

WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT July 2020

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 supports 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 The 2019 Data Analysis report shows that BME staff make-up 19.7 per cent of the workforce in NHS Trusts³. This is a 0.6 per cent increase on 2018.
- 1.6 Results of the 2019 annual national NHS staff survey (NHSS) show the trend of continuous improvement in previous years has stalled with BME staff reporting higher levels of harassment, bullying and abuse, marginally higher levels of discrimination and less opportunity for career progression⁴.

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

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

³ [NHS workforce race equality standard 2019 Data Analysis Report for NHS Trusts](#)

⁴ [NHS workforce race equality standard 2019 Data Analysis Report for NHS Trusts](#)

- 1.7 Results of the annual national NHSS also show white applicants were 1.46 times more likely to be appointed from shortlisting compared to BME applicants and that BME staff were 1.22 times more likely to enter the formal disciplinary process. 15.3 per cent of BME staff reported having experienced some form of discrimination and 69.9 per cent of BME staff believed their trust provides equal opportunities for career progression.
- 1.8 On a more positive note the number of BME executive board members increased by 35 comprising of 18 executive board members and 17 non-executive board members.

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

- 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 2020 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 2019 NHSS.

3. Demographics

- 3.1 Data from the National Office of Statistics for 2011, showed that across England 80.5 per cent of the population described themselves as white British. People of other white origins made up just over 4.4 per cent of the population and visible BME people made up the remaining 15.1 per cent.⁵
- 3.2 According to the 2011 Census, 6.33 per cent of residents in Kent were from a visible BME background⁶, in East Sussex it was 8 per cent⁷ and in North East London it was 45.43 per cent⁸.

4. Workforce

- 4.1 At KCHFT the total BME workforce is 8.58 per cent which is a decrease from 10.98 per cent in the previous year. The proportion of staff describing their ethnicity as “White British” is 78.27 per cent. We do not have ethnic origin recorded for the remaining 13.15 per cent of the workforce which is a slight worsening of the figure last year recorded as being 10.52 per cent. Efforts have already been made to try to improve this with a recent data collection exercise being undertaken.

⁵ [Ethnicity and National Identity in England and Wales: 2011](#)

⁶ [2011 Census: Cultural diversity in Kent](#)

⁷ [2011 Census Equalities... in brief](#)

⁸ [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.

Figure 1

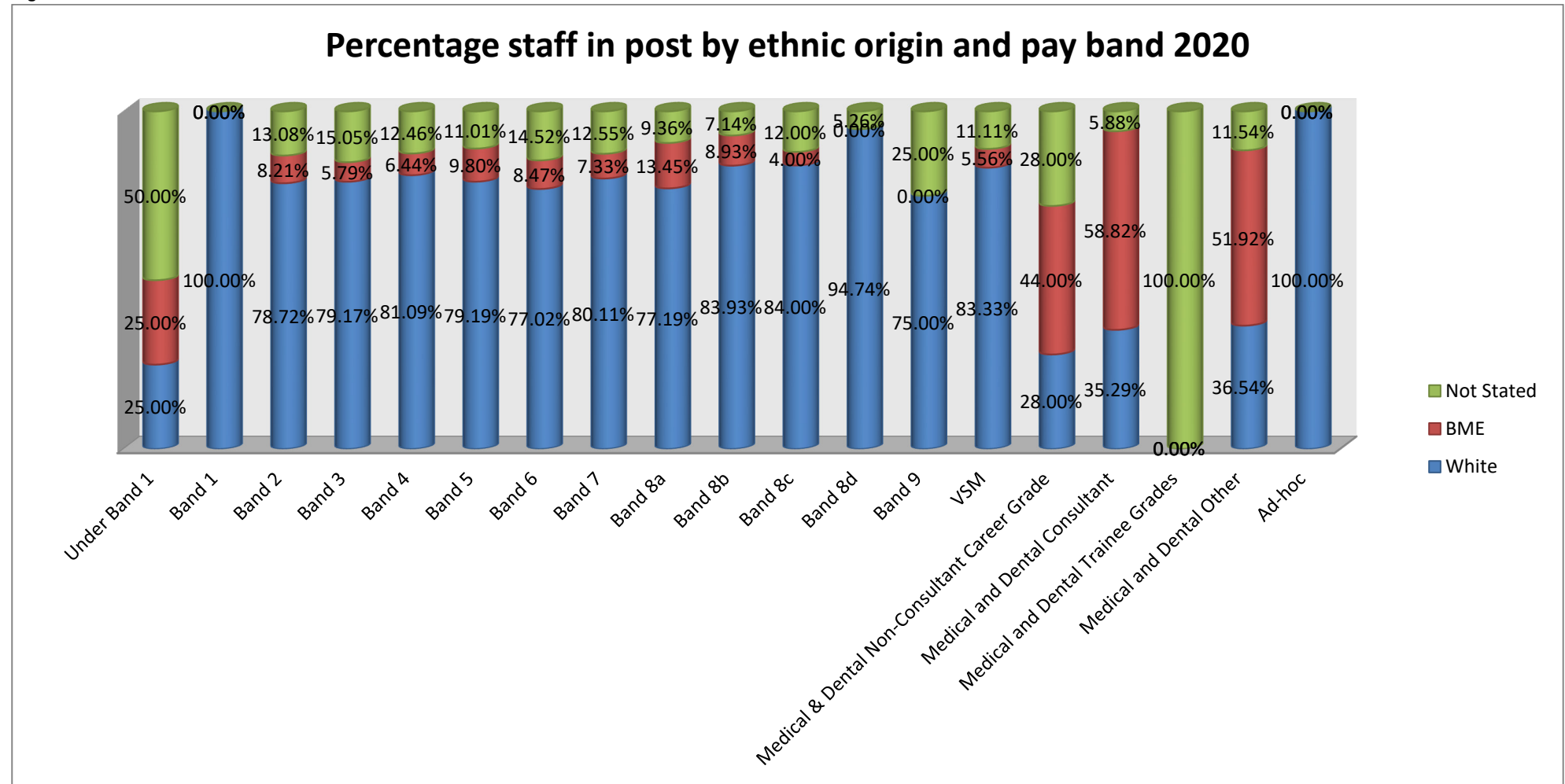


Figure 2

	2018						2019						2020					
	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
Under Band 1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Band 1	3	0	1	156	13	30	4	1	1	69	2	11	1	0	0	1	0	0
Band 2	156	13	22	296	21	40	130	34	16	424	40	48	153	20	27	461	44	75
Band 3	292	12	43	321	26	62	312	68	39	321	28	48	362	22	78	322	28	52
Band 4	360	21	50	122	9	29	371	44	47	143	8	23	416	34	63	163	12	26
Band 5	412	41	47	79	14	18	427	65	34	91	15	15	443	48	59	82	17	14
Band 6	653	60	136	79	8	16	698	96	108	81	5	13	674	76	133	90	8	11
Band 7	427	28	68	55	8	13	460	42	60	72	10	13	487	46	69	81	6	20
Band 8a	78	12	9	44	6	9	88	17	6	50	10	8	87	14	7	45	9	9
Band 8b	18	1	2	23	2	5	21	1	1	26	1	4	24	3	3	23	2	1
Band 8c	6	0	1	11	0	0	7	0	1	15	0	1	10	0	1	11	1	2
Band 8d	4	0	0	11	1	3	4	0	0	11	0	3	3	0	0	15	0	1
Band 9	0	0	0	1	1	0	0	0	0	4	1	0	0	0	0	3	0	1
Medical & Dental Non-Consultant Career Grade	3	1	1	0	0	0	29	42	13	0	0	0	7	0	7	0	0	0
Medical and Dental Consultant	6	8	4	0	0	0	5	9	3	0	0	0	6	10	1	0	0	0
Medical and Dental Trainee Grades	9	11	7	0	0	0	3	0	1	0	0	0	0	0	1	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	19	27	6	0	0	0
VSM	1	0	0	4	0	3	1	0	0	13	0	3	2	0	0	13	1	2
Ad hoc	0	0	0	0	0	0	2	4	0	1	4	0	0	0	0	1	0	0

5.1.2 Comparing the figures published for 2019 against the 2018 figures there are several points to note,

- The “under band 1 category”, not previously used, represents apprentice colleagues. It is likely they had previously been recorded in the “ad-hoc” category.
- The Band 1 pay scale was removed in December 2018 and colleagues in a role on this salary banding were moved into Band 2 roles with appropriate support. Colleagues had the choice to remain in their Band 1 role under national terms and conditions and 1 colleague chose to do so which is why this category remains. The other colleague is in a trainee role.
- In bands 2 to 8C colleagues declaring their ethnic origin as “white” has remained fairly consistent while in bands 8B and 8C the percentage has decreased with a resultant increase in colleagues from a BME background.
- There has not been a correlating increase in colleagues declaring they are from a BME background but instead there has been an increase in the number of colleagues using the “Not stated” category. It is hoped that a recent exercise to encourage colleagues to update ESR to ensure their personal details, including equalities information, will address this and result in a more accurate picture.
- Band 9 is made up of 4 colleagues. The change in BME representation in this category was the result of a transfer of colleagues out of KCHFT to a different NHS organisation.
- Within the medical and dental grades the observable changes are linked in part to the change in categorisation of colleagues in Dental roles from the “non-consultant career grade” to the “medical and dental other grades”.

5.1.3 Figure 2 shows the actual number of colleagues by ethnic origin in each of the grades split between clinical and non-clinical groups.

5.2 Indicator two

5.2.1 Indicator two measures the relative likelihood of staff being appointed across all posts. The figure of 2.68 indicates that BME staff are less likely to be appointed from shortlisting than White applicants and that there has been a negative change since 2019.

		2018	2019	2020
		RELATIVE LIKELIHOOD		
Relative likelihood of staff being appointed across all posts	Total	1.94	2.28	2.68

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 BME colleagues entering the formal disciplinary process in the 2020 data was 0.19 per cent meaning it was less likely they would enter into proceedings than their White colleagues. Over the 2 year period the figure is 0.46 per cent which is still favourable.

		2017/2019	2018/2020
		RELATIVE LIKELIHOOD	
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Total	1.07	0.46

5.4 Indicator four

- 5.4.1 Indicator four asks about relative likelihood of staff accessing non-mandatory training and CPD. The data indicates that there is equity between BME and white colleagues accessing non-mandatory training and CPD.

		2018	2019	2020
		RELATIVE LIKELIHOOD		
Relative likelihood staff accessing non-mandatory training and CPD	Total	1.10	0.82	1.00

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 2019 survey shows that BME respondents reported similar levels of harassment, bullying or abuse from patients and their relatives compared to White respondents. There is a consistent downward trend albeit it small.

		2018		2019		2020	
		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	22%	21%	20%	20%	19%	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 much higher levels of harassment, bullying or abuse compared to their White colleagues in 2019 and there was a significant increase year on year of 9 per cent.

		2018		2019		2020	
		BME	WHITE	BME	WHITE	BME	WHITE
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Total	22%	17%	17%	11%	26%	16%

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. There was a marginal increase of 1 per cent of BME staff responding positively to this question whilst the figure of 94 per cent of their White comparators remained the same year of year.

		2018		2019		2020	
		BME	WHITE	BME	WHITE	BME	WHITE
Percentage believing that the trust provides equal opportunities for career progression or promotion	Total	76%	93%	78%	94%	79%	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 worsening of the position by 2 per cent in this response compared with the previous year.

		2018		2019		2020	
		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	13%	6%	11%	4%	13%	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. The data held in ESR suggests that whilst BME colleagues are represented on the board, representation is not sufficiently high enough for the board to be representative of the workforce. However, there has been a positive improvement which mirrors the national picture.

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

		2018			2019			2020		
		White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
By voting membership of the Board		71.4%	0%	28.6%	94.4%	0%	5.6%	85.7%	7.1%	7.1%
By executive membership of the Board		71.4%	0%	28.6%	90%	0%	10%	100%	0%	0%
Total		-40.3%	-7.4%	47.7%	16.2%	-11%	-5.3%	8.4%	-1.9%	-6.4%

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 colleagues are less likely to be appointed at interview than White staff and this has worsened over the last 3 years'
- 26 per cent of BME colleagues reported experiencing harassment, bullying or abuse from other staff which has increased significantly on the previous year.
- BME colleagues remain less likely than White staff to feel that the Trust provides equal opportunities for career progression or promotion
- BME colleagues are still more likely to feel they have experienced discrimination at work from a manager/team leader or other colleagues than their white counterparts
- The Trust Board and senior management are not representative of the workforce at KCHFT nor of the local communities the trust serves although this is an improving picture.

- 6.2 KCHFT has a workforce equality group comprised of HR, a Trade Union representative, management and staff network representatives, including the chair of the BAME network. The group meets bi-monthly to discuss issues related to workforce equality, diversity and inclusion and the staff network chairs are able to raise any issues or concerns from their network members.
- 6.3 The trust has an active BAME staff network. They meet on a quarterly basis and their executive sponsor joins them regularly. The frequency of these meetings has increased during the COVID pandemic in response to the emerging information about the higher risk that colleagues from a BAME background are at from the virus.
- 6.4 In Autumn 2019 the network, in partnership with the Disability and Carers and LGBTQ+ networks, hosted a conference bringing together colleagues from across the trust to engage with a number of stakeholders who attended to talk about equality, diversity and inclusion matters and on-going activities that supported improvements in these areas.
- 6.5 KCHFT are currently working on an action plan to respond to the issues that are highlighted in this report and this will published in the coming months.