

Annual equality report 2020/2021



Brilliant care through brilliant people



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FOREWORD

Welcome. This document reports progress against inclusion and where we need to continue progressing towards equality in our mission of brilliant care through brilliant people at Kent and Medway NHS Social Care Partnership Trust (KMPT) across 2020-21.

1) PROTECTING OUR STAFF

We aim to have zero tolerance against abuse at KMPT to ensure that all our staff have a right to care for others without fear of being abused.

2) INCREASING REPRESENTATION

Over the next five years it is important that we increasingly become an employer of choice for people from minority backgrounds.

We are changing attitudes and removing barriers to participation by involving people from minority groups in targeted opportunities: staff networking, coaching, training, reverse mentoring and recognising talent within KMPT.

3) BUILDING AN INCLUSIVE CULTURE

We are providing opportunities for allies and for role models to develop cultural competence through our Culture programme.

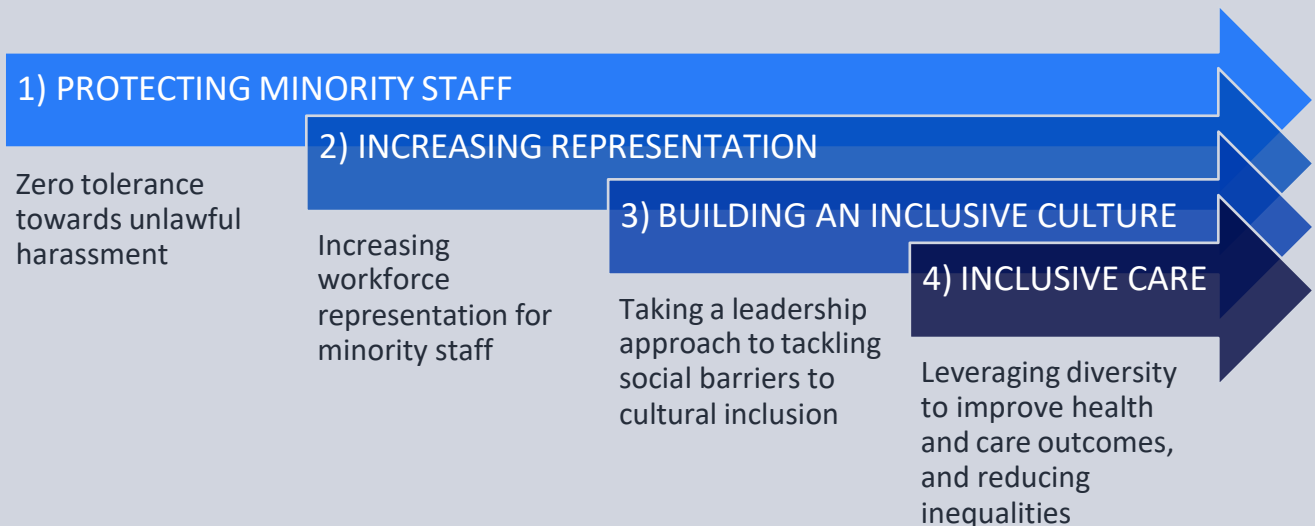
We are aiming for a psychologically safe environment with a just and learning culture.

4) INCLUSIVE CARE

We are taking steps to begin the promotion of culturally competent care by supporting staff to sensitively identify, record and meet patients' cultural, social and spiritual needs.

We will continue to take every opportunity to advance equality, diversity and inclusion in the design, delivery and review of all our functions, policies and practices.

FIG. 1 KMPT Inclusion



SUMMARY

Below is a summary of the key findings against each area of the KMPT's equality, diversity and inclusion programme:

RACE (page 5)

- i. The proportion of BAME (Black, Asian and Minority Ethnic) staff is 24.7% across KMPT, an increase of 5% over the last three years. There has been an improvement in BAME representation at Board level of 6% since 2019.
- ii. There has been a small improvement in the likelihood that a BAME person will be appointed compared to a white person over the past five years; this key national workforce race equality standard (WRES) measure is a priority in our action plan.
- iii. Across three years there was a four-point decrease in BAME staff reporting the Trust provides equal opportunities.
- iv. There was a four-point decrease in BAME staff experiencing harassment, bullying or abuse from other colleagues and patients in 2020, with BAME ally training set-up to support BAME staff members. This coincides with the growth of the BAME Network to include at present over 140 members (4% of the workforce).
- v. Covid-19 had a larger impact on our BAME staff and we focused work on ensuring all BAME staff received a risk assessment. KMPT also offered additional support to BAME colleagues through the BAME Staff Network and EDI Team 'Drop In' Sessions for staff and managers.

