



The NHS Workforce Race Equality Standard (WRES)

The nine key indicators that underpin the WRES have played a key role in the progress that the Trust is making towards the amelioration of issues around racial inequality and BAME representation. Progress has been incremental over the past years. Our ambition in this strategy is to equalise and improve overall staff experience, further and faster than before.

It is required that we publish our results and the resultant Action Plan which covers BAME recruitment, workforce diversity, career development, disciplinarys, responses to the national staff survey on equal opportunities in career development, experiences of harassment, bullying and discrimination, and Board diversity.

As this data needs to be reviewed over several years to provide assurance of a sustained equity and improvement of experience in the organisation, Berkshire Healthcare is focusing on eliminating the gap in our people experiencing bullying and harassment as well as differentials in experience of recruitment, development and promotion. Our actions are targeted to achieve no differential in experience between any groups of our people, and an overall improvement where everyone has the same outstanding experience.

We continue to work with key stakeholders including the BAME Staff Network.

The Trust WRES data shows some progress in addressing gaps and inequalities and ameliorating differentials in experience between our BAME staff and their white colleagues over the past four years.

This progress however has not been embedded in all areas as shown in the table below. We are aware of further efforts needed in facilitating a fairer recruitment process: whilst the likelihood of white staff being appointed over BAME staff is at national average (1.46) the Trust made progress in 2017(1.36) and 2018 (1.27) but the data for 2019 shows we have but not retained this progress and regressed to 2016 levels.



The NHS Workforce Disability Equality Standard (WDES)

The WDES reporting requirements came into force on 1st April 2019 regarding staff with a disability. The WDES has been established to improve the experience of disabled staff working in and seeking employment in the NHS. The WDES is a set of ten evidence-based metrics that will enable NHS organisations to compare the reported outcomes and experiences of disabled and non-disabled staff. According to our Electronic Staff Record (ESR) system, 213 (5%) of our workforce of 4460 declared that they have a disability in 2019. Whilst this figure is above the national average (3%), it is significantly lower than the 505 (20%) of the National Staff Survey respondents who declared a disability. This highlights that the need to continue working towards facilitating a culture where our people are comfortable to declare their disabilities.

