



Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

Equality, Diversity, and Inclusion

Workforce Race Equality Standard (WRES) Annual Report 2021

To find out more about what Berkshire Healthcare NHS Foundation Trust is doing to be an
'Outstanding and Equal Employer and Care Provider for Everyone',
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Executive Summary

The Workforce Race Equality Standard (WRES) is a requirement for all NHS organisations to publish data and action plans against nine indicators of workforce race equality.

This report presents Berkshire Healthcare's latest workforce race equality data (as of 31st March 2021) and identifies where improvements have been made and where data has stagnated and/or deteriorated.

The key findings from the 2021 report

Berkshire Healthcare continues to make incremental progress in unmasking and tackling workplace inequalities between Black, Asian and Minority Ethnic (BAME) and White staff that are captured through nine WRES indicators. Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the national NHS Staff Survey (NSS) questions, and one indicator focuses on BME representation at Board level.

It is pleasing to note that progress was made in 4 of the indicators, however there is stagnation and/or regression in 5 of the metrics. Overall, BAME staff have a poorer work experience than White staff – this has been the trend since the WRES was mandated in 2015:

- As of 31st March 2021, the Trust grew by 248 employees (from 4,460 in 2020) to 4,708 members of staff: 3,299 (71%) were White and 1216 (26%) were from a BAME background. This represents an increase of 1% in the BAME staff population since 2020. The BAME staff population at Berkshire Healthcare has continued to rise gradually annually and currently sits at 5% above national average in the NHS - see the snapshot in Table 13 (Appendix 1)
 - A reduction in the percentage of staff experiencing harassment, bullying or abuse from their colleagues
 - A slight decrease in the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues
 - An increase in the percentage of staff believing the Trust provides equal opportunities for career progression or promotion
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However:

- There is underrepresentation of BAME staff with voting membership on the Board
- BAME staff are less likely to be appointed from shortlisting than White staff
- BAME staff are more likely to enter the formal disciplinary process than White staff
- BAME staff are less likely to access non-mandatory training and continued professional development compared to White staff
- BAME staff are more likely to experience harassment, bullying or abuse from patients, relatives and the public than White staff
- BAME staff are more likely to experience discrimination at work from either their manager, team leader or colleagues than White staff
- BAME staff are less that likely to believe the Trust provides equal opportunities for career progression or promotion than White staff

WRES – Introduction

The Workforce Race Equality Standard (WRES) was mandated by the NHS Standard Contract in 2015; 2021 is its sixth year. It is a mirror that allows NHS Trusts to visualise workplace inequalities through 9 measures (metrics) that compare the working and career experiences of Black, Asian and Minority Ethnic (BAME) and White staff in the NHS. The WRES is underpinned by a desire to equalise experience between staff who come from BAME backgrounds and their White counterparts. It aims to facilitate an inclusive, supportive and fair culture in organisations to ensure that every member of the NHS' diverse workforce has a sense of belonging and a positive working experience.

With that ethos in mind, the WRES seeks to help unmask barriers that have a negative impact on the experiences and career opportunities of BAME staff in the NHS or applicants from BAME backgrounds seeking employment in the NHS, and thus facilitates transparency and informs strategies for the amelioration of the challenges that are reviewed annually.

Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the national NHS Staff Survey (NSS) questions, and one indicator focuses on BME representation at Board level.

Through providing comparative data between BAME and White staff, the WRES illuminates where key differences lie, and thus provides the foundation for the development of Action Plans to enable the tracking of year-on-year progress. This year's Action Plan was built around the Race Disparity Ratio (RDR): the difference in proportion of BAME staff in AfC Band 8 and above vs AfC Band 5 and below in the Trust compared to the proportion of White staff at those Bands. It looks at the probability of White staff being promoted from lower Bands to Bands 8 and 9 and VSM.

Drawing on the Race Disparity Ratio, this year, 2021, NHS England and NHS Improvement South East proposed a South East Approach where Trusts in the region were tasked with coming up with Six National Actions to address the Race Disparity Ratio in their organisations.

Correspondingly, the aim of this report is to present Berkshire Healthcare's latest WRES data, identify where improvements have been made and where there has been stagnation and/or regression and embed the Trust's Six National Actions that were perceived central to facilitating improvement.