RELIGION AND BELIEF (page 7)

- vi. The proportion of staff (76.64%) sharing their beliefs grew by 2% over the past five years.
- vii. The Chaplaincy Team continue to promote

the Faith Network to encourage wider awareness and understanding of faith related issues.

- viii. The Network's purpose is to benefit service users, patients and employees, offering a platform for identifying, promoting and addressing issues, as well as link in with the other Networks to promote intersectionality.

GENDER (page 9)

- ix. 75% of the workforce is female with 25% male representation. We cannot evidence representation for Trans or non-binary people.
- x. Women were just under one and a-half times as likely as men to experience bullying and harassment from other staff.
- xi. Men were more likely than women to experience discrimination from patients, relatives or members of the public.
- xii. Women occupied 71% of the highest paid jobs (Across Band 8 and 9).

SEXUAL ORIENTATION (page 11)

- xiii. Just under 3% of the workforce shared with us that they identify as lesbian, gay or bisexual (LGB).
- xiv. The Trust became Stonewall Diversity Champions in 2020.
- xv. Bisexual people (8.5) and those Preferring not to say (8.5) scored lower than Trust average (8.9) for their perceptions of equality
- xvi. Only those identifying as Heterosexual/Straight (8.2) scored above the Trust average (8) of safety regarding bullying and harassment.

DISABILITY (page 13)

- xvii. 6.77% of the workforce shared they identify as disabled on their staff record, with 11.91% of the workforce choosing not to share their disability status.
- xviii. People who were disabled were just as likely to be appointed from shortlisting than non-disabled people against this key national workplace disability equality standard (WDES) measure.
- xix. There was a seven-point gap between disabled (81%) and non-disabled (88%) staff who feel KMPT provides equal opportunities in career development.
- xx. 84% of disabled staff felt KMPT made adequate adjustments to enable them to work; an increase of nine percent over four years.
- xxi. Covid-19 meant that many staff with a disability were shielding and KMPT ensured they received risk assessments and the EDI Team offered 'drop in' sessions to support both staff and their managers.

AGE (page 15)

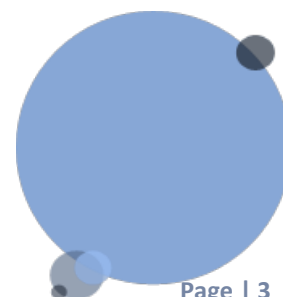
- xxii. The majority of the workforce is aged 46-55 years old, which is comparable with the national data. This data shows that KMPT has an ageing workforce.

ORGANISATIONAL INCLUSION (page 17)

- xxiii. Operation Cavell – launched on 15th February 2021 and is a joint initiative with Kent Police to tackle hate crime and violence against KMPT staff.
- xxiv. This aim of this work is to make every effort that KMPT staff remain safe during the course of their role and if subjected to unacceptable behaviours (violence and anti-social) from service users, they have a clear way to report such crimes and be supported. This is in recognition of the increase of incidents of this kind and can be from service users and or their loved ones but in either case should not go unreported.

Conclusion

- xxv. The findings indicate areas of progress, particularly increasing representation through minority staff and community engagement, with some barriers to inclusion still requiring action. The findings also indicate pockets of negative experiences for some staff; a focus for the 12 months ahead.
- xxvi. Covid-19 had implications on the delivery of some of the work to support inclusion during 2020-2021 but efforts were focused on ensuring staff safety.
- xxvii. Across 2021-22 we will increase support for staff to promote inclusive leadership to highlight and remove cultural barriers to inclusion.
- xxviii. The end goal remains thriving and culturally competent staff providing inclusive care to promote positive health outcomes and tackle health inequalities.



INTRODUCTION


Welcome to our annual equality report 2020-21

This report demonstrates what we have achieved and where we need to continue progressing towards equality in our mission of brilliant care through brilliant people.

Our equality, diversity and inclusion (EDI) programme delivers our workforce strategy commitment for thriving staff to be inclusive, diverse and fair, and supports our other strategies, particularly on patient and carer experience and involvement.

