



**King's College Hospital NHS
Foundation Trust**

Organisation Code: RJZ

Region: London

**Workforce Race Equality Standard
2019 - 2024**

King's College Hospital NHS Foundation Trust
London

Summary for the 2023/24 reporting year

RJZ

Trust type: **Acute with or without Community**

Indicator number and description			Trust	London	Acute	National	Rank*	
1: BME representation in the workforce by pay band								
Workforce BME representation			55.2%	53.9%	31.1%	28.6%		
Pay band at which %BME drops off	Non-clinical	Band 4 - Band 5 +	Equitable Band 8A	Band 3 Band 8A	Band 3 Band 8A	Band 3 Band 8A		
	Clinical	Band 4 - Band 5 +	Band 3 Band 7	Band 4 Band 7	Band 3 Band 6	Band 3 Band 6		
	Medical		Consultant	Consultant	Consultant	Consultant		
Gap: %BME 8c to VSM - workforce overall			Non-clinical Clinical	-25.2% -41.2%	-22.1% -33.9%	-6.9% -19.3%	-5.8% -16.4%	97% 95%
2: Likelihood of appointment from shortlisting								
ratio White / BME			1.65	1.16	1.56	1.62	48%	
3: Likelihood of entering formal disciplinary proceedings								
ratio BME / White			1.85	1.50	0.95	1.09	60%	
4: Likelihood of undertaking non-mandatory training								
ratio White / BME			1.04	1.06	1.11	1.06	8%	
5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months								
BME			33.5%	29.5%	27.9%	27.8%	82%	
White			32.2%	28.2%	23.9%	24.1%	95%	
6: Harassment, bullying or abuse from staff in last 12 months								
BME			29.2%	25.6%	25.5%	24.9%	89%	
White			26.4%	22.5%	21.5%	20.7%	95%	
7: Belief that the trust provides equal opportunities for career progression or promotion								
BME			46.1%	47.9%	48.9%	48.8%	75%	
White			53.7%	57.2%	59.2%	59.4%	88%	
8: Discrimination from a manager/team leader or other colleagues in last 12 months								
BME			18.7%	14.8%	15.8%	15.5%	85%	
White			10.0%	8.6%	6.7%	6.7%	95%	
9: BME representation on the board minus workforce								
Overall			-41.9%	-24.8%	-16.9%	-12.2%	99%	
Voting members			-40.9%	-24.6%	-17.8%	-12.1%	97%	
Executive members			-55.2%	-32.5%	-22.3%	-16.8%	99%	

* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator, based on effect size.

Quick guide to colour coding

A quick guide to the colour coding used in the tables of analyses is presented below.

Indicator 1 gap in representation at pay bands 8C to VSM, and indicators 2 to 4: colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

Indicator 9: colour coding for the degree of inequality

	Underrepresentation by three or more board members
	Underrepresentation by two board members
	Underrepresentation by one board member
	Equity / proportional representation

Percentile ranks: colour coding

	Best 5%
	Best 10%
	Best 25%
	Middle 50%
	Worst 25%
	Worst 10%
	Worst 5%

A note on interpreting the colour-coding in the summary table:

Regarding the colour coding of the indicators in the summary table on page 2, it is possible that an indicator will be colour-coded green in the “Trust” column, but yellow, orange, or red in the “Percentile rank” column (or vice versa). The colour coding in the “Trust” column conveys whether or not the indicator is different from equity or proportional representation to a statistically significant degree. Sometimes, even a very large value may not be different from equity or proportional representation to a statistically significant degree if it is based on a very small number of people (this is often the case with indicator 3). Meanwhile, the colour-coding in the “Percentile rank” column reflects the percentage of Trusts that had a better value for that indicator when ranked by the size of the deviation from equity or proportional representation. This ranking does not take into account statistical significance. Indicators that are colour-coded yellow, orange, or red in both the “Trust” and “Percentile rank” columns should be a cause for particular concern as this combination denotes that the indicator is both significantly different from equity or proportional representation, and amongst the worst in the country.

Introduction

This report features a summary of Workforce Race Equality Standard (WRES) indicators for King's College Hospital NHS Foundation Trust.

The intention of this report to provide detailed information for each Trust on their WRES indicators. The 2023/24 NHS standard contract requires Trusts to submit an annual report to the co-ordinating commissioner on progress in implementing their annual WRES action plan. It is intended that this data report will allow each Trust to understand where the data indicates the areas of greatest challenge are, be that around recruitment, promotion, disciplinary referral, education, bullying and harassment or board representation. The report also highlights areas where the Trust is performing well – we hope it is possible in these situations to learn from good practice and share that with other providers. The Trust's data is tabulated alongside data for the region, as well as data from Trusts of similar type. The intention is to benchmark against relevant comparators. The report is shared with the regional EDI leads who we work closely with and will be able to help with identifying target actions.

The disaggregated metrics also allow accurate monitoring to ensure that the results of targeted actions taken can be seen, rather than being 'diluted' when numbers are looked at as a whole. The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences. A comprehensive user guide is provided alongside this report. The user guide includes guidance on interpreting the indicators, the colour coding used in the tables of analysis, and the graphs and charts included in the report. We welcome feedback from you about the report, and of course are keen to work with you in developing action plans for the Trust.

The current reporting year for the purposes of this report is 2024. Data for indicators 1 to 4 and indicator 9 are taken from WRES data portal submissions relating to the workforce as at the end of March 2024. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2023.

The NHS equality, diversity, and inclusion improvement plan

The NHS equality, diversity, and inclusion (EDI) improvement plan, published by NHS England in June 2023, sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. Several of the WRES indicators align with success metrics from the NHS EDI improvement plan. These indicators are highlighted in the table below and are also flagged throughout the main body of this report.

NHS equality, diversity, and inclusion improvement plan success metrics	Aligned WRES indicators
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	
Annual chair and chief executive appraisals on EDI objectives	Any
High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity	
a) Relative likelihood of staff being appointed from shortlisting across all posts	2
b) Access to career progression, training and development opportunities	4, 7
c) Year-on-year improvement in race and disability representation leading to parity over the life of the plan	1
d) Year-on-year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	1
e) Diversity in shortlisted candidates	
f) Combined Indicator Score metric on quality of training NETS	
High Impact Action 3: Develop and implement an improvement plan to eliminate pay gaps	
Year-on-year reductions in the gender, race and disability pay gaps	
High Impact Action 4: Develop and implement an improvement plan to address health inequalities within the workforce	
a) Organisation action on staff health and wellbeing	
b) National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training	
High Impact Action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff	
a) Sense of belonging for internationally recruited staff	
b) Reduction in instances of bullying and harassment from team/line manager experienced by internationally recruited staff	
High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur	
a) Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)	6
b) Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)	8
c) Bullying & Harassment score metric (NHS professional groups) NETS	

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 9: Board representation (overall, voting members, and executive members)
Non-clinical: Gap: %BME 8c to VSM - workforce overall
Clinical: Gap: %BME 8c to VSM - workforce overall

Areas of Best Performance

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

Areas of best performance within the Trust (to a maximum of three):
No areas identified

Please note, this area of best performance is intended to highlight a potential example of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in this indicator. The mandated standards team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

The quality and completeness of data submissions

For the 2023/24 reporting year, WRES data submissions from 22 trusts were either incomplete or had to be amended after the submission deadline. Performing quality checks and dealing with inaccurate and incomplete submissions causes significant delays to the analysis of the data, and to the production of the organisation level and national level reports here at NHS England. Please ensure that your data are submitted, complete, accurate, and to the technical specification, by the submission deadline.

King's College Hospital NHS Foundation Trust: data were submitted complete and on time, with no amendments required after the submission deadline, thank you.

Section 13.6 of the 2024/25 NHS Standard Contract (Service Conditions) stipulates: The Provider (if it is an NHS Trust or an NHS Foundation Trust) must implement the high impact actions set out in the NHS Equality, Diversity and Inclusion Improvement Plan and measure its progress against the success metrics set out in the Plan, as well as the wider metrics under the National Workforce Race Equality Standard and the National Workforce Disability Equality Standard. The Provider must be prepared, if requested to do so by the Co-ordinating Commissioner, to provide a written report on its implementation and progress to its public board meeting and/or to the Co-ordinating Commissioner.

Indicator 1

Non-clinical staff on AfC paybands

Success metric "c" for High Impact Action 2: Year-on-year improvement in race and disability representation leading to parity over the life of the plan.

BME staff were represented at 45.6% across all non-clinical AfC roles.

