Workforce Race Equality Standard 2022/2023

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King's

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An Academic Health Sciences Centre for London

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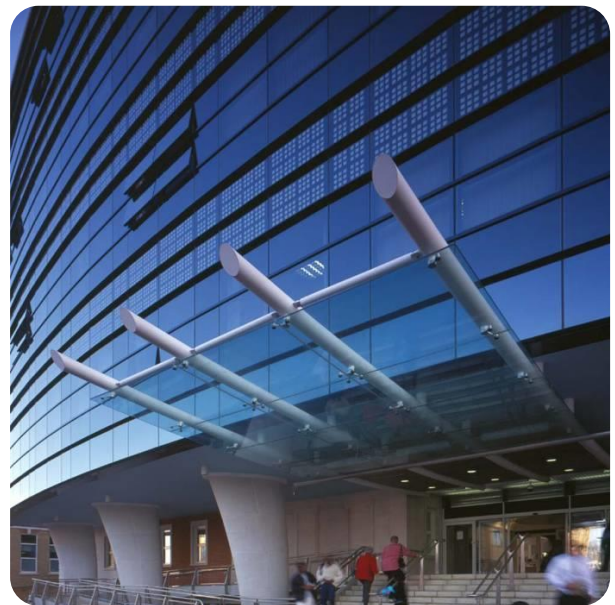
The WRES report this year has recorded improvements in five out of nine indicators.

WORSE

Metric 2: Recruitment

This metric worsened because there has been a 5% increase in the relative likelihood of White applicants being appointed from shortlisting, in comparison with a 1% increase in ethnic minority applicants. This means we are now more effectively capturing data, as there has been a decrease in the number of applicants with "no data" being appointed. We are awaiting external benchmarking data for this indicator, which includes recruitment from the Trac software (which does not include our international recruitment).

Metric 3: Formal disciplinary cases

The calculation for 2022/2023 has changed and is now based on "year end data" whereas last year it was a 2 year average which encompassed the pandemic period where there were much fewer cases. For the year end period, there was an increase of 15 formal cases across all ethnicities (82 in total). This includes an additional 12 for ethnic minority colleagues and 3 fewer for White colleagues. We are awaiting external benchmarking data for this indicator.

Metric 5: Bullying, harassment & Abuse from patients, relatives and public

Our worsening performance mirrors the NHS national BAME average worsening of 2%, which aligns to the return of patients, relatives and members of the public to hospital sites following the pandemic.

Metric 9: Board voting membership

This has been caused by a decrease of 1 ethnic minority Board voting member. We are awaiting external benchmarking data for this indicator.

BETTER

Metric 1: Representation

Ethnic minority representation has increased by 1% overall, including by 0.5% at Band's 8a and above

Metric 4: Training

The number of ethnic minority staff accessing non-mandatory CPD increased by 357, while the number of White staff accessing non-mandatory CPD decreased by 369.

Metric 6: Bullying, harassment and abuse from colleagues

We have improved in this Staff Survey 2022 related metric by 1.4% and bucked the national trend which worsened by 0.4%.

Metric 7: Equal opportunities for promotion and development

We have improved in this Staff Survey 2022 related metric by 5%. This rate of increase was double the improvement seen nationally (2.4%).

Metric 8: Discrimination

We have improved by 0.7% in relation to this 2022 Staff Survey question and bucked the national trend which saw no change in performance.

WRES 2022/2023 Performance Summary

	Indicator	21/22	22/23	Status
1a	Overall workforce representation	50%	51%	**1% Better**
1b	Number of staff at Agenda for Change Band's 8a-9 and Very Senior Managers	22.3%	22.8%	**0.5% Better**
2	Relative likelihood of White applicants being appointed from shortlisting compared BME applicants	1.55	1.77	**0.22 Worse**
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff	1.56	2.23	**0.67 worse**
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	1.04	0.88	**0.16 Better**
5	BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public	34.8%	36.9%	**2.1% Worse**
6	BME staff experiencing harassment bullying or abuse from staff in the last 12 months	33.5%	32.1%	**1.4% Better**
7	BME staff believing King's provides equal opportunities for career progression or promotion	40.3%	45.3	**5% Better**
8	BME staff experiencing discrimination at work from manager/leader/ or other colleagues	20.3%	19.6%	**0.7% Better**
9	Percentage difference between King's board voting membership and its overall workforce	24%	38%	**14% Worse**

WRES Metric 1a: Representation

Percentage of staff at each band compared to the percentage of staff in the overall workforce (BETTER)

