Berkshire Healthcare NHS Foundation Trust

Equality Diversity & Inclusion

Workforce Race Equality Standard (WRES) Annual Report 2023

Board Meeting Date	September 2023
Title	**Workforce Race Equality Standard (WRES)**
	Item for Noting **Item for Discussion**
Purpose	**This report sets out our 2023 data and approach to action against the Workforce Race Equality Standard (WRES) metrics**
Business Area	**People Directorate**
Author	**Ash Ellis, Deputy Director for Leadership, Inclusion, OD**
Relevant Strategic Objectives	Make Berkshire Healthcare a great place to work for our people. Anti-racism commitment in addressing staff experience differential.
CQC Registration/Patient Care Impacts	The relevance of this paper supports all CQC KLOEs and patient experience.
Resource Impacts	The paper references work that needs to be undertaken across the Trust.
Legal Implications	This supports our public sector equality duty, and is part of our contractual obligation required by Trusts. We are required to publish this report on our website for 3 years.
Equality and Diversity Implications	This paper helps us to recognise, explore and take action against any inequalities for our workforce.
SUMMARY	This paper provides the Board with an overview of the inequalities experienced by our workforce. It provides data, benchmarking and highlights where we need to do better.
ACTION	To note the report, next steps and seek any clarification.

Workforce Race Equality Standard 2023

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out our 2023 data and approach to action against the Workforce Race Equality Standard (WRES) metrics

Executive Summary

- The WRES is the national framework through which Trusts are required to measure their performance against nine key indicators for staff representation and experience with regard to race. This comprises Trust workforce data indicators (1 – 4) Nationally set, Trust Staff Survey data indicators (5 – 8) and an indicator focused on BME Board representation.

- The number of BME colleagues has increased by 99 to 1,411 from 1,312 last year. 28.40% of our colleagues are represented in the BME category, compared to 27.4% last year. We have a workforce that is fairly representative of the Berkshire population.

- Overall, we have seen positive change and improvement across 7 of the 9 indicators, with one staying the same and one moving in the wrong direction.

- Indicator 5 has improved for white colleagues over the past 3 years but stayed the same for BME colleagues the last 2 years, which is the one indicator this year that has stayed the same. This is 'Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months'. For the last two years this has remained at 29.4% for BME colleagues. The data indicates that BME colleagues are 10.9% more likely to experience harassment, bullying or abuse from patients, relatives and the public than white colleagues.

- Indicator 4 is where we have moved in the wrong direction. This is the 'Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff'. Moving from 1.28 to 1.44, meaning white colleagues are 1.44 times more likely to access CPD than BME colleagues.

- Our race disparity ratio shows us that white colleagues are 1.93 (clinical) and 1.13 (non-clinical) times more likely to progress through the organisation than BME colleagues with regards to their career progression.

- It is the first time we have explored our Medial, and Bank WRES.

- Although improvement can be seen, we must not pause in our work to reduce inequality of experience for our colleagues. We must acknowledge that we are moving in the right direction but a lot more progress needs to be made, and targeted work has already begun with the two indicators where we haven't made improvement.

- We are developing our anti-racism strategy to dismantle racism, and become an anti-racist organisation. The subsequent action plan from this strategy will form our WRES action plan. This is currently being developed and co-created by engagement with our Race Equality Network (REN) and Trust-wide colleagues.

Recommendation The Board is asked to acknowledge the WRES report and subsequent approach to develop actions.

Background

This paper provides an overview of our annual performance against the Workforce Race Equality Standard (WRES) metrics for 2021-22. The data will be published on our public website, along with our action plan, in line with regulatory requirements.

The NHS Equality and Diversity Council (EDC) introduced WRES as a framework for NHS Trusts to focus specifically on race. This was in response to the 2014 study by Roger Kline titled 'The snowy white peaks of the NHS', which highlighted the link between good patient care and an NHS workforce that is representative of the local population it serves.

The WRES came into effect on 1st April 2015. The standard is designed to improve the representation and experience of Black and Minority Ethnic (BME) staff at all levels of the organisation – particularly senior management.

In the context and requirement of the WRES, we will be using language set out in the WRES technical guidance. White staff comprises White British, White Irish and White Other (Ethnic codes A, B, C) whereas BME staff comprise all other categories excluding 'not stated'. We have tried to consider further breakdown of BME, and other ethnic groups refers to; Chinese and any other ethnic group.

Overall, there are nine indicators that make up the NHS WRES. These comprise:

- Workforce indicators (1 – 4),
- Staff Survey indicators (5 – 8)
- and an indicator focused on board representation (9).

The WRES is now mandated as part of the standard NHS Contract, and this supports closer scrutiny of the progress we make and outcomes we achieve.

What is our Workforce data telling us?

Data in 2023 shows our total staff is at 4,968.
The number of BME colleagues has increased by 99 to 1,411 from 1,312.
28.40% of our colleagues are represented in the BME category, compared to 27.4% last year.
1,411 are BME and 3,420 are White and 137 have not stated. Figure 1a and 1b below shows our ethnicity profile.

