Title of the paper	**Workforce Race Equality Standard (WRES) 2020/21**
Presenter	Funmi Onamusi, Director of Equality Diversity and Inclusion
Author(s)	Arfan Bhatti, Head of Equality, Diversity & Inclusion Rebekah Johnson, Equality, Diversity & Inclusion Officer
Executive Summary	This report shares the nine workforce race equality indicators for 2020/21 which form part of our obligations under the Trust's NHS Standard contract. Five of the indicators from the Trust's workforce data from April 2020 – March 2021 show: - Black, Asian, or Minority Ethnic (BME) representation has grown from 50% to 51% across all bands; there has been an increase within Very Senior Management level from 27% to 29% - BME Board representation has reduced from 21% to 20%; - White applicants are 1.63 times more likely to be appointed from shortlists compared to BME applicants (a slight improvement 0.01); - BME staff are 1.6 times more likely to enter the formal disciplinary process, compared to that of White staff. - BME staff are more likely than white staff to access non mandatory training with a 5% difference. The rest of the indicators from the 2020 staff survey show: - 38% of BME staff experience harassment, bullying or abuse (BHA) from patients, relatives, or members of public (an increase of 2%); - 34% of BME staff experience BHA from staff (an improvement of 1% deterioration); - 60% of BME staff believe the organisation provides equal opportunities for career progression or promotion (a reduction of 3%); - 20% of BME staff experience discrimination at work from manager/leader/ or other colleagues (an increase of 2%). It should be noted in each of these survey indicators White staff share more positive experiences (See Appendix A for detail). This report also shares action taken and action planned to improve race equality at the Trust. These next steps will be embedded in the Equality, Diversity & Inclusion roadmap. Each action will have an accountable owner, and the Trust Director of Equality, Diversity & Inclusion will have overall responsibility for monitoring implementation of proposed actions.

<table>
<tr><td>Trust strategic aims

(please indicate which of the 4 aims is relevant to the subject of the report)</td><td>
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<tr><td>B
Brilliant People</td><td>O
Outstanding Care</td><td>L
Leaders in Research, Innovation and Education</td><td>D
Diversity, Equality and Inclusion at the heart of everything we do</td></tr>
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<tr><td>Links to well-led key lines of enquiry</td><td>☐Is there the leadership capacity and capability to deliver high quality, sustainable care?
☐Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
☐Is there a culture of high quality, sustainable care?
☐Are there clear responsibilities, roles, and systems of accountability to support good governance and management?
☒Are there clear and effective processes for managing risks, issues, and performance?
☒Is appropriate and accurate information being effectively processed, challenged, and acted on?
☐Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
☐Are there robust systems and processes for learning, continuous improvement, and innovation?
☐How well is the trust using its resources?</td></tr>
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Workforce Race Equality Standard 2020/2021

Presented by: Funmi Onamusi, Director of Equality Diversity and Inclusion

1. Purpose

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The main purpose of the WRES is:

- to enable the NHS Trust's to review our data against the nine statutory indicators,
- create actions to close the gaps in workplace experience between White and BME staff; and
- improve BME representation at the Board level of the organisation.

2. Background

In April 2015, NHS England introduced the WRES in response to consistent findings over 20 years that BME applicants and staff consistently fared worse in employment outcomes and satisfaction surveys. The WRES was designed to enable NHS organisations to demonstrate progress against multiple indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

Since April 2015, the WRES has been included in the full-length NHS Standard Contract and requires all providers of NHS services to address the issue of workforce race inequality by implementing and using the WRES.

3. Summary of Performance

This report captures the period from April 2020 – March 2021 and therefore encompass' the global COVID-19 pandemic which saw extreme loss of life, devastating impact on economies and unpresented pressures on the NHS.

All the positive improvements and negative performance are marginal with the greatest improvements seen in Indicators 1, 3 and 7 shown below which changed by 1%, ratio of 0.31 and 1% respectively.

