Berkshire Healthcare
NHS Foundation Trust

Workforce Disability Equality Standard (WDES)
2024/2025

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Executive Summary:

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Workforce Profile Highlights

- **Representation**: The proportion of known disabled staff in the workforce increased from **7.24% (378 staff)** in March 2024 to **8.68% (477 staff)** by March 2025, an increase of **1.4 percentage points** (or 19.9% as a growth rate).
- **Age**: Disabled staff are, on average, 1.7 years younger than non-disabled staff at the Trust.
- **Work Patterns**: Disabled staff work an average of 0.02 FTE more than non-disabled staff. As most WDES indicators use headcount rather than FTE, this could misrepresent levels of equity.

WDES Indicator Outcomes

Indicator 1 – Representation by AfC Band

- Disclosed Disability representation rose across all four band clusters:
  - Bands 1–4: ↑ from 6.3% to 8.2%
  - Bands 5–7: ↑ from 8.4% to 9.4%
  - Bands 8a–8b: ↑ from 6.6% to 8.3%
  - Bands 8c–9 & VSM: ↑ from 5.6% to 6.6%
- Although 8c remains below the Trust average at 2.9%, every other band in cluster “Band 8c-9 & VSM” is above it.
- Representation improved among clinical, non-clinical, and medical/dental staff.

The percentage of unknown disability status fell from 7.4% to 6.7%, though 48% of the medical and dental workforce still has unreported disability status data. Unknown includes the 3 states “Not Declared”, “Prefer Not To Answer” and “Unspecified”.

Indicator 2 – Likelihood of Appointment from Shortlisting

- The disparity between disabled and non-disabled candidates decreased (likelihood ratio down from 1.15 to 1.10).
- A review of processes found some disabled candidates placed on “interview reserve” lists, raising questions about consistent execution of the Guaranteed Interview Scheme, which needs further exploration.
- Appointment likelihood by gender and disability showed:
  1. Disabled females – most likely to be appointed
  2. Non-disabled females
  3. Non-disabled males
  4. Disabled males – least likely to be appointed
- The difference between female and male appointment likelihood (1.47) is more significant than that between disabled and non-disabled candidates (1.10), suggesting gender is a strong determinant in appointment outcomes.
- A greater portion of the disabled candidates interviewed were male (28.3%) compared to the portion of non-disabled candidates which were male (23.23%) which is potentially worth noting when considering the point above.

Indicator 3 – Disciplinary Process

- Disabled staff were 1.63 times more likely to face disciplinary compared to non-disabled staff, which whilst still significant, disparity significantly reduced from 23/24 when disabled staff were 3.92 times more likely.
- A small data set means a single case could significantly shift the score; one fewer case would reduce the ratio to 1.08.
- This volatility limits the statistical confidence of any deeper conclusions and highlights the need for caution when interpreting small sample indicators.

Indicator 4 – Harassment, Bullying or Abuse

4a – From patients/public

- Disabled staff: ↓ from 24.5% to 19.8%
- Non-disabled staff: ↑ from 18.1% to 18.2%
- Inequity gap narrowed from 6.4 to 1.6 percentage points.

4b – From managers

- Disabled staff: ↓ from 11.4% to 7.0%
- Non-disabled staff: ↑ from 4.9% to 5.8%
- Inequity gap narrowed from 6.5 to 1.2 percentage points.

4c – From colleagues

- Disabled staff: ↓ from 24.5% to 17.1%
- Non-disabled staff: ↓ slightly from 10.5% to 10.4%
- Inequity gap reduced from 14 to 6.7 percentage points.

4d – Reporting incidents

- Disabled staff: ↑ from 59.3% to 65.2%
- Non-disabled staff: ↑ from 62.2% to 64.7%
- Inequity gap reversed from a 2.9-point deficit to a 1.6-point lead in favour of disabled staff.

Indicator 5 – Equal Opportunities for Career Progression

- Perceived opportunity improved among disabled staff: ↑ from 57.8% to 59.9%
- Non-disabled staff reported a higher perception: ↑ to 66.7% from 66%.
- However, actual promotions tell a different story:

- 15.1% of AfC disabled staff were promoted vs. 10.5% of non-disabled staff.
- This points to a potential disconnect between staff perceptions and reported outcomes, which may benefit from closer exploration.

Indicator 6 – Pressure to Work When Unwell

- Disabled staff: ↓ from 22.3% to 21.1%.
- Non-disabled staff: ↓ from 14.3% to 11.1%.
- Disabled staff remain nearly twice as likely to feel pressured.
- Over the 24/25 financial year, 76.7% of disabled staff had a sickness episode, compared to 70.0% of non-disabled staff (likely to be impacted by disability-related absence), meaning this indicator may also be influenced by differences in sickness rates. In other words, disabled staff may more frequently encounter situations of feeling pressured to work while unwell due to more instances of this being a possibility.

Indicator 7 – Feeling Valued by the Organisation

- Disabled staff: ↑ from 53.7% to 55.2%.
- Non-disabled staff: ↑ from 64.2% to 64.8%..
- Despite improvements, a notable gap in perceived value remains.

Indicator 8 – Reasonable Adjustments

- Disabled staff: ↑ from 81% to 81.9%.
- A small but welcome increase in reported satisfaction with adjustments.

Indicator 9 – Engagement (NHS Staff Survey)

- Disabled staff: unchanged at 7.1
- Non-disabled staff: unchanged at 7.6
- All nine engagement sub-scores which make up the overall engagement score favoured non-disabled staff, indicating a persistent engagement gap, with the cause of these scores being reviewed with the Purple Network.

Indicator 10 – Board Representation

- In 2024, voting board membership matched overall disability workforce representation.
- In 2025, dropped by 2 percentage points due to a growing workforce, and a static number of disabled board members.

Conclusion

The 2025 WDES results reflect meaningful progress across most areas, with positive trends in both staff experience and equity. Notably, 8 of 11 measurable indicators show reduced disparities between disabled and non-disabled staff with 1 remaining static. However, gaps persist, particularly in areas such as pressure to work when unwell, and disciplinary rates. Sustaining progress while targeting these priority areas will be key to driving equity and fostering a culture of inclusion.

Introduction:

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This report analyses workplace disability inequality within the Trust using a data driven approach to the Workforce Disability Equality Standard (WDES) indicators, implemented in the NHS since 2019/20. The author, acknowledging their position of privilege and lack of lived experience with disability related inequality, avoids anecdotal evidence and focuses on systematic data analysis to identify patterns and disparities.

The report explores underlying factors such as inaccessible environments, lack of reasonable adjustments, occupational segregation, and societal attitudes, alongside discrimination, to inform sustainable change. By linking the latest WDES data to Trust wide initiatives and identifying areas for further intervention, it underscores that action is needed, as ableism and bias can go underreported.

Background:

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Introduced by NHS England in 2019, WDES is a mandatory framework under the NHS Standard Contract to improve inclusion and address inequalities for disabled staff. It compares disabled and non-disabled staff experiences across ten indicators: workforce metrics (1–3), staff survey results (4–9), and board representation (10).

This report presents the Trust's 2024/25 WDES data, reflecting on trends and the impact of past initiatives. Submissions and action plans are published annually for transparency. Success is defined in equity terms, recognising that disparities may widen even where experiences improve.

Year on Year Indicator Scores and Equity Shifts (2024/25 vs 2023/24)

To measure progress meaningfully, it is important to define what success looks like in equity terms. Often, disparities between groups can appear to shrink or grow regardless of whether absolute experiences have improved. For example:

- If bullying among disabled staff falls from 20% to 15% but drops further for non-disabled staff (18% to 8%), the gap worsens.
- If both groups decline but the gap narrows, equity may still have improved.

The same applies to “relative likelihood” indicators (e.g., disciplinary action or appointments), where 1.00 reflects parity and any movement away signals inequality.

The Trust’s ambition is to reduce disparities while improving overall experience, with future actions guided by clear, measurable outcomes and engagement benchmarks for stronger evaluation.

The table below presents Berkshire Healthcare’s Workforce Disability Equality Standard (WDES) indicator scores for the 2024/25 financial year, alongside a comparison to the previous year (2023/24). It highlights whether outcomes for both Disabled and Non-Disabled staff/candidates have improved, declined, or remained the same.
Directional arrows provide a quick visual reference:

- **Green** arrows indicate improvement
- **Red** arrows indicate deterioration
- **Black** arrows indicate no change

In addition to individual group performance, the table also captures **changes in equity** between the two groups. For example, even where both groups have improved, the equity gap may have widened if one group improved more significantly than the other. To reflect this, an additional column presents changes in equity variance between 2023/24 and 2024/25, with coloured ticks and crosses, showing whether the shift represents a positive or negative movement in fairness and parity between groups.