The report is made up of seven sections that reflect our aspirations across: race, religion and belief, gender, sexual orientation, disability, age, and organisational inclusion.

- Each section begins with our key achievements to advance equality, including fostering good relations
- There are then key findings including measures of workforce equality, in particular representation and recruitment rates
- There are measures of our work to eliminate discrimination, including harassment
- Each section then ends with next steps to address the findings that underpin the 2021/22 equality, diversity and inclusion action plans.

 Key measures include a traffic light system of progress, illustrated by either a red (**R**), an amber (**A**) or a green (**G**) point.

Green indicates any gaps between groups which are within accepted thresholds, and do not indicate concerns. Amber indicates work in progress and red indicates a decline beyond acceptable thresholds.

The data is taken from electronic staff records, employee relations case-trackers, staff surveys, gender pay gap and our WRES and WDES findings.

Patient data has not been included in this report due to quality. We are focusing on barriers to recording demographic details and accessible information, with the support of IT and our clinical services.

This report evidences compliance with our specific equality duty (Equality Act 2010), our duty to publish gender pay gap information (on page 10) and our obligations to publish information relating to the workforce race equality standard (WRES; on page 5) and the workforce disability equality standard (WDES; on page 13).

It also provides the progress on our Equality, Diversity and Inclusion Strategy 2020-2024.

RACE

The proportion of BAME (Black, Asian and Minority Ethnic) staff grew by 5% over three years across KMPT. There has been an improvement in BAME representation at Board level of 6% since 2019.

There was an overall four-point decrease in BAME staff experiencing harassment, bullying or abuse from other colleagues and patients in 2020, with BAME ally training delivered to support BAME staff members. This coincides with the growth of the BAME Network to include at present over 140 members (4% of the workforce).

1.1. Across 2020-21 KMPT’s BAME Network brought people together from different ethnic backgrounds committed to valuing individuality, supporting inclusion and promoting diversity. Key achievements include:

- Over 140 BAME allies were trained over four courses.
- A month of staff events held to promote intercultural learning, culminating in the first virtual Black History Month Celebration
- The BAME staff network membership grew to 140 (approximately 4% of the total Trust workforce)
- The staff survey engagement score was higher for our BAME staff (7.4) than for our white staff (7.0).



KEY FINDINGS: RACE

Workforce ethnicity representation (WRES 1)



- 1.2. The number of BAME people in the workforce at 31 March 2021 was 908, or 24.7% of the workforce overall. The Trust’s BAME workforce has grown by 5% over the past three years.
- 1.3. Medical and dental staff was 58.5% (n.188) BAME. Clinical staff was 28.1% BAME (n. 691). Agenda for Change (AfC) pay band 2 had the largest proportion of any AfC pay band at 55% (n. 180), followed by band 9 at 30% (n.10), then band 5 at 29% (n.102).
- 1.4. By comparison the average workforce was 20.1% BAME in the whole NHS South Region.
- 1.5. AfC 8d-9 and very senior managers (VSMs) is 46 %White British and 54% BAME.

Fig. 2 Workforce by ethnic group

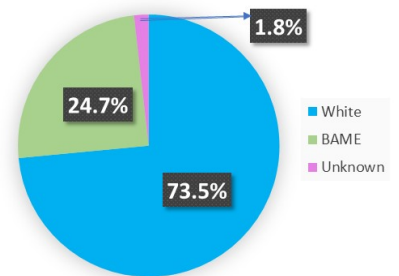
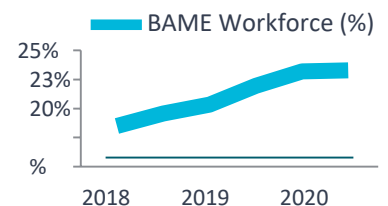


Fig. 3 Trust BAME workforce % over time



Ethnicity shortlisting-to-appointment likelihood (WRES 2)



- 1.6. 156 BAME people and 448 white people were appointed in 2020-21. White people were 1.19 times more likely to be appointed from shortlisting than BAME people, the same as the regional and the sector averages. This is a reduction from white people being 1.5 times more likely to be appointed in 2019. If the Trust had employed 28 more BAME people it would have achieved racial equality in appointments.

