	0.96

Recruitment Outcomes by Disability Status (Band 8a to 9 only)

Recruitment stage	Disabled	Non-Disabled
Applications shortlisted	98	739
Offered interview	32	181
% of shortlisted offered interview	32.70%	24.50%
Attended interview	27	151
% of interviews attended	84.40%	83.40%
Offered job	10	64
% offered job (of those interviewed)	37.00%	42.40%
Likelihood to be appointed	0.87	1.15

External Hires by Band and Disability Status (Headcount)

Row Labels	Disabled	No Disability	Not stated	Grand Total
Band 2	1	10	1	12
Band 3	7	70	7	84
Band 4	13	82	10	105
Band 5	7	104	8	119
Band 6	13	69	3	85
Band 7	8	64	5	77
Band 8a	1	12	3	16
Band 8b		9	1	10
Band 8c	1	3	0	4
Band 8d				
Band 9				
Non-Agenda for change	3	17	69	89
Agenda for change only	51	423	38	512
Grand Total	54	440	107	601

Disability Status Composition of External Hires by Pay Band

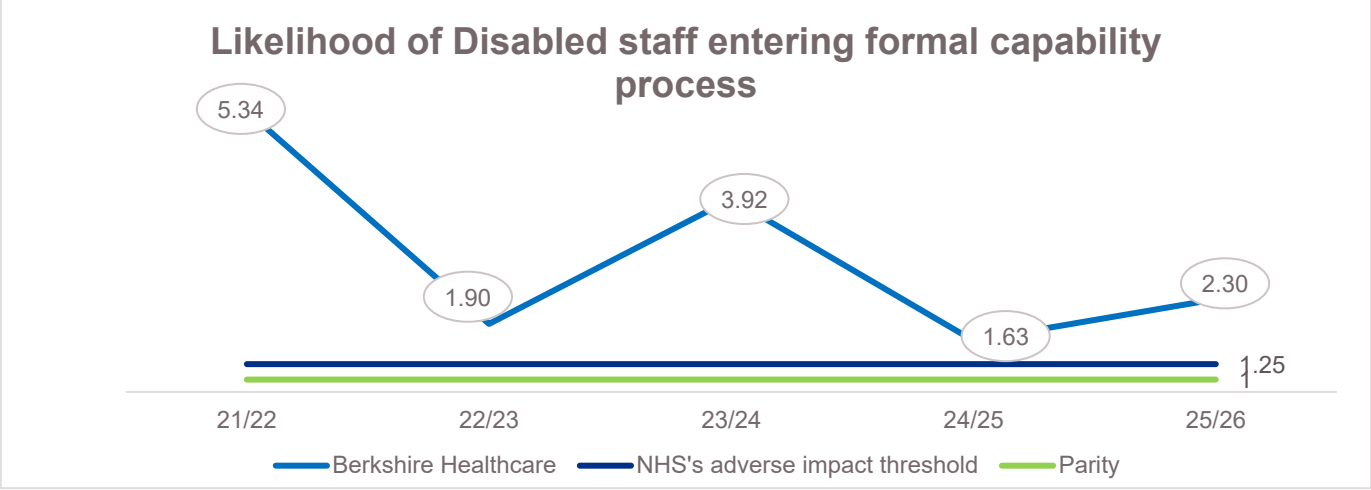
Pay band	Total hires (n)	% Disabled Hires	% No Disability Hires	% Disability Status Not Stated Hires
Band 2	12	8	83	8
Band 3	84	8	83	8
Band 4	105	12	78	10
Band 5	119	6	87	7
Band 6	85	15	81	4

Band 7	77	10	83	6
Band 8a	16	6	75	19
Band 8b	10	0	90	10
Band 8c	4	25	75	0
Band 8c	0	0	0	0
Band 9	0	0	0	0
Non-Agenda for change	89	3	19	78
Agenda for change only	512	10	83	7
Total	601	9	73	18

3. Relative likelihood of staff entering the formal capability process

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WDES Indicator 3: Likelihood of Disabled staff entering formal capability process	21/22	22/23	23/24	24/25	25/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare	5.34	1.90	3.92	1.63	2.30	+0.67	Worsening
NHS Trusts (National)	2.01	2.17	2.04	2.26	–	–	–

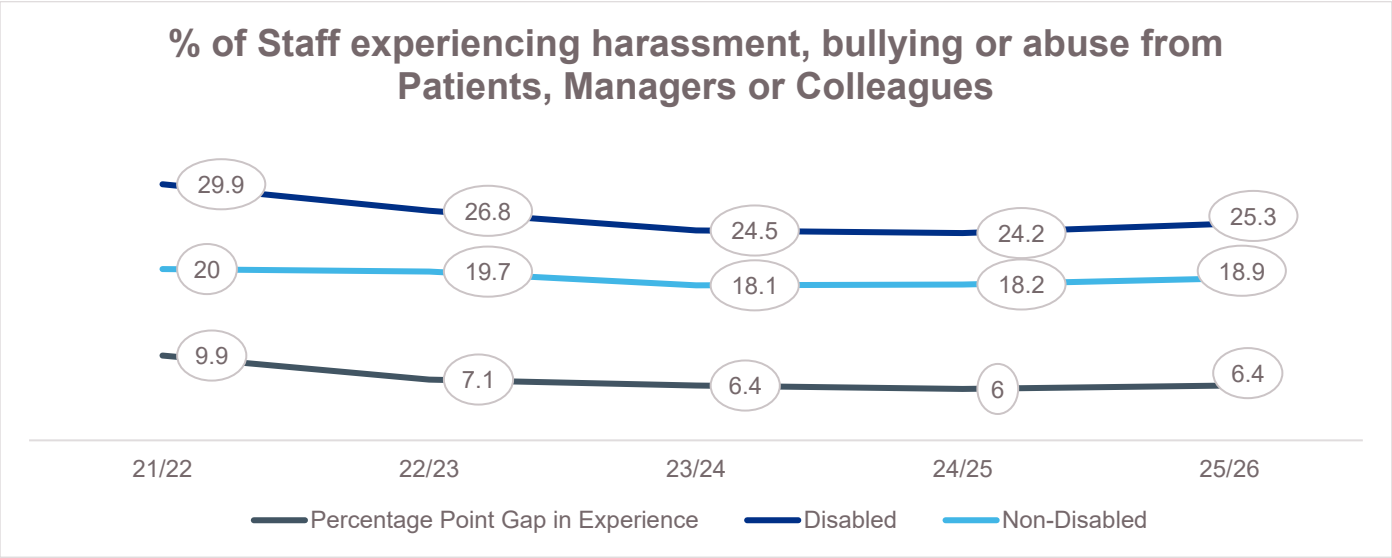


Measure	Disabled staff	Non-disabled staff	Relative likelihood
Staff in post used for indicator	518	4534	-
Actual number entering formal capability process over previous 2 years	5	19	2.30
Actual rate entering formal capability process	0.97%	0.42%	2.30
Scenario 1: if 2 disabled staff entered the process	2	19	0.92
Scenario 2: if 3 disabled staff entered the process	3	19	1.38
Estimated parity point	approximately 2 to 3 disabled staff	19	approximately 1.00

4a. Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, service users, relatives or the public in the last 12 months.