		2024/2025 score with variance rate since 23/24		
WDES Indicator	**Metric Descriptor**	**Disabled**	**Non-Disabled**	**Change in Equity score variance since 23/24**
1 Take me to Data	Percentage of staff in Agenda for Change pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.	See appendices	See appendices	
2 Take me to Data	Likelihood of being appointed from shortlisting	**0.91** (Previous score n/a)	**1.1** (↓ 0.05)	0.05 ✓
3 Take me to Data	Likelihood of entering the formal disciplinary process	**1.63** (↓ 2.29)	**0.62** (Previous score n/a)	2.29 ✓
4a Take me to Data	Harassment, bullying or abuse in the last 12 months – From patients, their relatives or public	**19.8** (↓ 4.7)	**18.2** (↑ 0.1)	4.8 ✓
4b Take me to Data	Harassment, bullying or abuse in the last 12 months – from Managers	**7** (↓ 4.4)	**5.8** (↑ 0.9)	5.3 ✓
4c Take me to Data	Harassment, bullying or abuse in the last 12 months – from colleagues	**12.2** (↓ 4.9)	**10.4** (↓ 0.1)	4.8 ✓
4d Take me to Data	Harassment, bullying or abuse – reporting it	**65.2** (↑ 5.9)	**64.7** (↑ 2.5)	3.4 ✓
5 Take me to Data	Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	**59.9** (↑ 2.1)	**66.7** (↑ 0.7)	1.4 ✓
6 Take me to Data	Percentage of staff feeling pressured to come to work when unwell	**21.1** (↓ 1.2)	**11.1** (↓ 3.2)	2 ✗

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7 Take me to Data	Percentage of staff saying that they are satisfied with the extent to which the organisation values their work	**55.2** (↑ 1.5)	**64.8** (↑ 0.6)	0.9 ✓
8 Take me to Data	Percentage of staff saying the organisation has made adequate adjustments for them in their role	**81.9** (↑ 0.9)	n/a	n/a
9 Take me to Data	NHS Staff Survey and the engagement of Disabled staff	**7.1** (↔ 0)	**7.6** (↔ 0)	**0** ↔
10 Take me to Data	Board membership	**-2%** (↓ 2)	**8%** (↑ 8)	2 ✖

Ranking Indicators by Level of Inequity

To better illustrate areas of inequity, we have converted staff survey percentage scores into "likelihood to" ratios, enabling consistent comparison across indicators. This was done by first expressing each group's percentage as a ratio (e.g., 40% = **0.40**) and then dividing the higher-scoring group by the lower to calculate a likelihood ratio. This approach aligns with the NHS's adverse impact threshold of **1.25**, commonly used to flag meaningful disparities.

Two indicators listed below exceed this threshold. Rows highlighted in orange indicate instances where 2024/25 scores surpass the **1.25** mark, suggesting potential areas of concern. Rows shaded in green represent indicators where equity has not yet reached the concern threshold but still falls short of full parity.

Group with greatest likelihood	Likelihood score	Indicator	Above NHS adverse impact rate of 1.25
Disabled	1.9	Percentage of staff feeling pressured to come to work when unwell	Yes
Disabled	1.63	Relative likelihood of staff entering the formal disciplinary process	Yes
Disabled	1.21	Harassment, bullying or abuse in the last 12 months – from Managers	No
Disabled	1.17	Harassment, bullying or abuse in the last 12 months – from colleagues	No
Disabled	1.17	Percentage of staff saying that they are satisfied with the extent to which the organisation values their work	No
Non-Disabled	1.11	Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	No
Non-Disabled	1.1	Likelihood of being appointed from shortlisting	No
Disabled	1.09	Harassment, bullying or abuse in the last 12 months – From patients, their relatives or public	No
Non-Disabled	1.07	NHS Staff Survey and the engagement of Disabled staff	No
Disabled	1.01	Harassment, bullying or abuse – reporting it	No

Key Themes and Insights:

The appendices of this paper provide a detailed breakdown of each WDES indicator and a profile of the Trust's workforce composition relating to disability.

Increasing Disability Representation and Its Impact on Indicator Scores
The proportion of disabled staff in the Trust increased from **7.24%** (378 staff) in March 2024 to **8.68%** (477 staff) in March 2025, an increase of **1.4 percentage points**, or **19.9%** as a rate of growth. This upward trend reflects either improved self-reporting, improvements in inclusive recruitment, or both.

However, changes in workforce composition can influence WDES indicator outcomes. For example, if a large proportion of new disabled joiners entered the workforce late in the year, year-end headcount figures could distort indicators that are based on full-year staff experience, particularly those involving disciplinary likelihood.

Age Profile Differences
On average, disabled staff are **1.7** years younger than non-disabled staff at the Trust. While seemingly small, this difference could influence leadership representation or engagement in longer-term development initiatives. It may also influence the

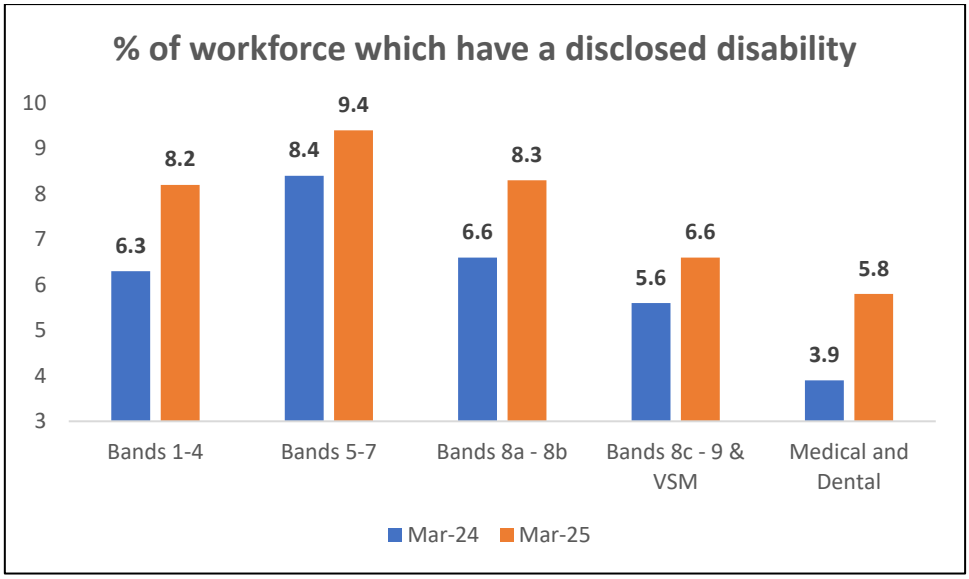
interpretation of indicator scores relating to Board membership (Indicator 10) and senior AfC band representation (Indicator 1). Age and tenure should be considered along with any identified systemic barriers for future interventions in leadership representation.

Full-Time Equivalent (FTE) Differences
Disabled staff work an average of **0.02 FTE** more than non-disabled staff. While this difference is small, it may still contribute to variation in experience-based indicators such as:

• Indicator 6 (pressure to work when unwell)
• Indicator 3 (disciplinary likelihood)
• Indicator 4 (harassment and abuse)

These indicators are calculated using headcount-based denominators, meaning they do not account for differences in the number of hours worked. As a result, even small differences in FTE may introduce a slight distortion, as staff working more hours have more potential for exposure to risk, incidents, or pressure points. That said, the FTE variation observed here is minimal and unlikely to be the primary cause of any disparity. It is noted simply as a contextual factor worth keeping in mind when interpreting experience-based indicators.

Indicator 1 – Representation Across Agenda for Change Bands
Representation increased across all AfC band clusters between March 2024 and March 2025:



Although the 8c–9/VSM group remains the least represented overall, all bands in this cluster except for band 8c (which have **2.9%** of its workforce having a disclosed disability) are now above the Trust average, suggesting a narrowing of the leadership representation gap, but further work to understand this potential outlier would be useful when reviewing leadership representation.

However, the disability status of a significant portion of staff remains unknown, particularly among medical and dental staff, where **48%** have not disclosed. This poses a data quality issue and efforts to improve declaration rates must remain.

Indicator 2 – Likelihood of Appointment from Shortlisting
The likelihood of non-disabled candidates being appointed reduced from **1.15** to **1.10**, reflecting progress. However, a review of shortlisting behaviour indicated that several disabled applicants were flagged as “interview reserve” candidates. This raises concerns about full implementation of the Guaranteed Interview Scheme and is currently under review.

