Anti-Racism Strategy

Progress, Delivery and Programme Review

From strategy launch in 2023, to April 2026

Purpose

To provide an update on progress, delivery and learning, and to set out next phase of oversight and governance.

Contents

1. Executive Summary

This report marks an important reflection and assurance point in the delivery of our Anti-Racism Strategy.

Since the strategy was launched in 2023, significant progress has been made across multiple workstreams addressing persistent and unacceptable disparities in access, experience and outcomes for racially minoritised colleagues and communities. This period has been characterised by purposeful delivery, co-production, and the establishment of new systems, practices and capabilities across the organisation.

At this stage, the programme is entering a phase of consolidation and review. Some workstreams have achieved their original remit by delivering short and medium term actions and are now operating effectively within business-as-usual (BAU) arrangements. Other areas of work continue to address longer-term or structural issues, where progress requires sustained leadership and oversight.

This report therefore:

- captures what has been delivered and embedded to date,
- highlights areas of strong progress and effective practice,
- reflects on learning from implementation,
- and sets out the agreed next phase for how the programme, Taskforce and workstreams will evolve.

The intention of this document is to provide a clear public summary of progress to date and the agreed next phase of oversight, accountability and delivery.

Sponsor reflection **Alex Gild**

It is a pleasure to reflect on the committed work of so many; our staff, the communities we serve and the allyship of partners in driving change to improve equity for people, through anti-racist action.

With support three years ago of the Trust Board in openly committing to address racism in healthcare, moving from listening to action on the painful lived experience of injustice, we do now see and hear across many aspects that we have made good progress at Berkshire Healthcare.

There is more to do, and sustaining this work means remaining intentional and accountable.

Our commitment to anti-racist action endures because working in, providing and receiving publicly funded healthcare is a mutual endeavour that everyone deserves equity of benefit from.

Race Equality Network Chair reflection **Adefela Aromolaran**

From the perspective of the Race Equality Network, the Anti-Racism Strategy has marked a clear shift from intention to sustained action. Over the last three years, anti-racism has moved away from being seen primarily as network-led or voluntary activity, towards something that is increasingly owned across the organisation. This has helped establish clearer expectations, more consistent responses, and greater confidence that issues raised will be taken seriously and followed through.

One of the most noticeable changes has been the widening of engagement. Participation in events, learning and reflective spaces has grown. Colleagues who may not identify as “network members” are increasingly showing up and contributing. From a lived experience perspective,

more open conversations about race are taking place, as part of how the organisation reflects on culture and practice.
The way difficult issues are being handled has also been significant. Open and safe forums have created space for colleagues to share experiences of discrimination with honesty and trust. Seeing senior leaders engage directly, intervene appropriately, and resolve issues when they arise sends a powerful signal. Those behaviours, demonstrated in visible and open settings, show that anti-racism is not just an intention, but in action.
None of these changes happen without people. The progress made to date continues to rely on the commitment of people who care deeply about this agenda and are willing to hold momentum. Moving forward, we must ensure that this effort continues to grow more widely and is consistently supported, so anti-racism is sustained through accountable systems, rather than the safety net of goodwill.

Alliance for Cohesion and Racial Equality (ACRE) CEO **George Mathew**

As ACRE, we have valued being part of the CommUNITY Anti-Racism Forum since its launch in 2023, and we have seen it grow in strength and impact over time. There is a clear and genuine commitment from Berkshire Healthcare to becoming an anti-racist organisation, reflected in the way the Forum creates space for open discussion, partnership and action.

Initiatives such as the Windrush Nurses work have been particularly powerful. Errol Masters, ACRE's Activities Coordinator, who helped produce the 'Windrush Nurses' videos – reflected that this work has enabled members of the Windrush generation to more fully recognise and understand the value of their contribution to British society, particularly in healthcare. This increased recognition has been both affirming and long overdue. Through this, the Forum has helped increase visibility, voice and a sense of validation for those whose experiences have too often been overlooked.

More than ever, spaces like the CommUNITY Forum are needed. At a time when wider forces of division and inequality remain, its role in bringing people together to listen, learn and act collectively is essential. Its continued success will depend on sustaining this genuine partnership and shared commitment to challenging racism and promoting equity.

Slough CVS Chief Executive Officer **Asma Aziz**

As a member of the South Asian community, this work is deeply personal as well as professional. At a time when racism, division and intolerance are increasingly visible across society, the importance of listening to communities and actively addressing inequality has never been greater.

The Anti-Racism Strategy has created space for voices that are not always heard to influence change, challenge barriers and help shape more inclusive services. While good progress has been made, this report is a reminder that anti-racism is not a time-limited project. It requires courage, sustained commitment and a genuine willingness to work alongside communities as equal partners.

This work is taking place within a wider social and political context. National debates, media narratives and public discourse around race, identity, migration and belonging can shape how people experience healthcare, workplaces and community life. Across the NHS, staff continue to report racism, discrimination and abuse, with real impacts on wellbeing, confidence and sense of belonging. At the same time, some communities continue to experience discrimination, unequal treatment and barriers to accessing services, affecting trust and willingness to seek support.

Recognising this context does not diminish the progress achieved. Rather, it reinforces why anti-racism and equity must remain a priority. By continuing to listen to staff and communities, challenge discrimination and work in genuine partnership with local organisations, Berkshire Healthcare can help ensure that everyone is treated with dignity, respect and fairness, regardless of background or identity.

Equity Partnership Group reflections

The Equity Partnership Group reflected that the Anti-Racism Strategy has made genuine and visible progress, particularly through sustained leadership commitment, stronger community engagement, co-production, and practical work that is beginning to translate anti-racism from strategy into day-to-day practice. Partners noted the value of restorative resources, clearer recruitment controls, improved staff support, and the amplification of voices that are often marginalised or seldom heard. The group also recognised the importance of the Trust's willingness to listen without defensiveness, accept constructive challenge, and continue building trust through consistent action and follow-through.

As the programme moves into its next phase, the Group encouraged continued focus on translating tools and learning into confident practice for managers, teams and services. Reflections highlighted the need to strengthen clarity on how staff are supported when racism is experienced, how training changes behaviour and practice, how leadership accountability is measured, and how patient access, experience and outcomes continue to improve over the longer term. The overall message was positive and affirming, but clear that sustained focus, stronger assurance and visible community-informed change will be essential to maintain credibility and impact.

2. Anti-Racism Strategy Priorities

The Anti-Racism Strategy, launched in 2023, set out our commitment to being deliberate, intentional and impactful in identifying and addressing racism at individual, institutional and systemic levels.

The strategy is grounded in:

- the Trust's values of being caring, committed and working together,
- engagement with staff networks and communities,
- and clear accountability at Board and Executive level.

Three strategic priorities were established:

1. Caring for and about you is our top priority – addressing disparities in outcomes
2. Committed to providing good quality, safe services – addressing disparities in access
3. Working together to develop innovative solutions – addressing disparities in experience

The programme workstreams and Taskforce were established to translate these priorities into action.

3. Programme Position and Maturity

3.1 Delivery to date

The initial phase of the programme focused on mobilisation and delivery, responding to well-evidenced inequalities across workforce experience, incidents, education, policy and patient access. This resulted in a wide range of actions being progressed in parallel, many of which have now reached maturity.

Recent programme review conversations highlight that:

- progress is evident across most areas,
- some workstreams have fulfilled their original purpose,
- and greater clarity is needed between programme delivery, Taskforce oversight, and BAU responsibility.

3.2 Key Learning from implementation

Clarifying the problem before designing the solution

The programme has highlighted that anti-racism work is often complex, and that time invested in clearly defining the problem is essential. In several areas, early solutions needed to be refined once deeper understanding of data, lived experience or operational context emerged.

This has strengthened the programme's approach to:

- using data alongside qualitative insight,
- learning from existing work already happening in services and communities,
- and avoiding duplication by building on what is already known or underway.

Leadership proximity and organisational courage

Another key reflection has been the importance of leadership proximity. Progress has been strongest where senior leaders have remained visible, engaged and willing to hold difficult conversations. Raising awareness alone has not been sufficient; meaningful change has required leaders to stay close to the work; the data and the experiences being shared. This has also contributed to diversity of thought in solving problems across workstreams, while enhancing executive sponsors' racial literacy and trust. People observe who takes the lead, how responsibilities are distributed, and recognise that this is a priority for the entire organisation. It has also flagged the importance of cascading communication through leadership tiers, particularly into operational and front-line clinical services where involvement has at times been harder to sustain. Closing the feedback loop, being transparent about progress, decisions and next steps, has been essential to maintaining trust and momentum. In practice, this has meant sponsors being present in workstream discussions, following up on actions, and modelling the behaviours and language expected across the Trust.

The programme has also required a degree of organisational courage to name racism explicitly, to challenge assumptions, and to accept that some issues cannot be resolved quickly or neatly.

Responding to ‘whataboutery’ and maintaining focus

A recurring implementation challenge has been managing ‘whataboutery’, where the focus shifts from addressing racial inequity to debating whether other issues should take priority. While broader inclusion concerns are valid and interconnected, the learning has been that progress depends on staying specific about the problem being solved, using evidence, and being clear about why anti-racism requires deliberate action. Leaders have found it helpful to acknowledge wider pressures, re-anchor conversations in the agreed aims, the data, lived experience, and the commitments already made.

