Berkshire Healthcare NHS Foundation Trust

Equality, Diversity & Inclusion

Workforce Race Equality Standard (WRES) Annual Report 2022

To find out more about what Berkshire Healthcare NHS Foundation Trust is doing to be an 'Outstanding and Equal Employer and Care Provider for Everyone', please contact: EDITeam@berkshire.nhs.uk

Executive Summary

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

This report presents Berkshire Healthcare's latest workforce race equality data (as of 31st March 2022) and identifies where improvements have been made and where data has stagnated and/or deteriorated.

The key findings from the 2022 report

Berkshire Healthcare continues to make incremental progress in unmasking and tackling workplace inequalities between Black, Asian, and Minority Ethnic (BAME) and White staff that are captured through nine WRES indicators. Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the national NHS Staff Survey (NSS) questions, and one indicator focuses on BAME representation at Board level. It is pleasing to note that progress was made in 4 of the indicators, however there is stagnation and/or regression in 5 of the metrices. Overall, BAME staff have a poorer work experience than White staff – this has been the trend since the WRES was mandated in 2015:

- As of 31st March 2022, the Trust grew by 72 employees (from 4,708 in 2021) to 4,780 members of staff: 3,318 (69.4%) were White and 1312 (27.4%) were from a BAME background. This represents an increase of 1% in the BAME staff population since 2021. The BAME staff population at Berkshire Healthcare has continued to rise gradually annually and currently sits at 5% above national average in the NHS - see the snapshot in Table 13 (Appendix 1)

However:

- There is underrepresentation of BAME staff with voting membership on the Board
- BAME staff are 1.53 less likely to be appointed from shortlisting than White staff
- BAME staff are 4.59 more likely to enter the formal disciplinary process than White staff
- BAME staff are 1.28 less likely to access non-mandatory training and continued professional development compared to White staff
- 29% of BAME staff experienced harassment, bullying or abuse from patients, relatives and the public than White staff
- 23% of BAME staff experienced harassment, bullying or abuse from staff
- 14% of BAME staff experienced discrimination at work from either their manager, team leader or colleagues than White staff
- 46% of BAME staff are less that likely to believe the Trust provides equal opportunities for career progression or promotion than White staff

WRES – Introduction

The Workforce Race Equality Standard (WRES) was mandated by the NHS Standard Contract in 2015; 2022 is its seventh year. It is a mirror that allows NHS Trusts to visualise workplace inequalities through 9 measures (metrics) that compare the working and career experiences of Black, Asian and Minority Ethnic (BAME) and White staff in the NHS. The WRES is underpinned by a desire to equalise experience between staff who come from BAME backgrounds and their White counterparts. It aims to facilitate an inclusive, supportive, and fair culture in organisations to ensure that every member of the NHS' diverse workforce has a sense of belonging and a positive working experience.

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

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

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

Drawing on the Race Disparity Ratio, this year, 2022, NHS England and NHS Improvement South-East proposed a South-East Approach where Trusts in the region were tasked with coming up with Six National Actions to address the Race Disparity Ratio in their organisations.

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

Workforce Race Equality Standard Progress in 2021/22

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

- Increase in the percentage of the BAME workforce
- A slight reduction in the percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives, or the public
- A slight improvement in the percentage difference between Board voting membership and its overall workforce
- A slight improvement in the relative likelihood of staff accessing non-mandatory training and continued professional development

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

- Supporting our BAME Network to achieve their objectives: operationalisation of the role of the network Chair (4 hours protected time a week)
- Launch of a new Equality Diversity and Inclusion training programme on Allyship and Cultural Intelligence
- Organisational focus on Bullying and Harassment and focused work on the reduction of abuse against our staff including the introduction of a dedicated Violence Reduction Lead
- All Divisions provided with granular data on Equality, Diversity, and Inclusion to facilitate targeted interventions
- Launch of Just and Learning Culture approach to casework which is aimed at reducing the disparity in experience between BAME and White Staff in investigations and disciplinaries
- Launch of our international nurse recruitment programme
- Working towards embedding an Anti-Racism approach with the leadership team and organisation as a whole

Indicator 1: Percentage of staff in each AfC Bands 1 to 9 and VSM compared with the percentage of Black and Ethnic staff in the overall workforce.