An intersectional analysis showed the following order of appointment likelihood:

1. Disabled females: **0.32** (most likely)
2. Non-disabled females: **0.31**
3. Non-disabled males: **0.23**
4. Disabled males: **0.13** (least likely)

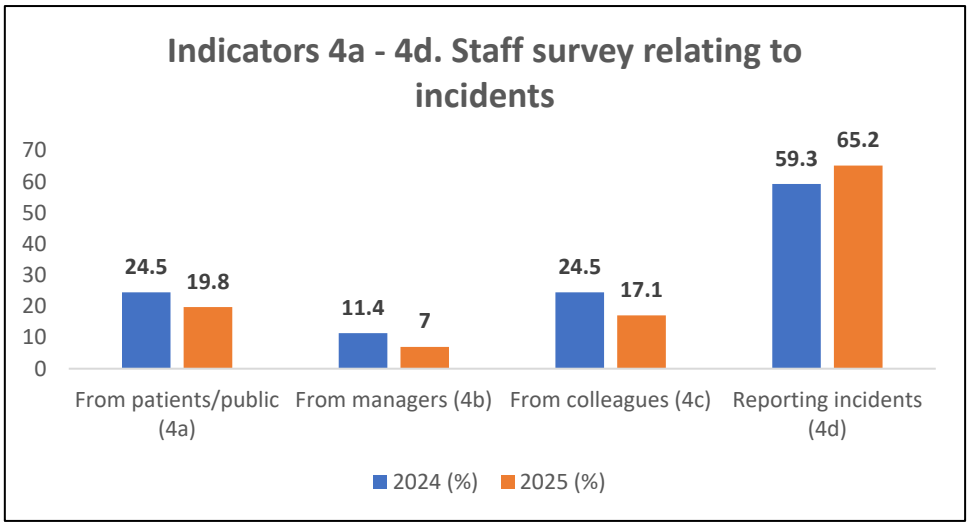
This raises questions about how gender intersects with disability status in recruitment outcomes. For instance, female candidates overall were 1.47 times more likely to be appointed than males, a stronger disparity than that seen between disabled and non-disabled candidates (1.10 likelihood).

This suggests that gender, alongside disability, is influencing recruitment outcomes in ways that may not be immediately visible in headline WDES scores.

Indicator 3 – Disciplinary Process
The likelihood of disabled staff entering the formal disciplinary process fell from being **3.92** as likely compared to non-disabled staff, down to **1.63** as likely, a great improvement. However, this data is highly sensitive to small sample sizes. Just one fewer case in the 2-year reporting period, would reduce the likelihood ratio from **1.63** to **1.08** (near parity).

Given this volatility, drawing systemic conclusions is difficult. Nonetheless, it is encouraging that the trend is downward.

Indicator 4 – Harassment, Bullying or Abuse
Disabled staff experienced marked improvements across all four domains of reported abuse and harassment, with a **5.9 percentage point increase** in the proportion of those reporting incidents. Encouragingly, for the first time, a **higher** proportion of disabled staff **(65.2%)** reported concerns than non-disabled staff (**64.7%**), signalling positive movement in psychological safety and trust in reporting mechanisms. This may reflect ongoing cultural work within the Trust to challenge unacceptable behaviours and foster a more supportive environment.
Despite these gains, disabled staff continue to report higher overall rates of harassment, bullying, or abuse than non-disabled colleagues. While gaps have narrowed, disparities remain and require sustained attention and action.



Understanding the Role of FTE Exposure
Although the difference in average FTE between disabled and non-disabled staff is small **(0.02)**, staff working more hours may naturally face greater exposure to challenging or risk-prone environments, particularly in patient-facing roles. Since the **survey data is based on headcount rather than hours worked**, even minimal differences in FTE can contribute to skewed interpretation at scale. For example, a staff member working full time has more potential for exposure than someone working one hour per week, highlighting the need to consider FTE contextually when analysing experience-based indicators. This is not a sole explanation for disparity but represents a variable to bear in mind.

Understanding Perceptions of Harassment and Organisational Culture
Differences in reported experiences may also be shaped by how individuals perceive and interpret workplace behaviours. Disabled staff, particularly those with a history of marginalisation, may possess a heightened awareness of behaviours that signal exclusion or mistreatment. This is not a sign of oversensitivity, but an adaptive response informed by lived experiences.

Research supports this view: workers from marginalised groups often exhibit stronger emotional and psychological responses to interpersonal conflict and may be more attuned to perceived injustices (Okechukwu et al., 2014; Fox & Stallworth, 2005). Attribution theory and social context also play a role, how we interpret workplace behaviours is shaped by our history, identity, and expectations (Hershcovis & Barling, 2010).

These insights remind us that perception is not separate from reality. Instead, they emphasise the need for a culture that recognises and validates diverse experiences and that invests in **qualitative listening, trauma informed leadership**, and continuous learning to reduce harm and build trust.

Datix Data Gap
An attempt was made to explore patterns in Datix reports, but this was not possible because disability status is not currently recorded, unlike ethnicity. Without this data, we are unable to assess whether formally reported incidents reflect similar patterns to those observed in the staff survey. Capturing disability status in reporting systems, while safeguarding confidentiality, could enhance our ability to identify themes and take targeted action in the future.

Indicator 5 – Perceived Equal Opportunities for Career Progression
Disabled staff reported a modest improvement in perception of equal opportunity, from **57.8% to 59.9%**, though this remains behind non-disabled staff at **66.7%**. The perception gap (**6.8 percentage points**) signals ongoing concerns about fairness and inclusivity in career development.

Yet the actual promotion data tells a more positive story:

- **15.1% of AfC disabled staff** were promoted in 2024/25
- Compared to **10.5% of AfC non-disabled staff**

This is an encouraging outcome, but it also highlights a difference between lived experience and statistical progress.

Understanding Perceptions of Inequity in Career Progression Despite Positive Trends
The research and theories discussed earlier, particularly those discussing perceptual thresholds and increased awareness of systemic inequities, offer important insight into how disabled staff may experience and interpret fairness in progression pathways.

Although 2024/25 data shows higher promotion rates for disabled staff, many continue to report **lower confidence in recruitment and progression systems**. This underscores that equity is not solely about outcomes, but also about how processes are experienced. Contributing factors may include:

- **Cumulative experiences of exclusion**: Ongoing or historical exposure to ableism—whether subtle or explicit—can foster a well-founded expectation of disadvantage, even when metrics improve.
- **Interpretation shaped by prior barriers**: Past exclusion may lead staff to approach processes with caution, particularly where ambiguity exists.
- **Lack of visible representation**: Many areas of leadership include staff with disclosed disabilities, but lots of conditions are non-visible, and people choose not to widely share personal information. This can lead to perceptions of underrepresentation, even when inclusion efforts are present.

Valuing Perceptions as Indicators of Systemic Barriers
These perspectives do not diminish the progress made. Rather, they remind us that **perception is a legitimate indicator of organisational climate**. A truly inclusive system is one in which staff feel as supported and empowered as they are in measurable terms. Building this trust requires more than metrics, it requires representation, transparency, co-designed processes, and meaningful engagement with lived experience.

Indicator 6 – Pressure to Work When Unwell
This indicator reflects the percentage of staff who reported feeling pressured by their manager to attend work despite not feeling well enough to perform their duties. In 2024/25:

- **Disabled staff:** ↓ from 22.3% to 21.1%
- **Non-disabled staff:** ↓ from 14.3% to 11.1%

Although both groups improved, disabled staff remain almost twice as likely to report pressure, highlighting a continued inequality that warrants deeper understanding.

How the Survey Question Works
The NHS Staff Survey routes respondents through a sequence of related questions:

1. **Q11d** – “In the last 3 months, have you come to work despite not feeling well enough to perform your duties?”
2. **Q11e** – “On those occasions, have you felt pressure from your manager to attend work?”

Only staff who answered “yes” to Q11d are asked Q11e. This means the WDES indicator is not based on the whole workforce, but only on the subset of staff who both felt unwell *and* still came to work. Staff who felt unwell but chose to stay home, often precisely because they did **not** feel pressure to attend, are excluded from the calculation.

Organisational Context and Disability Sickness
Disabled staff continue to show higher sickness incidence (76.7% vs 70.0% for non-disabled staff). This has two effects:

- A larger proportion of disabled staff are eligible for Q11d, because they have been unwell.
- From this larger base, more disabled staff then flow into Q11e, where the WDES figure is drawn.

Therefore, the reported gap is shaped not only by differences in perceived managerial pressure, but also by structural differences in sickness patterns.

Worked Example of the Question Pathway
To illustrate:

- Imagine 100 disabled staff. 77 report being unwell. Of those, 40 attend work while unwell, and 20 feel pressured. This results in 20% of disabled staff overall being counted in the WDES measure.
- Now imagine 100 non-disabled staff. 70 report being unwell. Of those, 30 attend work while unwell, and 15 feel pressured. This results in 15% overall being counted.