Workforce Race Equality Standard Progress in 2020/21

It is encouraging to note improvements in 4 out of the 9 indicators of race equality:

- Increase in the percentage of the BAME workforce
- A reduction in the percentage of BAME staff experiencing harassment, bullying or abuse from colleagues
- A reduction in the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues
- An increase in the percentage of BAME staff believing the Trust provides equal opportunities for career progression or promotion

A number of actions have been taken in the last WRES reporting year that will have attributed to the above improvements, these include:

- Supporting our BAME Network to achieve their objectives: operationalisation of the role of the network Chair (4 hours protected time a week)
 - Launch of a new Equality Diversity and Inclusion training programme on Allyship
 - Embedding of Equality, Diversity and Inclusion in Leadership and Management training programmes
 - Commissioning of the BAME Transformation Project
 - Organisational focus on Bullying and Harassment
 - All Divisions provided with granular data on Equality, Diversity and Inclusion to facilitate targeted interventions
 - Launch of Just and Learning Culture approach to casework which is aimed at reducing the disparity in experience between BAME and White Staff in investigations and disciplinarys
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Indicator 1: Percentage of staff in each AfC Bands 1 to 9 and VSM compared with the percentage of Black and Ethnic staff in the overall workforce.

| Pay Band | 2019 Non-Clinical Workforce Data | | | | 2020 Non-Clinical Workforce Data | | | | 2021 Non-Clinical Workforce Data | | | |
|--------------|----------------------------------|-----------|----------|-------------------|----------------------------------|-----------|----------|-------------------|----------------------------------|-----------|----------|-------------------|
| | Total Non-Clinical Staff | White | BME | Ethnicity Unknown | Total Non-Clinical Staff | White | BME | Ethnicity Unknown | Total Non-Clinical Staff | White | BME | Ethnicity Unknown |
| Under Band 1 | 10 | 3 (30%) | 1 (10%) | 6 (60%) | 9 | 5 (56%) | 3 (33%) | 1 (11%) | 3 | 2 (67%) | 1 (33%) | 0 (0%) |
| Band 1 | 38 | 24 (63%) | 11 (29%) | 3 (8%) | 19 | 12 (63%) | 6 (32%) | 1 (5%) | 13 | 9 (69%) | 3 (23%) | 1 (8%) |
| Band 2 | 130 | 107 (82%) | 16 (12%) | 7 (5%) | 144 | 116 (81%) | 25 (17%) | 3 (0%) | 144 | 113 (78%) | 28 (19%) | 3 (2%) |
| Band 3 | 261 | 214 (82%) | 42 (16%) | 5 (2%) | 261 | 203 (78%) | 52 (20%) | 6 (0%) | 276 | 217 (79%) | 56 (20%) | 3 (1%) |
| Band 4 | 241 | 175 (73%) | 53 (22%) | 13 (5%) | 255 | 191 (75%) | 54 (21%) | 10 (4%) | 266 | 193 (73%) | 63 (24%) | 10 (4%) |
| Band 5 | 112 | 84 (75%) | 21 (19%) | 7 (6%) | 121 | 90 (74%) | 24 (20%) | 7 (6%) | 129 | 97 (75%) | 28 (22%) | 4 (3%) |
| Band 6 | 124 | 91 (73%) | 29 (23%) | 4 (3%) | 129 | 96 (74%) | 30 (23%) | 3 (2%) | 135 | 95 (70%) | 34 (25%) | 6 (4%) |
| Band 7 | 85 | 54 (64%) | 25 (29%) | 6 (7%) | 92 | 60 (65%) | 32 (35%) | 3 (3%) | 87 | 56 (64%) | 28 (32%) | 3 (3%) |
| Band 8a | 68 | 55 (81%) | 10 (15%) | 3 (4%) | 74 | 58 (78%) | 15 (20%) | 1 (1%) | 88 | 68 (77%) | 19 (22%) | 1 (1%) |
| Band 8b | 32 | 28 (87%) | 2 (6%) | 2 (6%) | 41 | 37 (90%) | 2 (5%) | 2 (5%) | 39 | 35 (90%) | 3 (8%) | 1 (3%) |
| Band 8c | 31 | 25 (81%) | 6 (19%) | 0 (0%) | 32 | 26 (81%) | 5 (16%) | 1 (3%) | 32 | 27 (84%) | 4 (13%) | 1 (4%) |
| Band 8d | 10 | 6 (60%) | 2 (20%) | 2 (20%) | 12 | 8 (67%) | 1 (8%) | 3 (25%) | 14 | 9 (64%) | 2 (14%) | 3 (21%) |
| Band 9 | 4 | 2 | 1 | 1 | 4 | 1 | 1 | 2 | 4 | 1 (25%) | 1 (25%) | 2 (50%) |
| VSM | 3 | 1 | 0 | 2 | 3 | 2 | 0 | 1 | 4 | 1 (25%) | 0 (0%) | 3 (75%) |
| Total | 1,149 | 869 | 219 | 61 | 1,119 | 905 | 250 | 44 | 1,234 | 923 | 270 | 41 |