Further detailed data related to the indicators is in Appendix A.

Indicator[1]		National Average [2]	London average	King's College Hospital (2020/2021)	King's College Hospital direction since 2019/2020
1.	Percentage of staff in each of the Agenda for Change (AfC) Bands.	21%	44%	51%	**Better**
2.	Relative likelihood of White applicants being appointed from shortlisting compared BME applicants.	1.61	1.6	1.63	**Better**
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff.	1.16	1.2* Acute average, not London average	1.60	**Better**
4.	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff.	1.14	0.9	0.88	**Better**
5.	BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months.	30%	33%	38%	**Worse**
6.	BME staff experiencing harassment bullying or abuse from staff in the last 12 months.	28%	30%	34%	**Better**
7.	BME staff believing that organisation provides equal opportunities for career progression or promotion.	71%	68%	60%	**Worse**
8.	BME staff experiencing discrimination at work from manager/leader/ or other colleagues.	15%	16%	20%	**Worse**
9.	Percentage difference between the organisations' board voting membership and its overall workforce.	10%	17%	31%	**Worse**

Note on data sources

[1] Four of the indicators (1-3 and 9) are produced via the Electronic Staff Record (ESR) system for the reporting period of April 2020-March 2021 and the rest are from the 2020 staff survey. For this report the BME staff demographic does not include colleagues of White European heritage.

[2] Indicator's 1-4 and 9 are compared against the previous year's data as national averages are unavailable until the NHS England WRES report is published in early 2022. We are however able to compare indicators 5 - 8 alongside latest national averages from the 2020 staff survey.

4. Discussion

This section describes what may have affected the indicators, and how actions taken over the last twelve months contributed to those changes.

4.1 Representation (Indicators 1 and 9)

In relation to banding, BME representation increased in:

- Apprenticeships: 44% to 60%
- Band 4: 46% to 47%
- Band 5: 64% to 66%
- Band 6: 47% to 50%
- Band 7: 36% to 38%
- Band 8A: 30% to 32%
- Band 8B: 28% to 30%
- Band 9: 8% to 16%
- Career Grades : 56% to 59%
- Training Grades: 49% to 52%

It is likely our newly qualified nurses/international recruits contribute to the over-representation at Band 5, data will be analysed to confirm this.

BME representation decreased in the following senior roles, which has therefore negatively impacted the Model Employer goals to ensure the workforce to ensure the workforce leadership is representative of the overall BAME workforce:

- Band 8C: 19% to 16%
- Band 8D: 26% to 23%
- Very Senior Management: 16% to 15%

Representation remained the same at Band 2 (66%), Band 3 (47%) and Consultants (42%). (Detailed breakdowns are available in Appendix A of this report).

The Trust's BME staff network intends to create a welcoming and inclusive environment that supports our goal of improving representation at all levels. The network aims to make the Trust an inclusive employer of choice for BME staff by celebrating diversity, increasing staff safety, providing psychological support, counselling, and development opportunities to achieve equal representation in management positions.

4.2 Recruitment (Indicator 2)

White applicants are 1.63 times more likely be appointed from shortlisting than BME candidates; this represents an improvement of 0.1.

In July 2020 the NHS People Plan set all employers a target to overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.

Work has therefore begun to review process' in alignment of the Trust's new values, increase training to reduce bias and improve diversity on interview panels.

4.3 CPD and equal opportunities (Indicators 4 and 7)

BME staff experiences of equal opportunities for promotion and development decreased from 63% to 60%.

We attribute some of this decline to the reduction in appraisals completed during the pandemic. As the majority of our BME staff are in patient facing roles, operational demands have also continued to put pressure on having high quality appraisals.

Additionally, responses to the Annual Staff Survey indicate 42% of BME staff accessed non-mandatory training and CPD courses; an under-representation of 9%.

