

# Workforce Race Equality Standard Action Plan 2023



**Kent Community Health**  
NHS Foundation Trust

Year 1

#	Objective	Task	Can this be measured? And how?	Metric and target	Communication	Senior Lead	Operational Lead
	The specific goal or outcome that we want to achieve	The specific activities or task that need to be completed in order to achieve the objective		The measures that will be used to evaluate the success of the action plan, quality or improvement and determine whether the objective has been achieved	The communication plan for keeping all stakeholders informed about the progress of the action plan and improvements	Accountability for delivery of this action will be with the Senior Lead	Responsibility for the practical implementation of this action will be with the operational lead
<b>1. Distribution of Band 1-9 and VSM</b> <b>WRES 2022 Data: 13.9% Trust overall (BME well represented), 13.1% 8a+ trust (BME well represented), 17.3% clinical 8a+ (BME well represented), 6.4% non-clinical 8a+ (BME under represented)</b>							
1.1	Increase BME staff in non-clinical roles from 6.4% to 10.0%	<b>Project:</b> Non-Clinical Band 8a and above BME staff to be encouraged to mentor and coach BME staff at lower grades, given training opportunities to do so	Yes, count of Non-Clinical Band 8a staff who are involved in the project, and then the number of Band 1-7B BME staff who are being mentored/coached. Need to set a target of how many need to go through this programme.	Number of non-clinical staff being mentored. Increase in proportion of BME staff in 8a+ non-clinical roles from 6.4% to 10.0%	Reported back at quarterly WEG, annual WRES	Margaret Daly (Director of People Development)	Kim Sargent (Leadership and Talent Lead)
1.2	Increase BME staff in non-clinical roles from 6.4% to 10.0%	<b>Appraisals audit:</b> output of the appraisal career questions to be tracked over the next year to	Yes, track list of individuals who specified they would like to be progress in their career over the next 12 months	Quarterly presentation of the numbers of BME and White staff who have specified they would like to progress their career, % who had career conversation, % who have been promoted, % who have left. Comparison of BME and White to ensure fairness	Reported back at quarterly WEG, annual WRES	Victoria Robinson-Collins (Chief People Officer)	Jill Day (EDI Data Analyst)
<b>2. Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants</b> <b>WRES 2022 Data: White staff are 1.52 times more likely to be appointed than BME staff (1.82 when international recruitment is removed)</b>							
2.1	Reduce the ratio from 1.82 (without international recruitment) to 1.5	Interview outcomes to be audited by EDI Team to monitor White appointments:BME appointments.	Yes, measure the relative likelihood on a quarterly basis. Reviewed at WEG	Flag any areas with a ratio greater than 2. Passed to P&ODBs to follow up (understand from services underlying reasons, explore remedies) P&ODBs would be asked to explore the root causes and engage the EDI team as appropriate in remedial action/support to the team/service. For example, P&ODBs may recognise a need for fairer recruitment themed training which can be arranged with the EDI team.	Reviewed on a quarterly basis at WEG and via P&ODBs meetings with Victoria Robinson-Collins (Chief People Officer)	Victoria Robinson-Collins (Chief People Officer)	P&ODBs
2.2	Reduce the ratio from 1.82 (without international recruitment) to 1.5	Include intendent panel members in the form of Inclusion Ambassadors (IAs) in recruitment within pilot services identified as having a >2.0 disparity in appointing White applications compared with BME	Yes, through Trac and our internal list of Inclusion Ambassadors	Reduction in disparity of White to BME shortlisting-appointing in pilot teams/services (from 1.82 to 1.5)	Reviewed on a quarterly basis at WEG, reported annually via WRES	Nicola Rutter (Assistant Director of People)	Ryan Harris (Recruitment Manager) & Hasan Reza (Head of Workforce EDI)
<b>3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff</b> <b>WRES 2023 Data: BME staff are 1.18 times more likely to enter formal disciplinary</b>							
3.1	Review the formal disciplinary process (in year 1) with a view to reducing likelihood of BME staff entering the formal disciplinary process when compared with white colleagues (in year 2)	Audit a sample of disciplinary cases to provide assurance that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics.	Measure will be the outcome of the audit	Review 50% of disciplinary cases from 2022/23	Audit outcome reported to WEG	Nicola Rutter (Assistant Director of People)	MDT
<b>4. Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME Staff</b> <b>WRES 2023. BME staff are more likely to access non-mandatory training than white staff</b>							
4.1	To ensure equal opportunity of progression for all staff	Define what we mean by non-mandatory training. This may be internal or external training, apprenticeships etc and may need to be monitored separately once set up	Yes, once definitions have been in place. May want to break down in to specific groups e.g. Leadership academy, apprenticeship, paid course etc	% of BME/White staff accessing each of the types of non-mandatory training	Final definition to be shared with WEG members & Education and Development Team	Margaret Daly (Director of People Development)	Verity Barton (Career & Development Lead)
4.2	To ensure equal opportunity of progression for all staff	Monitor % of staff who are accessing non-mandatory training, once the definition of what non-mandatory training is has been agreed upon.	Yes, once definitions have been in place. May want to break down in to specific groups e.g. Leadership academy, apprenticeship, paid course etc	% of BME/White staff accessing each of the types of non-mandatory training	Reporting to WEG quarterly	Hasan Reza (Head of Workforce EDI)	Jill Day (EDI Data Analyst)
<b>5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</b> <b>Staff Survey 2022: 19.7% BME and 18.0% white</b>							
<b>6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</b> <b>Staff Survey 2022: 18.5% BME and 14.6 White</b>							
<b>8. In the last 12 months have you personally experience discrimination at work from a manager, team leader or other colleague?</b> <b>Staff Survey 2022: 11.7% BME and 4.3% white</b>							
5.1	Reduce the amount of bullying, harassment and abuse received by employees	Promote the use of Freedom to speak-up and Resolution and accountability champions to de-escalate conflict	Make use of existing systems measuring uptake of freedom to speak-up champion/resolution and accountability champions	An increase in the % of individuals who are contacting Freedom to speak up and Resolution and accountability champions, by ethnicity	Updates provided at NLB Ambassador meetings and as appropriate to WEG	Joy Fuller (Governor Lead / Freedom to Speak Up Guardian)	NLB Ambassadors
5.2	Reduce the amount of bullying, harassment and abuse received by employees	All incidents of bullying and harassment reported in Datix are reviewed. Hot spots are identified and appropriate interventions are identified to reduce further incidents occurring	Yes, through Datix. EDI Team will support in analysis and reporting with P&ODBs being asked to target interventions within teams/services where hot spots are recognised.	Number of % and incidences logged in Datix, by ethnicity	Reviewed on a quarterly basis at WEG and via P&ODBs meetings with Victoria Robinson-Collins (Chief People Officer)	Hasan Reza (Head of Workforce EDI)	P&ODBs
5.3	Reduce the amount of bullying, harassment and abuse received by employees	Bullying, harassment and violence reduction: establish whether there is benefit to enhancing the processes that KCHFT already has in place around violence and aggression	Evidenced through the development of KCHFT's existing violence reduction guidance	Evidence that guidance related to staff is available on flo, an increase in the uptake of F2SUP linked to action 5.1	Outcomes of task reported to WEG on completion via a summary paper	Nicola Rutter (Assistant Director of People)	Hasan Reza (Head of Workforce EDI)
5.4	Reduce the amount of bullying, harassment and abuse received by employees	Communication: Stories from BME staff about how they managed and addressed bullying/harassment that they faced (e.g. accessing speaking up services), how they built resilience, etc.	Count of numbers of stories that have been published on flo	Engagement insights from comms (no. of clicks, read time, etc.), an increase in the access of the KCHFT resolution framework and F2SUP in line with action 5.1	Quarterly updates to WEG with engagement report from the communications but also updates from ER with re: any increase in colleagues reaching out related to BH&D.	Chloe Crouch (Head of Communications and Engagement)	Trust Communications Team

5.5	Reduce the amount of bullying, harassment and abuse received by employees	Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. (high impact action 5)	Measure the non-mandatory training accessed by international recruits separately to the Trust as a whole and compare uptake in the two groups	% of international recruits who have accesses non-mandatory training, compared to the Trust as a whole (non-mandatory training to be meaningfully disaggregated)	6 monthly updates to WEG	Margaret Daly (Director of People Development)	Terri Wood (Business Support Manager)
<b>7. Percentage of staff believing that their trust provides equal opportunity for career progression or promotion</b>							
<b>52.0% BME and 69.5% White</b>							
7.1	Increase the percentage of BME staff who believe the trust acts fairly around progression or promotion	Audit: Breakdown of career progression by month/year, to be reported to WEG on a quarterly basis. Jill Day will send this to P&ODBs for them to follow up - if an disparity has been identified an explicit action should be raised in the workforce plan	Yes, ESR data	% of staff who have been promoted in last year. Disaggregated by Ethnicity. Target is zero disparity. P&ODBs would be asked to explore the root causes and engage the EDI team as appropriate in remedial action/support to the team/service. For example, P&ODBs may recognise opportunities not being advertised in line with action 7.2 - the Recruitment and EDI team can support in remedying this.	Reported to WEG quarterly, shared with key stake holders (names TBC)	Claire Poole (Director of Operations, Children & Young People)	P&ODBs
7.2	Increase the percentage of BME staff who believe the trust acts fairly around progression or promotion	Ensure all acting up and secondment contracts are advertised internally for a minimum of 1 working week	All acting up, internal secondment and fixed term contracts in ESR will be reported on a quarterly basis. These will be linked back to the TRAC system, and if this recruitment activity is not there.	Count of individuals who are acting up, internal secondment and fixed term contract, disaggregated by Ethnicity. Further flag identifies if role was advertised through TRAC	WEG quarterly	Victoria Robinson-Collins (Chief People Officer)	Pay and Expenditure Control Panel
7.3	Increase the percentage of BME staff who believe the trust acts fairly around progression or promotion	Raise awareness of career progression and promotion with case studies and staff stories online. Invite BME senior staff from internal and external NHS organisation to speak about their journey	Yes. Number of BME staff from external organisation who has come to talk at the Trust	3% increase y/y of staff survey respondents feeling the Trust provides equal opportunities (52% now, 55% in 2023/24 WRES)	Speakers to meet with CC/HR prior to delivering keynote, explore key milestones in being able to progress and link it into the opportunities that exist within KCHFT (e.g. Mentoring being key, KCHFT offers mentoring)	Chloe Crouch (Head of Communications and Engagement) & Hasan Reza (Head of Workforce EDI)	Trust Communications Team & EDI Team
7.4	Reduction in disparity between BME and White leavers reporting voluntary reasons as the basis for their departure from 2.3% to 1.8%	Managers and HRD to raise the profile of exit questionnaires. P&ODBs assess the questionnaire and asses why BME staff leave.	Currently turnover for BME staff is higher than for White staff. Measure number of staff leaving trust, % which have had an exit questionnaire	Reduction in the disparity between BME leavers and white leavers (from x% to x% to be agreed following data review). The focus would be on voluntary turnover where we continue to see a large disparity between BME leavers and White leavers. Where P&ODBs are observing trends or themes arising these would be raised with the EDI team and appropriate support plans would be put in place.	Reviewed on a quarterly basis at WEG	Nicola Rutter (Assistant Director of People)	P&ODBs
<b>9. BME Board Representation</b>							
<b>6.7% BME, 92.3% White</b>							
9.1	Increase BME Board Representation	Target BME organisations, recruiters and community groups to publicise NED roles	Yes, evidence through communications with/agreements with recruiters/appropriate organisations & eventual board level diversity increase	Board/NED roles being advertised/No of BME Applicants Shortlisted	Reported to WEG quarterly, shared with key stake holders (names TBC)	Ryan Harris (Recruitment Manager)	Trust Recruitment Team
9.2	Increase BME Board Representation	Offer shadowing opportunities for BME staff to be NEDs. BME staff network to help select candidates	Yes, through both the no. of opportunities being offered and the uptake	Increase in Indicator 7 (perception of equal opportunities at KCHFT) from 52% to 55%. While this task is aligned to the board indicator, the most immediate and direct measurable change should be seen in indicator 7.	Reported to WEG quarterly in the form of case studies. If appropriate these can be shared by the network when invited to Board.	Victoria Robinson-Collins (Chief People Officer)	EDI Team/BAME Network
9.3	Increase BME Board Representation	Communication: All Board members to write opinion pieces through the year on race equality and general inclusion. To be publicised internally and externally	Yes, through the no. of pieces produced	A decrease in experiencing discrimination (Indicator 8) from 11.7% to 10.5%		Chloe Crouch (Head of Communications and Engagement)	Trust Communications Team
<b>Other High Impact Actions</b>							
10	High impact action 1	Every board and executive team member must have EDI objectives that are SMART and be assessed against these as part of their annual appraisal process	Yes, through individual objectives and annual appraisals	Agreed EDI objective present on PDP, reviewed by Remuneration Committee for CEO & Executives and the Nominations Committee for Chair and Non-Executive Directors	Half yearly review to Board of Directors and Council of Governors (part 1 meetings)	Mairead McCormick (Chief Executive Officer) & John Goulston (Chair)	Mercy Kusotera [Director of Governance]
11	High impact action 1	Board members should demonstrate how organisational data and lived experience have been used to improve culture	Yes, through discussions at Board and its Committees, the Staff Council and by visiting services and meeting staff networks	EDI data, lived experience and feedback on visits and Staff Council and staff networks being presented and discussed at Board and Committee meetings, evidenced through agenda and minutes	Quarterly updates to People Committee, half year review at the Board of Directors (part 1 meetings)	Mairead McCormick (Chief Executive Officer) & John Goulston (Chair)	Victoria Robinson-Collins (Chief People Officer)
12	High impact action 1	NHS boards must review relevant data and receive feedback / lived experience from staff to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board assurance framework	Yes but the specific data plus feedback process/route for lived experience / staff concerns needs to be agreed - potentially the metrics being included on the planned EDI dashboard	An EDI Dashboard is underdevelopment, this will offer the potential metrics. These metrics will need to include quadrants on staff feedback/ lived experience as well as cover key ESR metrics, feedback loops from the Staff Voice Forums and Networks, information related to career progression and development and training up take. This will enable us to have a more live view into the culture and practices at the Trust which can act as the basis of programmes of work we plan in place of reliance on the annual WRES.	Quarterly updates to People Committee and half yearly report to Board of Directors (part 1)	Mairead McCormick (Chief Executive Officer) & John Goulston (Chair)	Victoria Robinson-Collins (Chief People Officer)
<b>Improve data monitoring</b>							
13	To monitor progress against the WRES action plan	Build a framework for the monitoring of EDI data. This will involve the definition of the metrics that are required to monitor the EDI action plan, how these metrics will be RAG rated, the owner of the metric who will be responsible for intervention in the metric is not progressing towards the objective. Framework for the escalation of metrics which are RAG rated as red.	N/A	N/A	Links will need to be developed with the Business Intelligence Team and IT as appropriate to understand existing metric frameworks and management processes	Hasan Reza (Head of Workforce EDI)	Jill Day (EDI Data Analyst)