Table 1: Workforce Profile - Non-Clinical Cohort 2020-22

Pay Band	2020 Non-Clinical Workforce Data				2021 Non-Clinical Workforce Data				2022 Non-Clinical Workforce Data			
	Total Non-Clinical Staff	White	BAME	Ethnicity Unknown	Total Non-Clinical Staff	White	BAME	Ethnicity Unknown	Total Non-Clinical Staff	White	BAME	Ethnicity Unknown
Under Band 1	9	5 (56%)	3 (33%)	1 (11%)	3	2 (67%)	1 (33%)	0 (0%)	5	2 (40%)	3 (60%)	0 (0%)
Band 1	19	12 (63%)	6 (32%)	1 (5%)	13	9 (69%)	3 (23%)	1 (8%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	144	116 (81%)	25 (17%)	3 (0%)	144	113 (78%)	28 (19%)	3 (2%)	70	56 (80%)	14 (20%)	0 (0%)
Band 3	261	203 (78%)	52 (20%)	6 (0%)	276	217 (79%)	56 (20%)	3 (1%)	274	216 (79%	55 (20%)	3 (1%)
Band 4	255	191 (75%)	54 (21%)	10 (4%)	266	193 (73%)	63 (24%)	10 (4%)	272	199 (73%)	64 (24%)	9 (3%)
Band 5	121	90 (74%)	24 (20%)	7 (6%)	129	97 (75%)	28 (22%)	4 (3%)	130	99 (76%)	30 (23%)	1 (1%)
Band 6	129	96 (74%)	30 (23%)	3 (2%)	135	95 (70%)	34 (25%)	6 (4%)	134	95 (71%)	36 (27%)	3 (2%)
Band 7	92	60 (65%)	32 (35%)	3 (3%)	87	56 (64%)	28 (32%)	3 (3%)	103	65 (63%)	34 (33%)	4 (4%)
Band 8a	74	58 (78%)	15 (20%)	1 (1%)	88	68 (77%)	19 (22%)	1 (1%)	84	58 (69%)	24 (29%)	2 (2%)
Band 8b	41	37 (90%)	2 (5%)	2 (5%)	39	35 (90%)	3 (8%)	1 (3%)	58	51 (88%)	6 (10%)	1 (2%)
Band 8c	32	26 (81%)	5 (16%)	1 (3%)	32	27 (84%)	4 (13%)	1 (4%)	36	28 (78%)	7 (19%)	1 (3%)
Band 8d	12	8 (67%)	1 (8%)	3 (25%)	14	9 (64%)	2 (14%)	3 (21%)	15	11 (73%)	1 (7%)	3 (20%)
Band 9	4	1	1	2	4	1 (25%)	1 (25%)	2 (50%)	7	3 (43%)	1 (14%)	3 (43%)
VSM	3	2	0	1	4	1 (25%)	0 (0%)	3 (75%)	4	1 (25%)	0 (0%)	3 (75%)
Total	1119	905	250	44	1234	923	270	41	1192	884	275	33

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

Non-Clinical Workforce (Table 1): The most significant increases are at Band 8a (29%), which represents 5 additional recruitments/promotion. There were 3 additional recruitments at Band 8b, hence an increase from 8% to 10%. There was also 3 more additional recruitment/promotion at Band 8c which resulted in an improvement of 6% from 4 (13%) to 7 (19%). However, Band 8d shrunk by 7% (1 member of staff).

Clinical Workforce (Table 2): The most notable increases are at Band 7 (33%), 8a (29%), 8b (10%) and 8c (19%) which equates to 6 additional recruits and/or promotions at Band 7, 5 at Band 8a, 6 at Band 8b and 3 at Band 8c. However, Band 8d shrank by 1 member of staff.

One would note here that the issue of staff opting to withhold their ethnicity is prevalent across the AfC Pay Bands: this significantly compromises both the accuracy and integrity of the data, particularly where the respective cohorts have low numbers.

For instance, the total number of non-clinical VSM staff is 3 which represents 75% of that cohort yet have not declared their ethnicity. This shows the sensitivity of the data to small changes in staff numbers at higher levels.