This year collaborations between: Human Resources Business Partner's, Organisational Development, Equality Diversity & Inclusion and Learning & Development identified barriers to accessing non-mandatory training. Areas of focus include:

- Expand the number of posts that are subject to internal recruitment
- Review and report quarterly on how many internal recruitment posts are of BME staff
- Facilitated Inclusive leadership training for all Managers
- Review how many appraisals have been completed and how many personal development plans have been agreed as an indicator/recommendation
- A review into how bursary funding has been allocated by ethnicity
- Review into areas within the Trust where development is much lower for BAME staff

4.4 Bullying, Harassment, Abuse (BHA) and discrimination (Indicators 5, 6 and 8)

BME staff experienced 2% more discrimination from managers/colleagues than in 2019/20; this increase is at a higher rate than the London average for BME staff which is 1%.

BME staff experienced 1% less BHA from colleagues than in 2019/20; the marginal 1% improvement amongst BME staff may be in part due to an increase in agile (home) working during the pandemic leading to fewer interactions with colleagues.

BME staff experienced 2% more BHA from patients/public than in 2019/20; this was despite fewer visitors being on site during the pandemic; this increase is in contrast to the national average decrease of 1%. It is extremely likely more BME colleagues experience BHA due to an over-representation of BME staff in many of our patient facing roles.

The following actions have been implemented over the last 12 months:

- Increase in the Freedom To Speak up Guardian referrals
- Onsite access to Wellbeing Hubs for staff to decompress and seek support
- Significant investment and expansion of the Equality Diversity and Inclusion team

- Establishment of the Equality Diversity and Inclusion governance structure including Delivery Group with a membership of Senior Leadership, Unions and Staff Networks reporting into the Board

- Roll out of an Active Bystander training programme

4.5 Formal Disciplinary (Indicator 3)

Despite making a significant improvement of 0.31, BME staff continue to be overrepresented within the formal disciplinary processes.

The following actions have been implemented over the last 12 months:

- The use of a diverse oversight committee to independently review all potentially formal cases to only the most serious cases proceed to an investigation. There are three potential outcomes from a triage panel: (a) informal (b) agreed outcome (c) investigation.

- Pre-Investigation Checklist and support / challenge from Senior Employee Relations Advisors

- Focus on informal resolution / Just Culture where possible and where appropriate which has been embedded into a new policy

- Weekly Triage panel and Senior Oversight Group, which reinforces all of the above

- New Respectful Resolution training and programme

- Early Resolution policy, which encourages informal early resolution through mediation and facilitated conversations

- Roll out of Effective People Management training, which trains line managers on the above policies and reinforces the above approach

- Close partnership working with the trade unions, Freedom to Speak up Guardian and EDI team

- Embedding new Early Resolution and Pastoral Support lead post who provides practical signposting to staff involved in these processes.

Additionally, following national guidance fewer formal disciplinary processes took place in this reporting period due to the pandemic. In 2019/2020 a total of 129 disciplinary investigations took place in comparison with 64 in 2020/2021.

5. Moving forward

Our Strong Roots, Global Reach strategy sets our bold vision: to have brilliant people, provide outstanding care for patients, to be leaders in research, innovation and education, and to have diversity, equality and inclusion at the heart of everything we do.

Key priority areas relevant to WRES that sit within the above include:

- We will ensure we better support staff needs by developing a culture whereby staff feel encouraged to bring their authentic self to work.

- We will make significant progress in the Workforce Race Equality Standard across recruitment, access to learning, disciplinary processes and board representation, which includes exceeding the Model Employer targets.
- And, we will be a champion for the London Workforce Race Strategy and its initiatives, increasing our involvement with this important work.

In order to achieve effective and lasting changes to the experiences of BME staff, this below action plan identifies the initial high level projects priority actions and measurements for the next year.