Legend: White | BME | No data | Overall King's BME representation
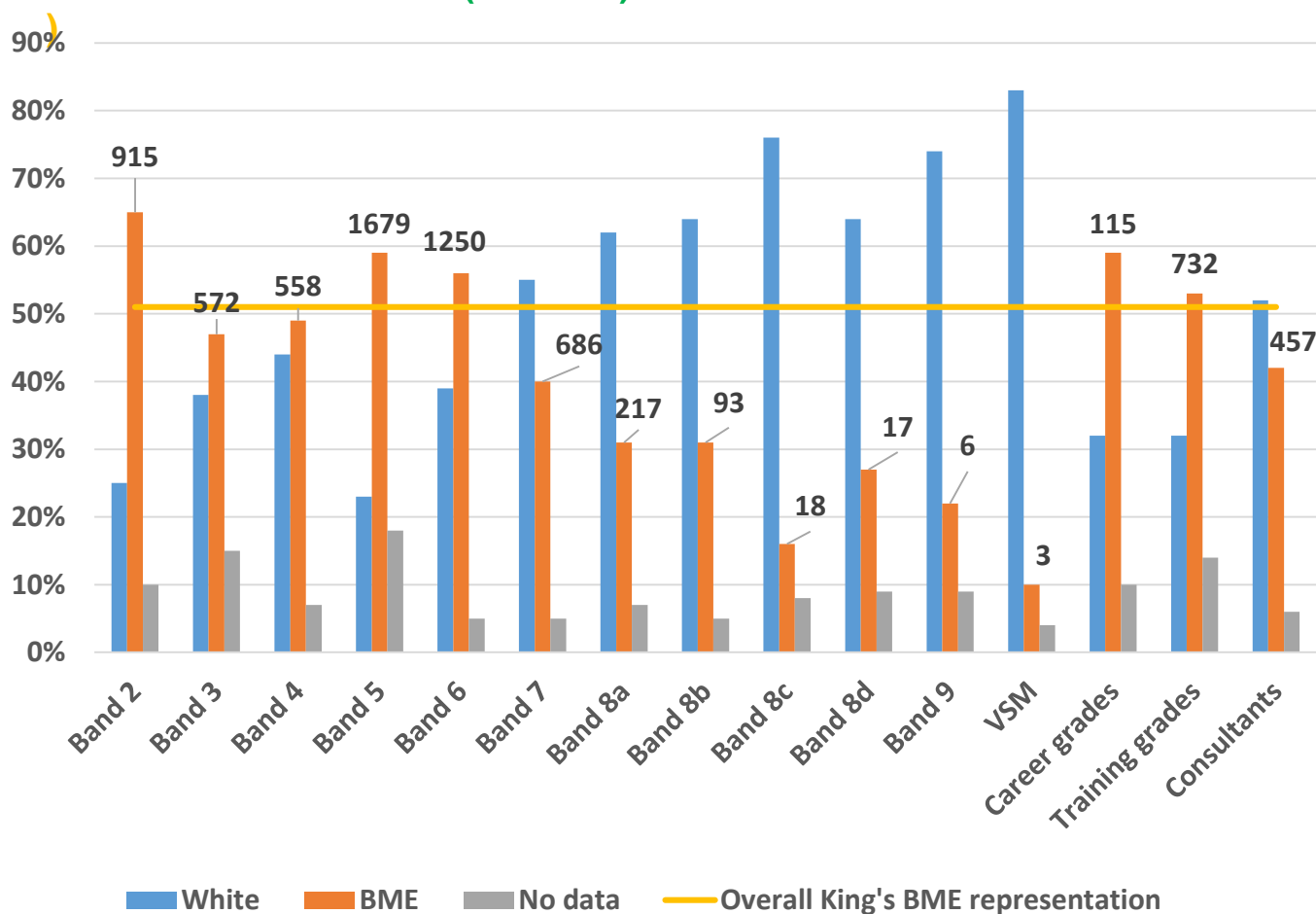
Data insights

BME representation has **increased** by:
- 1% at Band's 2, 4, 7
- 2% at Band's 6 and medical training grades
- 3% at 8d
- 5% at Band 9 and medical career grades

BME representation has **decreased** by:
- 1% at Band's 8b and 8c and medical Consultant's
- 2% at Band 5 (due to an 18% increase in "no data"
- 3% at VSM

There is **no change** (%) at Band's 3 and 8a.

Actions taken
- Launch of King's Widening Participation programme.
- Delivering EDI training during Internationally Educated Nurses induction.
- Launch of King's Reciprocal mentoring programme.

Actions planned
Reduce "no data" from 10% to national average of 5% by continuing to work with Capita, increasing psychological safety and improving communications.

Achieve a goal of 150 mentors who list ethnicity as an expertise and 150 mentees who list ethnicity as an interest within the first year of the reciprocal mentoring programme.

Launch our virtual reality training programme, which will increase understanding of differences in race/ethnicity related lived experiences.

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 (BETTER)

Legend:
- White
- No data
- Model Employer goal for 2028
- BME
- Model Employer goal for 2023
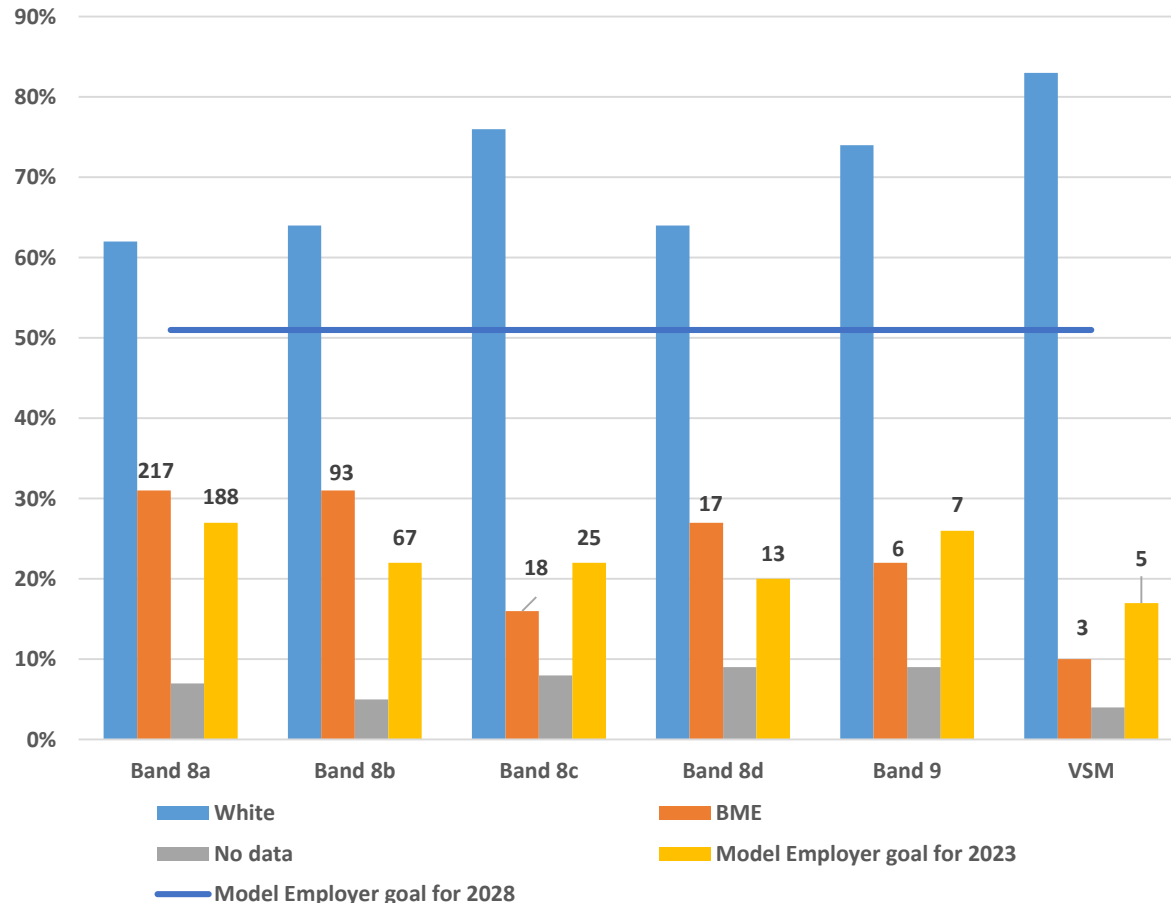
Data insights

The table shows goals for King's based on ESR workforce data March 2022, and covers the remaining 6 years to achieve equity by 2028. The modelling is based on a 50% BAME workforce profile, which in the last year has increased to 51%. This growth in workforce means there is now a slightly wider gap to fulfil.

