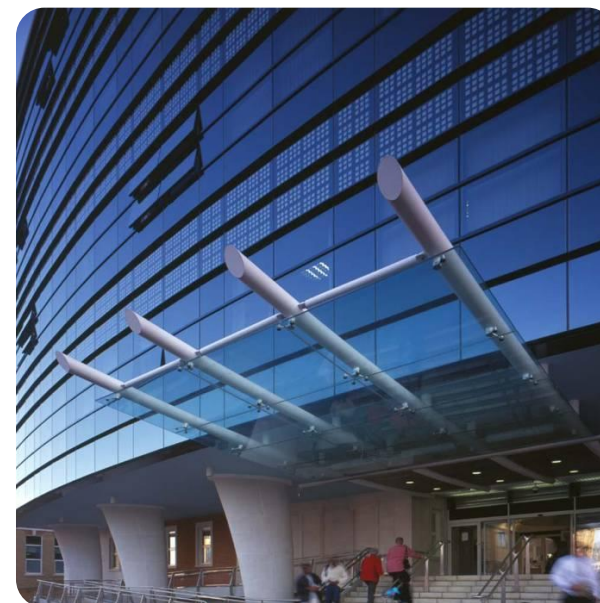
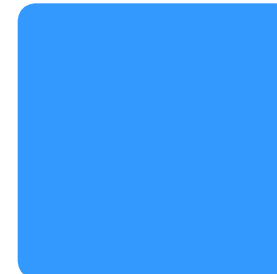


Workforce Race Equality Standard Report 2024/2025

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KING'S HEALTH PARTNERS

Introduction, aim and background:

Introduction and aim: This report sets out the Workforce Race Equality Standard (WRES) for King's College Hospital NHS Foundation Trust (King's) for the years 2024–2025, based on workforce data collected from 31 March 2024 to 31 March 2025.

The report aims to review the Trust's performance against the nine national WRES indicators and to identify progress, challenges, and areas for improvement since the 2023–2024 reporting year. It will provide an objective assessment of King's efforts to enhance the representation, experiences, and opportunities of Black and Minority Ethnic (BME) colleagues, reaffirming the Trust's commitment to fostering an inclusive and equitable workplace for everyone.

Background: The Workforce Race Equality Standard (WRES) was introduced in 2015 as a mandatory national reporting requirement to promote accountability and transparency within NHS organisations. Its purpose is to identify, monitor, and improve workforce representation, while enhancing staff experiences and ensuring equal opportunities for colleagues from BME backgrounds.

As one of the most ethnically diverse Trusts in London, with 57.5% of its staff identifying as BME, King's is committed to ensuring the richness of diversity within its workforce and communities served is also reflected at the most senior levels in the Trust. To ensure this happens, improving diverse representation and staff experience at our most senior levels will be a key priority in our next People Strategy, which is expected to launch mid-2026.

Terminology: BME is used in this report to align with NHSE WRES reporting terminology. We acknowledge that this term does not fully reflect the diversity of our colleagues, and we are using it as a holding position while we work with our ethnically diverse colleagues and staff networks to agree a more inclusive, representative, and Trust-wide term that best reflects how colleagues wish to be described and included.

WRES 2023/2024 Performance Summary

	Indicator	'23 - '24	'24 - '25	Status:
1a	Workforce representation: overall	55.2%	57.5%	2.3% better
1b	Workforce representation at Agenda for Change Band's 8a and above	30.4%	31.4%	1% better
1c	Workforce representation: VSM/Senior Medical Managers	30.9%	30.8%	0.1% decline
2	Relative likelihood of White applicants being appointed from shortlisting compared BAME applicants	1.65	1.82	0.17 decline
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff	1.85	2.17	0.32 decline
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	1.04	1.23	0.19 decline
5	BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public	33.5%	34.5%	1% decline
6	BME staff experiencing harassment bullying or abuse from staff in the last 12 months	29.2%	27.9%	1.3% better
7	BME staff believing King's provides equal opportunities for career progression or promotion	46.1%	44%	2.1% decline
8	BME staff experiencing discrimination at work from manager/leader/ or other colleagues	18.7%	17.2%	-0.15% better
9	Percentage difference between King's board voting membership and its overall workforce	-41.9%	-38.7%	3.1% better

WRES Indicators: Data Analysis Summary

Representation:	BME overall workforce representation has increased by 2.3% from 55.2% to 57.5%. This is above the NHS London average of 53.9%.
Recruitment:	The likelihood of White staff being appointed over BME from shortlisting has declined from 1.65 in 2023-4 to 1.82 this year, which is a 0.17 decrease in likelihood of being shortlisted. But also, the number of applicants not declaring their ethnicity during recruitment has increased by 19% from last year.
Disciplinary:	Overall figures for the Trust in regards to the number of employees undergoing the formal capability process has increased. BME staff are now 2.17 times more likely go through a formal process, in comparison to 2023-4 which was 1.85 times. This is now an 0.32 increased likelihood in one year. Staff entering this process without a declared ethnicity status is 0.32 times lower than last year.
Access to Training:	White staff are 1.23 times more likely to access non-mandatory training/CPD training than BME staff. This has increased by 0.19 from last year (1.04).
Bullying and Harassment:	The overall reporting by BME staff on incidents of bullying and harassment from staff has reduced by 1.3% from 29.2% (2023-4) to 27.9% (2024-5). BME staff experiencing bullying and harassment from patients/relatives/public has declined by 1.3%.
Career progression:	This has declined by 2.1% for BME staff from to 44% and 1.9% for White staff to 51.1%. Overall, 44% of BME staff that completed the staff survey believe there are equal opportunities for career progression and promotion (56% did not).
Board representation:	BME representation at Trust Board level is at 18.8%, an increase of 5.4% from the previous year. Percentage difference between King's BME voting board membership compared to its overall workforce saw an increase of 3.1%.

Metrics: improvements and development (summary)

Improvements:

- **Indicator 1a:** workforce representation increased by 2.3% (from 55.2% (2023/4) to 57.5% (2024/2025)).
- **Indicator 1b:** Agenda for Change (AfC) marginally increased by 1% (from 30.4% (2023/4) to 31.4% (2024/2025)).
- **Indicator 6:** We have marginally closed the gap between King's BME score and the national BME average score (3.1% difference),
- **Indicator 9:** The percentage difference between the voting Board and the overall workforce narrowed by 39% compared to 41.9% in the previous year (18% BME voting Board Member against a 57.5% workforce baseline). Our workforce has become more diverse, but our Board hasn't moved at the same pace.

Developmental areas:

Indicator 1c: Workforce representation: VSM/Senior Medical Managers. A decline of 0.1% from the previous year.

Indicator 2: White applicants were 1.82× more likely than Ethnic minority applicants to be appointed from shortlisting.

Indicator 3: BME staff were 2.17× more likely to enter a formal disciplinary process in comparison to White staff.

Indicator 4: White staff were 1.23× more likely to access non-mandatory training/CPD.

Indicator 5: Bullying, Harassment and Abuse from staff fell for both BME and White staff by 1%.

Indicator 7: We have seen an overall worsening in King's staff believing the trust provides equal opportunities for career progression and promotion both White and BME staff.

Indicator 8: discrimination at work from a manager or colleagues fell to 17.2% for Ethnic minority staff.

Next steps: moving from intent to impact

Our ambition:

From this WRES reporting cycle onwards, King's will launch a three-year Workforce Racial Equity, Inclusion and Anti-Racism (WREIAR) Strategic Plan, marking a clear departure from the traditional annual planning model used by most NHS Trusts. This longer-term, transformational approach is designed to embed sustainable change and position King's as a leader in advancing systemic and enduring racial equity across the NHS.

Why this new approach?

This plan will provide the strategic clarity, continuity, and momentum needed to deliver lasting impact through a three-year framework supported by annual delivery plans. The WRES report will serve as a yearly measurement tool to track progress, evaluate the effectiveness of actions, and refine priorities as needed. By moving beyond short-term cycles, the Trust will focus on embedding meaningful, sequenced actions in collaboration with key stakeholders, ensuring progress is both sustained and strategically aligned over time.

Development:

The Three-Year WREIAR Strategic Plan will launch and be published on the Trust website by mid-December 2025. The first draft is currently being developed using the findings of this report and in collaboration with the staff who support our ethnic diversity and interfaith networks, to ensure lived experiences and staff voices are key contributors in its design. The plan will align directly with the EDI objectives which will form a core pillar of the new People Strategy, which is expected to launch in 2026.

Plan priorities:

1. **Increase senior representation** of ethnically diverse colleagues at Band 8A and above through to Board level.
2. **Eliminate structural and systemic barriers** across the employee lifecycle including recruitment, performance, talent management, and learning and development.
3. **Foster a inclusive, culturally intelligent and anti-racist culture** by developing inclusive and accountable leaders, building psychological safety and creating safe spaces for open dialogue, embedding a trusted and HR compliant restorative approaches within disciplinary and grievance processes. Strengthening workforce capability in cultural intelligence, equity, inclusion, allyship, and anti-racism and reduce bullying, harassment, and discrimination through education and prevention practice.

Next steps: moving from intent to impact

The Workforce Racial Equity, Inclusion and Anti-Racism plan oversight will be held by the following:

Measuring impact annually:

- Trust's racial 'representation' and 'inclusion of experience gap' aspirational targets
- WRES data reporting – annual metrics progress assessment
- Ethnicity pay gap reporting (King's has committed to start data reporting from 2026)
- Each items will have individual success indicators

Accountability:

- **The senior responsible officer:** The Chief People Officer
- **Strategic oversight:** The Director of Equity, Diversity and Inclusion (EDI) and Organisational Development.
- **Operational management:** EDI Partner and Racial Equity Lead
- **Operational owners:** cross-functional people directorate
- **Specialist advisors:** The Reach and Inter-Faith and Belief Networks
- **Working group:** Racial Equity and Anti-racism Steering Group

Governance group:

- **Accountability:** The EDI Committee
- **Operational Assurance:** The Culture Transformation Steering Committee (CTSC)
- **Strategic Assurance:** The People, Inclusion, Education and Research Committee (PIERC)