Fig. 4 Likelihood BAME staff disciplinary

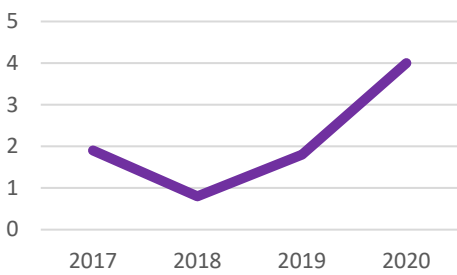


Fig. 5 Patient-on-staff harassment by ethnicity

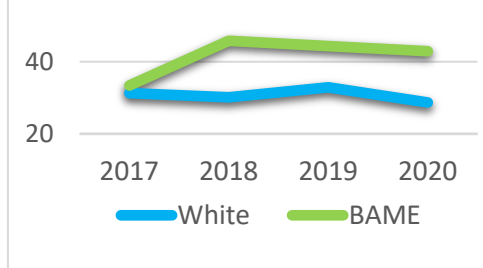


Fig. 6 Staff-on-staff harassment ethnic group

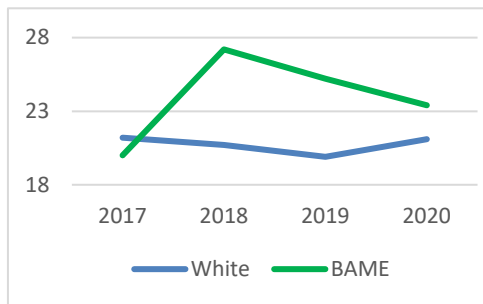
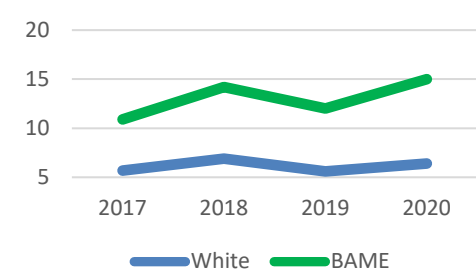


Fig. 7 Staff experiencing discrimination



Formal disciplinary likelihood by ethnicity (WRES 3)



1.7. BAME people were over 4 times more likely than white people to enter formal disciplinary, including 8 BAME people and 12 white people. Although based on small numbers this is an increase year on year since 2018.

Non-mandatory training (WRES 4)



1.8. White people (n. 1041) were 1.26 times as likely to access non-mandatory training and development as BAME people (n. 279).

Harassment, bullying or abuse by ethnicity (WRES 5-6)



1.9. 42.9% of BAME staff experienced harassment, bullying or abuse from patients, relatives or the public in the prior 12 months, although a decrease of 1.4 points than 2019 it is 7.3 points greater than the 35.6% BAME staff in 2017. This figure is just over 10% more than the 32.1% BAME staff mental health trust providers benchmark. KMPT has committed to reducing this percentage to 34.3% over two years.

1.10. 23.4% of BAME staff experienced harassment, bullying or abuse from other colleagues in the prior 12 months, 1.6 points less than the national average and 2.1 points from the 25.5 % BAME staff in 2019. KMPT has committed to reducing this 17.5% over two years.



Racial equality of opportunity for promotions (WRES 7)



1.11. 74.3% of BAME staff reported the Trust provided equal opportunities for promotion. The Trust is 1.6 points greater than the 72.7% BAME staff mental health provider benchmark and 9.3 points less than the national average (83.6) but with the Trust's white staff reporting of 89.3%, hence the rating is amber.

Staff work discrimination by ethnicity (WRES 8)



1.12. 15% of BAME staff (n.54) experienced discrimination at work from their manager or colleagues, an 8.6-point difference to the 6.4% of white staff experiencing it and a 0.1-point difference from the 15.1% BAME staff mental health provider benchmark.

Board ethnicity membership (WRES 9)



1.13. The Board, including voting and executive, was 80% white and 20% BAME. This is thirteen points greater than the 7.5% Board mental health provider benchmark

NEXT STEPS FOR RACE EQUALITY 2021-22

- Set an inclusive leadership masterclass for equality, diversity and inclusion
- Introduction of the Early Resolution Policy to decrease numbers of staff going through the disciplinary process
- Develop and deliver positive action workshops to support job applications
- Trust-wide discussion on what being an anti-racist organisation means
- Develop our actions on reducing our race disparity ratio for implementation and incorporate into our WRES action plan next year.

RELIGION AND BELIEF

The proportion of staff (77%) sharing their beliefs remained static over the past five years, however those stating non-religious grew by over 6%.