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

Table 2: Workforce Profile - Clinical Cohort 2020-22

Pay Band	2020 Clinical Workforce Data				2021 Clinical Workforce Data				2022 Clinical Workforce Data			
	Total Clinical Staff	White	BAME	Ethnicity Unknown	Total Clinical Staff	White	BAME	Ethnicity Unknown	Total Clinical Staff	White	BAME	Ethnicity Unknown
Under Band 1	8	5 (63%)	2 (25%)	1 (135)	7	5 (71%)	1 (14%)	1 (14%)	7	2 (29%)	4 (57%)	1 (14%)
Band 1	0	0	0	0	1	1 (100%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	162	71 (44%)	84 (51%)	7 (1%)	171	80 (48%)	83 (49%)	8 (5%)	180	83 (46%)	88 (49%)	9 (5%)
Band 3	371	266 (72%)	98 (26%)	7 (2%)	406	279 (69%)	118 (29%)	9 (2%)	368	242 (66%)	119 (32%)	7 (2%)
Band 4	344	264 (77%)	68 (20%)	12 (3%)	387	295 (76%)	82 (21%)	10 (3%)	439	340 (77%)	91 (21%)	8 (2%)
Band 5	428	266 (62%)	138 (32%)	24 (6%)	438	261 (60%)	162 (37%)	15 (3%)	462	260 (56%)	183 (40%)	19 (4%)
Band 6	838	601 (69%)	199 (24%)	38 (5%)	876	653 (75%)	193 (22%)	30 (3%)	862	628 (73%)	205 (24%)	29 (3%)
Band 7	591	448 (76%)	126 (21%)	17 (3%)	652	472 (72%)	160 (25%)	20 (3%)	682	504 (74%)	158 (23%)	20 (3%)
Band 8a	207	163 (79%)	42 (20%)	2 (1%)	215	166 (77%)	47 (22%)	2 (1%)	243	182 (75%)	59 (24%)	2 (1%)
Band 8b	63	57 (90%)	6 (10%)	0 (0%)	70	59 (84%)	11 (16%)	0 (0%)	81	68 (84%)	12 (15%)	1 (1%)
Band 8c	22	16 (73%)	6 (27%)	0 (0%)	21	16 (76%)	5 (24%)	0 (0%)	23	17 (74%)	6 (26%)	0 (0%)
Band 8d	18	16 (89%)	2 (11%)	0 (0%)	20	19 (95%)	1 (5%)	0 (0%)	18	17 (94%)	1 (6%)	0 (0%)
Band 9	5	5 (100%)	0 (0%)	0 (0%)	4	4 (100%)	0 (0%)	0 (0%)	3	3 (100%)	0 (0%)	0 (0%)
VSM	0	0	0	0	0	0	0	0	0	0	0	0
Total	3057	2178	771	108	3268	2310	863	95	3368	2346	926	96

Table 3: Clinical (Medical & Dental) Workforce Data 2020-2022

Pay Band	2020 Clinical (Medical & Dental) Workforce Data				2021 Clinical (Medical & Dental) Workforce Data				2022 Clinical (Medical & Dental) Workforce Data			
	Total Medical & Dental Staff	White	BAME	Ethnicity Unknown	Total Medical & Dental Staff	White	BAME	Ethnicity Unknown	Total Medical & Dental Staff	White	BAME	Ethnicity Unknown
Consultants	82	29 (35%)	38 (46%)	15 (18%)	98	31 (32%)	43 (44%)	24 (24%)	100	37 (37%)	51 (51%)	12 (12%)
Snr Medical Manager	0	0	0	0	0	0	0	0	0	0	0	0
Non-consultant Career Grade	94	35 (37%)	43 (46%)	16 (17%)	87	33 (38%)	38 (44%)	16 (18%)	82	33 (40%)	43 (53%)	6 (7%)
Trainee Grade	28	2 (7%)	4 (14%)	22 (79%)	21	2 (10%)	2 (10%)	17 (81%)	25	9 (36%)	15 (60%)	1 (4%)
Other	0	0	0	0	0	0	0	0	0	0	0	0
Total	204	66	85	53	206	66	83	57	207	79	109	19

According to the Clinical (Medical & Dental) Workforce Data in Table 3, the highest percentage of Ethnic Minority staff are Consultants (51%) and Non-Consultant Career Grade (53%). This is in line with the greater numbers of BAME graduates entering medical degrees 60% of entrants to medical profession are from BAME backgrounds with 87% of the 60% from Asian backgrounds. On the surface, there is underrepresentation at Trainee Grade, however this grade with a non-declaration rate of 4% have clearly improved in declaring ethnicity.