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WDES Indicator 4a: Difference in staff experiencing harassment, bullying or abuse from patients, service users, relatives or the public in the last 12 months. (percentage point gap)	21/22	22/23	23/24	24/25	25/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare (gap)	9.9	7.1	6.4	6	6.4	+0.4pp	Worsening
NHS Trusts (gap)	7.2	7.2	6.7	6.2	–	–	–

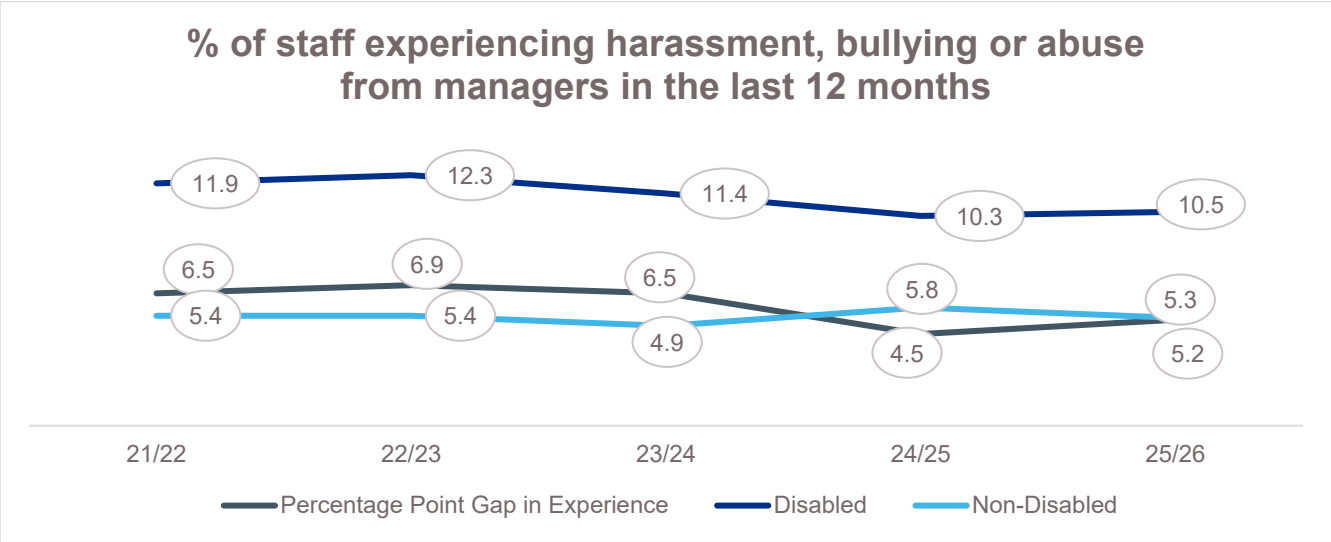


WDES Indicator 4a: Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, service users, relatives or the public in the last 12 months.	Group	21/22	22/23	23/24	24/25	25/26
Berkshire Healthcare	Disabled	29.9%	26.8%	24.5%	24.2%	25.3%
	Non-Disabled	20.0%	19.7%	18.1%	18.2%	18.9%

4b. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

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WDES Indicator 4b: Difference in staff experiencing harassment, bullying or abuse from managers in the last 12 months. (percentage point gap)	21/22	22/23	23/24	24/25	25/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare (gap)	6.5	6.9	6.5	4.5	5.2	+0.7pp	Worsening
NHS Trusts (gap)	7.4	7.0	6.4	6.3	–	–	–

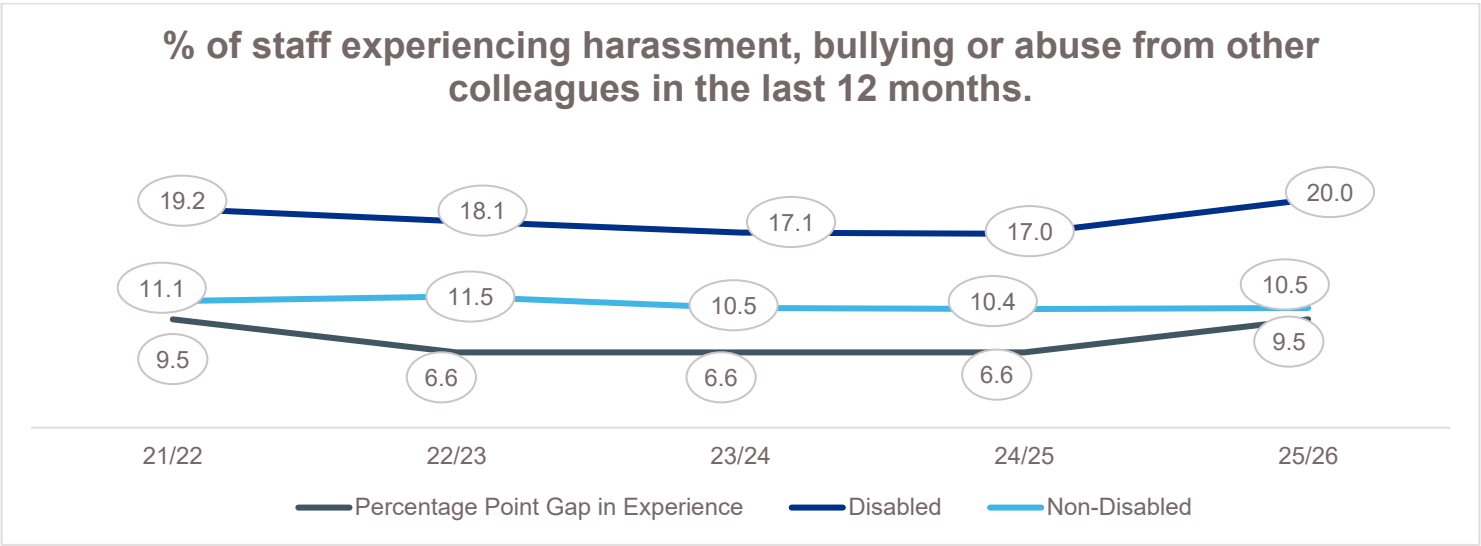


WDES Indicator 4b: % of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	Group	21/22	22/23	23/24	24/25	25/26
Berkshire Healthcare	Disabled	11.9%	12.3%	11.4%	10.3%	10.5%
	Non-Disabled	5.4%	5.4%	4.9%	5.8%	5.3%