Figure 1a: BHFT Ethnicity Profile 2022/23

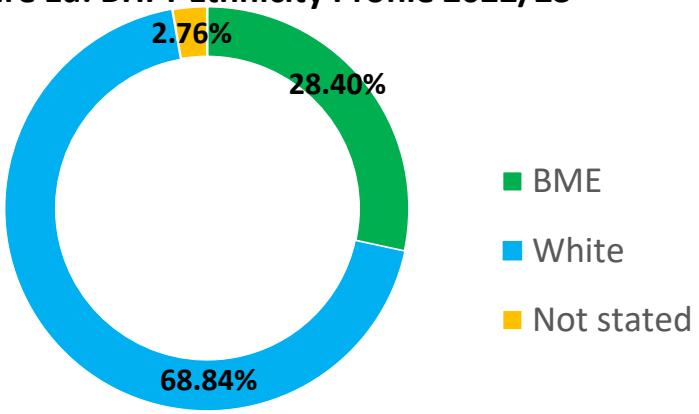
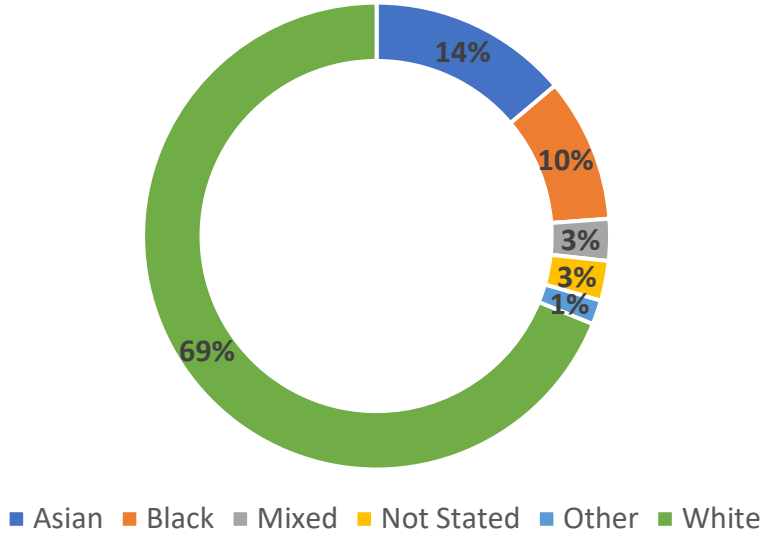


Figure 1b: BHFT Ethnicity Profile 2022/23



Overall Percentage of BME Staff		2020/21	2021/22	2022/23
Percentage of BME staff in overall Berkshire Healthcare workforce compared with other NHS Trusts in England	**Berkshire Healthcare**	**26%**	**27.4%**	**28.4%**
	NHS Trusts	**21.1%**	**22.4%**	**24.2%**

BHFT Workforce compared to Berkshire Population

	BME	White	Not stated	Total
BHFT Workforce	1,411 (28.40%)	3,420 (68.84%)	137 (2.76%)	4,968
Berkshire Population	279,170 (27.7%)	632,934 (62.9%)	94,280 (9.4%)	1,006,384

	Asian or Asian British *(Indian, Pakistani, Bangladeshi, any other Asian background)*	**Black or Black British** *(Caribbean, African, any other black background)*	**Mixed** *(White & Black Caribbean, White & Black African, White & Asian, any other mixed background)*	**Other Ethnic Groups** *(Chinese, any other ethnic group)*	**White** *(British, Irish, any other white background)*	**Not stated**	**Total**
BHFT Workforce	688 (13.85%)	495 (9.96%)	144 (2.89%)	84 (1.69%)	3,420 (68.84%)	137 (2.76%)	4,968
Berkshire Population	172,453 (17.13%)	33,546 (3.33%)	28,062 (2.78%)	45,109 (4.48%)	632,934 (62.89%)	94,280 (9.36%)	1,006,384

It's also useful to look at our workforce compared to the communities we support to see how representative our workforce is of our local population. The data shows that BHFT BME workforce is overrepresented by 0.7% compared to overall Berkshire population. The data also shows that BHFT white workforce is overrepresented by 5.94% compared to overall Berkshire population. Like within BHFT there is a large population of the overall Berkshire population where we do not know their ethnicity (9.4%). The further breakdown of BME shows that we are underrepresented in our workforce population for Asian and Other Ethnic Groups, and overrepresented for Black and Mixed Groups compared to the overall Berkshire population.

WRES Indicators

Indicator 1: Percentage of White staff in Bands 1 to 9 and VSM compared with the percentage of BME staff in the overall workforce.