These projects will be developed in more detail with a range of departments and stakeholders and a more detailed plan will therefore be published by March 2022 as part of the overall Trust EDI Roadmap. A key part of the detail is to establish whether the project will be led or supported by the EDI team. King's EDI Delivery Group will help ensure delivery remains on track internally.

The table below also aligns to the NHS England's People Plan's actions:

- Trust very senior management to represent the ethnic diversity of the workforce by 2025;

- Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community and regional and national labour markets.

What?	Why?	How?	Target
Overhaul recruitment practices	White applicants are 1.63 times more likely be appointed from shortlisting	Strategic recruitment plan • Diverse panels • Include mandatory EDI question for all interviews • Recruitment training for interviewers • Training for BME pool to become trained panel members	A reduction in likelihood and minimum to equal London region at 1.59
Shift the culture on discrimination practices	20% of BME staff report personally experiencing discrimination at work from manager/ team lead or other colleague	• Launch Active Bystander training • Develop EDI trainings across inclusion, awareness and capability development	Equal or improve on London rate of 15%

		• Report on outcomes from Respectful Resolution	
Career development	60% of BME staff believe that the Trust provides equal opportunities for career progression and promotion	• Mentoring/training for BME candidates at 8A and above • Launch career development sessions • Inclusive leadership training for all Managers • Review where development is much lower for BME staff	To equal London region 67%

6. Risks

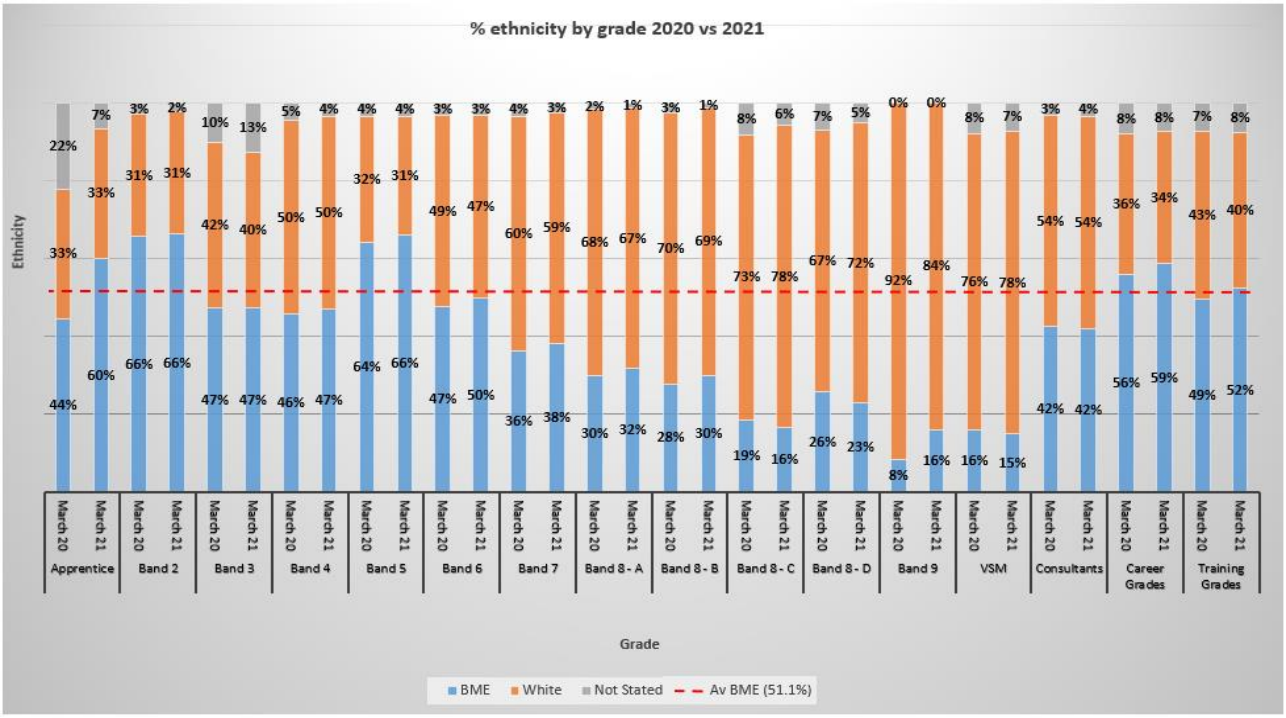
Risk	Mitigating actions
As 4% of staff have not shared their ethnicity on ESR, our workforce data excludes data for more than 550 employees.	Create communications which include a hyperlink to ESR, highlighting anonymity is safeguarded and that the data lead to actions.
Examining BME staff as one homogenous group disguises inequalities for specific ethnicities.	Develop a Diversity Dashboard and other quarterly reports analyse and share this data.
Different NHS Trusts may use different methods of measuring the workforce indicators, so national comparison may not be totally accurate	More transparency in relation to how and when the data is shared at ICS.