4c. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

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WDES Indicator 4c: Difference in staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months. (percentage point gap)	21/22	22/23	23/24	24/25	25/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare (gap)	9.5	6.6	6.6	6.6	9.5	+2.9pp	Worsening
NHS Trusts (gap)	8.7	8.4	8.4	8.3	–	–	–

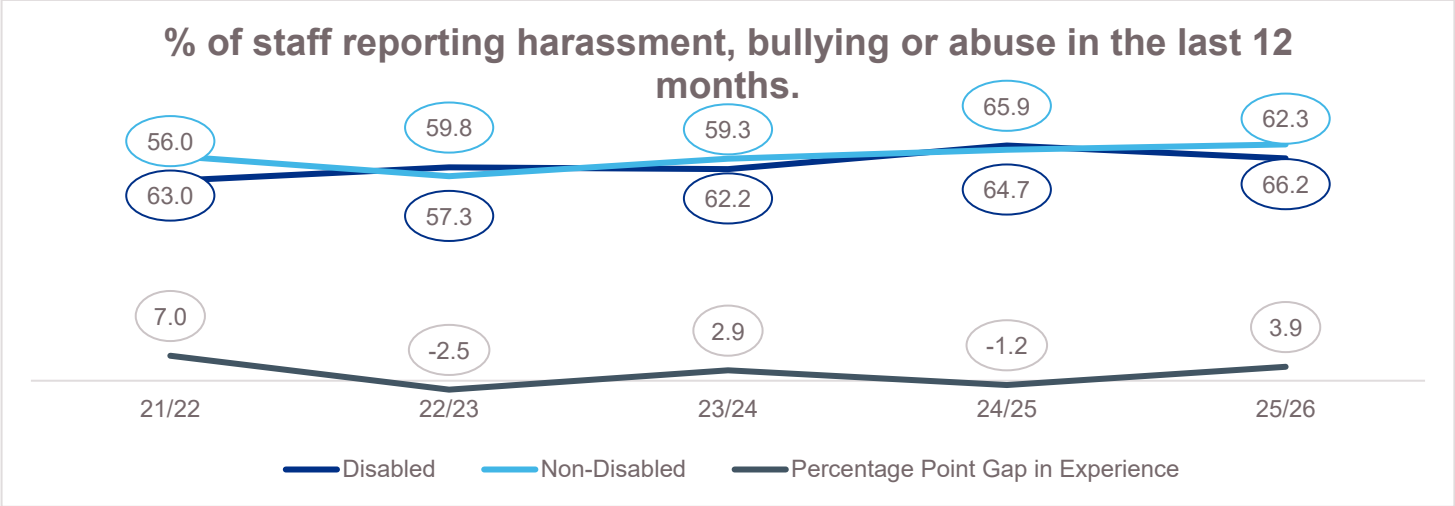

% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.
19.2
18.1
17.1
17.0
20.0
11.1
11.5
10.5
10.4
10.5
9.5
6.6
6.6
6.6
9.5
21/22
22/23
23/24
24/25
25/26
Percentage Point Gap in Experience
Disabled
Non-Disabled

WDES Indicator 4c: % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	Group	21/22	22/23	23/24	24/25	25/26
Berkshire Healthcare	Disabled	19.2%	18.1%	17.1%	17.0%	20.0%
	Non-Disabled	11.1%	11.5%	10.5%	10.4%	10.5%

4d. Percentage of staff reporting harassment, bullying or abuse in the last 12 months.

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WDES Indicator 4d: Difference in Harassment, bullying or abuse – reporting it (percentage point gap)	21/22	22/23	23/24	24/25	25/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare (gap)	7.0	-2.5	2.9	-1.2	3.9	+5.1pp	Worsening
NHS Trusts (gap)	1.4	1.9	1.1	0.6	–	–	–



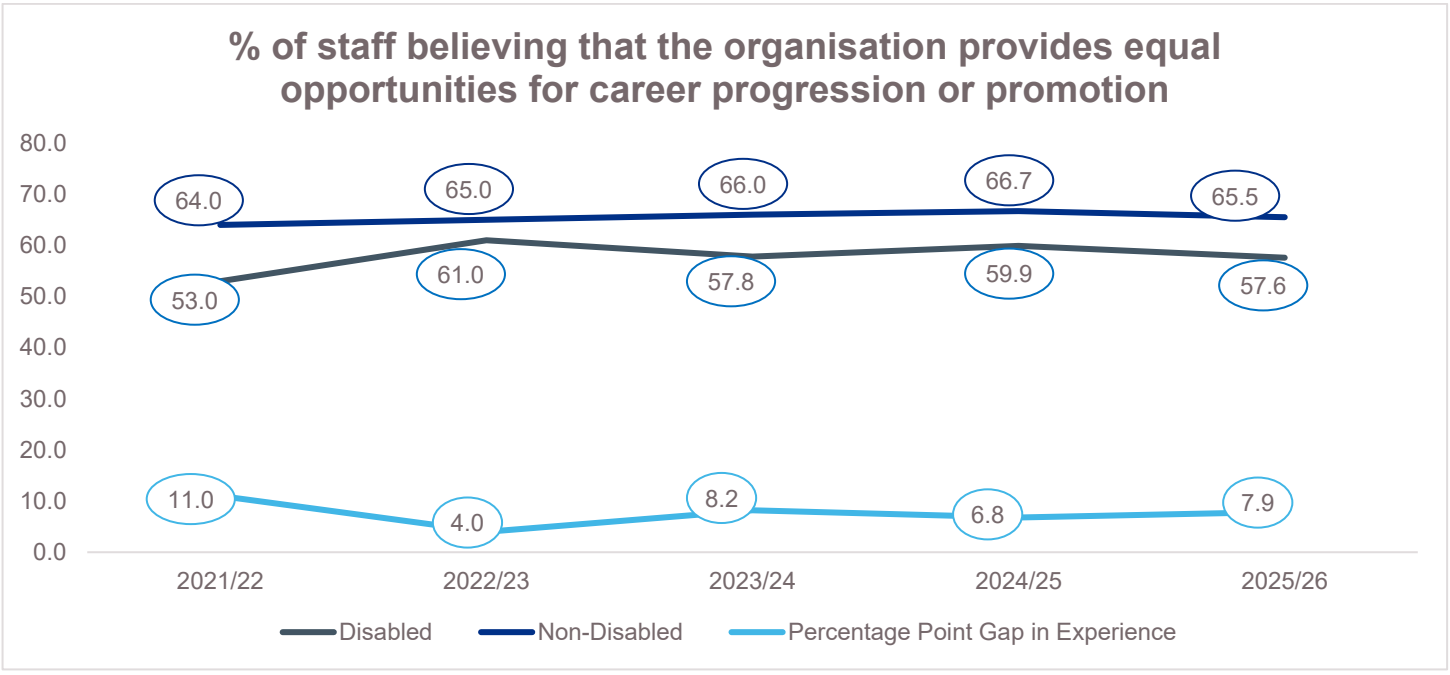
WDES Indicator 4d: % of staff reporting harassment, bullying or abuse in the last 12 months.	Group	21/22	22/23	23/24	24/25	25/26