We are **on target** against our forecast goal for Band's 8a, 8b and 8d.

We are **behind target** for Band's 8c, 9 and VSM.

An 8c or 9 target has not been met since 2019, which has contributed to ta widening disparity.

Actions taken

The second phase of King's Diversity Dashboard assesses race/ethnicity representation in more detail, with filters enabling us to look at representation across Care Group and site as well as enabling us to examine intersections, such as race/ethnicity and gender together.

Partnering packs have been produced and shared in order for Care Group's to more effectively understand under-representation within their area.
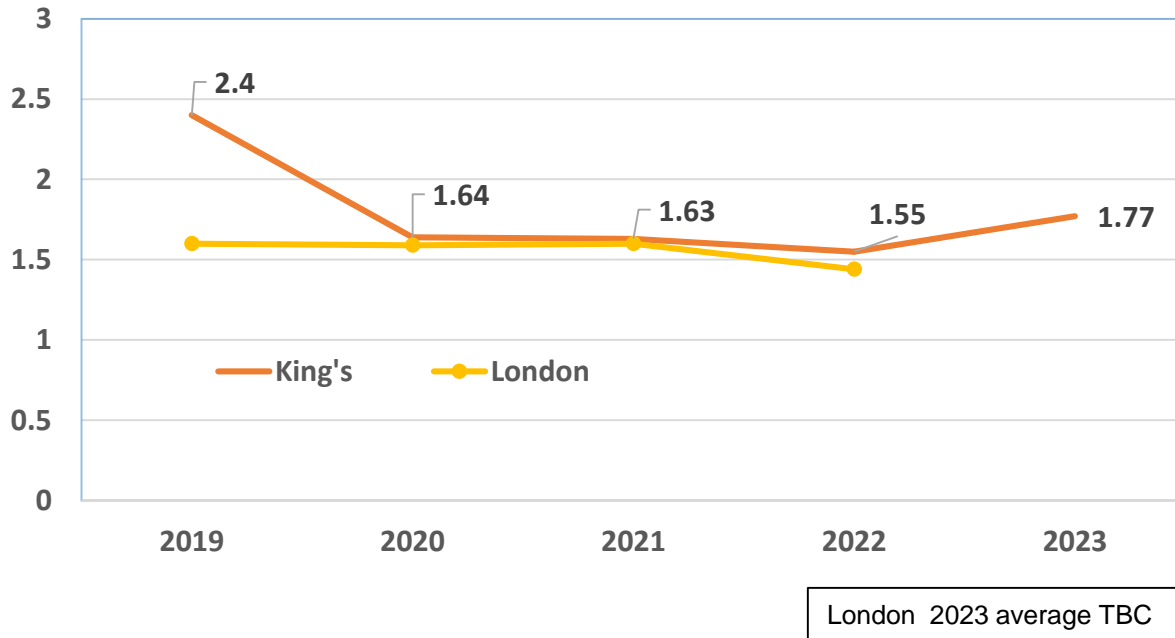
Actions planned

Utilise the Diversity Dashboard by identifying areas of King's with the largest under-representation and setting goals for those areas to improve representation.

Develop a talent management programme for King's and explore a "Future VSM" programme targeted at 8c and above.

Relative likelihood of White applicants being appointed from shortlisting, compared to BME applicants. (WORSE)

Chart values (King's): 2019: 2.4, 2020: 1.64, 2021: 1.63, 2022: 1.55, 2023: 1.77
Legend: King's, London

London 2023 average TBC

	'21/'22				'22/'23			
	White	BME	Not data	Total	White	BME	No data	Total
Shortlisted	3,881	8,693	1,814	14,388	4,351	10,101	1,436	15,888
Appointed	664	925	508	2,097	944	1,237	714	2,895
Appointment likelihood	17%	11%	28%		22%	12%	50%	

Data insights

We have **worsened by 0.22** in relation to this metric, calculated from King's recruitment software Trac. The is despite the relative likelihood of appointment for BME applicants from shortlisting increasing from 11% to 12%. This is because the relative likelihood of appointment for White applicants from shortlisting increased from 17% to 22%. This means we are now more effectively capturing data, as there has been a decrease in the number of applicants with "no data" being appointed. International recruitment is not included in this data.

The number of BME candidates shortlisted (through blind process) is more than double White candidates. This is a strong indication barriers manifest after the blind shortlisting.

Actions taken

We are aligned with the NHS People Plan objective to overhaul recruitment practices, most notably via 26 recommendations established through an external recruitment audit, of which 2 are complete and 8 ongoing. (The remaining 16 recommendations are long-term goals).

A 90-minute session is designed for any member of staff on a recruitment panel or involved in the recruitment process has been delivered to more than 600 colleagues. 90% of attendees felt more equipped to ensure behaviours and processes in recruitment will more inclusive moving forward, 90% increased confidence and knowledge on inclusive recruitment practices and 51% of attendees learned a new type of bias.

Actions planned
- Complete the ongoing inclusive recruitment audit actions.
- Delivery Inclusive Recruitment training "part 2" as well as Inclusive Recruitment "roadshows" for all staff.
- Develop a proposal for Inclusive Recruitment training to become mandatory for manager's.
- Pilot "independent interview panel member" role.
- Update Recruitment Policy and explore positive actions within it, such as written feedback for unsuccessful ethnic minority applicants.
- Develop mock interview practical sessions with ethnic minority staff.