Funmi Onamusi
Director of Equality, Diversity and Inclusion, November 2021

Appendix A: WRES Data detail

All of the average in this section of the report are national and not regional.

Indicator 1: Percentage of staff in each of the Agenda for Change (AfC) Bands and Medical Grades



There has been a decrease in the representation of white (-1.3%) and not stated ethnicity groups. Compared to 2019/20 results

Metric 1b focuses on BME representation across bands 8-VSM. Whilst there have been increases within most bands, surpassing the 2021 targets, the BME representation within 8C was reduced by 3% to 16%. A positive is that there were 47 additional BME staff in 2021 compared to 2020.

It's likely our high levels of Band 5 BME representation is due to that being an entry point for nurses rather than something that directly correlates to Band 4 development/promotion.

Within Band 8c there were 8 BME recruits yet the number of BME staff was lower than in 2020 by a headcount of 1. Similarly in band 9 and VSM BME recruitment replaced a headcount of 1 at each band. This leads to question of BME staff retention at those levels.

Indictor 1b: Number of staff at Agenda for Change bands 8a to 9 and Very Senior Managers (including Executives) compared to the percentage of staff in the overall workforce

Band	No of BME 2020	BME as % of overall 2020	No of BME 2021	BME as % of overall 2021	BME Target 2021	% Increase of BME by Band	Target for 2022
Band 8 A	168	30%	194	32%	185	15%	Maintain
Band 8 B	63	28%	72	30%	69	14%	Maintain
Band 8 C	18	19%	17	16%	20	-6%	25 (8 BME recruits)
Band 8 D	11	26%	13	23%	12	18%	Maintain
Band 9	2	8%	4	16%	2	100%	7 (3 BME recruits)
VSM	4	16%	4	15%	4	0%	5 (1 BME recruit)
Total	266	27%	304	29%	293	14%	

An additional 38 BME staff are employed at King's at pay Band 8a and d above and whilst there has been increases within most bands, surpassing the 2021 targets, the BME representation within 8C was reduced by 3% to 16%.

Within Band 8c there were 8 BME recruits, however the number of BME staff was lower than in 2020 by a headcount of 1. Similarly in Band 9 and VSM BME recruitment replaced a headcount of 1 at each pay band.

Indicator 9: Percentage difference between the organisations' board voting membership and its overall workforce

	2020/2021		
	% BME Board Members	% BME Workforce	% Difference Board and Workforce
King's	20.00%	51.10%	31.1%
London	19.60%	46.6%	27%

With the 2021 staff group increased by 683, there has also been an increase in the difference between the board and the overall workforce. A percentage increase of 2.3% brings the difference to 31.1% for 2021. The overall BME staff representation increased by a headcount of 521, whilst the number of BME board members reduced by 1.

The number of executive board members across NHS trusts increased by 26 in 2020, compared to 2019. London had the biggest increase over that period, with 13 more BME executive board members. There has been an increase of 35 non-executive board members across all NHS trusts in England.