Berkshire Healthcare	Disabled	56.0%	59.8%	59.3%	65.9%	62.3%
	Non-Disabled	63.0%	57.3%	62.2%	64.7%	66.2%

5. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

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WDES Indicator 5: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion – percentage point gap	2021/22	2022/23	2023/24	2024/25	2025/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare	11.0	4.0	8.2	6.8	7.9	+1.1pp	Worsening
NHS Trusts (national)*	6.0	5.8	5.9	6.1	–	–	–



WDES Indicator 5: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	Group	21/22	22/23	23/24	24/25	25/26
Berkshire Healthcare	Disabled	53.0	61.0	57.8	59.9	57.6
	Non-Disabled	64.0	65.0	66.0	66.7	65.5

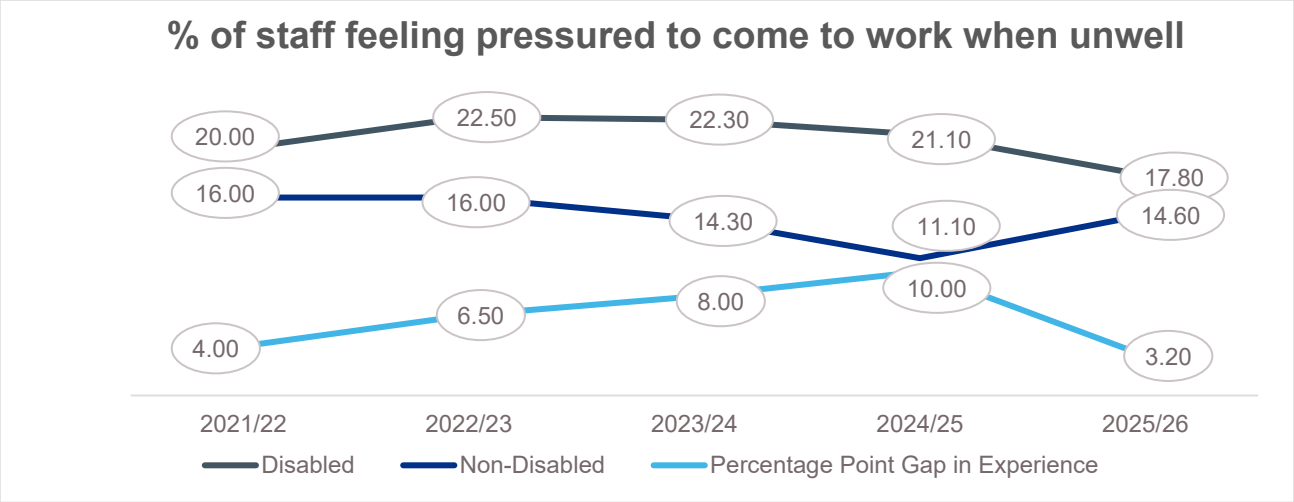
Internal Promotion Rates by Disability Status and Band

Band	Total Disabled Staff	Total Disabled Staff Promoted	% Disabled Staff Promoted	Total Non-Disabled Staff	Total Non-Disabled Staff Promoted	% Non-Disabled Staff Promoted	Likelihood of promotion (Disabled vs Non-Disabled Staff)
All AfC staff (Bands 2–9)	470	34	7.2	4682	312	6.7	1.09
Band 2	9	1	11.1	53	21	39.6	0.28
Band 3	34	5	14.7	92	47	51.1	0.29
Band 4	102	10	9.8	765	54	7.1	1.39
Band 5	68	7	10.3	720	55	7.6	1.35
Band 6	90	6	6.7	601	65	10.8	0.62
Band 7	107	5	4.7	873	40	4.6	1.02
Band 8a	35		0	931	18	1.9	0
Band 8b	18		0	392	9	2.3	0
Band 8c	2		0	164	3	1.8	0
Band 8d	3		0	61		0	n/a
Band 9	2		0	30		0	n/a
Band 8a+	60	0	0	1578	30	1.9	0
Band 7+	167	5	3	2451	70	2.9	1.05

6. Percentage of staff feeling pressured to come to work when unwell

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WDES Indicator 6: Percentage of staff feeling pressured to come to work when unwell - percentage point gap	2021/22	2022/23	2023/24	2024/25	2025/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare	4.00	6.50	8.00	10.00	3.20	-6.8pp	Improving
NHS Trusts (national)*	8.0	7.9	8.1	7.6	–	–	–



WDES Indicator 6: Percentage of staff feeling pressured to come to work when unwell	Group	21/22	22/23	23/24	24/25	25/26
Berkshire Healthcare	Disabled	20.0%	22.5%	22.3%	21.1%	17.8%
	Non-Disabled	16.0%	16.0%	14.3%	11.1%	14.6%

q11c During the last 12 months have you felt unwell as a result of work related stress?	Organisation Overall		Disabled		No-Disability	
Option	Count	Percent	Count	Percent	Count	Percent
Yes	1177	35.3%	446	49.4%	710	29.8%
No	2162	64.7%	456	50.6%	1669	70.2%
Total Responses	3339	100.0%	902	100.0%	2379	100.0%