Figure 2: Workforce Profile – Non-Clinical Staff 2021-23 (across 3 years)

Pay Band	2021 Non-Clinical Workforce Data				2022 Non-Clinical Workforce Data				2023 Non-Clinical Workforce Data			
	Total Non-Clinical Staff	White	BME	Ethnicity Unknown	Total Non-Clinical Staff	White	BME	Ethnicity Unknown	Total Non-Clinical Staff	White	BME	Ethnicity Unknown
Under Band 1	3	2 (67%)	1 (33%)	0 (0%)	5	2 (40%)	3 (60%)	0 (0%)	2	1 (50%)	1 (50%)	0 (0%)
Band 1	13	9 (69%)	3 (23%)	1 (8%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	144	113 (78%)	28 (19%)	3 (2%)	70	56 (80%)	14 (20%)	0 (0%)	60	48 (80%)	12 (20%)	0 (0%)
Band 3	276	217 (79%)	56 (20%)	3 (1%)	274	216 (79%)	55 (20%)	3 (1%)	275	215 (78%)	58 (21%)	2 (1%)
Band 4	266	193 (73%)	63 (24%)	10 (4%)	272	199 (73%)	64 (24%)	9 (3%)	298	208 (70%)	77 (26%)	13 (4%)
Band 5	129	97 (75%)	28 (22%)	4 (3%)	130	99 (76%)	30 (23%)	1 (1%)	143	107 (75%)	34 (24%)	2 (1%
Band 6	135	95 (70%)	34 (25%)	6 (4%)	134	95 (71%)	36 (27%)	3 (2%)	153	107 (70%)	42 (27%)	4 (3%)
Band 7	87	56 (64%)	28 (32%)	3 (3%)	103	65 (63%)	34 (33%)	4 (4%)	123	80 (65%)	40 (33%)	3 (2%)
Band 8a	88	68 (77%)	19 (22%)	1 (1%)	84	58 (69%)	24 (29%)	2 (2%)	95	65 (68%)	27 (29%)	3 (3%)
Band 8b	39	35 (90%)	3 (8%)	1 (3%)	58	51 (88%)	6 (10%)	1 (2%)	66	54 (82%)	11 (17%)	1 (1%)
Band 8c	32	27 (84%)	4 (13%)	1 (4%)	36	28 (78%)	7 (19%)	1 (3%)	33	28 (85%)	4 (12%)	1 (3%)
Band 8d	14	9 (64%)	2 (14%)	3 (21%)	15	11 (73%)	1 (7%)	3 (20%)	16	13 (81%)	1 (6%)	2 (13%)
Band 9	4	1 (25%)	1 (25%)	2 (50%)	7	3 (43%)	1 (14%)	3 (43%)	8	5 (62%)	3 (38%)	0 (0%)
VSM	4	1 (25%)	0 (0%)	3 (75%)	4	1 (25%)	0 (0%)	3 (75%)	9	6 (67%)	2 (22%)	1 (11%)
Total	1234	923	270	41	1192	**884**	**275**	**33**	**1272**	**937**	**312**	**32**

- NB. Exec Bord Members excluded prior to 2023 as part of WRES submission.
- 32 people haven't declared their ethnicity, although this has decreased year on year. It is worth noting for those in pay Bands 8d, 9 and VSM, due to the small numbers, where colleagues haven't declared their ethnicity, this can potentially skew the figures.

- Our BME representation has grown in bands 2,3,4, 5, 8b, 9 and VSM. Stayed the same in bands 6, 7 and 8a. It has decreased in bands 8c, 8d.
- In comparison with our overall BME workforce (28.40%) we have over-representation of BME colleagues in bands 7, 8a and 9, under-representation of BME colleagues within 7% of overall BME workforce in bands 2, 3, 4, 5, 6, and VSM. We have under-representation of BME colleagues by more than 10% of overall BME workforce in bands 8b, 8c, and 8d.
- In comparison with our overall white workforce (68.84%) we have over-representation in bands 2, 3, 4, 5, 6, 8b, 8c, 8d. We have over-representation of white colleagues by more than 10% compared to our overall white workforce in bands 2, 8b, 8c and 8d. We have under-representation of white colleagues within 7% of overall white workforce in bands 7, 8a, 9 and VSM.

Figure 3: Workforce Profile - Clinical Staff 2021-23 (across 3 years)