Relative likelihood of BME staff entering the formal disciplinary process compared to White staff (WORSE)

Legend: King's — Target — London
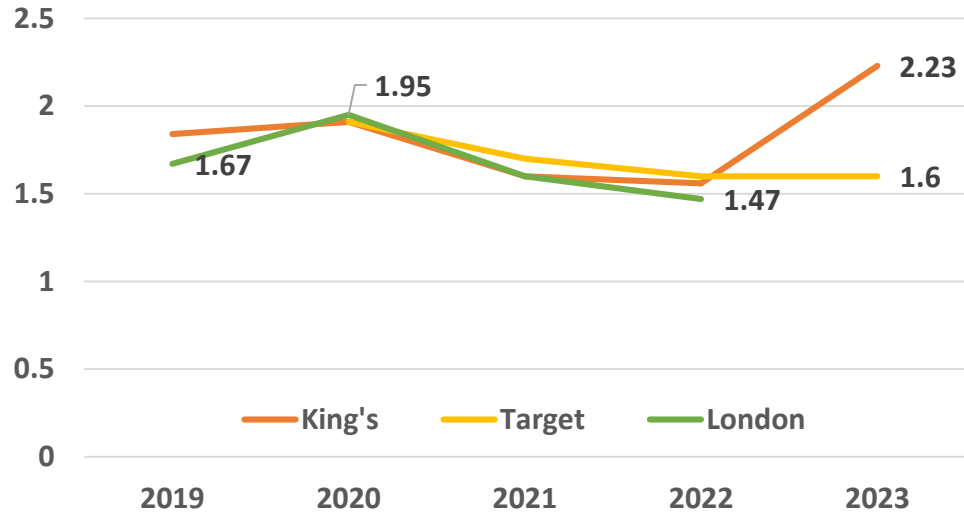
London 2023 average TBC

No. of declared staff entering formal disciplinary process		'19/'20	'20/'21	'21/'22	'22/'23
	BME	80	45	42	55
	White	49	19	22	19
	No data	x	X	3	8
	Total	129	64	63	82

Data insights

The WRES metric 3 this year has changed, and is based on "year end data" whereas last year it was a 2 year average which encompassed the pandemic period where there were much fewer cases

In 22/23 there was an increase of 15 formal cases across all ethnicities (82 in total)

In 22/23 there were:
- 3 fewer cases involving White colleagues
- 12 more cases involving BME colleagues
- The table below highlights an improvement within the two years as 60% of all disciplinary cases involved BME staff in 2021/22 in comparison with 70% in 2020/21.

Actions taken

All disciplinary cases go through a pre-investigation and fact finding exercise and the Senior ER Advisers liaise with management on each case. A Pre Investigation Checklist (PIC) form is also completed for each case and is presented at a Triage Panel.

Taking informal action wherever possible; in cases of low-level misconduct this would mean talking to the staff concerned and making them aware of concerns and expectations. As part of the consideration the panel consider having a conversation of concern and documenting this prior to moving to a formal investigation. However if misconduct continues or a more serious incident occurs, it may be necessary to begin a disciplinary investigation, which could result in a formal disciplinary sanction.

Actions planned

Embed Cultural Intelligence (CQ) in the disciplinary process by delivering CQ training with stakeholders involved in the disciplinary process and explore embedding CQ in the disciplinary process.

Regularly evaluate each disciplinary via demographic to pro-actively identify potential themes and causation.

Relative likelihood of White staff accessing non-mandatory training and CPD, compared to BME staff. (BETTER)

King's — Target — London

London 2023 average TBC

	'21/'22		'22/'23	
	White	**BME**	**White**	**BME**
Number of staff accessing non-mandatory training and CPD	2,859	3,330	2,490	3,687
Likelihood of staff accessing non-mandatory training and CPD	50%	48%	44%	50%
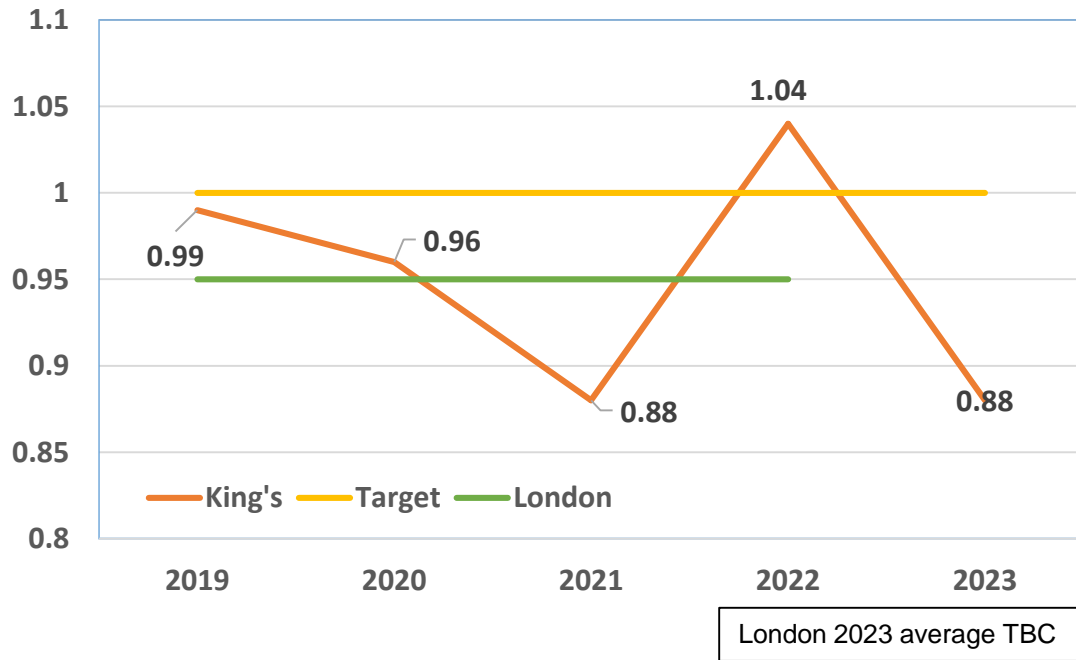
Data insights

The number of BME staff accessing non-mandatory CPD **increased** by 357, while the number of White staff accessing non-mandatory CPD decreased by 369.

Non-mandatory training refers to any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation (e.g. clinical records system training).

Accessing non-mandatory training and CPD – in this context refers to courses and developmental opportunities for which places were offered and accepted.

Actions taken

King's Kaleidoscope launched in May 2022 as our Trust-wide learning and development offer for all staff at King's.

