Berkshire Healthcare
NHS Foundation Trust

Workforce Race Equality Standard (WRES)
2024/2025

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Executive Summary:

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The Trust made progress in 8 out of 9 Workforce Race Equality Standard (WRES) indicators in 2024/25, with only Indicator 5, relating to harassment or abuse from patients, relatives, or the public, increasing disparity for Ethnically diverse staff.

A key driver of disproportionality is Prospect Park Hospital's (PPH) mental health and learning disability inpatient wards. Although just 7.6% of the workforce, they heavily influence four indicators—especially staff survey-based ones (5, 6, and 8)—due to their high proportion of Ethnically diverse staff (71.5% vs. 29.6% elsewhere). Future analysis will consider excluding these teams to clarify the Trust's overall position.

Workforce Profile Highlights

- **Age and Demographics**: Ethnically diverse staff at the Trust are, on average, 2.1 years younger than White staff, compared to an 11.1-year age gap in the national population. This age disparity challenges the use of ethnicity demographics alone for benchmarking, as senior roles at the Trust are typically held by older staff.
- **Work Patterns**: Ethnically diverse staff work an average of 0.06 FTE more than White staff. As most WRES indicators use headcount rather than FTE, this could understate equity.
- **Representation**: The proportion of Ethnically diverse staff in the workforce increased by 2.8 percentage points (PP), from 29.99% in March 24 to 32.79% March 25, representing a relative increase of 9.3% compared to last year.
- **Ethnic Group Distribution**: Black or Black British staff comprise 12.6% of the workforce, far higher than their 3.3% share of the local population, while all other ethnic groups are underrepresented compared to local population.

Summary of WRES Indicator Outcomes

Indicator 1: Workforce Representation by Agenda for Change (AfC) Band

- Ethnically diverse representation has increased across clinical, non-clinical, and medical/dental staff in 2024/25.
- Non-AfC roles were mapped to equivalent AfC bands based upon full time salary to show equivalent representation for all staff in the Trust, which show a decreasing rate in Ethnically diverse representation at higher bands, although representation appears much higher in these bands with medical staffing included rather than AFC staff only:
    - Bands 1–4: 35.4%
    - Bands 5–7: 32.2%
    - Bands 8a+: 29.4%

Indicator 2: Likelihood of Appointment from Shortlisting

- White candidates' likelihood reduced from **1.4** (23/24) **to 1.35** (24/25), reflecting improving equity.
- A revised calculation method revealed historical inaccuracies due to the inclusion of "reserve" interviewees.
- When excluding candidates without right to work status, the likelihood score dropped further to **1.28**.
- Application clustering among candidates without right to work, aswell as Ethnically diverse candidates with right to work, leads to high competition for a limited number of roles. This can contribute to disparities in recruitment outcomes.
- Female candidates **(1.47)** were more likely to be appointed than males.
- Ethnically diverse females were **1.16 times** more likely to be appointed than White males.
- Ethnically diverse candidates made up **67.6%** of eligible applications but applied for multiple roles at a higher rate.
- **45.1%** of external hires in 24/25 were Ethnically Diverse candidates compared to **26.9%** Berkshire population

Indicator 3: Disciplinary Process

- Likelihood of disciplinary action for Ethnically diverse staff compared to White staff fell to **1.98**, down from **2.43** in 23/24.
- Alternative calculations using FTE and April 2024 baselines yielded a higher likelihood of **2.16**.
- Disproportionality is concentrated in PPH, especially among male healthcare assistants. Using alternative calculation above and removing PPH reduced score to **1.6**.

Indicator 4: Access to Non-Mandatory Training/CPD

- White staff were **1.41 times** more likely to access training compared to Ethnically diverse staff, an improvement from the **1.55** recorded in 23/24.
- Theories tested using April 24 workforce figures rather than March 25 reduced the disparity to **1.22**.
- Only funded training was included. We currently do not monitor access to wider training and development.
- Additional Clinical Services (predominately Healthcare Support workers) staff had notably lower access rates.

Indicator 5: Harassment from Patients/Relatives/Public

- Ethnically diverse staff reported a **27.2%** experience rate (up **0.5pp** from **26.7%**), while White staff reported a reduction (down **0.5pp**), widening the gap of inequity by **1percentage point (pp)**.
- PPH accounted for **71.4%** of patient on staff incidents (from Datix) despite comprising only **7.6%** of the workforce.

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Indicator 6: Harassment from Staff

- Ethnically diverse staff reported a **4.1pp** reduction (from **20.4%** to **15.4%**).
- White staff reported a **0.2pp** reduction (from **13.7%** to **13.5%**) reducing the inequity gap by **4.8pp**.
- However, PPH again skewed the data, accounting for **45.7%** of staff-on-staff incidents (from Datix).

Indicator 7: Equal Opportunities for Career Progression (Rates of staff perception and experience).

- Ethnically diverse staff reported improvement to **56.4%** (up **3.1pp** from **53.3%**)
- White staff reported improvement to **68.6%** (up **0.2pp** from **68.4%**), reducing the inequity gap by **2.9pp**.
- There is a disparity between staff perception and our data. Promotion data showed **16.9%** of Ethnically diverse AfC staff experienced a promotion throughout 24/25, compared to just **7.9%** of White staff (Actual rates of staff promotion).

Indicator 8: Discrimination from Managers/Colleagues

- Discrimination reported by Ethnically diverse staff fell from **13.3% to 10.7%**, while the rate for White staff slightly worsened from **5%** in 23/24 to **5.1%** in 24/25, reducing the inequity gap by **2.7pp**

Indicator 9: Board Representation

- With Ethnically diverse board voting membership at **35.71%,** this is **3pp** above the **32.79%** representation of Ethnically Diverse staff in the Trust's overall workforce. This is **3.8pp lower** than 2023/24 due to changes in Board membership.
- Despite the reduction, representation remains above workforce levels and more closely aligned with community demographics reducing the inequity gap by **3.8pp.**

Conclusion

The Trust continues to make measurable progress on race equality, with continual improvements and contextual analysis (particularly around the stated wards at PPH) offering a more nuanced understanding of underlying disparities. Improvements in recruitment fairness, access to training, and promotion equity are notable, but persistent inequalities in disciplinary outcomes and harassment from service users require sustained action. Ongoing refinement in how indicators are calculated, particularly factoring in FTE, workforce dynamics, and localised environments, will be crucial to ensuring accurate WRES insights and effective anti-racist action.

Introduction:

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This report does not claim to speak for those who have experienced discrimination, nor does it rely on anecdotal evidence. While racism and bias are often underreported and complex, recognising their role—alongside factors such as structural bias, leadership demographics, and cultural behaviours—enables more effective action.

Since 2015/16, the Trust has submitted data for all nine WRES indicators, using a data-driven approach to identify disparities and address systemic inequalities. While statistics cannot capture every experience, they highlight patterns that demand action.

This report presents the latest WRES data in comparison with previous years and national scores, explores underlying causes, links to Trust-wide initiatives, and identifies priorities for further analysis and intervention.

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

Meaningful progress requires defining success in equity terms. Disparities can widen even when overall experiences improve, or narrow even as they worsen. For example:

- If bullying among Ethnically diverse staff falls from 20% to 15%, but among White staff from 18% to 8%, the equity gap grows.
- If both groups report worse outcomes but the gap narrows, equity may have improved.

The same applies to "relative likelihood" indicators (e.g., disciplinary action, access to development), where 1.00 reflects parity and deviations signal inequality.

Our goal is to both improve overall experience and reduce disparities. Future actions will therefore define success through clear, measurable outcomes and engagement benchmarks, enabling stronger evaluation

The table below presents Berkshire Healthcare's Workforce Race Equality Standard (WRES) indicator scores for the 2024/25 financial year, alongside a comparison to the previous year (2023/24). It highlights whether outcomes for both Ethnically Diverse and White 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 or crosses indicating whether the shift represents a positive or negative movement in fairness and parity between groups.

WRES Indicator	Metric Descriptor	2024/2025 score with variance rate since 23/24		Change in Equity score variance since 23/24
		Ethnically Diverse	White	
1 Take me to Data	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	See appendices	See appendices	
2 Take me to Data	Likelihood of being appointed from shortlisting	**0.74** (Previous score n/a)	**1.35** (↓ 0.05)	0.05 ✓
3 Take me to Data	Likelihood of entering the formal disciplinary process	**1.98** (↓ 0.45)	**0.5** (Previous score n/a)	0.45 ✓
4 Take me to Data	Likelihood of accessing non-mandatory training and continuous professional development (CPD)	**0.71** (Previous score n/a)	**1.41** (↓ 0.14)	0.14 ✓
5 Take me to Data	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	**27.2** (↑ 0.5)	**16.6** (↓ 0.5)	1 ×
6 Take me to Data	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	**15.4** (↓ 5)	**13.5** (↓ 0.2)	4.8 ✓
7 Take me to Data	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	**56.4** (↑ 3.1)	**68.6** (↑ 0.2)	2.9 ✓
8 Take me to Data	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	**10.7** (↓ 2.6)	**5.1** (↑ 0.1)	2.7 ✓
9 Take me to Data	Percentage difference between Board voting membership and its overall workforce	**+3% points** (↓ 3.8)	**-1%point** (Previous score n/a)	3.8 ✓

Ranking Indicators by Level of Inequity

To better illustrate areas of inequity, we have translated raw percentage scores in the instance of the staff survey scores into "likelihood to score" ratios. This enables consistent comparison across indicators and aligns with the NHS's adverse impact threshold of **1.25**. Five indicators listed below exceed the specified threshold. Rows highlighted in orange indicate instances where 24/25 indicator scores surpass the 1**.25** mark, signifying potential areas of concern. Conversely, rows shaded in green denote indicators for which equity does not currently reflect parity or the desired standard yet has not reached the adverse concern threshold of **1.25**.

Group with greatest likelihood	Likelihood score	Indicator	Above NHS adverse impact rate of 1.25
Ethnically Diverse	2.1	8. Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Yes
Ethnically Diverse	1.98	3. Likelihood of entering the formal disciplinary process	Yes
Ethnically Diverse	1.64	5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Yes

White	1.41	4. Likelihood of accessing non-mandatory training and continuous professional development (CPD)	Yes
White	1.35	2. Likelihood of being appointed from shortlisting	Yes
White	1.22	7. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	No
Ethnically Diverse	1.14	6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	No

Key Themes and Insights:

The appendices of this paper contain a detailed breakdown of each WRES indicator and a profile of the Trust's workforce composition.

Growing Representation and How This Impacts Indicator Scores Workforce profile in appendices

The proportion of Ethnically diverse staff in the Trust increased from **29.99% in March 2024** to **32.79% in March 2025**, compared to **26.9%** in the local population (2021 Census). This suggests the Trust employs a notably higher percentage of Ethnically diverse staff (+5.87pp), which could be even greater when accounting for the **2.15% of staff with unknown ethnicity**.

However, this overall figure is skewed by the overrepresentation (compared to Berkshire population rates) of **Black or Black British staff**, who make up **12.6%** of the Trust workforce but only **3.33%** of the local population. As a result, all other ethnic groups (including White), are underrepresented in comparison to their local population proportions.

The changing composition of the workforce, with Ethnically diverse staff increasing from **29.99%** at the beginning of the reporting year to **32.79%** at the end, significantly affects indicator calculations. For instance, the additional **3.8%** of Ethnically diverse staff who joined later in the year had less time within the organisation than White staff. This reduced tenure means they likely had fewer opportunities to access Continuing Professional Development (CPD) or training and potentially less exposure to workplace situations that could lead to disciplinary actions.

This dynamic has a notable impact on specific indicators, such as Indicator 3: "Likelihood of staff entering the formal disciplinary process." When calculated using the year-end workforce headcount (**32.79%** Ethnically diverse staff), the likelihood of Ethnically diverse staff facing disciplinary action is reported as **1.98**. However, if the calculation used the workforce composition from the beginning of the year (**29.99%** Ethnically diverse staff), this figure increases to **2.29**, representing a significant rise. This discrepancy highlights how using year-end figures can misrepresent experiences from earlier in the year when fewer Ethnically diverse staff were employed, potentially distorting results.

The table shows that by year end, there are 222 more Ethnically diverse staff, and 39 fewer White staff compared to the beginning of the year.

		March 2024 workforce		March 2025 workforce	
		Ethnically Diverse	White	Ethnically Diverse	White
Headcount	Workforce Headcount	1580	3615	1802	3576
	Disciplinary Headcount	16	16	16	16
	Ratio	0.0101	0.0044	0.0089	0.0045
	Likelihood to face disciplinary	2.29	0.44	1.98	0.50

Age Profile Differences

Analysis of the Trust's workforce showed that **White staff are, on average, 2.1 years older** than Ethnically diverse staff. National census data supports this trend, showing average ages of **42.7 years for White** individuals and **31.6 years for Ethnically diverse** individuals.

These age differences may affect expectations around workforce diversity, particularly in senior roles. For example, if the Ethnically diverse population skews significantly younger, it may contribute to lower representation in senior roles, such as heads of service or Board members, where longer professional experience is typically required.

Full-Time Equivalent (FTE) Differences

Ethnically diverse staff have an average FTE of **0.91**, compared to **0.85** for White staff. This difference in working hours may affect exposure to workplace processes, such as disciplinary procedures, as staff with higher FTE are present more often, potentially increasing their likelihood of involvement in incidents or related outcomes.

Since indicators are based on headcount rather than hours worked, they do not account for FTE variations. Consequently, even minor differences in FTE could slightly skew results, as longer hours may heighten exposure to workplace risks or pressure points.

Indicator 1 – Percentage of Staff in Each Agenda for Change (AfC) Band Compared to Overall Workforce Representation

This indicator assumes equal representation across all AfC pay bands is the ideal. However, achieving this would require a substantial reduction in Ethnically diverse staff in medical roles, where their representation significantly exceeds both the Trust average and local population rates.

To provide a more holistic view, in addition to the WRES nationally mandated breakdowns (AfC clinical, AfC non-clinical, and medical/dental), we've included adjusted figures where non-AfC staff salaries are mapped to equivalent AfC bands:

Predicted Ethnically Diverse Representation Based on Registration Rates compared to actual workforce rates

Grouping	Predicted Representation (AfC only)	Predicted Representation All Roles (AfC Equivalent)	Berkshire Population Benchmark	Actual Workforce April 24 All Roles (AfC Equivalent)
Band 1–4	26.9%	26.92%	26.9%	35.4%
Band 5–7 (Including medical & Dental)	29.07%	29.14%	26.9%	32.2%
Band 8a+ (Including medical & Dental)	25.96%	30.07%	26.9%	29.4%
All Staff	27.9%	28.57%	26.9%	32.8%

Two key drivers of the lower predicted representation in Bands 8a+ (AfC-only data) are:

1. **Nursing and midwifery** (higher ethnic diversity) make up a large portion of Bands 5–7 but fewer 8a+ roles.
2. **Clinical psychologists**, who make up **20%** of our Band 8a+ roles, have lower national ethnic diversity (**12.1%**).

This indicates that comparing workforce data solely to local population rates (as in Indicator 1) may not provide a comprehensive understanding of expected representation when considering professional registration data. Factors such as higher rates of Ethnically Diverse individuals pursuing medical careers compared to their proportion in the local population, and comparatively fewer from these groups entering Psychology careers, result in increased representation within the medical and dental workforce and contribute to lower proportions in the Trust's senior AFC workforce.

All workforce figures exceed both the Berkshire population rates and predicted benchmarks, except for Band 8a and above, which falls **0.67** percentage points below expected levels. The underrepresentation at senior levels warrants further exploration. One potential contributing factor may be the differing age profiles between Ethnically diverse and White populations (nationally, the average age of White people is over **11 years higher**). However, it is important not to overlook how discrimination plays a role in this systemic disparity.

Indicator 2 – Relative Likelihood of Staff Being Appointed from Shortlisting

Reporting Limitations
In previous years, our score for this indicator was derived from our Applicant Tracking Systems (ATS) summary report. However, this report incorrectly categorised candidates marked as "Interview: Reserve" under the "shortlisted" group, even though these individuals were not actually offered interviews. Ethnically diverse applicants were disproportionately represented within the reserve category, resulting in an inflated number of "shortlisted" candidates and consequently skewed appointment likelihoods, which appeared lower than they truly were. This raises an important question about why such a high proportion of Ethnically diverse candidates are being placed on reserve lists.

For the 2024/25 reporting cycle, we manually produced a refined dataset for the first time, allowing us to exclude "Interview: Reserve" candidates from our calculation. Had we followed the previous method, our indicator score would have been **1.52**, falsely suggesting a deteriorating position. With the corrected approach and full year data, our actual score is **1.35**, a decrease from the prior year, but one that reflects greater accuracy. Due to this change in methodology, our score is not directly comparable to previous years.

We have shared these findings with NHS England, as it is understood that approximately **90%** of NHS Trusts use the same ATS platform. This suggests that similar inaccuracies may exist nationally, potentially affecting the reliability of the aggregated WRES data across the system.

External Recruitment Rates

When assessing the equity of our recruitment outcomes, a key metric to consider is the percentage of Ethnically diverse external hires. While no single indicator can offer a complete picture, this measure provides valuable insight into how representative our recruitment outcomes are. In 2024/25, **45.1%** of our external hires were Ethnically diverse, which is **18.2 percentage points** higher than the Berkshire population benchmark of **26.9%**. This is a positive indication of the inclusivity of our recruitment practices and reflects progress in attracting a more diverse workforce.

However, senior recruitment presents a more complex picture. Among hires at Bands 8b to 9, 2 out of 8 hires (**25%)** were from Ethnically diverse backgrounds. While this is below the Trust-wide average, there are several contextual factors to consider. Firstly, small sample sizes mean percentages can shift significantly with just one additional hire. Secondly, disparities in professional registration rates affect the available talent pool. Only **12.1%** of registered clinical psychologists are from Ethnically diverse backgrounds, and while they are virtually absent from the wider workforce between Bands 2 to 8a, they make up around one third of our Band 8b to 9 workforce. This concentration at senior levels, combined with the low national diversity rate for this profession, has a clear impact on representation in our senior recruitment data. In contrast, **44.9%** of doctors and **38.5%** of nurses and midwives are from Ethnically diverse backgrounds. However, even these professions are not equally distributed across the bands. Nursing and midwifery, for example, account for **27%** of the workforce up to Band 8a, but just **13%** between Bands 8b and 9. Further evidence of this pattern can be seen in our non-Agenda for Change recruitment, which is predominantly medical, where **67.9%** of hires were from Ethnically diverse backgrounds.

We must also consider age. The White population in England and Wales is, on average, 11 years older than the Ethnically diverse population. Given that senior roles typically require experience built up over time, we would need to consider how age demographics contribute to representation across grades. Taken together, these factors provide context for interpreting our recruitment data and highlight the need for a nuanced and informed approach when evaluating diversity at senior levels.

Impact of Right-to-Work (RTW) Status
An increasing proportion of applicants lack immediate RTW status. When focusing only on candidates with RTW status, the score for White candidates drops from **1.35** to **1.28**. This shift is likely influenced by the differing application patterns of candidates with and without RTW status. Candidates without immediate RTW often face limitations regarding the types of roles they can apply for, particularly where sponsorship is required. This creates a phenomenon of application clustering, which is discussed further in this paper. Essentially, this clustering increases competition for the same roles, heightening the likelihood of unsuccessful applications for candidates applying to roles where competition is already high.

Data shows that **71.5%** of candidates without RTW were interviewing for roles with five or more shortlisted applicants, compared to **57.7%** of candidates with RTW. This highlights a key point of divergence between the two groups: the competitiveness of the vacancies they can access.

To ensure fair comparison of recruitment outcomes for Ethnically diverse and White candidates, it may be prudent to exclude candidates without RTW from the data analysis, as they present an unequal comparison between the two groups. By focusing solely on candidates with RTW, we can mitigate the impact of these limitations and isolate more accurate insights into recruitment trends. Including candidates without RTW may skew the analysis, often leading to an overemphasis on this issue rather than revealing deeper insights into other factors that may contribute to the disparity in scores.

Shortlisting Conversion Rates
To detect potential bias at the interview stage, we compared the likelihood of progressing from application to interview. At this stage, protected characteristics are hidden from hiring managers, limiting bias (though not eliminating it entirely e.g., a candidate referencing education history in a non-UK country).

After removing non-RTW candidates, White applicants were **2.07** times more likely to be shortlisted than Ethnically diverse applicants, much higher than the likelihood of appointment at interview (**1.28**). This prompts further questions i.e. If bias is considered less prevalent during shortlisting, why does greater disparity appear at this stage compared to interviews? Might this reflect the effects of application clustering (discussed in the next section), where Ethnically diverse candidates are more likely to apply for roles that attract a high volume of applicants? These patterns may also help explain why Ethnically diverse candidates are disproportionately represented in the “interview: reserve” category.

Application Clustering and Competition
Shortlisting patterns reveal a structural difference in the types of roles that candidates from different ethnic backgrounds are typically applying for. For the purpose of this paper, a *highly competitive role* is defined as one with five or more candidates interviewed.

- **53.6%** of shortlisted Ethnically diverse candidates were interviewed for highly competitive roles, compared with **48.4%** of White candidates.

- In contrast, **13.75%** of White candidates interviewing, were interviewing for roles as the sole candidate, compared with **9.9%** of the Ethnically diverse candidates interviewing for a role.

At first glance, this could be misinterpreted as Ethnically diverse candidates applying for less competitive roles at a lower rate. The data however suggests that these candidates are more likely to apply for highly competitive roles, which naturally reduces their representation in interviews for less competitive posts.

Given that **67.6%** of all right-to-work eligible applications came from Ethnically diverse candidates (a figure that is significantly higher than the proportion of Ethnically diverse residents in the local Berkshire population), encouraging even greater application numbers from this group for less competitive roles may have limited effect on the overall disparity. In contrast, increasing the number of White applicants for highly competitive roles or reducing applications from Ethnically diverse candidates for those same roles might alter the pattern, but these approaches would not align with the principles of fair and inclusive recruitment.

The following example illustrates how application clustering can affect success rate data:

Job	Interviewed Candidates	Offer Outcome
1	1 White	1 White
2	1 White	1 White
3	1 White, 1 Ethnically Diverse	1 Ethnically Diverse
4	1 Ethnically Diverse	1 Ethnically Diverse
5	1 Ethnically Diverse	1 Ethnically Diverse
6	5 Ethnically Diverse	1 Ethnically Diverse

In this scenario, Ethnically diverse candidates received more offers overall (four compared with two), but their success rate appears lower due to the competition in job 6, where five Ethnically diverse candidates were interviewed for a single role. This created four unsuccessful outcomes that influenced the success rate figures:

- White candidates: 2 offers from 3 interviews, a success rate of **66%**
- Ethnically diverse candidates: 4 offers from 8 interviews, a success rate of **50%**

Crucially, Ethnically diverse candidates were successful in the only instance where they were interviewed alongside a White candidate (job 3). This highlights how outcome data can be shaped by the structure of competition, particularly when several strong candidates from the same background are applying for the same post, rather than indicating any issue with the decision-making process itself.

Broader Implications and Contributing Factors

The high volume of application activity from Ethnically diverse candidates appears to be influenced by both the number of applications and the breadth of roles applied for.

- **67.6%** of right-to-work eligible applications came from Ethnically diverse candidates.
- **59.6%** of these applications were from distinct individuals (i.e. each person counted once), compared with **63.3%** for White candidates. This suggests a higher proportion of repeat applications among Ethnically diverse candidates, which could reflect different job-seeking strategies, or broader systemic racism, social and economic factors.

This increased application volume contributes to a reduced likelihood of Ethnically diverse candidates being the only person interviewed and increases the chance of competing within larger interview pools. These structural patterns help explain some of the variation in success rates.

Age and Banding as Additional Influences

National data shows that Ethnically diverse populations are, on average, younger than White populations. As a result, younger applicants (who are more likely to be from Ethnically diverse backgrounds) may be more inclined to apply for lower-banded roles, which generally require less experience or fewer qualifications.

Lower-banded roles often have fewer eligibility barriers and attract a wider applicant pool. This means:

- More people apply for each vacancy.
- More candidates are shortlisted and interviewed.
- The chances of success for any individual applicant are reduced.

Application data from the first seven months of 2025 supports this pattern. The average age of applicants increases with banding from Band 6 upwards. Bands 2 to 4 consistently receive the highest number of applications and interviews and are also where younger and Ethnically diverse applicants are concentrated.

These findings suggest that application clustering, shaped by a range of structural and demographic factors including age and job banding, may have a significant influence on recruitment outcomes. Further analysis of these patterns may support the development of more informed and targeted approaches to addressing variation under Indicator 2.

Gender Disparities in Recruitment and Impact on Ethnicity Outcomes
Among RTW-eligible applicants, females were **1.47** times more likely to be appointed than males, and White candidates **1.28** times more likely than Ethnically diverse candidates, suggesting gender has a strong influence. Interview success rates show (these are ratios of success from interview to offer):

1. White females: **0.36** (**highest**)
2. Ethnically diverse females: **0.29**
3. White males: **0.25**
4. Ethnically diverse males: **0.20** (**lowest**)

Appendix data indicates White candidates have more female applicants, while Ethnically diverse candidates have more male applicants. This gender distribution may widen ethnicity disparities, as males face lower appointment rates.

Indicator 3 – Likelihood of staff entering the formal disciplinary process

Questioning the Representativeness of the Standard Calculation Method
Given the significant growth in our Ethnically diverse workforce and their higher average FTE, there are valid concerns that the standard Indicator 3 methodology may understate disciplinary risk.

The current approach uses headcount at the end of the reporting year, which presents two key limitations:

1. **FTE Variation**: Staff working more hours are more likely to have greater exposure to operational, interpersonal, or procedural risks that may lead to disciplinary action. A headcount only measure does not reflect this.
2. **Timing of Starters**: In a year of high recruitment, many Ethnically diverse staff may have joined late in the year and had limited time in post, potentially lowering their exposure. This inflates the denominator and can artificially reduce the calculated likelihood of disciplinary action for this group.

Using the national methodology, the relative likelihood of Ethnically diverse staff entering disciplinary processes is **1.98**. When adjusting the calculation to use FTE and start of year headcount, the figure increases to **2.16**, providing a fairer, though still imperfect, reflection of exposure over time.

The most accurate approach would involve using average headcount over the full year, but this is not currently feasible with available data. Nevertheless, our internal adjustment offers a more realistic basis for decision making and should be considered in future workforce monitoring.

The Trust has a review of casework practices scheduled for September 25, which forms part of our antiracism action plan.

Outliers in Disciplinary Data Beyond Ethnicity
Within WRES Indicator 3, as well as ethnicity, deeper analysis reveals that other outliers may also be influencing the Trust's disciplinary figures, particularly Prospect Park Hospital (PPH), Healthcare Assistants (HCAs), and male staff.

1. **Prospect Park Hospital as a Structural Outlier**
   PPH comprises only 7.6% of the Trust's workforce but accounts for 22.9% of all disciplinary FTEs in 24/25. Ethnically diverse staff make up 32.8% of the Trust wide workforce but are disproportionately concentrated at PPH, suggesting that the environment itself may be contributing to inflated disciplinary rates. When PPH's inpatient data is excluded, the relative likelihood of disciplinary action for Ethnically diverse staff drops from 2.16 to 1.60, a notable reduction.
2. **Healthcare Assistants (HCAs)**
   HCAs represent 8% of the Trust's workforce yet account for 31% of disciplinary cases. While the role has a high proportion of Ethnically diverse staff (53.5%), the disparity appears to relate to role specific risk than to ethnicity alone. Comparatively, Community Psychiatric Nurses (also a highly diverse group) are underrepresented in disciplinary cases. This suggests the need to examine the HCA working environment, support mechanisms, and role clarity.
   Like indicator 2 likelihood to be appointed from shortlisting, we can also see that using the preferred calculation, White male staff (2.9) are more likely to face disciplinary action than Ethnically Diverse females (2.3), demonstrating that gender appears to have an impact on outcomes. This also adds relevance to the outlier work environment being Prospect Park Hospital as we can see that 68% of the substantive workforce in PPH are additional clinical services staff (often healthcare assistant) compared to just 21% for the rest of the Trust.
3. **Gender-Based Disparities**
   Male staff comprise 18% of the workforce but are involved in 35.4% of disciplinary cases, making them 2.5 times more likely to face disciplinary action than female staff (0.4). Indicating that gender may be a strong predictor of disciplinary risk. Further intersectional analysis showed that White and Ethnically diverse females had the lowest disciplinary rates, while male staff (regardless of ethnicity) had the highest.

The MH and LD wards at Prospect Park were such outliers that we recalculated the indicator score without them using the adjusted calculation which uses FTE and March 24 workforce figures. Excluding these wards, the score dropped from **2.16** to **1.6**, highlighting their substantial influence on the indicator.

Indicator 4 – Likelihood of Staff Accessing Non-Mandatory Training and Continued Professional Development (CPD)

Understanding What is Counted as "Training and CPD"
In reviewing this indicator, it became evident that the Trust's submissions only reflect **centrally funded training and CPD**. This is likely a small subset of the total non-mandatory learning opportunities available across the organisation. As a result, both the current and historic data reported under this indicator only provide a partial view of staff access to professional development. The technical guidance from NHS England is vague and we know other Trusts report in a similar way to us. Key categories such as **Apprenticeships, Leadership Development, Non-Mandatory eLearning, Quality Improvement training**, and **Medical CPD** are not currently included due to long-standing limitations in tracking and recording this data. However, efforts are now underway to explore how these activities can be captured more effectively going forward. With **59%** of the medical and dental workforce being Ethnically diverse, and many Additional Clinical Services staff, who are also highly represented among diverse groups, participating in non-funded training and CPD, this issue is especially significant.

Interpreting the Current Score
Despite the narrow scope, the reported likelihood of White staff accessing funded training or CPD **fell from 1.55 in 2023/24 to 1.41 in 2024/25**. While this is a like-for-like comparison, it does indicate some progress in narrowing disparities.

Revisiting the Calculation Methodology
As with Indicator 3, it's important to consider the limitations of the calculation method. Although FTE has less obvious relevance in this context, the **workforce snapshot timing** is still critical. Newer staff will more likely have had less time to undertake funded training than someone who was a part of the workforce at the beginning of the year.
When recalculating the score using workforce figures from the **start of the reporting year**, the likelihood for White staff accessing CPD drops further to **1.22**. This would place the Trust below the NHS's "potential adverse impact" threshold of **1.25**, indicating greater equity than the official score suggests.

Access by Staff Group
Further analysis revealed clear differences in access across staff groups. Allied Health Professionals (AHPs) accounted for **26.7%** of funded training uptake, and Additional Professional Scientific and Technical staff for **17.5%**, despite making up only **11.3%** and **10.3%** of the workforce, respectively. These groups also have lower ethnic diversity than the Trust average. In contrast, staff within **Additional Clinical Services** (which includes Healthcare Assistants) represented only **9.7%** of training uptake, despite comprising **24.8%** of the workforce—a group with significantly higher ethnic diversity. This disparity echoes the earlier findings in Indicator 3, where Healthcare Assistants were disproportionately represented in disciplinary action.

Indicator 5, 6 and 8 – Staff Experience of Negative Workplace Behaviours

The three indicators have been grouped together on the basis that much of the analysis is applicable across them.

- **Indicator 5** saw an increase in Ethnically diverse staff reporting harassment, bullying, or abuse from patients, relatives or the public (27.2%, up from 26.7%), while the rate among White staff decreased, further widening the inequality gap.
- **Indicator 6** showed improvement, with Ethnically diverse staff reporting harassment, bullying or abuse from colleagues decreasing (15.4%, down from 20.4%). With only a 0.2% reduction among White staff, the gap of inequality narrowed significantly, although it still exists.
- **Indicator 8** also showed a reduction in reports of discrimination at work from managers, team leaders or colleagues among Ethnically diverse staff (10.7%, down from 13.3%). By contrast, White staff reported a slight increase, again closing but not eliminating the inequality gap.

This could potentially be partially explained by our antiracism work, and drive and push to our staff not to accept or normalise these behaviours, asking staff to report and re-energising our leadership development.

Factors Impacting All Three Indicators
Outlier "Teams" and Workforce Composition
Survey data is available at both team and ethnicity level. Review of the team level data highlights three outlier teams, all within mental health or learning disability services at the Trust's inpatient mental health hospital (PPH). These three teams have an Ethnically diverse workforce of 71.5%, compared with 29.6% across the rest of the Trust.

Incident reporting data provides important context: 1,121 of the Trust's 1,570 patient-on-staff incidents (71.4%) were recorded within these three teams alone. Of these, 70.4% were reported by Ethnically diverse staff, closely mirroring the proportion of the workforce in those teams. However, 332 incidents were reported by White staff in these same teams, equivalent to 74% of all incidents raised by staff of all ethnicity's staff across the other 107 teams combined. This suggests that the environment at PPH is one which carries a heightened likelihood of staff experiencing incidents, regardless of ethnicity, though ethnicity may still influence total rates. Because Ethnically diverse staff are so heavily represented within these teams, their experiences disproportionately shape the overall Trust-wide results.

Worked Example: How Workforce Composition Affects Inequality Scores
To illustrate how workforce composition interacts with workplace environments, consider the following simplified example:

- At PPH, assume **40% of staff experience harassment, bullying or abuse from patients, relatives or the public**, regardless of ethnicity.
- Across the rest of the Trust, assume **5% of staff experience this**, again with no difference by ethnicity.
- Within each environment, there is therefore *parity* between Ethnically diverse and White staff.

However, because 71.5% of staff at PPH are Ethnically diverse (compared with 29.6% across the rest of the Trust), when results are combined at a Trust-wide level this parity disappears. The aggregated figures would show **11% of Ethnically diverse staff** experiencing harassment, bullying or abuse compared with **6% of White staff**, despite no inequality being present within either environment individually.

This demonstrates how workforce distribution within different environments, particularly those with higher baseline risks of negative behaviours, can create apparent Trust-wide inequalities. Currently, staff survey data is not available at a level that would allow analysis of ethnicity results by specific team or workplace, meaning we cannot confirm whether the survey results mirror this scenario. What we can say with certainty is that the over-representation of Ethnically diverse staff in higher-risk environments such as PPH has a material impact on the Trust's overall inequality scores.

Full-Time Equivalent (FTE) Differences
As referenced earlier, Ethnically diverse staff also work a higher average FTE. This potentially results in greater workplace exposure time, which, could also contribute to differences across the three indicators.

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

Perceptions of Inequality Remain Strong
Although the level of agreement among Ethnically diverse staff has increased from **53.3%** to **56.4%**, there remains a **12.2pp** gap between Ethnically diverse and White staff in terms of their perception that the Trust offers equal opportunities for career progression. This disparity indicates that Ethnically diverse staff continue to feel that there are unequal opportunities, which contributes to an ongoing narrative of unfairness.

Promotion Rates
Ethnically diverse staff were promoted at more than twice the rate of White staff during 2024/25 (**16.9%** vs. **7.9%**), indicating strong actual progression.

Progress Seen Across Most Pay Bands
This trend of higher promotion rates for Ethnically diverse staff was visible across most Agenda for Change bands, apart from Bands 8c and 8d, where low volumes distorted the outcome. More White staff are appointed into these roles.

In response to this, we introduced a guaranteed interview for Ethnically diverse candidates at all roles from band 8b upwards who meet essential criteria, removed desirable criteria in those job specifications, alongside a reflection form for appointing managers to complete where Ethnically diverse staff are not appointed to these roles.

Aspirations Among Internal Ethnically Diverse Staff
Over half (**51.6%**) of Ethnically diverse staff applied for at least one internal role, compared to **19.5%** of White staff, showing high levels of career seeking activity.

	Headcount of workforce (April 24)	% of workforce excluding unknown (April 24)	Unique applications	% of April 24 workforce who made an application
Ethnically Diverse	1580	30.4	816	51.6
White	3614	69.6	706	19.5

Likely Influence of Pay Band Distribution
The higher application and promotion rates may reflect the fact that Ethnically diverse staff are concentrated in lower bands, where opportunities for progression are more frequent.

Exploring the Perception Gap
It is important to assess whether higher participation in promotion processes by Ethnically diverse staff correlates with both increased progression rates and a greater number of unsuccessful applications. Given the pronounced disparity in the representation of Ethnically diverse staff at senior levels (with notably higher proportions in the medical workforce and lower rates in the AFC workforce) these perceptions may also arise from the comparatively low representation of Ethnically diverse staff in AFC roles, which could be interpreted as evidence of diminished fairness.

Implications for Engagement
Further understanding about inequity for senior positions may be needed, combining historical understanding on this topic in conjunction with insights within this paper (e.g. age profile and over representation in medical staffing accounting for variance in AFC senior posts).

If the Trust fails to bridge the gap between staff perceptions and measurable progress, we risk undermining trust, despite evidence of real improvement.

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

Board voting membership Ethnically diverse rates compared to rates of Ethnically diverse staff in overall workforce numbers, continue to be higher (by **+3%** which is lower than in 23/24 when it was **+6.8%**).

This suggests that there is reduced inequality to speak of in this indicator.

Conclusion:

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This year marks a meaningful shift in our approach to the Workforce Race Equality Standard (WRES) data, moving beyond mere tracking of scores to questioning their underlying causes. While the nine national indicators remain central to assessing progress, the Trust's genuine commitment to fairness and equity suggests developing additional internal metrics. These could better capture the lived experiences of our workforce and local efforts.

For example, if Indicator 7 measures perceptions of promotion fairness, an internal "Indicator 7b" could track actual promotion rates by ethnicity. Though not prescribing specifics, evolving the framework to include both perceptions and outcomes seems timely.

We achieved significant progress in eight of nine WRES indicators this year. However, Indicator 5 (harassment from patients, relatives, or the public) worsened for Ethnically diverse staff, widening disparities. This underscores that progress is nonlinear, requiring sustained effort for cultural change.

Gaps persist. Indicator 4 reveals Ethnically diverse staff are nearly twice as likely to face disciplinary action as White colleagues. Indicator 8 shows a large disparity in perceived promotion fairness, despite Ethnically diverse staff being promoted at higher rates. This paradox urges exploration of deeper factors influencing perceptions of fairness.

Unequal outcomes often stem from discrimination or systemic bias, which we continue to address through our antiracism workstreams. We also examine other variables, like age distribution, job clustering, or geographic placement, to fully understand issues and devise lasting solutions.

Prospect Park Hospital (PPH) exemplifies how workforce composition impacts outcomes. With a high concentration of Ethnically diverse staff (71.5% in affected teams), the site's elevated risk of incidents and disciplinaries disproportionately skews Trust-wide WRES scores. White staff, more dispersed across lower-risk settings, experience less impact. This highlights composition as a driver of inequality, even with shared risks. Tackling PPH's challenges is key to reducing Trust-level disparities.

This ties into Roger Kline's "snowy White peaks" concept, noting White predominance in senior NHS roles. Our WRES data compares us nationally but prompts: What does equity mean? Treating it as identical outcomes doesn't consider i.e. differences in age and career stages between White and Ethnically diverse staff. Senior roles demand experience, often acquired later. Thus, true equity may focus on fair progression relative to career stage, with barriers removed.

Nearly 60% of our medical workforce is Ethnically diverse yet underrepresented in some senior Agenda for Change (AfC) bands. Data points to varying application patterns, professional registration rates, recruitment clustering, and interview competition by ethnicity. Ethnically diverse applicants often target high-demand roles with lower success rates, while White candidates are more likely sole interviewees, boosting their chances. Targeted interventions, informed by this data, can enhance equity and address external factors.

Perceptions linger that Ethnically diverse staff progress slower than White counterparts, based on staff surveys rather than outcomes. This fosters a feedback loop: Concerns are voiced, acknowledged as inequality evidence, reinforcing perceptions. Breaking it requires clear two-way communication balancing progress, outcomes, and gaps.

We must scrutinise indicator calculations. Indicator 2 (appointment likelihood from shortlisting) may be inconsistently reported nationally by many NHS trusts. Indicators 3 (disciplinary likelihood) and 4 (training/CPD access) use full-time equivalent bases, potentially skewing results amid shifting composition. Reviewing data timing (financial year start or end) is needed.

This analysis explores race-related inequities and their outcomes, with commitment to broader inequities in future. We acknowledge potential overlooked perspectives and welcome feedback via the page-footer survey to refine our approach.

Ultimately, we aspire for such papers to become obsolete, not from halted work, but from equality so ingrained that its pursuit is unremarkable. Until then, we commit to deep listening, brave questioning, and decisive action, guided by data and lived experience.

Next Steps:

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Several provisional recommendations have been made attributed to improving the process revolving the entire WRES 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 years paper and 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 WRES Indicator(s)
Use start-of-year workforce snapshot for Indicator 3 and 4 to avoid skew from late joiners	3, 4
Use FTE-based calculations for Indicators 3 to reflect differential exposure	3
Pilot average annual headcount approach for more stable workforce metrics	3, 4
Resolve ATS shortlisting inaccuracies (e.g. “reserve” status inflating rates)	2
Ask NHS England to update ATS reporting guidance	2
Develop internal “Indicator 7b” to track actual promotion rates by ethnicity	7
Create metric for workplace incident exposure (e.g. patient-on-staff at PPH)	5
Track shortlisting by whether candidate met essential criteria	2
Track if interviewed candidates were deemed appointable, regardless of outcome	2
Create candidate experience survey in ATS to capture fairness perceptions	2, 7, 8
Introduce RAG rating thresholds for likelihood indicators (1–1.1 = Green, etc.)	2, 3, 4
Create likelihood scoring system for staff survey indicators	5, 6, 7, 8
Improve training and CPD tracking systems to capture all non-mandatory learning	4
Develop matrix of all Trust-offered training & CPD	4
Ensure full training/CPD capture by 2026/27 reporting cycle	4
Continue to track CPD applications and outcomes by ethnicity for fairness	4
Prioritise CPD access for HCAs and Additional Clinical Services staff	4
Analyse flexible working request outcomes by ethnicity and FTE	4, 7
Review standard application form to reduce identifiability (e.g. education location, registration number)	2
Provide internal candidates with personalised shortlisting feedback	2
Undergo further detailed examination of indicator 2 in next year’s paper. E.g. looking at outcomes by band, and age (if possible, within TRAC)	2, 7
Explore Offering developmental (mock) interviews to candidates who narrowly miss shortlisting criteria, to provide exposure and prepare them for future opportunities.	2, 7
Improve feedback templates for unsuccessful applicants	2
Trial appointable candidate banks to reduce clustering impact	2, 7
Review guaranteed interview scheme for Bands 8b+, including perceived fairness	7
Launch perception-focused communications strategy highlighting positive outcomes	7
Continue to use 360-degree manager feedback, and promote EDI data dashboard use at local level for inclusive planning and action	8
Continue to encourage manager peer-support and zero-tolerance harassment policies	6, 8
Introduce team-level interventions at PPH to improve culture and reduce incidents	5, 6
Continue de-escalation and environment training at PPH	5
Investigate causes of disproportionate ethnic diversity in MH/LD PPH workforce	1, 5
Review Datix data for ethnicity of both perpetrators and victims of incidents	5
Explore rebalance of workforce at PPH to align with Trust-wide diversity profile	1, 5
Maintain board-level ethnic diversity through inclusive succession planning	9
Benchmark against mental health Trusts in the South East instead of NHS overall	General
Conduct longitudinal analysis on age and senior representation	1
Share professional registration rates to highlight diversity benchmarks	1
Conduct staff focus groups on recruitment fairness perceptions	2, 7
Review support for managers recruiting staff without immediate right to work	2

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Develop pathway for staff to raise recruitment fairness concerns	2, 7
Address underreporting of ethnicity by contacting staff via email or Teams	General
Analyse national MH incident data to understand environmental drivers	5
Leverage WRES staff survey to refine future reports and priorities	General
Continue to strengthen Ethnically diverse staff networks and involve in solutions	General
Continue with the essential management and leadership development on anti-racism and bias for leaders	8
Align WRES action plan with Trust anti-racism and NHS equality frameworks	General
Pilot excluding PPH from Trust-wide metrics to assess impact	General
Publish simplified WRES summary for staff transparency	General
Convene Anti-Racism taskforce to prioritise recommendations and track progress	General
Benchmark progress annually against peer NHS Trusts	General
Investigate whether there is any correlation between disciplinaries occurring in first year	3

Short Version Appendices:

Workforce Profile:

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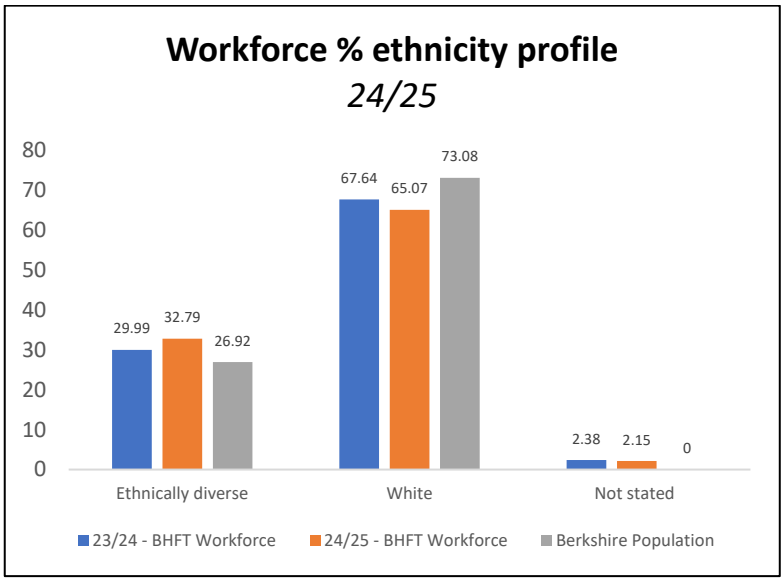
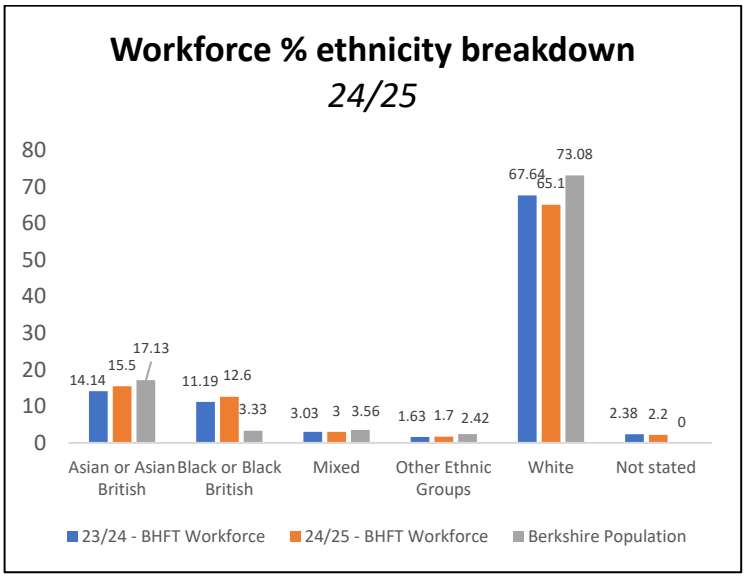
BHFT Workforce compared to Berkshire Population *(from census data,2021)*





	Ethnically diverse	White	Not stated
23/24 - BHFT Workforce	29.99%	67.64%	2.38%
24/25 - BHFT Workforce	32.79%	65.07%	2.15%
Berkshire Population	26.92%	73.08%	0
Difference in % points – 24/25 BHFT workforce vs Berkshire population	5.87	-8.01	2.15

Further breakdown of ethnicity

	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
23/24 - BHFT Workforce	14.14% (738)	11.19% (584)	3.03% (158)	1.63% (85)	67.64% (3,530)	2.38% (124)
24/25 - BHFT Workforce	15.5% (893)	12.6% (693)	3% (163)	1.7% (95)	65.1% (3,580)	2.2% (119)
Berkshire Population	17.13%	3.33%	3.56%	2.42%	73.08%	0

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Difference in % points – 24/25 BHFT workforce vs Berkshire population	-1.63	+9.27	-0.56	-0.72	-7.98	+2.2

Workforce Profile: Full-Time Status and Age

	Ethnically Diverse	White
% who work full time	77.7	57.9
Average FTE	0.91	0.85
Average age	42.7	44.8
% contribution to trusts 16-25 years' workforce	36.9	61.7
% contribution to trusts 26-35 years' workforce	33.9	64.0
% contribution to trusts 36-45 years' workforce	36.9	60.6
% contribution to trusts 46-55 years' workforce	34.4	63.6
% contribution to trusts 56-65 years' workforce	24.5	74.0
% contribution to trusts 66 plus years workforce	21.3	74.3

2021 census population data England and Wales

Age range	% which are White: English, Welsh, Sottish, Northern Irish or British	% which are Ethnically diverse
16-25 years	69.0	31.0
26-35 years	68.0	32.0
36-45 years	65.0	35.0
46-55 years	77.0	23.0
56-65 years	84.0	16.0
66 plus years	90.0	10.0
Average age	42.7	31.6

Average Age of Workforce by Band

	Average age of BHFT staff in band	Above below trust average age (43.9 years)	Difference between trust average age and average age of staff in band
Under Band 1	18.9	↓	-25.0
Band 2	43.4	↓	-0.5
Band 3	45.0	↑	1.1
Band 4	41.4	↓	-2.5
Band 5	40.2	↓	-3.7
Band 6	43.4	↓	-0.5
Band 7	45.0	↑	1.1
Band 8 - Range A	45.8	↑	1.9
Band 8 - Range B	48.3	↑	4.4
Band 8 - Range C	52.0	↑	8.1
Band 8 - Range D	55.3	↑	11.4
Band 9	56.3	↑	12.4

Board Director	**54.7**	↑	**10.8**
Consultant	**51.2**	↑	**7.3**
NED	**61.7**	↑	**17.8**
Non-consultant Career Grade	**48.2**	↑	**4.3**
Trainee Grades	**34.0**	↓	**-9.9**
VSM	**57.0**	↑	**13.1**
Grand Total	**43.9**		

National Registration Rates and Predicted Workforce Diversity (All Staff)

Profession Type	National Registration Rate for Ethnically Diverse (%)	Positions in workforce (Up to band 4)	Expected number of Ethnically diverse staff in posts up to band 4	Positions in workforce (Band 5 - 7)	Expected number of Ethnically diverse staff in posts band 5 to 7	Positions in workforce (Band 8a and above)	Expected number of Ethnically diverse staff in posts band 8a and above	Grand Total
Psychological Therapies								
Cognitive Behavioural Therapist	20		0	120	24	27	5.4	147
Counsellor/Psychotherapist	20		0	41	8.2	15	3	56
Family & Systemic Therapist (Registration rates unknown)	26.9		0		0	10	2.69	10
Psychological Wellbeing Practitioner	20		0	51	10.2		1.8	60
Qualified Clinical Psychologists	12.1		0	36	4.356	147	17.787	183
Allied Health Professions								
Art therapist	14.7		0	5	0.735	2	0.294	7
Audiologist	16		0	8	1.28	3	0.48	11
Dietician	15.4		0	62	9.548	3	0.462	65
Drama therapist	14.7		0	1	0.147	1	0.147	2
Occupational Therapist	12.7		0	123	15.621	9	1.143	132
Osteopath	9		0	2	0.18		0	2
Physiotherapist	20.4		0	184	37.536	39	7.956	223
Podiatrist	11.2		0	27	3.024	3	0.336	30
Speech & Language Therapist	10.1		0	104	10.504	8	0.808	112
Other Clinical Roles								
Nursing and Midwifery Registered	38		0	1242	471.96	150	57	1392
Paramedic	4.5		0	11	0.495	10	0.45	21
Pharmacists	58.8		0	8	4.704	32	18.816	40
Pharmacy Technician	19		0	11	2.09		0	11
Social worker	32.1		0	53	17.013	10	3.21	63
Dentists	38.1		0	1	0.381	17	6.477	18
Qualified doctors	44.9		0	13	5.837	194	87.106	207
Other Roles (No Registration Required)								

No registration required or not immediately obvious	26.9	1676	450.844	561	150.909	257	69.133	2494
Roles with Unknown Registration rates								
Registration data not available	26.9	122	32.818	95	25.555		0	217
Grand Total		1798	484	2759	804	946	284.5	5503
% of Expected Ethnically Diverse Workforce			26.92		29.14		30.07	28.57

When analysing all staff, including medical professionals, the predicted rate of Ethnically diverse staff increases at higher pay bands. This is largely because medical professions, particularly doctors, have a high national registration rate of Ethnically diverse individuals.

National Registration Rates and Predicted Workforce Diversity (AfC-Only Staff)

Profession Type	National Registration Rate for Ethnically Diverse (%)	Positions in workforce (Up to band 4)	Expected number of Ethnically diverse staff in posts up to band 4	Positions in workforce (Band 5 - 7)	Expected number of Ethnically diverse staff in posts band 5 to 7	Positions in workforce (Band 8a and above)	Expected number of Ethnically diverse staff in posts band 8a and above	Grand Total
Psychological Therapies								
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Counsellor/Psychotherapist	20		0	41	8.2	15	3	56
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Art therapist	14.7		0	5	0.735	2	0.294	7
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Drama therapist	14.7		0	1	0.147	1	0.147	2
Occupational Therapist	12.7		0	123	15.621	9	1.143	132
Osteopath	9		0	2	0.18		0	2
Physiotherapist	20.4		0	184	37.536	39	7.956	223
Podiatrist	11.2		0	27	3.024	3	0.336	30
Speech & Language Therapist	10.1		0	104	10.504	8	0.808	112
Other Clinical Roles								
Nursing and Midwifery Registered	38		0	1242	471.96	150	57	1392
Paramedic	4.5		0	11	0.495	10	0.45	21
Pharmacists	58.8		0	8	4.704	32	18.816	40
Pharmacy Technician	19		0	11	2.09		0	11
Social worker	32.1		0	53	17.013	10	3.21	63
Dentists	38.1		0	0	0	0	0	0
Qualified doctors	44.9		0	0	0	0	0	0
Other Roles (No Registration Required)								

No registration required or not immediately obvious	26.9	1663	447.347	561	150.909	242	65.098	2466
Roles with Unknown Registration rates								
Registration data not available	26.9	120	32.28	95	25.555		0	215
Grand Total		1783	479.63	2745	798.05	720	186.88	5248
% of Expected Ethnically Diverse Workforce			26.90		29.07		25.96	27.9

WRES 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 (across 3 years)

Pay Band	2023 Non-Clinical Workforce Data				2024 Non-Clinical Workforce Data				2025 Non-Clinical Workforce Data			
	Total Staff	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown
Under Band 1	2	1 (50%)	1 (50%)	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	48 (80%)	12 (20%)	0 (0%)	65	49 (75%)	16 (25%)	0 (0%)	53	42 (79.2%)	10 (18.9%)	1 (1.9%)
Band 3	275	215 (78%)	58 (21%)	2 (1%)	298	221 (74%)	74 (25%)	3 (1%)	309	225 (72.8%)	79 (25.6%)	5 (1.6%)
Band 4	298	208 (70%)	77 (26%)	13 (4%)	305	217 (71%)	79 (26%)	9 (3%)	316	222 (70.3%)	88 (27.8%)	6 (1.9%)
Band 5	143	107 (75%)	34 (24%)	2 (1%	153	110 (72%)	41 (27%)	2 (1%)	150	104 (69.3%)	44 (29.3%)	2 (1.3%)
Band 6	153	107 (70%)	42 (27%)	4 (3%)	163	111 (68%)	50 (31%)	2 (1%)	162	110 (67.9%)	48 (29.6%)	4 (2.5%)
Band 7	123	80 (65%)	40 (33%)	3 (2%)	126	84 (67%)	39 (31%)	3 (2%)	130	86 (66.2%)	43 (33.1%)	1 (0.8%)
Band 8a	95	65 (68%)	27 (29%)	3 (3%)	95	69 (73%)	22 (23%)	4 (4%)	106	76 (71.7%)	26 (24.5%)	4 (3.8%)
Band 8b	66	54 (82%)	11 (17%)	1 (1%)	55	40 (73%)	14 (25%)	1 (2%)	69	52 (75.4%)	16 (23.2%)	1 (1.4%)
Band 8c	33	28 (85%)	4 (12%)	1 (3%)	35	29 (83%)	5 (14%)	1 (3%)	38	32 (84.2%)	5 (13.2%)	1 (2.6%)
Band 8d	16	13 (81%)	1 (6%)	2 (13%)	15	12 (80%)	1 (7%)	2 (13%)	16	13 (81.3%)	2 (12.5%)	1 (6.3%)
Band 9	8	5 (62%)	3 (38%)	0 (0%)	4	3 (75%)	1 (25%)	0 (0%)	9	8 (88.9%)	1 (11.1%)	0 (0%)
VSM	9	6 (67%)	2 (22%)	1 (11%)	8	6 (75%)	1 (12.5%)	1 (12.5%)	8	6 (75%)	1 (12.5%)	1 (12.5%)
Total	**1272**	**937 (73.7%)**	**312 (24.5%)**	**32 (2.5%)**	**1329**	**956 (72%)**	**344 (26%)**	**29 (2%)**	1366	**976 (71.4%)**	**363 (26.6%)**	**27 (2%)**

Workforce Profile - Clinical Staff 2023-25 (across 3 years)

Pay Band	2023 Clinical Workforce Data				2024 Clinical Workforce Data				2025 Clinical Workforce Data			
	Total Staff	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown
Under Band 1	13	9 (69%)	4 (31%)	0 (0%)	7	5 (71%)	2 (29%)	0 (0%)	13	5 (38.5%)	8 (61.5%)	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	79 (47%)	83 (50%)	5 (3%)	183	70 (38%)	105 (58%)	8 (4%)	56	23 (41.1%)	31 (55.4%)	2 (3.6%)
Band 3	358	235 (66%)	114 (32%)	9 (2%)	354	226 (64%)	122 (34%)	6 (2%)	505	244 (48.3%)	250 (49.5%)	11 (2.2%)
Band 4	484	363 (75%)	110 (23%)	11 (2%)	515	384 (75%)	122 (24%)	9 (1%)	546	367 (67.2%)	171 (31.3%)	8 (1.5%)
Band 5	468	254 (54%)	200 (43%)	14 (3%)	500	268 (54%)	219 (44%)	13 (2%)	542	294 (54.2%)	237 (43.7%)	11 (2%)
Band 6	811	580 (71%)	207 (26%)	24 (3%)	784	542 (69%)	225 (29%)	17 (2%)	832	543 (65.3%)	267 (32.1%)	22 (2.6%)
Band 7	760	557 (73%)	181 (24%)	22 (3%)	869	631 (73%)	218 (25%)	20 (2%)	929	668 (71.9%)	243 (26.2%)	18 (1.9%)
Band 8a	271	203 (75%)	60 (22%)	8 (3%)	296	222 (75%)	68 (23%)	6 (2%)	319	240 (75.2%)	75 (23.5%)	4 (1.3%)

Band 8b	98	79 (81%)	17 (17%)	2 (2%)	113	91 (81%)	19 (17%)	3 (2%)	112	91 (81.3%)	18 (16.1%)	3 (2.7%)
Band 8c	26	20 (77%)	6 (23%)	0 (0%)	35	31 (89%)	4 (11%)	0 (0%)	32	27 (84.4%)	5 (15.6%)	0 (0%)
Band 8d	18	18 (100%)	0 (0%)	0 (0%)	20	18 (90%)	2 (10%)	0 (0%)	16	15 (93.8%)	1 (6.3%)	0 (0%)
Band 9	3	3 (100%)	0 (0%)	0 (0%)	6	6 (100%)	0 (0%)	0 (0%)	3	3 (100%)	0 (0%)	0 (0%)
VSM	1	0 (0%)	1 (100%)	0 (0%)	1	0 (0%)	1 (100%)	0 (0%)	0	0 (0%)	0 (0%)	0 (0%)
Total	**3478**	**2400 (69%)**	**983 (28.3%)**	**95 (2.7%)**	**3683**	**2494 (68%)**	**1106 (30%)**	**82 (2%)**	**3905**	**2520 (64.5%)**	**1306 (33.4%)**	**79 (2%)**

Workforce Profile – Medical & Dental staff 2023-2025 (across 3 years)

Pay Band	2023 Clinical (Medical & Dental) Workforce				2024 Clinical (Medical & Dental) Workforce				2025 Clinical (Medical & Dental) Workforce			
	Total Staff	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown
Consultants	**93**	39 (42%)	52 (56%)	2 (2%)	**91**	37 (41%)	52 (57%)	2 (2%)	101	42 (41.6%)	58 (57.4%)	1 (1%)
Snr Medical Manager	**0**	0	1	0	**1**	0	1 (100%)	0	2	0 (0%)	2 (100%)	0 (0%)
Non-consultant Career Grade	**82**	30 (37%)	48 (58%)	4 (5%)	**81**	30 (37%)	44 (54%)	7 (9%)	84	25 (29.8%)	53 (63.1%)	6 (7.1%)
Trainee Grade	**27**	11 (41%)	14 (52%)	2 (7%)	**35**	13 (37%)	18 (51%)	4 (11%)	40	13 (32.5%)	22 (55%)	5 (12.5%)
Other	**0**	0	0	0	**0**	0	0	0	0	0	0	0
Total	**202**	**80 (40%)**	**114 (56%)**	**8 (4%)**	**208**	**80 (39%)**	**115 (55%)**	**13 (6%)**	225	**80 (35.6%)**	**133 (59.1%)**	**12 (5.3%)**

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	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown	Total Staff	White	Ethnically diverse	Ethnicity Unknown
Under Band 1	15	10 (66.7%)	5 (33.3%)	0 (0%)	**7**	5 (71.4%)	2 (28.6%)	0 (0%)	13	5 (38.5%)	8 (61.5%)	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	127 (55.9%)	95 (41.9%)	5 (2.2%)	**248**	119 (48%)	121 (48.8%)	8 (3.2%)	109	65 (59.6%)	41 (37.6%)	3 (2.8%)
Band 3	633	450 (71.1%)	172 (27.2%)	11 (1.7%)	**652**	447 (68.6%)	196 (30.1%)	9 (1.4%)	814	469 (57.6%)	329 (40.4%)	16 (2%)
Band 4	782	571 (73%)	187 (23.9%)	24 (3.1%)	**820**	601 (73.3%)	201 (24.5%)	18 (2.2%)	862	589 (68.3%)	259 (30%)	14 (1.6%)
Band 5	611	361 (59.1%)	234 (38.3%)	16 (2.6%)	**653**	378 (57.9%)	260 (39.8%)	15 (2.3%)	692	398 (57.5%)	281 (40.6%)	13 (1.9%)
Band 6	964	687 (71.3%)	249 (25.8%)	28 (2.9%)	**947**	653 (69%)	275 (29%)	19 (2%)	994	653 (65.7%)	315 (31.7%)	26 (2.6%)
Band 7	883	637 (72.1%)	221 (25%)	25 (2.8%)	**995**	715 (71.9%)	257 (25.8%)	23 (2.3%)	1059	754 (71.2%)	286 (27%)	19 (1.8%)
Band 8a	366	268 (73.2%)	87 (23.8%)	11 (3%)	**391**	291 (74.4%)	90 (23%)	10 (2.6%)	425	316 (74.4%)	101 (23.8%)	8 (1.9%)
Band 8b	164	133 (81.1%)	28 (17.1%)	3 (1.8%)	**168**	131 (78%)	33 (19.6%)	4 (2.4%)	181	143 (79%)	34 (18.8%)	4 (2.2%)
Band 8c	59	48 (81.4%)	10 (16.9%)	1 (1.7%)	**70**	60 (85.7%)	9 (12.9%)	1 (1.4%)	70	59 (84.3%)	10 (14.3%)	1 (1.4%)
Band 8d	34	31 (91.2%)	1 (2.9%)	2 (5.9%)	**35**	30 (85.7%)	3 (8.6%)	2 (5.7%)	32	28 (87.5%)	3 (9.4%)	1 (3.1%)
Band 9	11	8 (72.7%)	3 (27.3%)	0 (0%)	**10**	9 (90%)	1 (10%)	0 (0%)	12	11 (91.7%)	1 (8.3%)	0 (0%)
VSM	10	6 (60%)	3 (30%)	1 (10%)	**9**	6 (66.7%)	2 (22.2%)	1 (11.1%)	8	6 (75%)	1 (12.5%)	1 (12.5%)
Consultants	**93**	39 (42%)	52 (56%)	2 (2%)	**91**	37 (41%)	52 (57%)	2 (2%)	101	42 (41.6%)	58 (57.4%)	1 (1%)
Snr Medical Manager	**0**	0	1	0	**1**	0	1 (100%)	0	2	0 (0%)	2 (100%)	0 (0%)
Non-consultant Career Grade	**82**	30 (37%)	48 (58%)	4 (5%)	**81**	30 (37%)	44 (54%)	7 (9%)	84	25 (29.8%)	53 (63.1%)	6 (7.1%)
Trainee Grade	**27**	11 (41%)	14 (52%)	2 (7%)	**35**	13 (37%)	18 (51%)	4 (11%)	40	13 (32.5%)	22 (55%)	5 (12.5%)
Other	**0**	0	0	0	**0**	0	0	0	0	0	0	0
Up to and including Band 4	**1657**	**1158 (69.9)**	**459 (27.7%)**	**40 (2.4%)**	**1727**	**1172 (67.9%)**	**520 (30.1%)**	**35 (2%)**	**1798**	**1128 (62.7%)**	**637 (35.4%)**	**33 (1.8%)**
Band 5 to 7	**2458**	**1685 (68.6%)**	**704 (28.6%)**	**69 (2.8%)**	**2595**	**1746 (67.3%)**	**792 (30.5%)**	**57 (2.2%)**	**2745**	**1805 (65.8%)**	**882 (32.1%)**	**58 (2.1%)**

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

8a to 9 (AFC only)	634	488 (77%)	129 (20.3%)	17 (2.7%)	674	521 (77.3%)	136 (20.2%)	17 (2.5%)	720	557 (77.4%)	149 (20.7%)	14 (1.9%)
Total	4952	3417 (69%)	1409 (28.5%)	135 (2.7%)	5220	3530 (67.6%)	1565 (30%)	124 (2.4%)	5496	3576 (65.1%)	1802 (32.8%)	118 (2.1%)

All Staff – With Agenda for Change (AfC) Equivalent Banding Based on Salary

Band group	Not stated	White	Ethnically Diverse	Total staff	% Which are Ethnically Diverse
Up to band 4	33	1128	637	1798	35.4
Band 5 - 7	61	1809	889	2759	32.2
Band 8a and above	24	644	278	946	29.4
Grand Total	118	3581	1804	5503	32.8
Berkshire Population					26.9

2. Relative likelihood of staff being appointed from shortlisting

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WRES Indicator	Metric Descriptor		21/22	22/23	23/24	24/25	Change since 23/24	
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to Ethnically diverse applicants *(A value above 1 indicates that White candidates are more likely to be appointed than Ethnically diverse candidates, and a value below 1 indicates that White candidates are less likely to be appointed than Ethnically diverse candidates)*	Berkshire Healthcare	1.53	1.51	1.4	1.35	-0.05	↓
		NHS Trusts	1.61	1.54	1.62			

External Recruitment hires by Ethnicity (24/25)

	Not Stated	Ethnically Diverse	White	Grand Total	% of hires which are Ethnically diverse
Band 2	3	33	24	60	55
Band 3	5	87	73	165	52.7
Band 4	7	83	119	209	39.7
Band 5	2	78	76	156	50
Band 6	4	52	63	119	43.7
Band 7	3	30	70	103	29.1
Band 8a	1	6	24	31	19.4
Band 8b		1	4	5	20
Band 8c		0	1	1	0
Band 8d		0	1	1	0
Band 9		1		1	100
AFC only	25	371	455	851	43.6
Band 8b - 9	0	2	6	8	25

All non-AFC	1	38	17	56	67.9
Grand Total	26	409	472	907	45.1

Likelihood to be appointed from shortlisting (candidates with RTW only)

WRES Indicator	Metric Descriptor		White	Ethnically Diverse	Difference
2	Relative likelihood of applicants being appointed from shortlisting across all posts	Actual reported scores	1.35	0.74	0.61
	(A value above 1 indicates that White candidates are more likely to be appointed than Ethnically diverse candidates, and a value below 1 indicates that White candidates are less likely to be appointed than Ethnically diverse candidates)	Non reported scores (RTW applicants only)	1.28	0.78	0.5

Application clustering for candidates with and without RTW

WRES Indicator	Metric Descriptor		Interviews	Interviews for jobs with 5 or more candidates interviewing	% of candidates interviewing for job with 5 or more candidates interviewing
2	Relative likelihood of applicants being appointed from shortlisting across all posts	Candidate with RTW	4,545	2621	57.7
	(A value above 1 indicates that White candidates are more likely to be appointed than Ethnically diverse candidates, and a value below 1 indicates that White candidates are less likely to be appointed than Ethnically diverse candidates)	Candidate without RTW	610	436	71.5

Likelihood to be shortlisted from application

WRES Indicator	Metric Descriptor		White	Ethnically Diverse	Difference
2	Relative likelihood of being shortlisted from application across all posts	Candidates with RTW only	2.07	0.48	1.59
	Relative likelihood of being appointed from shortlisting across all posts		1.28	0.78	0.5

Applications Totals and Unique applications

Across the reporting period,

- Ethnically diverse candidates submitted 12,999 applications, of which 7,752 were unique (59.6%).

- White candidates submitted 6,242 applications, with 3,954 being unique (63.3%).

Ethnic Group	Expected % of total applications (Berkshire population)	Actual % of total applications	% points difference
Ethnically Diverse	26.9%	67.6%	+40.7
White	73.1%	32.4%	-40.7

Application Clustering and Its Impact on Recruitment Outcomes

Roles with 5 or More Candidates Interviewing:

- Ethnically diverse candidates: 53.6% of all interviews were for highly competitive roles
- White candidates: 48.4% of all interviews were for highly competitive roles

Roles with Only 1 Candidate Interviewing:

- Ethnically diverse candidates: 9.9% of all interviews were for roles where only 1 candidate was interviewing.
- White candidates: 13.75% of all interviews were for roles where only 1 candidate was interviewing.

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

WRES Indicator	Metric Descriptor		White	Ethnically Diverse	Male	Female
2	Ethnicity	**Non reported scores (RTW applicants only)**	**1.28**	**0.78**		
	Gender				**0.68**	**1.47**

Intersectional Analysis of Recruitment Outcomes

Ethnic Group	Interview to offer ratio
White female	0.36
Ethnically diverse female	0.29
White male	0.25
Ethnically diverse male	0.20

Interview totals (RTW only) and disparity in male contribution to Ethnically diverse and White totals

	Ethnically Diverse	White
Male applications	645	329
Female applications	1557	1873
Total applications	2202	2202
% which were male	29.3	14.9

*The same number of interviews were offered to both Ethnically diverse and White candidates, based on known gender; this is accurate and not a reporting error.

The table examines whether differences in average national age between Ethnically Diverse and White populations correlate with their application patterns. Due to data retention limits on TRAC, matching periods (such as FY 24/25) could not be reviewed, but the insights still reveal recruitment trends relevant to other findings in this paper.

We analysed the average application age for each Agenda for Change band from 1 January to 17 July 2025, as well as the average number of applications and interviews per band.

Arrows indicate if the value in the column is above or below the Trust average for that metric.

*Applications between 1.1.25 - 18.7.25	Average of Age of applicants	Above or below average	Average number of applications per job	Above or below average	Average number of interviews	Above or below average
Band 2	33.7	↓	26.8	↑	5.0	↑
Band 3	35.4	↑	36.3	↑	5.8	↑
Band 4	34.4	↓	25.0	↑	4.0	↑
Band 5	31.9	↓	22.4	↑	3.1	↓
Band 6	36.4	↑	8.8	↓	2.5	↓
Band 7	39.9	↑	6.3	↓	2.4	↓
Band 8a	40.4	↑	4.0	↓	2.5	↓
Band 8b	44.2	↑	9.6	↓	2.9	↓
Band 8C	46.8	↑	10.2	↓	3.1	↓
Band 8D	67.8	↑	2.0	↓	2.0	↓
Grand Total	35.2		15.4		3.2	

3. Relative likelihood of staff entering the formal disciplinary process

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WRES Indicator	Metric Descriptor		21/22	22/23	23/24	24/25	Change since 23/24	
3	Relative likelihood of Ethnically diverse staff entering the formal disciplinary process compared to White staff *(A value of "1.0" for the likelihood ratio means that Ethnically diverse and White staff are equally likely to enter formal disciplinary proceedings, whilst a value above 1 indicates that Ethnically diverse staff are more likely to enter formal disciplinary proceedings than White staff, and a value below 1 indicates that Ethnically diverse staff are less likely to enter formal disciplinary proceedings than White staff)*	Berkshire Healthcare	4.59	1.21	2.43	1.98	-0.45	↓
		NHS Trusts	1.14	1.14	1.09			

Understanding the Specifications of how we Report

WRES Indicator 3 currently uses:

- Workforce headcount as of 31st March 2025, and
- Headcount of staff entering disciplinary processes during 2024/25.

While this aligns with national guidance, two issues limit accuracy:

1. **Timing of Workforce Snapshot**

Using end-of-year data overlooks staff turnover. For example, if many Ethnically diverse staff joined late in the year, they had less time to be exposed to disciplinary risk—yet are fully counted in the denominator. A 1st April 2024 snapshot would better reflect actual exposure.

2. **Headcount vs. FTE**

Using headcount ignores differences in working hours. Our data shows Ethnically diverse staff tend to work more hours (higher FTE), so FTE provides a fairer measure of exposure to risk.

These two factors significantly affect outcomes—our Indicator 3 score ranges from 1.89 to 2.29 depending on methodology.

Recommendation:
For internal analysis, use FTE and a 1st April 2024 snapshot to ensure a more accurate, fairer assessment of disciplinary risk by ethnicity.

Examining the indicator score by using varying calculations (FTE and workforce snapshot date)

Below are 4 calculation of indicator 3 which provides the likelihood score based upon using either headcount or FTE, and fixed staff position at the beginning or end of the reporting period.

When done on headcount of March 2025 workforce (Actual WRES submission)

	Ethnically Diverse	White
Likelihood to face disciplinary	1.98	0.50

When done on FTE of March 2025 workforce

	Ethnically Diverse	White
Likelihood to face disciplinary	1.89	0.53

When done on FTE of April 24 workforce (Recommended internal submission)

	Ethnically Diverse	White
Likelihood to face disciplinary	2.16	0.46

When done on headcount of April 24 workforce

	Ethnically Diverse	White
Likelihood to face disciplinary	2.29	0.44

Outliers in the Dataset

Using the preferred methodology (based on FTE and a fixed workforce snapshot as of April 2024), we identified notable outliers in the data that suggest unequal outcomes may be influenced by factors beyond ethnicity alone.

1. Disciplinary Cases at Prospect Park Hospital (PPH)

The first table shows the recommended submission for indicator 3, using FTE and workforce figures from the start of the reporting period for the entire Trust. The second table presents the same calculation but excludes MH and LD wards' workforce for comparison.

When done on FTE of April 24 workforce (Recommended submission)

	Ethnically Diverse	White
Likelihood to face disciplinary	2.16	0.46

When done on FTE of April 24 workforce with PPH removed

	Ethnically Diverse	White
Likelihood to face disciplinary	1.6	0.62

2. **Disciplinary Cases based upon position title**

The table below shows disciplinary actions by position title during the reporting period.

FTE of disciplinary cases = Total FTE of all staff with position title who had disciplinary in reporting period.
% of total cases = The % the total FTE for that position title contributed out of all disciplinary cases in reporting period.
FTE of April 24 Workforce = FTE of that position title within the workforce at begging of reporting period.
% of total workforce = % of total workforce that position title holds at the beginning of the reporting period.
Difference between % of cases vs % of workforce = PP difference between positions titles rate of total workforce and rate of total cases.

% of workforce which are Ethnically diverse = Of the total workforce that position title held at beginning of the reporting period, rate in which that workforce is Ethnically diverse.