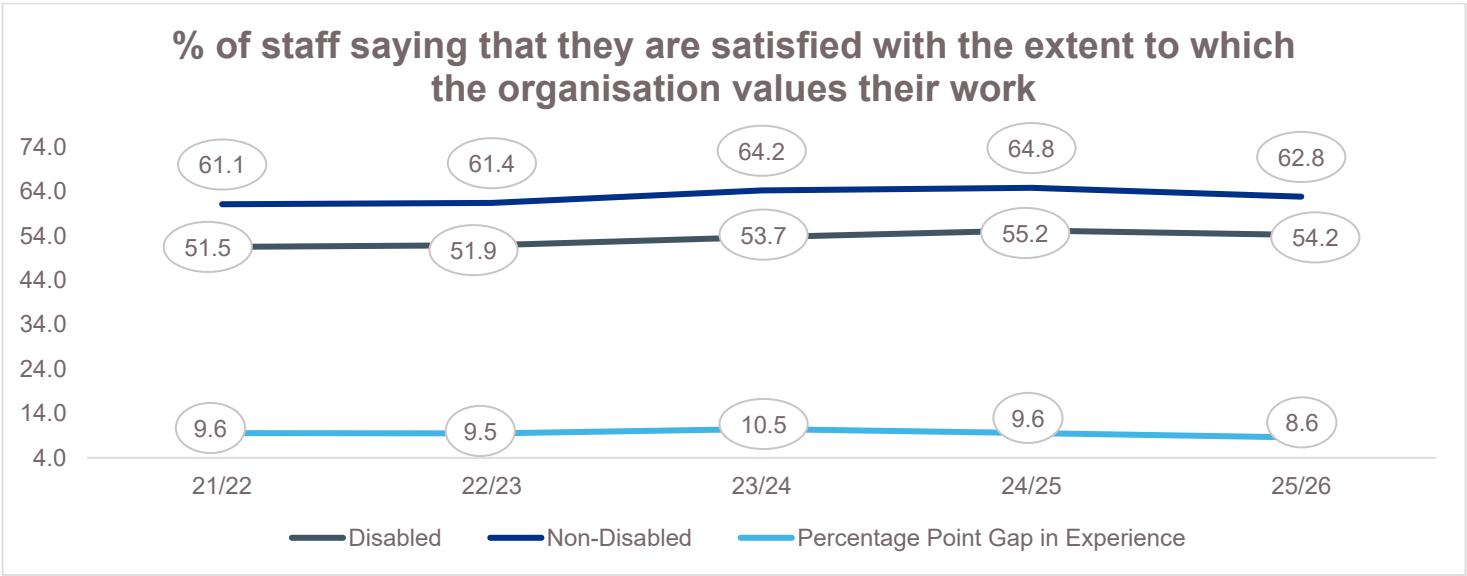
q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Organisation Overall		Disabled		No-Disability	
Option	Count	Percent	Count	Percent	Count	Percent
Yes	1605	48.2%	571	63.4%	1011	42.6%
No	1728	51.8%	330	36.6%	1364	57.4%
Total Responses	3333	100.0%	901	100.0%	2375	100.0%

q11e Have you felt pressure from your manager to come to work?	Organisation Overall		Disabled		No-Disability	
Option	Count	Percent	Count	Percent	Count	Percent
Yes	249	15.8%	100	17.8%	145	14.6%
No	1326	84.2%	461	82.2%	847	85.4%
Total Responses	1575	100.0%	561	100.0%	992	100.0%

7. Percentage of staff saying that they are satisfied with the extent to which the organisation values their work.

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WDES Indicator 7: Percentage of staff saying that they are satisfied with the extent to which the organisation values their work - Percentage Point Gap	21/22	22/23	23/24	24/25	25/26	Change (23/24 → 25/26)	Direction
Berkshire Healthcare	9.60	9.50	10.50	9.60	8.60	-1.0pp	Improving
NHS Trusts (National)*	9.9	9.9	10.9	11.1	–	–	–



Percentage of staff saying that they are satisfied with the extent to which the organisation values their work	Group	21/22	22/23	23/24	24/25	25/26
Berkshire Healthcare	Disabled	51.5%	51.9%	53.7%	55.2%	54.2%
	Non-Disabled	61.1%	61.4%	64.2%	64.8%	62.8%

37 Staff Survey Questions with larger gap

Question	Yes	No	Difference
In last 3 months, have not come to work when not feeling well enough to perform duties	36.6%	57.4%	-20.8%
In last 12 months, have not felt unwell due to work related stress	50.6%	70.2%	-19.6%
Never/rarely feel every working hour is tiring	49.2%	64.9%	-15.7%
In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	56.0%	70.7%	-14.6%
Never/rarely exhausted by the thought of another day/shift at work	36.8%	51.1%	-14.2%
I can eat nutritious and affordable food at work	53.4%	66.9%	-13.5%
Feel organisation would address any concerns I raised	57.5%	70.7%	-13.2%
Never/rarely lack energy for family and friends	33.8%	46.6%	-12.8%
Achieve a good balance between work and home life	58.0%	70.7%	-12.7%
Never/rarely feel burnt out because of work	27.7%	40.0%	-12.3%
Would feel confident that organisation would address concerns about unsafe clinical practice	65.1%	76.7%	-11.6%
Feel supported to develop my potential	59.6%	71.0%	-11.4%
I don't often think about leaving this organisation	43.2%	54.5%	-11.3%
Appraisal left me feeling organisation values my work	31.5%	42.7%	-11.2%
Never/rarely worn out at the end of work	16.3%	27.4%	-11.1%
Feel safe to speak up about anything that concerns me in this organisation	66.8%	77.7%	-10.9%
Able to make improvements happen in my area of work	58.6%	69.5%	-10.9%