Actively monitored demographic data for programmes and have worked closely with staff networks to improve the reach and communication of our offer.
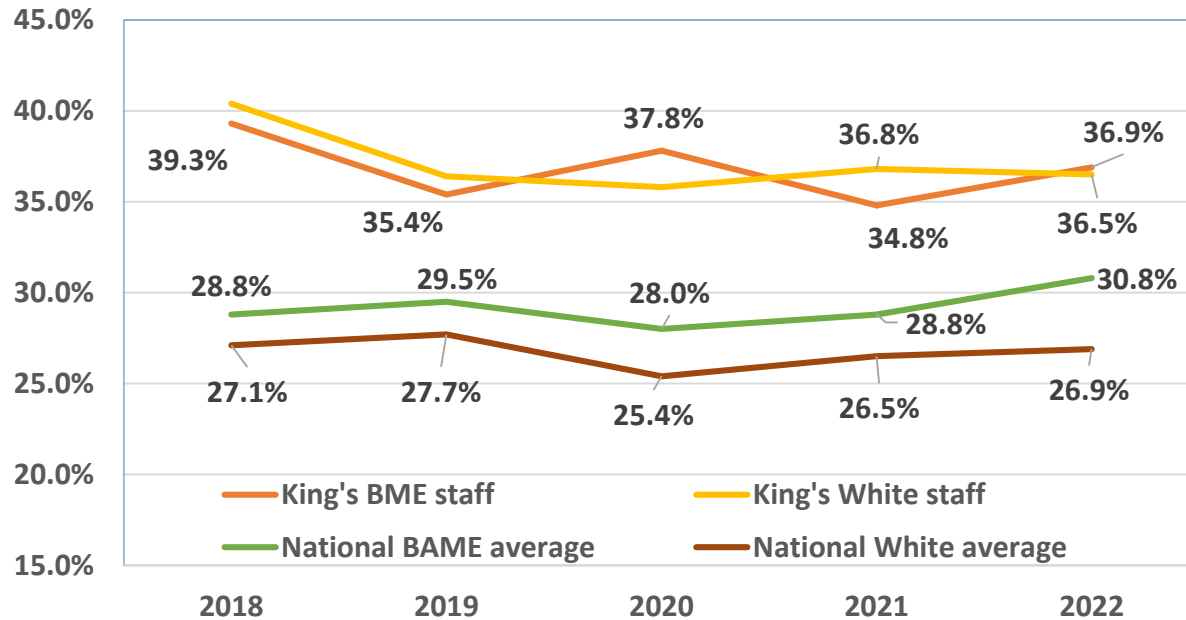
Actions planned

Increase offer included on Kaleidoscope and continue to utilise REACH network to ensure ethnic minority staff are aware of offer.

WRES Metric 5: Bullying & Harassment (Patients & Public)

BME staff experiencing harassment, bullying or abuse (BHA) from patients, relatives or the public within the last 12 months. (WORSE)

Responses	2018	2019	2020	2021	2022
White	2,487	2,538	2,632	2,551	2,907
BME	1,788	2,037	2,177	2,348	3,116

Data insights

We have **worsened** in this Staff Survey 2022 metric by 2.1% Our worsening performance mirrors the NHS national BAME average worsening of 2%, which aligns to the return of patients, relatives and members of the public to hospital sites following the pandemic. Research also suggests violence and aggression against staff is increasing across all sectors, despite interventions.

Actions taken

1,550 members of staff have completed Active Bystander training, which equips and empowers staff to challenge inappropriate behaviour; since October 2022 have attended a 75 minute session which includes a race case study. We have also:
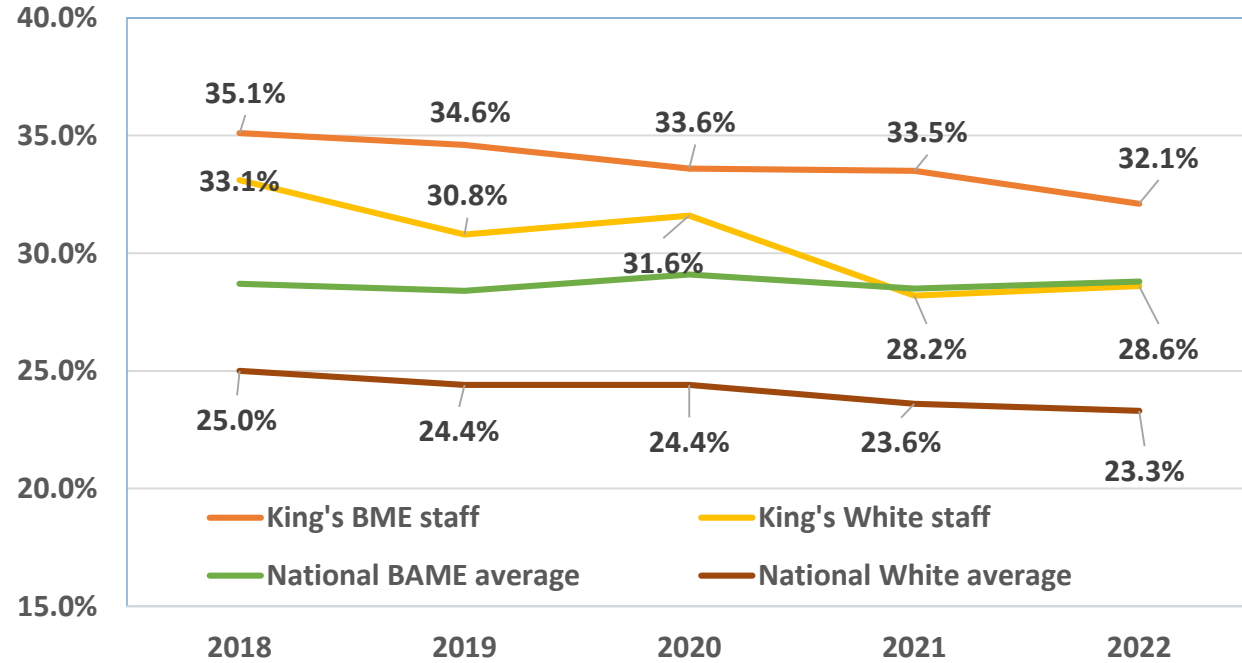
- Increased availability of conflict resolution training
- Targeted work in high-risk areas
- Increased availability of staff psychology and health and well-being support
- Provided Education around reporting of incidents and encouragement to report to the police