Pay Band	2021 Clinical Workforce Data				2022 Clinical Workforce Data				2023 Clinical Workforce Data			
	Total Clinical Staff	White	BME	Ethnicity Unknown	Total Clinical Staff	White	BME	Ethnicity Unknown	Total Clinical Staff	White	BME	Ethnicity Unknown
Under Band 1	7	5 (71%)	1 (14%)	1 (14%)	**7**	2 (29%)	4 (57%)	1 (14%)	13	9 (69%)	4 (31%)	0 (0%)
Band 1	1	1 (100%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	171	80 (48%)	83 (49%)	8 (5%)	180	83 (46%)	88 (49%)	9 (5%)	167	79 (47%)	83 (50%)	5 (3%)
Band 3	406	279 (69%)	118 (29%)	9 (2%)	368	242 (66%)	119 (32%)	7 (2%)	358	235 (66%)	114 (32%)	9 (2%)
Band 4	387	295 (76%)	82 (21%)	10 (3%)	**439**	340 (77%)	91 (21%)	8 (2%)	484	363 (75%)	110 (23%)	11 (2%)
Band 5	438	261 (60%)	162 (37%)	15 (3%)	462	260 (56%)	183 (40%)	19 (4%)	468	254 (54%)	200 (43%)	14 (3%)
Band 6	876	653 (75%)	193 (22%)	30 (3%)	862	628 (73%)	205 (24%)	29 (3%)	811	580 (71%)	207 (26%)	24 (3%)
Band 7	652	472 (72%)	160 (25%)	20 (3%)	**682**	504 (74%)	158 (23%)	20 (3%)	760	557 (73%)	181 (24%)	22 (3%)
Band 8a	215	166 (77%)	47 (22%)	2 (1%)	243	182 (75%)	59 (24%)	2 (1%)	271	203 (75%)	60 (22%)	8 (3%)
Band 8b	70	59 (84%)	11 (16%)	0 (0%)	**81**	68 (84%)	12 (15%)	1 (1%)	98	79 (81%)	17 (17%)	2 (2%)
Band 8c	21	16 (76%)	5 (24%)	0 (0%)	23	17 (74%)	6 (26%)	0 (0%)	26	20 (77%)	6 (23%)	0 (0%)
Band 8d	20	19 (95%)	1 (5%)	0 (0%)	18	17 (94%)	1 (6%)	0 (0%)	18	18 (100%)	0 (0%)	0 (0%)
Band 9	4	4 (100%)	0 (0%)	0 (0%)	**3**	3 (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%)	0 (0%)	1	0 (0%)	1 (100%)	0 (0%)
Total	**3268**	**2310**	**863**	**95**	**3368**	**2346**	**926**	**96**	**3478**	**2400**	**983**	**95**

- NB. Exec Bord Members excluded prior to 2023.
- Our BME representation has grown in bands 2, 4, 5, 6, 7, 8b and VSM. Stayed the same in bands 3 and 9. It has decreased in bands 8a, 8c, and 8d.

- In comparison with our overall BME workforce (28.40%) we have over-representation of BME colleagues in bands 2, 3, 5 and VSM, under-representation of BME colleagues within 7% of overall BME workforce in bands 4, 6, 7, 8a and 8c. We have under-representation of BME colleagues by more than 10% of overall BME workforce in bands 8b, 8d and 9.
- In comparison, with our overall white workforce (68.84%) we have over-representation in bands 4, 6, 7, 8b, 8c, 8d. We have over-representation of white colleagues by more than 10% of overall white workforce in bands 2, 8a, 8b, 8c, 8d and 9. We have under-representation of white colleagues in bands 2, 3, 5 and VSM.
- 95 people haven't declared their ethnicity, although this has decreased by 1 since last year.

Figure 4: Workforce Profile – Medical & Dental staff 2021-2023

Pay Band	2021 Clinical (Medical & Dental) Workforce				2022 Clinical (Medical & Dental) Workforce				2023 Clinical (Medical & Dental) Workforce			
	Total Medical & Dental Staff	White	BME	Ethnicity Unknown	Total Medical & Dental Staff	White	BME	Ethnicity Unknown	Total Medical & Dental Staff	White	BME	Ethnicity Unknown
Consultants	98	31 (32%)	43 (44%)	24 (24%)	**100**	37 (37%)	51 (51%)	12 (12%)	**93**	39 (42%)	52 (56%)	2 (2%)
Snr Medical Manager	0	0	0	0	0	0	0	0	**0**	0	0	0
Non-consultant Career Grade	87	33 (38%)	38 (44%)	16 (18%)	**82**	33 (40%)	43 (53%)	6 (7%)	**82**	30 (37%)	48 (58%)	4 (5%)
Trainee Grade	21	2 (10%)	2 (10%)	17 (81%)	25	9 (36%)	15 (60%)	1 (4%)	**27**	11 (41%)	14 (52%)	2 (7%)
Other	0	0	0	0	0	0	0	0	**0**	0	0	0
Total	206	66	83	57	207	**79**	**109**	**19**	**202**	**80 (40%)**	**114 (56%)**	**8 (4%)**

- In 2 years we have reduced the ethnicity declaration being 'unknown' from 57 down to 8 for this year.
- We have more BME medical colleagues overall than white medical colleagues.
- We have increased the number of BME Consultants in 2 years from 43 to 52, and white Consultants from 31 to 39.

Indicator 2: Relative likelihood of staff being appointed from shortlisting

WRES Indicator	Metric Descriptor		2020/21	2021/22	2022/23
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants	Berkshire Healthcare	1.46	1.53	1.51
		NHS Trusts	1.61	1.61	1.54

This year we have made improvement but not enough. A value above 1 indicates that white candidates are more likely to be appointed than BME candidates, and a value below 1 indicates that white candidates are less likely to be appointed than BME candidates.