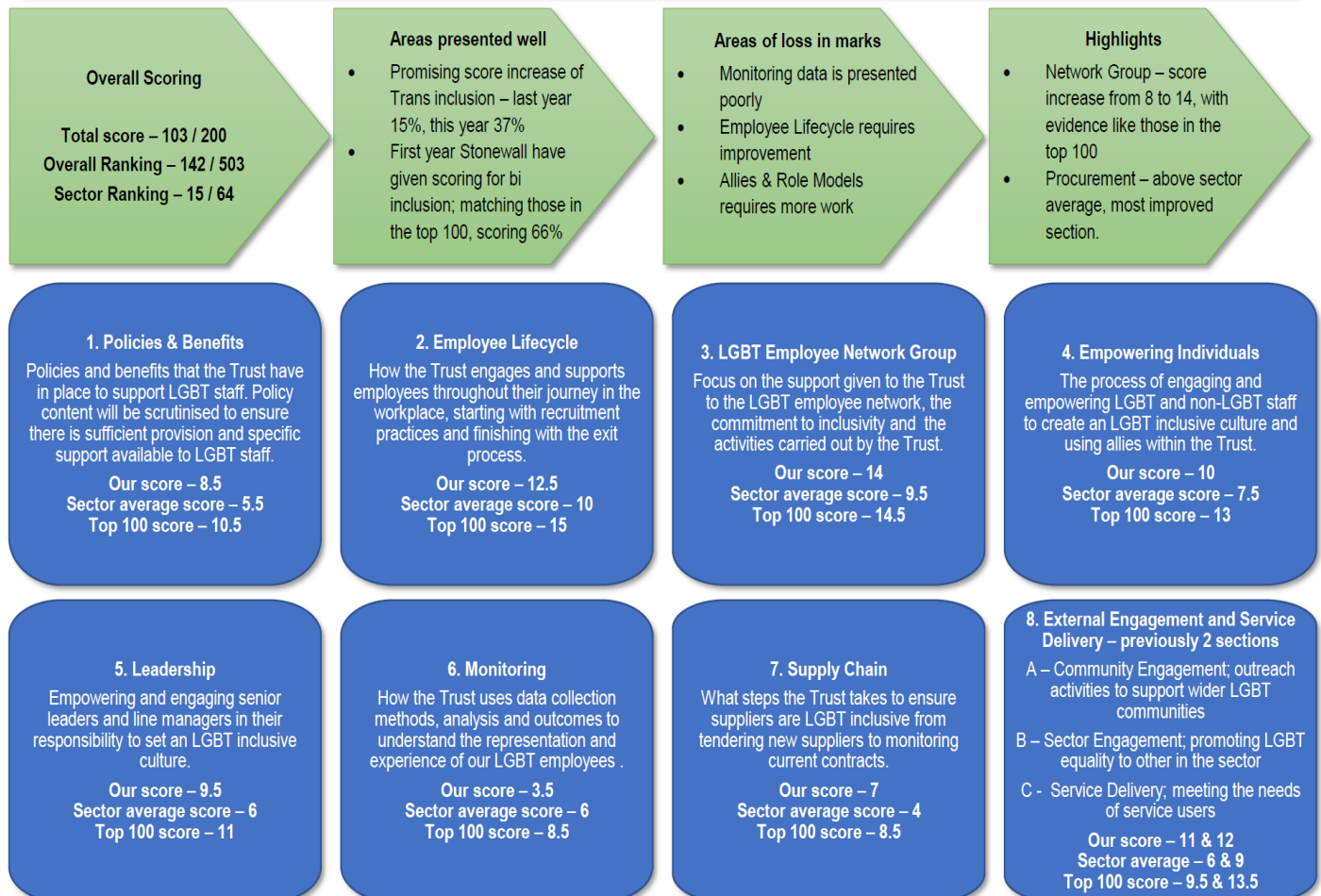
As with the WRES, this data will need to be tracked over several years to have assurance of change. The focus for Berkshire Healthcare is to increase the confidence of our disabled staff to disclose their disability and have open discussions with their line managers regarding reasonable adjustments required. This will provide assurance of the cultural change we are aiming to achieve where our people feel confident to have conversations with their managers about their disability and reasonable adjustments needed.

Stonewall Diversity Champions Programme

We have been a Stonewall Diversity Champion since 2011. The index represents one of the best and most competitive benchmarking tools for organisations wishing to improve their LGBT+ performance and involves significant work on 10 areas including staff development, promoting non-discriminatory working environments, managerial competence and community engagement.

The summary of our last scores and areas for improvement for the next submission (submission in 2021 but results published 2020) below:

Summary of the Stonewall Workplace Equality Index 2022 criteria



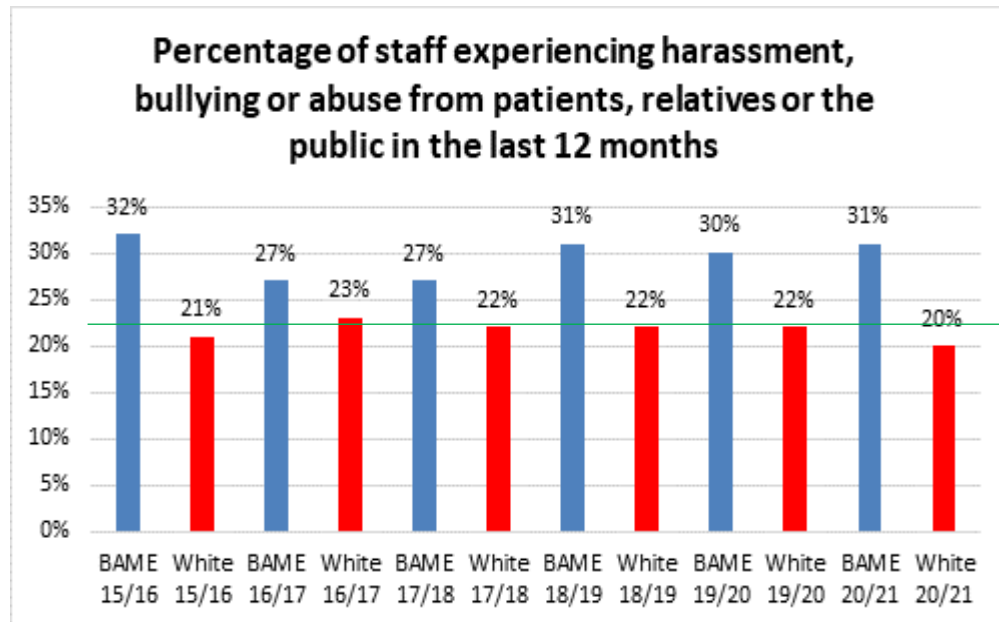


Bullying and harassment from patients, relatives and the public

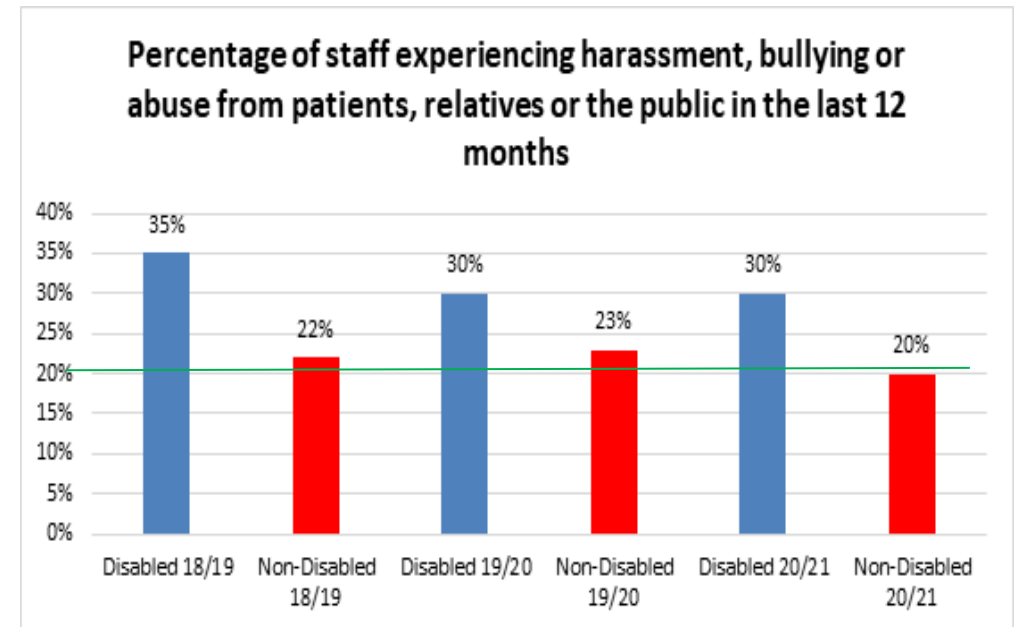
Aligned to our commitment and ambition to be outstanding for everyone, our three-year plan is to equalise and further improve experience for all our people, reducing incidents of bullying and harassment. We will provide consistent support for all our people post incident.

Over the next three years as a minimum we intend to eliminate the gap between white and BAME / disabled and non- disabled staff and make sure changes are embedded. Our further ambition is to reduce the overall level of poor experience for all staff, impacting results below the green line.