Actions planned

- Rolling out Active Bystander "part 2" training
- Develop new communications campaign (learning from companies such as TFL)
- Launch specific guidance around managing hate-motivated incidents in new Supporting Positive Behaviour Policy
- Create specific warning letters for those incidents that are hate/racially-motivated
- Change to Inphase incident coding to better identify types of violence and aggression (e.g. racist abuse)

WRES Metric 6: Bullying & Harassment (Workforce)

BME staff experiencing harassment, bullying or abuse (BHA) from staff within the last 12 months (BETTER)

King's BME staff: 35.1% (2018), 34.6% (2019), 33.6% (2020), 33.5% (2021), 32.1% (2022)

King's White staff: 33.1% (2018), 30.8% (2019), 31.6% (2020), 28.2% (2021), 28.6% (2022)

National White average: 25.0% (2018), 24.4% (2019), 24.4% (2020), 23.6% (2021), 23.3% (2022)

Legend:
- King's BME staff
- King's White staff
- National BAME average
- National White average

Responses	2018	2019	2020	2021	2022
White	2,473	2,533	2,637	2,555	2,910
BME	1,774	2,028	2,183	2,344	3,116

Data insights

We have **improved** in this Staff Survey 2022 related metric by 1.4%.

In the same period, experiences of White staff worsened by 0.4%, which means the disparity in experiences has reduced.

Actions taken

Launched King's Ambassador scheme, which currently include 58 colleagues who role model our values and provide objective advice/support on topics such as: inclusion, health and well-being and freedom to speak up.

Almost 200 online on demand race/ethnicity video based training sessions have been completed on: Understanding Race Bias at Work, The Impact of Micro-behaviours in the Workplace and Cultural Awareness.

Actions planned

Increase the number and diversity of King's Ambassador's.

Deliver an EDI forum for all King's Ambassadors to ensure they have the knowledge to support colleagues who experience bullying/harassment.

Rolling campaigns with Anti-Bullying Week; working with hotspot areas to target issues in the specific teams.

BME staff believing that the Trust provides equal opportunities for career progression and promotion. (BETTER)
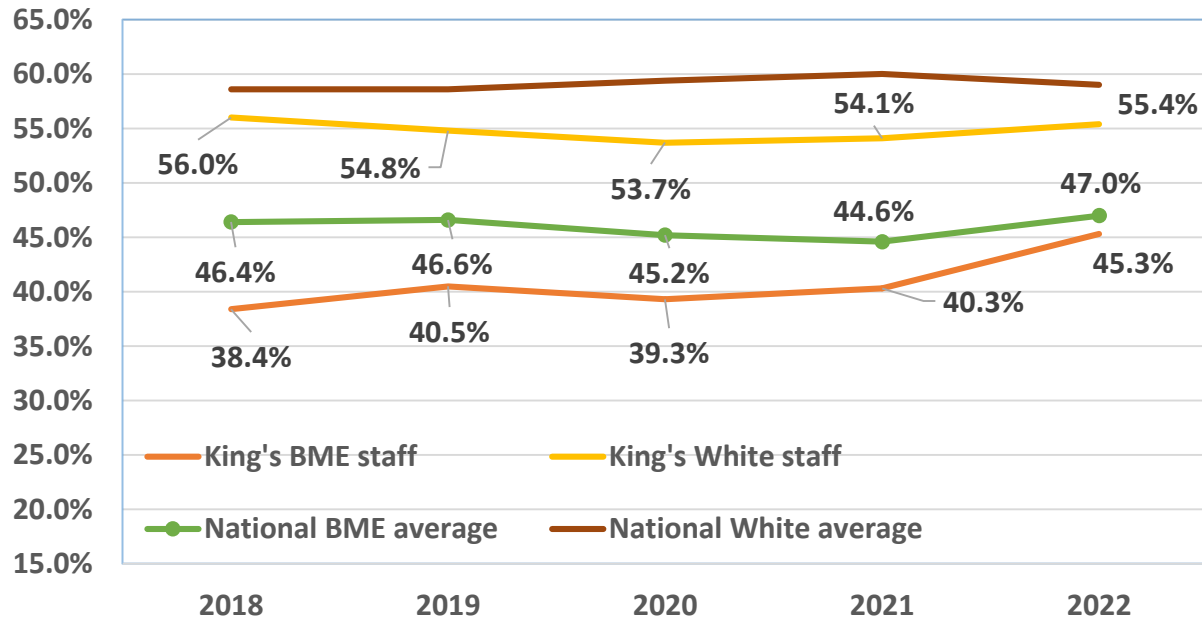
Responses	2018	2019	2020	2021	2022
White	2,484	2,527	2,642	2,553	2,912
BME	1,793	2,039	2,191	2,359	3,122

Data insights

We have **improved** in this Staff Survey 2022 related metric by 5%. King's improvement is twice the rate of national improvement in the last year.

In the same period, White staff responses improved by 0.4%, which means the disparity in experience has also reduced.

Actions taken

Launch of REACH staff networks career development sessions for ethnic minority staff which has covered topics such as: career success, personal development, job application, presentation and interview skills. So far 5 colleagues on the programme have successfully applied for new senior internal roles.

Actions planned

Increase number of REACH career development sessions.

Develop a career development and talent management framework for King's.

Identified seven Care Group's/departments who significantly under-perform in relation to this metric, and begun bespoke work with them, including sessions planned on reducing "Innocent Ignorance".