Racist abuse against staff: a rising risk and a need for consistent response

The programme has also surfaced a stronger uniform appreciation across the wider workforce, of the scale and impact of racist abuse directed at staff, particularly in front-line and inpatient settings, and the risk that this behaviour can become normalised when day-to-day pressures are high. Learning has reinforced that these incidents are shaped by multiple intersecting factors (patient, staff, environmental, organisational and wider societal) and therefore require a balanced approach that prioritises prevention as well as balanced response. Preventative measures that improve day-to-day patient experience (e.g. clear expectations, communication at key touchpoints, reducing avoidable frustrations and improving ward environments) are important because they reduce the conditions in which abuse is more likely to occur. Where incidents do occur, confidence grows when colleagues receive timely support and see consistent follow-through: clear reporting routes, rapid managerial action, feedback to those affected, and organisational learning shared so teams understand what has changed as a result. Consequences for abuse should be more consistent, through better collaboration with the Police and increased confidence in using available tools for effective communication.

Recognising and nurturing untapped talent

Work has repeatedly surfaced the presence of untapped talent within the organisation. Anti-racism work has provided a lens through which existing capability, aspiration and leadership potential has become more visible.

This insight has informed:

- changes to recruitment and progression processes,
- the design of leadership and development offers,
- and the importance of creating environments where colleagues feel seen, supported and able to progress.

Measuring impact while acknowledging limits

The programme has benefited from improved data and reporting, including strong progress across multiple WRES indicators and operational measures. At the same time, it has been necessary to hold the reality that not all impact is immediately measurable. Being explicit about where outcomes are currently difficult to quantify, or where suitable data is not yet available, helps set realistic expectations, strengthens the integrity of the evidence base, and recognises the need for robust problem definition and qualitative insight alongside metrics.

Alongside quantitative improvement, the programme has seen:

- strengthened relationships with community partners,
- increased trust and structured engagement activity,
- and recognition at regional and national level.

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This has reinforced the need for a balanced approach to assurance, combining data, lived experience and qualitative insight.

Long-term complexity

Finally, the programme has underlined that some aspects of anti-racism, particularly those linked to workforce progression, culture and structural patient inequality are long-term and adaptive challenges, rather than issues that can be closed through discrete actions.

This learning is directly informing current thinking about:

- how workstreams are framed,
- how oversight is provided,
- how the organisation sustains focus,
- and the value of embedding anti-racism into existing systems, rather than as a separate duty.

4. Summary of Progress Against Strategic Priorities

The summary below reflects the original strategy priorities and shows how progress has been delivered through the programme workstreams set out in Section 5.

Priority 1: Caring for and about you - Outcomes

What has progressed well	where this sits across workstreams
Improved use of workforce and service data to identify and prioritise racial disparities, supported by stronger routine reporting and dashboards	Policy and Practice; Patient Access, Experience and Outcomes.
Targeted quality improvement activity is increasingly being used to address specific outcome gaps, alongside community-informed insight	Patient Access, Experience and Outcomes.
Relationships with community partners and forums (e.g. CommUNITY) have strengthened the programme's ability to design and test improvements with the people most affected.	Patient Access, Experience and Outcomes; Education and Engagement

Where this work is now embedded	where this sits across workstreams
Routine monitoring of race equity indicators is increasingly sitting within established BAU governance routes, supported by improved data scripts, templates and dashboards	Policy and Practice
Outcome-focused equity work is being aligned with existing quality improvement and service transformation approaches; where change is longer-term, it is being framed as sustained multi-year work rather than time-limited actions	Patient Access, Experience and Outcomes.

Priority 2: Good quality, safe services – Access

What has progressed well	Where this sits across workstreams
Clearer organisational standards and practical guidance on racism, abuse and unacceptable behaviour, including updated statements, charters and manager toolkits	Incidents, Support and Empowerment
Strengthened incident response processes, automated feedback following incident and support pathways (e.g. opt-out wellbeing support, investigator and manager training) to increase confidence in reporting, follow-up and accountability	Incidents, Support and Empowerment

Improvements to recruitment and selection processes (including debiasing measures and enhanced senior-level assurance), alongside deeper analysis of WRES and pay gaps to inform targeted action	Recruitment, Retention, Progression and Conditions

Where this work is now embedded	Where this sits across workstreams
Incident response, learning and monitoring now sit within BAU safety, people and wellbeing governance, with supporting tools embedded for managers and teams	Incidents, Support and Empowerment
Recruitment and progression improvements are being incorporated into standard practice, with ongoing attention to consistency and implementation gaps	Recruitment, Retention, Progression and Conditions

Priority 3: Working together – Experience

What has progressed well	Where this sits across workstreams
Strong engagement and co-production with staff networks and communities, strengthening trust, relevance and shared ownership	Education and Engagement; Patient Access, Experience and Outcomes
Development of learning, reflective practice and engagement offers that build racial literacy and confidence, integrated into induction and leadership pathways	Education and Engagement
Re-strengthened staff voice, advocacy and empowerment mechanisms, supported by clearer standards, practical tools and feedback routes	Incidents, Support and Empowerment; Policy and Practice

Where this work is now embedded	Where this sits across workstreams
Education and engagement is now largely embedded within OD, EDI, Race Equality Network and communications functions, with an emphasis on refresh, prioritisation and assurance	Education and Engagement
Staff voice and advocacy continue through ongoing governance arrangements, with targeted deep dives and listening-into-action approaches used where risk or disparity is highest	Incidents, Support and Empowerment

5. Workstream Delivery and Status

Workstream delivery summary (action status)

Workstream	Closed / Complete	Open / In progress	Total
5a: Recruitment, Retention, Progression and Conditions	16	6	22
5b: Anti-Racism Policy and Practice	9	1	10
5c: Incidents, Support and Empowerment	9	6	15
5d: Education and Engagement	9	5	14
5e: Patient Access, Experience and Outcomes	6	8	14
Total (all workstreams)	**49**	**26**	**75**

The sections below summarise delivery at workstream level, with emphasis on what has been achieved and how work is now sustained.

5.1. Workstream: Recruitment, Retention, Progression and Conditions

2023 Problem statement

Workforce data and lived experiences tell us there is a significant underrepresentation of ethnically diverse colleagues in senior roles at Bands 8b, 8c and 8d. The likelihood of white candidates being appointed from shortlisting is 1.51 times higher (34.1%) compared to 'BME' candidates (22.6%). This is compounded by the disparity in access to training and development opportunities, where white colleagues are 1.44 times more likely to participate and 1.93 times more likely to progress in their careers. These inequalities limit retention, progression and fairness of the conditions at work.

What this workstream was intended to do

To address persistent workforce inequalities, particularly in recruitment outcomes, progression into senior roles, access to development, and conditions that contribute to unequal experience and opportunity.

What has been delivered

- **Strengthened senior (Band 8B+) recruitment controls**: guaranteed interview for eligible ethnically diverse applicants; reflection form with independent review and senior sign-off where an interviewed ethnically diverse candidate is not appointed; and piloted sharing interview questions in advance (complete).
- **Expanded workforce insight:** deeper WRES and related metric analysis (including pipeline insight at Band 8B+), and intersectional pay gap work to inform targeted actions (complete).
- **Improved access to opportunity:** promotion of leadership/development opportunities to ethnically diverse colleagues; introduction of "internal first" recruitment for suitable roles; and inclusive talent pool approach with equality impact assessment completed (complete).
- **Practical support offer:** Money and Rights Hub launched to provide independent, confidential advice on money, benefits and rights (complete – from April 2026).
- **Implementation assurance:** task-and-finish work to fix process application issues for the Band 8B+ recruitment package (in progress – due April 2026).

- **Progression and pipeline activity:** delivery of the Allied Health Professionals (AHP) anti-racism action plan (widening the pipeline and improving progression to Bands 6 and 7) (open – due September 2026).
- **Development access deep dive:** completed a focused deep dive into CPD and wider development access, including engagement through staff networks and other spaces, use of the Tableau dashboard, increased panel scrutiny, and wider monitoring beyond formal funded CPD requests to include non-formal and decentralised opportunities. Follow-on work has included promoting awareness of the dashboard with people partners and strengthening communication and oversight for managers and divisions. This has supported improved monitoring of WRES Indicator 4 and a narrowing of the gap (complete, now moved to monitoring from April 2026).
- **Fairness assurance**: casework review of formal disciplinary cases to understand and address disproportionality (WRES Indicator 3), (open – April 2026 to April 2027).
- **Work in development:** progression routes based on assessed competence (e.g. Band 5 to 6 pathway at Prospect Park Hospital) and broader competency-based talent pools.
- **Longer-term exploration:** Real Living Wage principles across the supply chain.

What has worked well

- Shifting from abstract commitment to process changes has increased credibility and confidence in recruitment fairness.
- Senior leader involvement has helped move conversations about progression from anecdotal to evidence-led.
- Greater transparency and data insights have improved problem statements and targeted intersectional analysis.
- Leadership development offers have surfaced previously untapped talent, reinforcing the value of inclusive progression pathways.
- Development access disparities have narrowed and 45% of appointments at 8b+ are for ethnically diverse candidates.