Table 1: Workforce Profile - Non-Clinical Cohort 2019-21

The data in Table 1 above (non-clinical workforce) and Table 2 below (clinical workforce) indicate that overall, there is an increase in the workforce from a BAME background since 2020.

Non-Clinical Workforce (Table 1): The most significant increases are at Band 8a (22%), which represents 4 additional recruitments/promotion. There was 1 additional recruitment at Band 8b, hence an increase from 5% to 8%. There was also 1 more additional recruitment/promotion at Band 8d which resulted in an improvement of 6% from 1 (8%) to 2 (14%). However, Band 8b shrunk by 3% (1 member of staff).

Clinical Workforce (Table 2): The most notable increases are at Band 7 (25%), 8a (22%) and 8b (16%) which equates to 34 additional recruits and/or promotions at Band 7, and 5 at Bands 8a and 8b respectively. However, Bands 8c and 8d shrunk by 1 member of staff respectively.

One would note here that the issue of staff opting to withhold their ethnicity is prevalent across the AfC Pay Bands: this significantly compromises both the accuracy and integrity of the data, particularly where the respective cohorts have low numbers. For instance, the total number of non-clinical VSM staff is 4; 3 of them represent 75% of that cohort yet have not declared their ethnicity. This shows the sensitivity of the data to small changes in staff numbers at higher levels.

Overall, whilst the improvements are encouraging, the Trust recognises that there is still significant work to be done to achieve race equality within the workforce. In line with the Model Employer strategy and NHS People Plan the Trust is currently setting targets to increase representation of BME staff at Bands 8a to VSM - a concern that has resulted in the launch of a new indicator: the Race Disparity Ratio (RDR).