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

WRES Indicator	Metric Descriptor		2020/21	2021/22	2022/23
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Berkshire Healthcare	1.81	4.59	1.21
		NHS Trusts	1.16	1.14	1.14

We have made great progress over the last year and the most progress we have made in this area for 3 years. However, we still have work to do. A value of “1.0” for the likelihood ratio means that BME and white staff are equally likely to enter formal disciplinary proceedings, whilst a value above 1 indicates that BME staff are more likely to enter formal disciplinary proceedings than white staff, and a value below 1 indicates that BME staff are less likely to enter formal disciplinary proceedings than white staff.

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

WRES Indicator	Metric Descriptor		2020/21	2021/22	2022/23
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	Berkshire Healthcare	1.51	1.28	1.44
		NHS Trusts	1.14	1.14	1.12

This is the one indicator where we have declined this year, so we will need to particularly focus on this indicator. A value of “1.0” for the likelihood ratio means that white and BME staff are equally likely to access non-mandatory training or CPD, whilst a value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than BME staff, and a value below 1 indicates that white staff are less likely to access non-mandatory training or CPD than BME staff.

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

WRES Indicator	Metric Descriptor		BME 2020/21	White 2020/21	BME 2021/22	White 2021/22	BME 2022/23	White 2022/23
5 Staff Survey Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	31%	20%	29.4%	19.9%	**29.4%**	**18.5%**
		NHS Trusts	32%	25%	32%	26%	**29.2%**	**27%**

This indicator has improved for white colleagues over the past 3 years but has stayed the same for BME colleagues the last 2 years. The data indicates that BME colleagues are 10.9% more likely to experience harassment, bullying or abuse from patients, relatives and the public than white colleagues. We have made no consistent progress since 2020/21.

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

WRES Indicator	Metric Descriptor		BME 2020/21	White 2020/21	BME 2021/22	White 2021/22	BME 2022/23	White 2022/23
6. Staff Survey Q14b/c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Berkshire Healthcare	23%	18%	23%	14%	**20.8%**	**15.4%**
		NHS Trusts	25%	20%	23%	18%	**27.6%**	**22.5%**

An improvement of 2.2% from 21/22 for BME colleagues but a 1.4% decline for our white colleagues. However, based on the above our BME colleagues are still 5.4% more likely to experience harassment, bullying or abuse from colleagues than their white counterparts.

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

WRES Indicator	Metric Descriptor		BME 2020/21	White 2020/21	BME 2021/22	White 2021/22	BME 2022/23	White 2022/23
7. Staff Survey Q15	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	Berkshire Healthcare	50%	70%	45.7%	67.5%	**51.7%**	**68.1%**
		NHS Trusts	46%	61%	47%	61%	**44.4%**	**58.7%**

We have seen an improvement for both our white colleagues (0.6%) and our BME colleagues (6%) in their beliefs that the Trust provides equal opportunities for career progression or promotion. There is still a difference of 16.4% in favour of our white colleagues.

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

WRES Indicator	Metric Descriptor		BME 2020/21	White 2020/21	BME 2021/22	White 2021/22	BME 2022/23	White 2022/23
8. Staff Survey Q16b	Percentage of staff experienced discrimination at work from manager / team leader or other	Berkshire Healthcare	12%	5%	14%	5.3%	**13.2%**	**5.2%**
		NHS Trusts	15%	6%	14%	6%	**17%**	**6.8%**

	colleagues in last 12 months							

We have seen an improvement for both our white colleagues (0.1% reduction) and our BME colleagues (0.8% reduction). However, the stark reality is that far too many of our colleagues experience discrimination from their colleagues whilst at work. Also our BME colleagues experience discrimination 8% more than our white colleagues.

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

WRES Indicator	Metric Descriptor		2020/21	2021/22	2022/23
9 Board Representation	Percentage difference between Board voting membership and its overall workforce	Berkshire Healthcare	**(-) 15%**	**(-) 4.4%**	**+2.4%**
		NHS Trusts	**10%**	12.6%	**13.2%**

The indicator above shows that we have made great progress over 3 years going from -15% to +2.4% with a marked improvement this year. The difference between percentage BME representation on the board and in the workforce overall is 2.4%%
Our BME workforce is 28.40% and our BME Board Membership is 30.8%. Executive Board Member is 33.3% BME, and Non Executive Board Member is 28.6% BME. Both are above our overall BME workforce population, conveying that we have over-representation of BME colleagues in our Board compared to our workforce.