In both groups, half of those who worked while unwell felt pressured. The *rate of pressure itself* is identical. But because more disabled staff experience sickness and therefore enter the question pathway, the overall percentage appears higher. This structural difference creates a statistical artefact that should be recognised in interpretation.

Perceptual Factors and Organisational Culture
Alongside these structural effects, perceptions of pressure cannot be separated from organisational culture. Disabled staff may be more attuned to subtle signals of expectation, especially where past experiences include stigma, scrutiny of sickness, or a culture of presenteeism.

Importantly, this is not an overreaction, but a valid and trauma-informed response shaped by previous exposure to environments where being unwell has carried negative consequences. Trauma informed leadership recognises that perceived pressure reflects broader organisational patterns. Building truly supportive workplaces involves more than process compliance, it requires trust, understanding, and psychological safety.

Indicator 7 – Feeling Valued by the Organisation
Disabled staff reported improved perceptions this year, with 55.2% agreeing that the organisation values their work, up from 53.7% in 2024. However, this remains 9.6 percentage points lower than the 64.8% reported by non-disabled staff, highlighting a persistent disparity in perceived value.

This perception gap may be partly shaped by **the psychological and contextual factors** outlined earlier in the paper, particularly around heightened sensitivity to organisational injustice (Okechukwu et al., 2014; Hershcovis & Barling, 2010). The cumulative impact of negative workplace experiences, even when improving, can still inform how valued staff feel within their teams and by the wider organisation. More work is needed to understand this score by listening to our people.

Indicator 8 – Reasonable Adjustments
The proportion of disabled staff who feel the Trust has made adequate adjustments to support them rose slightly this year from **81% to 81.9%**, continuing a now four year plateau at around 81%. While this figure remains **well above the NHS average** (73.4% in the last reported year), nearly 1 in 5 disabled colleagues still feel that their needs are not being adequately met.

Given the relatively static trend, this year's marginal improvement may be partly due to the **quality improvement project** aimed at enhancing the **timeliness and accessibility of workplace adjustments**, which included changes to the request process and the **introduction of the Inclusion Passport**. However, despite structural progress, the lived experience of a sizable minority of disabled staff suggests further action is needed to make support more consistent and responsive.

As referenced earlier in the paper, perceptions of fairness and inclusion are influenced not only by process but by **individual sensitivity to workplace experiences**. Disabled staff may be more attuned to delays or inconsistencies, particularly where adjustments are pivotal to their day-to-day functioning. Continued co-design of processes and greater transparency on adjustments uptake may be key next steps in addressing this.

Indicator 9 – Engagement
The overall **engagement score** for disabled staff remained unchanged at **7.1**, compared to **7.6 for non-disabled staff**, a **0.5-point gap** that has now persisted for four years. While this appears modest, analysis of the nine engagement sub questions shows a **consistent pattern of lower scores** among disabled staff across all categories, with relative likelihood scores for disabled staff ranging from **0.88 to 0.94**.

This engagement gap reflects a blend of **systemic experience and structural difference**. Earlier sections of the paper referenced how **higher FTE rates** and **elevated sensitivity to perceived injustice** may contribute to lower engagement for disabled staff, even when objective measures (like promotion rates or CPD access) show progress. This reinforces the idea that perception must be considered alongside performance when assessing inclusion outcomes.

The Trust continues to take active steps to amplify the voices of disabled staff, including via a well-supported Purple Staff Network, protected time for the Chair, executive sponsorship, and involvement in policy co-design and strategic forums such as the Diversity Steering Group. These mechanisms demonstrate clear intent to hear and act on feedback from disabled colleagues, and may play a vital role in shifting long-term engagement levels, particularly if paired with work to address sub-question gaps around autonomy, involvement and motivation.

Indicator 10 – Board Representation
For 2024/25, disabled staff are **underrepresented on the voting Board by 2 percentage points**, down from 0% the previous year. However, this figure may appear more significant than it truly is, given the small size of the Board and minimal underlying change.

The number of disabled Board members remained constant at **1**, while the total number of voting members rose from **13 to 14** following a single additional appointment. At the same time, the proportion of disabled staff in the overall workforce increased, raising the threshold for proportional parity.

This means the entire shift in Indicator 10 was driven by **a single personnel change**, highlighting how sensitive this metric is to even one appointment. Had that new member identified as disabled, representation would have reached **15.38%**, making disabled staff **overrepresented by 7 percentage points** on the Board.

This volatility, caused by a small dataset, is similar to the dynamic explored earlier in the paper regarding disciplinary data. While it's important to monitor representational trends, it's equally critical not to overinterpret minor numerical shifts when so few individuals affect the outcome. Future reporting should continue to accompany Indicator 10 results with context about absolute numbers to ensure proportionate and informed interpretation.

Conclusion:

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This year's Workforce Disability Equality Standard (WDES) submission has highlighted several encouraging developments across multiple indicators, alongside areas that continue to require focused attention. Most notably, significant improvements were seen in disabled staff's experience of bullying, harassment and abuse (Indicator 4), with reductions across all measured sources, and in reporting rates, where for the first time, disabled staff surpassed their non-disabled colleagues in their likelihood to report incidents. Such progress reflects the positive impact of targeted interventions and sustained efforts to improve the organisational culture.

However, disparities still exist. Disabled staff remain more likely to experience negative behaviours at work, and the gap in staff perceptions of equal opportunities for career progression (Indicator 5) persists despite strong evidence of improved promotion rates for disabled staff this year. This disconnect, between perception and outcome highlights the complex relationship between experience, identity, and organisational messaging and reinforces the importance of aligning not just policy and practice, but also narrative and trust.

Several themes emerged across the indicators that suggest underlying structural and contextual influences on WDES outcomes. For example, higher average sickness rates among disabled staff affect scores related to presenteeism (Indicator 6), while differences in average FTE may contribute to increased exposure to risk and incidents. As highlighted earlier in the paper, metrics based solely on headcount rather than exposure, adjusted or time-sensitive measures can skew interpretations. This is particularly true for Indicators 3 and 10, where small data volumes and static board composition mean that even a single change can disproportionately impact the Trust's scores.

The Trust has taken meaningful steps to support disabled colleagues, such as launching a Quality Improvement project focused on the timeliness and accessibility of reasonable adjustments, and continuing to fund and strengthen the Purple Staff Network. However, sustainable improvement will require continued action to integrate disabled voices at every level of the organisation, ensure psychological safety in speaking up, and build robust systems for capturing data that reflect the complexity of workforce dynamics.

The improvements made this year are a testament to the efforts of our staff, equality networks, and leadership but the journey toward equity is ongoing. The Trust remains committed to embedding inclusion at every level and ensuring that disability is not just accommodated, but actively supported and empowered in our workplace.

Next Steps:

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A number of provisional recommendations have been made attributed to improving the process revolving the entire WDES process and where possible attributed to a particular indicator.

These actions may not all be possible, or not all possible in the short term, and so these suggestions along with those made by relevant stakeholders will be reviewed and agreed as part of the process of agreeing an action plan in response to this year paper, in collaboration with our staff networks and Diversity Steering Group.

You can find a list of provisional recommendations in the table below.

Provisional Recommendation	Relevant WDES Indicator(s)
Review feasibility of automated emails to staff with "unknown" or "not disclosed" disability status to encourage updates every 6 months	General
Prioritise capturing disability status in medical and dental staff where 48% is unknown	Indicator 1
Explore unknown rates of disability status by age range within the workforce and attempt to understand any emerging patterns	Indicator 1
Review option to capture disability status in Datix reporting to enable incident analysis by disability	Indicator 4, 5
Benchmark WDES indicators against South East mental health trusts instead of NHS overall	General
Develop new internal equality metrics aligned to Trust priorities	General
Audit whether ATS can identify whether candidates: (1) met essential criteria; (2) were appointable, regardless of outcome	Indicator 2
Resolve "interview: reserve" classification issue to ensure accurate shortlisting reporting	Indicator 2
Review standard application form to review and remove where possible, areas of potential identifying info (e.g. school names)	Indicator 2
Launch an applicant experience survey post-interview to assess perceived fairness, particularly among disabled candidates	2, 5, 7

Please help us shape future iterations of this paper by completing this very short survey