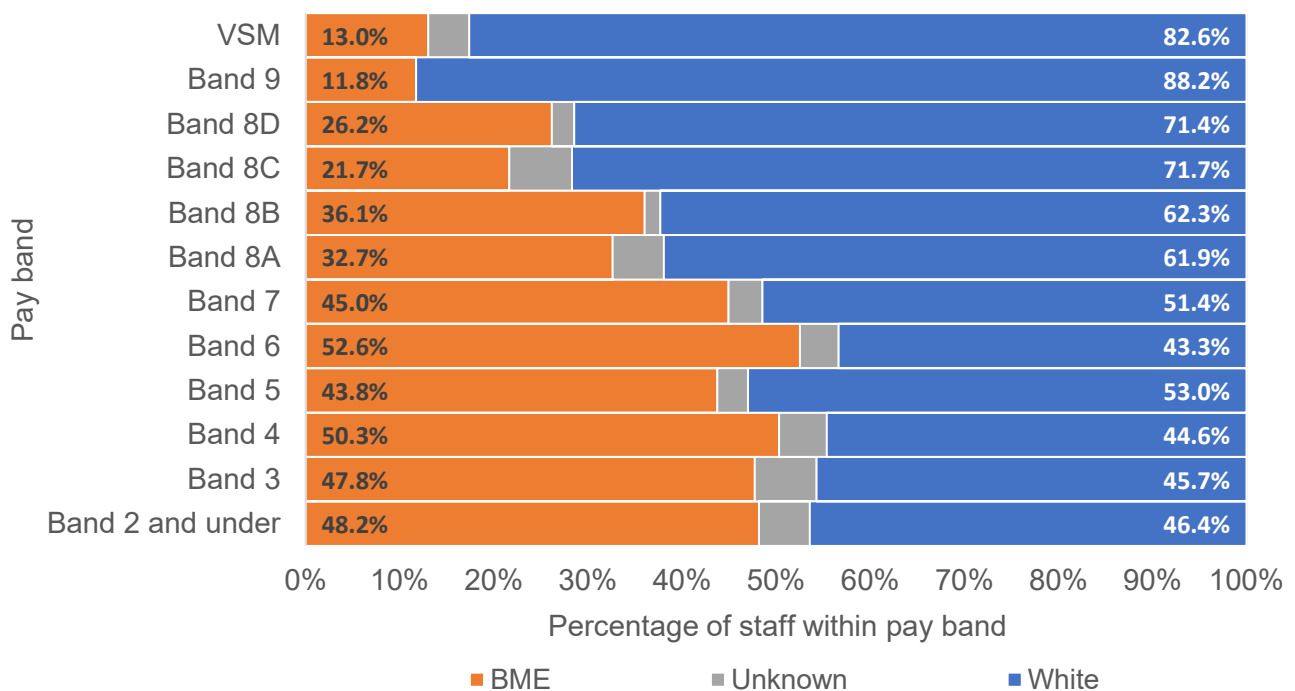
At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 49.1%, overall.
- BME staff were proportionately represented by pay band.

At Band 5 and over (graduate and management level roles):

- BME representation was 41.5%, overall.
- BME staff were underrepresented at Band 8A and above, 29.4%.

AfC bands: non-clinical (percentage representation)



AfC bands: non-clinical (headcount)

Pay Band	BME		Unknown		White	
VSM	3	13.0%	1	4.3%	19	82.6%
Band 9	2	11.8%	0	0.0%	15	88.2%
Band 8D	11	26.2%	1	2.4%	30	71.4%
Band 8C	13	21.7%	4	6.7%	43	71.7%
Band 8B	44	36.1%	2	1.6%	76	62.3%
Band 8A	48	32.7%	8	5.4%	91	61.9%
Band 7	125	45.0%	10	3.6%	143	51.4%
Band 6	154	52.6%	12	4.1%	127	43.3%
Band 5	148	43.8%	11	3.3%	179	53.0%
Band 4	385	50.3%	39	5.1%	341	44.6%
Band 3	277	47.8%	38	6.6%	265	45.7%
Band 2 and under	107	48.2%	12	5.4%	103	46.4%

Percentages are calculated by row

Clinical staff on AfC paybands

Success metric "c" for High Impact Action 2: Year-on-year improvement in race and disability representation leading to parity over the life of the plan.

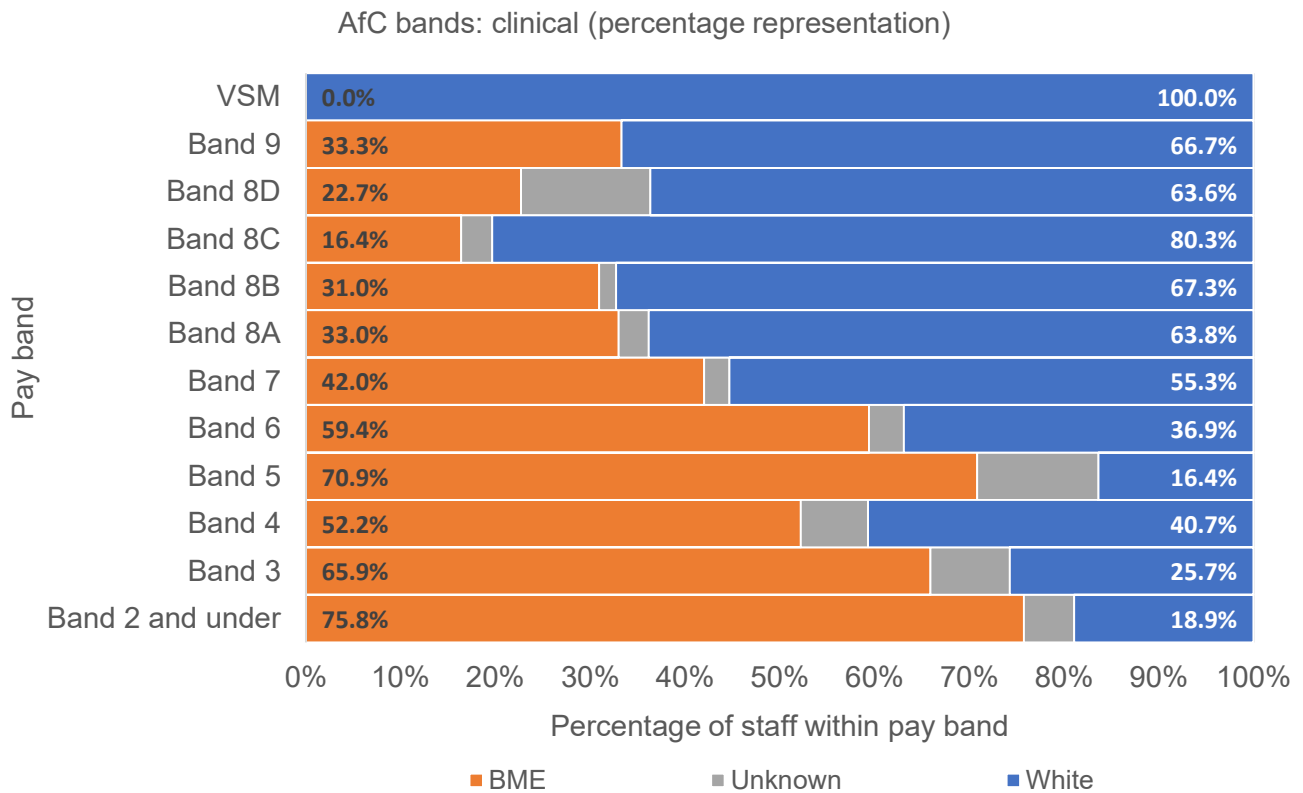
BME staff were represented at 59.1% across all clinical AfC roles.

At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- BME representation was 67.3%, overall.
- BME staff were underrepresented at Band 3 and above, 62.5%.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 56.7%, overall.
- BME staff were underrepresented at Band 7 and above, 38.1%.



AfC bands: clinical (headcount)

Pay Band	BME		Unknown		White	
	Count	Percentage	Count	Percentage	Count	Percentage
VSM	0	0.0%	0	0.0%	6	100.0%
Band 9	2	33.3%	0	0.0%	4	66.7%
Band 8D	5	22.7%	3	13.6%	14	63.6%
Band 8C	10	16.4%	2	3.3%	49	80.3%
Band 8B	52	31.0%	3	1.8%	113	67.3%
Band 8A	188	33.0%	18	3.2%	363	63.8%
Band 7	632	42.0%	40	2.7%	831	55.3%
Band 6	1216	59.4%	75	3.7%	755	36.9%
Band 5	1889	70.9%	341	12.8%	436	16.4%
Band 4	176	52.2%	24	7.1%	137	40.7%
Band 3	654	65.9%	83	8.4%	255	25.7%
Band 2 and under	573	75.8%	40	5.3%	143	18.9%

Percentages are calculated by row

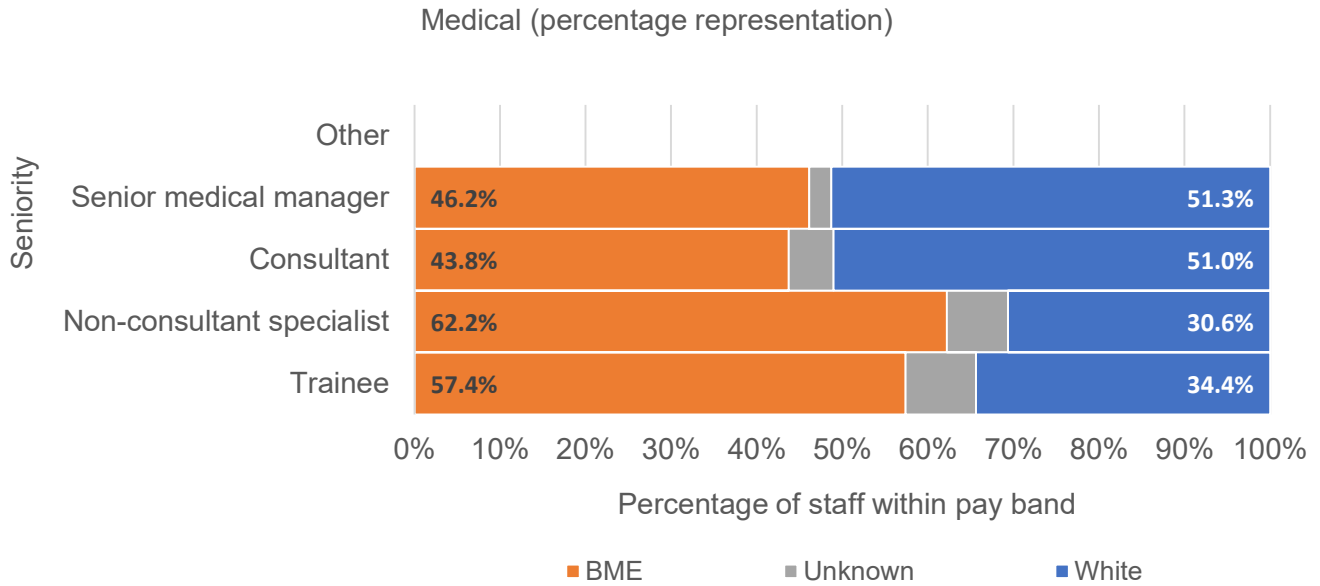
Medical staff

Success metric "c" for High Impact Action 2: Year-on-year improvement in race and disability representation leading to parity over the life of the plan.