Challenges and learning

- Consistency of implementation is an ongoing risk: the Band 8B+ package requires active assurance to prevent variation in how controls are applied (hence the task-and-finish work due April 2026).
- Understanding “where gaps sit” requires better routine monitoring beyond single metrics (e.g. widening CPD/development monitoring from April 2026, and disciplinary casework review across 2026–2027).
- Some proposed solutions need enabling work and governance decisions before they can be delivered at scale (e.g. competency-based progression pathways and talent pools where timescales are still to be confirmed).
- Workforce progression is a structural and long-term issue; discrete actions alone are insufficient.
- Workforce data shows that underrepresentation does not look the same in every profession. In some areas, such as Allied Health Professions and psychology, the local workforce pipeline is shaped by national training routes, qualification requirements and the diversity of

people entering those professions. This means our countermeasures need to be tailored by profession, combining local recruitment and progression actions with longer-term work to widen future pipelines.

Current position and considerations
This workstream has delivered several foundational changes that are now operating in business-as-usual (e.g. senior recruitment approach, workforce insight reporting, and the Money and Rights Hub). The priority for the next phase is targeted assurance and follow-through on the remaining open actions: completing the Band 8B+ implementation fix (April 2026), progressing the AHP pipeline/progression plan (September 2026), widening development access monitoring (from April 2026), and completing the disciplinary casework review (2026–2027). Several longer-term proposals (competency-based progression routes and talent pools) require agreed governance, evaluation and timescales before wider rollout.

5.2 Workstream: Anti-Racism Policy and Practice

2023 Problem statement

Policy makers lack confidence and competence to consider implications of policy from an anti-racism perspective when scrutinising policy. Many policies produce inequitable outcomes.

Colleagues are unclear how to make improvements that will practically address anti-racism in a meaningful service specific way.

What this workstream was intended to do
To embed anti-racism into core organisational policies, decision-making and planning processes, ensuring that equity considerations are routine rather than exceptional.

What has been delivered

- **Equality Impact Assessment (EqIA) implementation strengthened:** revised template, FAQs, training and monthly drop-ins to improve quality, maturity and confidence.
- **Anti-racism embedded in planning:** mandated inclusion of anti-racism objectives within Plan on a Page and subsequent auditing of objectives to understand maturity and support needs.
- **Practical service tool:** Positive Practice Guide developed to help teams assess and improve anti-racist practice in day-to-day services.
- **Better data foundations**: improved equality monitoring scripts, guidance and training resources to support better ethnicity data and stronger problem statements.
- **Embedding in communications:** culturally appropriate photo bank and inclusive imagery now established as business-as-usual.
- Developing case studies showcasing positive practice in tackling racial disparities in services (due May 2026). Staff award criteria has been amended to provide a pipeline of positive case studies as BAU.

What has worked well

- Embedding anti-racism into existing governance tools has reduced reliance on “add-on” processes.
- Practical tools (rather than policy statements alone) have supported application and dialogue across services.

Challenges and learning

- Many tools are now available but need consistent use, there are variations in confidence and ‘time’ to apply the Positive Practice Guide in a meaningful way.
- Continuous case study sharing remains important to support practical application, peer learning and uptake.
- A central obstacle to change lies in resistance. Resistance manifests in various forms: some people oppose it outright, while others more subtly or apathetically. Even when practical tools and guidance are readily available, there is a tendency for people to cite an increasing array of reasons - often logistical or procedural, for not adopting anti-racist practices. Beneath these ‘rationalisations’, the underlying issue is frequently a lack of willingness to alter established norms and behaviour. This highlights the importance of not only providing resources, but also addressing the deeper attitudinal barriers that impede meaningful transformation. Therefore, improving consistency in how tools are used remains an ongoing challenge. This links closely to the work of the education and engagement workstream.

Current position and considerations

This work is now embedded within business-as-usual systems. Ongoing focus is best placed on assurance and capability-building: improving consistency of use, targeted support to teams, and completing the remaining open item about case studies (May 2026) to strengthen peer learning and practical application.

5.3 Workstream: Incidents, Support and Empowerment

2023 Problem statement

Ethnically diverse colleagues are more likely to: enter formal disciplinary process, experience harassment, bullying or abuse from the public and colleagues, experience discrimination from a manager or team lead, and work at Prospect Park Hospital where 85% of assaults happen. 81% of discriminatory incidents reported, relate to race. Information to support prevention and response is in place but not openly discussed. Racism is not always explicitly referenced in materials.

What this workstream was intended to do

To strengthen our response to racism and abuse, ensure staff feel supported, and improve confidence in reporting, follow-up and accountability.

What has been delivered

- **Clearer prevention standards and expectations:** refreshed “no abuse” statement and site signage; updated Safety Culture Charter; and updated violence and aggression materials to explicitly include racism. Developed the specific abuse survey and improved the engagement year on year to tailor specific action plans based on staff feedback.

- **More visible staff empowerment:** “Speak up about racism” (active bystander) guide, dealing with racism guide and a maintained reporting/feedback route (including FAQ mechanism) to strengthen confidence and close feedback loops.
- **Support pathway improvements:** opt-out wellbeing support following incidents and a wellbeing assessment question relating to racism, with work to improve cultural responsiveness and monitoring.
- **Capability building delivered:** anti-racism training provided for investigating officers, commissioning managers, HRBPs and decision makers.
- **Local peer support strengthened:** Prospect Park Advocacy for Racial Equity Team (PPARET) re-established to provide peer support after incidents.
- **Planned 2026–2027 assurance and improvement:** casework review of formal cases involving racism; development of an anti-racism audit process with Just Culture champions; redevelopment of mandatory conflict resolution training; and maintaining/refreshing investigator/manager training including for new joiners.
- Ongoing insight: use appraisal wellbeing conversations to identify where managers feel less equipped to handle racism conversations and target support accordingly (**open – due July 2026**).

What has worked well

- Making boundaries explicit has improved clarity and confidence for staff.
- Practical tools and visible leadership engagement have strengthened trust.
- Linking prevention, response and support has reduced fragmentation.

Challenges and learning

- Sustained consistency matters: staff confidence depends on timely follow-through, clear feedback, and predictable consequences, this requires ongoing audit, learning and assurance. Staff can now anticipate regular feedback as part of the updated practices, though it will take longer for word to spread that these system changes are established.
- Manager capability remains a key dependency; planned work to redevelop conflict resolution training and use appraisal insight (July/September 2026) should help target support where it is most needed.
- Racist abuse from patients is shaped by multiple intersecting factors (clinical, environmental, societal) and cannot be addressed through policy alone. Data shows more incidents are being reported and there is a widening disparity of abuse towards ethnically diverse staff. Though a complex risk; prevention measures need to sit alongside response and staff support. Balancing prevention, care and enforcement requires ongoing judgement and support.

Current position and considerations

Core standards, support pathways and resources are in place and operating as business-as-usual. The next phase is best framed as targeted assurance and continuous improvement: completing casework reviews, establishing an anti-racism audit process with Just Culture champions, maintaining training for investigators/decision makers (including new joiners), and strengthening manager confidence through updated conflict-resolution training and appraisal-driven targeting of support.

5.4 Workstream: Education and Engagement

2023 Problem statement

We are a dispersed organisation where the concept of anti-racism is perceived in different ways. Apathy results in inaction. Sustaining momentum and empowering colleagues to actively support anti-racism is challenging. Our engagement approach doesn't directly focus our racialised (internal and external) community. The impact of our educational and engagement efforts on anti-racism beyond standard metrics such as WRES and staff surveys is unknown.

What this workstream was intended to do

To build racial literacy, confidence and capability across the organisation through meaningful, reflective and accessible learning and engagement.

What has been delivered and what is now planned

- Embedded anti-racism across core learning routes (induction, leadership and management offers) and developed reflective practice tools, conversation resources and scenario-based learning. With the launch of regular 'Holding Space to Talk About Race' sessions on topical issues. Along with board visits across sites to promote strategy, service planning and conversation.
- Co-produced learning offers (including video resources and theatre-forum style methods) and widened engagement through webinars, pop-ups, forums and site visits.
- Coaching and cultural competence e-learning incorporated into the wider offer.
- Enhanced engagement and offer of bitesized education through key calendar events such as Black History Month, Interfaith week, South Asian Heritage, Gypsy Traveller Roma History Month. Structured programmes of educational and awareness delivery have provided mulit-format learning that built skills, trust and confidence.
- Embedding anti-racism into Quality Improvement approaches, tools and training so that changes and expectations of equity are more explicit and supported, including the development of a GEMBA tool.
- Next phase delivery focuses on sequencing the launch of targeted developments:
    - CPD accredited anti-racism workshop training
    - 10 minute 'turbo' session roll out
    - restorative conversations with patients, carers, visitors and public
    - redevelopment of mandatory EDI training mapped to UK Core Skills.
- Longer-term exploration includes accrediting anti-racist leadership learning (e.g. CPD / university validation).

What has worked well

- Co-production with staff networks and community partners has increased relevance, quality and trust.
- Reflective, practical and scenario-based learning has been better received than compliance-focused approaches.
- Saturation across channels has helped normalise conversations about racism and equity.