Improve personalised feedback for internal disabled applicants; review use of automated templates	2
Consider whether disciplinaries cluster in first year of employment as part of the casework review	Indicator 3
Advocate to NHS England for FTE-based calculations and start-of-year figures for Indicator 3	Indicator 3
Develop a RAG rating system for likelihood indicators (e.g. 1–1.1 = green)	Indicator 2, 3
Create likelihood scores for survey-based indicators (engagement, value, pressure, etc.)	Indicator 4, 5, 6, 7, 8
Work with Purple Network to understand perceptions of unfairness in progression	Indicator 5, 7
Continue with 360-degree feedback for managers, as well as management and leadership development to support to more inclusive management practices. Continue to embed inclusion passport and awareness around reasonable adjustments	Indicator 8
Continue to improve reasonable adjustments processing and communication for disabled staff, sharing data with the Purple Network to monitor progress	Indicator 8
Pilot satisfaction survey or tracking system post-adjustment implementation	Indicator 8
Maintain Purple Staff Network activities and funding and continue to include the network in policy co-design	Indicator 9
Look into whether it is possible to introduce new sickness rates metrics/data collection e.g. sickness rates by disability status	Indicator 6
Include absolute numbers alongside % in Indicator 10 to contextualise Board change and pair representation data with tenure and turnover analysis at Board level	Indicator 10
Confirm Guaranteed Interview Scheme is fully implemented for disabled applicants, especially at senior levels	Indicator 2

Short Version Appendices:

Workforce Profile:

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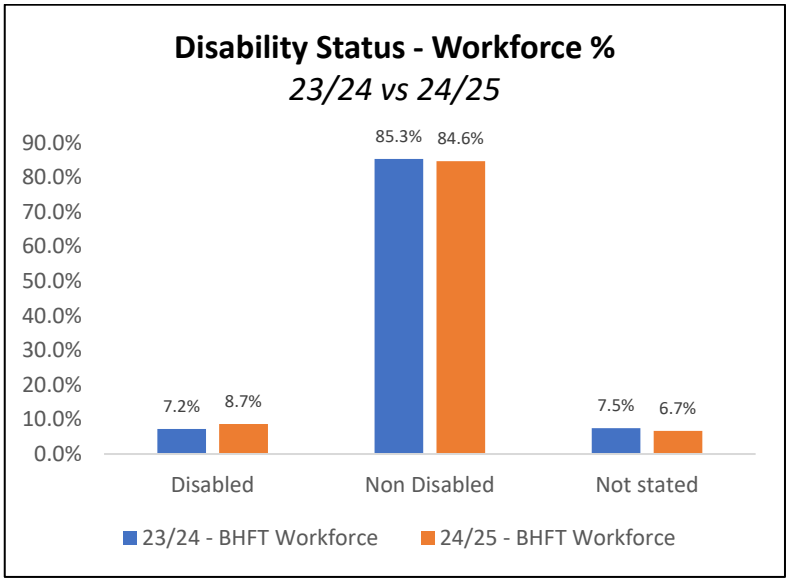
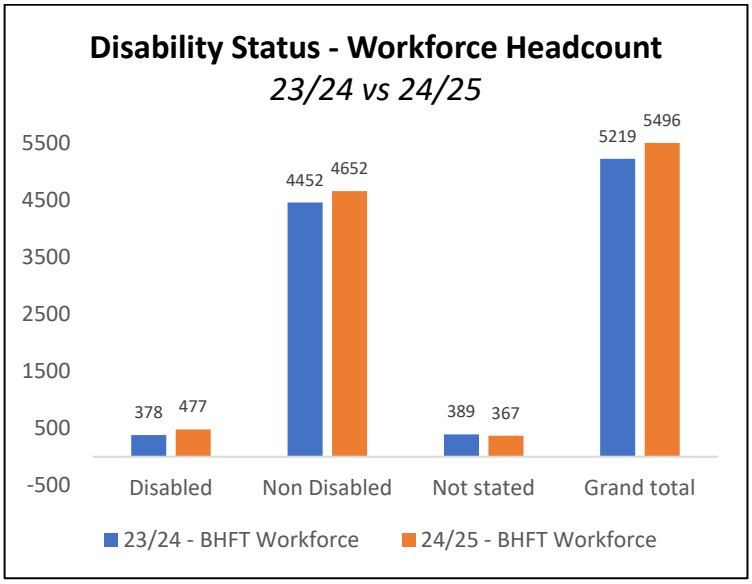
BHFT Workforce compared to Berkshire Population (from census data,2021)





	Disabled	Non-Disabled	Not stated
23/24 - BHFT Workforce	7.24%	85.30%	7.45%
24/25 - BHFT Workforce	8.68%	84.64%	6.68%
Berkshire Population	13%	87%	0%
Predicted economically active disabled population***	7.50%	87%	0%
Difference in % points – 24/25 BHFT workforce vs Predicted economically active disabled population	1.18%	-2.36%	6.68%

***While specific Berkshire population data on how many of the 13% have disabilities preventing them from entering the workforce cannot be attained, nationally, 42.3% of individuals with disabilities were neither working nor actively seeking work. (Gov.UK, 2023)
Applying this figure to our Berkshire population rates implies that approximately 7.5% of the assumed population of Berkshire with disabilities can enter the workforce. Consequently, this indicates that we have more staff with disabilities than the proportion of the Berkshire population with disabilities.

Workforce Profile: Full-Time Status and Age

	Disabled	Non-Disabled
% who work full time	69.3	64.9
Average FTE	0.89	0.87
Average age	42.13	43.79
% contribution to trusts 16-25 years' workforce	12.6	86
% contribution to trusts 26-35 years' workforce	11.1	85
% contribution to trusts 36-45 years' workforce	8.7	86.1
% contribution to trusts 46-55 years' workforce	7.3	86.4
% contribution to trusts 56-65 years' workforce	7.9	81.6

% contribution to trusts 66 plus years workforce	6	70.5

*Note that when comparing the % each of the groups make towards the stated age range of the workforce, the calculations include staff where their disability status is not known, although this group (disability status not known) was not included in the data presented. This is why the rates between the 2 groups do not combine to make 100%.

WDES Indicators:

1. **Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and Very Senior Manager (VSM) roles (including executive board members) compared with the percentage of staff in the overall workforce**

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Workforce Profile – Non-clinical Staff 2023-25

Pay Band	2023 Non-Clinical Workforce Data				2024 Non-Clinical Workforce Data				2025 Non-Clinical Workforce Data			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Under Band 1	2	0 (0%)	2 (100%)	0 (0%)	**0**	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 1	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	60	3 (5%)	50 (83.3%)	7 (11.7%)	65	3 (4.6%)	55 (84.6%)	7 (10.8%)	53	5 (9.4%)	43 (81.1%)	5 (9.4%)
Band 3	275	14 (5.1%)	248 (90.2%)	13 (4.7%)	298	15 (5%)	272 (91.3%)	11 (3.7%)	309	24 (7.8%)	274 (88.7%)	11 (3.6%)
Band 4	298	16 (5.4%)	254 (85.2%)	28 (9.4%)	305	19 (6.2%)	259 (84.9%)	27 (8.9%)	316	30 (9.5%)	262 (82.9%)	24 (7.6%)
Band 5	143	10 (7%)	126 (88.1%)	7 (4.9%)	153	12 (7.8%)	130 (85%)	11 (7.2%)	150	15 (10%)	125 (83.3%)	10 (6.7%)
Band 6	153	7 (4.6%)	141 (92.2%)	5 (3.3%)	163	9 (5.5%)	149 (91.4%)	5 (3.1%)	162	14 (8.6%)	142 (87.7%)	6 (3.7%)
Band 7	123	10 (8.1%)	103 (83.7%)	10 (8.1%)	126	8 (6.3%)	111 (88.1%)	7 (5.6%)	130	10 (7.7%)	114 (87.7%)	6 (4.6%)
Band 8a	95	8 (8.4%)	81 (85.3%)	6 (6.3%)	95	6 (6.3%)	83 (87.4%)	6 (6.3%)	106	9 (8.5%)	92 (86.8%)	5 (4.7%)
Band 8b	66	5 (7.6%)	55 (83.3%)	6 (9.1%)	55	8 (14.5%)	45 (81.8%)	2 (3.6%)	69	12 (17.4%)	55 (79.7%)	2 (2.9%)
Band 8c	33	0 (0%)	26 (78.8%)	7 (21.2%)	35	0 (0%)	27 (77.1%)	8 (22.9%)	38	2 (5.3%)	29 (76.3%)	7 (18.4%)
Band 8d	16	1 (6.3%)	13 (81.3%)	2 (12.5%)	15	1 (6.7%)	12 (80%)	2 (13.3%)	16	1 (6.3%)	14 (87.5%)	1 (6.3%)
Band 9	8	1 (12.5%)	6 (75%)	1 (12.5%)	4	0 (0%)	3 (75%)	1 (25%)	9	2 (22.2%)	6 (66.7%)	1 (11.1%)
VSM	9	1 (11.1%)	6 (66.7%)	2 (22.2%)	8	1 (12.5%)	5 (62.5%)	2 (25%)	8	1 (12.5%)	6 (75%)	1 (12.5%)
Total	**1281**	**76 (5.9%)**	**1111 (86.7%)**	**94 (7.3%)**	**1322**	**82 (6.2%)**	**1151 (87.1%)**	**89 (6.7%)**	1366	**125 (9.2%)**	**1162 (85.1%)**	**79 (5.8%)**