Indicator 2: Relative likelihood of White applicants being appointed from shortlisting compared BME applicants

	White	BME	Not stated	Grand Total
Shortlisted	4706	8979	2003	15688
Appointed	1032	1206	657	2895
Relative likelihood of appointment from shortlisting	21.93%	13.43%	32.80%	18.45%

White colleagues are currently 1.65 times more likely to be appointed from shortlisting than BME colleagues. BME candidates shortlisted (through blind process is almost double white candidates but drops to 1 in 8 when it comes to appointment versus 1 in 4 white shortlisted candidates being appointed. This is a strong indication bias is introduced after blind shortlisting is lifted.

We have reviewed the recruitment training that the Trust Recruitment Team is leading on. We are also developing our diverse panel training that will soon be finalised.

Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff

	White	BME	Not stated	Grand Total
Average number of staff entering the formal disciplinary process over the last 2 years	**34**	**62.5**	**0**	**96.5**
Likelihood of staff entering the formal disciplinary process	**0.57%**	**0.90%**	**0.00%**	

The non-adverse range of reporting is between 0.8 and 1.25 following a target set by NHS England's "A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS Workforce" report in 2019.

This means BME staff continue to be overrepresented in the disciplinary process by being 1.60 times more likely to enter the formal disciplinary process then White colleagues

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse (BHA) from patients, relatives, or the public in the last 12 months.

Percentage of BME staff reporting bullying, harassment or abuse from patient, relatives or the public in the last 12 months	2017/18	2018/19	2019/20	2020/21
King's	**37%**	**40%**	**35%**	**38%**
London	**30%**	**32%**	**32%**	**33%**

Across 4 years there has been a steady increase in BME staff experiencing harassment, bullying or abuse form patients, relatives and public. The trust score has exceeded the London region by an average of 6% since 2017/18. For London, a higher percentage of white staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Indicator 6: Percentage of staff experiencing bullying, harassment, or abuse from staff in the last 12 months

Percentage of BME staff reporting bullying, harassment or abuse from patient, relatives or the public in the last 12 months	2017/18	2018/19	2019/20	2020/21
King's	37%	35%	35%	34%
London	30%	31%	30%	30%

There has been a steady decline in percentage of BME staff experiencing harassment, bullying or abuse from staff since 2017/18. Although this remains above the London region, the gap of 3.6% continues to close

Indicator 8: In the last 12 months have you personally experienced discrimination at work from manager/leader/ or other colleagues

% BME staff reporting that they have personally experienced discrimination at work from a manager, team leader or other colleague	2017/18	2018/19	2019/20	2020/21
King's	**21.8%**	**20.6%**	**18.3%**	**20.4%**
London	**16.3%**	**16.4%**	***15.1%***	**16%**

Although there has been an increase of 2% on the 2019/20 score, the 20/21 result of 20% is less than the 2017/18 result. The 20/21 result continues the trend with an average gap of 4% on the London average.

Indicator 7: Percentage of staff believing that organisation provides equal opportunities for career progression or promotion

Percentage of BME staff believe that the Trust provides equal opportunities for career progression and promotion	**2017/18**	**2018/19**	**2019/20**	**2020/21**
King's	**61%**	**60%**	**63%**	**60%**
London	**68%**	**66%**	***67%***	***Not yet reported***

The trust score has fallen below 60% which is the lowest score since 2017/19, further increasing the gap between the London region.

Indicator 4: Perceptions of relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff

	White	BME	Not stated	Grand Total
Number of staff accessing non-mandatory training and CPD	2213	2893	296	5402
Likelihood of staff accessing non-mandatory training and CPD	**37%**	**42%**	**21%**	

White staff are 0.88 times more likely to access non mandatory training. BME staff are more likely than white staff to access non mandatory training with a 5% difference. Given the majority of staff are from BME background a higher likelihood is to be expected.