Graph 1



Graph 2



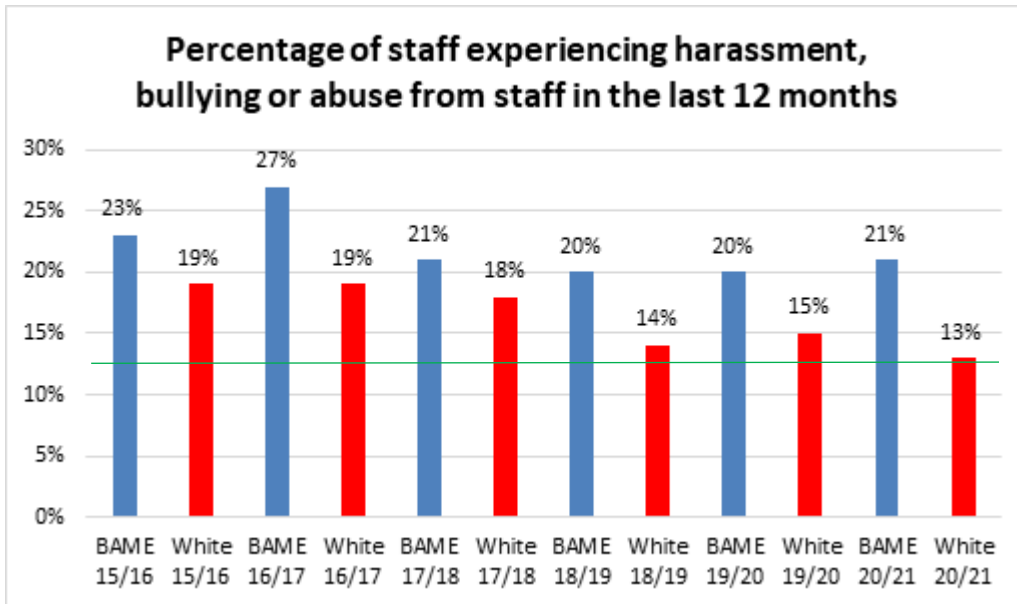


Bullying and harassment from staff/ colleagues

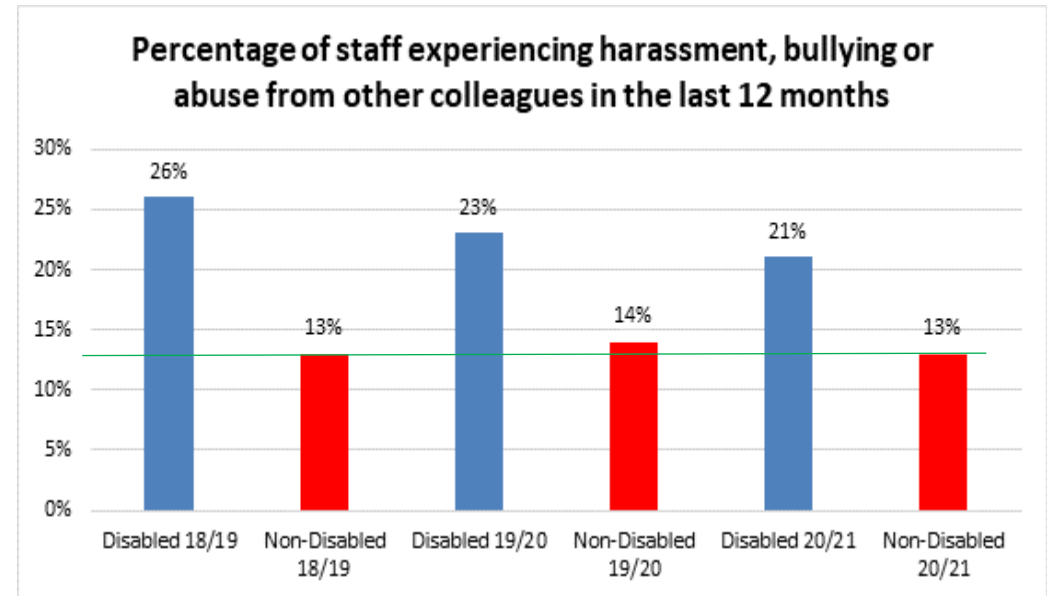
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Graph 3