BME representation was 52.4% across all medical and dental roles.

Amongst medical and dental staff:

- BME staff were underrepresented at Consultant level and above, 43.9%.



Medical (headcount)

Seniority	BME		Unknown		White	
Other	0		0		0	
Senior medical manager	18	46.2%	1	2.6%	20	51.3%
Consultant	460	43.8%	55	5.2%	536	51.0%
Non-consultant specialist	122	62.2%	14	7.1%	60	30.6%
Trainee	835	57.4%	120	8.2%	500	34.4%

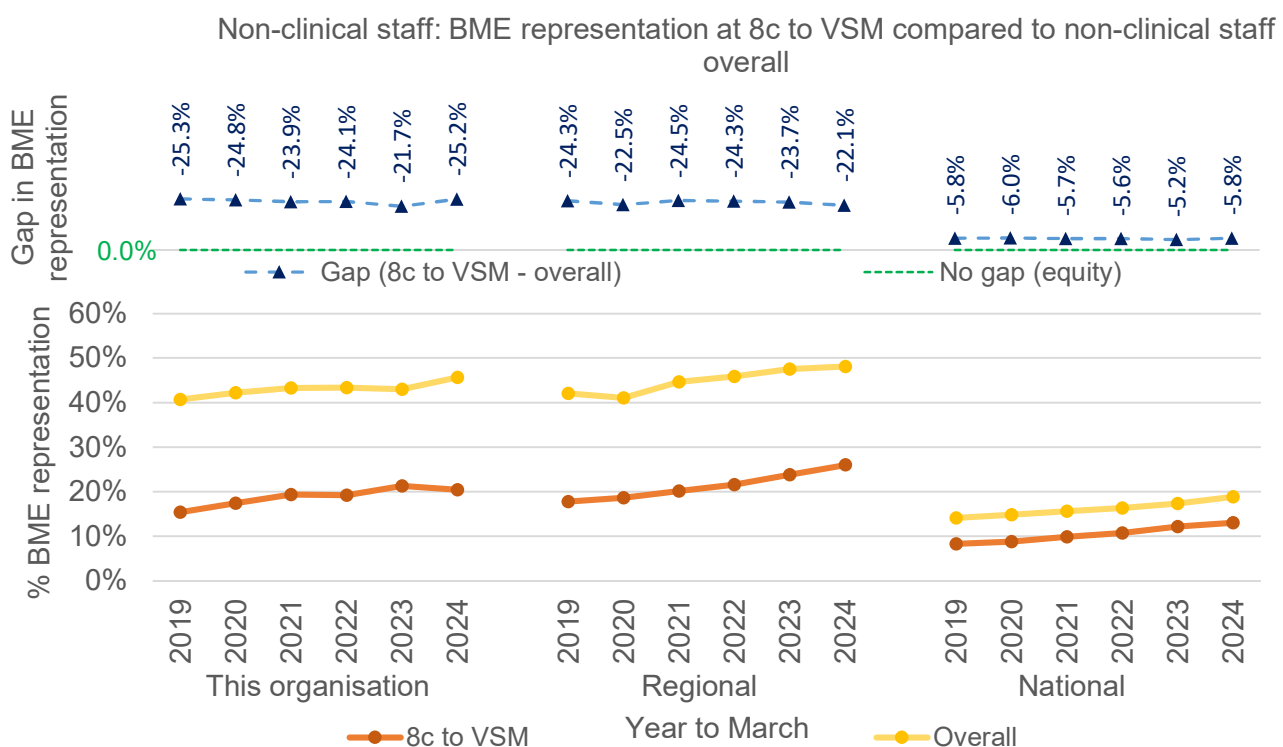
Percentages are calculated by row

The representation of BME staff at non-clinical pay bands 8C to VSM

Success metric "d" for High Impact Action 2: Year-on-year improvement in representation of senior leadership (Band 8C and above) over the life of the plan.

BME staff were represented at 20.4% in senior non-clinical AfC roles (pay bands 8c to VSM); significantly lower than the 45.6% observed across all non-clinical AfC roles.

- Amongst non-clinical AfC staff at 8C to VSM, 4.2% did not declare their ethnicity; therefore the actual level of BME representation amongst senior non-clinical AfC staff could be anywhere between 20.4% and 24.6%.
- Overall 4.8% of non-clinical AfC staff did not declare their ethnicity; therefore the actual level of BME representation amongst all non-clinical AfC staff could be anywhere between 45.6% and 50.4%.



Number of BME staff observed at 8C to VSM level in non-clinical roles: 29

Number of BME staff expected at 8C to VSM level in non-clinical roles: 64 to 65

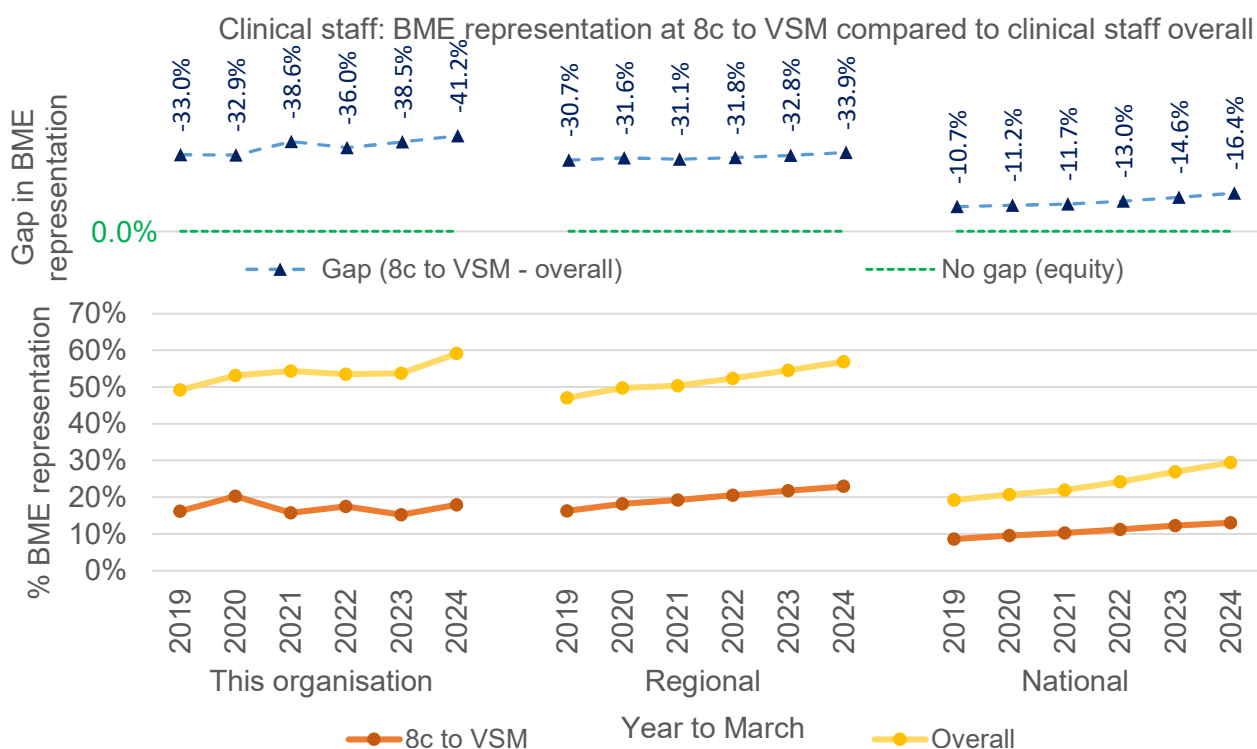
		Reporting year					
		2019	2020	2021	2022	2023	2024
This organisation	8c to VSM	15.4%	17.4%	19.4%	19.2%	21.3%	20.4%
	Overall	40.7%	42.2%	43.3%	43.3%	43.0%	45.6%
	Gap	-25.3%	-24.8%	-23.9%	-24.1%	-21.7%	-25.2%
London	8c to VSM	17.7%	18.6%	20.1%	21.6%	23.8%	26.0%
	Overall	42.0%	41.1%	44.6%	45.9%	47.5%	48.1%
	Gap	-24.3%	-22.5%	-24.5%	-24.3%	-23.7%	-22.1%
National	8c to VSM	8.3%	8.8%	9.9%	10.7%	12.2%	13.0%
	Overall	14.1%	14.8%	15.6%	16.3%	17.3%	18.8%
	Gap	-5.8%	-6.0%	-5.7%	-5.6%	-5.2%	-5.8%

The representation of BME staff at clinical pay bands 8C to VSM

Success metric "d" for High Impact Action 2: Year-on-year improvement in representation of senior leadership (Band 8C and above) over the life of the plan.

BME staff were represented at 17.9% in senior clinical AfC roles (pay bands 8c to VSM); significantly lower than the 59.1% observed across all clinical AfC roles.

- Amongst clinical AfC staff at 8C to VSM, 5.3% did not declare their ethnicity; therefore the actual level of BME representation amongst senior clinical AfC staff could be anywhere between 17.9% and 23.2%.
- Overall 6.9% of clinical AfC staff did not declare their ethnicity; therefore the actual level of BME representation amongst all clinical AfC staff could be anywhere between 59.1% and 66.0%.



Number of BME staff observed at 8C to VSM level in clinical roles: 17

Number of BME staff expected at 8C to VSM level in clinical roles: 56 to 57

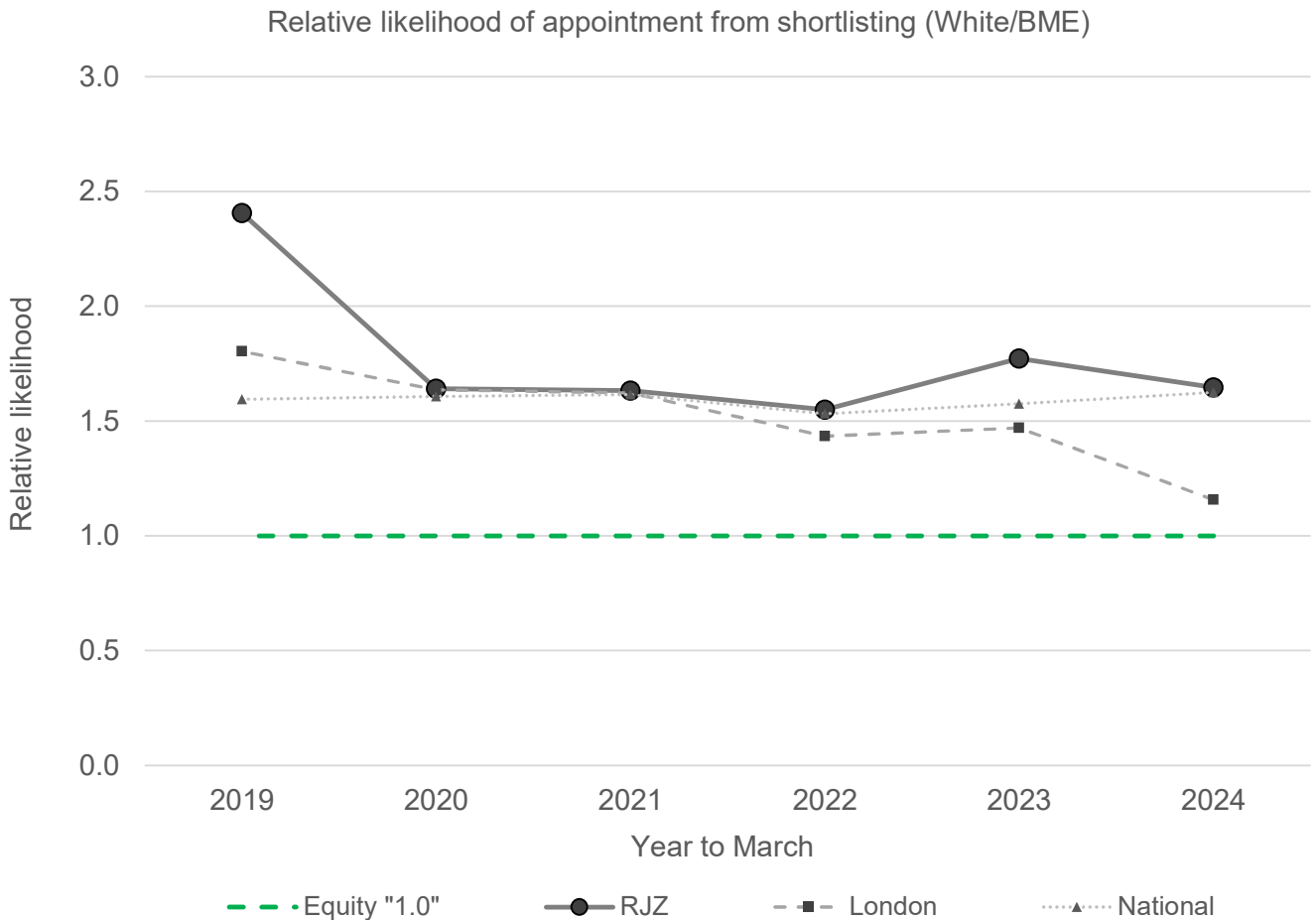
		Reporting year					
		2019	2020	2021	2022	2023	2024
This organisation	8c to VSM	16.2%	20.3%	15.7%	17.4%	15.2%	17.9%
	Overall	49.2%	53.1%	54.4%	53.5%	53.7%	59.1%
	Gap	-33.0%	-32.9%	-38.6%	-36.0%	-38.5%	-41.2%
London	8c to VSM	16.3%	18.2%	19.3%	20.6%	21.7%	23.0%
	Overall	47.0%	49.7%	50.4%	52.3%	54.5%	56.9%
	Gap	-30.7%	-31.6%	-31.1%	-31.8%	-32.8%	-33.9%
National	8c to VSM	8.6%	9.5%	10.2%	11.2%	12.2%	13.0%
	Overall	19.3%	20.7%	21.9%	24.2%	26.9%	29.4%
	Gap	-10.7%	-11.2%	-11.7%	-13.0%	-14.6%	-16.4%

Indicator 2

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

Success metric "a" for High Impact Action 2: Relative likelihood of staff being appointed from shortlisting across all posts.

At March 2024 the likelihood ratio was 1.65; higher than "1.0" or equity to a small degree. Specifically, 656 out of 3055 white candidates were appointed from shortlisting (21.5% of white candidates) compared to 1014 out of 7770 BME candidates (13.1% of BME candidates).



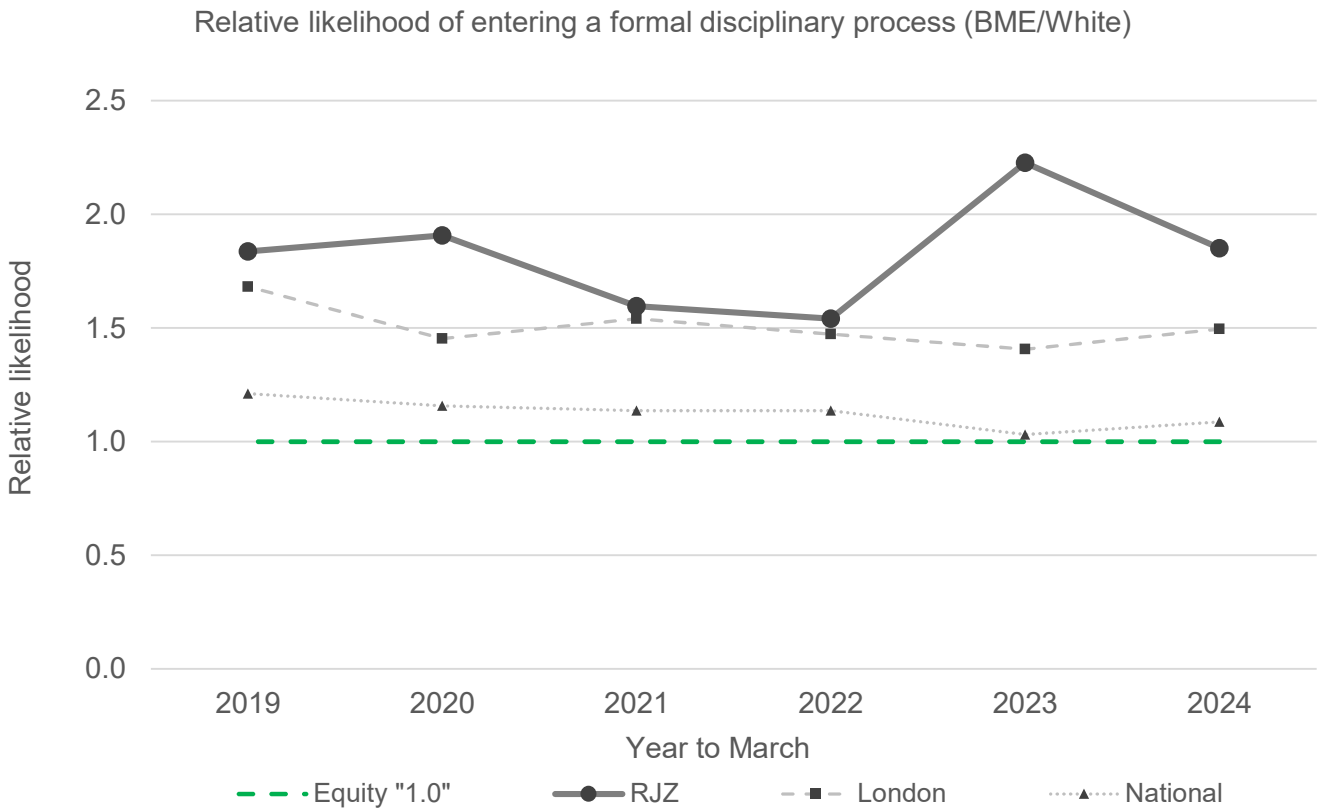
Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	2.41	1.64	1.63	1.55	1.77	1.65
London	1.80	1.64	1.62	1.43	1.47	1.16
National	1.59	1.61	1.61	1.53	1.58	1.62

Indicator 3

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

At March 2024 the likelihood ratio was 1.85; higher than "1.0" or equity to a small degree. Specifically, 48 out of 8149 BME staff entered formal disciplinary proceedings (0.59% of the BME workforce) compared to 18 out of 5654 white staff (0.32% of the white workforce).



Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

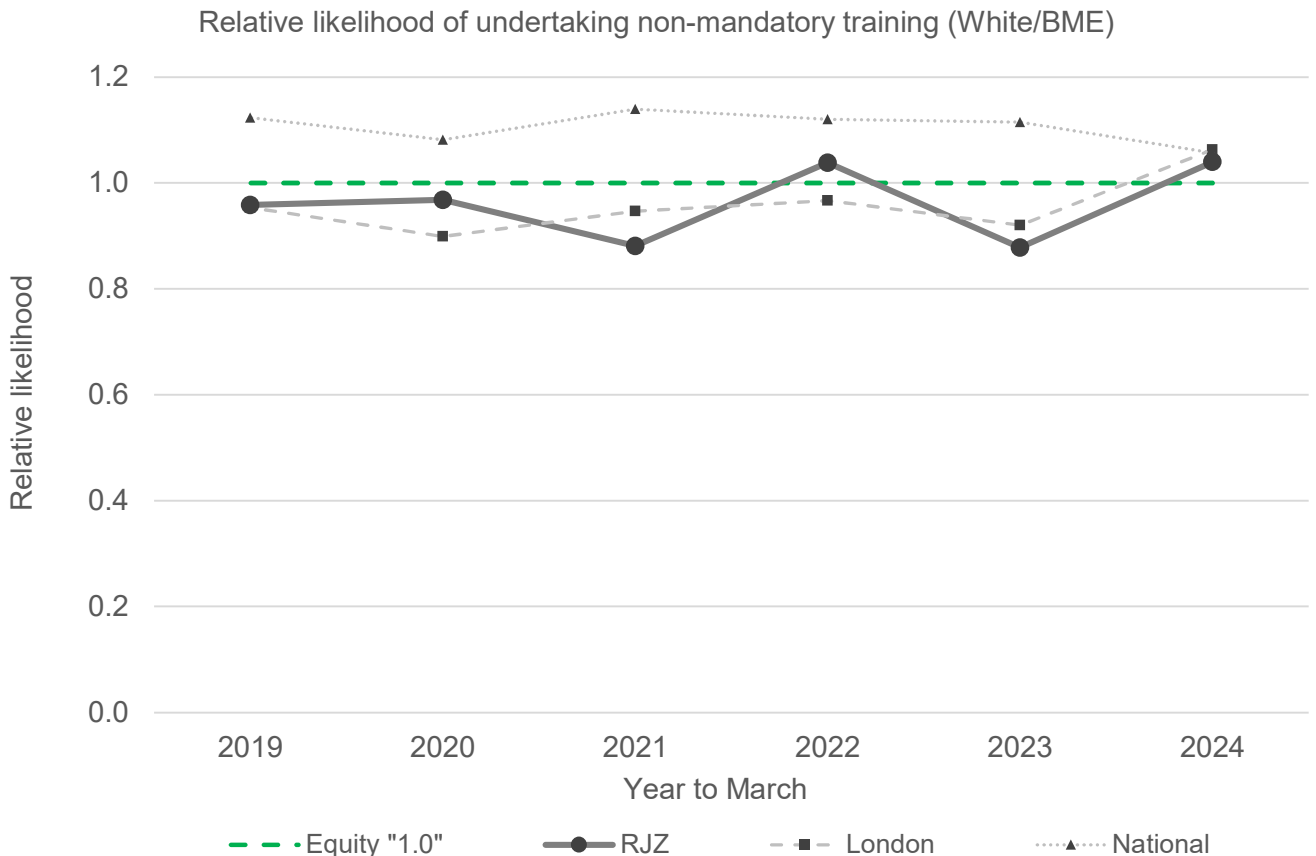
	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	1.84	1.91	1.60	1.54	2.23	1.85
London	1.68	1.45	1.54	1.47	1.41	1.50
National	1.21	1.16	1.14	1.14	1.03	1.09

Indicator 4

The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff

Success metric "b" for High Impact Action 2: Access to career progression, training and development opportunities.

At March 2024 the likelihood ratio was 1.04; not significantly different from "1.0" or equity. Specifically, 1321 out of 5654 white staff undertook non-mandatory training (23.4% of the white workforce) compared to 1831 out of 8149 BME staff (22.5% of the BME workforce).



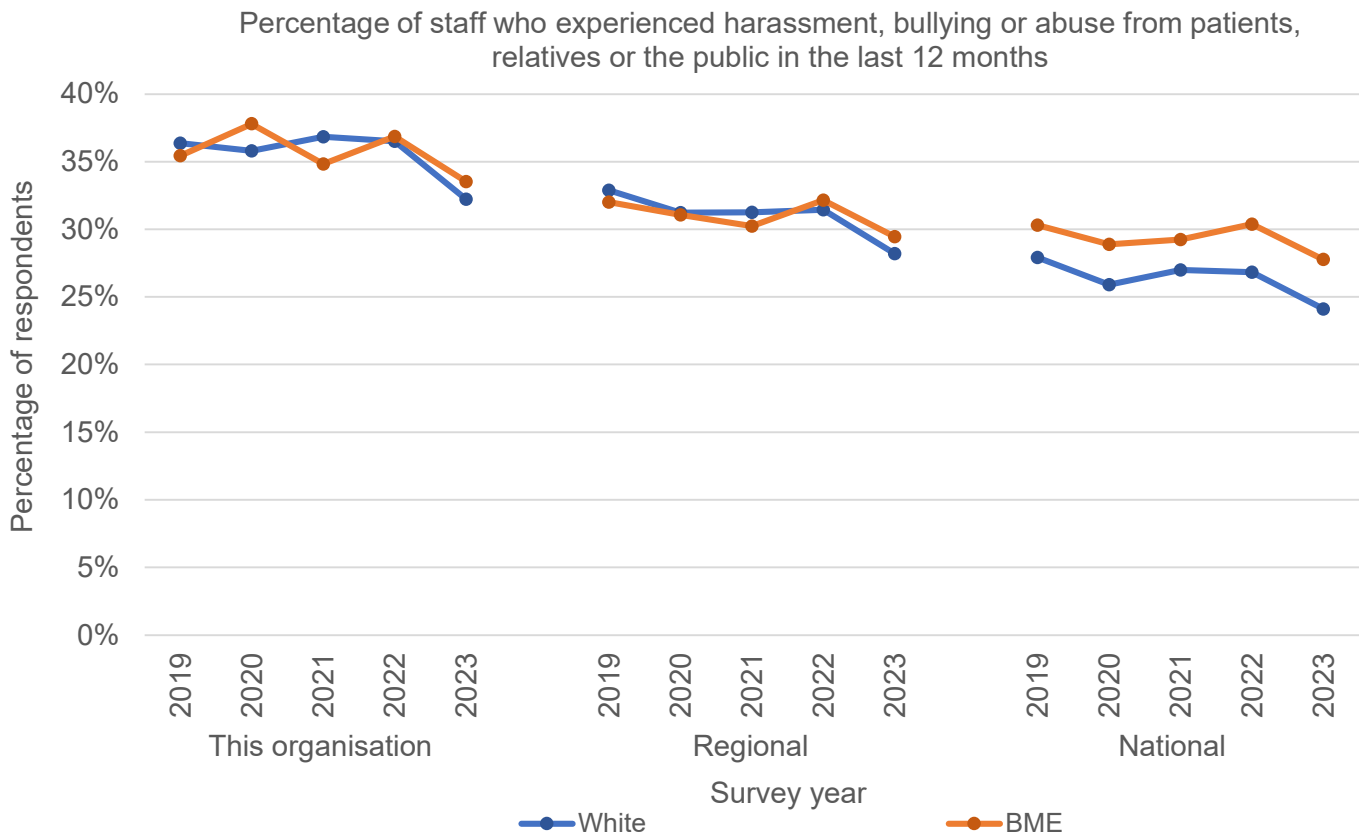
For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.

	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	0.96	0.97	0.88	1.04	0.88	1.04
London	0.95	0.90	0.95	0.97	0.92	1.06
National	1.12	1.08	1.14	1.12	1.12	1.06

Indicator 5

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

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 33.5%, and for White staff, 32.2%.



Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	36%	36%	37%	36%	32%
	BME	35%	38%	35%	37%	34%
London	White	33%	31%	31%	31%	28%
	BME	32%	31%	30%	32%	29%
National	White	28%	26%	27%	27%	24%
	BME	30%	29%	29%	30%	28%
This organisation, detailed breakdown	White British	34%	35%	35%	35%	31%
	White "other"	42%	39%	42%	43%	37%
	Asian	37%	41%	37%	39%	34%
	Black	32%	34%	31%	33%	31%
	Mixed/other	38%	37%	37%	38%	35%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2019	2020	2021	2022	2023
Overall	36%	37%	36%	37%	33%
White women	38%	37%	38%	38%	33%
BME women	36%	38%	36%	37%	33%
White men	31%	29%	33%	29%	28%
BME men	33%	37%	32%	35%	33%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and occupational group

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	30%	30%	32%	33%	29%
	BME	28%	23%	23%	28%	26%
Medical and dental	White	41%	38%	42%	43%	38%
	BME	32%	37%	35%	39%	36%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	53%	54%	54%	51%	47%
	BME	47%	51%	44%	44%	42%
Healthcare assistants	White	36%	39%	52%	47%	42%
	BME	37%	43%	44%	47%	37%
Wider care team	White	21%	20%	20%	20%	19%
	BME	18%	21%	19%	19%	15%
General management	White	15%	16%	18%	16%	9%
	BME	24%	6%	15%	21%	11%
Other	White	9%	18%	16%	19%	15%
	BME	20%	20%	22%	18%	25%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

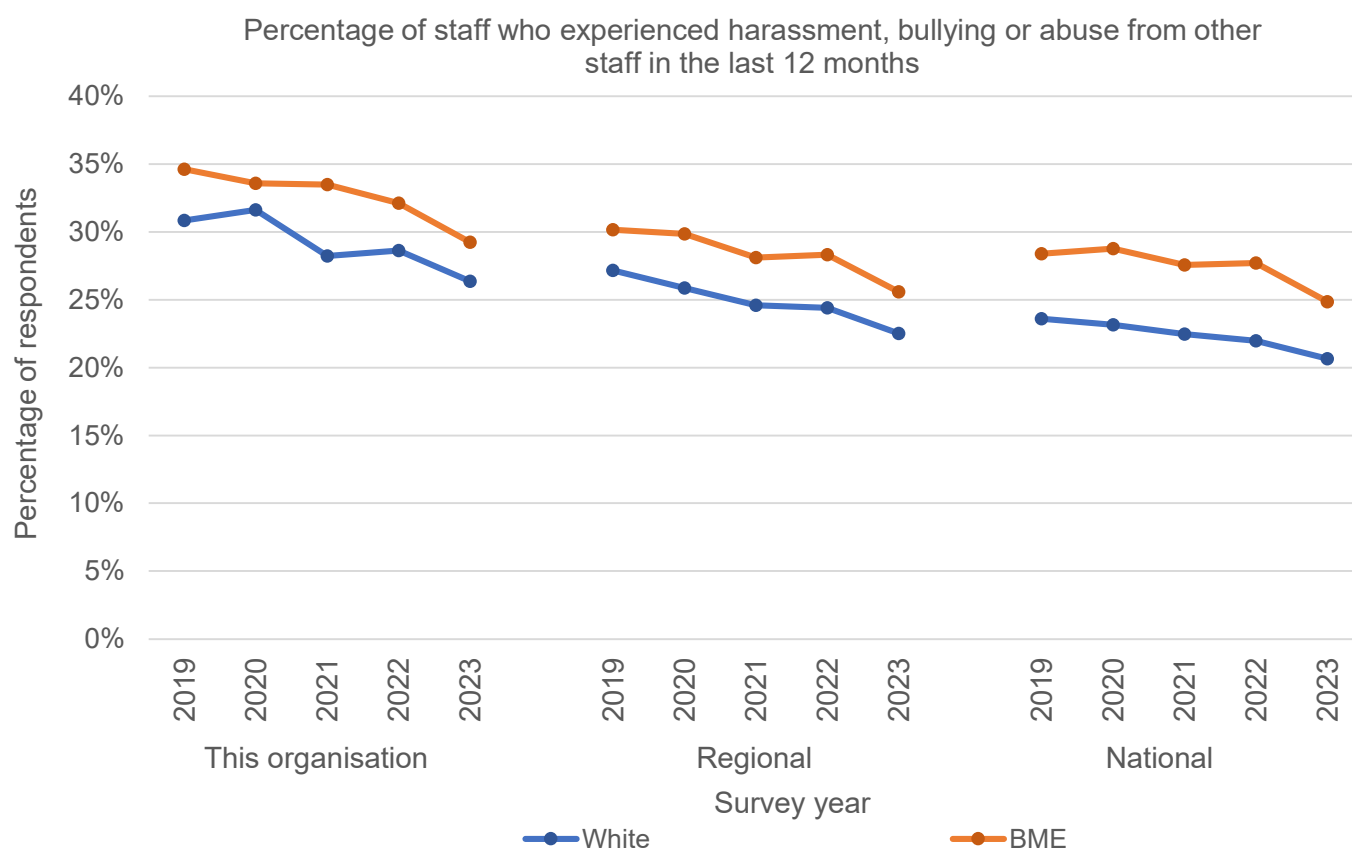
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 6

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months

Success metric "a" for High Impact Action 6: Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff).

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for BME staff, 29.2%, than for White staff, 26.4%.



Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	31%	32%	28%	29%	26%
	BME	35%	34%	33%	32%	29%
London	White	27%	26%	25%	24%	23%
	BME	30%	30%	28%	28%	26%
National	White	24%	23%	22%	22%	21%
	BME	28%	29%	28%	28%	25%
This organisation, detailed breakdown	White British	29%	29%	26%	27%	25%
	White "other"	35%	40%	34%	35%	29%
	Asian	37%	33%	34%	32%	28%
	Black	30%	32%	31%	29%	28%
	Mixed/other	36%	37%	39%	41%	38%

Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2019	2020	2021	2022	2023
Overall	33%	33%	31%	30%	28%
White women	32%	32%	28%	29%	27%
BME women	36%	34%	34%	32%	30%
White men	26%	27%	27%	26%	21%
BME men	31%	32%	29%	28%	25%

Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and occupational group

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	27%	25%	23%	22%	23%
	BME	31%	25%	31%	28%	25%
Medical and dental	White	30%	31%	31%	35%	28%
	BME	29%	30%	35%	33%	30%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	37%	39%	35%	32%	30%
	BME	40%	40%	37%	35%	32%
Healthcare assistants	White	29%	31%	33%	29%	29%
	BME	32%	29%	28%	29%	23%
Wider care team	White	27%	29%	22%	25%	24%
	BME	31%	32%	28%	28%	25%
General management	White	31%	34%	37%	32%	32%
	BME	24%	36%	21%	31%	27%
Other	White	22%	27%	22%	26%	19%
	BME	35%	25%	34%	31%	30%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

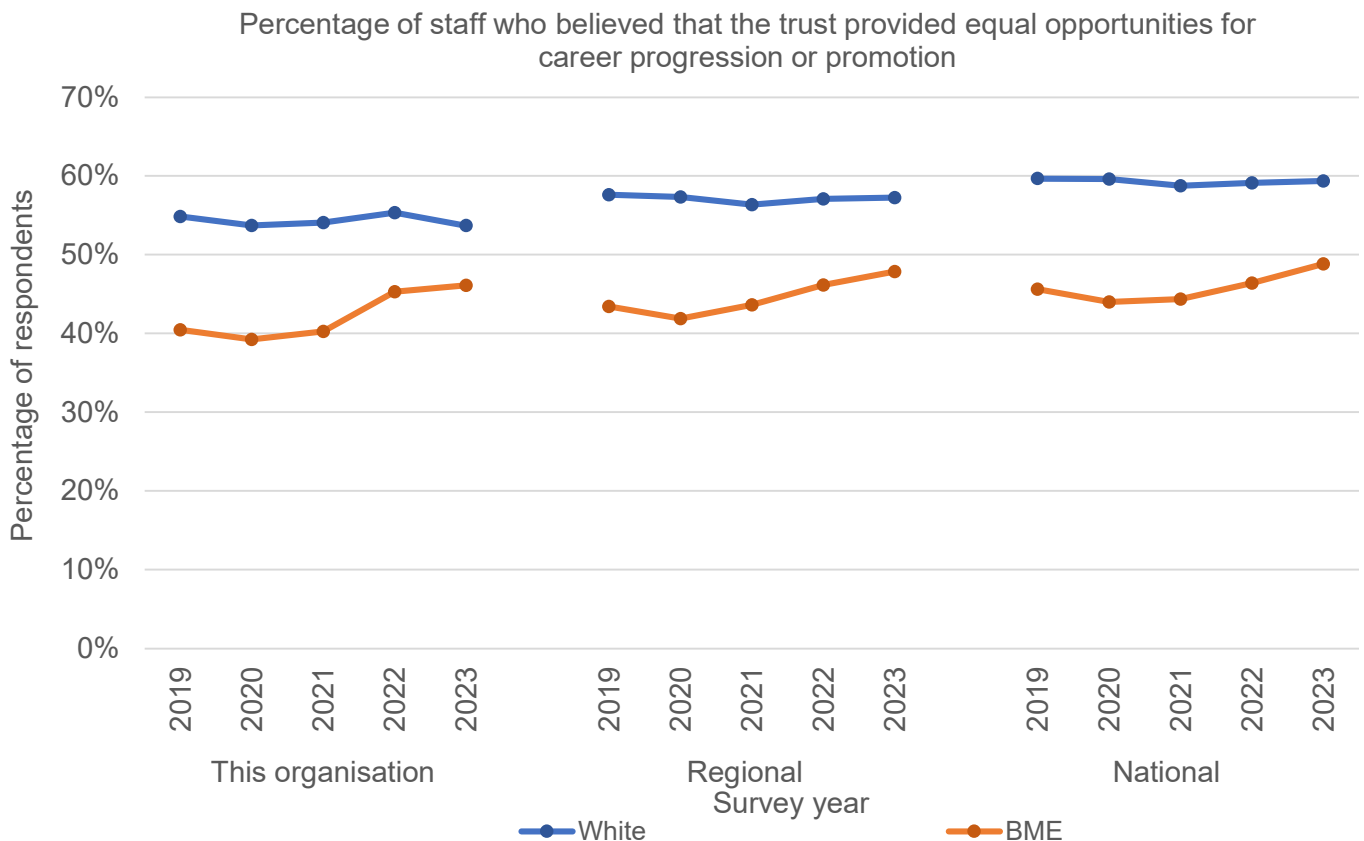
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 7

The percentage of staff who believed that their organisation provided equal opportunities for career progression or promotion

Success metric "b" for High Impact Action 2: Access to career progression, training and development opportunities.

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 46.1%, than for White staff, 53.7%.



Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	55%	54%	54%	55%	54%
	BME	40%	39%	40%	45%	46%
London	White	58%	57%	56%	57%	57%
	BME	43%	42%	44%	46%	48%
National	White	60%	60%	59%	59%	59%
	BME	46%	44%	44%	46%	49%
This organisation, detailed breakdown	White British	57%	55%	55%	57%	55%
	White "other"	49%	48%	49%	50%	50%
	Asian	49%	50%	49%	52%	53%
	Black	29%	25%	30%	35%	35%
	Mixed/other	42%	41%	37%	42%	44%

Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and gender

Ethnicity and gender	Survey year				
	2019	2020	2021	2022	2023
Overall	47%	47%	47%	50%	49%
White women	54%	53%	55%	55%	54%
BME women	39%	38%	40%	45%	46%
White men	58%	58%	55%	58%	57%
BME men	44%	46%	44%	48%	49%

Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and occupational group

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	61%	57%	56%	60%	57%
	BME	39%	38%	36%	45%	49%
Medical and dental	White	51%	54%	52%	50%	53%
	BME	52%	50%	43%	47%	47%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	57%	55%	55%	57%	55%
	BME	41%	40%	44%	48%	49%
Healthcare assistants	White	43%	51%	50%	58%	57%
	BME	44%	41%	41%	48%	52%
Wider care team	White	49%	50%	52%	52%	49%
	BME	29%	29%	31%	37%	34%
General management	White	65%	55%	57%	57%	61%
	BME	29%	18%	45%	56%	43%
Other	White	54%	53%	60%	46%	43%
	BME	38%	38%	32%	33%	34%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

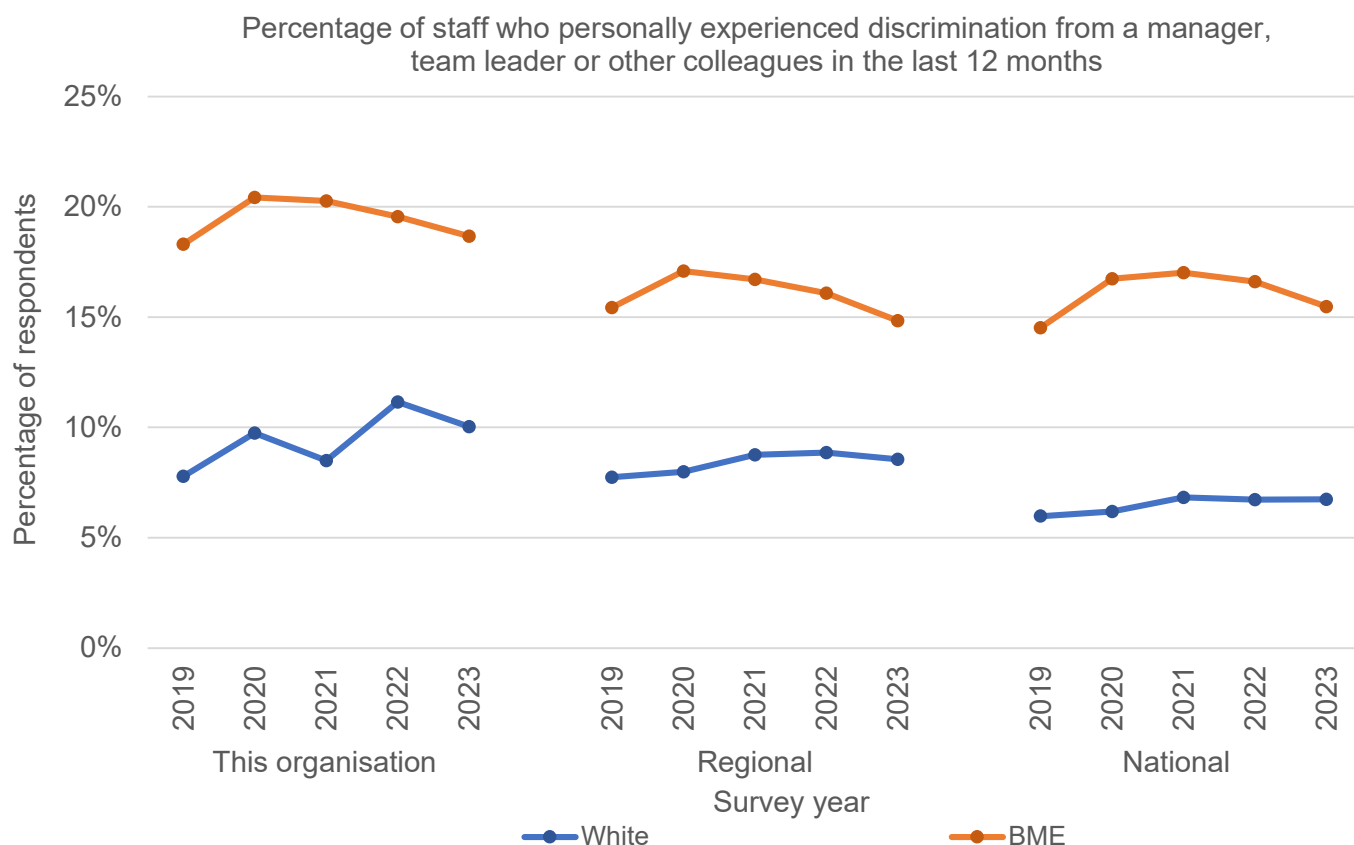
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 8

The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues

Success metric "b" for High Impact Action 6: Improvement in staff survey results on discrimination from line managers/teams (ALL Staff).

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 18.7%, than for White staff, 10.0%.



Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	8%	10%	8%	11%	10%
	BME	18%	20%	20%	20%	19%
London	White	8%	8%	9%	9%	9%
	BME	15%	17%	17%	16%	15%
National	White	6%	6%	7%	7%	7%
	BME	15%	17%	17%	17%	15%
This organisation, detailed breakdown	White British	6%	8%	8%	10%	9%
	White "other"	13%	14%	12%	15%	13%
	Asian	17%	19%	19%	19%	17%
	Black	21%	23%	22%	19%	20%
	Mixed/other	17%	18%	20%	24%	20%

Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2019	2020	2021	2022	2023
Overall	13%	15%	14%	16%	15%
White women	8%	10%	9%	12%	10%
BME women	19%	21%	21%	20%	19%
White men	7%	7%	6%	8%	9%
BME men	15%	18%	16%	15%	14%

Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and occupational group

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	5%	8%	7%	10%	8%
	BME	16%	17%	14%	20%	14%
Medical and dental	White	8%	10%	9%	14%	9%
	BME	11%	18%	20%	19%	17%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	9%	11%	10%	11%	12%
	BME	21%	24%	23%	21%	22%
Healthcare assistants	White	13%	12%	12%	9%	12%
	BME	18%	18%	19%	20%	15%
Wider care team	White	7%	9%	6%	10%	10%
	BME	20%	17%	18%	16%	16%
General management	White	8%	9%	7%	15%	7%
	BME	13%	28%	9%	18%	18%
Other	White	8%	7%	8%	12%	10%
	BME	21%	20%	25%	21%	22%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

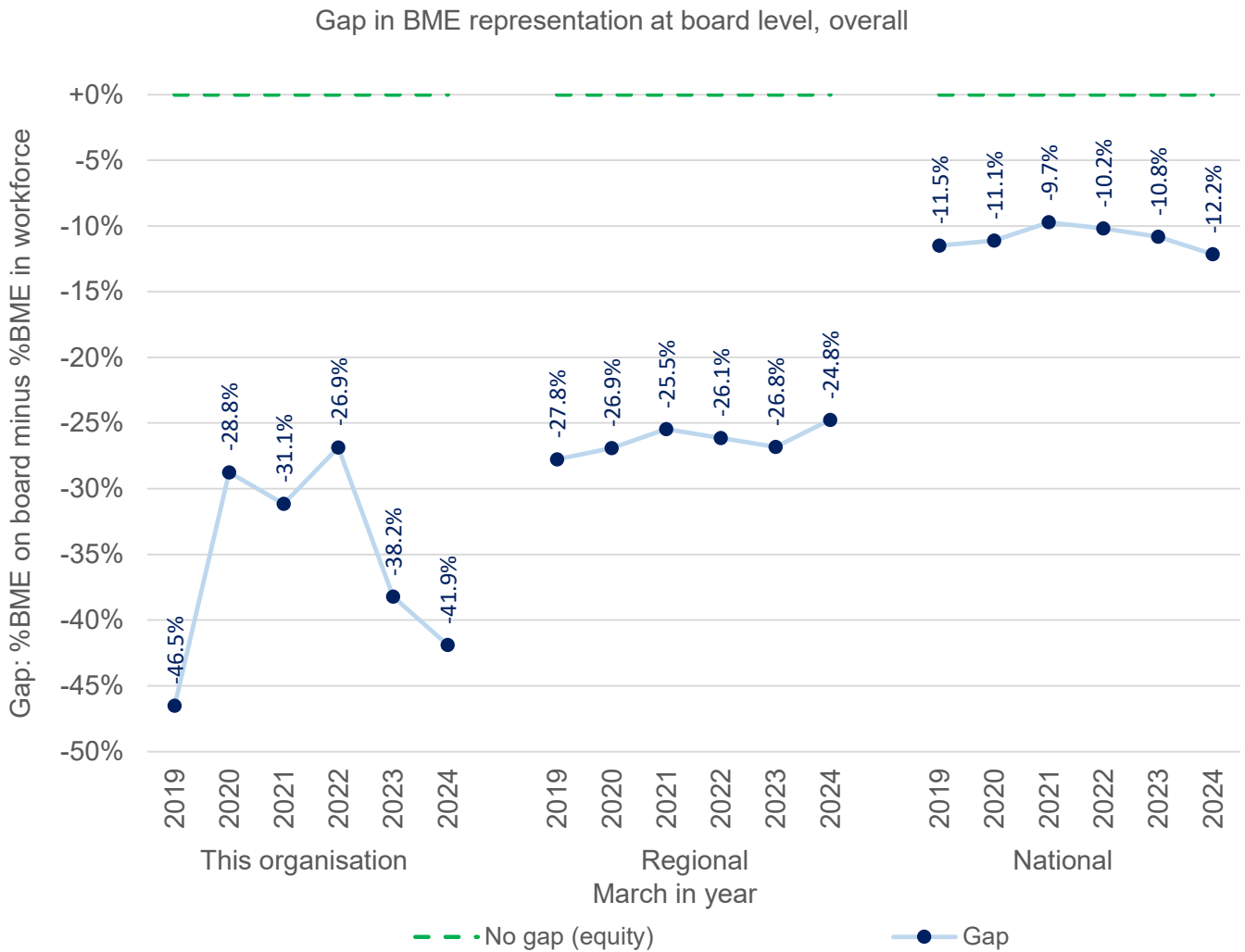
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 9

Overall board membership

At March 2024, the difference between BME representation on the board and in the workforce was -41.9%. BME members were underrepresented on the board by six members in terms of a headcount.

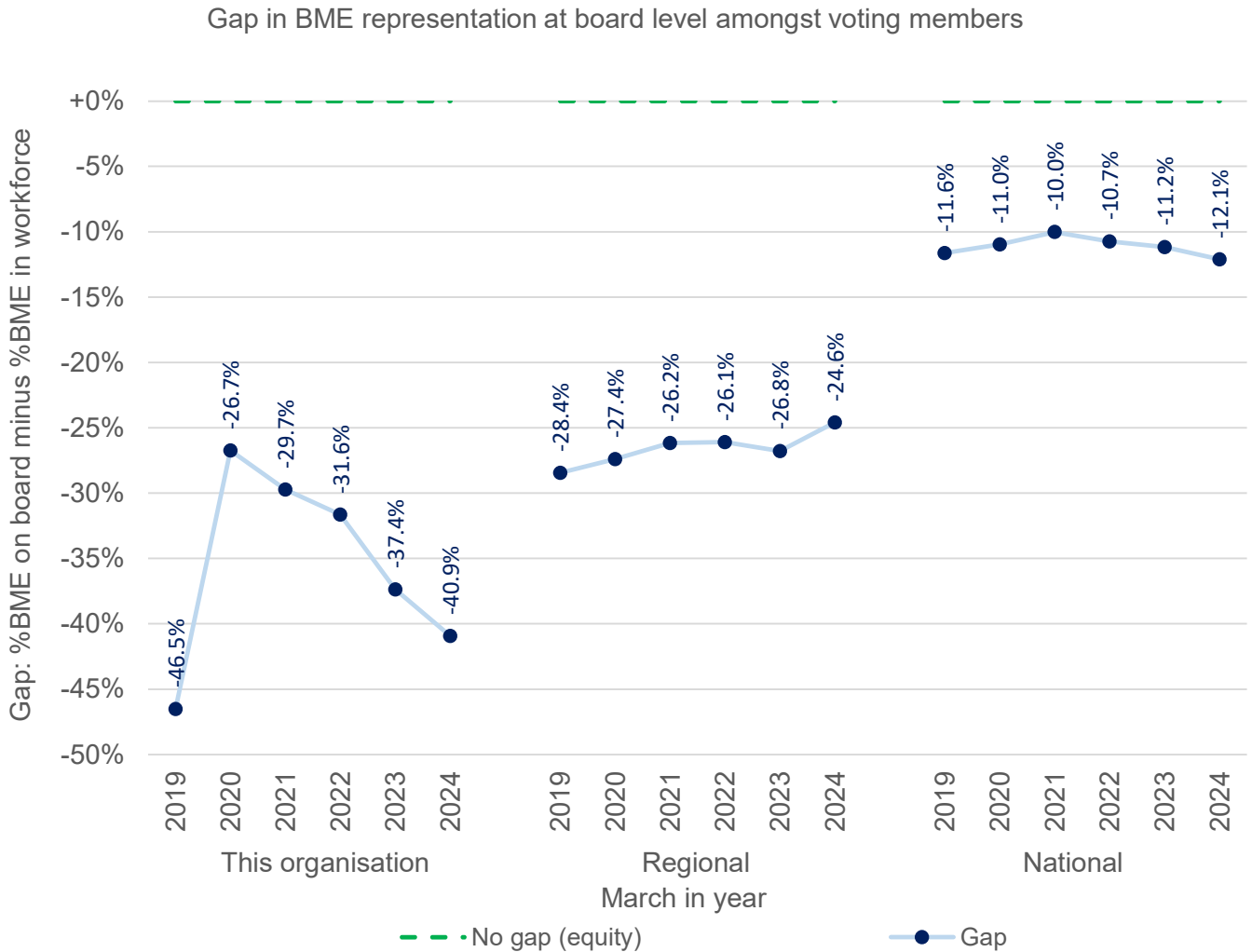


	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	-46.5%	-28.8%	-31.1%	-26.9%	-38.2%	-41.9%
London	-27.8%	-26.9%	-25.5%	-26.1%	-26.8%	-24.8%
National	-11.5%	-11.1%	-9.7%	-10.2%	-10.8%	-12.2%

The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A value of "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce. A positive value means that the percentage of BME members on the board of directors is higher than in the workforce, and a negative value means that the percentage of BME members on the board of directors is lower than in the workforce. These calculations are made for all board members considered together, as well as for voting members and executive members considered separately.

Voting board membership

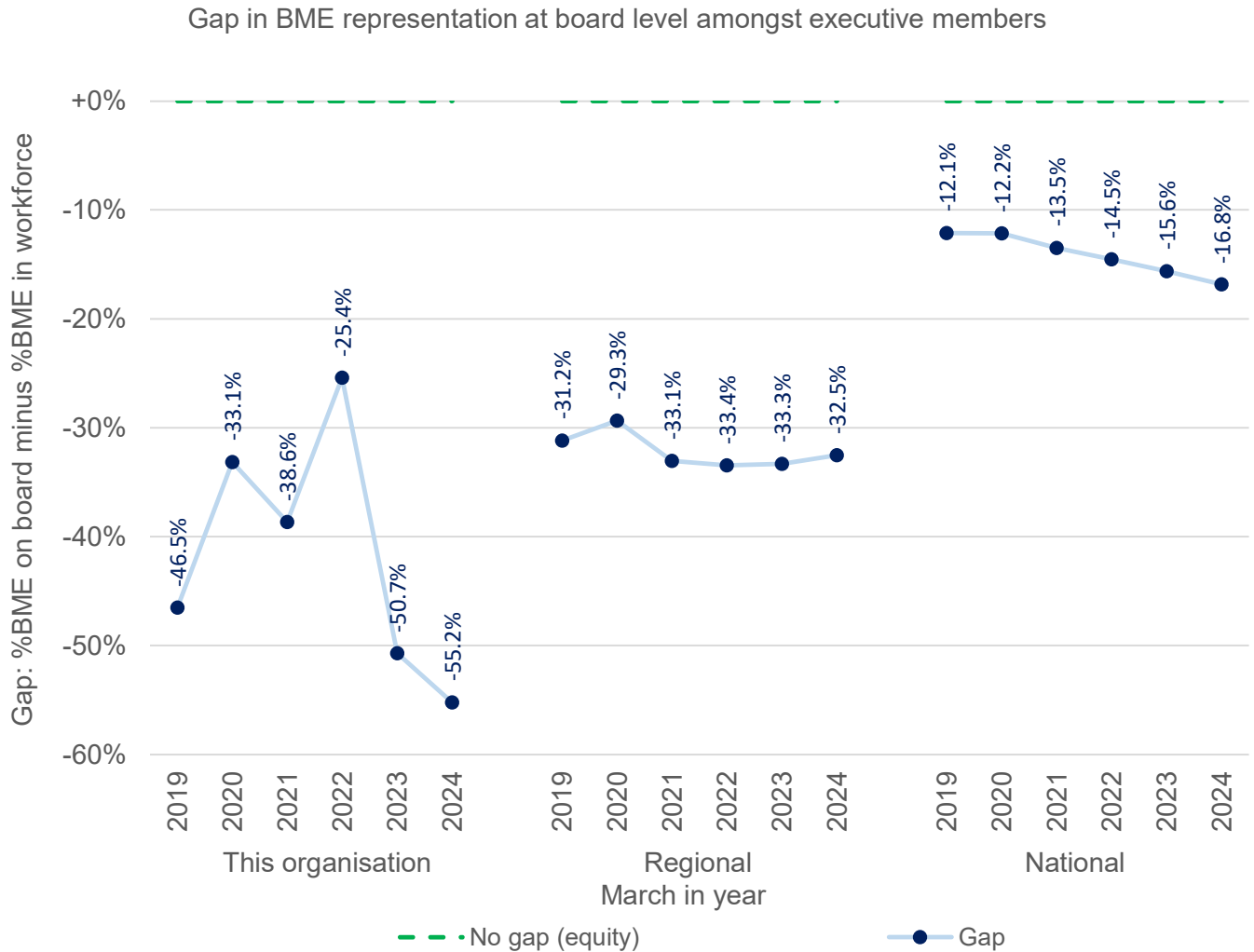
At March 2024, the difference between BME representation on the board and in the workforce was -40.9% amongst voting members. BME members were underrepresented on the board by six voting members in terms of a headcount.



	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	-46.5%	-26.7%	-29.7%	-31.6%	-37.4%	-40.9%
London	-28.4%	-27.4%	-26.2%	-26.1%	-26.8%	-24.6%
National	-11.6%	-11.0%	-10.0%	-10.7%	-11.2%	-12.1%

Executive board membership

At March 2024, the difference between BME representation on the board and in the workforce was -55.2% amongst executive members. BME members were underrepresented on the board by four executive members in terms of a headcount.



	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	-46.5%	-33.1%	-38.6%	-25.4%	-50.7%	-55.2%
London	-31.2%	-29.3%	-33.1%	-33.4%	-33.3%	-32.5%
National	-12.1%	-12.2%	-13.5%	-14.5%	-15.6%	-16.8%