Indicator 2: Relative likelihood of staff being appointed from shortlisting

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

Table 4:Relative likelihood of appointment from shortlisting

WRES Indicator	Metric Descriptor		2019/20	2020/21	2021/22
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BAME applicants	Berkshire Healthcare	1.46	1.46	1.53
		NHS Trusts	1.46	1.61	

From a BAME perspective, the data in Table 4 shows a concerning disparity in comparison with White staff. The likelihood of BAME staff being appointed from shortlisting has not improved since 2021 – White staff are 1.53 times more likely to be appointed from shortlisting than BAME applicants. According to Table 4, our recruitment practice is worse than it was 3 years ago. The Trust has adopted the WRES' Six National Actions to address disparities that exist in our recruitment practice – see Appendix 2 for more detail.

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

Table 5: Relative likelihood of entering formal capability process

WRES Indicator	Metric Descriptor		2019/20	2020/21	2021/22
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff	Berkshire Healthcare	1.76	1.81	4.59
		NHS Trusts	1.22	1.16	

The data in Table 5 indicates that the disparity in the likelihood of BAME staff and White staff entering the formal disciplinary process has significantly increased from what it was 3 years ago. Our new Just Culture Approach has significantly reduced the number of staff entering a disciplinary process (both White and BAME), however, BAME staff continue to be more likely to be involved in a disciplinary as they are concentrated in roles where they are more likely to be open to accusations which lead to investigations.

In order to better understand the reasons behind this data, we are working with ICB colleagues to commission some in-depth EDI expert analysis of our data – our intention is that this expertise will help us to understand why we did not meet our 21/22 target, and despite full and successful implementation of our just culture principles which have overall had a positive impact on our staff, we continue to experience a disproportionate number of BAME staff involved in disciplinary investigations.

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

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

WRES Indicator	Metric Descriptor		2019/20	2020/21	2021/22
4	Relative likelihood of White staff accessing non-mandatory training and continuous	Berkshire Healthcare	1.59	1.51	1.28
	professional development (CPD) compared to BAME staff	NHS Trusts	1.15	1.14	

This data in Table 6 Illustrates that White staff are 1.28 times more likely to access non mandatory training and continued professional development than BAME staff. This disparity is rather disappointing because national data suggests that most Trust now fall within the non-adverse range of 0.80 to 1.25, based on the four-fifths rule. We now monitor the diversity of all applicants for training and professional development to assess for any bias in our processes.

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

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

WRES Indicator	Metric Descriptor		BAME 2019/20	White 2019/20	BAME 2020/21	White 2020/21	BAME 2021/22	White 2021/22
5 Staff Survey Q13a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	30%	22%	31%	20%	29%	20%
		NHS Trusts	36%	28%	32%	25%	32%	26%

This data in Table 7 indicates that BAME staff are 29% more likely to experience harassment, bullying or abuse from patients, relatives and the public than White staff. This represents a slight improvement from the previous year's data and is almost consistent with the national average score. There has been no consistent progress since 2019. The Trust has prioritised tackling harassment, bullying and/or abuse of staff in its new Equality, Diversity and Inclusion Strategy and has launched several initiatives such as the BAME Transformation Project, training programme on Allyship, and a three-day Rapid Improvement Event that targeted racial abuse of staff where several short term and long-term projects were agreed supported by our Comms team. There is a commitment to facilitating change.

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

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

WRES Indicator	Metric Descriptor		BAME 2019/20	White 2019/20	BAME 2020/21	White 2020/21	BAME 2021/22	White 2021/22
6. Staff Survey Q13c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Berkshire Healthcare	25%	20%	23%	18%	23%	14%
		NHS Trusts	25%	21%	25%	20%	23%	18%

The data in Table 8 indicates that there has been no improvement in the harassment, bullying or abuse of BAME staff by their colleagues. However, staff from BAME backgrounds are still 9% more likely to experience harassment, bullying or abuse from staff than their White counterparts.