Personally experienced discrimination at work from a manager/team lead /colleague (BETTER)
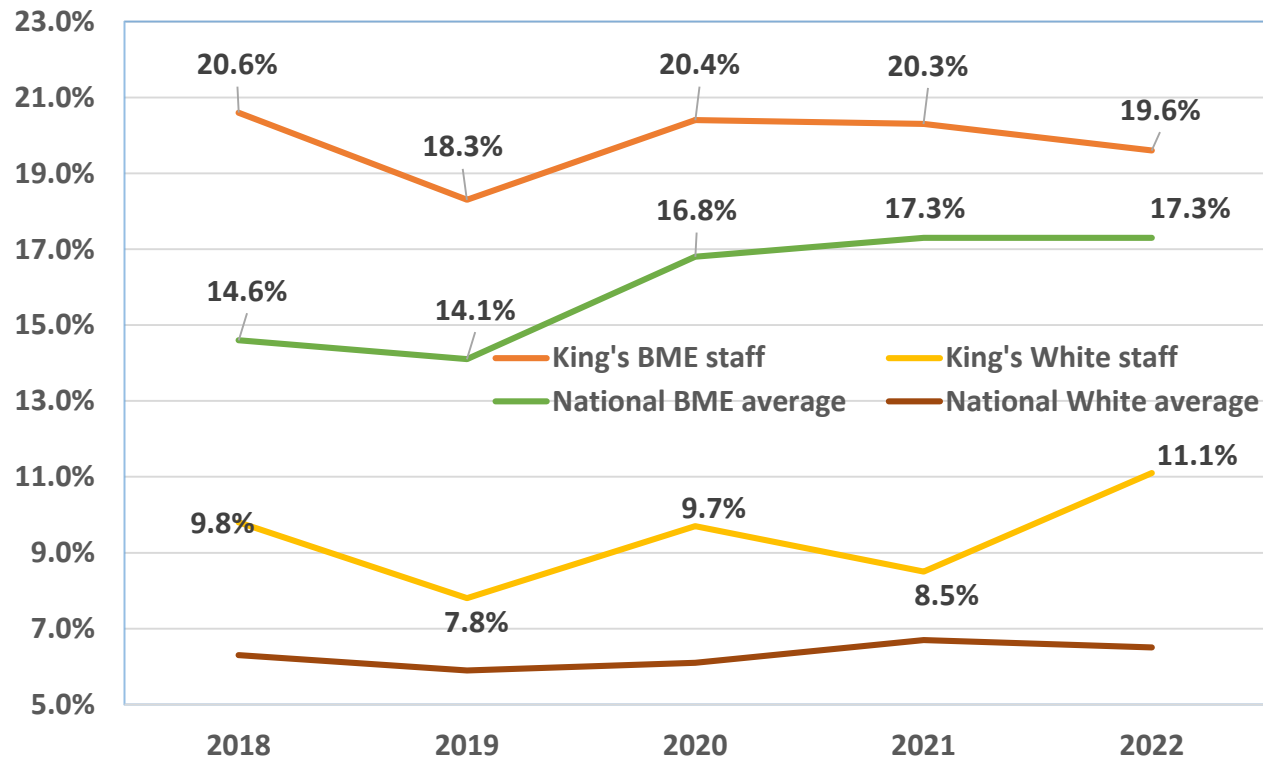
Responses	2018	2019	2020	2021	2022
White	2,479	2,543	2,618	2,543	2,897
BME	1,783	2,027	2,169	2,335	3,094

Data insights

We have **improved** by 0.7% in relation to this 2022 Staff Survey question.

In the same period, the experiences of White staff worsened by 2.6%, which means the disparity in experience (although still large) has reduced.

Actions taken

Accredited 13 members of staff as Cultural Intelligence (CQ) "trained trainers" and delivered several training sessions on Cultural Intelligence.

102 CQ psychometric assessments have been completed and more than 50 Cultural Intelligence training sessions have been delivered.

300 colleagues attended an online session on how to complete an Equality Risk Assessment Framework (ERAF) and 28 new ERAF's have been completed with EDI team consultation.
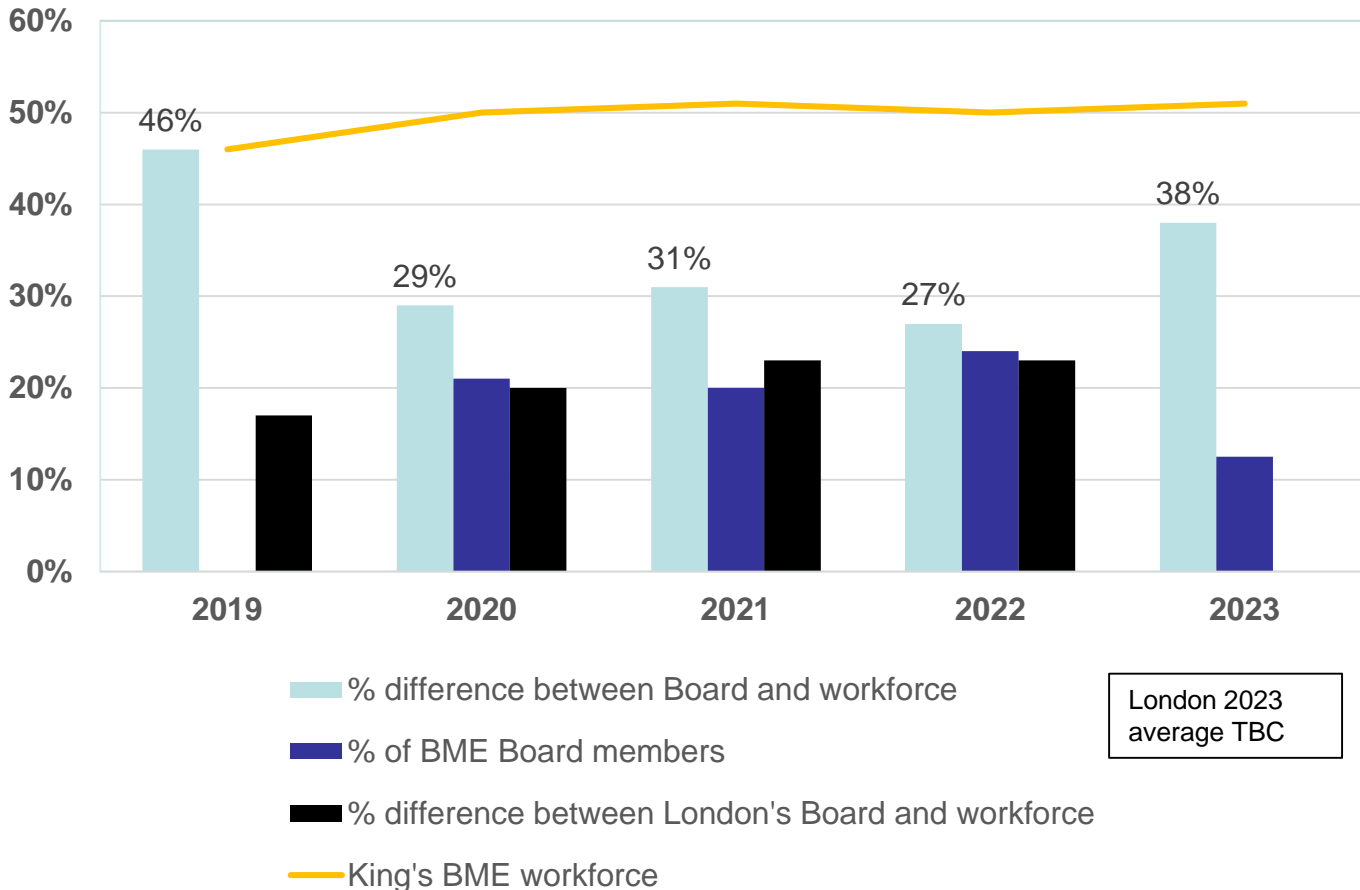
Actions planned

Formally roll out King's Cultural Intelligence programme and enable 400 more colleagues to complete personalised CQ psychometric assessments.

Roll out Active Bystander Extra, which builds on the framework that the Active Bystander training has laid out, and aims to provide staff with more confidence when challenging unacceptable behaviours in the workplace.

WRES Metric 9: Board Representation

Percentage difference between the organisation's board voting membership and its overall workforce (WORSE)

Chart data:

Year	% difference between Board and workforce	% of BME Board members	% difference between London's Board and workforce
2019	46%		17%
2020	29%	21%	20%
2021	31%	20%	23%
2022	27%	24%	23%
2023	38%	12.5%	

King's BME workforce (line): approximately 46% in 2019 rising to 51% in 2023.

Legend:
- % difference between Board and workforce
- % of BME Board members
- % difference between London's Board and workforce
- King's BME workforce

London 2023 average TBC

Data insights

There is a 38% difference between our Board voting membership and our BME overall workforce.

Two factors behind the **14% worsening** is:

- An decrease of 1 BME Board member
- An increase in the number of staff not sharing their ethnicity on ESR from 8% to 10%.
- An increase in BME representation from 50% to 51%

Actions taken

Half day Cultural Intelligence (CQ) session delivered to King's Executive.

Procured Executive coaching support for EDI.

Actions planned

King's Executive to assess their CQ via a personalised report which will help target behaviours and actions meaningfully.

Executive's to access specialist EDI coaching support.

Explore development a future VSM programme for Kings.

WRES: Project Plan (Summary) 2023 - 2024

The below tables summarises the key projects which will deliver King's Workforce Race Equality Standard action plan (which aligns to the Roadmap to Inclusion 2022-2024 as well as the NHS England EDI Improvement Plan) and is overseen by the EDI Delivery Group, which feeds into the King's Executive and the Quality, People and Performance Committee. A more detailed project plan which includes project milestones, specific tasks and action owners is available to view on request.

High Impact Action 1:

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

King's Executive to assess their CQ via a personalised report which will help target behaviours and actions meaningfully.

Executive's to access specialist EDI coaching support.

Explore development a future VSM programme for Kings.

Publish Executive's EDI objective for staff to view.

High Impact Action 2:

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

Complete the ongoing inclusive recruitment audit actions.

Delivery Inclusive Recruitment training "part 2" as well as Inclusive Recruitment "roadshows" for all staff.

Develop a proposal for Inclusive Recruitment training to become mandatory for manager's.

Pilot "independent interview panel member" role as well as REACH Network participation in interview panels.

Update Recruitment Policy and explore positive actions within it, e.g.: written feedback for unsuccessful applicants.

Develop mock interview practical sessions with ethnic minority staff.

Increase number of REACH career development sessions.

Develop a career development and talent management framework for King's.

Identified seven Care Group's/departments who significantly under-perform in relation to this metric, and begun bespoke work with them, including sessions planned on reducing "Innocent Ignorance".

Increase offer included on Kaleidoscope and continue to utilise REACH network to promote offering.

WRES: Project Plan (Summary) 2023 - 2024

High Impact Action 3:
Develop and implement an improvement plan to eliminate pay gaps.

Utilise the Diversity Dashboard by identifying areas of King's with the largest under-representation and setting goals for those areas to improve representation.

Develop a talent management programme for King's and explore a "Future VSM" programme targeted at 8c and above.

Reduce "no data" from 10% to national average of 5% by continuing to work with Capita, increasing psychological safety and improving communications.

Participate in the NHS NExT Director Scheme.

High Impact Action 4:
Develop and implement an improvement plan to address health inequalities within the workforce.

Achieve a goal of 150 mentors who list ethnicity as an expertise and 150 mentees who list ethnicity as an interest within the first year of the reciprocal mentoring programme.

Launch our virtual reality training programme, which will increase understanding of differences in race/ethnicity related lived experiences.

High Impact Action 5:
Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.

Review of pilot preceptorship programme for Internationally Educated Nurses with plan to launch Trust wide later this year. When implemented, this will ensure that all newly registered nurses who come to King's will receive a comprehensive programme of education which supports their particular learning and development needs.

Continue to deliver a comprehensive induction and onboarding programme which includes EDI training during Internationally Educated Nurses "Transitions Days".

WRES: Project Plan (Summary) 2023 - 2024

High Impact Action 6:
Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Formally roll out King's Cultural Intelligence programme and enable 400 more colleagues to complete personalised CQ psychometric assessments.

Roll out Active Bystander Extra, which builds on the framework that the Active Bystander training has laid out, and aims to provide staff with more confidence when challenging unacceptable behaviours in the workplace.

Increase the number and diversity of King's Ambassador's.

Deliver an EDI forum for all King's Ambassadors to ensure they have the knowledge to support colleagues who experience bullying/harassment.

Rolling campaigns with Anti-Bullying Week; working with hotspot areas to target issues in the specific teams.

Develop new communications campaign (learning from companies such as TFL) to reduce abuse from patients/visitors.

Launch specific guidance around managing hate-motivated incidents in new Supporting Positive Behaviour Policy.

Create specific warning letters for those incidents that are hate/racially-motivated.

Change to Inphase incident coding to better identify types of violence and aggression (e.g. racist abuse).

Create an "Expected codes of behavior" style document for patients on arrival that highlights King's zero tolerance approach.

Embed Cultural Intelligence (CQ) in the disciplinary process by delivering CQ training with key stakeholders and explore embedding CQ in the disciplinary process.

Regularly evaluate each disciplinary via demographic to pro-actively identify potential themes and causation