Figure 5: Talent Pipeline to Board – Executive Director reports

Staff Group	Gender		Ethnicity				Disability			Total in staff group
	Male	Female	White British	White – any other white background	Asian or Asian British	Not Stated	Disabled	Non-Disabled	Not Stated	
Medical	2	2	2	1	1	0	0	3	1	**4**
Clinical	1	5	6	0	0	0	0	6	0	**6**
Corporate	3	11	11	1	0	2	1	9	4	**14**
Total	6 (25%)	18 (75%)	19 (79.2%)	2 (8.3%)	1 (4.2%)	2 (8.3%)	1 (4.2%)	18 (75%)	5 (20.8%)	**24**

The above shows the colleagues who report into Executive Board members, clinical directors, and their declared characterist

Berkshire Healthcare Race Disparity Ratio

Figure 5: Race Disparity Ratio (RDR) – Comparison of BME Staff Progression with white staff progression in the ICS

Trust Name	% BME Staff	Disparity Ratio					
		Lower to Middle *(from B2,B3, B4, B5 to B6&B7)*		Middle to Upper *(from B6, B7 to B8a and up incl VSM)*		Lower to Upper *(from B2, B3, B4, B5 to B8a and up incl VSM)*	
		Clinical	Non-clinical	Clinical	Non-clinical	Clinical	Non-clinical
Berkshire Healthcare NHS Foundation Trust	28.4%	1.63	0.66	1.18	1.71	1.93	1.13
Buckinghamshire Healthcare NHS Trust	30.7%	2.51	1.26	1.13	0.66	2.84	0.82
Oxford Health NHS Foundation Trust	19.7%	2.17	1.38	1.50	1.20	3.24	1.67
Oxford University Hospitals NHS Foundation Trust	28.3%	2.59	1.38	2.77	1.10	7.16	1.53
Royal Berkshire NHS Foundation Trust	31.5%	1.79	2.63	1.65	1.74	2.95	4.59
South Central Ambulance Service NHS Foun Trust	4.8%	0.68	1.07	-	1.25	-	1.34
Frimley Health NHS Foundation Trust	40.4%	1.89	1.66	1.92	2.04	3.64	3.37
Surrey and Borders Partnership NHS Foun Trust	30.3%	1.99	0.46	1.62	1.35	3.22	0.62

Building on the challenges highlighted by the 9 WRES indicators presented in this report, Figure 5 above presents Berkshire Healthcare's Race Disparity Ratio (RDR) and compares it with the Trust's partners in the BOB and Frimley ICS. It is worth noting that the above RDR is based on the previous year's data.

The RDR is underpinned by the principle that once recruited into an organisation progression/promotion chances should be equally accessible to everyone – an issue that is highlighted as problematic by our WRES data.

Figure 5 suggests that across the ICS, there is a disparity in proportion of BME staff progressing to AfC Band 8 and above compared to the proportion of White staff.

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 Figure 5:

- Lower to Middle: White staff are 1.63 (clinical) and 0.66 (non-clinical) times more likely to progress through the organisation than BME staff.
- Middle to Upper: White staff are 1.18 (clinical) and 1.71 (non-clinical) times more likely to progress through the organisation than BME staff.
- Lower to Upper: White staff are 1.93 (clinical) and 1.13 (non-clinical) times more likely to progress through the organisation than BME staff.

A value of “1.0” indicates equity in representation at higher and lower levels, a value greater than “1.0” indicates that BME staff are underrepresented at the higher pay bands, and a value below “1.0” indicates BME staff are overrepresented at the higher pay bands.

Medical WRES

Medical WRES Indicator Number	Indicator description		Data collection categories and sub-categories	Reporting year 2021/22 Black	White	Asian	Other	Not known	2022/23 Black	White	Asian	Other	Not known
1a	**The composition of the medical and dental workforce**	Number of staff in each medical and dental sub group, disaggregated by ethnicity (based on the workforce as at 31st March in the reporting year)	Medical directors								1		
			Clinical directors (directors of clinical teams)						0	0	0	0	0
			Consultants						2	39	45	5	2
			SAS						6	24	23	10	2
			Locally Employed Doctor (LED)						0	2	3	0	0
			Doctors in postgraduate training						0	0	0	0	0
			All other medical and dental staff						1	15	17	2	4
1b	**Clinical Excellence Awards**	Number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity and origin of primary medical qualification (based on the financial year)	Was distributed equally across all eligible consultants										
2	**Consultant recruitment**	Consultant recruitment following completion of postgraduate training, disaggregated by ethnicity (based on the financial year)	Number of applicants	0	2	0	0	0	0	1	0	0	0
			Number shortlisted	0	2	0	0	0	0	1	0	0	0
			Number appointed	0	2	0	0	0	0	1	0	0	0
3a	**Complaints, referrals and investigations**	Complaints, referrals to the GMC, and GMC Investigations, disaggregated by ethnicity and origin of primary medical qualification (based on the financial year)	UK Medical Graduate: Total number of medical and dental staff in Trust						3	74	10	6.	3
			UK Medical Graduate: Number of complaints (Trust data)	0	1	0	0	0	0	1	0	0	0
			UK Medical Graduate: Number of referrals to the GMC	0	0	0	0	0	0	0	0	0	0
			UK Medical Graduate: Number of GMC investigations	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%

		EEA Medical Graduate	Total number of medical and dental staff in Trust						1	10	3	0	1
			Number of complaints (Trust data)	0	0	0	0	0	0	0	0	0	0
			Number of referrals to the GMC	0	0	0	0	0	0	0	0	0	0
			Number of GMC investigations	0	0	0	0	0	0	0	0	0	0
		International Medical Graduate (IMG)	Total number of medical and dental staff in Trust						5	10	64	11	4
			Number of complaints (Trust data)	1	0	5	0	0	0	0	1	0	0
			Number of referrals to the GMC	0	0	0	0	0	0	0	0	0	0
			Number of GMC investigations	0	0	0	0	0	0	0	0	0	0
3b	**Revalidation**	Deferral of revalidation, disaggregated by ethnicity and origin of primary medical qualification (based on the financial year)	UK Medical Graduate	Total number considered for revalidation	0	7	3	1	1	1	5	0	0	1
				Number whose revalidation was deferred	0	0	0	0	0	0	0	0	0	0
			EEA Medical Graduate	Total number considered for revalidation	0	1	0	0	0	0	1	0	0	0
				Number whose revalidation was deferred	0	0	0	0	0	0	1	0	0	0
			International Medical Graduate (IMG)	Total number considered for revalidation	2	5	8	2	2	1	1	7	0	0
				Number whose revalidation was deferred	0	0	0	0	0	0	0	0	0	0

Number	Indicator description	BME	White
Indicator 5	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from…Patients / service users, their relatives or other members of the public	36.10%	38%
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	16.70%	26%
Indicator 7	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	60%	68%
Indicator 8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	11.90%	8%

- This is the first year we have completed the medical WRES.
- Medical education i.e. UK/EEA/IMG hasn't been recorded in the Trust prior to May 2023, we have now inserted a process to capture this on ESR going forwards.
- There has been 1 complaint during this period, this came from our largest population group of Asian colleagues.
- There has been 1 deferral during this period from our white colleague population group.

- For indicators 5 and 6 our white colleagues have a poorer experience.
- For indicator 7 our white colleagues are 8% more of the belief that the organisation acts fairly with regard to career progression and promotion than our BAME colleagues.
- For indicator 8, our BAME colleagues have experienced discrimination at work from a manager/colleague 3.90% more than white colleagues.
- 96 colleagues were trained in the UK, 15 colleagues are EEA and 94 colleagues are IMG.

Bank WRES

Figure 6: Bank WRES – Female bank workers clinical and non-clinical, ethnicity and pay band comparison

Gender		Female																
Ethnic Origin		Black or Black British African	Any other Asian background	Any other Black background	Any other ethnic group	Any other mixed background	Any other White background	Bangladeshi	White British	Black or Black British Caribbean	Chinese	Indian	White Irish	Not Stated	Pakistani	White & Asian Mixed	White &Black African Mixed	White & Black Caribbean Mixed
	Band																	
Clinical Staff	Band 2	101	18	0	0	0	24	0	97	0	0	23	0	74	0	0	0	0
	Band 3	57	12	0	0	0	21	0	125	0	0	0	0	49	0	0	0	0
	Band 4	0	0	0	0	0	0	0	60	0	0	0	0	12	0	0	0	0
	Band 5	63	17	0	0	0	17	0	132	0	0	0	0	44	0	0	0	0
	Band 6	29	12	0	0	0	19	0	232	0	0	15	0	56	0	0	0	0
	Band 7	0	0	0	0	0	13	0	133	0	0	11	0	29	0	0	0	0
	Band 8a	0	0	0	0	0	0	0	33	0	0	0	0	0	0	0	0	0
	Band 8b	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8c	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**200**	**54**	**11**	**14**	**11**	**93**	**0**	**711**	**13**	**0**	**71**	**14**	**215**	**23**	**0**	**12**	**0**
Non-Clinical Staff	Band 2	0	0	0	0	0	0	0	22	0	0	0	0	0	0	0	0	0
	Band 3	0	0	0	0	0	0	0	66	0	0	0	0	14	0	0	0	0
	Band 4	0	0	0	0	0	0	0	67	0	0	0	0	0	0	0	0	0
	Band 5	0	0	0	0	0	0	0	21	0	0	0	0	0	0	0	0	0
	Band 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 7	0	0	0	0	0	0	0	15	0	0	0	0	0	0	0	0	0
	Band 8a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8b	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8c	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8d	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**11**	**0**	**196**	**0**	**0**	**25**	**0**	**32**	**14**	**0**	**0**	**0**
Total		**206**	**60**	**12**	**16**	**13**	**104**	**0**	**902**	**18**	**0**	**94**	**15**	**244**	**34**	**14**	**12**	**14**

Figure 7: Bank WRES – Male bank workers clinical and non-clinical, ethnicity and pay band comparison