Challenges and learning

- Prioritisation has needed to shift at times to avoid the perception of continual expansion.
- Education alone does not guarantee behaviour change; learning is most effective when paired with clear accountability and system change.
- Maintaining momentum requires ongoing refresh and integration into existing learning pathways.

Current position and considerations
Education and engagement is largely embedded or planned to be embedded within business-as-usual communications. Engagement needs to be sequenced and spread. Tracking completion and evaluation should replace broad action expansion.

5.5 Workstream: Patient Access, Experience and Outcomes

2023 Problem statement

There are unexplained wait times by ethnicity in some services. It is unclear what the link into people that don't attend appointments by ethnicity and subsequently how this impacts service usage by ethnicity. Community leaders share concerns about lack of culturally tailored service.

Well documented disparities across patient access, experience and health outcomes significantly impact Gypsy, Traveller, Roma, Showmen and Boater (GTRSB) communities.

What this workstream was intended to do
To address racial disparities in access, experience and outcomes, through evidence based improvement and meaningful community partnership.

What has been delivered and what is now planned

- **Meaningful engagement routes embedded**: CommUNITY Anti-Racism Forum established as an ongoing listening space, with regular "you said, we did" feedback loops. The annual commUNITY forum event is growing and feedback from members about the event is overwhelming positive.
- **Partnership governance strengthened:** Equity Partnership Group established to provide constructive challenge, co-production and oversight.
- **Trusted community partnerships secured:** Slough CVS and Reading ACRE commissioned to support engagement and co-production (including PCREF).

- **Clinical equity tools delivered:** skin tone bias assessment tool and related resources introduced.
- **Access disparities:** targeted Quality Improvement work to reduce waiting list racial disparities in priority services (e.g. Nutrition & Dietetics completed with results; MSK Physiotherapy engagement started; Diabetes (East) emerging via audit/safety route; Podiatry engaged but not yet prioritised).
- **Translation and interpretation improved:** centralised provision, re-tendered the service and strengthened contract oversight to improve quality and reliability, supporting more equitable access across 100+ languages.
- **Experience insight:** analysis of patient experience and feedback data (including response rates by ethnicity) to understand disparities (open – to April 2027).
- **Culturally responsive care planning:** ethnicity/faith/culture questions added into tools (e-passport, advanced choice document, carers survey) and further inclusion planned via the 'I want great care' patient survey (awaiting re-tender).
- **Community-informed education:** multi-faith education and engagement project was created in response to community voices and delivered a new package of learning for staff, including: eLearning, workshops, student placements, dilemmas for away days and team meetings and leaflet resources (closure report due July 2026).
- **Reducing inequity in inpatient personal care:** Black heritage hair care staff training and guides along with hair care kits for wards will shortly be distributed across wards, and diversified inpatient meal options at available at Prospect Park Hospital (due September 2026).
- **Reducing disparities for underserved communities:** Research funding bid was awarded for Gypsy, Traveller, Roma, Showmen and Boater (GTRSB) health pledge work in partnership with Buckinghamshire New University (due May 2027).
- **Alignment to wider programmes:** ongoing connection and alignment of priorities and actions to:
    - Disproportionate Mental Health Act Detentions for Black people programme
    - National NHS England Frameworks – Patient Carer and Race Equality (PCREF) and Culture of Care Framework
    - NICE Guideline on Community Engagement.

What has worked well

- Sustained partnership and deepened relationships and co-production (CommUNITY, Equity Partnership Group, Slough CVS/ACRE) has strengthened relevance, trust and accountability.
- Linking community insight to practical service changes (e.g. care planning prompts, skin tone bias tool) has supported visible improvements.
- Using improvement methods (QI) provides an established route to reduce access disparities and spread learning.
- Co-production has helped avoid tokenistic engagement.
- Practical changes (e.g. interpretation, faith resources) have had immediate impact.

Challenges and learning

- Shifting outcomes takes time; the current portfolio includes multi-year work (e.g. waiting list disparities to April 2027, GTRSB framework to May 2027), so expectations and measures need to reflect longer horizons.
- Better experience insight depends on improving who is represented in feedback; analysis of response rates by ethnicity is a necessary foundation for targeted action. Data alone does not capture lived experience; qualitative insight remains essential.
- Some actions rely on operational dependencies (e.g. procurement/tendering for survey changes, and practical rollout of resources), requiring clear ownership and follow-through.
- Outcomes often take longer to shift than typical programme timeframes.
- Community engagement must be matched with follow-through to maintain credibility and trust.

Current position and considerations

This workstream continues to address long-term and adaptive challenges and therefore benefits from ongoing oversight. Core partnership and listening mechanisms are established and operating as business-as-usual (CommUNITY forum, Equity Partnership Group, community partner contracts) alongside specific activity and projects. The next phase remains focused on projects, initiatives and addressing racial disparities to access.

6. What Has Been Delivered Well Overall

Across the programme, particular strengths include:

- clear movement from intent to action,
- co-production and engagement as a core principle,
- embedding anti-racism into existing systems,
- communicating progress,
- visible and decent proximity of senior leadership,
- and honest reflection on what is complex and long-term.

The programme has built foundations beyond individual actions.

Outcomes

Our national staff survey results show:

- Our Compassionate and inclusive staff survey score has improved for the last 3 years from 7.3 to 7.94 (7.94 being the top score across our comparator group).
- The engagement score of ethnically diverse staff has significantly risen since this strategy started in 2023.

- 80% of our workforce had a career conversation. Career progression fairness perception has significantly improved along

Metric	2023 Gap	2024 Gap	2025 Gap
Percentage believing that the trust provides equal opportunities for career progression or promotion	15.1%	12.2%	**5.4%**

- There has been a reported reduced disparity in staff experiencing harassment, bullying or abuse from staff since 2023.

Metric	2023 Gap	2024 Gap	2025 Gap
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	6.7%	6.2%	**4.6%**

- Increased workforce diversity, with ethnically diverse representation rising year on year (2023: 28.5%; 2024: 30.0%; 2025: 32.8%), exceeding the Berkshire population proportion (26.92%, 2021 Census).
- ESR workforce ethnicity recording has remained high with ‘unknown’ ethnicity maintained at low levels (4.0% in 2021; 3.08% in 2022; 2.76% in 2023; 2.38% in 2024; 2.25% in Apr 2025), strengthening the quality of insight and indicating increased trust and confidence in sharing ethnicity data.
- For Band 8b+ roles, 45% of appointments since the senior recruitment package began have been to ethnically diverse candidates (vs 32–33% of the Trust workforce).
- Development access gap has narrowed (white staff 1.1x more likely to access non-mandatory training/CPD).

Metric	2023	2024	2025
Relative likelihood of white staff compared to ‘BME’ staff accessing non-mandatory training and CPD	1.55x	1.41x	1.1x

- Fulfilment of translation and interpretation increased from 59% to 98%, improving equitable access across 100+ languages to our healthcare services.
- Our Race Equality Network for staff has seen a 30% growth reaching 320+ members.
- We got external independent recognition, including Race Equality Matters Silver accreditation and local grassroot community awards.
- Our three-year workforce profile shows increasing ethnic diversity across Bands 3 - 7, but a consistent reduction at senior levels (8a+), highlighting an ongoing pinch point in senior representation. Promotion outcomes show ethnically diverse staff experiencing comparable or higher likelihood of promotion within bands, indicating that processes and measures are supporting fairer progression, while underrepresentation at senior levels remains a structural challenge requiring continued focus. Promotion likelihood reflects outcomes within existing bands and should be interpreted alongside workforce composition, as changes in senior representation will lag behind improvements in the pipeline.

7. Next Phase of Oversight and Governance

As the Anti-Racism Strategy moves from mobilisation into its next phase, the focus is to embed, consolidate and sustain existing efforts, tools, partnerships and practice. The focus therefore shifts from managing actions to assuring impact, consistency and follow-through, particularly where racial disparities remain persistent and structural.

This section sets out a simplified oversight model that clearly distinguishes:

- Business as Usual (BAU) ownership of delivery and routine monitoring, and
- the role of the Anti-Racism Taskforce as a senior assurance and escalation forum.

7.1 Role of the Anti-Racism Taskforce

Following discussion with the Taskforce, the agreed position is that it will move from monthly meetings to a bi-monthly strategic assurance, escalation and organisational learning forum. It will not function as a delivery group.

Across all workstreams, the Taskforce will focus on:

- assurance that BAU systems are functioning equitably and as intended
- review of trends, exceptions and persistent pinch points
- organisational learning, horizon scanning for positive practice and
- maintaining confidence with staff networks, communities and community partners

The Taskforce will operate through themed deep dives and reporting by exception, with clear escalation routes into Executive, Strategic People Group, Diversity Steering Group governance.