| Pay Band | 2019 Non-Clinical Workforce Data | | | | 2020 Non-Clinical Workforce Data | | | | 2021 Non-Clinical Workforce Data | | | |
|--------------|----------------------------------|-----------|-----------|-------------------|----------------------------------|-----------|-----------|-------------------|----------------------------------|-----------|-----------|-------------------|
| | Total Non-Clinical Staff | White | BME | Ethnicity Unknown | Total Non-Clinical Staff | White | BME | Ethnicity Unknown | Total Non-Clinical Staff | White | BME | Ethnicity Unknown |
| Under Band 1 | 15 | 7 (47%) | 3 (11%) | 5 (33%) | 8 | 5 (63%) | 2 (25%) | 1 (13%) | 7 | 5 (71%) | 1 (14%) | 1 (14%) |
| Band 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 (100%) | 0 (0%) | 0 (0%) |
| Band 2 | 166 | 77 (46%) | 81 (49%) | 8 (5%) | 162 | 71 (44%) | 84 (51%) | 7 (1%) | 171 | 80 (48%) | 83 (49%) | 8 (5%) |
| Band 3 | 370 | 270 (73%) | 87 (24%) | 13 (4%) | 371 | 266 (72%) | 98 (26%) | 7 (2%) | 406 | 279 (69%) | 118 (29%) | 9 (2%) |
| Band 4 | 340 | 264 (78%) | 58 (17%) | 18 (5%) | 344 | 264 (77%) | 68 (20%) | 12 (3%) | 387 | 295 (76%) | 82 (21%) | 10 (3%) |
| Band 5 | 358 | 262 (73%) | 129 (36%) | 29 (8%) | 428 | 266 (62%) | 138 (32%) | 24 (6%) | 438 | 261 (60%) | 162 (37%) | 15 (3%) |
| Band 6 | 824 | 606 (74%) | 183 (22%) | 35 (4%) | 838 | 601 (69%) | 199 (24%) | 38 (5%) | 876 | 653 (75%) | 193 (22%) | 30 (3%) |
| Band 7 | 558 | 422 (76%) | 121 (22%) | 15 (3%) | 591 | 448 (76%) | 126 (21%) | 17 (3%) | 652 | 472 (72%) | 160 (25%) | 20 (3%) |
| Band 8a | 194 | 155 (80%) | 33 (17%) | 6 (3%) | 207 | 163 (79%) | 42 (20%) | 2 (1%) | 215 | 166 (77%) | 47 (22%) | 2 (1%) |
| Band 8b | 59 | 53 (90%) | 6 (10%) | 0 (0%) | 63 | 57 (90%) | 6 (10%) | 0 (0%) | 70 | 59 (84%) | 11 (16%) | 0 (0%) |
| Band 8c | 23 | 18 (78%) | 3 (13%) | 2 (7%) | 22 | 16 (73%) | 6 (27%) | 0 (0%) | 21 | 16 (76%) | 5 (24%) | 0 (0%) |
| Band 8d | 18 | 18 (100%) | 0 (0%) | 0 (0%) | 18 | 16 (89%) | 2 (11%) | 0 (0%) | 20 | 19 (95%) | 1 (5%) | 0 (0%) |
| Band 9 | 3 | 3 (100%) | 0 (0%) | 0 (0%) | 5 | 5 (100%) | 0 (0%) | 0 (0%) | 4 | 4 (100%) | 0 (0%) | 0 (0%) |
| VSM | 0 | 7 (47%) | 3 (11%) | 5 (33%) | 0 | 5 (63%) | 2 (25%) | 1 (13%) | 0 | 5 (71%) | 1 (14%) | 1 (14%) |
| Total | 2,990 | 2,155 | 704 | 131 | 3,057 | 2,178 | 771 | 108 | 3,268 | 2,310 | 863 | 95 |

Table 2: Workforce Profile - Clinical Cohort 2019-21

| Pay Band | 2019 Non-Clinical Workforce Data | | | | 2020 Non-Clinical Workforce Data | | | | 2021 Non-Clinical Workforce Data | | | |
|-----------------------------|----------------------------------|----------|----------|-------------------|----------------------------------|----------|----------|-------------------|----------------------------------|----------|----------|-------------------|
| | Total Non-Clinical Staff | White | BME | Ethnicity Unknown | Total Non-Clinical Staff | White | BME | Ethnicity Unknown | Total Non-Clinical Staff | White | BME | Ethnicity Unknown |
| Consultants | 107 | 39 (36%) | 54 (50%) | 14 (13%) | 82 | 29 (35%) | 38 (46%) | 15 (18%) | 98 | 31 (32%) | 43 (44%) | 24 (24%) |
| Snr Medical Manager | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-consultant Career Grade | 63 | 23 (37%) | 28 (44%) | 12 (19%) | 94 | 35 (37%) | 43 (46%) | 16 (17%) | 87 | 33 (38%) | 38 (44%) | 16 (18%) |
| Trainee Grade | 19 | 2 (11%) | 1 (5%) | 16 (84%) | 28 | 2 (7%) | 4 (14%) | 22 (79%) | 21 | 2 (10%) | 2 (10%) | 17 (81%) |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 189 | 64 | 83 | 42 | 204 | 66 | 85 | 53 | 206 | 66 | 83 | 57 |

Table 3: Clinical (Medical & Dental) Workforce Data 2019-2021

According to the Clinical (Medical & Dental) Workforce Data in Table 3, the highest percentage of Ethnic Minority staff are Consultants (44%) and Non-Consultant Career Grade (44%). This is in line with the greater numbers of BAME graduates entering medical degrees. 46% of entrants to medical profession are from BAME backgrounds with 30% from Asian backgrounds. On the surface, there is underrepresentation at Trainee Grade, however this grade has a consistent and significant non-declaration rate of 81%.