Workforce Profile – Clinical Staff 2023-25

Pay Band	2023 Clinical Workforce Data				2024 Clinical Workforce Data				2025 Clinical Workforce Data			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Under Band 1	13	2 (15.4%)	11 (84.6%)	0 (0%)	7	1	6	0 (0%)	13	3 (23.1%)	10 (76.9%)	0 (0%)
Band 1	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	167	8 (4.8%)	147 (88%)	12 (7.2%)	183	8 (4.4%)	164 (89.6%)	11 (6%)	56	3 (5.4%)	50 (89.3%)	3 (5.4%)
Band 3	358	13 (3.6%)	318 (88.8%)	27 (7.5%)	354	8 (2.3%)	324 (91.5%)	22 (6.2%)	505	10 (2%)	471 (93.3%)	24 (4.8%)
Band 4	484	45 (9.3%)	417 (86.2%)	22 (4.5%)	515	54 (10.5%)	439 (85.2%)	22 (4.3%)	546	72 (13.2%)	452 (82.8%)	22 (4%)
Band 5	468	39 (8.3%)	405 (86.5%)	24 (5.1%)	500	39 (7.8%)	436 (87.2%)	25 (5%)	542	53 (9.8%)	466 (86%)	23 (4.2%)
Band 6	811	53 (6.5%)	708 (87.3%)	50 (6.2%)	784	79 (10.1%)	664 (84.7%)	41 (5.2%)	832	76 (9.1%)	715 (85.9%)	41 (4.9%)
Band 7	760	53 (7%)	653 (85.9%)	54 (7.1%)	869	71 (8.2%)	748 (86.1%)	50 (5.8%)	929	91 (9.8%)	787 (84.7%)	51 (5.5%)
Band 8a	271	14 (5.2%)	247 (91.1%)	10 (3.7%)	296	18 (6.1%)	267 (90.2%)	11 (3.7%)	319	24 (7.5%)	286 (89.7%)	9 (2.8%)
Band 8b	98	6 (6.1%)	87 (88.8%)	5 (5.1%)	113	5 (4.4%)	104 (92%)	4 (3.5%)	112	5 (4.5%)	103 (92%)	4 (3.6%)
Band 8c	26	0 (0%)	24 (92.3%)	2 (7.7%)	35	1 (2.9%)	33 (94.3%)	1 (2.9%)	32	0 (0%)	31 (96.9%)	1 (3.1%)
Band 8d	18	2 (11.1%)	14 (77.8%)	2 (11.1%)	20	2 (10%)	17 (85%)	1 (5%)	16	2 (12.5%)	13 (81.3%)	1 (6.3%)
Band 9	3	0 (0%)	3 (100%)	0 (0%)	6	2 (33.3%)	3 (50%)	1 (16.7%)	3	0 (0%)	2 (66.7%)	1 (33.3%)
VSM	1	0 (0%)	1 (100%)	0 (0%)	1	0 (0%)	1 (100%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)

Total	**3478**	**235 (6.8%)**	**3035 (87.3%)**	**208 (6%)**	**3683**	**288 (7.8%)**	**3206 (87%)**	**189 (5.1%)**	**3905**	**339 (8.7%)**	**3386 (86.7%)**	**180 (4.6%)**

Workforce Profile – Medical & Dental staff 2023-2025

Pay Band	2023 Clinical (Medical & Dental) Workforce				2024 Clinical (Medical & Dental) Workforce				2025 Clinical (Medical & Dental) Workforce			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Consultants	**93**	3 (3.2%)	48 (51.6%)	42 (45.2%)	**91**	4 (4.4%)	47 (51.6%)	40 (44%)	101	6 (5.9%)	53 (52.5%)	42 (41.6%)
Non-consultant Career Grade	**82**	4 (4.9%)	42 (51.2%)	36 (43.9%)	**81**	3 (3.7%)	42 (51.9%)	36 (44.4%)	84	4 (4.8%)	44 (52.4%)	36 (42.9%)
Trainee Grade	**27**	0 (0%)	1 (3.7%)	26 (96.3%)	**35**	1 (2.9%)	1 (2.9%)	33 (94.3%)	40	3 (7.5%)	7 (17.5%)	30 (75%)
Total	**202**	**7 (3.5%)**	**91 (45%)**	**104 (51.5%)**	**207**	**8 (3.9%)**	**90 (43.5%)**	**109 (52.7%)**	225	**13 (5.8%)**	**104 (46.2%)**	**108 (48%)**

Workforce Profile – All staff 2023-2025 (across 3 years)

Pay Band	2023 All Staff Workforce Data				2024 All Staff Workforce Data				2025 All Staff Workforce Data			
	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated	Total Staff	Disabled	Non-Disabled	Not stated
Under Band 1	15	2 (13.3%)	13 (86.7%)	0 (0%)	7	1 (14.3%)	6 (85.7%)	0 (0%)	13	3	10	0 (0%)
Band 1	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Band 2	227	11 (4.8%)	197 (86.8%)	19 (8.4%)	248	11 (4.4%)	219 (88.3%)	18 (7.3%)	109	8 (7.3%)	93 (85.3%)	8 (7.3%)
Band 3	633	27 (4.3%)	566 (89.4%)	40 (6.3%)	652	23 (3.5%)	596 (91.4%)	33 (5.1%)	814	34 (4.2%)	745 (91.5%)	35 (4.3%)
Band 4	782	61 (7.8%)	671 (85.8%)	50 (50%)	820	73 (8.9%)	698 (85.1%)	49 (6%)	862	102 (11.8%)	714 (82.8%)	46 (5.3%)
Band 5	611	49 (8%)	531 (86.9%)	31 (5.1%)	653	51 (7.8%)	566 (86.7%)	36 (5.5%)	692	68 (9.8%)	591 (85.4%)	33 (4.8%)
Band 6	964	60 (6.2%)	849 (88.1%)	55 (5.7%)	947	88 (9.3%)	813 (85.9%)	46 (4.9%)	994	90 (9.1%)	857 (86.2%)	47 (4.7%)
Band 7	883	63 (7.1%)	756 (85.6%)	64 (7.2%)	995	79 (7.9%)	859 (86.3%)	57 (5.7%)	1059	101 (9.5%)	901 (85.1%)	57 (5.4%)
Band 8a	366	22 (6%)	328 (89.6%)	16 (4.4%)	391	24 (6.1%)	350 (89.5%)	17 (4.3%)	425	33 (7.8%)	378 (88.9%)	14 (3.3%)
Band 8b	164	11 (6.7%)	142 (86.6%)	11 (6.7%)	168	13 (7.7%)	149 (88.7%)	6 (3.6%)	181	17 (9.4%)	158 (87.3%)	6 (3.3%)
Band 8c	59	0 (0%)	50 (84.7%)	9 (15.3%)	70	1 (1.4%)	60 (85.7%)	9 (12.9%)	70	2 (2.9%)	60 (85.7%)	8 (11.4%)
Band 8d	34	3 (8.8%)	27 (79.4%)	4 (11.8%)	35	3 (8.6%)	29 (82.9%)	3 (8.6%)	32	3 (9.4%)	27 (84.4%)	2 (6.3%)
Band 9	11	1 (9.1%)	9 (81.8%)	1 (9.1%)	10	2 (20%)	6 (60%)	2 (20%)	12	2 (16.7%)	8 (66.7%)	2 (16.7%)
VSM	10	1 (10%)	7 (70%)	2 (20%)	9	1 (11.1%)	6 (66.7%)	2 (22.2%)	8	1 (12.5%)	6 (75%)	1 (12.5%)
Consultants	**93**	3 (3.2%)	48 (51.6%)	42 (45.2%)	**91**	4 (4.4%)	47 (51.6%)	40 (44%)	101	6 (5.9%)	53 (52.5%)	42 (41.6%)
Non-consultant Career Grade	**82**	4 (4.9%)	42 (51.2%)	36 (43.9%)	**81**	3 (3.7%)	42 (51.9%)	36 (44.4%)	84	4 (4.8%)	44 (52.4%)	36 (42.9%)
Trainee Grade	**27**	0 (0%)	1 (3.7%)	26 (96.3%)	**35**	1 (2.9%)	1 (2.9%)	33 (94.3%)	40	3 (7.5%)	7 (17.5%)	30 (75%)
Bands 1-4	1657	101 (6.1%)	1447 (87.3%)	109 (6.6%)	1727	108 (6.3%)	1519 (88%)	100 (5.8%)	1798	147 (8.2%)	1562 (86.9%)	89 (4.9%)
Bands 5-7	2458	172 (7%)	2136 (86.9%)	150 (6.1%)	2595	218 (8.4%)	2238 (86.2%)	139 (5.4%)	2745	259 (9.4%)	2349 (85.6%)	137 (5%)
Bands 8a-8b	530	33 (6.2%)	470 (88.7%)	27 (5.1%)	559	37 (6.6%)	499 (89.3%)	23 (4.1%)	606	50 (8.3%)	536 (88.4%)	20 (3.3%)
Bands 8c-9 & VSM	114	5 (4.4%)	93 (81.6%)	16 (14%)	124	7 (5.6%)	101 (81.5%)	16 (12.9%)	122	8 (6.6%)	101 (82.8%)	13 (10.7%)
Total	4759	**318 (6.4%)**	**4237 (85.4%)**	**406 (8.2%)**	5005	**378 (7.3%)**	**4447 (85.3%)**	**387 (7.4%)**	5271	**477 (8.7%)**	**4652 (84.6%)**	**367 (6.7%)**

