

## WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT July 2021

### 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 same<sup>1</sup>.
- 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 organisation<sup>2</sup>.
- 1.5 The NHS workforce race equality standard 2020 Data Analysis report shows that BME staff make-up 21.0 per cent of the workforce in NHS Trusts and clinical commissioning groups (CCG)<sup>3</sup>. This is a 1.3 per cent increase on 2019 and 2.9 per cent increase on 2017.

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<sup>1</sup> [Workforce Race Equality Standard Technical guidance](#)

<sup>2</sup> [Workforce Race Equality Standard Technical guidance](#)

<sup>3</sup> [NHS workforce race equality standard 2020 Data Analysis Report for NHS Trusts and Clinical Commissioning Groups](#)

- 1.6 Results of the 2020 annual national NHS staff survey (NHSS) show that perceptions of discrimination, bullying, harassment, abuse, and provision of equal opportunities for career progression or promotion in the workplace, have not improved over time for either BME or white staff<sup>3</sup>.
- 1.7 The WRES 2020 Data Analysis Report for NHS Trusts show,
- White applicants were 1.61 times more likely to be appointed from shortlisting compared to BME applicants; this is worse than in 2019 when white applicants were 1.46 times more likely to be appointed.
  - BME staff were 1.16 times more likely to enter the formal disciplinary process compared to white staff. This is an improvement on 2019 (1.22) and a significant improvement from 2017 (1.37).
  - 14.5 per cent of BME staff reported having experienced some form of discrimination, compared to 15.3 per cent in 2019.
  - 71.2 per cent of BME staff believed their trust provides equal opportunities for career progression, compared to 69.9 percent in 2019. This shows little improvement on WRES indicators seven and eight over time.
- 1.8 On a more positive note, there was a total of 61 more BME board members across all NHS trusts in 2020 compared to 2019. This represents a 22.2% increase in BME representation at boards across England.

## **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 2021 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 2020 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.<sup>4</sup>
- 3.2 According to the 2011 Census, 6.33 per cent of residents in Kent were from a visible BME background<sup>5</sup>, in East Sussex it was 8 per cent<sup>6</sup> and in North East London it was 45.43 per cent<sup>7</sup>.

### **4. Workforce**

- 4.1 At KCHFT the total BME workforce is 9.73 per cent which is an increase from 8.58 per cent in the previous year. The proportion of staff describing their ethnicity as "White British" is 80.06 per cent. We do not have ethnic origin recorded for the remaining 10.21 per cent of the workforce which is an improvement on the figure last year recorded as being 13.15 per cent. Efforts continue to improve data quality and collection. Which will be done by making equalities monitoring mandatory fields when new recruits complete new

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<sup>4</sup> [Ethnicity and National Identity in England and Wales: 2011](#)

<sup>5</sup> [2011 Census: Cultural diversity in Kent](#)

<sup>6</sup> [2011 Census Equalities... in brief](#)

<sup>7</sup> [Ethnicity and National Identity in England and Wales: 2011](#)