Indicator 2: Relative likelihood of staff being appointed from shortlisting

The following indicators are taken from Berkshire Healthcare data and will be used as a benchmark for the future.

| WRES Indicator | Metric Descriptor | | 2018/19 | 2019/20 | 2020/21 |
|----------------|--|----------------------|---------|---------|---------|
| 2 | Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BAME applicants | Berkshire Healthcare | 1.27 | 1.46 | 1.46 |
| | | NHS Trusts | 1.45 | 1.46 | 1.61 |

Table 4: Relative likelihood of appointment from shortlisting

From a BAME perspective, the data in Table 4 shows a concerning disparity in comparison with White staff. The likelihood of BAME staff being appointed from shortlisting has not improved since 2020 – White staff are 1.46 times more likely to be appointed from shortlisting than BAME applicants. According to Table 4, our recruitment practice is worse than it was 3 years ago. The Trust has adopted the WRES' Six National Actions to address disparities that exist in our recruitment practice – see Appendix 2 for more detail.

Indicator 3: Relative likelihood of staff entering the formal disciplinary process

| WRES Indicator | Metric Descriptor | | 2018/19 | 2019/20 | 2020/21 |
|----------------|--|----------------------|---------|---------|---------|
| 3 | Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff | Berkshire Healthcare | 5.56 | 1.76 | 1.81 |
| | | NHS Trusts | 1.24 | 1.22 | 1.16 |

Table 5: Relative likelihood of entering formal capability process

The data in Table 5 indicates that the disparity in the likelihood of BAME staff and White staff entering the formal disciplinary process has significantly reduced from what it was 3 years ago with no consistency in progress being made – a new Just Culture Approach has been adopted which will make a significant impact in the coming years. However, our data tells us that BAME staff are currently still more likely to enter this process. Currently we are behind national average.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and continued professional development

| WRES Indicator | Metric Descriptor | | 2018/19 | 2019/20 | 2020/21 |
|----------------|--|----------------------|---------|---------|---------|
| 4 | Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff | Berkshire Healthcare | 0.97 | 1.59 | 1.51 |
| | | NHS Trusts | 1.5 | 1.15 | 1.14 |

Table 6: Relative likelihood of staff accessing non-mandatory training and CPD

This data in Table 6 illustrates that White staff are 1.51 times more likely to access non mandatory training and continued professional development than BAME staff. This disparity is rather disappointing because national data suggests that most Trust now fall within the non-adverse range of 0.80 to 1.25, based on the four-fifths rule.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

| WRES Indicator | Metric Descriptor | | BAME | | White | | BAME | | White | | |
|---------------------|---|----------------------|---------|---------|---------|---------|---------|---------|-------|-----|-----|
| | | | 2018/19 | 2018/19 | 2019/20 | 2019/20 | 2020/21 | 2020/21 | | | |
| 5 Staff Survey Q13a | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | Berkshire Healthcare | | 31% | 23% | | 30% | 22% | | 31% | 20% |
| | | NHS Trusts | | 33% | 28% | | 36% | 28% | | 32% | 25% |

Table 7: Harassment, bullying or abuse in the last 12 months (patients, relatives & public)

This data in Table 7 indicates that BAME staff are 11% more likely to experience harassment, bullying or abuse from patients, relatives and the public than White staff. This represents a regression from the previous year's data and is almost consistent with the national average score.