Graph 4



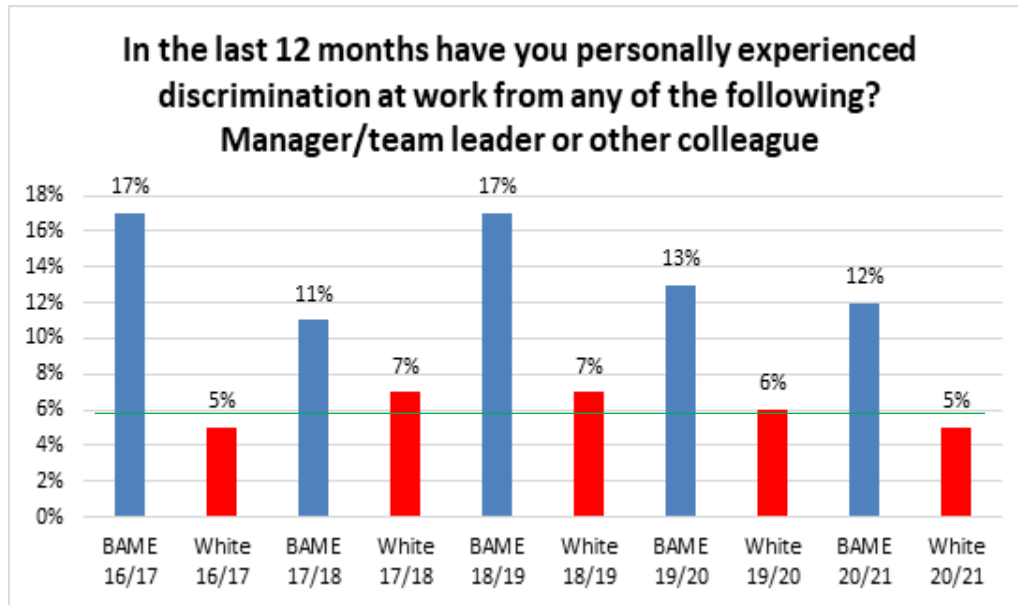


Bullying and harassment from managers

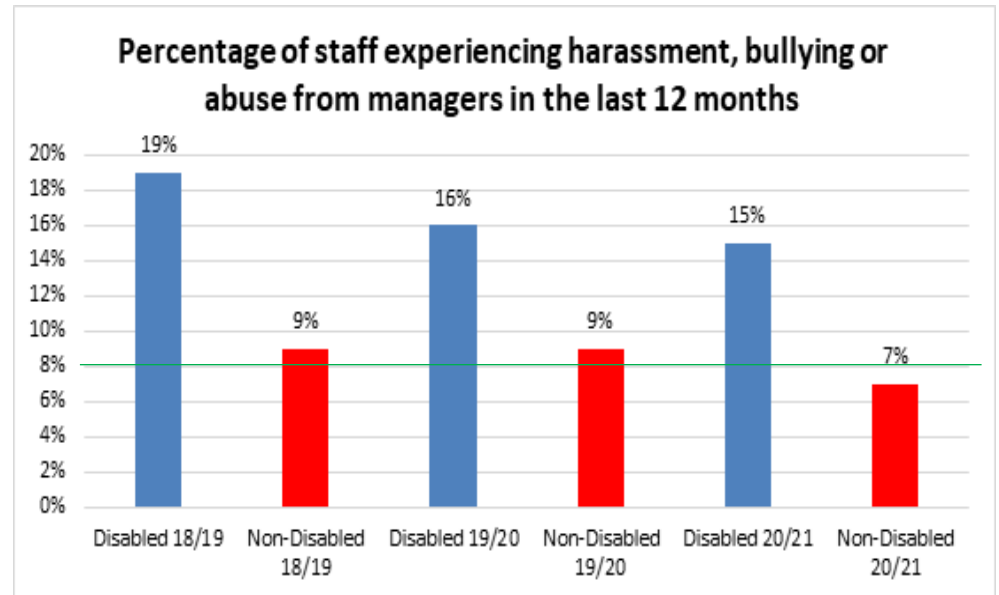
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Graph 5

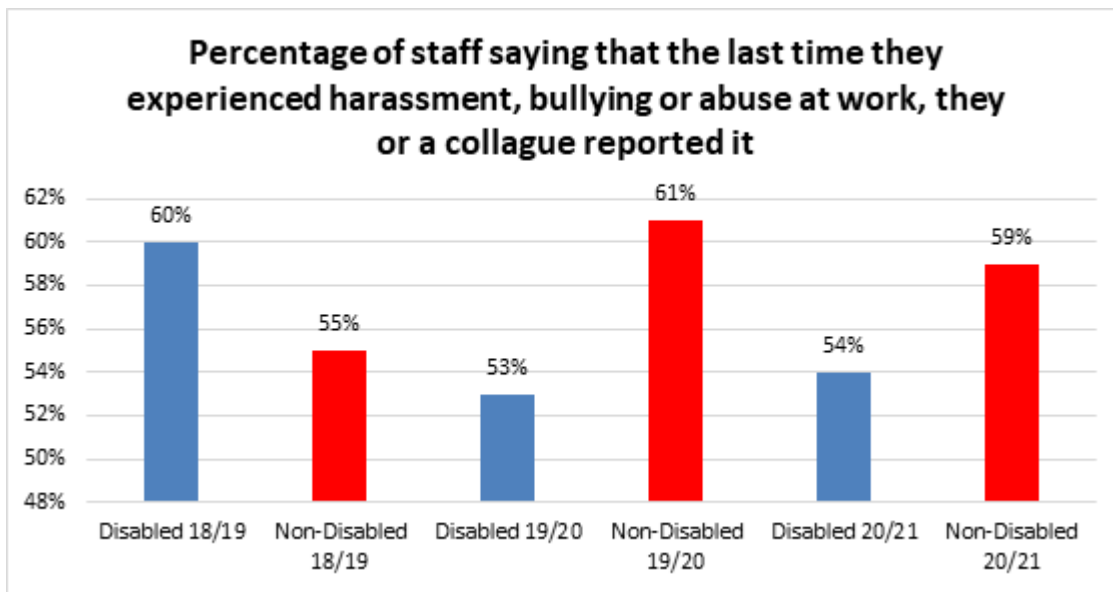


Graph 6





Graph 7: The work on embedding the reasonable adjustment policy, microaggressions and bullying and harassment will eliminate the gap between the confidence of disabled and non-disabled staff in reporting these incidents. This will be reinforced by the support offered to staff experiencing these incidents through the support that will be offered by the new staff safety management post.



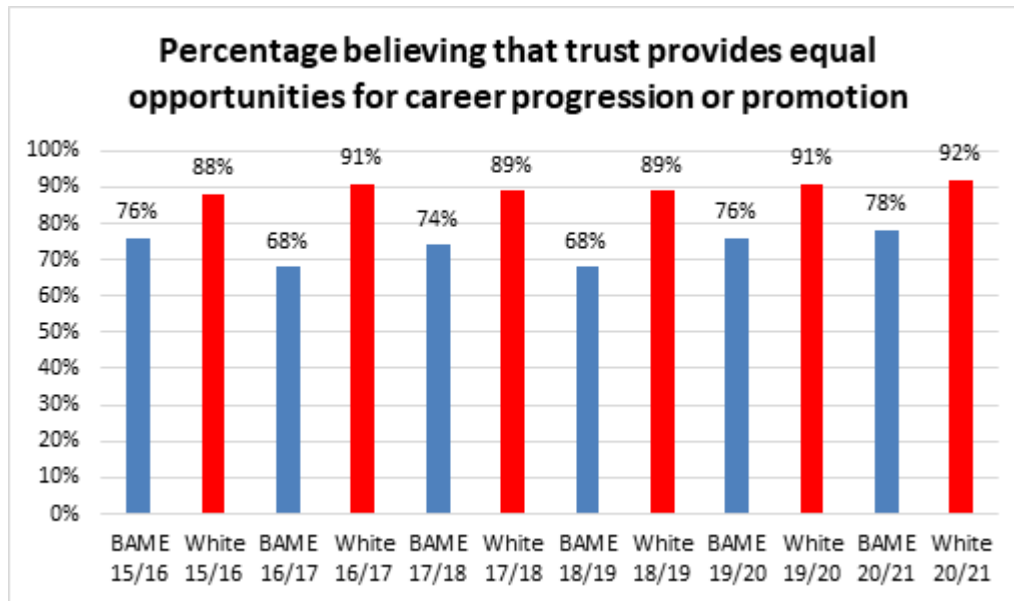


Recruitment, promotion and career progression:

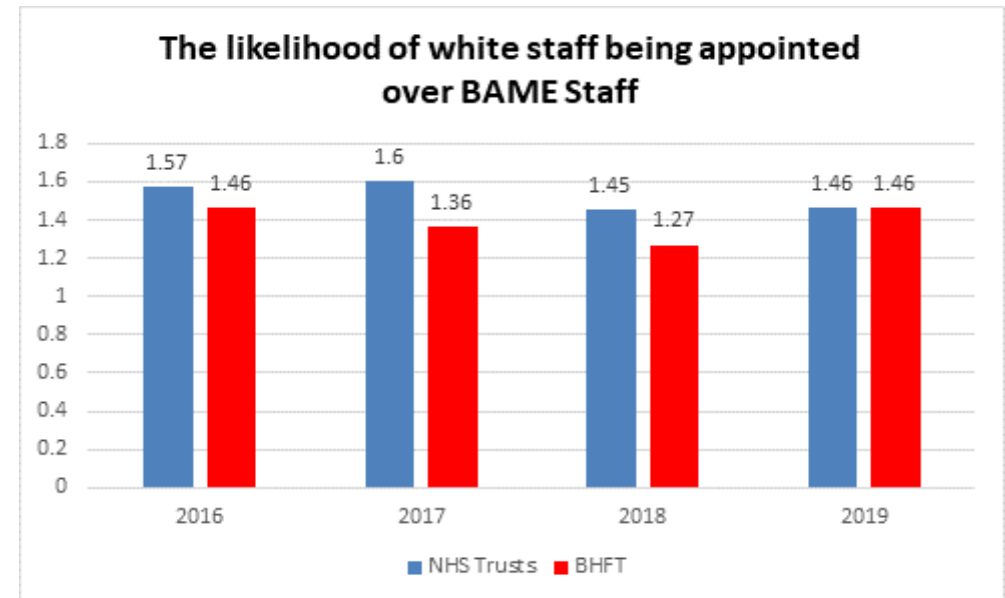
The ambition for perceptions on career progression for BAME staff (graph 8) for the next three years is to eliminate the gap with the long-term aim of consistency for all our people and equalising and improving experience.

The data in graph 9 relating to the likelihood of white staff being appointed over BAME staff shows a regression in comparison to past years, back to the same position we were in in 2016. This is a challenge to all Trusts nationally and although Berkshire Healthcare achieved the same results as the combined average, this still represents an area needing further attention as currently BAME staff are 1.46 times less likely to be appointed in comparison to white colleagues. We will focus on reviewing our recruitment processes in year two and three of this strategy.

Graph 8:



Graph 9:





LGBT+ staff

Efforts are being made to improve systems and facilitate easy capture of all aspects of EDI and protected characteristics. Such data will facilitate support for all sections of the workforce including our LGBT+ people who we know have a very low declaration rate on ESR and a low rate of reporting incidents of bullying and harassment. This is for several complex reasons including that it is seen as “coming out” and the individual’s family and work colleagues may not be aware.

We will work with the PRIDE network to understand how to best capture this data for their members and support our people who we know are not reporting these incidents and put in place support structures as required.