7.2 Business as Usual Oversight

Recruitment, Retention, Progression and Conditions

Oversight includes:

- Recruitment outcomes by ethnicity (application, shortlisting and appointment), including senior roles
- Leavers, turnover and redundancy by ethnicity, including reasons for leaving
- Workforce representation at senior bands (8a+), disaggregated by profession, to show where local action is needed and where wider national pipeline issues also shape what is possible.
- WRES indicators and supporting deep-dive analysis
- NHSP data, including shift allocation and cancellation trends by ethnicity
- Delivery of professional workforce plans (e.g. AHP anti-racism action plan)
- Talent cycles and progression systems, including talent pools and competency-based routes
- Performance and development cycles, including appraisal take-up, mid-year reviews and access to CPD, apprenticeships and wider development opportunities

Anti-Racism Policy and Practice

Oversight includes:

- Equality Impact Assessment (EqIA) completion and quality through policy and planning governance
- Use of the Positive Practice Guide within services
- Embedding of improved anti-racism within ‘Plan on a Page’
- Equality data quality and routine reporting
- Case study growth
- Maintained inclusive photo asset bank
- Progress in embedding equity principles within procurement and contracting

Incidents, Support and Empowerment

Oversight includes:

- Racist incidents reported through Datix and safety systems
- Operational Cavell updates and relevant emerging metrics
- Casework handling via HR, Just Culture and People governance
- Manager and investigator capability supported through training, appraisal insight and supervision
- Staff wellbeing and support pathway utilisation
- Trends in use of restorative justice, abuse survey changes and reflective tools

Education and Engagement

Oversight includes:

- Evaluation of reach, participation and learning outcomes for anti-racism and multi-faith education
- Communications and engagement delivered
- Digital engagement insight, including page hits and usage of key learning and resources
- Delivery of annual engagement programmes, including Black History Month
- Digital engagement and page-hit data for resources
- Qualitative insight from staff networks, CommUNITY and partners

Patient Access, Experience and Outcomes

Oversight includes:

- Waiting times and access data by ethnicity
- Translation and interpretation service performance
- Patient experience and feedback data
- CommUNITY Anti-Racism Forum insight and feedback loop
    - Ongoing community and lived-experience engagement
    - Transparent “you said, we did” feedback mechanisms
    - Annual forum programme and reporting
- Equity Partnership Group
    - Independent partner challenge insight and status exchange

7.3 Taskforce Summary Changes

Taskforce assurance will be informed by signals of impact and patterns across workforce, patient and incident intelligence.

The Anti-Racism Taskforce is maintained as a bi-monthly strategic assurance and escalation forum, with delivery embedded across BAU governance. Oversight will focus on trends, exceptions and persistent disparities, providing assurance that systems, tools and partnerships are delivering equitable outcomes and that risks are identified and addressed.

- Workstreams that have delivered their original remit will be formally closed, with BAU oversight included within the Taskforce remit.
- Long-term actions will be reframed as multi-year commitments with defined governance oversight.
- Targeted task-and-finish activity will be used where specific issues require renewed focus.
- Where work is transitioned into BAU, ongoing support and targeted improvement will be prioritised in the areas with the greatest need, informed by appraisal data, staff survey insight and other evidence, including promoting and using tools such as the Positive Practice Guide.

8. Conclusion

This report represents a pause point for reflection rather than an endpoint. The Anti-Racism Strategy has moved from commitment to delivery, and now towards embedding and sustained accountability.

Progress to date provides a strong platform for the next phase. The agreed recommendations in this report are informed by Taskforce collective discussion about how best to maintain momentum, credibility and impact.

Appendices

Appendix 1: Workforce Race Equality Standard (WRES) link: **Reports, policies, and procedures resources | Berkshire Healthcare NHS Foundation Trust**

Appendix 2: 12 reflective question recap

In our original strategy we mapped to these questions, where are we now?

Reference Adapted from *The Anti-Racist Organization: Dismantling Systemic Racism in the Workplace* (Daniels, S., 2022).

12 Questions	Where we are now
Do you understand different types of racism, power and privilege? How do you support the **development of resistant colleagues**? How do you bravely challenge inequality?	Our anti-racism action statement acknowledges difference, along with our induction and other training resources. We highlight and openly discuss resistance in workstreams and at the taskforce.
Do you have **alignment and collective ownership** of your anti-racism activity? How is it independently benchmarked and scrutinised?	Our exec sponsored workstreams have given us collective and shared oversight. The taskforce, Equity Partnership Group and the community forum scrutinise our approach. We were awarded independent awards from Race Equality Matters, and grassroot communities.
Is anti-racism embedded through your service/team/objectives? What work have you done to **understand racial disparities** and the harm it causes? E.g. oppressive practice, unethical research	Anti-racism has been a consistent requirement of service planning, 'plan on a page' instructions for all colleagues to have objectives. The positive practice guide is a tool to tackling and addressing causes of racist harm. The use of the tool needs to improve.
To what extent do you **focus on the experiences** of people impacted by racism? Are there listening events or structured plans to continually adopt actions from engagement?	The CommUNITY forum works to address concerns and barriers raised as well and celebrating things that matter to the community. We work with our Race Equality Network to enhance the voices of ethnically diverse colleagues.
What evidence do you use to ensure **qualitative and quantitative data is routinely evaluated** and acted upon to address racial disparities?	We have build on the standard WRES data set to enhance our understanding and action of issues around racism. For example intersectional ethnicity pay gap. We also rolled out data analysis training to help staff better disaggregate their data and worked with QI teams to better adopt a curious approach to data and co-production.
Do you use **root cause analysis** to interrogate data and ask why racism is happening? What evidence do you use for Equality Impact Assessment and problem statement creation?	Quality Improvement approaches have supported this approach with more colleagues sharing 'problem statements' in the commUNITY forum. Changes to the Equality Impact Assessment Template have steadily improved the approach and quality of EqIAs.

What methods do you use to ensure resources you use/explore take account of **up to date best practice**? How do you cultivate a curious and critical mindset to your profession in relation to antiracism?	Though many publications are circulated, our approach has been to be person centred and grow the commUNITY forum to support up to date, contemporary and lived experience led, practice.
Is there a **willingness to effectively resource** antiracism, how is this demonstrated?	CommUNITY suggested projects have been funded or resources sought to materialise. We have invested in contracts with Slough CVS and ACRE.
Do you **understand our community** (including our colleague) priorities? How do you reflect on your own and wider practice to ensure inclusivity?	Reflective practice tools have been developed for colleagues, along with ethical dilemmas, multifaith training, the positive practice tool and quarterly 'Holding Space to Talk about Race' sessions for staff. Black History Month programmes also highlight and offer accessible reflective sessions for colleagues and beyond.
How do you effectively and **sensitively communicate** progress, gaps and successes? How do you demonstrate you can cope with discomfort and continue despite mistakes/setbacks?	Engagement channels have been used across the organisation including all staff briefings, trust leaders sessions, pop ups across sites, GEMBA visits, manager briefing packs and local away day sessions.
Are you clear about anti-racism **language,** understanding the difference between equality and equity and how to sensitively **respond to conflict?** If not, what steps are you taking?	Whataboutery has been a real challenge, but remaining on focus while acknowledging wider issues has allowed us to remain committed to the strategic ambitious set out.
Do you lead with moral courage and compassion to **dismantle racism, rather than navigate it**? For example, changing processes, rather than making amendments for individuals (deficit model).	There has been a blend of approaches set out in workstream summaries above.

Appendix 3: CommUNITY forum 2025 annual report

https://www.berkshirehealthcare.nhs.uk/media/hpkdlmgc/arcf-2025-event-delegate-pack.pdf

Appendix 4: Workstream action plans

4a: Recruitment, Retention, Progression and Conditions – Exec Lead Alex Gild, Deputy Chief Executive

Action	Outcome	Status	Timescale
Explore the Real Living Wage principles across the supply chain	Improved economic standards of community and support workers to live with dignity and security.	**Open**	April 2027
Proactively promote leadership and development opportunities to ethnically diverse colleagues (including targeted communications and encouragement to apply).	More ethnically diverse colleagues access development support and progression pathways, helping to improve representation and readiness for senior roles over time.	**Complete**	**In place**

Launch the Money and Rights Hub so staff can access independent, confidential advice on money, benefits and rights.	Staff, particularly those most affected by cost-of-living pressures and living in the most deprived areas can get practical support earlier (e.g., debt, benefits, housing, immigration and employment rights), reducing financial hardship and improving wellbeing and retention.	**Complete**	**From April 2026**
Pilot a competency-based progression pathway at Prospect Park Hospital for Band 5 staff, with a clear route to Band 6 without a formal interview.	More Band 5 staff progress into Band 6 through assessed competence (not interview performance), helping to fill Band 6 vacancies and improve ethnic diversity at Band 6 over time.	**Open**	**TBD in line with national Job evaluation & PPH People Plan**
Develop the Allied Health Professionals (AHP) anti-racism action plan, focused on widening the pipeline (outreach) and improving progression into Band 6 and Band 7 roles.	A clear, agreed AHP anti-racism action plan is in place (with priorities, owners, timescales and measures), so delivery can be tracked and accountable.	**Complete**	
Deliver the Allied Health Professionals (AHP) anti-racism action plan, focused on widening the pipeline (outreach) and improving progression into Band 6 and Band 7 roles.	More ethnically diverse AHP staff are recruited and progress into Band 6 and Band 7 roles over time, supported by fairer recruitment and selection, clearer development support, and targeted outreach to grow the future pipeline.	**Open**	**September 2026**
Complete a deep dive into access to CPD and development opportunities (WRES Indicator 4), including engagement through staff networks and other spaces, use of the Tableau dashboard, increased scrutiny of requests, and widening monitoring from April 2026 to include non-formal, decentralised and wider development opportunities, not just formal funded CPD. Promote awareness of the dashboard with people partners	A stronger picture of where development access gaps may sit, supported by engagement insight, dashboard visibility, broader data capture and stronger scrutiny. From April 2026, the organisation can monitor a wider range of learning and development access, not just funded CPD requests and use this through people partners, managers and divisional oversight to identify and address disparities earlier.	**Complete**	**From April 2026 monitoring**