There has been no consistent progress since 2018. The Trust has prioritised tackling harassment, bullying and/or abuse of staff in its new Equality, Diversity and Inclusion Strategy and has launched a number of initiatives this year such as the BAME Transformation Project, a new training programme on Allyship, and a three-day Rapid Improvement Event that targeted racial abuse of staff where a number of short term and long-term projects were agreed supported by our Comms team. There is a commitment to facilitating change.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

| WRES Indicator | Metric Descriptor | | BAME | | White | | BAME | | White | | |
|----------------------|---|----------------------|---------|---------|---------|---------|---------|---------|-------|-----|-----|
| | | | 2018/19 | 2018/19 | 2019/20 | 2019/20 | 2020/21 | 2020/21 | | | |
| 6. Staff Survey Q13c | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | Berkshire Healthcare | | 26% | 20% | | 25% | 20% | | 23% | 18% |
| | | NHS Trusts | | 27% | 21% | | 25% | 21% | | 25% | 20% |

Table 8: Harassment, bullying or abuse in the last 12 months (staff)

The data in Table 8 indicates that there has been a 2% improvement in the harassment, bullying or abuse of BAME staff by their colleagues. However, staff from BAME backgrounds are still 5% more likely to experience harassment, bullying or abuse from staff than their White counterparts.

This is unacceptable – the Trust has prioritised tackling harassment, bullying and/or abuse of staff in its new Equality, Diversity and Inclusion Strategy and has facilitated a number of initiatives this year such as the BAME Transformation Project, a new training programme on Allyship, and a three-day Rapid Improvement Event that targeted racial abuse of staff where a number of short terms and long-term projects were launched. BAME staff have also been given opportunities to share their lived experiences with the Board to raise awareness.

Indicator 7: Percentage of staff believing the Trust provides equal opportunities for career progression or promotion

| WRES Indicator | Metric Descriptor | | BAME | | White | | BAME | | White | |
|---------------------|---|----------------------|---------|---------|---------|---------|---------|---------|-------|--|
| | | | 2018/19 | 2018/19 | 2019/20 | 2019/20 | 2020/21 | 2020/21 | | |
| 7. Staff Survey Q14 | Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion. | Berkshire Healthcare | 74% | 89% | 76% | 91% | 78% | 92% | | |
| | | NHS Trusts | 77% | 87% | 72% | 87% | 73% | 89% | | |

Table 9: Opportunities for career progression or promotion

This data in Table 9 indicates that 78% of BAME staff believe that the Trust provides equal opportunities for career progression or promotion compared to 92% of White staff. This is better than the national average score, but the discrepancy is acknowledged.

The Trust has commissioned a BAME Transformation project that aims to look at career progression and or internal promotion processes to equalise experience. This has also been put at the centre of the Trust’s new Equality, Diversity and Inclusion Strategy as well as the People Strategy. Career progression is also one of the drivers of the Trust’s Six WRES National Actions.

Indicator 8: Percentage of staff personally experiencing discrimination at work from their manager/team leader or colleagues

| WRES Indicator | Metric Descriptor | | BAME | | White | | BAME | | White | | |
|----------------------|---|----------------------|---------|---------|---------|---------|---------|---------|-------|-----|----|
| | | | 2018/19 | 2018/19 | 2019/20 | 2019/20 | 2020/21 | 2020/21 | | | |
| 8. Staff Survey Q13b | Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months | Berkshire Healthcare | | 17% | 7% | | 13% | 6% | | 12% | 5% |
| | | NHS Trusts | | 14% | 6% | | 13% | 6% | | 15% | 6% |

Table 10: Experience of discrimination at work from manager/team leader or colleagues

The data in Table 10 demonstrates that 12% of BME staff have personally experienced discrimination at work from either their manager, team leader or colleagues in comparison to 5% of White staff. The Trust is committed to tackling harassment, bullying and/or abuse of staff. It continues to deliver a suite of Leadership and Management programmes that aim to foster inclusive and compassionate leadership behaviours in management teams across the Trust and this team now reports to the Director of EDI, working collaboratively with the EDI team. Also, there is a new Equality, Diversity and Inclusion Strategy, a number of initiatives such as the BAME Transformation Project, a new training programme on Allyship, and a range of project targeted at raising awareness as well as changing a culture that still has pockets of discrimination. BAME staff have been given opportunities to share their lived experiences with the Board to raise awareness and profile of the scale of the challenge.

Indicator 9: Percentage difference between Board voting membership and its overall workforce

| WRES Indicator | Metric Descriptor | | 2018/19 | 2019/20 | 2020/21 |
|-------------------------|---|----------------------|----------------|----------------|----------------|
| 9. Board Representation | Percentage difference between Board voting membership and its overall workforce | Berkshire Healthcare | 15% | 15% | 15% |
| | | NHS Trusts | 7% | 8% | 10% |

Table 11: Board Representation

The data presented in Table 11 indicates that as at 31st March 2021, BAME Board Membership remained consistent at 15% as there were no changes at Board level in the last 3 years.