Gender		Male																
Ethnic Origin		Black or Black British African	Any other Asian background	Any other Black background	Any other ethnic group	Any other mixed background	Any other White background	Bangladeshi	White British	Black or Black British Caribbean	Chinese	Indian	White Irish	Not Stated	Pakistani	White & Asian Mixed	White &Black African Mixed	White & Black Caribbean Mixed
	Band																	
Clinical Staff	Band 2	88	0	0	0	0	0	0	14	0	0	0	0	28	0	0	0	0
	Band 3	60	0	0	0	0	0	0	14	0	0	0	0	28	0	0	0	0
	Band 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 5	19	0	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0
	Band 6	18	0	0	0	0	0	0	16	0	0	0	0	14	0	0	0	0
	Band 7	0	0	0	0	0	0	0	16	0	0	0	0	12	0	0	0	0
	Band 8a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8b	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8c	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**138**	**15**	**0**	**0**	**0**	**13**	**0**	**78**	**0**	**0**	**19**	**0**	**66**	**0**	**0**	**14**	**0**
Non-Clinical Staff	Band 2	0	0	0	0	0	0	0	14	0	0	0	0	0	0	0	0	0
	Band 3	0	0	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0
	Band 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 5	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0
	Band 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8b	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8c	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 8d	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Band 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**56**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total		**139**	**17**	**0**	**0**	**0**	**20**	**0**	**134**	**0**	**0**	**25**	**0**	**73**	**0**	**0**	**14**	**0**

- This is the first time we have completed the Bank WRES.
- Our Bank staffing is outsourced and delivered by NHS Professionals (NHSP).
- The above are active NHS Bank Workers (refers to individuals who solely hold a NHS zero hours contract who have undertaken work/paid training within a 6 month period prior to an agreed date)
- NHSP have said, please note that, in order to protect sensitive data, only categories with more than 10 individuals are represented in the table. The total value represents the sum of all individuals.
- It is therefore more challenging to analyse and provide narrative when the make up of banding groups and ethnicity is not provided.
- In some cases, historic WRES submissions and data against WRES survey-based indicators may have contained bank worker data. From 2023 all submissions that relate to bank workers should be summited via this new method to form the Bank WRES, which is a separate submission.
- We have had 278 non-clinical female bank workers (13%). These have been in bands 2,3,4,5 and 7 only.
- We have had 1,442 clinical female bank workers (68%). These have been in bands 2 through to and including 8a.
- Total female bank workers was 1,720 (81%). Our substantive female workforce is 83.25%.
- We have had 56 non-clinical male bank workers (3%). These have been in bands 2,3 and 5 only. They are all white British.
- We have had 343 clinical male bank workers (16%). These have been in bands 2,3,5,6 and 7.
- Total male bank workers was 399 (19%). Our substantive male workforce is 16.75%.
- A total of 2,119 bank workers.
- The majority of our clinical bank workers are Black, or Black British African.
- The majority of our non-clinical bank workers are White British.
- The highest paid clinical bank workers for males is band 7, and for non clinical male bank workers is band 5.
- The highest paid clinical bank workers for females is band 8a, and for non clinical female bank workers is band 7.
- We have 66 who have not stated their ethnicity (3%), this is similar to Trust substantive workforce where 2.76% have not stated ethnicity.

Conclusion and next steps

Conclusion

Based on the data outlined in this report we have clear areas where we need to improve and do better for our colleagues, this is across most indicators. However, 7 of the 9 indicators have seen improvement from last year. One Indicator declined over the last year:

- Indicator 4 is the 'Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff'. It has moved from 1.28 to 1.44, meaning white colleagues are 1.44 times more likely to access CPD than BME colleagues.

One Indicator stayed the same over the last year:

- Indicator 5 is the 'Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months'. For two years this has remained at 29.4% for BME colleagues. The data indicates that BME colleagues are 10.9% more likely to experience harassment, bullying or abuse from patients, relatives and the public than white colleagues.

Our race disparity ratio shows us that white colleagues are 1.93 (clinical roles) and 1.13 (non-clinical roles) times more likely to progress through the organisation than BME colleagues with regards to their career progression.

Next Steps

Actions to further improve the Trust's WRES performance align with the Trust's strategic ambitions and priorities, in particular making Berkshire Healthcare a great place to work for our people. To meet this goal the Trust has refreshed its strategy and has committed to becoming anti-racist to address unwarranted differences in staff experience.

In committing to become an anti-racist organisation we will develop our actions in collaboration with our Anti-racism Task Group, Diversity Steering Group, Race Equality Network, Trade Unions and other stakeholders.

In developing our anti-racism strategy, we have begun by exploring our vision and action scope. This is being co-created through anti-racism workshops being led by our EDI team and our Race Equality Network for all of our colleagues to attend. From these workshops we will develop a Trust anti-racism action statement which will be underpinned by a deliberate, intentional and impactful action plan.

The action plan, although currently being co-created is likely to include 3 focus areas being informed by our problem statements above:

- **Develop anti-racist/discriminatory systems**
- **Demonstrate visible commitment to anti-racism**
- **Engagement and Education**

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