and managers so divisions have stronger oversight.			
Debias job descriptions and person specifications by removing unnecessary or subjective criteria (e.g., gendered language, non-explicit physical requirements and 'desirable' requirements).	Roles are advertised with clearer, more inclusive criteria, helping to widen the applicant pool and reduce bias at shortlisting particularly for senior (Band 8B+) recruitment, while keeping requirements focused on what is genuinely needed for the job.	**Open**	This started with Band 8B+ roles, was then applied to nursing roles (Nov 2025), and now needs to be rolled out more widely.
Complete an Equality Impact Assessment (EqIA) for the talent pool approach, so it can be launched and managed fairly and consistently.	The approach has been assessed for equality impact, with risks and mitigations identified. This supports a fair launch and ongoing oversight (e.g., clear criteria, consistent application and monitoring) so the talent pool does not create new barriers for ethnically diverse staff.	**Complete**	
Introduce an "internal first" recruitment approach for suitable roles, to maximise fair access to opportunities for existing staff.	More staff can access progression opportunities, supporting retention and helping to reduce barriers for ethnically diverse colleagues to move into more senior roles.	**Complete**	
Run a task-and-finish group to fix implementation issues and make sure the Band 8B+ recruitment process is applied consistently (e.g., guaranteed interview, removal of "desirable" criteria, use of the reflection form, and Trac/reserve list processes).	Senior recruitment controls are applied consistently across services, with fewer technical/process failures and clearer guidance for hiring managers and HR. Any remaining issues are captured with agreed follow-up actions and governance.	**In progress**	**April 2026**
Introduce an annual ethnicity pay gap analysis and report (published and shared with staff and stakeholders).	Clear, routine insight into pay gap drivers by ethnicity (not equal pay), enabling targeted action on representation, progression and other system drivers.	**Complete**	

Introduce intersectional ethnicity pay gap analysis (e.g., ethnicity by gender) alongside the core ethnicity pay gap report.	Deeper insight into 'hidden' gaps (e.g., differences between White men and Black women), so interventions can be more precise and address compounded disadvantage.	**Complete**	
Evaluate and share a report with staff networks on the Trust's changed approach to disciplinaries.	Improved transparency, trust and shared understanding of disciplinary methodology and approach, supporting more informed challenge and continuous improvement on disproportionality.	**Complete**	
Launch interest and engagement with The Mirror Board (Frimley Health and Care), including Berkshire Healthcare participation.	Strengthened system partnership and shared learning on anti-racism, widening influence beyond the Trust and supporting consistent approaches across the ICS.	**Complete**	
Track redundancy and leaver rates by ethnicity to check for any unfair differences, and review this routinely through the Taskforce.	Current data shows no unfair differences in redundancy or leaver outcomes. Ongoing monitoring provides early warning if a gap emerges, so action can be taken quickly.	**Closed**	
Expand analysis of WRES indicators (and related workforce metrics) to support deeper insight and targeted pipeline/progression actions.	Clearer understanding of the drivers behind gaps (by profession, band and stage of the employee journey), so actions can be prioritised and progress tracked through Taskforce/BAU oversight.	**Complete**	
Complete analysis of the Band 8B+ workforce pipeline (e.g., psychology) to understand representation and inform targeted progression and recruitment work.	We have a clear baseline and insight into where representation drops at Band 8B+ (by profession/role), so pipeline actions can be prioritised and progress can be tracked over time.	**Complete**	
Create competency-based talent pools so staff can move into roles through assessed competence and readiness, without needing a formal interview.	Progression is based on demonstrated skills and readiness rather than interview performance, widening access to development and increasing fair movement into hard-to-fill and more senior roles over time (including improved representation at higher bands).	**Open**	**TBD**

Carry out a casework review of formal disciplinary cases (WRES Indicator 3) to understand what is driving the gap and identify improvements to make the process fair and consistent.	We understand where and why any disproportionality is happening in the disciplinary process, and we have clear actions to address it (e.g., early support, consistent decision-making, and quality assurance), supporting a sustained improvement in WRES Indicator 3.	**Open**	**April 2026 to April 2027**
Introduce a guaranteed interview for ethnically diverse applicants who meet the essential criteria for senior Band 8B+ roles.	Ethnically diverse candidates who are appointable on the essentials are less likely to be filtered out at shortlisting for senior roles. This increases fair access to interviews and supports improved representation at Band 8B+ over time.	**Complete**	
Pilot sharing interview questions in advance to improve fairness and transparency for candidates.	Candidates can prepare more equally, and feel more trusting of consistent and fair interview processes.	**Complete**	
Use an accountability reflection form (with independent review and senior sign-off) when an interviewed ethnically diverse candidate is not appointed for a senior (Band 8B+) role.	Appointment decisions are more consistent and transparent, with clear written rationale and senior oversight. This strengthens accountability for hiring managers and helps reduce unfair differences in interview outcomes for ethnically diverse candidates over time.	**Complete**	
Introduce routine monitoring of NHSP shift cancellations (including a report that can be run by ethnicity), reviewed at the relevant staffing/status meeting to understand and challenge any unexplained cancellations.	We can spot patterns and outliers in shift cancellations early and follow up where reasons are unclear. This improves fairness and transparency for bank staff and reduces the risk that ethnically diverse colleagues are disproportionately affected.	**Complete**	**Ongoing**

4b: Anti-Racism Policy and Practice – Exec lead, Paul Gray, Chief Financial Officer

Action	Outcome	Status	Timescale
Develop a Positive Practice Guide to help teams assess and improve anti-racist practice in day-to-day services.	Teams have a practical tool (and examples) to identify racial disparities and take meaningful service-level actions to reduce them.	**Complete**	
Develop exemplar case studies that showcase positive practice with tackling racial disparities in services.	Good practice is modelled, accessible across a range of different types of practical changes that improve equity.	**Open**	**May 2026**
Enhance the staff data Tableau dashboards to provide better insight into ethnicity patterns (including part-time working, turnover, sickness absence, staff group/profession and other key workforce measures).	Leaders and teams can more easily identify where workforce disparities sit and how they vary by role and working pattern, enabling clearer problem statements, targeted interventions and more routine monitoring through BAU governance.	**Complete**	
Improve equality monitoring scripts and guidance so services collect better ethnicity data.	Fewer “unknown” fields and more reliable data, so disparities can be identified and acted on with confidence.	**Complete**	
Develop and deliver training to help colleagues analyse health inequalities and race equity data (including how to create clear problem statements).	Staff and teams can access on demand resource that helps them to use data well (with confidence and consistency) to prioritise and improve equity.	**Complete**	
Audit Plan on a Page (POAP) objectives to check the quality and maturity of anti-racism actions across teams, and identify where support is needed.	Clearer assurance that anti-racism is embedded in team objectives, with themes and gaps identified so teams can be linked up and supported.	**Complete**	
Equip policy scrutiny groups and policy makers so policies and EqIAs are reviewed consistently and confidently.	Policy decisions better reflect equality duties and likely impacts, with clearer discussion and assurance of EqIAs.	**Complete**	
Deliver an Equality Impact Assessment (EqIA) implementation programme, including updated template, FAQs and training.	Improved EqIA quality and confidence, supporting better decision-making and more consistent consideration of racial equity. Regular support is available with the Equality Diversity and Inclusion Team through monthly drop in times available on the intranet.	**Complete**	

Maintain a culturally appropriate photo bank and ensure inclusive imagery is embedded as standard in communications.	More inclusive communications that better reflect our workforce and communities.	**Complete**	

4c: Incidents, Support and Empowerment, Exec Lead, Debbie Fulton, Director of Nursing and Therapies

Action	Outcome	Status	Timescale
Complete a casework review to check how formal cases involving racism are handled, including the quality of challenge and decision-making by commissioning managers.	Improved consistency and fairness in casework, with stronger scrutiny, clearer learning, and better handling of racism-related issues.	**Open**	**2026–2027**
Develop an anti-racism audit process with Just Culture champions to capture learning and ensure it is shared and acted on.	A consistent approach to identifying and addressing racism-related issues, with clearer accountability and continuous improvement.	**Open**	**2026–2027**
Redevelop mandatory conflict resolution training (linked to racism, bullying and harassment, and sexual safety work) so managers have the skills to handle difficult conversations.	Managers feel more confident and competent to respond to racism and related issues early and consistently.	**Open**	**September 2026**
Use appraisal wellbeing conversations to ask managers if they feel equipped to handle conversations about racism, and use the data to target support and training.	Better understanding of where confidence/skills gaps are, with targeted support offered to managers and teams.	**Open**	**July 2026**
Provide anti-racism training for investigating officers, commissioning managers, HRBPs and decision makers.	More consistent, informed handling of racism-related casework, reducing the risk of poor quality investigations or unfair decisions.	**Complete**	
Maintain anti-racism training for investigating officers, commissioning managers, HRBPs and decision makers, and ensure new joiners are trained.	More consistent, informed handling of racism-related casework, reducing the risk of poor quality investigations or unfair decisions.	**Open**	**July 2026**
Review and republish the Safety Culture Charter so expectations and accountability for racism are clear and	Clearer expected behaviours and improved confidence to report concerns, with reduced discrimination over time.	**Complete**	

reinforced (including through appraisals).			
Update violence and aggression materials (infographic, manager checklist/flow) to explicitly include racism, expected actions and support pathways.	Managers have clearer guidance on how to respond consistently to abuse (including racism), and staff have clearer expectations and support routes.	**Complete**	
Create and promote the "Speak up about racism" (active bystander) guide so staff and managers know what to do when racism happens.	More staff feel able to act and escalate, supporting a culture where racism is challenged and addressed.	**Complete**	
Create and promote a 'Dealing with Racism' guide so that staff and managers know their options with racially abusive patients	More staff feel able to deal with racism and understand the options available with handling it.	**Complete**	
Maintain a clear reporting and feedback route (e.g., FAQ mechanism) so staff can raise concerns and get responses.	Improved confidence that issues can be raised safely and that feedback loops are closed.	**Complete**	**Complete**
Ensure the wellbeing assessment includes a direct question about racism and that the wellbeing offer is culturally responsive (including reflective practice and improved monitoring).	Staff who experience racism are identified and supported earlier, with clearer insight into demand and quality of support.	**Complete**	**Complete**
Review and republish the "no abuse" statement and embed it consistently across systems and sites (letters, signage, posters).	Clearer expectations for patients and visitors, supporting prevention and a more consistent response to abuse (including racism).	**Complete**	**January 2026**
Sense check with staff and communities whether an additional reporting route (e.g., form or inbox) for racism concerns would be helpful, recognising existing routes (e.g., Datix, managers, FTSU, and the anonymous FAQ).	Clear confirmation on whether anything is missing from current reporting/support routes. Where needed, signposting is improved without creating duplicate or confusing pathways.	**Closed**	**Complete**
Re-establish Prospect Park Advocacy for Racial Equity Team (PPARET) to provide peer support after incidents.	Staff feel more supported after incidents, with a clearer support pathway and more consistent follow-up.	**Complete**	**Complete**

4d: Education and Engagement, exec lead Theresa Whyles, Chief Operating Officer

Action	Outcome	Status	Timescale
Co-produce theatre forum method into anti-racism workshop training (prevention, response, and support following racist incidents).	Anti-racism reflection resources are developed and available.	**Complete**	
Implement theatre forum workshop offer for staff to access education and reflection.	Embed and cascade offer for staff to access.	**Open**	**May 2026**
Introduce short “10-minute turbo” anti-racism sessions, using practical tools and signposting to further resources.	Anti-racism is easier to engage with routinely, supporting confidence, shared language and consistent practice.	**Open**	**September 2026**
Embed anti-racism into Quality Improvement (QI) tools, training and improvement practice.	QI activity routinely considers equity and anti-racism, helping teams improve access, experience and outcomes. Anti-racism considered in GEMBA tools, white, yellow and green belt training and A3 work.	**Complete**	**May 2026**
Explore accrediting anti-racist leadership learning (e.g., CPD / university validation).	Leaders have access to recognised learning that strengthens racial literacy and supports consistent anti-racist leadership practice.	**Open**	**April 2027**
Develop a restorative justice / racism awareness learning offer for alleged perpetrators (linked to wider staff safety work).	Improved understanding of harm and accountability, with more consistent and constructive approaches to prevention and learning.	**Complete**	**July 2026**
Implement use of restorative conversations for staff to share with racially abusive patients	Implemented resource and tool that staff are aware of and has good usage across the trust.	**Open**	**September 2026**
Redevelop mandatory EDI training (mapped to UK Core Skills) so anti-racism learning is part of a consistent core offer for all staff.	Improved baseline knowledge and confidence across the workforce, with a clearer mandated offer.	**Open**	**September 2026**
Action learning sets within leadership programmes to include anti-racism topics (also referred to as reflective learning sets).	Leaders have structured space to reflect on anti-racism, build confidence to lead difficult conversations, and take practical actions back into teams.	**Complete**	
Embed anti-racism awareness across sites through routine	Anti-racism resources are visible and easier to access	**Complete**	

communications and visible materials (e.g., posters, banners, leaflets and virtual noticeboards).	across sites, supporting consistent awareness and engagement.		
Create and share a regular anti-racism briefing/updates (e.g., quarterly bulletin) to keep staff informed and signpost to learning and involvement opportunities.	Improved knowledge of anti-racism across the workforce, with more consistent communication of progress, opportunities and resources.	**Complete**	
Signpost and promote coaching to support colleagues' anti-racism development (including a CPD session for coaches using the "12 questions" resource).	Coaches are better equipped to support anti-racism goals, and staff can access coaching to build confidence and capability in practice.	**Complete**	
Review and strengthen the EDI / anti-racism content within leadership programmes so leaders are better equipped to demonstrate anti-racist behaviours.	Leaders have clearer understanding, shared language and practical tools to act on racial equity, alongside expectations for behaviour and accountability.	**Complete**	

4e: Patient Access, Experience and Outcomes, Exec Lead Dr Tolu Olusoga, Medical Director

Action	Outcome	Status	Timescale
Use a Quality Improvement approach to reduce ethnicity-related disparities in access by targeting waiting lists in services with the greatest gaps.	Reduced disparities in waiting times, with learning shared so other services can replicate improvements.	**In progress** Nutrition & Dietetics: Active QI complete, results demonstrated MSK Physiotherapy: QI engagement started, leadership prioritisation ongoing Diabetes (East): Identified as priority, QI emerging via audit/safety route Podiatry: Engaged but not yet prioritised	**April 2027**
Centralise, re-tender and strengthen contract oversight for	Improved quality and fill rate of translation and interpretation,	**Complete**	

translation and interpretation services to improve quality and reliability.	supporting more equitable access for patients and carers.		
Analyse patient experience and feedback data (including response rates by ethnicity) to better understand disparities.	Improved insight into where experience gaps exist and who is under-represented in feedback, supporting targeted action to improve access and experience.	**Open**	**April 2027**
Introduce specific questions about ethnicity, faith and culture into patient feedback routes and care planning tools (where feasible).	More relevant insight into cultural and faith needs, supporting more culturally responsive care and service improvement.	**Complete: Added to e-passport, advanced choice document and carers survey.**	
Introduce specific questions about ethnicity, faith and culture into patient feedback routes and care planning tools (where feasible).	More relevant insight into cultural and faith needs, supporting more culturally responsive care and service improvement.	**Awaiting patient survey re-tender to introduce question**	**To be confirmed through survey re-tender process**
Deliver the multi-faith education and engagement project based on commUNITY feedback (eLearning, workshops and practical resources).	More culturally appropriate care is supported in practice, with staff better equipped and resources available across sites.	**In progress (final closure report in circulation)**	**July 2026**
Introduce staff training and simple guides on supporting care for patients with Black heritage hair (including culturally appropriate approaches and products).	Staff confidence improves and patients receive more culturally responsive personal care, reducing the risk of distress, harm or poor experience linked to hair care needs.	**Open (awaiting printed copies for distribution)**	**September 2026**
Provide and distribute Black heritage hair care kits to inpatient wards (with appropriate products and basic	Wards have the right tools available when needed, improving patient comfort and experience and reducing avoidable	**Open**	**September 2026**

instructions) to support day-to-day care.	inequality in personal care while an inpatient.		
Diversify inpatient meal options at Prospect Park Hospital based on patient feedback (including culturally appropriate choices for West African and Eastern European people).	Patients have access to a wider range of culturally appropriate meals, improving experience and supporting equitable, person-centred inpatient care.	**Open**	**September 2026**
Embed the CommUNITY Anti-Racism Forum as an ongoing listening space to hear concerns, barriers and ideas for improvement and to share back what we have heard and what we are doing in response.	We stay connected to lived experience and feedback from communities and staff, and we build credibility over time by being transparent about what we can change, what will take longer, and what we have learned.	**Complete**	**Ongoing**
Embed the Equity Partnership Group as a regular partnership forum to strengthen oversight, challenge and co-production of anti-racism work (including progress updates and priorities for next steps).	Decisions and priorities are better informed by partner insight and constructive challenge, with clearer accountability and follow-through supporting improved trust, visibility and impact over time.	**Complete**	**Ongoing**
Build and maintain partnerships with Slough CVS and Reading ACRE (Alliance for Cohesion and Racial Equality) to support trusted community engagement and co-production (including PCREF).	Anti-racism and equity work is informed by community insight and constructive challenge, helping us design improvements that are more relevant, accessible and credible, and strengthening trust over time.	**Complete**	**Ongoing**

Progress the Gypsy, Traveller, Roma, Showmen and Boater (GTRSB) health pledge work, including research partnership and framework development.	A practical framework is developed to help services identify and reduce disparities for GTRSB communities.	**In progress (research grant secured and steering group reconvened)**	**May 2027**
Deliver the Windrush art and storytelling project, including displaying artwork across sites and sharing learning.	Strengthened community partnership and visibility of lived experience, supporting engagement, belonging and culturally informed improvement.	**In progress (to launch video for Windrush Day in June)**	**June 2026**
Introduce and promote a skin tone bias assessment tool (and related resources) to support more equitable clinical practice.	Staff have tools and prompts to reduce the risk of missed or delayed assessment for people with darker skin tones.	**Complete**	
Align this workstream with key programmes and national frameworks including the Disproportionate Mental Health Act Detentions for Black people in Berkshire programme, the NHS England Patient and Carer Race Equality Framework (PCREF), and the NHS England Culture of Care Framework), so our local work connects to wider improvement and accountability.	Our priorities, measures and improvement work are better joined up, avoiding duplication and helping us learn from (and contribute to) wider work. This supports clearer oversight and a more consistent approach to improving access, experience and outcomes.	**Open**	**April 2027**

Appendix 5: Anti-racism engagement activity (April 2023 – April 2026: more than 100 pieces of engagement)

2023 (launch year 25 key pieces of engagement)

- Anti-racism engagement workshops with colleagues (April–June 2023) to co-create the Anti-Racism Action Statement and shape workstream priorities.