Berkshire Healthcare Race Disparity Ratio

| Trust Name | % BME Staff | Disparity Ratio | | |
|--|-------------|-----------------|-----------------|----------------|
| | | Lower to Middle | Middle to Upper | Lower to Upper |
| Berkshire Healthcare NHS Foundation Trust | 24.8% | 1.16 [G] | 1.56 [A] | 1.81 [A] |
| Buckinghamshire Healthcare NHS Trust | 24.3% | 1.48 [A] | 1.15 [G] | 1.70 [A] |
| Oxford Health NHS Foundation Trust | 17.1% | 1.73 [A] | 1.53 [A] | 2.65 [R] |
| Oxford University Hospitals NHS Foundation Trust | 22.5% | 1.53 [A] | 2.26 [R] | 3.45 [R] |
| Royal Berkshire NHS Foundation Trust | 28.3% | 1.72 [A] | 2.06 [A] | 3.53 [R] |
| South Central Ambulance Service NHS Foundation Trust | 5.0% | 0.90 [G] | 0.59 [G] | 0.53 [G] |

Table 12: BOB ICS Race Disparity Ratio Heat Map using RAG status (Red [R], Amber [A], Green [G])

Building on the challenges highlighted by the 9 WRES indicators presented in this report, Table 12 above presents Berkshire Healthcare's Race Disparity Ratio (RDR) and juxtaposes it with the Trust's partners in the BOB ICS. It is worth noting that the above RDR is based on the previous year's data.

The RDR is underpinned by the principle that once recruited into an organisation progression/promotion chances should be equally accessible to everyone – an issue that is highlighted as problematic by our WRES' data. Table 2 suggests that across the ICS, there is a disparity in proportion of BAME staff in AfC Band 8 and above vs AfC Band 5 and below compared to the proportion of White staff at those Bands.

With the understanding that the RDR looks at the probability of White staff being promoted from lower Bands to Bands 8 and 9 and VSM these are the implications of the Berkshire Healthcare's RDR presented in Table 12:

- Lower to Middle: White staff are 1.16 times more likely to progress through the organisation than BAME staff
- Middle to Upper: White staff are 1.56 times more likely to progress through the organisation than BAME staff
- Lower to Upper: White staff are 1.81 times more likely to progress through the organisation than BAME staff

Both BOB and Frimley ICS have appointed EDI leads that will support and oversee the action plans submitted to address the six national key actions.

Conclusion and Next Steps

Based on the 2020-21 data the following have been identified as areas of concern that the Trust must focus on for improvement:

- Underrepresentation of BAME staff in senior posts (bands 8a and above)
- Likelihood of BAME staff being appointed from shortlisting
- Likelihood of BAME staff accessing non-mandatory training and continued professional development
- Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public
- Percentage of BAME staff experiencing harassment, bullying or abuse from staff
- Percentage of BAME staff experiencing discrimination at work from their manager, team leader or colleagues
- Percentage of BAME staff believing the Trust provides equal opportunities for career progression or promotion
- Underrepresentation of BAME on the Board with voting membership

With these areas for improvement in mind, the Trust's EDI Improvement Plan (see Appendix 2) outlines actions the Trust will take to respond to the WRES and achieve improvements against the following themes:

- 'De-biasing' and 'inclusivisation' of the recruitment and selection processes (this will be integrated with the Six National Actions): the aim is to increase representation of Black, Asian and Ethnic minority staff in Bands 8a to VSM
 - Eradication of discrimination, bullying and harassment in the workplace
 - Inclusive practice for equalisation of career opportunities for development
 - Compassionate and Inclusive Leadership
 - Allyship
 - Continuation of the Just Culture work
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Appendix 1: BAME Staff Population

| Overall Percentage of BAME Staff | | 2018/19 | 2019/20 | 2020/21 |
|--|----------------------|---------|---------|---------|
| Percentage of BAME staff in overall Berkshire Healthcare workforce compared with other NHS Trusts in England | Berkshire Healthcare | 23% | 25% | 26% |
| | NHS Trusts | 19% | 20% | 21% |