2. Relative likelihood of staff being appointed from shortlisting

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WDES Indicator	Metric Descriptor		21/22	22/23	23/24	24/25	Change since 23/24	
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	**Berkshire Healthcare**	**1.08**	**0.93**	**1.15**	**1.1**	**-0.05**	↓

	*(*A figure above 1:00 indicates that Non-Disabled staff are more likely than Disabled staff to be appointed from shortlisting.)*	**NHS Trusts**	**1.11**	**1.08**	**0.99**			

Likelihood to be appointed from shortlisting from candidates with RTW only

WDES Indicator	Metric Descriptor		Disabled	Non-Disabled	Difference
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	**Actual reported scores**	**0.91**	**1.1**	**0.19**
	*(*A figure above 1:00 indicates that Non-Disabled staff are more likely than Disabled staff to be appointed from shortlisting.)*	**Non reported scores (RTW applicants only)**	**0.87**	**1.15**	**0.28**

Application rates

	Disabled	Non-Disabled
Applications	**2,010**	**37,204**
Applications with right to work	**1,807**	**17,511**
% of applications with right to work	**89.9**	**47.07**

Likelihood of being shortlisted from application compared to likelihood of appointment from interview

WDES Indicator	Metric Descriptor		Disabled	Non-Disabled	Difference
2	Relative likelihood of being shortlisted from application across all posts	**Candidates with RTW only**	**0.89**	**1.12**	**0.23**
	Relative likelihood of being appointed from shortlisting across all posts		**0.91**	**1.1**	**0.19**

Likelihood to be appointed from shortlisting from candidates with RTW only (Disability status vs Gender)

WDES Indicator	Metric Descriptor		Disabled	Non-Disabled	Male	Female
2	Disability status	**Non reported scores**	**0.91**	**1.1**		

	Gender	**(RTW applicants only)**			**0.68**	**1.47**

Intersectional Analysis of Recruitment Outcomes

Disability and Gender groups	Interview to offer ratio %
Disabled female	0.32
Non-disabled female	0.31
Non-disabled male	0.23
Disabled male	0.13

Interviews by Disability and Gender

Interviews by Disability and Gender	Disabled	Non-Disabled
Male	150	1,046
Female	380	3,450
Total applications	530	4,496
% which were male	28.3	23.3

External Hires by Disability Status

	No	Disability status unknown	Yes	Grand Total	% of hires which have disclosed disability
Band 2	**58**	**1**	**3**	**62**	**4.8**
Band 3	**155**	**9**	**10**	**174**	**5.7**
Band 4	**172**	**18**	**29**	**219**	**13.2**
Band 5	**146**	**3**	**15**	**164**	**9.1**
Band 6	**103**	**9**	**12**	**124**	**9.7**
Band 7	**81**	**12**	**15**	**108**	**13.9**
Band 8a	**30**	**3**	**2**	**35**	**5.7**
Band 8b	**5**	**1**		**6**	**0**
Band 8c	**1**	**0**		**1**	**0**
Band 8d	**1**	**0**		**1**	**0**
Band 9	**1**	**0**		**1**	**0**
AFC only	**753**	**56**	**86**	**895**	**9.6**
Band 8b - 9	**8**	**1**	**0**	**9**	**0**
All non AFC	**24**	**34**	**2**	**60**	**3.3**
Grand Total	**777**	**90**	**88**	**955**	**9.2**

3. Relative likelihood of staff entering the formal disciplinary process

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WDES Indicator	Metric Descriptor		21/22	22/23	23/24	24/25	Change since 23/24	
3	Relative likelihood of Disabled staff entering the formal disciplinary process compared to non-disabled staff *(*A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.)*	Berkshire Healthcare	5.34	1.9	3.92	1.63	-2.29	↓
		NHS Trusts	1.94	2.01	2.17			

The Impact of Small Data Samples on the Likelihood Score

During analysis, it became clear that the small size of the data sample significantly influences the resulting likelihood score, potentially leading to misleading trust-wide conclusions. The score is based on the number of staff entering the formal capability process over a two-year period, excluding cases related to ill health. This number is halved to reflect a one-year period and then divided by the group's headcount as of March 2025, resulting in a ratio for both disabled and non-disabled staff. These ratios are then compared to produce a likelihood score.

However, for disabled staff, the number of cases (excluding ill health) over the two-year period was just 3, equating to 1.5 once halved for the calculation. Drawing conclusions from such a small sample is highly unreliable; a change of just one case over two years would entirely shift the narrative.

To illustrate this, if just one fewer disabled staff member had entered the formal capability process over two years, the halved figure would reduce from 1.5 to 1.0. This alone would cause the likelihood score to drop from 1.63 to 1.08, almost reaching parity.

This demonstrates the volatility of the metric when derived from such small numbers. If just one more or one fewer case can meaningfully change the outcome, it raises serious concerns about the robustness of any conclusions drawn. Statistical reliability requires a tolerance for normal variation and variation of a single individual in a group of 477 should be interpreted with caution.

	March 25 workforce headcount	Average number of staff entering the formal capability process over the last 2 years for any reason. (i.e. Total divided by 2.)	Of these, how many were on the grounds of ill-health?	Likelihood of staff entering the formal capability process
Actual reported score (Disabled)	477	4	2.5	1.63
Actual reported score (non-disabled)	4652	12	2.5	0.62
Score if just 1 fewer disabled staff had a disciplinary (Disabled)	**477**	**3.5**	**2.5**	**1.08**

4a Harassment, bullying or abuse in the last 12 months – From patients, their relatives or public

WDES	Metric Descriptor		2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
			Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
4a Staff Survey Q14A	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	30%	20%	27%	20%	24.5%	18.1%	**19.8%**	**18.2%**	-4.7	+0.1

		NHS Trusts	33%	25%	33%	26 %						

4b Harassment, bullying or abuse in the last 12 months – from Managers

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			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WDES	Metric Descriptor		Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
4b Staff Survey Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	Berkshire Healthcare	12%	5%	12%	5%	11.4%	4.9%	**7%**	**5.8%**	-4.4	+0.9
		NHS Trusts	17%	9.6%	16.1%	9.2%						

4c Harassment, bullying or abuse in the last 12 months – from colleagues

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			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WDES	Metric Descriptor		Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
4c Staff Survey Q14c	Percentage of staff experiencing harassment, bullying or abuse from colleagues in last 12 months	Berkshire Healthcare	19%	11%	18%	12%	17.1%	10.5%	**12.2%**	**10.4%**	-4.9	-0.1
		NHS Trusts	25%	16.4%	24.8%	16.5%						

4d Reporting harassment, bullying or abuse

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			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WDES	Metric Descriptor		Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
4d Staff Survey	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Berkshire Healthcare	56%	63%	59.8%	57.3%	59.3%	62.2%	**65.2%**	**64.7%**	+5.9	+2.5
		NHS Trusts	49.9%	48.6%	51.3%	49.5%						

This indicator is the one with the lowest variance and is so close to parity between the two groups that no additional investigation has been deemed necessary to understand the variance.

5. Percentage of staff believing the Trust provides equal opportunities for career progression or promotion

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		2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WDES	Metric Descriptor	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled

5 Staff Survey Q15	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.	Berkshire Healthcare	53%	64%	61%	65%	57.8%	66%	**59.9%**	**66.7%**	+2.1	+0.7
		NHS Trusts	51.3%	57.2%	52.1%	57.7%						

Actual Promotion Rates by Disability status

The table below presents Agenda for Change (AfC) staff, showing the number of employees in post as of April 2024, how many received a promotion to a higher band, and the resulting promotion rate by disability status.

	Staff in post – April 24		April 24 - March 25 internal promotions		% of staff promoted	
	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled
Band 2	222	9	45	3	20.3	33.3
Band 3	612	22	61	8	10.0	36.4
Band 4	713	77	89	18	12.5	23.4
Band 5	557	51	106	7	19.0	13.7
Band 6	837	90	89	14	10.6	15.6
Band 7	875	78	55	5	6.3	6.4
Band 8a	362	24	17	1	4.7	4.2
Band 8b	158	14	3		1.9	0.0
Band 8c	63	1	1		1.6	0.0
Band 8d	33	4	2		6.1	0.0
Band 9	7	2			0.0	0.0
Grand Total	4439	372	468	56	10.5	15.1

Application Rates: Internal Disability Breakdown

Although we are currently unable to isolate internal applications specifically linked to promotion, we can examine internal job application activity as a proxy.

- In April 2024, disabled staff made up 8.7% of the Trust's overall workforce.
- However, they accounted for 10.1% of all internal job applications, though some individuals submitted multiple applications.

This shows that disabled staff apply for roles at a higher rate than their contribution to the workforce.

6. Percentage of staff feeling pressured to come to work when unwell

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			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WDES	Metric Descriptor		Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
6 Staff Survey Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Berkshire Healthcare	20%	16%	22.5%	16%	22.3%	14.3%	**21.1%**	**11.1%**	-1.2	-3.2
		NHS Trusts	29.9%	22.1%	27.7%	19.9%						

Staff who had a recorded instance of sickness in 24/25

	Disabled	Non-Disabled
Staff who worked in 24/25	532	5184
Staff who had at least 1 instance of recorded sickness	408	3627
% of staff who had at least 1 instance of recorded sickness	76.69	69.97

7.Percentage of staff saying that they are satisfied with the extent to which the organisation values their work

			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WDES	Metric Descriptor		Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
7 Staff Survey Q4b	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.	Berkshire Healthcare	52%	61%	52%	61%	53.7%	64.2%	**55.2%**	**64.8%**	+1.5	+0.6
		NHS Trusts	35.1%	44.9%	35.2%	45%						

8. Percentage of staff saying the organisation has made adequate adjustments for them in their role

			2021/2022	2022/2023	2023/2024	2024/2025	Change since 23/24
WDES	Metric Descriptor		Disabled	Disabled	Disabled	Disabled	Disabled
8 Staff Survey Q30b	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Berkshire Healthcare	81%	81%	81%	**81.9%**	+0.9
		NHS Trusts	72.2%	73.4%			

9. NHS Staff Survey and the engagement of Disabled staff

			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WDES	Metric Descriptor		Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
9a Staff survey engagement Score	The staff engagement scores for Disabled and Non-Disabled staff	Berkshire Healthcare	7.1	7.5	7.1	7.5	7.1	7.6	**7.1**	**7.6**	0	0
		NHS Trusts	6.5	7	6.4	6.9						
9b	Has Berkshire Healthcare taken action to facilitate the voices of Disabled staff in your organisation to be heard? Please provide an example		Yes									
9b comments			The voices of disabled colleagues are heard via an active, up and running Purple Staff Network, whose Chair has protected time of half a day each week, admin support and a budget for network activities, and a dedicated team's channel for members It also has a Deputy Network Chair and committee members. The Purple Staff Network has Executive level sponsorship (Chief Financial Officer). We had additional sub-groups of carers network and the 'Through the Looking Glass' support group for neurodivergent colleagues The voice of disabled staff is also sought in the co-production of new strategies, policies, and our Staff Network leads have regular meetings with our EDI Leads to help support the implementation of our strategies, as well as being pivotal members on forums such as Diversity Steering Group (DSG), and Staff Network Steering Group. As part of Equality Impact Assessment template and resource revision we have also emphasised the importance of impact and intersectionality when reviewing decisions, polices, events and beyond.							

What does the staff survey engagement section score mean?

Please help us shape future iterations of this paper by completing this very short survey

The staff engagement score is calculated as the mean of the 9 sub-scores below where at least two of the three sub-scores have been assigned.

Motivation

- Often/always look forward to going to work
- Often/always enthusiastic about my job
- Time often/always passes quickly when I am working

Advocacy

- Care of patients/service users is organisation's top priority
- Would recommend organisation as a place to work
- If friends or relatives needed treatment, would be happy with the standard of care provided by organisation

Involvement

- Opportunities to show initiative in my role
- Able to make suggestions to improve the work of team/dept
- Able to make improvements happen in my area of work

Understanding our scores for each of the 9 sub scores

Below, we present the scores for each of the nine sub-indicators from the 2024 Staff Survey, broken down by disabled and non-disabled staff. Alongside each, we have included the percentage point difference between the two groups. To provide additional context, we have also calculated a likelihood ratio, which offers a more nuanced view of disparity between the groups. This is important because a smaller percentage point difference can, in some cases, represent a much larger difference in relative experience.

For example, if 5% of disabled staff report a particular experience compared to 10% of non-disabled staff, this reflects a 5 percentage point difference, but non-disabled staff are twice as likely to report the experience. In contrast, if 85% of disabled staff report something versus 95% of non-disabled staff, the absolute percentage point gap is larger at 10 points, but the relative difference is smaller, non-disabled staff are only about 1.12 times more likely to report the experience. Therefore, the likelihood score provides insight into the proportional difference in experience between the two groups, not just the absolute gap.

Staff Engagement Question	Disabled	Non-Disabled	% Points Difference	Disabled Likelihood Score	Non-Disabled Likelihood Score
Able to make improvements happen in my area of work	60.5	68.6	8.1	0.88	1.13
Able to make suggestions to improve the work of my team/dept	73.6	82.6	9.0	0.89	1.12
Often/always look forward to going to work	58.1	65.1	7.1	0.89	1.12
Time often/always passes quickly when I am working	71.1	79.6	8.5	0.89	1.12
Opportunities to show initiative frequently in my role	73.1	80.7	7.6	0.91	1.10
Would recommend organisation as place to work	73.0	80.3	7.2	0.91	1.10
Often/always enthusiastic about my job	70.3	76.4	6.2	0.92	1.09
If friend/relative needed treatment would be happy with standard of care provided by organisation	75.1	80.6	5.6	0.93	1.07
Care of patients/service users is organisation's top priority	84.5	90.3	5.8	0.94	1.07

The analysis demonstrates a consistent pattern of disparity between disabled and non-disabled staff across the nine sub-group questions. When these questions are converted to a likelihood score, the highest score for non-disabled staff is 1.13, while the lowest is 1.07, indicating that the variation in inequity among the questions is only 0.06.

Furthermore, when evaluating the scores, it is evident that the highest inequity score of 1.13 remains below the NHS threshold of 1.25, which is considered indicative of an inequity with potential adverse effects.

Work has been initiated with the Purple network to improve the Trust's understanding of these scores.

10. Board membership 2024/25

WDES	Metric Descriptor	2021/2022	2022/2023	2023/2024	2024/2025

9 Board Representation	Percentage difference between Board voting membership and its overall workforce (Disabled)	**Berkshire Healthcare**	Data not available	1%	0%	-2%
		NHS Trusts	Data not available	Data not available	Data not available	
		Number of Disabled Voting Board Members		1	1	1
		Total Number of Voting Board Members		13	13	14

Understanding WDES Indicator 10

When comparing two percentages, such as 30% and 40%, confusion can arise about whether the comparison reflects an absolute difference or a relative difference. The absolute difference is the difference in percentage points, calculated by subtracting the smaller percentage from the larger one: 40% - 30% = 10 percentage points. The relative difference, however, expresses the absolute difference as a percentage of the initial value: (10 / 30) × 100 = 33.33%.

WDES Indicator 10, which compares the proportion of disabled staff on an organisation's board to the Disabled proportion in the overall workforce, can be misunderstood without clear terminology. For clarity, Indicator 10 measures the absolute difference in percentage points. For example, if the board has 30% Disabled representation and the workforce has 40%, the absolute difference is 40 - 30 = 10 percentage points. Explicitly stating this ensures the data is communicated effectively, enhancing its impact and understanding for all readers.

Interpretation

While the number of disabled voting Board members remained unchanged (1 person) between 2023/24 and 2024/25, the overall representation score decreased due to two interacting factors:

- The total number of voting members increased by one (from 13 to 14), and that new appointment was not disabled.
- The proportion of disabled staff in the overall workforce increased, raising the benchmark for proportional representation.

This small dataset means that **one single appointment** shifts the Trust's representation score significantly. For example, if one disabled person had been appointed instead of a non-disabled member, disabled Board representation would rise to **15.38%**, a swing that would result in **overrepresentation by around 7 percentage points**.

This mirrors issues discussed earlier in the paper (e.g. disciplinary data) where small numerators or denominators can lead to disproportionate statistical shifts. The Trust should bear this in mind when interpreting Indicator 10 results and when considering Board succession strategies.