- Targeted engagement sessions with the Race Equality Network (REN) to test and refine the action statement and early priorities.
- Promotion of engagement through all-staff channels (e.g., intranet / all-staff briefing) and through key forums (e.g., Strategic People Group, Diversity Steering Group, Safety Culture Group).
- Early community engagement conversations to sense-check priorities and the intended approach.
- Enhanced Black History Month, South Asian Heritage Month, Windrush Day and Gypsy Traveller Roma History Month recognition.
- Launch of diversify your bookshelf group,

2024 29 key pieces of engagement

- All-staff briefing updates on workstream progress (including anti-racism workstream update at all-staff briefing – April 2024).
- Executive/leadership engagement through visible exec visits and write-ups to share learning (captured through the programme communications plan).
- Pop-ups / outreach activity across sites to increase visibility of anti-racism work and encourage participation (including pledge/badge collection activity).
- Regular communications via Team Brief / internal channels to share updates, promote events and signpost resources (e.g., CommUNITY forum promotion; Islamophobia awareness month content; “Action over Apathy” event promotion; reflective blog following Roger Kline training, translation processes and improvements).
- CommUNITY forum “one year on” promotion and engagement activity.

2025 41 key pieces of engagement

- CommUNITY Anti-Racism Forum continued delivery (including annual in-person event, additional intersectional event on Women’s Health and Race and ongoing engagement to shape projects and provide feedback).
- Roadshows / site-based engagement sessions to share progress and listen to staff feedback (including targeted engagement at Prospect Park Hospital and other sites where relevant).
- Reviewed diversify your bookshelf into Holding Space to Talk about Race
- Launch of Multifaith education, skin tone bias and positive practice resources and tools
- Regular updates and signposting through Team Brief, Trust Leaders sessions, manager briefing packs and local team sessions (including Racism from patients focus)
- Anti-racism engagement at external and partner events (e.g., presentations/learning shared through wider NHS forums as appropriate).

2026 (to date 19 pieces of key engagement)

- Race Equality Week, Holding Space to Talk about Race, Culturally informed hair care, anti-racism and decision making and health bus partnerships to deliver health checks.

Black History Month (BHM) growing programme (2023-2025)

2023: Establishing the offer and launching CommUNITY

- **Theme:** “Dig deeper, look closer, think bigger” (Trust programme).
- **Learning + reflection events (online):** BOB: Reflections on 75 years and more of the Black British Experience (52 attendees) and Whats in a name? (178 attendees; 9.4/10 feedback), plus Radio Windrush(185 attendees; 9.9/10 feedback).
- **Community + system engagement:** session at the Frimley ICS equality event (196 attendees) sharing our anti-racism approach and learning.
- **New ongoing engagement route launched:** Berkshire Healthcare Anti-Racism CommUNITY Forum launch event (62 attendees) with community partners to shape year-one priorities.
- **Storytelling + celebration:** Race Equality Network (REN) in-person event with staff stories and Windrush generation voices.
- **Ongoing engagement beyond October:** launched Diversify your bookshelfyear-long anti-racism book club (26 members; 12 recommended books) and Thank you Thursdaysspotlighting Black healthcare heroes.
- **High-profile external Q&A:** The Big Questiononline Q&A with John Amaechi OBE (567 attendees; 187 from Berkshire Healthcare).

2024: Scaling visibility across sites and strengthening allyship

- **Theme:** Reclaiming Narratives.
- **More visible engagement across sites:** Inclusion on the Movepop-ups with EDI team, staff networks and Freedom to Speak Up champions, gathering pledges and conversations about inclusion and anti-racism.
- **Embedding pledges into routine engagement:** Unity Against Racism pledges (with badge collection) promoted alongside other inclusion pledges to widen participation.
- **Allyship deep dive:** Action over apathy panel on senior white female allyship in anti-racism (Trust leaders and external speaker), focusing on practical actions and sustaining allyship.
- **Stronger in-person programme delivery:** REN BHM event in Bracknell (full-day), themed around Reclaiming Narratives, bringing together speakers, lived experience, networks and allies.
- **Wider reach through communications:** Team Brief and all-staff messaging to promote learning, events and ways to get involved.

2025: Maturing into a multi-format programme with stronger connection to service improvement

- **Theme:** Standing Firm in Power and Pride delivered as a cross-team collaboration (BHM committee, EDI, REN and communications) with a broader, more structured programme.
- **Expanded format mix:** in-person workshops, virtual sessions, storytelling/music formats and interactive learning, reaching staff and partners across disciplines and sites.
- **Co-production built in:** Culture of Care anti-racism co-production workshop using forum theatre videos based on real scenarios, generating practical actions to inform staff learning and PCREF work.
- **Strengthened capability building:** cultural competence session (high attendance) generating clear next steps (development of a practical Cultural Competence Guide).
- **Focused allyship conversations:** White Male Allyship panel practical reflection on power, accountability and everyday allyship in the workplace.
- **Connecting inclusion to care quality:** sessions linked to faith and recovery, racism and abuse from patients, and the Positive Practice Tool to support teams to assess and improve inclusive practice.
- **REN flagship celebration:** larger in-person REN Black History Month event bringing together staff, partners and executive sponsors to reflect on history, lived experience and data (e.g., WRES).
- **Clear what next outputs from the month:** commitment to turn insight into action (e.g., cultural competence charter/guide; enhanced anti-racism and allyship training; embedding learning into everyday practice).

Appendix 6: Equity Partnership reflections on strategy progress

What aspects of our anti-racism strategy do you feel are working well or represent genuine progress?	Where do you think we need more focus, strengthening, or clarity as we move forward?	What one word best describes our anti-racism work so far?
Restorative videos are a very practical approach that could be used to make a difference	The more we can do to support that translation into practice the better I think.	Genuine
The strategy itself and the conversations stemming from the strategy has stimulated and encouraged people to think about anti racism and think about it in a pro-active way-asking questions about what individuals, teams, services, managers etc can do to make meaningful changes	People on the ground-managers have said that they still are not sure exactly how to take steps to support someone who says they have experienced racism, especially when this occurs within teams, and comments have also been made to say that support for people who have experienced racism has been limited outside of the direct line manager relationship.	Excellent!
Captured in leadership appraisals and measures outcomes that	Leadership accountability reviews - how its is measured and capture on the impact; Training and development if it changes	Benchmarkable

impact on patient care and changes behaviour	behaviours and attitudes how has it impacted on personal practice and the service they provide	
Support for staff.	The impact of AI. Outcomes from training.	Welcoming
Community engagement and amplifying the voices of those marginalised and seldom heard. Hiighlight the work to the general public has been helpful. Not being defensive about highlighted points and accepting constructive criticism.	I think the senior management recruitment needs to be representative of the demographics in the NHS and training needs to be available to everyone, not just the special ones. We have seen how this demoralises staff who are always told they need more training.	Co-production
The consistency and sustained efforts of the team and leadership support are clearly working, as evidenced with the progress made across the workstreams, with 44 being completed and 28 still in progress. The improved engagement and co-production with staff, networks and communities shows trust is being built by the consistent approach and evidenced action and results.	5.5 Workstream: Patient Access, Experience and Outcomes seems to be the least advanced workstream of the five, with 8 of 14 streams still open. Appreciating the complex and long-term nature of improving these things for a frequently-changing patient community, I am confident with the same high level of focus and sustained effort great results will be achieved in time.	Phenomenal!
I'm really glad to see the recruitment process in a good place and 45% of senior appointments of ethnically diverse candidates at a high level. I think this will truly support cultural competence across services and the organisation	Looking at the work done with community leaders and VCSE organisations, it's excellent. The fact its fruitful is no surprise. I think what would be useful is to get an understanding of the trust's plan to empower and support those community based orgs as they seek to be a preventative force in their communities. I think the group would interested in the initiatives attached that create a concrete change via community delivery.	Excellent

Appendix 7: Gallery