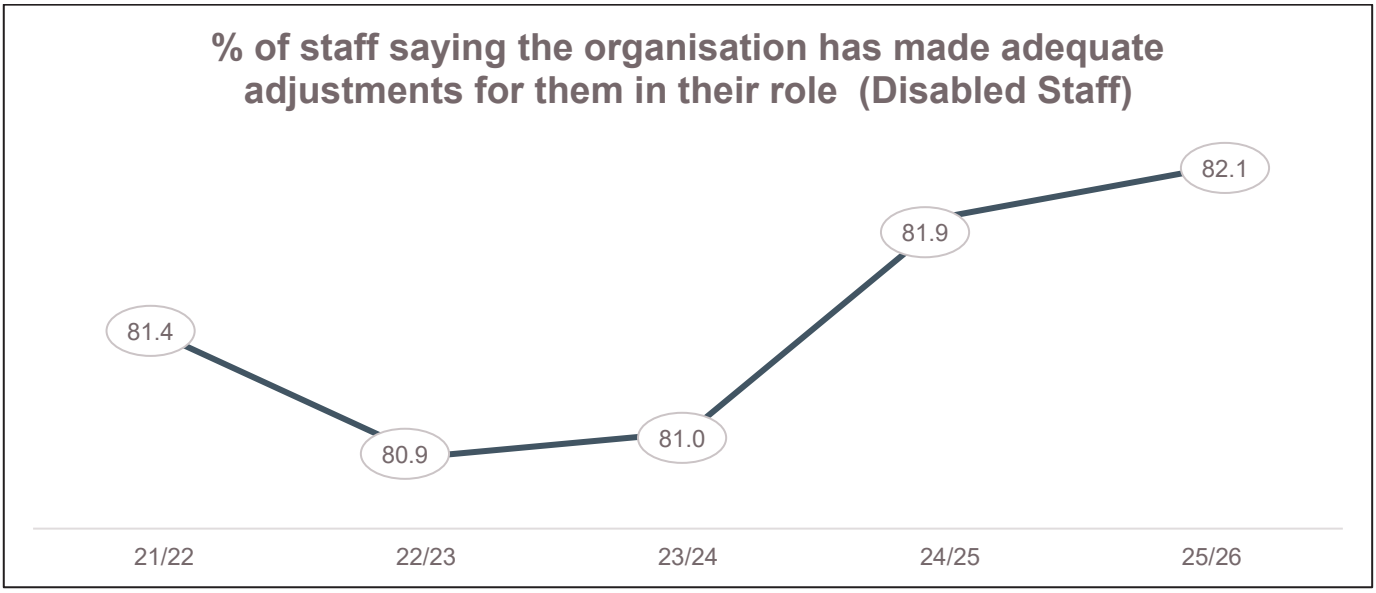
Team has enough freedom in how to do its work	58.8%	68.9%	-10.1%
Time often/always passes quickly when I am working	71.5%	81.5%	-10.0%
Organisation is committed to helping balance work and home life	60.4%	70.4%	-10.0%
Would recommend organisation as place to work	69.4%	79.1%	-9.8%
Immediate manager asks for my opinion before making decisions that affect my work	63.0%	72.5%	-9.5%
Appraisal helped me improve how I do my job	21.5%	31.0%	-9.5%
Not experienced harassment, bullying or abuse from other colleagues	80.0%	89.5%	-9.5%
Receive the respect I deserve from my colleagues at work	73.2%	82.6%	-9.3%
Involved in deciding changes that affect work	52.7%	61.9%	-9.2%
Opportunities to show initiative frequently in my role	71.7%	80.9%	-9.2%
Team deals with disagreements constructively	58.8%	68.0%	-9.2%
Feel valued by my team	71.9%	80.9%	-9.1%
Enough staff at organisation to do my job properly	40.3%	49.4%	-9.1%
Never/rarely frustrated by work	22.1%	31.0%	-8.9%
Organisation takes positive action on health and well-being	67.5%	76.3%	-8.8%
Staff involved in an error/near miss/incident treated fairly	66.6%	75.3%	-8.7%
Teams within the organisation work well together to achieve objectives	61.7%	70.4%	-8.7%
Able to meet conflicting demands on my time at work	47.1%	55.7%	-8.7%
Appraisal helped me agree clear objectives for my work	35.1%	43.6%	-8.6%
Satisfied with extent organisation values my work	54.2%	62.8%	-8.5%

8. Percentage of staff saying the organisation has made adequate adjustments for them in their role.

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WDES Indicator 8: Percentage of staff saying the organisation has made adequate adjustments for them in their role	21/22	22/23	23/24	24/25	25/26	Change (23/24 → 25/26)	Direction
Berkshire Healthcare	81.4	80.9	81.0	81.9	82.1	-0.2pp	Improving
NHS Trusts (National)*	n/a	73.0	74.5	75.3	–		



Reasonable adjustment % by Portfolio

Division	Portfolio	Response Rate %
Central Services	Chief Executive Speciality	Not Enough Responses
Central Services	Operations Speciality	Not Enough Responses
CFAA	Children in Care Speciality	Not Enough Responses
Community Health	Community Health Directors Speciality	Not Enough Responses
Mental Health	MH Directors Speciality	Not Enough Responses
Central Services	Nursing & Governance Speciality	100.0%
CFAA	Learning Disabilities Speciality	94.1%
Central Services	Deputy Executive Speciality	93.8%
CFAA	CAMHS Speciality	91.3%

CFAA	Children, Family and Neurodiversity Speciality	89.5%
Mental Health	Mental Health Community Speciality	84.1%
Central Services	Medical Director Speciality	82.4%
Comparator (Organisation Overall)	Comparator (Organisation Overall)	82.1%
Central Services	Finance, Estates & Facilities Management Speciality	81.3%
Community Health	Community Health Scheduled Care Speciality	78.8%
Community Health	Community Health Urgent Care Speciality	76.7%
Mental Health	Mental Health Operations and Business Strategy Speciality	74.0%
CFAA	Specialist Children's Services Speciality	72.7%
Mental Health	MH Inpatients Speciality	72.7%
Mental Health	Mental Health Urgent Care Speciality	60.0%

Reasonable adjustments for disabled staff by service

Response	Organisation Overall	Central Services	CF&AAS	Community Health	Mental Health
Yes	462 (82.1%)	91%	89%	78%	77%
No	101 (17.9%)	9%	11%	22%	23%
No adjustment required	333 (37.2%)	58	68	103	104

Note: Percentages for "Yes" and "No" are calculated using only respondents who indicated that they required a reasonable adjustment (n=563). The percentage for "No adjustment required" is calculated using all respondents to the question (n=896).

