

WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT MARCH 2019

1. Introduction

- 1.1 The workforce race equality standard (WRES) was introduced in 2015 as part of the NHS standard contract. It was the first time workforce race equality had been made mandatory in the NHS.
- 1.2 The WRES was introduced to enable employees from black and minority ethnic (BME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace. Evidence shows a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety; it also leads to more innovative and efficient organisations.
- 1.3 The WRES encourages the development of a more diverse, empowered and valued workforce and implementing it will support NHS organisations in complying with the provisions of the Equality Act 2010. All staff should be able to look at their leaders and see themselves represented, and patients deserve the same¹.
- 1.4 The WRES requires every NHS organisation to publish data annually. The main purpose of the WRES is:
- a. to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
 - b. to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
 - c. to improve BME representation at the Board level of the organisation².
- 1.5 Results of the annual national NHS staff survey (NHSS) show that there has been continuous improvement across the range of workforce indicators between 2016 and 2018 and that BME staff make up 19.1 per cent of the workforce in NHS Trusts³. The number of BME staff at band 8a and above has increased from 9.7 per cent to 11.2 per cent in the same period⁴.
- 1.6 Results of the national annual NHSS also show white applicants were 1.45 times more likely to be appointed from shortlisting compared to BME applicants and that BME staff

¹ [Workforce Race Equality Standard Technical guidance](#)

² [Workforce Race Equality Standard Technical guidance](#)

³ [NHS workforce race equality standard 2018 Data Analysis Report for NHS Trusts](#)

⁴ [A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS](#)

were 1.24 times more likely to enter the formal disciplinary process. 15 per cent of BME staff reported having experienced some form of discrimination and 71.5 per cent of BME staff believed their trust provides equal opportunities for career progression or promotion, 15.1 per cent less than their white peers⁵.

- 1.7 On a more positive note the number of BME executive board members increased by 11 while there was an additional 1 BME non-executive board member and there has been an increase of 2,224 BME nurses, health visitors and midwives at Band 6 and above since 2017⁶. However, the overall proportion of BME board members across the NHS is still only 7 per cent, a long way from being representative of the whole workforce⁷.

2. WRES indicators

- 2.1 For each of the first four workforce indicators, the WRES compares the data for White and BME staff. These indicators are:

- 1) Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:
 - Non-Clinical staff
 - Clinical staff - of which
 - Non-Medical staff
 - Medical and Dental staff
- 2) Relative likelihood of staff being appointed across all posts
- 3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. (This indicator will be based on data from a two year rolling average of the current year and the previous year)
- 4) Relative likelihood of staff accessing non-mandatory training and CPD

For each of the next four NHS staff survey indicators a comparison of the outcomes of the responses for white and BME staff is undertaken:

- 5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- 6) Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- 7) Percentage believing that the trust provides equal opportunities for career progression or promotion
- 8) In the last 12 months have you personally experienced discrimination at work from any of the following a manager/team leader or other colleagues

For the Board representation indicator the difference for white and BME staff should be compared

⁵ [NHS workforce race equality standard 2018 Data Analysis Report for NHS Trusts](#)

⁶ [NHS workforce race equality standard 2018 Data Analysis Report for NHS Trusts](#)

⁷ [A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS](#)

9) Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

2.2 The data used to report on the workforce Indicators is taken from ESR either as a snapshot on 31 March 2019 or as data for the year up to this date.

2.3 The information used to report against the Indicators concerned with the staff survey is taken from the 2018 NHSS.

3. Demographics

3.1 Data from the National Office of Statistics for 2011, showed that across England 80.5% of the population described themselves as white British. People of other white origins made up just over 4.4% of the population and visible BME people made up the remaining 15.1%.⁸

3.2 According to the 2011 Census, 6.33% per cent of residents in Kent were from a visible BME background⁹, in East Sussex it was 8 per cent¹⁰ and in North East London it was 45.43 per cent¹¹.

4. Workforce

4.1 At KCHFT the total BME workforce is 10.98% which is an increase from 10.75% in the previous year. The proportion of staff describing their ethnicity as "White British" is 78.50%. We do not have ethnic origin recorded for the remaining 10.52% of the workforce which, whilst a significant improvement on last year, when the figure was 17.10% the Trust will continue to try to improve.

⁸ [Ethnicity and National Identity in England and Wales: 2011](#)

⁹ [2011 Census: Cultural diversity in Kent](#)

¹⁰ [2011 Census Equalities... in brief](#)

¹¹ [Ethnicity and National Identity in England and Wales: 2011](#)

5. Trust results

5.1 Indicator one

5.1.1 Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

Figure 1

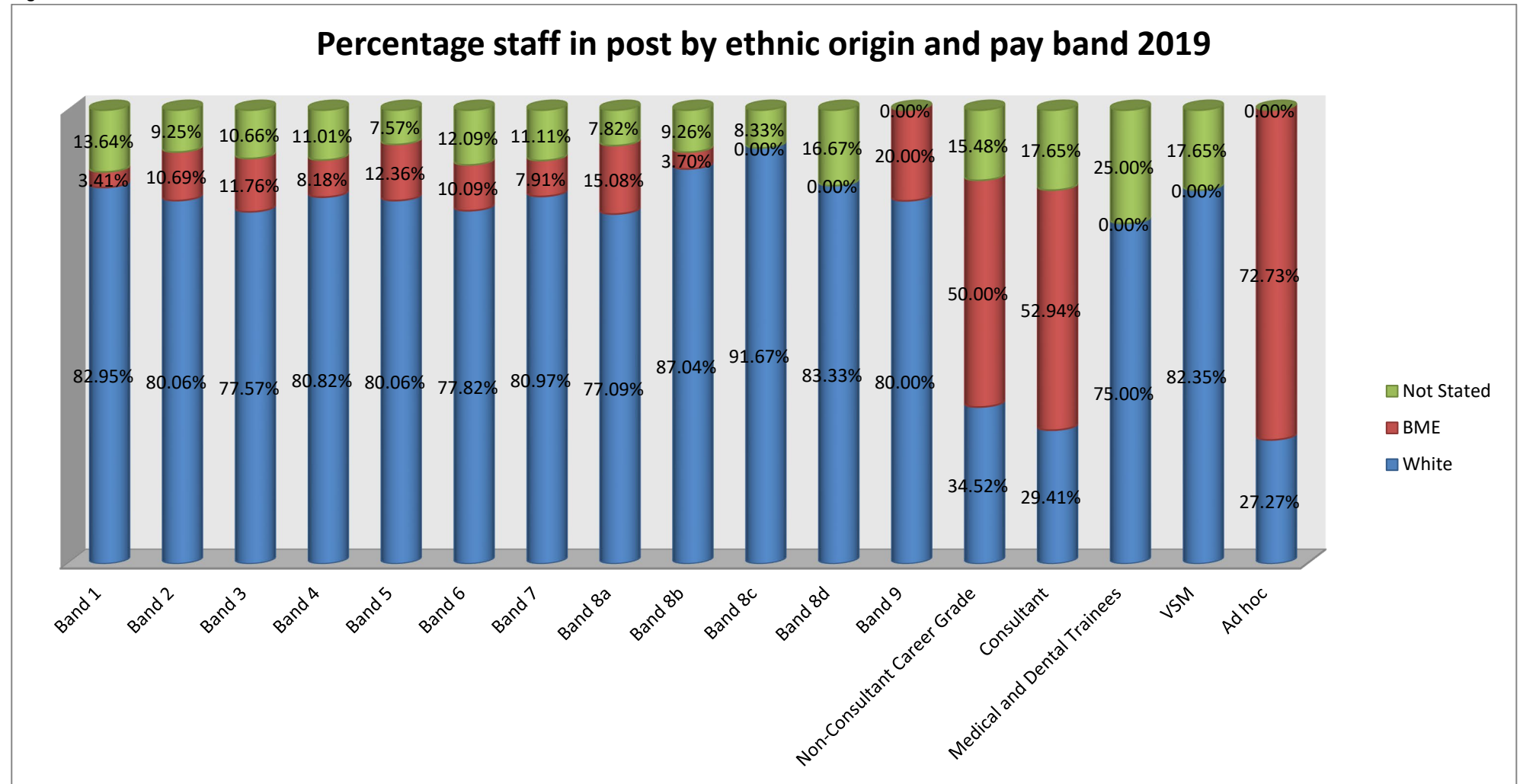


Figure 2

	2017						2018						2019					
	Clinical			Non-Clinical			Clinical			Non-Clinical			Clinical			Non-Clinical		
	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
Band 1	7	2	7	161	28	31	3	0	1	156	13	30	4	1	1	69	2	11
Band 2	156	28	26	316	35	60	156	13	22	296	21	40	130	34	16	424	40	48
Band 3	294	21	55	339	46	81	292	12	43	321	26	62	312	68	39	321	28	48
Band 4	342	22	61	101	17	33	360	21	50	122	9	29	371	44	47	143	8	23
Band 5	473	72	73	62	10	28	412	41	47	79	14	18	427	65	34	91	15	15
Band 6	643	102	190	61	9	21	653	60	136	79	8	16	698	96	108	81	5	13
Band 7	472	74	115	38	6	18	427	28	68	55	8	13	460	42	60	72	10	13
Band 8a	82	22	15	31	4	10	78	12	9	44	6	9	88	17	6	50	10	8
Band 8b	30	3	3	20	2	5	18	1	2	23	2	5	21	1	1	26	1	4
Band 8c	7	2	1	4	1	2	6	0	1	11	0	0	7	0	1	15	0	1
Band 8d	1	0	0	11	1	4	4	0	0	11	1	3	4	0	0	11	0	3
Band 9	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	4	1	0
Medical & Dental Non-Consultant Career Grade	24	32	25	0	0	0	3	1	1	0	0	0	29	42	13	0	0	0
Medical and Dental Consultant	5	10	5	0	0	0	6	8	4	0	0	0	5	9	3	0	0	0
Medical and Dental Trainee Grades	0	0	1	0	0	0	9	11	7	0	0	0	3	0	1	0	0	0
VSM	0	0	0	10	0	3	1	0	0	4	0	3	1	0	0	13	0	3
Ad hoc	13	1	3	21	2	0	0	0	0	0	0	0	2	4	0	1	4	0

- 5.1.2 As can be seen from the data in figure 1, BME representation across AfC bands up to band 8a is favourable when compared against the Trusts local population. In these bands representation is also favourable to the Trust results in 2018.
- 5.1.3 However, there has been a decrease in representation across the grades from band 8b to VSM with no BME representation in bands 8c, 8d and VSM. Whilst figure 1 illustrates that in band 9 20 per cent of staff are BME, the data in figure 2 reveals that this equates to 1 individual.
- 5.1.4 Figure 2 illustrates the number of staff by ethnic origin in each of the grades.

5.2 Indicator two

- 5.2.1 Indicator two measures the relative likelihood of staff being appointed across all posts. The figure of 2.28 indicates that BME staff are less likely to be appointed from shortlisting than White applicants and that there has been a negative change since 2018.

		2017	2018	2019
		RELATIVE LIKELIHOOD		
Relative likelihood of staff being appointed across all posts	Total	1.93	1.94	2.28

5.3 Indicator three

- 5.3.1 Indicator three looks at the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation based on data from a two-year rolling average of the current and previous years.
- 5.3.2 The relative likelihood of staff entering the formal disciplinary process is 0.72 which means they are less likely to enter into proceedings than their White colleagues. This is consistent with the last years' result.

		2017	2018	2019
		RELATIVE LIKELIHOOD		
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Total	2.17	0.73	0.72

5.4 Indicator four

- 5.4.1 Indicator four asks about relative likelihood of staff accessing non-mandatory training and CPD. The data indicates there is a relatively higher likelihood of BME staff accessing non-mandatory training and CPD compared to their White colleagues.

		2017	2018	2019
		RELATIVE LIKELIHOOD		
Relative likelihood staff accessing non-mandatory training and CPD	Total	No data	1.10	0.82

5.5 Indicator five

- 5.5.1 Indicator five looks at the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public. The period covered by the 2018 survey shows that BME respondents reported similar levels of harassment, bullying or abuse compared to White respondents. There has been a slight decrease since the previous years' survey results.

		2017		2018		2019	
		BME	WHITE	BME	WHITE	BME	WHITE
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Total	21%	21%	22%	21%	20%	20%

5.6 Indicator six

- 5.6.1 Indicator six looks at the percentage of staff experiencing harassment, bullying or abuse from other staff. The results of the NHSS show that BME respondents reported higher levels of harassment, bullying or abuse compared to their White colleagues but that there has been a positive reduction (5%) in the number of staff reporting they had experienced negative behaviours of this kind.

		2017		2018		2019	
		BME	WHITE	BME	WHITE	BME	WHITE
Percentage of staff experiencing harassment, bullying or abuse from staff in	Total	22%	18%	22%	17%	17%	11%

the last 12 months							
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5.7 Indicator seven

- 5.7.1 Indicator seven looked at the percentage of BME staff that believed the trust provides equal opportunities for career progression or promotion in comparison to their White counterparts. 78 per cent of BME staff responded positively to this question compared to 94 per cent of their White comparators. This was a marginal improvement compared with 2018 but is still 8 per cent behind the figure reported in 2017.

		2017		2018		2019	
		BME	WHITE	BME	WHITE	BME	WHITE
Percentage believing that the trust provides equal opportunities for career progression or promotion	Total	86%	93%	76%	93%	78%	94%

5.8 Indicator eight

- 5.8.1 Indicator eight asked about the percentage of BME staff compared to White staff that had, in the last 12 months personally experienced discrimination at work from a manager/team leader or other colleagues. There was a positive improvement of 2 per cent in this response compared with the previous year.

		2017		2018		2019	
		BME	WHITE	BME	WHITE	BME	WHITE
In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues	Total	12%	5%	13%	6%	11%	4%

5.9 Indicator nine

- 5.9.1 Indicator 9 asks about the percentage difference between the organisation's board voting membership and its organisation's overall workforce. None of the trust's board have declared they are from a BME background, 1 member is recorded as "Not Stated", so board membership is under-representative of the local population and the trusts workforce.

Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

	2017			2018			2019		
	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
By voting membership of the Board	78.6%	0%	21.4%	71.4%	0%	28.6%	94.4%	0%	5.6%
By executive membership of the Board	71.4%	0%	28.6%	71.4%	0%	28.6%	90%	0%	10%
Total	1%	-10.7%	9.7%	-40.3%	-7.4%	47.7%	16.2%	-11%	-5.3%

6. Summary

6.1 There are a number of issues arising following an analysis of the WRES data. These are:

- It remains the case that BME staff are less likely to be appointed at interview than White staff and this has worsened over the last 3 years'
- 20% of both BME and White staff responding the NHSS have reported experiencing harassment, bullying or abuse from patients, relatives or the public
- 17% of BME staff are still reporting experiencing harassment, bullying or abuse from other staff
- BME staff are still less likely than White staff to feel that the Trust provides equal opportunities for career progression or promotion
- BME staff are still more likely to feel they have experienced discrimination at work from a manager/team leader or other colleagues
- The Trust Board and senior management are not representative of the workforce at KCHFT nor of the local communities the Trust serves

6.2 Actions to address these issues are contained in the Trust's WRES action plan included as Appendix1.

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1.	Issue	BME applicants appear to be less successful through our recruitment processes than White British applicants			
	What's already in place?	Recruitment Policy; Shortlisting through TRAC requires rationale for shortlisting; At least 2 people required to shortlist; Interview assessment sheets require scoring, recruitment training reviewed by network leads and amended, unsuccessful candidates surveyed for feedback, recruitment website images representative of population. Recruitment training includes information on unconscious bias.			
	Agreed Actions	Update	By who	Action due date	Measure
1.1	Board and senior management level commitment to include attracting and recruiting BME staff to band 8b and above posts in their workforce strategies for the coming 10 years in line with the NHS Long Term Plan.		Director of Workforce, OD and Comms/Trust board/CSD/AD/ODBP's	March 2020	BME recruitment is a strand of all directorate workforce plans to meet the requirement to increase representation in line with the long term plan
1.2	Develop a 5 year plan that looks at longer term objectives regarding workforce race equality and supports the objective of increasing the number of BME staff in senior roles from band 8b upwards.		Head of Employee Relations/ Workforce Equality group/BME network chair/Staff side/Head of Resourcing/E&WD representative	January 2020	Plan has been fully developed in conjunction with identified stakeholders and contains measures that will support the trust in achieving a target of 7% representation at each level in bands 8b and above
1.3	Conduct a review of all assessment centres conducted in the past 18 months to determine whether there are barriers to BME recruitment identified and assess whether unconscious bias may be a factor.		Head of Resourcing	December 2019	Each assessment centre is reviewed to determine whether there were BME applicants and how many were shortlisted, of those shortlisted how many attended interview, of those that were invited to interview and did not attend can we ascertain if the assessment centre was the cause and if they attended how many BME candidates were successful
1.4	Develop a targeted campaign to attract BME staff to apply for roles at Band 8b and		Head of Resourcing/BME	31 March 2020	All roles at band 8b and above will be advertised in

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	above.		network/Comms		places BME applicants may be more likely to search for employment. Regional talent boards will be utilised for this purpose and there will be an increase of 10% in the number of BME applicants for senior roles within KCHFT
1.5	Explore the options available for increasing the number of shortlisting and interview panels that include BME representation, identifying which roles it is essential to have a BME panel member participating in, e.g. all roles at band 8a and above.		Head of Resourcing /Head of Employee Relations and Corporate Business Partnering	30 November 2019	Recommendations are made relating to increasing BME representation on panels recruiting to band 8a and above roles and where jobs are being advertised and there is more than one role per vacancy
1.6	Determine whether further unconscious bias training sessions should be procured and delivered to all recruiting managers. In determining this consideration should be given to whether a session that takes into account more than one protected characteristic can be commissioned.		Head of Employee Relations and Corporate Business Partnering/ WEG/BME network chair	31 October 2020	Analysis of previous sessions will have taken place and a review undertaken to assess the benefits of providing training
1.7	Evaluate multiple mini interview approach to selection to determine if the model should be extended more widely across the Trust. Bring the findings to the WEG for discussion.		Head of Resourcing/ Head of Employee Relations and Corporate Business Partnering	30 November 2019	A review of the multiple mini interview approach will have been undertaken and consensus gained from the WEG for an agreed recommendation

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2	Issue	Through the staff survey BME staff report higher levels of bullying, harassment or abuse from colleagues/managers than White British staff.			
	What's already in place?	<p>Bullying and Harassment strategy in place. Freedom to Speak Up Policy, Freedom to Speak Up Guardian in post, Facilitated conversations and Staff Networks available for support and advice.</p> <p>Equality and Diversity Policy; Equality and Diversity session at corporate induction includes 'No Bystanders' film; Equality element included in all HR policies. Violence and Aggression Policy includes process for advising violent/aggressive patients.</p>			
	Agreed Actions	Progress Update	By who	Action due date	Measure
2.1	Second "No bullying here" campaign to be delivered in partnership with Comms, Staff side and BME network chair. This should be tied into a similar action in the WDES and developed and promoted in conjunction with the time to change movement. The campaign should be timed to coincide with national anti-bullying week.		Head of Employee Relations/ BME Network chair/Staff side Convener and Comms	31st March 2020	No bullying campaign has been completed and tied into the WDES campaign and national anti-bullying week.
2.2	Invite BME staff network members to join the Conflict Resolution working group		Head of Employee Relations/ BME Network chair	31st August 2019	At least 1 representative from the BME staff network will be a participating member of the conflict resolution working group
2.3	Invite BME staff network members and staff side to join the disciplinary process review working group		HR Manager	31st August 2019	At least 1 representative from the BME staff network will be a participating member of the disciplinary process review working group
2.4	Conduct more detailed analysis of the staff survey results to determine by Directorate whether any patterns exist relevant to staff experience of bullying, harassment or abuse from colleagues/managers and target interventions address this. Provide data to WEG and determine actions.		Head of Employee Relations	31 October 2019	Analysis of the results has been undertaken and been presented to the WEG. Appropriate actions have been determined as a result

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3	Issue	There is a lower level of perception amongst BME staff reported in the 2018 staff survey that the Trust provides equal opportunities for career progression or promotion			
	What's already in place?	Education and workforce development policy, appraisal policy and Trust talent management strategy and talent pool. Managers' guidance on career development discussions.			
	Agreed Actions	Update	By who	Action due date	Measure
3.1	A BME talent board is available to all BME staff expressing an interest in career development and advancement.		ODBP's/Education and Workforce Development Lead (Quality)	31 March 2020	Parameters will be set outlining minimum requirements to enable staff to enter into the talent board programme and a framework developed to outline what BME staff can expect
3.2	Attend a BME network meeting to discuss the data relating to career progression and agree actions for improvement of perception and experience.		Head of Employee Relations and Corporate Business Partnering/ BME network chair	30 September 2019	Attendance at BME network meeting
3.3	Explore opportunities to link into Regional Talent boards to provide enhanced development opportunities for BME staff seeking progression to senior level roles		Education and Workforce Development Lead (Quality)	30 November 2019	Information about the Regional talent boards will have been presented to the WEG for discussion
3.4	Promote the "Ready Now" programme available to band 8+ and the "Stepping Up" programme available to band 5 – 7 through the NHS Leadership Academy		Head of Employee Relations and Corporate Business Partnering/ BME network chair/ Education and Workforce Development Lead (Quality)/Comms	30 November 2019	Information relating to both programmes will be available on Flo and will have been publicised in Flomail, through the staff networks, senior management and ODBP's targeting staff the programmes are most suited to
3.6	Proposal for reverse mentoring drafted and submitted for consideration		Head of Employee Relations and Corporate Business Partnering	30 November 2019	Proposal have been submitted to management committee for consideration

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3.7	Included as a performance objective in their annual appraisal, VSM and board members to mentor/reverse mentor and sponsor at least one BME staff member at Band 8d or below.		Director of Workforce, OD and Comms	31 March 2020	Each board member and VSM has been paired with a BME staff member to provide one of the interventions
3.8	NED's to be encouraged to play a role in mentoring or sponsoring BME staff that have the potential to fill an executive role within 3 years		Director of Workforce, OD and Comms	31 March 2020	Each NED has been approached to mentor/sponsor a BME staff member

4	Issue	A higher percentage of BME staff report experiencing discrimination at work in the last 12 months			
	What's already in place?	Equality and Diversity Policy; Equality and Diversity session at corporate induction includes 'No Bystanders' film; Equality element included in all HR policies. Violence and Aggression Policy includes process for advising violent/aggressive patients.			
	Agreed Actions	Update	By who	Action due date	Measure
4.1	Head of Employee Relations to attend BME network meeting to discuss issues and agree actions		Head of Employee Relations and Corporate Business Partnering/BME network chair	30 September 2019	Attendance at BME network meeting

5.	Issue	Trust board and bands 8b and above are currently under-representative of the overall workforce			
	What's already in place?	Executive Sponsor for Staff BME network. Inspire programme to pair individuals with a mentor to support career progression. Robust appraisal and development programme. Access to talent board if rated excellent.			
	Agreed Actions	Update	By who	Action due date	Measure
5.1	Executive sponsor to attend network meetings. BME network members to attend board meetings to share their experiences and discuss ways of improving those experiences Work with BME staff in senior positions to develop and share personal stories about their lived experience in blogs/Vlogs.		Director of Workforce, OD and Comms and BME network chair/network members	31 March 2020	Director of Workforce, OD and Comms to have attended at least one BME staff network meeting and at least one BME staff network representative has attended a board

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					meeting BME staff in senior positions have written a blog about how they achieved their current role and this has been published and promoted on Flo as part of a wider campaign
5.2	Campaign to reduce the number of staff whose Ethnicity data in ESR is recorded as "Not Stated". This will be linked to the campaign as part of the WDES action plan to encourage all staff to update their equalities data		Head of Employee Relations and Corporate Business Partnering/BME network chair	31 March 2020	50% improvement in the declaration rate when the next data set for the WRES is produced

6.	Issue	Staff network visibility			
	What's already in place?	Staff networks for BME, Disability and Carers and LGBTQ+ meet regularly. Network conference is planned to take place in Q3 where all the networks will come together.			
	Suggested Actions	Update	By who	Action due date	Measure
6.1	BME, Disability and Carers and LGBTQ+ staff network chairs and trade union representatives to be supported to raise the visibility of their work and be encouraged to engage further in the equalities agenda including the WRES and WDES programmes of work. Develop a Comms campaign that shares the positive work of the networks, what has already been achieved and plans for the future.		Head of Employee Relations and Corporate Business Partnering/Staff side convener/Disability and Carer staff Network chair/ Comms team	30 November 2019	Promotion of the networks has happened with the support of the Comms team including a celebration of the network conference Network membership has increased by 10%