Equality, Diversity and Inclusion
Workforce Annual Report
2018 to 2019
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1. Our achievements

Work is continuing to progress in the area of equality and diversity:

✓ Structure – a non-executive director now chairs the committee, which is now a Trust Board Committee emphasising the Trusts commitment to this.

✓ Training – Compliance with mandatory Equality & Diversity Training incorporating the Equality Act Legislation is now compulsory for all staff. All managers and leaders undertaking a qualification within the Trust also have this included as a mandatory learning objective.

✓ Reporting – The Trust has complied with all national reporting (eg WRES & Gender) as well as taking part in WRES data collection and processes across London.

✓ Indicators – there has been significant improvement in a number of WRES indicators as well as gender data

✓ Dignity at Work Champions - The Trust has formed a diverse range of staff who are designated as Bullying at work champions and are there to support other staff members.

✓ Staff Support – The lead for Equality & Diversity continues to provide direct support to staff on a range of issues around race and culture, disability and bullying and harassment.

✓ Interpreting Service - The Trust has an Interpreting Policy and uses language line for its interpretation and translation services. The interpreting services ensure staff members meet the needs of clients whose first language is not English for who have sight or hearing impairment.

✓ Chaplaincy Services - The Chaplaincy Department seeks to offer high quality pastoral and spiritual care to all patients, clients, carers and staff within the Trust and is available to all and welcomes referrals from colleagues and carers alike. The Trust also has a designated staff chaplain.

✓ Millennial workforce – Focus groups have taken place with this group of staff to better understand their expectation and needs within the workplace.

✓ Equality Impact Assessments – The Policy and processes have been ratified and are now in place, along with a staff training programme that can be accessed for anyone who is not sure on how to conduct these.

✓ Positive about Disability – replacing the old two ticks symbol the Trust has committed to this action plan to improve the experience for staff with disabilities.
2. Executive Summary of Key Points

Age - There have been no significant changes in the workforce composition in regards to age since 2015/16 except in an increase in staff in their 20s by 2.5% from last year which would concur with the Trusts strategy about increasing the number of apprenticeships. Staff in their 20’s also account for largest amount of staff at 405 in the Qualified Nursing Group which is reflective of the international recruitment that has taken place.

Gender – There has been an increase in male workers by 0.9%. The gender report also established that there has been a significant increase in the number of senior female staff so it appears that whilst there are slightly fewer, they are holding more senior positions.

Disability – This year only 0.8% of the workforce has declared themselves as having a disability which is a reduction by almost 1% on previous years. Further work will need to be undertaken in this area to increase the declaration rate which we believe anecdotally is under-reported and to increase awareness amongst staff and managers around their rights and responsibilities in this area.

Marriage & Civil Partnership – The percentage of staff declaring themselves as married has decreased slightly since last year and is now 44.3%. The percentage of staff with civil partnerships, divorced and separated has remained the same. There has been a slight increase in staff declaring themselves as staff by 0.9%.

Pregnancy & Maternity – Maternity leave was taken across all staff groups as with previous years. The highest percentage of employees on maternity leave are those aged in their 30s.

Race/ Ethnicity – There has been a steady increase in staff from a Black, Asian and minority ethnic (BAME) background since 2015/16. This year has seen the biggest increase with BAME staff accounting for 37.9% of the overall workforce, an increase of 3%. A greater number of BAME staff (57%) were promoted between April 2018 and March 2019 in comparison with the workforce profile where the total number of BAME staff is 37.9%.

Religion or Belief – The Trust workforce shows Christianity at 57.7% is the highest percentage from staff declaring their religious belief. The overall workforce split on religion or belief has mostly stayed the same since 2015/16 with slight variances. This year there has been a reduction in staff Not Declared by 1%

Sexual Orientation and Gender reassignment – The workforce split by sexual orientation has largely remained the same in the last few years but in the last year there has been another reduction in staff Not declared by 1.1%.
3. Introduction

Who we are

Kingston Hospital NHS Foundation Trust is a district general hospital providing services to approximately 350,000 people in the surrounding area including Kingston, Richmond, Roehampton, Putney and Elmridge. We provide a full range of diagnostic and treatment services and have a national reputation for innovative developments in healthcare, particularly in ‘patient-focused’ care across our services including emergency, day surgery and maternity services.