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

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

Table 9: Opportunities for career progression or promotion

WRES Indicator	Metric Descriptor		BAME 2019/20	White 2019/20	BAME 2020/21	White 2020/21	BAME 2021/22	White 2021/22
7. Staff Survey Q14	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	Berkshire Healthcare	50%	68%	50%	70%	46% **The way of calculating these results has changed this year, so we have updated all previous results to be in line for this scoring**	68%
		NHS Trusts	46%	59%	46%	61%	47%	61%

This data in Table 9 indicates that 46% of BAME staff believe that the Trust provides equal opportunities for career progression or promotion compared to 68% of White staff. This represents a regression from the previous year's data and is almost consistent with the national average score. There has been no consistent progress since 2019.

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

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

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

WRES Indicator	Metric Descriptor		BAME 2019/20	White 2019/20	BAME 2020/21	White 2020/21	BAME 2021/22	White 2021/22
8. Staff Survey Q13b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Berkshire Healthcare	13%	6%	12%	5%	14%	5%
		NHS Trusts	13%	6%	15%	6%	14%	6%

The data in Table 10 demonstrates that 14% of BAME staff have personally experienced discrimination at work from either their manager, team leader or colleagues in comparison to 5% of White staff. The Trust is committed to tackling harassment, bullying and/or abuse of staff. It continues to deliver a suite of Leadership and Management programmes that aim to foster inclusive and compassionate leadership behaviours in management teams across the Trust and this team now reports to the Assistant Director of Leadership, Inclusion and Organisational Experience, working collaboratively with the EDI team.

Also, there is a new Equality, Diversity and Inclusion Strategy, several initiatives such as the BAME Transformation Project, a new training programme on Allyship and Cultural Intelligence, and a range of project targeted at raising awareness as well as changing a culture that still has pockets of discrimination. BAME staff have been given opportunities to share their lived experiences with the Board to raise awareness and profile of the scale of the challenge.

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

Table 11: Board Representation

WRES Indicator	Metric Descriptor		2019/20	2020/21	2021/22
9 Board Representation	Percentage difference between Board voting membership and its overall workforce	Berkshire Healthcare	15%	(-) 15%	(-) 4.4%
		NHS Trusts	8%	10%	

The data presented in Table 11 indicates that as of 31st March 2022, BAME Board Membership has improved at -4.4% as there is now a change at Board level with 1 voting member.

Berkshire Healthcare Race Disparity Ratio

Table 12: BOB ICS Race Disparity Ratio Heat Map

Trust Name	% BAME Staff	Disparity Ratio		
		Lower to Middle	Middle to Upper	Lower to Upper
Berkshire Healthcare NHS Foundation Trust	25.8%	1.24	1.42	1.75
Buckinghamshire Healthcare NHS Trust	26.0%	1.50	1.04	1.56
Oxford Health NHS Foundation Trust	18.4%	1.70	1.47	2.50
Oxford University Hospitals NHS Foundation Trust	25.5%	1.73	2.32	4.01
Royal Berkshire NHS Foundation Trust	29.2%	1.76	2.08	3.67
South Central Ambulance Service NHS Foundation Trust	5.2%	0.92	1.37	1.26

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

The RDR is underpinned by the principle that once recruited into an organisation progression/promotion chance should be equally accessible to everyone – an issue that is highlighted as problematic by our WRES' data. Table 12 suggests that across the ICS, there is a disparity in proportion of BAME staff in AfC Band 8 and above vs AfC Band 5 and below compared to the proportion of White staff at those Bands.

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

- Lower to Middle: White staff are 1.24 times more likely to progress through the organisation than BAME staff
- Middle to Upper: White staff are 1.42 times more likely to progress through the organisation than BAME staff
- Lower to Upper: White staff are 1. 75 times more likely to progress through the organisation than BAME staff

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

Conclusion and Next Steps

Based on the 2021-22 data the following have been identified as areas of concern that the Trust must focus on for improvement:

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

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

- 'De-biasing' and 'inclusivisation' of the recruitment and selection processes (this will be integrated with the Six National Actions): the aim is to increase representation of Black, Asian, and Ethnic Minority staff in Bands 8a to VSM
- Eradication of discrimination, bullying and harassment in the workplace
- Inclusive practise for equalisation of career opportunities for development
- Compassionate and Inclusive Leadership (with cultural intelligence)
- Talent approach and Sponsorship programme
- Allyship
- Continuation of the Just Culture work

Appendix 1: BAME Staff Population

Table 13: BAME staff population at Berkshire Healthcare

Overall Percentage of BAME Staff		2019/20	2020/21	2021/22
Percentage of BAME staff in overall Berkshire Healthcare workforce compared with other NHS Trusts in England	Berkshire Healthcare	25%	26%	27.4%
	NHS Trusts	20%	21%	22.4%

Appendix 2: EDI Improvement Plan

Action	EDI Strategy Objectives	Progress	Next steps	Timescales
Increase the likelihood of BAME staff being appointed from shortlisting through improved and inclusive recruitment processes	*Recruitment Processes*	**National Action 1**: Set specific recruitment targets **National Action 2:** Introduce a system of 'comply or explain' to ensure fairness during interviews **National Action 3:** mandate new policy where all hiring managers include evidence of EDI work / understanding as essential criteria for Bands 8a and above roles.	• Work with BAME Network and review recruitment process (including job adverts) • Deliver inclusive recruitment training (including unconscious bias)	December 2022 October 2022
Continue to address the poorer experience of BAME staff reported through the NSS for Bullying and Harassment	*Inequalities and differentials in experience:* • Just Culture • Bullying and Harassment	• Promote Trust's Zero-Tolerance Policy about bullying and harassment • Work with the BAME Network to improve use of soft intelligence about people's experience, in combination with data from Human Resources, EDI Team and Freedom to Speak Up processes	• Reduction of Bullying and Harassment to be a key deliverable of the newly formed EDI Team • Embed conversations about race into Leadership Training for managers and through Respect and Civility training • Continue to promote the inclusion through the internal communication channels for staff and managers	January 2023 January 2023 December 2022

		National Action 4: Adapt and adopt resources, guides and tools to help leaders and individuals have productive conversations about race (normalise conversations about race)	• We are working with ICB colleagues to commission some in-depth EDI expert analysis of our data – our intention is that this expertise will help us to understand why we did not meet our 21/22 target, and despite full and successful implementation of our just culture principles which have overall had a positive impact on our staff, we continue to experience a disproportionate number of BAME staff involved in disciplinary investigations	December 2022
Continue to invest in developing compassionate and inclusive leadership	*Leadership and Management*	• Continue to thread EDI into Leadership and Management Training **National Action 4:** Adapt and adopt resources, guides, and tools to help leaders and individuals have productive conversations about race (normalise conversations about race)	• Review all Leadership and Management Training through EDI lenses • Embed EDI in Leadership and Management Training, including Sponsorship programme aimed at improving the diversity of our talent pipeline • Inclusive Leadership Competency Framework (with Cultural Intelligence) training, aimed at supporting senior managers to adopt values and behaviours that support an inclusive culture and promotes career progression for all	January 2023 January 2023 January 2023
Provide inclusive career progression opportunities for development	*Inequalities and differentials in experience:*	• Use of reliable and robust data – to understand the experiences of our staff and proactively use data to address areas of concern. Work with the BAME Network to improve our use of soft intelligence about people's experiences, in combination with data from Human Resources, EDI Team and Freedom to Speak Up processes	• Career conversations embedded into the annual appraisal process • Implement and fully embed an inclusive talent management system, to support the development of a talent pipeline • Promote and support inclusive access to training, learning and development opportunities, at national, regional and local level • Identify any specific gaps requiring some targeted or bespoke	January 2023 January 2023 January 2023

		National Action 5:	• Working with ICS colleagues to adapt	December 2022
		Organise talent panels or internal promotion panels:	script for a 7-minute Just-In-Time video on Top Tips on Fair Recruitment and	
		• Create a 'database' of individuals eligible for promotion and development opportunities	promoting this with hiring managers to ensure fair and inclusive practices are used	December 2022
		○ Design a transparent promotion system/criterion		
		National Action 6:		
		Overhaul interview processes to incorporate:		
		• Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.		
		• Enhance EDI support available to train organisation and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies		