

# From commitment to change: Closing the ethnicity pay gap through anti-racism

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**NHS  
RACE & HEALTH  
OBSERVATORY**

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Ethnic diversity decreases through higher pay quartiles bands 8a-d



White applicants are 1.51 times more likely to be appointed from shortlisting

Ethnically diverse colleagues are 1.21 times more likely to enter formal disciplinary process

There has been a 2.6% increase in the proportion of ethnically diverse staff in 3 years (up from 25.8% to 28.4%). 2% of this increase relates to staff identifying as Asian

Average ethnically diverse population in Berkshire in 2021 was 26.9%, but differs across the Borough - e.g. 64% in Slough

White colleagues are up to 1.93 times more likely to progress in their career

White colleagues have a 16.4% more favourable perception that the organisation provides equal career opportunities

White colleagues are 1.44 times more likely to access non-mandatory training and CPD

Around 4% of our staff attended an anti-racism workshop

Ethnically diverse staff representation differs significantly across divisions - e.g. **60%** at Prospect Park Hospital, where **85%** of assaults happen



## There are unexplained disparities in...

- Some wait times by ethnicity in some services
- People that don't attend appointments by ethnicity
- Service usage by ethnicity in some services



**Mental health detentions** disproportionately impact Black males



**Reading** is the only region in Berkshire with the lowest deprivation score (1 out of 10), and Slough is the only region without the least deprived scores of 9 and 10

**Slough and Reading** have the highest populations of children under 5 years old, with children in these regions 40% more likely to be raised from the most deprived areas

Ethnically diverse colleagues are 1.21 times more likely to enter formal disciplinary process

Ethnically diverse colleagues are 10.9% more likely to experience harassment, bullying or abuse from the public

Ethnically diverse colleagues are 5.4% more likely to experience harassment, bullying or abuse from colleagues

Black women are 4x more likely to die in pregnancy or child birth in the UK

South Asian and Black people are 2-4x more likely to develop Type 2 diabetes than white people

Across the country, fewer than 5% of blood donors are from 'Black and Minority Ethnic' communities



**81%** of incidents reported with a discrimination element relate to race

84% of all assaults happen at Prospect Park Hospital where 60% of colleagues are ethnically diverse

Ethnically diverse colleagues experience a rate of 8% more discrimination from a manager, team lead or colleague



In Britain, South Asian people have a 40% higher death rate from Coronary Heart Disease than the general population

24% of all deaths in England and Wales in 2019 were caused by Cardio Vascular Disease in 'Black and Minority Ethnic' groups

Black African and Caribbean people are over 8x more likely to be subjected to community treatment orders than white people

**3.59%** ethnicity pay gap.

White colleagues earn **£0.71p** more than our Ethnically diverse colleagues.

White males have a **£4.25** gap in their favour compared to Black females

In the UK, African-Caribbean men are up to 3x more likely to develop prostate cancer than white men of the same age

'Black and Minority Ethnic' people have up to 2x the mortality risk from covid-19 than people from a white British background

Estimates of disability free life expectancy are 10 years lower for Bangladeshi men living in England compared to their white counterparts

# Ethnicity Pay Gap - Understanding the causes

## Disproportionately in lower paid bands

- Ethnically diverse staff are overrepresented in lower pay bands, skewing overall pay averages downward
- Higher rate of recruitment of ethnically diverse staff in Bands 2–6 (40–55% of hires)
- Representation drops at senior levels (only 23% in Bands 8a–9 & Board vs. 26.92% local benchmark)
- More hires at lower bands pull the median pay down

## Age and career stage impact

- Difference in age of white staff compared to ethnically diverse staff
- Ethnically diverse staff overall younger and sometimes in earlier career roles
- Senior roles (ages 56–65) are disproportionately white



# Ethnicity Pay Gap - Understanding the causes

## Role types and registration patterns

- Senior roles can have low ethnic diversity, related to professional registration disparities.
- Senior roles (e.g. Clinical Psychology) have low diversity nationally (12.1% ethnically diverse)
- Diverse roles (e.g. nursing) are concentrated in lower bands

## Promotion trends and glass ceiling

- Ethnically diverse staff have higher promotion rates than white staff (16.9% vs. 7.9%)
- Ethnically diverse staff have higher promotion rates mainly in lower/mid bands, with less progress to highest bands.
- Fewer promotions into highest pay tiers (Bands 8C, 8D, 9)



# Board anti-racism workshop

## Thoughts from the workshop

- Our approach to anti-racism must be tangible, real, and meaningful – the seatbelt law analogy, people change behaviour when there are consequences.
- Expectations of behaviour; accountability and consequences
- Need “hard” actions to force a change in behaviour and attitude.
- Need to understand what our workforce wants to see – we need to assess and communicate outcomes of initiatives.
- Issues of career progression, disciplinary / investigations, bullying and harassment
- Not all members/staff see the action or outcome – communicate it.
- Are the conditions right for anti-racism – psychologically safe?



# What approach did we take?

Three main models underpinned by our values:

a) Caring

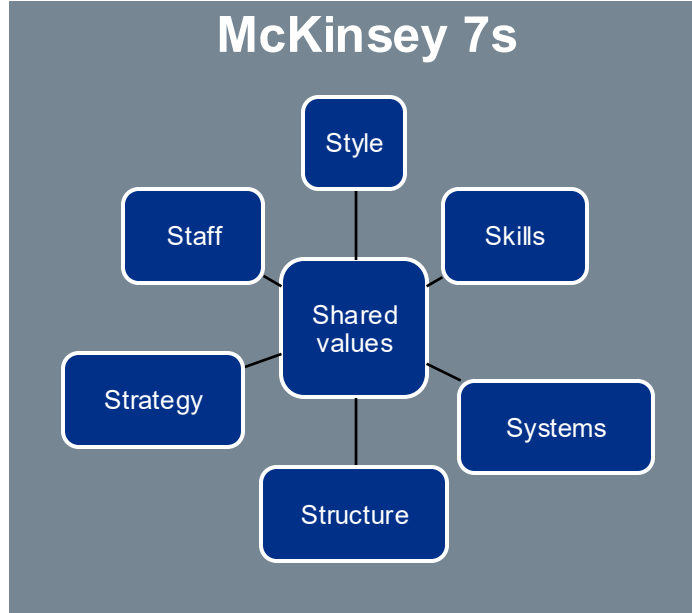
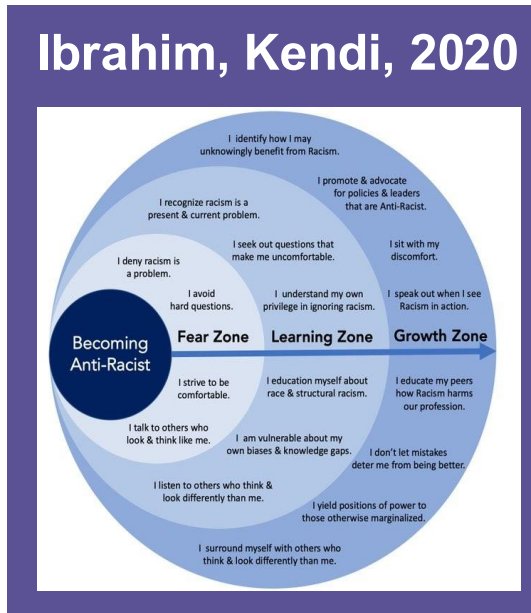
b) Committed

c) Working together

1

2

3



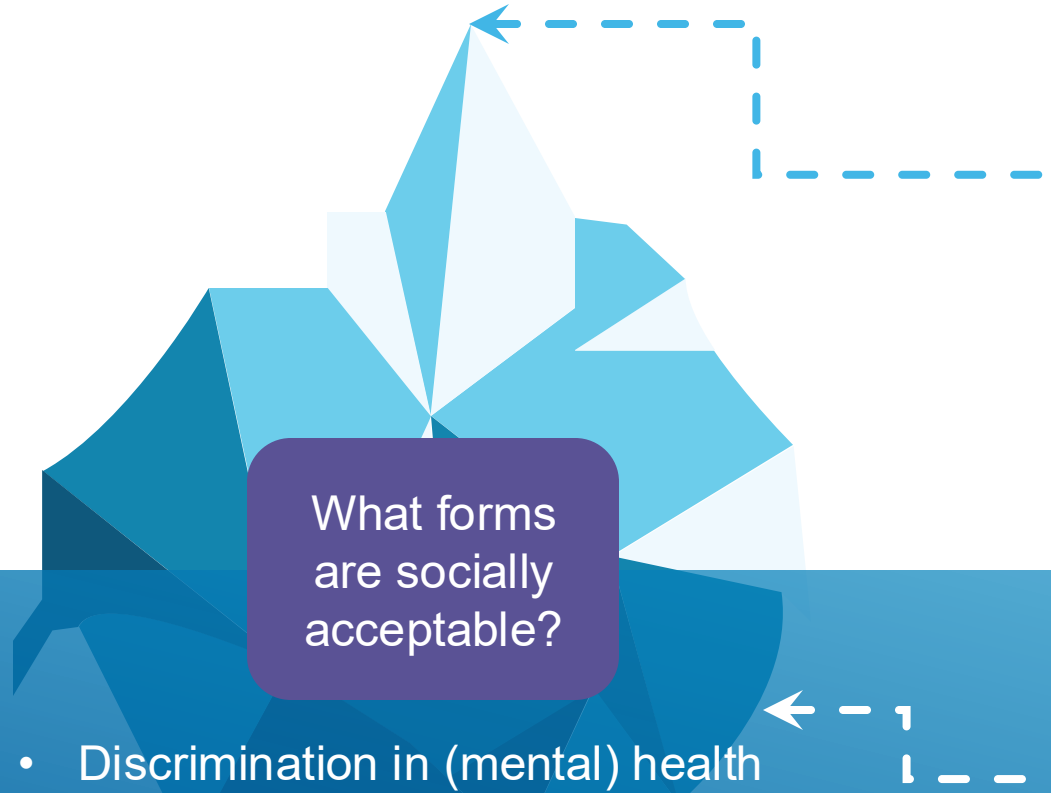
# What is racism?

## Overt racism

- Racist slurs
- Racist hate crime
- Violent racist attacks
- Racial slurs
- Racist name calling
- Racist jokes

## Covert racism

- Unemployment rates and adverse health outcomes
- Use of force
- 'Colour' blindness/ All lives matter, Stereotyping
- Disproportionate stop and search



What forms are socially acceptable?

- Discrimination in (mental) health services
- Disproportionate school exclusions
- Employment discrimination
- Disproportionate court sentencing
- 'All lives matter'
- Disproportionate court sentencing

“  
What is ‘not racist’?

What is anti-racism?

What does it mean at Berkshire Healthcare?”

# Conversation and action



## Involving people

We worked with our Race Equality Network to involve the wider organisation in shaping action and priorities.

Listening to the community led to the creation of the anti-racism commUNITY forum. A blend of community members, community organisations, and staff that work together on anti-racism in healthcare.

This all led to exec led thematic areas of focus and action plans.

1. Recruitment, retention, progression and conditions
2. Antiracism policy and practice
3. Antiracism education and engagement
4. Incidents, support and empowerment
5. Patient access, experience and outcomes

Overseen by our  
Taskforce and Board



**Berkshire Healthcare**  
NHS Foundation Trust



**#UnityAgainst  
Racism**

## Our action statement

Berkshire Healthcare is committed to becoming an anti-racist organisation, in a purposeful and impactful way as part of our corporate strategy.

We take an active role in identifying and addressing all types and impacts of racism, not just when it is obvious.

The Board holds the responsibility for leading our anti-racism efforts and ensuring measurable objectives are achieved.

We firmly believe that anti-racism activity should not be solely placed on racialised groups. Instead, we embrace actively involving our Race Equality Network, colleagues, and communities to make meaningful change.

Our approach to achieving this includes:

1. Making changes and taking positive actions that promote racial equity in all parts of our organisation.
2. Allocating resources to support our anti-racism agenda and monitor progress.
3. Supporting and encouraging our colleagues and community to actively participate in anti-racist practices.
4. Regularly and openly communicating our commitments and progress.



# How we've responded so far

## Some of what we've delivered:

- 8b+ guaranteed interview
- Debias 8b+ job description e.g. remove desirable
- Accountability reflection form and independent decision review
- Wellbeing support now opt out, not in
- New managers guide, updated Safety Culture Charter
- Annual Violence and abuse staff survey
- Racism conversations in appraisals
- 'Too hot..' Investigator and HR investigation anti-racism training
- Anonymous question form on Intranet – publish responses
- Abuse signs put up across estate
- Managers training / New Resolution pathway
- Interview questions in advance agreed with plan to roll out
- 'Braver than Before' external leadership development for open to all ethnically diverse staff
- Embedded in our People Processes – Recruitment, Induction, Policies, a new Behaviour framework, our training i.e. leadership development. / Active bystander infographic
- Plan On a Page for All teams
- Regular education, reflective sessions on race, racism, anti-racism
- Launched a CommUNITY Antiracism Forum.
- Regular Comms – All staff brief, Trust Leaders Forum, Weekly Brief
- Multi-faith project with BNU
- GEMBA antiracism toolkit integrated into QI coaching