Reasonable adjustments requests submitted via official route (April 25 - March 26)

Response	Organisation Overall
Total Requests made	195
Total staff who made 1 or more requests	55
% of total requests accepted	Unknown
% of staff who had all requests accepted	Unknown

Formal reasonable adjustment requests compared with staff survey responses



Service	Formal reasonable adjustment requests	Staff reporting, they required a reasonable adjustment	% of staff requiring an adjustment who submitted a formal request
Children, Young People and Families	18	114	16
Community Health	6	154	4
Corporate Services	6	97	6
Mental health Services	24	198	12

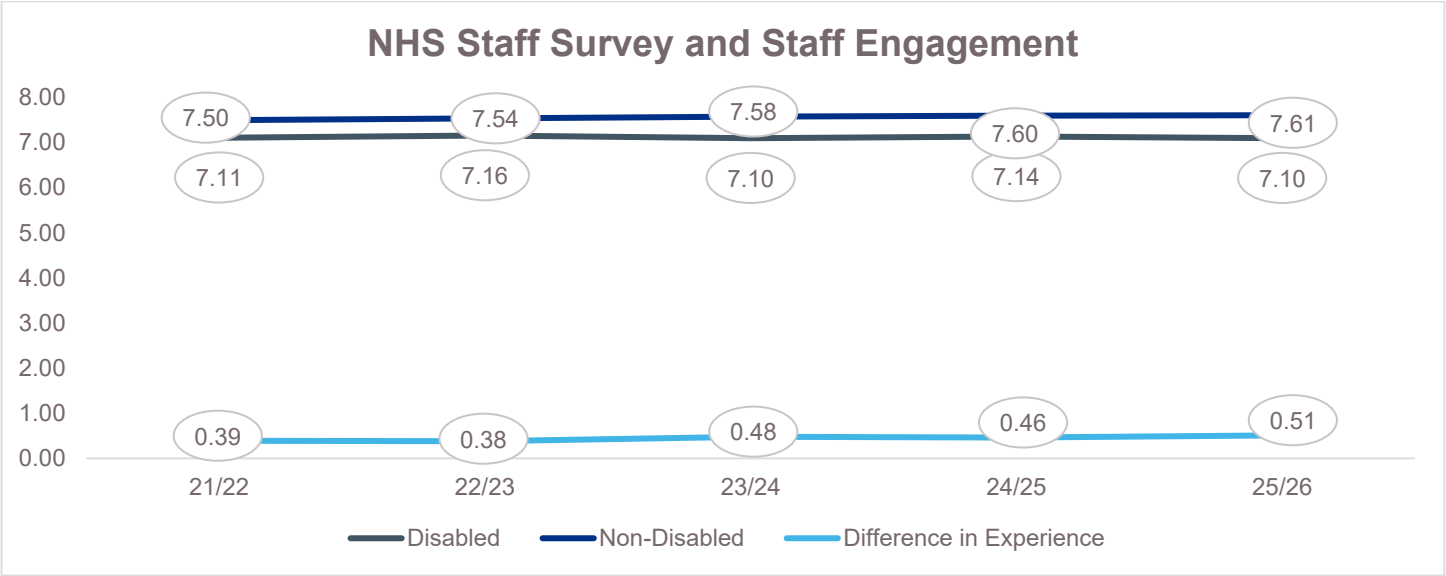
Total number of formalised reasonable adjustment requests by request type

Row Labels	Count of request types	% of total Request Types
Training and Education	60	31
Software	59	30
Hardware	39	20
Blank or n/a	17	9
Accessories	11	6
Office equipment	5	3
Service	3	2
Other	1	1

9. Staff Engagement Score.

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WDES Indicator 9: NHS Staff Survey and staff engagement - Percentage Point Gap	21/22	22/23	23/24	24/25	25/26	Change (23/24 → 25/26)	Direction
Berkshire Healthcare	0.39	0.38	0.48	0.46	0.51	+0.05 ↑	Worsening
NHS Trusts (National)*	–	–	–	–	–	–	–



2024 vs 2025 Engagement Score Questions

Staff Survey question	Disabled 2024	Disabled 2025	Disabled change	Non-disabled 2024	Non-disabled 2025	Non-disabled change	2024 gap	2025 gap	Gap movement
Often/always look forward to going to work	0.58	0.57	-1.3pp	0.65	0.64	-0.8pp	-7.1pp	-7.6pp	Widened by 0.5pp
Often/always enthusiastic about my job	0.70	0.69	-1.6pp	0.76	0.76	-0.5pp	-6.2pp	-7.2pp	Widened by 1.0pp
Time often/always passes quickly when I am working	0.71	0.72	+0.4pp	0.80	0.82	+1.9pp	-8.5pp	-10.0pp	Widened by 1.5pp
Opportunities to show initiative frequently in my role	0.73	0.72	-1.4pp	0.81	0.81	+0.2pp	-7.6pp	-9.2pp	Widened by 1.6pp
Able to make suggestions to improve the work of my team/dept	0.74	0.75	+1.4pp	0.83	0.83	+0.2pp	-9.0pp	-7.8pp	Narrowed by 1.2pp
Able to make improvements happen in my area of work	0.61	0.59	-1.9pp	0.69	0.70	+0.9pp	-8.1pp	-10.9pp	Widened by 2.8pp

Care of patients/service users is organisation's top priority	**0.85**	**0.84**	**-0.3pp**	**0.90**	**0.89**	**-1.3pp**	**-5.8pp**	**-4.8pp**	**Narrowed by 1.0pp**
Would recommend organisation as place to work	**0.73**	**0.69**	**-3.6pp**	**0.80**	**0.79**	**-1.2pp**	**-7.3pp**	**-9.7pp**	**Widened by 2.4pp**
If friend/relative needed treatment would be happy with standard of care provided by organisation	**0.75**	**0.77**	**+1.6pp**	**0.81**	**0.83**	**+2.2pp**	**-5.5pp**	**-6.1pp**	**Widened by 0.6pp**

WDES Indicator 9: NHS Staff Survey and staff engagement - Percentage Point Gap	**Engagement score gap between marginalised group and comparator**
Disability Status Disabled (compared with non-disabled)	**0.51**
Sexuality Gay, Lesbian, Bi-sexual and other (compared with heterosexual)	**0.32**
Gender Female (compared with male)	**0.26**
Ethnicity Ethnically Diverse (Compared with white)	**-0.38**

Number of times group scored highest score compared to comparator group out of 101 positive scoring questions (100 for disabled)

	Total	**%**
Disabled Staff (compared to non-Disabled staff)	**4/100**	**4**
Gay, Lesbian, Bi-sexual and other staff (compared to Heterosexual staff)	**8/101**	**8**
Female Staff (compared to Male staff)	**16/101**	**16**
Ethnically Diverse Staff (compared to White staff)	**53/101**	**52**