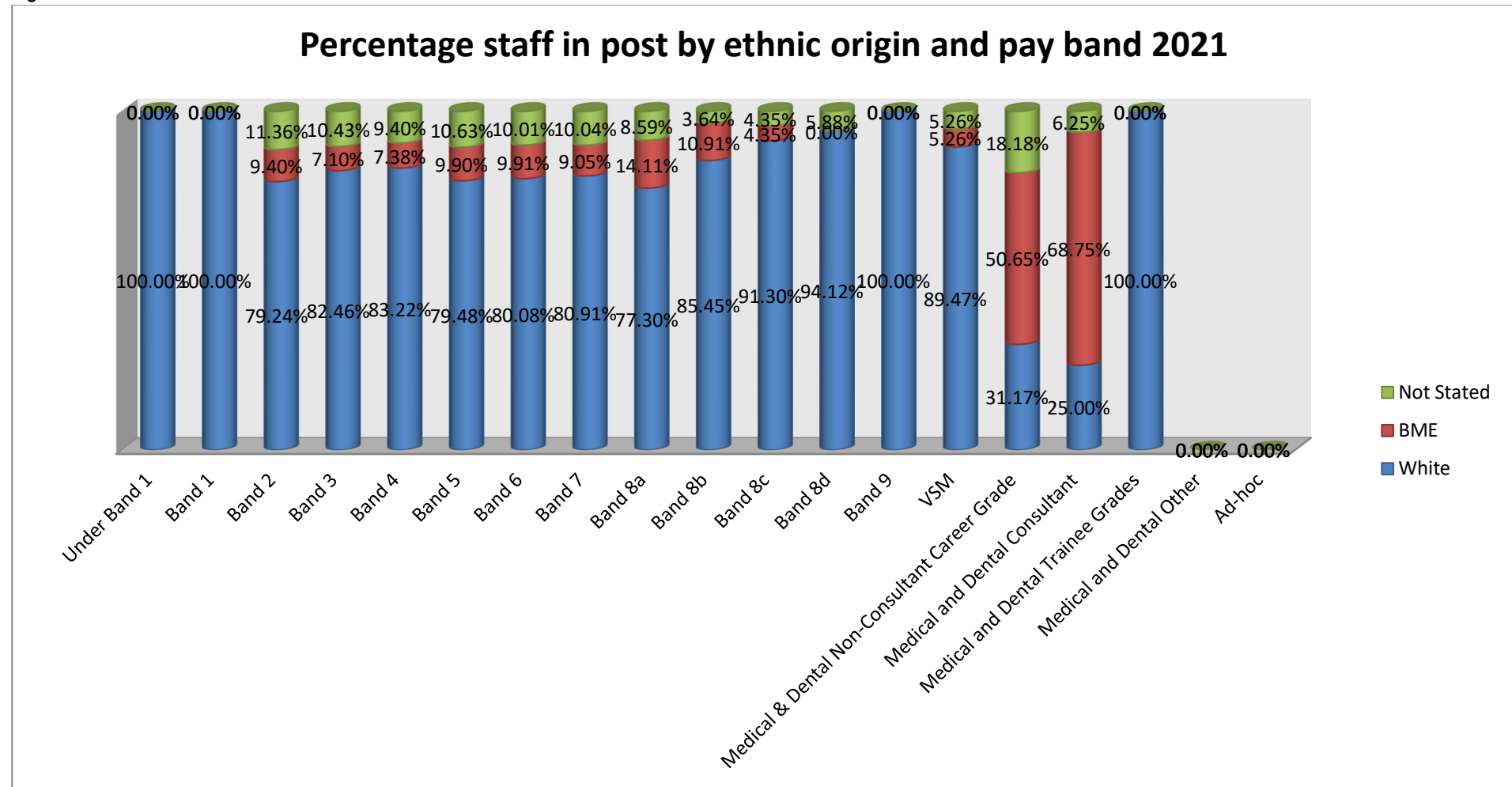
starter paperwork prior to joining the Trust and through targeted requests to colleagues to check and update their data where information is missing.

## 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**

	2019						2020						2021					
	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	1	0	0	0	1	2	0	0	0	2	0	0
Band 1	4	1	1	69	2	11	1	0	0	1	0	0	0	0	0	1	0	0
Band 2	130	34	16	424	40	48	153	20	27	461	44	75	169	27	31	396	40	50
Band 3	312	68	39	321	28	48	362	22	78	322	28	52	389	26	55	354	38	39
Band 4	371	44	47	143	8	23	416	34	63	163	12	26	453	39	53	167	16	17
Band 5	427	65	34	91	15	15	443	48	59	82	17	14	468	56	63	78	12	10
Band 6	698	96	108	81	5	13	674	76	133	90	8	11	713	92	93	87	7	7
Band 7	460	42	60	72	10	13	487	46	69	81	6	20	493	56	58	79	8	13
Band 8a	88	17	6	50	10	8	87	14	7	45	9	9	90	18	8	36	5	6
Band 8b	21	1	1	26	1	4	24	3	3	23	2	1	21	3	1	26	3	1
Band 8c	7	0	1	15	0	1	10	0	1	11	1	2	8	0	1	13	1	0
Band 8d	4	0	0	11	0	3	3	0	0	15	0	1	3	0	0	13	0	1
Band 9	0	0	0	4	1	0	0	0	0	3	0	1	0	0	0	1	0	0
Medical & Dental Non-Consultant Career Grade	29	42	13	0	0	0	7	0	7	0	0	0	24	39	14	0	0	0
Medical and Dental Consultant	5	9	3	0	0	0	6	10	1	0	0	0	4	11	1	0	0	0
Medical and Dental Trainee Grades	3	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VSM	1	0	0	13	0	3	1	0	0	13	0	3	8	1	1	9	0	0
Ad hoc	2	4	0	1	4	0	2	4	0	1	4	0	0	0	0	0	0	0

5.1.2 Comparing the figures published for 2020 against the 2021 figures there are several points to note,

- The “under band 1 category”, represents apprentice colleagues.
- 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 3 to 8a, the number of colleagues declaring their ethnic origin as “white” has increased while in bands 2 and band 8D it has decreased with no change in band 8C. BME numbers have slightly increased in bands 2, 4 to 7 and 8b, with no change in band 8a and a decrease in the number of BME colleagues in band 3 roles. There has been no change in Bands 8c, 8D or 9 with only 1 BME colleague in one of these pay bands. In the medical grades the number of Non-Consultant career grade doctors from a BME background has increased significantly (+12) whilst the number of White doctors in this category has decreased (-2). Numbers in the remaining grades are similar to those of last year.
- There has been an increase in colleagues declaring their ethnicity with less colleagues using the “Not stated” category. This is the result of the work that has been done to encourage colleagues to update ESR.
- In 2020, band 9 was made up of three White colleagues and one “Not Stated”. In 2021, only one of those four individuals are still employed as band 9 by the Trust. The decrease in colleagues at this band is the result of a transfer of two of them out of KCHFT and one colleague stepping down from an acting up role. There is no BME representation at this level.

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. More detailed analysis of this table helps to put figure 1 into perspective for example, while 100 per cent of colleagues in Band 9 are White according to figure 1, figure 2 illustrates that there is only one individual that makes up this band.

5.1.4 A review of figure 2 also helps to identify where more detailed analysis needs to be focused in order to plan targeted recruitment campaigns to attract more applicants from a BME background for the higher banded roles.

## 5.2 Indicator two

5.2.1 Indicator two measures the relative likelihood of staff being appointed across all posts. The figure of 2.35 indicates that BME staff are still less likely to be appointed from shortlisting than White applicants, however this is an improvement on the figure of 2.68 reported in 2020. The national WRES report shows that all regions have seen a

deterioration in this indicator for BME applicants so the improvement should be viewed positively in this context.

		2019	2020	2021
		RELATIVE LIKELIHOOD		
Relative likelihood of staff being appointed across all posts	Total	2.28	2.68	2.35

### 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. Anything less than 1 is positive and means BME colleagues are less likely to enter into the formal disciplinary process than their White colleagues.
- 5.3.2 The relative likelihood of BME colleagues entering the formal disciplinary process in the 2021 is 0.77 per cent which means BME staff remain less likely than their white counterparts to enter into formal disciplinary proceedings. There has been an increase in this figure since the last report so this will need to be monitored closely to ensure it does not continue to rise further.

		2018/2020	2019/2021
		RELATIVE LIKELIHOOD	
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Total	0.46	0.77

### 5.4 Indicator four

- 5.4.1 Indicator four asks about relative likelihood of staff accessing non-mandatory training and CPD. The data indicates a small decrease of 0.02 per cent on last year which means BME colleagues are slightly more likely to access non-mandatory training and CPD than their White colleagues. Anything less than 1 is positive so this outcome is to be celebrated but monitored to ensure it continues.

		2019	2020	2021
		RELATIVE LIKELIHOOD		
Relative likelihood staff accessing non-mandatory training and CPD	Total	0.82	1.00	0.98

## 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. This metric is showing a decreasing number of BME and White colleagues experiencing harassment, bullying or abuse from patients, relatives or the public which is really positive. The percentages experienced by BME and White colleagues are also similar which has remained consistent and is therefore very positive. KCHFT are recognised as one of the best performing Trusts in the country in the National WRES report for 2020.

		2019		2020		2021	
		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	20%	20%	19%	20%	17%	16%

## 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 show an improved position compared to last year, and the variance between BME and White staff has also reduced from a 10 per cent gap in 2020, to an 8 per cent gap in 2021. This requires further work but is moving in the right direction.

		2019		2020		2021	
		BME	WHITE	BME	WHITE	BME	WHITE
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Total	17%	11%	26%	16%	22%	14%

## 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. The percentage of BME staff has improved by 1 per cent each year for the last three years which is positive. However, there is still a gap of 14 per cent between BME and White colleagues in relation to this metric which needs to be an area of focus.

		2019		2020		2021	
		BME	WHITE	BME	WHITE	BME	WHITE
Percentage believing that the trust provides equal opportunities for career progression or promotion	Total	78%	94%	79%	94%	80%	94%

## 5.8 Indicator eight

- 5.8.1 Indicator eight shows 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. The data is showing a worsening position for BME colleagues and a larger disparity between BME and White colleagues. This therefore needs to be an area of focus in the coming year.

		2019		2020		2021	
		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	11%	4%	13%	4%	15%	3%

## 5.9 Indicator nine

- 5.9.1 Indicator 9 looks at the percentage difference between the organisation's board voting membership and its organisation's overall workforce. There are 16 Board members, eight Executive Directors and eight Non-executive Directors. Only seven of the Executive Board are voting members. At KCHFT all Non-executive board members are voting members.

Voting and Executive Board membership has not changed since the WRES report in 2020. BME colleagues at KCHFT are represented on the board. However, the number of BME voting board members is not sufficiently high enough to be representative of the workforce.

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

	2019			2020			2021		
	White	BME	Not Stated	White	BME	Not Stated	White	BME	Not Stated
By voting membership of the Board	94.4%	0%	5.6%	86.7%	6.7%	6.7%	86.7%	6.7%	6.7%
By executive membership of the Board	90%	0%	10%	100%	0%	0%	100%	0%	0%
<b>Difference (Total Board – Overall workforce)</b>	16.2%	-11%	-5.3%	9.0%	-2.1%	-6.9%	7.4%	-3.5%	-4.0%

## 6. Summary

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

- It remains the case that BME colleagues are less likely to be appointed at interview than White colleagues, however, this year there has been an improvement on last years' results.
- 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.

## 7. Progress in the previous 12 months

7.1 KCHFT has a workforce equality group comprised of HR, a Trade Union representative, management and staff network representatives, including the chair of the BME 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.

- 7.2 The Trust has an active BAME staff network and a newly appointed chair. They meet on a quarterly basis and their executive sponsor joins them regularly. The network has also started to hold “drop in” sessions for members and the chair has been invited to attend the regional BAME network chair development programme.
- 7.3 On Staff Network Day (12<sup>th</sup> May 2021), the BAME network led the Trust celebrations. Members published blogs on Flo and the chair took part in a virtual open day with the other network chairs aimed at encouraging staff to join one of the four networks at KCHFT.
- 7.4 The COVID pandemic shone a light on the racial disparities that exist in society. To understand the lived experience of BAME colleagues working at the Trust, RedQuadrant, an external company, was commissioned to undertake a cultural review across the Trust and make recommendations on where improvements could be made. The action plan accompanying this report reflect the recommendations that were made.
- 7.5 In 2021 KCHFT has appointed an EDI lead for workforce to support the Trust in embedding good practice and improving the WRES indicator results.
- 7.6 To monitor staff experience and engagement, on the 1<sup>st</sup> of July 2021, the Trust launched the national quarterly [Pulse Survey](#) initiative.

## **8. Conclusion**

- 8.1 In conclusion, KCHFT has made some very positive progress against many of the metrics of the WRES in the past 12 months’,
- Equalities monitoring declaration rates have improved showing the Trust, as a whole, is representative of the communities it serves.
  - The likelihood of BME colleagues being appointed in comparison to their White counterparts has risen by 0.33.
  - BME colleagues are still less likely than their White counterparts to enter into a formal disciplinary process. This has been the case for two reporting periods in a row.
  - BME colleagues are slightly more likely to access non-mandatory training than their White Counterparts. Trust results for the past 3 years have shown a positive picture in this metric.
  - The number of colleagues, both BME and White, are experiencing less harassment, bullying or abuse from patients, relatives or the public, for which KCHFT has been recognised nationally. There is a similar picture when looking at the same metric relating to abuse from other colleagues.
  - BME colleagues are reporting in greater numbers that they believe the Trust provides equal opportunities for career progression or promotion.

There is still lots more to do. We have an ambitious programme of work that will lead to tangible improvements for our BAME colleagues and improve their lived experience at work. We believe this will have a positive impact for the wider workforce and ultimately improve the experience of the patients' we serve.

## **9. Recommendation**

- 9.1 The Executive is asked to approve this years' WRES report and action plan for publication on the Trust website.