Position Title	FTE of disciplinary cases	% of total cases	FTE of April 24 Workforce	% of total workforce	Difference between % of cases vs % of workforce	% of workforce which are Ethnically diverse
Healthcare Assistant	9.5	31.0	364.6	8.0	23.0	53.5
Head of Service	1.9	6.1	22.7	0.5	5.6	22.0
Assistant Practitioner	2.6	8.6	198.7	4.3	4.3	27.4
Estates Supervisor	1.0	3.3	1.0	0.0	3.2	0.0
Mental Health & Wellbeing Practitioner	1.0	3.3	1.8	0.0	3.2	0.0
Staff Nurse	3.0	9.8	310.2	6.8	3.0	44.7
Adviser	1.0	3.3	12.7	0.3	3.0	47.3
Speciality Doctor	1.0	3.3	30.5	0.7	2.6	61.6
Cognitive Behavioural Therapist	0.8	2.6	5.6	0.1	2.5	24.6
Social Worker	1.0	3.3	39.6	0.9	2.4	29.3
Psychotherapist	0.8	2.6	31.5	0.7	1.9	23.5
Physiotherapist	1.0	3.3	83.6	1.8	1.4	38.2
Senior Manager	1.0	3.3	194.5	4.3	-1.0	20.9
Administrator	4.0	13.1	649.4	14.2	-1.1	27.1
Community Psychiatric Nurse	1.0	3.3	350.6	7.7	-4.4	43.0

The table below shows disciplinary actions by staff group during the reporting period like the table above.

Staff group	FTE of all cases	% of all cases	% Staff group makes up of total workforce	% of staff group which are Ethnically diverse (April 24)
Nursing and Midwifery Registered	5	16.4	25.6	33.4
Administrative and Clerical	7	22.9	25.2	25.8
Additional Clinical Services	13.1	42.9	23.9	32.9
Allied Health Professionals	1	3.3	10.3	20.5
Add Prof Scientific and Technic	2.6	8.5	9.7	23.8
Medical and Dental	1	3.3	3.8	55.2
Students			0.7	13.0
Estates and Ancillary			0.5	26.8
Healthcare Scientists	0.9	2.8	0.3	56.7
Grand Total	30.56			29.8

3. Disciplinary Cases for Male Staff

Similar to tables above, the table below shows disciplinary data based upon gender.

Gender *When done on FTE of April 24 workforce*	April 24 workforce FTE	% of workforce	Disciplinary FTE	% of total disciplinaries	Likelihood to face disciplinary
Male	823.05	18.0	10.8	35.4	2.5
Female	3,746.78	82.0	19.70	64.6	0.4

The table below examines disciplinary data based upon gender and sex variations.

Ethnicity AND Gender *When done on FTE of April 24 workforce*	April 24 workforce FTE	Disciplinary FTE	Ratio	Likelihood to face disciplinary compared to White female *(Who have lowest scoring ratio)*
ED Male	378.71	6.0	0.0158	4.0
White Male	419.90	4.8	0.0114	2.9
ED female	1060.39	9.5	0.0089	2.3
White Female	2,603.64	10.2	0.0039	n/a

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

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WRES Indicator	Metric Descriptor		21/22	22/23	23/24	24/25	Change since 23/24
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to Ethnically diverse staff *(A value of "1.0" for the likelihood ratio means that White and Ethnically diverse 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 Ethnically diverse staff, and a value below 1 indicates that White staff are less likely to access non-mandatory training or CPD than Ethnically diverse staff.)*	Berkshire Healthcare	1.28	1.44	1.55	1.41	-0.14 ↓
		NHS Trusts	1.14	1.12	1.06		

Understanding what is being reported on

Unlike Indicator 3, where FTE may affect exposure to disciplinary processes, access to non-mandatory training or CPD is not directly influenced by FTE. Therefore, adjusting this indicator using FTE is less appropriate. Instead, we propose using the workforce composition from the start of the reporting year (March 24) rather than the end (March 25), as staff who join later in the year will have had less time available to access development opportunities, potentially skewing the results.

Additionally, only funded non-mandatory training and CPD are currently included in this indicator due to data limitations. Work is underway to build a comprehensive training matrix and improve data collection so future submissions more accurately reflect access across all available opportunities.

Below is a revised calculation using the workforce baseline from the beginning of the year.

When workforce totals were done at end of the financial year (Actual submission)

	Ethnically Diverse	White
Likelihood to access non mandatory training or CPD	0.71	1.41

When workforce totals were done at beginning of the financial year (Recommended submission)

	Ethnically Diverse	White
Likelihood to access non mandatory training or CPD	0.82	1.22

Training and CPD rates by staff group

Staff group	Total number of courses	% of total CPD funded courses	% of this staff group makes up our overall workforce	% of this staff group which are Ethnically diverse (April 24)	Number of staff who are Ethnically diverse
Nursing and Midwifery	181	38.1	25.3	31.7	427
Allied Health Professionals	127	26.7	11.3	17.9	107
Add Prof Scientific and Technic	83	17.5	10.3	22.8	125
Additional Clinical Services	46	9.7	22.9	31.1	379
Administrative and Clerical	29	6.1	24.8	24.9	329
Medical and Dental	5	1.1	3.9	51.7	108
Students	2	0.4	0.6	14.7	5
Healthcare Scientists	2	0.4	0.2	53.8	7
Estates and Ancillary	0	0.0	0.6	24.2	8
Grand Total	556			28.1	1495

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

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			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WRES	Metric Descriptor		Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White
5 Staff Survey Q14A	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	29.4	19.9	29.40	18.50	26.7	17.1	**27.2**	**16.6**	+0.5	-0.5
		NHS Trusts	32	26	29.20	27						

Data relating to "outlier" teams (MH and LD wards at PPH)

- **Headcount of the three teams:** 417
- **Total Trust headcount (September 2024):** 5,503
- **Percentage of total workforce in these three teams:** 7.6%

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- **Headcount of Ethnically diverse staff in these three teams:** 298
- **Total headcount of Ethnically diverse staff in the Trust:** 1,804
- **Percentage of total Trust headcount of Ethnically diverse staff working in these three teams:** 16.51%

Datix incident rates (Public on staff) from reporting period

Public on staff					
Team/s	% of team which are Ethnically diverse	Incidents raised by Ethnically Diverse staff	Incidents raised by all staff	% of all incidents in this team which were raised by Ethnically Diverse staff	% Of all incidents in the trust which were attributed to this team
MH Inpatient (and management) or Campion	66.3	7	15	46.7	18.1
Rest of the trust	27.0	18	68	26.5	81.9

Datix incident rates (Patient on staff) from reporting period

Patient on staff					
Team/s	% of team which are Ethnically diverse	Incidents raised by Ethnically Diverse staff	Incidents raised by all staff	% of all incidents which were raised by Ethnically Diverse staff	% Of all incidents in the trust which were attributed to this team
MH Inpatient (and management) or Campion	66.3	789	1121	70.4	71.4
Rest of the trust	27.0	204	449	45.4	28.6

Example which demonstrates workforce composition in challenging working environments ion overall inequity rates at a Trust wide level – Actual Workforce Numbers

Staff in post numbers	MH/ LD wards at PPH	Rest of trust (excluding MH/ LD wards at PPH)	All trust
ED	298	1506	1804
White and non-known	119	3580	3699
All staff	417	5086	5503

Dummy figures if ED staff and White Staff experienced equal rates of experiencing harassment, bullying or abuse from patients, relatives or the public

(Not real figures) **Staff numbers who experience harassment, bullying or abuse from patients, relatives or the public**	MH/ LD wards at PPH (40%)	Rest of trust (excluding MH/ LD wards at PPH) (5%)
ED	119.2	75
White and non-known	47.6	179

(Not real figures) **Staff numbers who experience harassment, bullying or abuse from patients, relatives or the public**	Total number of staff who experience harassment, bullying or abuse from patients, relatives or the public	Total % of staff who experience harassment, bullying or abuse from patients, relatives or the public
ED	195	11

White and non known	227	6

6. Percentage of staff experiencing harassment, bullying or abuse from staff

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WRES	Metric Descriptor		2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
			Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White
6 Staff Survey Q14b/c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Berkshire Healthcare	23.0	14.0	20.8	15.4	20.4	13.7	**15.4**	**13.5**	-5	-0.2
		NHS Trusts	23.0	18.0	27.6	23.0						

Datix incident rates (Staff on staff) from reporting period

Staff on staff					
Team/s	% of team which are Ethnically diverse	Incidents raised by Ethnically Diverse staff	Incidents raised by all staff	% of all incidents which were raised by Ethnically Diverse staff	% Of all incidents in the trust which were attributed to this team
MH Inpatient (and management) or Campion	66.3	10	16	62.5	45.7
Rest of the trust	27.0	4	18	22.2	52.9

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

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WRES	Metric Descriptor		2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
			Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White
7 Staff Survey Q15	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	Berkshire Healthcare	45.7	67.5	51.7	68.1	53.3	68.4	**56.4**	**68.6**	+3.1	+0.2
		NHS Trusts	47.0	61.0	44.4	59.0	**48.8**	59.4				

Actual Promotion Rates by Ethnicity

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 ethnicity.

	Staff in post – April 24		April 24 - March 25 internal promotions		% of staff promoted	
	White	Ethnically Diverse	White	Ethnically Diverse	White	Ethnically Diverse
Band 2	118	123	22	26	18.6	21.1
Band 3	460	197	38	32	8.3	16.2
Band 4	613	208	64	43	10.4	20.7

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Band 5	371	254	46	66	12.4	26
Band 6	673	280	51	53	7.6	18.9
Band 7	733	257	41	20	5.6	7.8
Band 8a	300	92	12	6	4	6.5
Band 8b	140	35	2	1	1.4	2.9
Band 8c	62	10	1	0	1.6	0
Band 8d	36	2	2	0	5.6	0
Band 9	9	2	0	0	0	0
Grand Total	3515	1460	279	247	7.9	16.9

Application Rates: Internal Ethnic Diversity Breakdown

	Headcount of workforce (April 24)	% of workforce (April 24)	Total applications	Unique applications	% of April 24 workforce who made an application
ED	1580	29.7	1498	816	51.6
White	3614	67.9	1166	706	19.5

*Unique applications = Distinct individuals, as some staff made more than 1 application.

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

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			2021/2022		2022/2023		2023/2024		2024/2025		Change since 23/24	
WRES	Metric Descriptor		Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White	Ethnically diverse	White
8 Staff Survey Q16b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Berkshire Healthcare	14.0	5.0	13.2	5.0	13.3	5.0	**10.7**	**5.1**	-2.6	+0.1
		NHS Trusts	14.0	6.0	17.0	7.0						

Datix incident rates (Staff on staff - Discrimination) from reporting period

Team/s	% of team which are Ethnically diverse	Incidents raised by Ethnically Diverse staff	Incidents raised by all staff	% of all incidents which were raised by Ethnically Diverse staff	% Of all incidents in the trust which were attributed to this team
MH Inpatient (and management) or Campion	66.3	3	5	60	71.4
Rest of the trust	27	1	2	50	28.6

9. Percentage difference between Board voting membership and its overall workforce

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			2020/2021		2021/2022	
WRES	Metric Descriptor		2021/2022	2022/2023	2023/2024	2024/2025

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9 Board Representation	Percentage difference between Board voting membership and its overall workforce (Ethnically Diverse)	**Berkshire Healthcare**	-4.4%	+ 2.4%	+6.8%	+3%
		NHS Trusts	12.6%	13.2%		