## Five areas of focus – exec led

1. Recruitment, retention, progression and conditions
2. Antiracism policy and practice
3. Antiracism education and engagement
4. Incidents, support and empowerment
5. Patient access, experience and outcomes



# Some of our headlines so far

- A 16% reduction in the disproportionate detention of Black patients under the Mental Health Act.
- Interpretation service fulfilment increased from 59% to 98%, improving equitable access across 100+ languages.
- Race Equality Staff Network (REN) expansion (30% growth), reaching 320+ members.
- Career progression fairness perception rose from 45% to 56% among ethnically diverse staff.
- Our Compassionate and inclusive staff survey score has improved the last 3 years from 7.3 to 7.6.
- Increased workforce diversity with ethnically diverse representation at 32.78%, exceeding the local population (26.92%),
- Targeted leadership development with the 'Braver than Before' programme, 22 of 31 places were ethnically diverse colleagues.
- Increased ethnicity sharing (98%).
- Promotion rates: 16.9% of ethnically diverse staff were promoted, compared to 7.9% of White staff.  
Representation across grades has increased but drops at higher bands: 1–4: 35.4% 5–7: 32.2% 8a+: 29.4%
- Board representation increased from -4.4% to +3%
- Discrimination from colleagues fell from 13% to 10%
- 20% of our 8b+ are Psychologists. Nationally 12% of Psychologists are ethnically diverse.

# Challenges

## When can bias and culture cause barriers?

- How can this impact decision making?**

Job creation, description, advertising, informal conversations, shortlisting, lack of scrutiny, stretch opportunities, appraisals
- How can you mitigate it?**

Practicing thoughtfulness and evaluating decisions through continuous curiosity and reflections
- Applying it**

Flip the face. Imagine justifying your decision to a court, learn from areas with better results



Discrimination can still be unlawful whether it is deliberately intended or not

## Why remove desirable criteria?

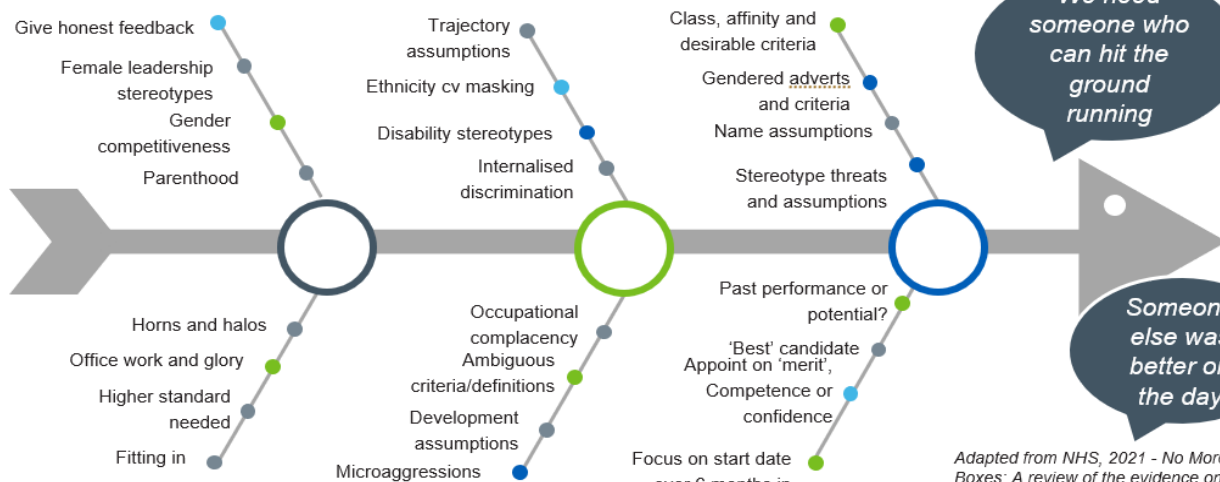
1. It can reduce the diverse interest of the role and overlook potential.
2. It can cause less evidence-based decision making that is more prone to affinity bias
3. It can become irrelevant and ambiguous, criteria should always be measurable

Examples on NHS jobs last week:

- Maturity and self-awareness
- Enthusiasm and positive attitude
- Flexible
- Awareness of self as a role model
- Good physical health and stamina



## How do bias, stereotypes, assumptions and behaviour impact decision making?



Adapted from NHS, 2021 - No More Tick Boxes: A review of the evidence on how to make recruitment and career progression fairer

## What else can I do?

1. Keep ourselves **accountable** - reflection form
2. **Questions** in advance
3. Consider diversity of **panel** – but don't be exploitative or performative
4. Review the **physical requirements** of the job. If there are anti-social hours, fixed locations, no flexibility – be explicit about the frequency and reason
5. Review **gendered language** using an online tool such as [katmatfield.com](https://katmatfield.com)
6. Introduce **inequality and anti-racism expectations** into the requirements on the role
7. Give unsuccessful candidates **advice** for next time
8. If you chair interview panels **invite genuine challenge**
9. **Reflect on any disparities** and what you can do to address them – **google is free**

### Inclusive Recruitment Reflection Form

As part of our commitment to anti-racism, this form has been created to support inclusive decision making. This form should be reviewed before you start your recruitment so you can give some thought to issues such as: labelling the job description, sending interview questions in advance and the composition of the interview panel. The form should be completed if you wish to offer the post to a white candidate when you have interviewed any ethnically diverse candidate(s) for the post. If an ethnically diverse candidate is your preferred candidate, this form does not need to be completed.

# Trailblazing for race equality



Berkshire Healthcare  
NHS Foundation Trust

For our ongoing commitment to being anti-racist, we've received the **Silver Trailblazer** award from Race Equality Matters.



 Search **'Unity Against Racism'** on Nexus

 **Unity Against Racism**

# Evaluating – Constructively reflecting

Caring. Committed. Together.

1

- Do you understand nuances of racism, power and privilege?
- How do you support the development of resistant colleagues?
- How do you bravely challenge inequality?

2

- Do you have alignment and collective ownership of your anti-racism activity?
- How is it independently benchmarked and scrutinised?

3

- Is anti-racism embedded through your service/team/objectives?
- What work have you done to understand racial disparities and the harm it causes? E.g. oppressive practice, unethical research

4

- To what extent do you centre the experiences of people impacted by racism?
- Are there listening events or structured plans to continually adopt actions from engagement?

5

- What evidence do you use to ensure qualitative and quantitative data is routinely evaluated and acted upon to address racial disparities?

6

- Do you use root cause analysis to interrogate data and ask why racism is happening?
- What evidence do you use for EqlA and problem statement creation?

# Evaluating – Constructively reflecting

## Caring. Committed. Together

7

- What methods do you use to ensure resources you use/explore take account of up to date best practice?
- How do you cultivate a curious and critical mindset to your profession in relation to anti-racism?

8

- Is there a willingness to effectively resource anti-racism?
- How is this demonstrated?

9

- Do you understand our community (including our colleague) priorities?
- How do you reflect on your own and wider practice to ensure inclusivity?

10

- How do you effectively and sensitively communicate progress, gaps and successes?
- How do you demonstrate you can cope with discomfort and continue despite mistakes/setbacks?

11

- Are you clear about anti-racism language, understanding the difference between equality and equity and how to sensitively respond to conflict?
- If not, what steps are you taking?

12

- Do you lead with moral courage and compassion to dismantle racism, rather than navigate it?
- For example, changing processes, rather than making amendments for individuals (deficit model).

# Reflections

It can be complex, **clarifying the problem** is key. There is usually work being done to learn from, especially in communities

**Communication**, raising awareness and **leadership proximity** is important.

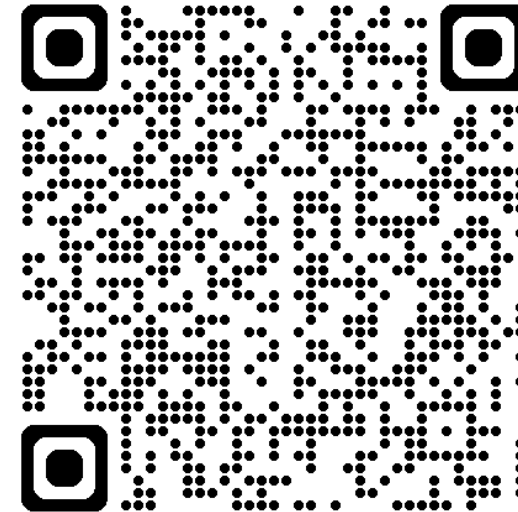
Be prepared to ask **Why?** And ask how our data speaks to staff – **bring findings to life**

**Be ambitious** and think about where we want to be, not where we are now.



# #UnityAgainst Racism

Visit our  
website to learn  
more:



 [www.berkshirehealthcare.nhs.uk](http://www.berkshirehealthcare.nhs.uk)