4 questions out of 100 where Disabled staff scored higher than non-disabled staff

Question	Disabled	Non-Disabled	Total
Don't work any additional paid hours per week for this organisation, over and above contracted hours	85.03%	81.23%	3.80%
Organisation offers me challenging work	76.05%	74.32%	1.74%
Not experienced physical violence from patients/service users, their relatives or other members of the public	90.34%	89.14%	1.21%
Not experienced physical violence from other colleagues	98.75%	98.74%	0.01%

Top 10 largest gaps between Disabled and non-disabled scores

Question	Disabled	Non-Disabled	Total
In last 3 months, have not come to work when not feeling well enough to perform duties	36.63%	57.43%	-20.81%
In last 12 months, have not felt unwell due to work related stress	50.55%	70.16%	-19.60%
Never/rarely feel every working hour is tiring	49.17%	64.86%	-15.69%
In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	56.05%	70.67%	-14.62%
Never/rarely exhausted by the thought of another day/shift at work	36.81%	51.05%	-14.25%
I can eat nutritious and affordable food at work	53.43%	66.93%	-13.50%
Feel organisation would address any concerns I raised	57.48%	70.70%	-13.23%
Never/rarely lack energy for family and friends	33.81%	46.57%	-12.76%
Achieve a good balance between work and home life	57.98%	70.69%	-12.71%
Never/rarely feel burnt out because of work	27.67%	39.97%	-12.31%

People Promise and Staff Survey Theme Scores by Disability Status



Section / Theme	Description	Organisation Overall	Disabled Staff	Non-disabled Staff	Disabled vs Non-disabled Gap
People Promise element 1: We are compassionate and inclusive	**Compassionate culture sub-score**	**7.9**	**7.6**	**8.0**	**-0.4**
	Compassionate leadership sub-score	**7.8**	**7.5**	**7.9**	**-0.4**
	Diversity and equality sub-score	**8.7**	**8.5**	**8.8**	**-0.4**
	Inclusion sub-score	**7.4**	**7.1**	**7.6**	**-0.5**
	Overall "We are compassionate and inclusive" score	**8.0**	**7.7**	**8.1**	**-0.4**
People Promise element 2: We are recognised and rewarded	**Overall "We are recognised and rewarded" score**	**6.7**	**6.4**	**6.8**	**-0.4**
People Promise element 3: We each have a voice that counts	**Autonomy and control sub-score**	**7.4**	**7.0**	**7.5**	**-0.5**
	Raising concerns sub-score	**7.3**	**6.9**	**7.4**	**-0.6**
	Overall "We each have a voice that counts" score	**7.3**	**6.9**	**7.5**	**-0.5**
People Promise element 4: We are safe and healthy	**Health and safety climate sub-score**	**6.3**	**6.0**	**6.4**	**-0.4**
	Burnout sub-score	**5.5**	**4.9**	**5.7**	**-0.8**
	Negative experiences sub-score	**8.3**	**7.7**	**8.5**	**-0.8**
	Overall "We are safe and healthy" score	**6.7**	**6.2**	**6.9**	**-0.7**
People Promise element 5: We are always learning	**Development sub-score**	**6.9**	**6.6**	**7.0**	**-0.4**
	Appraisals sub-score	**5.8**	**5.2**	**6.1**	**-0.9**
	Overall "We are always learning" score	**6.4**	**5.9**	**6.6**	**-0.6**
People Promise element 6: We work flexibly	**Support for work-life balance sub-score**	**7.2**	**6.8**	**7.3**	**-0.6**
	Flexible working sub-score	**7.0**	**6.9**	**7.1**	**-0.2**
	Overall "We work flexibly" score	**7.1**	**6.8**	**7.2**	**-0.4**
People Promise element 7: We are a team	**Team working sub-score**	**7.3**	**6.9**	**7.4**	**-0.4**
	Line management sub-score	**7.6**	**7.4**	**7.7**	**-0.4**
	Overall "We are a team" score	**7.5**	**7.2**	**7.6**	**-0.4**
Theme: Staff Engagement	**Motivation sub-score**	**7.3**	**7.0**	**7.5**	**-0.5**
	Involvement sub-score	**7.3**	**6.9**	**7.5**	**-0.6**



	Advocacy sub-score	**7.7**	**7.4**	**7.9**	**-0.5**
	Overall "Staff Engagement" score	**7.5**	**7.1**	**7.6**	**-0.5**
Theme: Morale	**Thinking about leaving sub-score**	**6.6**	**6.2**	**6.7**	**-0.5**
Theme: Morale	**Work pressure sub-score**	**6.2**	**5.8**	**6.3**	**-0.5**
Theme: Morale	**Stressors sub-score**	**6.9**	**6.6**	**7.0**	**-0.4**
Theme: Morale	**Overall "Morale" score**	**6.5**	**6.2**	**6.7**	**-0.5**

Highest-Level People Promise and Theme Scores

Area	Organisation Overall	Disabled Staff	Non-disabled Staff	Gap	Interpretation
We are safe and healthy	**6.7**	**6.2**	**6.9**	**-0.7**	**Largest overall People Promise gap**
We are always learning	**6.4**	**5.9**	**6.6**	**-0.6**	**Second-largest People Promise gap**
We each have a voice that counts	**7.3**	**6.9**	**7.5**	**-0.5**	**Material gap around voice and influence**
Staff Engagement	**7.5**	**7.1**	**7.6**	**-0.5**	**Consistent with WDES Indicator 9**
Morale	**6.5**	**6.2**	**6.7**	**-0.5**	**Suggests wider experience pressure**
We are compassionate and inclusive	**8.0**	**7.7**	**8.1**	**-0.4**	**Gap present but not the largest**
We are recognised and rewarded	**6.7**	**6.4**	**6.8**	**-0.4**	**Consistent with feeling valued gap**
We work flexibly	**7.1**	**6.8**	**7.2**	**-0.4**	**Overall gap lower, but work-life balance sub-score wider**
We are a team	**7.5**	**7.2**	**7.6**	**-0.4**	**Gap present but comparatively smaller**



10. Percentage difference between Board voting membership and its overall workforce

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Percentage difference between Board voting membership and its overall workforce (Disabled Workforce) -	21/22	22/23	23/24	24/25	25/26	Change (24/25 → 25/26)	Direction
Berkshire Healthcare	n/a	1.0%	0.0%	-2.0%	-2.0%	0pp	No Change
NHS Trusts (national)*	n/a	n/a	n/a	n/a	–	–	–