We are also the first acute Trust in London to have been rated ‘Outstanding’ by the Care Quality Commission (CQC) for overall Quality and Leadership and Care which is at the forefront of the Trust’s values.

Our Vision is: Working together to deliver exceptional, compassionate care – each and every time.

Our values are:

- Caring
- Safe
- Responsible
- Well led

The Trust also has a ‘True North’ statement to act as a guiding compass for staff. This statement is ‘Patient First’. To support the delivery of the True North the strategic themes which are detailed below along with strong foundations.
Data Sources and general reporting principles
The data used in this report is sourced from the Electronic Staff Record (ESR), NHS Jobs Records, OLM (Oracle Learning Management), NHS Staff Survey and the Office of National Statistics (ONS).

Within ESR and other databases, certain protected characteristics may have data quality gaps, where staff have opted not to disclose their personal information. This is a common dynamic across most NHS organisations.

With regard to formal employee relations procedures, particularly where the total number will be low, it may be imprudent to assess these as being statistically significant or a viable source for comparative analysis. It should also be noted that where staff survey data is quoted this is from a percentage of staff that respond to the survey so cannot be seen as a comprehensive data source across all staff.
4. Delivery of Equality Objectives

Kingston Hospital NHS Foundation Trust is committed to promoting equality and valuing diversity within its workforce and service users. The Trust is compliant with its workforce requirements under the Public Sector Equality Duty, and publishes annual employment information. The following is a brief overview of some of the main standards and frameworks that the Trust reports equality data under.

Equality Delivery System

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity council and was launched by NHS England in July 2011. It has since been revised and is now in its second edition, EDS2. The EDS2 is a system that helps NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010. Use of EDS2 can help NHS organisations deliver on the Public Sector Equality Duty. The Trust uses EDS2 in conjunction with others as a continuous assessment tool.

Workforce Race Equality Standard

Implementation of the NHS Workforce Race Equality Standard (WRES) is a requirement for NHS Commissioners and NHS healthcare providers. Providers are expected to report and show progress against a number of indicators of workforce equality. Its aim is to ensure employees from black minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The Trust is compliant with the requirements of WRES and has been reporting yearly since its introduction into the NHS standard contract in 2015.

Details of the Trust’s WRES scores for 2018 can be seen in Appendix 1 along with Trust’s scores against the national average, previous years and our local comparators. The Trust is making progress and has improved across 7 out of 9 indicators.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) comes into force on 1 April 2019. WDES is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

The Trust is working towards submitting its first set of data for WDES this year which is the first year it will be required.

Gender Pay Gap Report

In 2017 the government introduced the Equality Act 2010 (Gender Pay Gap information) Regulations. The regulations require all employers of 250 or more employees to publish their gender pay gap information annually. The gender pay gap is the difference between the average (mean or median) earnings of men and women across an organisation. In compliance with the legislation the Trust has reported on its gender pay gap data annually since 2017.

This year’s gender pay gap data shows that there has been a reduction in the mean hourly rate pay gap by 3% and median hourly rate pay gap by 2.3%. This is partly due to the increase in the mean
hourly rate of pay for women by £1.18 from last year and an increase in the median hourly rate of pay for women by £2.11. The data is reflective of the changes in the workforce with an increase of women in more senior roles.

The report for 2019, which is available on the Trust’s website, details a review of the Trust’s position and progress made against previous years.

**Engagement with Staff and Trade Unions**

The Trust is committed to fostering positive relations and working in partnership with its staff and Trade Unions. The Trust Partnership Forum (TPF) is a committee comprising of both Trust and Trade Union representatives. The committee meets monthly to share and consider Trust updates and agree action on various matters. In the last year the TPF has considered the following matters:

- Workforce updates
- Employee Relations
- Pay and staff benefits
- Policies and ratification
- Equality and Diversity
- Service transformation
- Organisational change
- Learning and Development
- Operational planning (including Brexit)
- Employee engagement (including staff survey)
5. Workforce Profile

Further information on this analysis shown below along with a review of our previous years and the various activities we have taken in seeking to address any issues highlighted. The information has been organised according to each of the following nine protected characteristics as defined by the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race/Ethnicity
- Religion or belief
- Gender/ Sex
- Sexual Orientation

As well as including general data on promotions, disciplinaries leavers etc.

5.1 Workforce by Age

Trust for London data states that London has a much higher proportion of its population in the age range 25-34. This is also reflected in the Trust’s workforce with over half of the Trust’s overall staff (51.7%) aged under 40. There have been no significant changes in the workforce composition in regards to age since 2015/16. However, the most noticeable variation is the increase in staff in their 20s by 2.5% from last year (see fig 2 below). This would concur with the known increase around younger staff joining as apprentices. Staff in their 20’s also account for largest amount of staff at 405 in the Qualified Nursing Group. Specific focus group work has been undertaken with this group (known as the Millennials) to better understand what they want from a working environment.

![Staff in Post 2018/19](image_url)
The age profile of the workforce is slightly different to that of the wider NHS, where more staff are shown to be in the older age brackets (19% aged 65 and over nationally in the NHS) whereas Kingston appears to have decreased numbers in this area over the last year.

Admin and Clerical actually have one of the largest percentages where the workforce is in their 60s and 70s followed by nursing. The Trust is committed to increasing its attractiveness to people of all age groups through a range of measures including the widespread provision of development and flexible working. However further work will need to be undertaken over the course of the next year.
to understand how we can better attract and retain the full age range of experience in the workforce.

5.2 Workforce by Gender

The Office for National Statistics (ONS) reported that the female employment rate has been steadily increasing since 2012 and in 2018 - 71.3% of women aged 16-64 were reported as being in employment. There has been little significant change in the overall gender split within the workforce in the past year however, what the Trust is seeing is a trend over the past few years of increasing male workers within the workforce.

Fig 4

The current gender split is 76% female and 24% male showing an increase in male workers by 0.9%.

The majority of workers within the Trust remain female and from qualified nursing which is typical of NHS organisations but the trend this and preceding years does appear to show an increase in male staff and a decrease in female staff, as can be seen by the data and charts below.

The workforce split has stayed broadly the same across the bands up to band 8b. In bands 8c to 8d there has been an increase in female workers and the number of female workers within the VSM pay band has almost doubled to 69.2%. So it appears that whilst there are slightly fewer women, they are holding more senior positions. This has had a positive impact on reducing the gender pay gap within the Trust.

The Trust has made progress in addressing the problem of underrepresentation of women in leadership roles. Part of our longer term strategy on addressing gender issues includes actions the trust is taking such as providing accredited leadership development programmes that support women into leadership roles. Last year the Trust also launched a campaign to encourage more female applications and participation from all eligible Consultants as a whole for the Local Clinical Excellence Awards (LCEAs). Clinical Excellence Awards are currently the only form of bonus payments made within the Trust. Historically the majority of awards made have been to men. The Trust provided training sessions for all Consultants to provide guidance on completing a good quality application and as a result of the positive action taken by the Trust there was an increase in the number of female applications for the 2018 LCEAs from 16 in 2017 to 23 in 2018. Of those 23 applicants all were successful in receiving an award. Figure 5 overleaf shows the split of gender by band.
Fig 5

<table>
<thead>
<tr>
<th>Pay band</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apprentice</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>Band 2</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Band 3</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Band 4</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Band 5</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Band 6</td>
<td>17%</td>
<td>83%</td>
</tr>
<tr>
<td>Band 7</td>
<td>17%</td>
<td>83%</td>
</tr>
<tr>
<td>Band 8a+</td>
<td>23%</td>
<td>77%</td>
</tr>
</tbody>
</table>

5.3 Workforce by Disability

ONS reported that 15% of people in London aged 16-64 have a disability. This year only 0.8% of the workforce has declared themselves as having a disability. Compared with previous years, this is a reduction by almost 1% on previous years. There has also been a steady decrease in those staff Not Declared since 2015/16 and this year for the first time there has been a record of those staff who Prefer not to answer at 0.03%. The data can be seen in figure 6 overleaf.

All staff groups have declared they have a disability with Clinical Support Staff registering the highest percentage (5.3%). Further work will need to be undertaken in this area to understand how staff can be better supported in these roles and also to increase the declaration rate which we believe anecdotally is under-reported.

The Trust is committed to ensuring staff with a disability and those with long term health conditions feel confident and supported within their working environment. Encouraging applications from disabled people is good for business. We will be looking to identify ways to increase the number of applicants so that we can create a workforce that is more reflective. The costs of making reasonable adjustments to accommodate disabled employees are often low and we need to increase awareness amongst staff and managers around their rights and responsibilities in this area. We will be using the positive about disability standard to identify barriers for our staff with disabilities and to help ensure that they are given positive opportunities to fulfil their potential.
5.4 Workforce by Marriage & Civil Partnership

In 2015 a decrease of 3.4% in marriage in England and Wales was reported by ON. The percentage of staff declaring themselves as married has decreased slightly since last year and is now 44.3%. The percentage of staff with civil partnerships, divorced and separated has remained the same. There has been a slight increase in staff declaring themselves as staff by 0.9%.
5.5 Pregnancy & Maternity
Maternity leave was taken across all staff groups as with previous years. The highest percentage of employees on maternity leave are those remain those aged in their 30s.

Fig 8

The NHS continues to offer one of the most generous maternity leave packages in the UK. This is also supported by shared parental leave, paternity leave and adoption leave. The onsite nursery for staff (which received good in a recent OFSTED rating) is also a positive benefit for staff. The Trust has been engaged in targeted work to encourage medical doctors who are part qualified or have stopped working following a maternity break back into the workplace and we are providing support for re-registration for doctors and trainee doctors. The Trust is continuing to promote flexible working to all employees wherever possible to retain this valuable workforce.

5.6 Race/ Ethnicity

As recorded in the 2011 Census, the most ethnically diverse region in England and Wales was London, where 40.2% of residents identified with either the Asian, Black, Mixed or Other ethnic group. For the Trust, there has been a steady increase in staff from a Black, Asian and minority ethnic (BAME) background since 2015/16. This year has seen the biggest increase with BAME staff accounting for 37.9% of the overall workforce, an increase of 3% which is likely to be reflective in some part of the international recruitment that has taken place.
The largest BAME group is currently Asian at 18.5% which has increased by 1.1% from last year. The smallest BAME group is Chinese at 1% with a slight decrease from last year. The BAME group mixed has steadily increased in the last two years and is now 3.5%. The percentage of employees from a White background has been decreasing since 2015/16 with the largest percentage decrease this year of 3.2% and currently stands at 60.2%. Details are shown below.
The highest amount of BAME staff are from within the staff group Admin & Estates, Medical & Dental, Nursing Assistants and Qualified Nursing.

Fig 11

![2018/19 Ethnicity by Payband](chart)

The highest percentage of white employees are recorded within the higher pay bands 7 and band 8a and above. In comparison BAME employees are the highest in pay band 5. Further research will be conducted this year to understand some of the reasons this may be occurring.

**WRES DATA ANALYSIS**

Appendix 1 shows the Trust’s overall scores against the nine metrics set by NHS England. The Trust’s scores have improved in the last year in all areas except for indicator 5 (Percentage of BME staff experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months). As part of our actions over the coming year we will be working with MEGA and others to analyse the data and establish an action plan for further improvement.

*(Please note that the data shown in Figures 9 to 11 is compiled from the staff in post. The data referenced as part of the WRES standards is taken from the staff survey data which is not fully representative of all staff so direct comparisons cannot be made)*

**5.7 Workforce by Religion or Belief**

The 2011 Census records the largest Religion in England & Wales as Christianity at 59.3%, followed by main groups including Islam and Hinduism. The Trust workforce profile reflects this set of data as Christianity at 57.7% is the highest percentage from staff declaring their religious belief.

The overall workforce split on religion or belief has mostly stayed the same since 2015/16 with slight variances. This year there has been a reduction in staff *Not Declared* by 1%
As the table shows below every staff group has a mix across a variety of religions. The highest number of Christian staff falls with the Qualified Nursing group (782). The Medical and dental staff group remains the most diverse having the highest number of staff recording in the following religions/ beliefs - Sikhism (12), Islam (49), Hinduism (58) and Buddhism (8). The highest amount of staff with non-disclosed religion/ belief and Atheism is in the Qualified Nursing staff group.
5.8 Workforce by Sexual Orientation and Gender reassignment

The ONS reported that in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). The workforce split by sexual orientation has largely remained the same in the last few years. There has been a reduction in staff Not declared by 1.1% which follows a decreasing trend year on year. This is a positive reflection of the Trusts commitment to promoting inclusivity and a culture of diversity and acceptance.

![Chart showing workforce by sexual orientation and gender reassignment]

The Trust does not have sufficient workforce information at present on gender reassignment to run meaningful workforce reports on this protected characteristic. However, we fully recognise that for many people undergoing gender reassignment it can be a very sensitive time. We strive to foster an inclusive and accepting culture and are working to ensure that the appropriate support is in place for all of our employees. We will be looking at ways to sensitively collect the data and experiences of staff in this area.

5.9 Recruitment/ Starters

A total of 768 new employees were recruited into the Trust over the last year. Analysis by age, gender, disability and religion broadly reflects the workforce profile. Analysis by ethnicity shows that there has been an increase of 7.3% in new starters from a BAME background. The largest group of new starters remain from a white background.

Further analysis will need to be undertaken over the course of the next year to establish some baseline data in relation to the number of applicants, shortlisted and appointed by the various protected characteristics.

The details of the overall recruitment undertaken can be seen in Figure 15 overleaf.
5.10 Promotions
Analysis by gender, disability and sexual orientation is broadly reflective of the Trust’s overall profile. However, analysis by ethnicity shows that a greater number of BAME staff (57%) were promoted between April 2018 and March 2019 in comparison with the workforce profile where the total number of BAME staff is 37.9%. There has been significant rise in the number of BAME staff being promoted in the last two years. These are positive findings and reflect the ongoing work the Trust is engaged in to address issues of race equality and promote advancement of opportunities for all.
5.11 Leavers
A total of 686 staff left the Trust from April 2018 to March 2019. Analysis by gender, ethnicity, disability and religion generally reflects the Trust’s demographic profile. The breakdown of leavers by age shows that the majority of leavers were aged in their 20s, 30s and 40s. These groups account for the majority of workers within the Trust and therefore this appears to be proportionate rather than there being any other particular reason.

Fig 18

5.12 Employee Relations - Grievance and Dismissal case
The Trust monitors the formal application of workforce procedures by the protected characteristics. From April 2018 to March 2019 there were 19 grievance cases and 3 dismissal cases.

- Of the 19 grievance cases 68.4% were female and 31.6% were male. This is broadly in line with the overall workforce gender split which is predominantly female at 76%.
- Analysis by ethnicity shows that 57.9% of grievances came from white staff and 42.1% came from BAME staff.

The data suggests that the number of grievances from BAME staff is proportionately higher than usual when compared with the overall workforce split by ethnicity which is 37.9% BAME. One of the Trust’s main areas of focus is to conduct further analysis into areas of concern such as this as part of the overall agenda of addressing race inequality.

When looking at age, the majority of grievances came from staff groups aged in their 30’s 40s and 50s. Analysis grievance cases by disability and religion did not reveal any significant findings that were not in line with the broad demographic of the Trust’s staff.

A review of the dismissal cases shows that all the cases were with female staff of a white background aged in their 20s, 30s and 50s with no disclosed disabilities and 1 disclosed religion (Atheism). A meaningful analysis is difficult given that the data set is very small.
5.13 Staff Survey
The Trust monitors staff experience by protected characteristics through the annual NHS staff survey. The Trust’s response rate for the 2018 staff survey is 58% with 1,742 completed questionnaires. This adds to the increasing trend in response rates over the last 5 years. According to NHS England the Trust currently stands at above average for its response rate when benchmarked against other Acute Trusts. When looking at analysis of participation across the majority of the protected characteristics reveals there are no significant changes in comparison with the past few years. However, analysis by ethnicity shows a 5.4% increase in the number of BAME respondents and a 5.2% decrease in the number of White respondents from the previous 2017 survey. This may be reflective of the increase in BAME workers we have seen in the Trust over the last year.

6. Next steps
This annual report has described a number of areas where the Trust has improved its position over the last 12 months (such as the promotion of women into senior roles and the proportionate promotion of BAME staff) but also areas where the Trust needs to improve either the data sets or the actions being undertaken. These actions and observations will now form the basis of an action plan, which supported by the overarching Equality and Diversity Strategy, will be monitored throughout the year by the Equality and Diversity committee.
## WRES Indicators

<table>
<thead>
<tr>
<th>Indicator 1</th>
<th>Indicator 2</th>
<th>Indicator 3</th>
<th>Indicator 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of staff in each of the A1C Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce.</td>
<td>Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.</td>
<td>Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process.</td>
<td>Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator 5</th>
<th>Indicator 6</th>
<th>Indicator 7</th>
<th>Indicator 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</td>
<td>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</td>
<td>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.</td>
<td>Q17. Percentage of staff experiencing harassment, bullying or abuse from manager/team leader or colleague.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage difference between the organisations’ Board membership and its overall workforce.</td>
</tr>
</tbody>
</table>
## WRES data for all NHS Trusts in England

<table>
<thead>
<tr>
<th>WRES Indicator</th>
<th>National 2017</th>
<th>Kingston 2017</th>
<th>National 2018</th>
<th>Kingston 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants</td>
<td>1.60</td>
<td>3.4</td>
<td>1.45</td>
<td>2.5</td>
</tr>
<tr>
<td>3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff</td>
<td>1.37</td>
<td>5.77</td>
<td>1.24</td>
<td>1.82</td>
</tr>
<tr>
<td>4. Relative likelihood of BME accessing non-mandatory training and CPD compared to white staff</td>
<td>1.22</td>
<td>0.99</td>
<td>1.15</td>
<td>1.03</td>
</tr>
<tr>
<td>5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</td>
<td>29%</td>
<td>31%</td>
<td>29%</td>
<td>36%</td>
</tr>
<tr>
<td>6. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months</td>
<td>26%</td>
<td>31%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>7. Percentage of BME staff believing that trust provides equal opportunities for career progression or Promotion</td>
<td>76%</td>
<td>59%</td>
<td>72%</td>
<td>71%</td>
</tr>
<tr>
<td>8. Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues</td>
<td>14%</td>
<td>19%</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>9. BME board membership</td>
<td>7%</td>
<td>0%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Please note: All numbers have been rounded to align with national data. The arrows indicate whether Kingston's 2018 scores are better or worse than Kingston's 2017 scores. The National scores are included for reference.
## 2018 WRES data – Local Trust Comparisons

<table>
<thead>
<tr>
<th>WRES Indicator</th>
<th>Kingston 2017</th>
<th>Kingston 2018</th>
<th>Local Position</th>
<th>Epsom and St Helier</th>
<th>St George’s</th>
<th>Croydon</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants</td>
<td>3.4</td>
<td>2.5</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2.3</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff</td>
<td>5.77</td>
<td>1.02</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>1.25</td>
<td>2.04</td>
<td>1.27</td>
</tr>
<tr>
<td>4. Relative likelihood of BME accessing non-mandatory training and CPD compared to white staff</td>
<td>0.99</td>
<td>1.03</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Notreported</td>
<td>1.01</td>
<td>1.01</td>
</tr>
<tr>
<td>5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</td>
<td>31%</td>
<td>36%</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>26%</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td>6. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months</td>
<td>31%</td>
<td>27%</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>23%</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>7. Percentage of BME staff believing that trust provides equal opportunities for career progression or Promotion</td>
<td>69%</td>
<td>71%</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>66%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>8. Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues</td>
<td>19%</td>
<td>18%</td>
<td>= 3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>16%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>9. BME board membership</td>
<td>0%</td>
<td>7%</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>13%</td>
<td>12%</td>
<td>33%</td>
</tr>
</tbody>
</table>