Table 13: BAME staff population at Berkshire Healthcare

Appendix 2: EDI Improvement Plan

| Action | EDI Strategy Objectives | Progress | Next steps | Timescales |
|--|--|---|--|--|
| Rollout of new Ready for Change Programme | <p><i>Allyship</i></p> <p><i>Emotional and Cultural Intelligence</i></p> | Extensive rollout of the programme | <ul style="list-style-type: none"> Identify and prioritise Divisions or Teams with greatest EDI need 'Train the trainer' – have a pool of trainers to increase speed of rollout of programme. Review delivery and impact of programme | <p>November 2021</p> <p>December 2021</p> <p>December 2021</p> |
| Increase the likelihood of BAME staff being appointed from shortlisting through improved and inclusive recruitment processes | <p><i>Recruitment Processes</i></p> | <p>National Action 1: Set specific recruitment targets</p> <p>National Action 2: Introduce a system of 'comply or explain' to ensure fairness during interviews</p> <p>National Action 3: mandate new policy where all hiring managers include evidence of EDI work / understanding as essential criteria for Bands 8a and above roles</p> | <ul style="list-style-type: none"> Work with BAME Network and review recruitment process (including job adverts) Deliver inclusive recruitment training (including unconscious bias) Invest in a pool of EDI champions to sit on interview panels | <p>September 2021</p> <p>Jan 2022</p> <p>Feb 2022</p> |

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|---|--|---|---|----------------|
| <p>Continue to address the poorer experience of BAME staff reported through the NSS for Bullying and Harassment</p> | <p>Inequalities and differentials in experience:</p> <ul style="list-style-type: none"> • Just Culture • Bullying and Harassment | <ul style="list-style-type: none"> • Promote Trust's Zero-Tolerance Policy about bullying and harassment. • Work with the BAME Network to improve use of soft intelligence about people's experience, in combination with data from Human Resources, EDI Team and Freedom to Speak Up processes. <p>National Action 4:</p> <ul style="list-style-type: none"> • Adapt and adopt resources, guides and tools to help leaders and individuals have productive conversations about race (normalise conversations about race) | <ul style="list-style-type: none"> • Reduction of Bullying and Harassment to be a key deliverable of the newly formed EDI Team • Embed conversations about race into Leadership Training for managers • Continue to promote the inclusion through the internal communication channels for staff and managers | <p>Ongoing</p> |
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| <p>Continue to invest in developing compassionate and inclusive leadership</p> | <p><i>Leadership and Management</i></p> | <ul style="list-style-type: none"> • Continue to thread EDI into Leadership and Management Training <p>National Action 4</p> <ul style="list-style-type: none"> • Adapt and adopt resources, guides and tools to help leaders and individuals have productive conversations about race (normalise conversations about race). | <ul style="list-style-type: none"> • Review all Leadership and Management Training through EDI lenses • Embed EDI in Leadership and Management Training | <p>December 2021</p> <p>Ongoing</p> |
| <p>Provide inclusive career progression opportunities for development</p> | <p><i>Inequalities and differentials in experience:</i></p> | <ul style="list-style-type: none"> • Use of reliable and robust data – to understand the experiences of our staff and proactively use data to address areas of concern. Work with the BAME Network to improve our use of soft intelligence about people’s experiences, in combination with data from Human Resources, EDI Team and Freedom to Speak Up processes. | <ul style="list-style-type: none"> • Career conversations embedded into the annual appraisal process • Implement and fully embed an inclusive talent management system, to support the development of a talent pipeline • Promote and support inclusive access to training, learning and development opportunities, at national, regional and local level • Identify any specific gaps requiring some targeted or bespoke • Development of a new talent lead post | <p>Ongoing</p> |

National Action 5:

Organise talent panels or internal promotion panels:

- Create a 'database' of individuals eligible for promotion and development opportunities
- Design a transparent promotion system / criteria

National Action 6:

Overhaul interview processes to incorporate:

- Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.
- Enhance EDI support available to train organisation and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies