

# Workforce Race Equality Standard Report 2023



## Introduction

The Workforce Race Equality Standard (WRES) was introduced in April 2015 as an annual mandatory requirement by NHS England. NHS England is responsible for the NHS services in England and exists to improve health and ensure high quality care for all. The WRES was devised to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Evidence shows that a motivated, included and valued workforce helps to deliver high-quality patient care, increased patient satisfaction and better patient safety; it also leads to more innovative and efficient organisations.

Kent Community Health NHS Foundation Trust is committed to taking a transparent and proactive approach to addressing inequality. We recognise the value of our staff and their diversity and aim to ensure that our workforce is representative of the communities we serve. We understand that colleagues work better when they can be themselves and appreciate the quality, understanding and experience that they bring to our organisation.

Kent Community Health NHS Foundation Trust serves the population of Kent and Medway plus parts of East Sussex and parts of London. Data from the National Census 2021 estimates that the population served by the NHS Kent and Medway Integrated Care Board is 11.4 per cent BME and 88.6 per cent white, NHS Sussex Integrated Care Board is 9 per cent BME and 91 per cent white, and NHS South East London Integrated Care Board is 39.8 per cent BME and 60.2 per cent white.

Details about the WRES indicators and parameters within which the report is produced can be found on the [NHS England website](#). The report will present and analyse the data for each indicator as well as explore themes and trends found in the preceding years.

## Workforce Race Equality Standard (WRES) indicators

The Workforce Race Equality Standard (WRES) consists of nine indicators and helps NHS organisations recognise, and reduce any inequality gaps between white and black and minority ethnic (BME) backgrounds. The indicators look at data relating to substantive members of staff. A separate WRES for bank staff is being introduced from 2023.

For each of the first four workforce indicators, the WRES compares the data for white and BME staff.

### 1. Our staff

Percentage of staff in each of the Agenda for Change (AfC) bands 1 to 9, Medical and dental subgroups and very senior managers (including executive Board members). This data is taken as at 31 March 2023.

### 2. Appointments from shortlisting

Relative likelihood of staff being appointed from shortlisting between 1 April 2022 and 31 March 2023.

### 3. Disciplinary process

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation between 1 April 2022 and 31 March 2023.

### 4. Training

Relative likelihood of staff accessing non-mandatory training and career professional development (CPD) between 1 April 2022 and 31 March 2023.

Indicators five to eight look at the results from the staff survey which was carried out in autumn 2022 and compares responses for white and BME staff:

### 5. Bullying from public

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

### 6. Bullying from staff

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

### 7. Career progression

Percentage believing the trust provides equal opportunities for career progression or promotion.

### 8. Experiencing discrimination

In the last 12 months, have you personally experienced discrimination at work from any of the following a manager/team leader or other colleagues.

Indicator nine looks at the composition of the trust Board on 31 March 2023:

### 9. Board representation

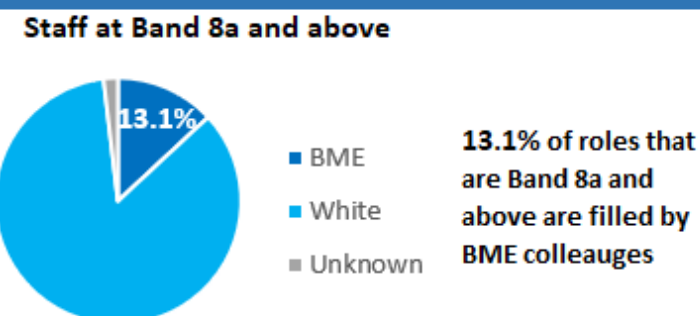
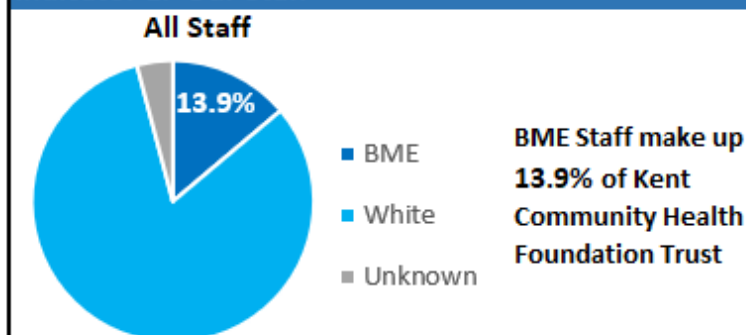
Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- by voting membership of the Board
- by executive membership of the Board.

# Workforce Race Equality Standard 2023

This overview provides a snapshot of data from March 2023 for Indicators 1,2,3,4 and 9. Indicators 5,6,7 and 8 are from the Staff Survey 2022

## Indicator 1: Our Staff



The population served by NHS Kent and Medway Integrated Care Board is **11.4%** BME

## Indicator 2: Shortlisting

The relative likelihood of white staff being appointed from shortlisting compared to BME staff:

**1.52**

This means white staff are 1.52 times more likely to be appointed than BME staff

## Indicator 3: Disciplinary Process

The relative likelihood of BME staff entering formal disciplinary process compared to white staff:

**1.18**

The means BME staff are 1.18 time more likely to enter formal disciplinary

## Indicator 4: Training

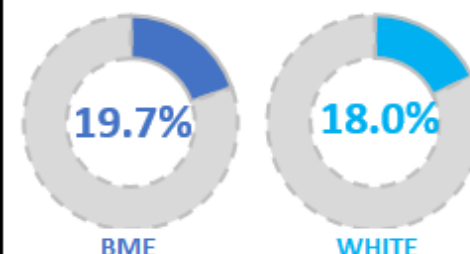
The relative likelihood of white staff accessing non -mandatory training compared to BME staff:

**0.96**

This means BME staff are more likely to access non-mandatory training than white staff

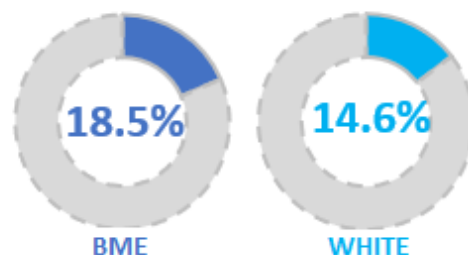
## Indicator 5: Bullying from Public

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public:



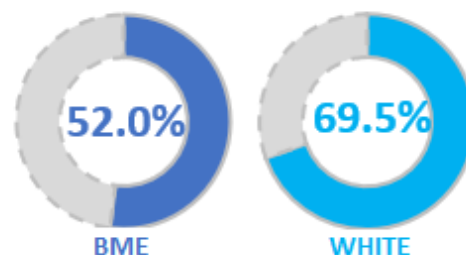
## Indicator 6: Bullying from Staff

Percentage of staff experiencing harassment, bullying or abuse from staff:



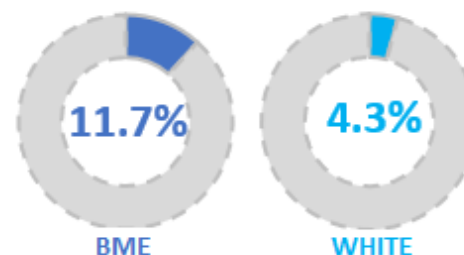
## Indicator 7: Career Progression

Percentage of staff believing the Trust provides equal opportunities for career progression or promotion:



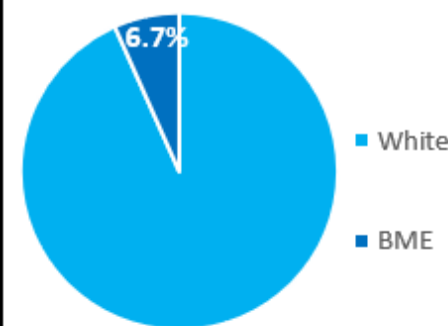
## Indicator 8: Discrimination

Percentage of staff experiencing discrimination at work from a manager/team leader/other colleague:



## Indicator 9: Board Representation

Composition of the Trust Board:





## Progress on Workforce Race Equality Standard

Progress towards the trust's ambition to eliminate disparity between BME and white staff can be more clearly examined when looking at trends in the WRES indicators. Small fluctuations in indicators from one year to the next are unlikely to indicate significant improvements/decline. Examining overall trends is crucial to highlighting areas to focus on in the WRES action plan.

Indicator	Improvement for BME staff from last year	Trend comments	Comparison to community trust benchmark
Our staff	Yes	Steady increase in proportion of BME staff over the last five years. Clinical staff have seen the greatest increase in BME Staff. Non-clinical band 8a and above staff have seen a decreasing proportion of BME staff over the last five years. Whilst the general increase in BME colleagues is encouraging, work will need to be done to support an increase in the number of BME colleagues being promoted into senior roles are Band 8b and above.	Not available
Shortlisting	Yes	White applicants are 1.52 times more likely to be appointed from shortlisting compared to BME applicants. This is a considerable improvement on previous years (2.33 in 2022). International recruitment has had a positive impact on this indicator but improvement also evident when international recruitment is removed. Although the significant improvement in this indicator is positive there is a long way to go before parity is achieved between BME and white applicants.	Not available
Disciplinary process	No	In 2022/23 there were 18 disciplinary cases opened, a reduction from 42 the previous year. As the total numbers of cases is small this metric is no longer statistically significant and is subject to fluctuation.	Not available
Training	No change	A slightly greater proportion of BME staff access non-mandatory training than white staff. However, this indicator is very close to parity for BME and white colleagues and has been consistently so over the last four years.	Not available
Bullying from public	Yes	Steady improvement from 2017 to 2020 was reversed by a sharp increase in bullying from the public in 2021. The decrease reported this year returns the trust to the 2018 level. With 19.7% of BME colleagues and to 18.0% of white colleagues reporting this type of behaviour from the public we know there is still a lot of work to do to eradicate bullying of KCHFT colleagues	Better
Bullying from staff	Yes	The proportion of BME staff experiencing bullying from staff decreased for the third consecutive year. In 2019 this peaked at 25.7% of BME staff experiencing bullying from staff. The current level is 18.5% which shows that significant work still remains despite the year on year improvement.	Better
Career progression	Yes	There are fluctuations in the value of this indicator year on year, but no significant trend over time despite a small improvement this year. It remains that just under half of BME colleagues do not feel the trust acts fairly in regards to career progression/promotion. This compares to 69.5% of white colleagues. Actions to redress this imbalance will need to be identified as part of this year's action plan.	Better
Experiencing discrimination	Yes	The proportion of BME staff experiencing discrimination has improved for the second year in a row and appears to be a downward trend. Experiencing discrimination peaked in 2020 at 15%. The current level is 11.7%. However, 4.3 % of white colleagues report experiencing discrimination, so there needs to be a focus on reducing the number of BME colleagues experiencing this type of behaviour	Better
Board representation	Yes	Last year there was no BME voting member on the Board, and this has increased to one this year. There is still no BME representative on the executive Board. This continues to be an area of focus for the Trust.	Not available

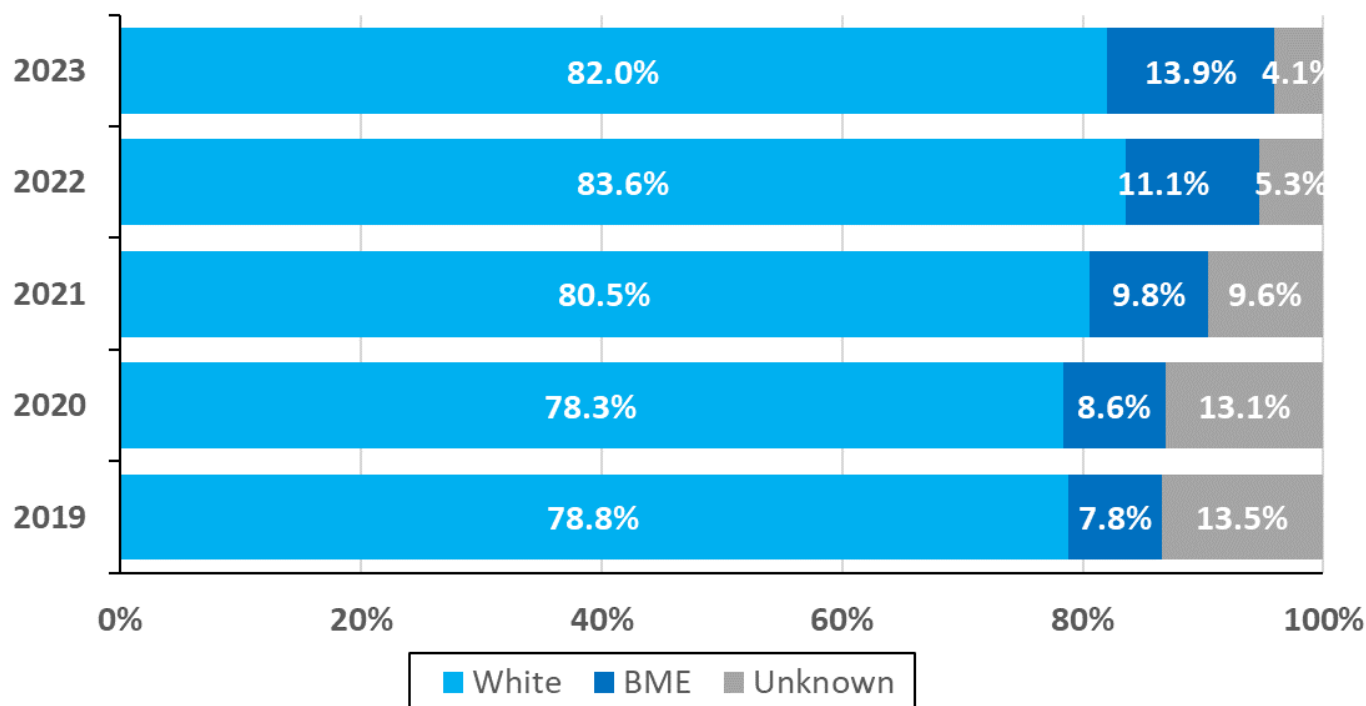
Narrative on each individual indicator can be found in the following section of this report.

## Indicators

### Indicator 1: Our staff

- In March 2023, 13.9 per cent of the trust was BME. This is a 2.8 percentage point increase on the previous year.
- During 2022/23 the trust has continued to focus on international recruitment and 100 nurses have started in the trust from this recruitment source

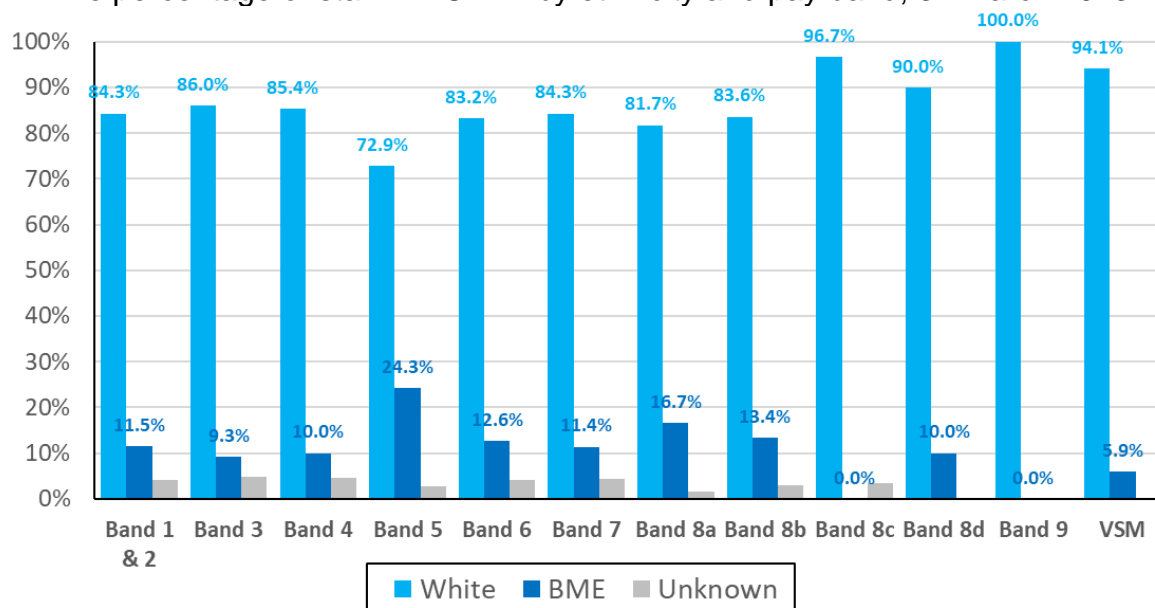
Figure 1. The percentage of staff in KCHFT by ethnicity, 2019 to 2023.



Source: ESR 31 March 2023

- There is variation in the proportion of BME staff in each Agenda for Change (Afc) pay band. Band 5 has the highest proportion of BME staff with 24.3 per cent BME headcount. There are no BME staff in band 8c (30 post currently occupied by non-BME staff) or Band 9 (11 posts currently occupied by non-BME staff).

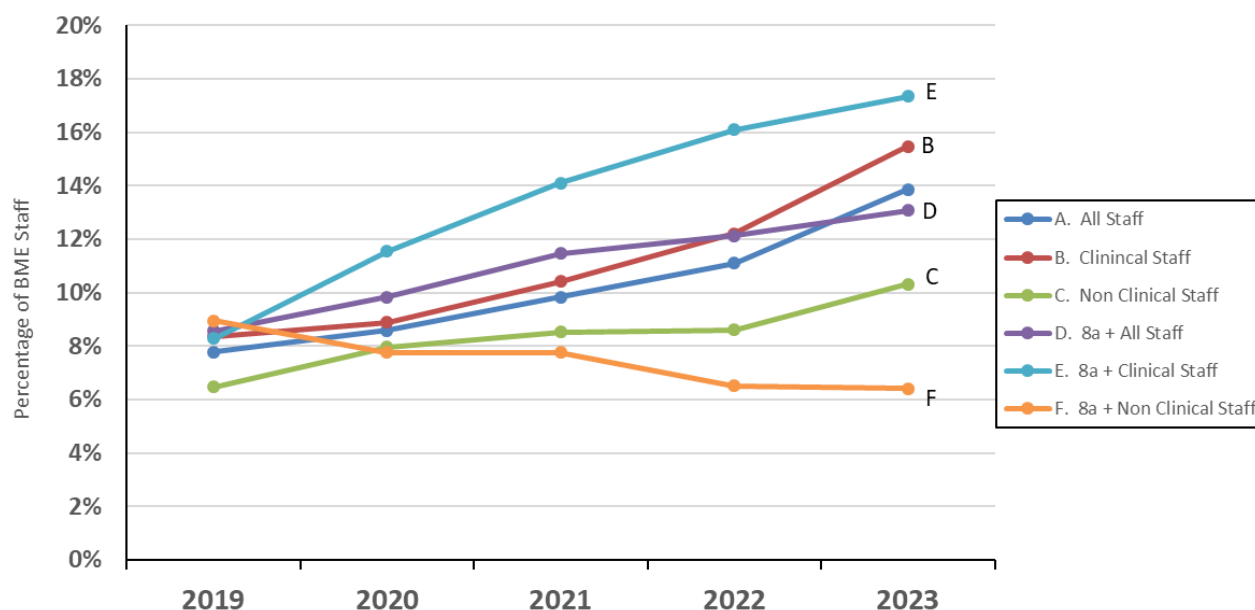
Figure 2. The percentage of staff in KCHFT by ethnicity and pay band, 31 March 2023.



Source: ESR 31 March 2023

- Overall, both clinical and non-clinical roles have seen a steady increase in BME representation since 2019. The proportion of BME staff in clinical roles is much higher than for non-clinical roles (BME proportion in March 2023 is 15.5 per cent for clinical roles and 10.3 per cent for non-clinical roles).
- For roles at Agenda for Change (AfC) band 8a and above, the proportion of BME staff has increased over the last five years for clinical staff. In March 2023, 17.3 per cent of 8a and above clinical roles were occupied by BME staff. There is a contrasting picture for non-clinical roles where the proportion of BME has decreased since 2019. In March 2023, 6.4 per cent of band 8a and above non-clinical roles were occupied by BME colleagues. The Trust needs to particularly focus on progression of BME staff within non-clinical roles.

Figure 3. The percentage of BME Staff in KCHFT.



## Indicator 2: Appointment from shortlisting

- Indicator two measures the relative likelihood of staff being appointed from shortlisting during the recruitment process. In 2022/23 this ratio shows that white applicants are 1.52 times more likely to be appointed from shortlisting compared to BME applicants. This is a significant improvement on last year's figure when white applicants were 2.33 times more likely to be appointed from shortlisting.

Table 1. Relative likelihood of staff being appointed from shortlisting

	2019/20	2020/21	2021/22	2022/23
Relative likelihood of staff being appointed from shortlisting	2.68	2.35	2.33	1.52

Source: Trac

- Some of the improvement in this metric has been due to the trust's international recruitment campaign. When International recruitment is excluded from the 2023/23 figure, the relative likelihood of staff being appointed from shortlisting for 2022/23 is 1.82. This is still a significant improvement from previous years and demonstrates the trust's ambition to eliminate bias in the recruitment process. However, there is still significant progress to be made in this area to reach parity between BME and white applicants.



### Indicator 3: Disciplinary process

- Indicator three looks at the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. A figure above "1" would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process. The figure for 2023 is 1.18 which indicates that BME staff are 1.18 times more likely than white staff to enter the formal disciplinary process. This is the first time in four years this figure has exceeded one.

Table 2. Relative likelihood of staff entering the formal disciplinary process.

	2019/20	2020/21	2021/22	2022/23
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	0.46	0.77	0.60	1.18

Source: Datix

- However, the total number of disciplinary cases at the trust is now very small (18 cases opened in 2022/23, three cases for BME colleagues) meaning indicator three becomes increasingly unreliable as a measure. An increase of even one or two cases will have a big effect on the overall indicator and therefore this metric for 2022/23 is not statistically significant.

### Indicator 4: Training

- Indicator four asks about the relative likelihood of staff accessing non-mandatory training and CPD. A value of "1" for the likelihood ratio means that white and BME staff are equally likely to access non-mandatory training or CPD, whilst a value below 1 indicate that BME staff are more likely to access non-mandatory training than white staff.
- For the year 2022/23 the figure of 0.96 indicates that BME colleagues are more likely to access non-mandatory training than white staff. This has been consistent over the last four years.

Table 3. Relative likelihood of staff accessing non-mandatory training and CPD.

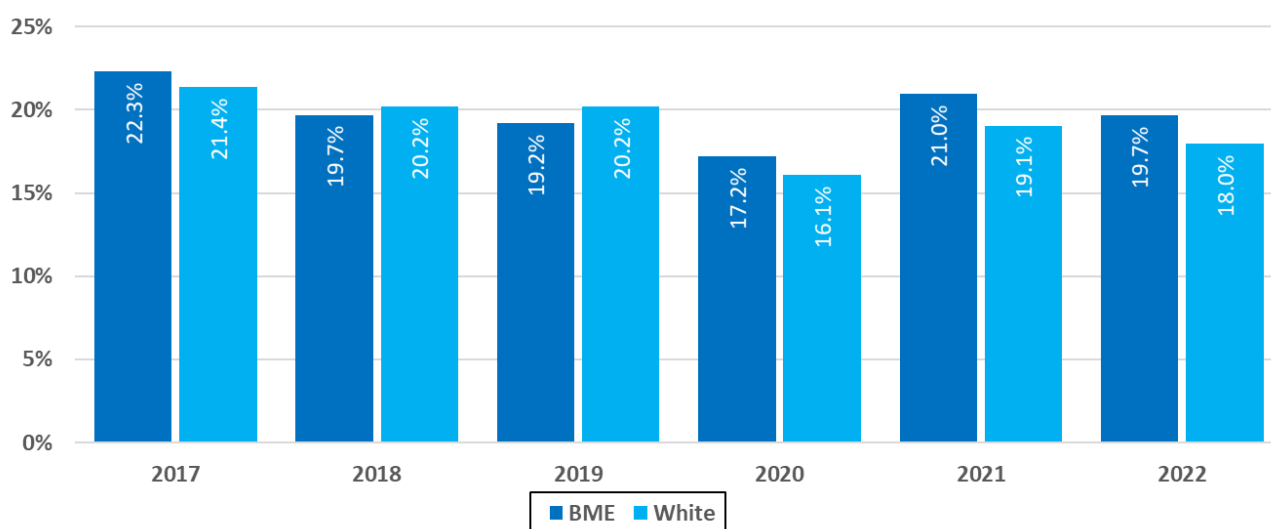
	2019/20	2020/21	2021/22	2022/23
Relative likelihood staff accessing non-mandatory training and CPD	1.00	0.98	0.96	0.96

Source: TAPs and CPD spreadsheet

### Indicator 5: Bullying from public

- The percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or public in the last 12 months has reduced from 21 per cent (2021 staff survey) to 19.7 per cent (2022 staff survey).
- In 2022, a higher percentage of BME staff (19.7 per cent) than white staff (18.0 per cent) have been harassed, bullied, or abused by patients, family, or the general public; a pattern that has been evident in the Trust since 2020.

Figure 4. Percentage of staff experiencing harassment, bullying or abuse from patients, service users or members of the public in the last 12 months by Ethnicity



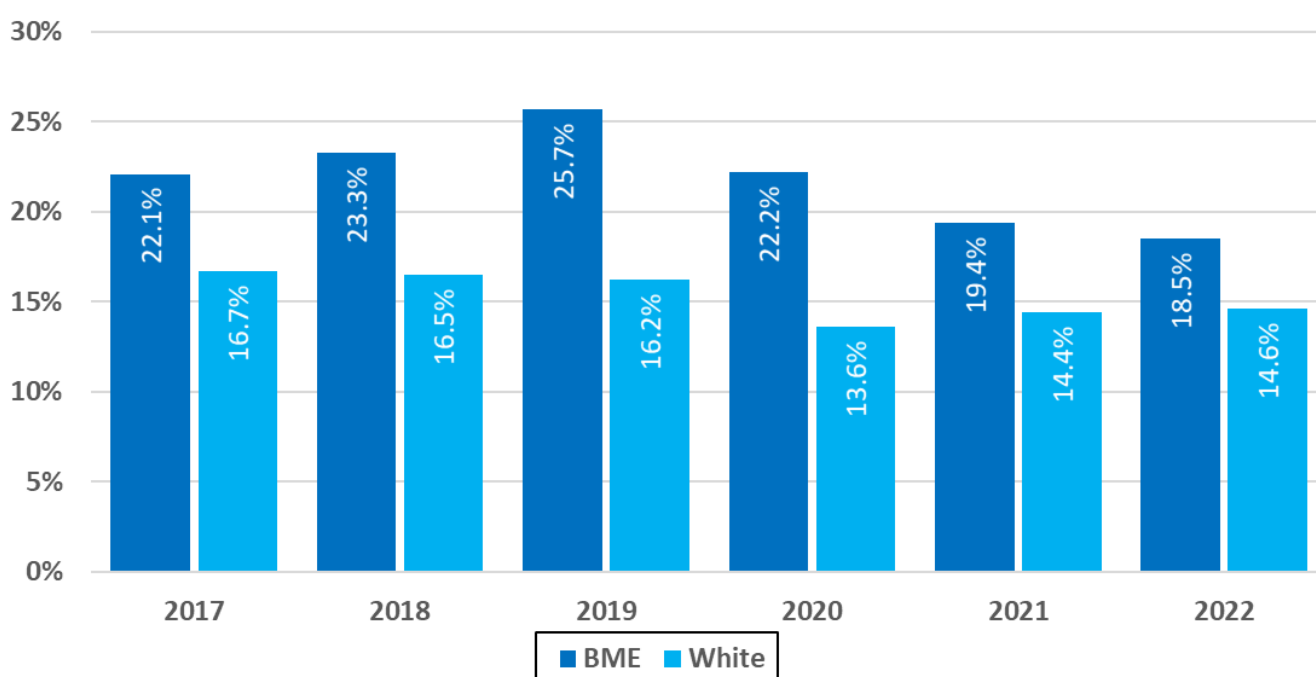
Source: NHS Staff Survey 2017 to 2022

- The professions where BME staff experienced the highest levels of harassment, bullying or abuse from patients, relatives or the public were medical and dental (48 per cent) and allied health professionals (33.3 per cent).
- BME colleagues from other ethnic groups experienced the highest levels of harassment, bullying or abuse from patients, relatives or the public (42.1 per cent).
- Women (18.9 per cent) were more likely than men (11.4 per cent) to have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. 21.1 per cent of BME women reported they had experienced harassment, bullying or abuse from patients, relatives or the public.
- Benchmarking this indicator against other community trusts shows that both BME and white staff at KCHFT reported lower levels of harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to other community trusts. For BME staff, KCHFT report 4.5 percentage points lower than the community trust benchmark group.

## Indicator 6: Bullying from staff

- The percentage of BME staff experiencing harassment, bullying or abuse from staff decreased from 19.4 per cent (2021 staff survey) to 18.5 per cent (2022 staff survey).
- This is the third consecutive year bullying from staff has decreased for BME staff. Work needs to continue to ensure that this improvement is genuine and not due to under-reporting.
- Despite this improvement, harassment, bullying or abuse reported by BME staff is still 3.9 percentage points higher than for white staff.

Figure 5. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months by ethnicity.



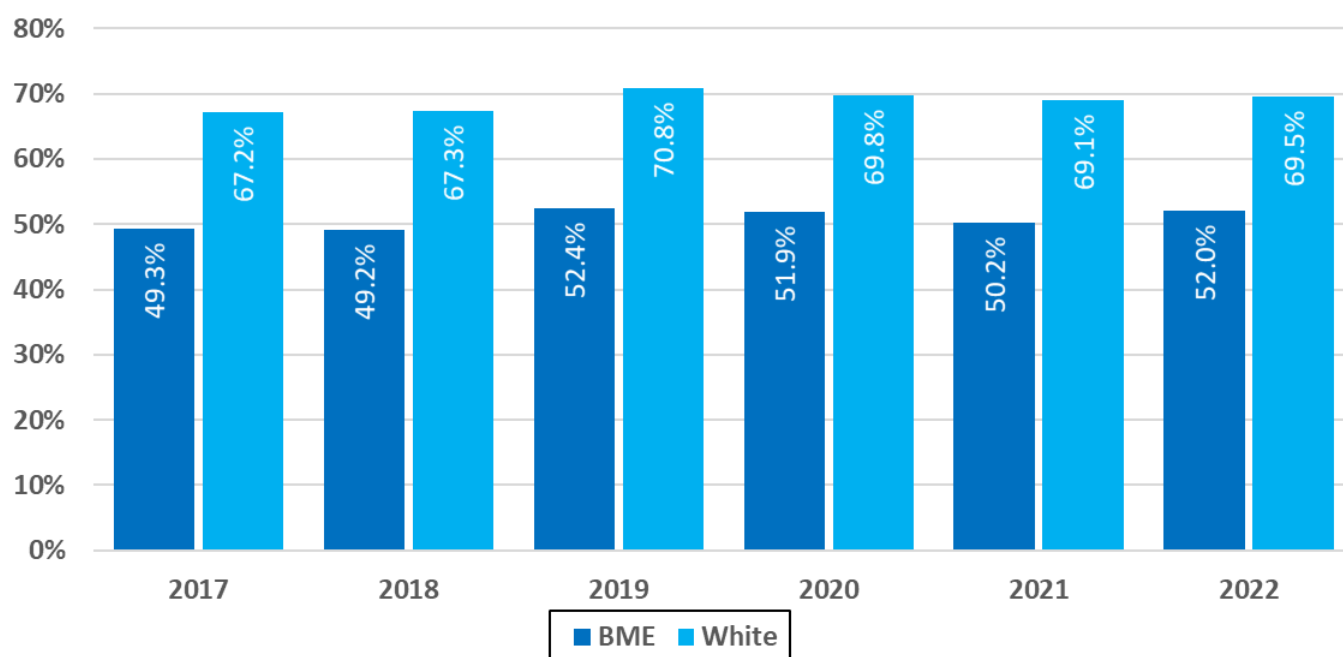
Source: NHS Staff Survey 2017 to 2022

- When benchmarked against other community trusts, KCHFT has a lower percentage of staff who experience harassment, bullying or abuse for both white and BME groups. The percentage of BME staff experiencing harassment, bullying or abuse is 3.9 percentage point lower than the community trust benchmark group.

## Indicator 7: Career progression

- The percentage of BME who believe the trust provides equal opportunities for progression has improved from 50.2 per cent (2021 staff survey) to 52 per cent (2022 staff survey).
- The percentage of BME colleagues who believe the trust provides equal opportunities for career progression or promotion is significantly lower (17.5 percentage points) than for white colleagues.

Figure 6. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion by ethnicity.



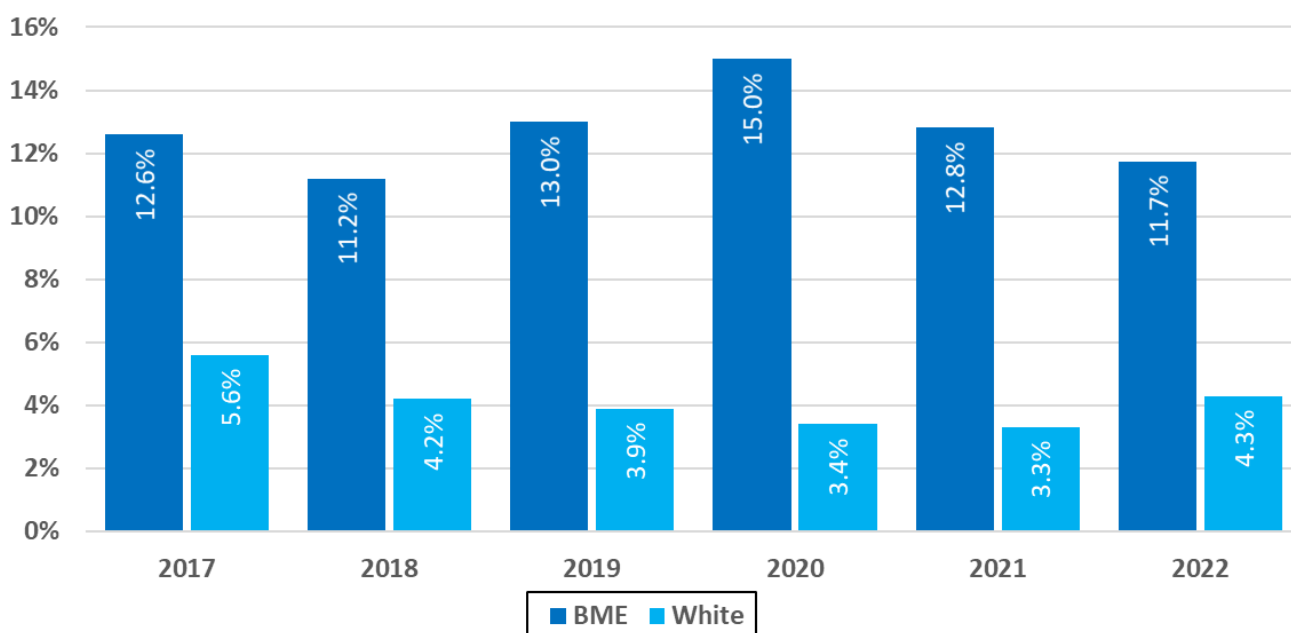
Source: NHS Staff Survey 2017 to 2022

- As a profession, scientific and technical staff were least likely to believe the trust acts fairly with regards to career progression (57.8 per cent); with especially low levels of belief amongst BME (18.2 per cent) in this profession.
- Just 42 per cent of staff from a black background believed the trust provides equal opportunities for career progression or promotion, with levels below those of other ethnic groups.
- Men (62.9 per cent) were less likely than women (69 per cent) to believe that the trust provides equal opportunities for career progression or promotion.
- Benchmarking data for this indicator reveals that both BME and white staff at the trust have responded more favourably to this question on the staff survey than the community trust benchmark group. For BME staff, the percentage of staff who believe the trust provides equal opportunities for progression is 1.8 percentage points higher than the benchmark group.

### Indicator 8: Experiencing discrimination

- The percentage of BME staff experiencing discrimination from a colleague or manager has improved slightly in the last year, from 12.8 per cent (2021 staff survey) to 11.7 per cent (2022 staff survey).
- Discrimination for BME staff peaked in 2020 and the staff survey has shown an improvement over the last two consecutive years.

Figure 7. Percentage of staff experiencing discrimination at work from manager, team leader or colleagues in the last 12 months.



*NHS Staff Survey: 2017 to 2022*

- BME nurses within the trust experience particularly high levels of discrimination (15.9 per cent) compared to white nurses (4.5 per cent).
- Across the different ethnic groups, black colleagues experienced the highest level of discrimination at work from managers or colleagues (17.2 per cent).
- The levels of discrimination experienced at the trust are in line with the community trust benchmark group.

### Indicator 9: Board representation

- The trust board contains 15 members. One member of the board is BME; the overall representation at board level is 7.2 percentage points lower than for the trust as a whole.
- 14 of the board members can vote, including the one BME board member. The proportion of the voting board which is BME is 7.1 per cent. Although this is an improvement from last year when the voting board was 100 per cent white, BME staff are still not adequately represented on the voting Board.

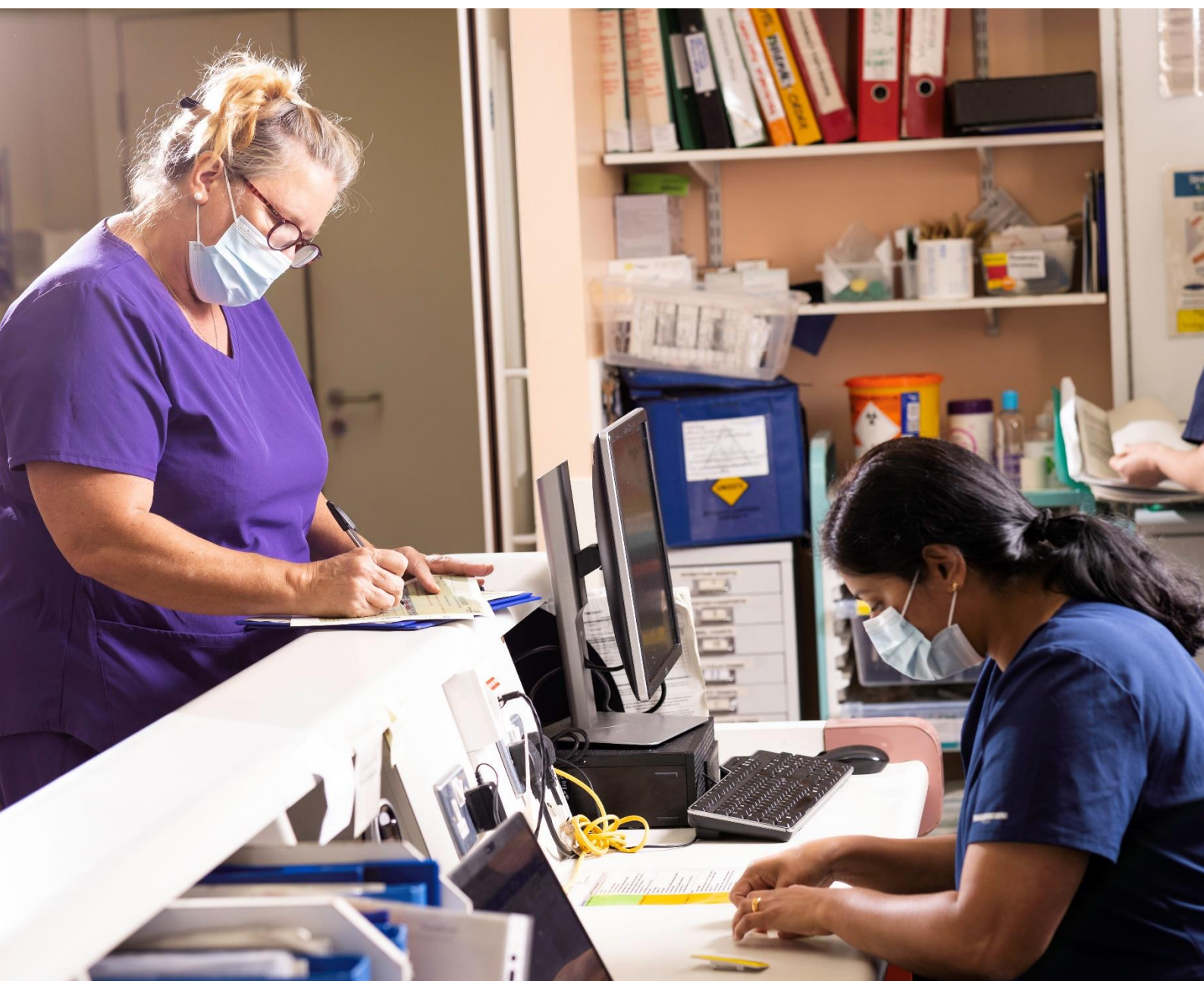


- There are seven non-executive Board members, seven executive Board members and the chair. There are no BME executive Board members, so BME staff are not represented at all within this group. This is no change from 2022.

Table 4. Trust Board by ethnicity

	White	BME	Unknown
Total Workforce % by Ethnicity	82.0%	13.9%	4.1%
Total Board Members % by Ethnicity	93.3%	6.7%	0.0%
Difference (Total Board - Overall Workforce)	11.3%	-7.2%	-4.1%
Voting Board Members % by Ethnicity	92.9%	7.1%	0.0%
Executive Board Members % by Ethnicity	100.0%	0.0%	0.0%

Source: ESR 31 Mar 2023



## Next steps

Kent Community Health NHS Foundation Trust has an active Black, Asian and Minority Ethnic (BAME) Network which works with others to provide support and celebrate diversity for all BME colleagues. The data collected against the nine WRES indicators for 2022/23 will be shared with the network in May/June 2023 and collaboratively, a WRES action plan will be produced. This action plan will focus on areas of inequality highlighted within the WRES and will be available on the trust website from October 2023.

Alongside this, the trust is also embarking on a review of the action plan which accompanies its People Equity Diversity and Inclusion Strategy called “Nobody Left Behind”. An external organisation has been brought in to facilitate a programme to enable and empower staff and other stakeholders to contribute to the action plan review. This is running between January 2023 and July 2023. The inequalities highlighted within the WRES will be an integral part of the review.

## Conclusion

The report provides detailed analysis for each of the indicators. This includes benchmarking of some of the indicators with other community trusts. The overview of findings across all the indicators show that BME staff have the highest level of disparities in respect of appointment from shortlisting (white staff are 1.52 times more likely to be appointed from shortlisting) and disciplinary process (BME staff are 1.18 times more likely to enter the disciplinary process). The good news is that BME staff are more likely to access non-mandatory training.

When the current year findings for indicators is compared with previous years, the trust is pleased to note that there was an improvement for BME staff across seven of the nine indicators: Increase in proportion of BME (indicator 1), appointment from shortlisting (indicator 2), bullying from public and staff (indicator 5 and 6), career progression (indicator 7), experienced discrimination (indicator 8) and Board representation (indicator 9). Though entering the disciplinary process has increased for BME staff (21/22 was 0.60 and 22/23 is 1.18), the actual numbers are very small making this upward trend measure unreliable (not statistically significant).

The report highlights the following areas for focus in the next 12 months, which will be discussed with the BAME network as part of the WRES Action Planning phase:

- Work needs to be done to support an increase in the number of BME colleagues being promoted into senior roles at Band 8b and above.
- Work needs to continue to achieve parity between BME and white applicants in the recruitment process.
- Targeted interventions are required to eradicate bullying by the public and other colleagues of both BME and white colleagues
- There is an imbalance in the experience of BME colleagues when compared to their white counterparts when it comes to opportunities for career progression
- Actions to reduce the number of BME colleagues experiencing discrimination need to be identified
- Improving the diversity of the Trust Board.

The WRES action plan produced will aligned with the review of the overall action plan that accompanies the trust’s People Equity Diversity and Inclusion Strategy called “Nobody Left Behind”.