Buddhist staff scored their safety (6.3 out of 10) in relation to bullying and harassment).

Discrimination rates from patients or the public towards our staff are higher towards our Muslim, Hindu staff and staff identifying as Any other religion.

2.1. Across 2020-21 the Trust’s Religion and Belief Network explored and developed the expression of spirituality at work. Key achievements include:

- Holding virtual Diwali and Christmas celebrations
- Supporting patients with spiritual needs during the pandemic



KEY FINDINGS: RELIGION AND BELIEF

Workforce religion and belief representation A

- 2.2. The number of people sharing their religion or belief with the Trust at 31 March 2021 was 2,689, or 77% of the workforce. Staff in agenda for change (AfC) pay band 8a had the largest proportion identifying as religious at 81.4% (n.114).
- 2.3. Staff sharing, they were Christian was the largest belief group at 48.7% (n. 1,696), followed by the non-religious group at 15% (n. 540) and then followed by the group of staff sharing that they described their religion or belief as ‘Other’ at 9% (n. 307).
- 2.4. The proportion of all staff sharing that they identify as religious remained relatively static over five years.
- 2.5. The proportion sharing that they identify as non-religious increased by 6.3% overall, over five years. The score is rated amber because of the 22% of staff not wishing to share with us.

Fig. 8 Workforce by belief group

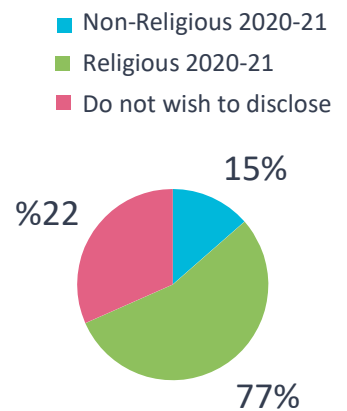


Fig. 9 Belief group workforce % over time

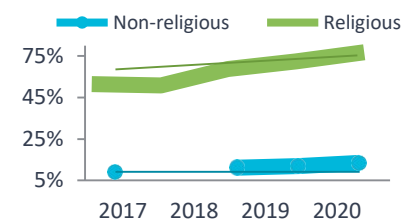
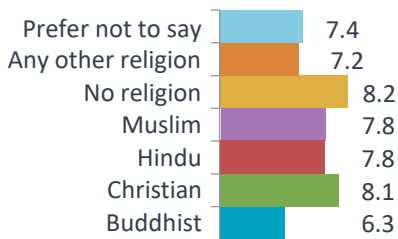


Fig. 10 Bullying & harassment score (religion and belief group)



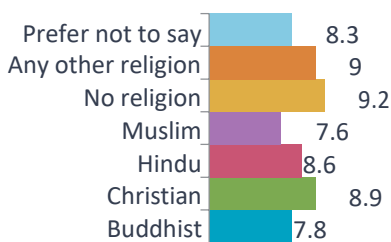
Safe environment (bullying and harassment) by religion and belief



2.6. The safety (bullying and harassment) score is aggregated from responses to three questions from the staff survey 2020 relating to personal experience of harassment, bullying or abuse from patients, relatives, members of the public, managers and / or colleagues.

2.7. The Trust average score for all staff was 8 out of 10. The group with the lowest score was Buddhist at 6.3 (n.16), 0.5% less than the 8.8 average staff score nationally. The next Trust lowest was Any other religion at 7.2 (n. 33).

Fig. 11 Equality, diversity & inclusion score (religion and belief group)



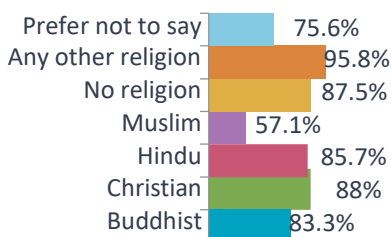
Religion and belief equality, diversity & inclusion score



2.8. The equality, diversity and inclusion score is aggregated from responses to four questions taken from the staff survey 2020 relating to equal opportunities in career progression, discrimination at work and the adequacy of adjustments made to enable individuals to work.

2.9. The Trust average score for all staff was 8.9 out of 10. The group with the lowest score was Muslim at 7.6 followed by Buddhist at 7.8 and prefer not to say at 8.3 out of 10.

Fig. 12 Equality of opportunity for promotions (religion and belief group)



Religion and belief equality of opportunity for promotions



2.10. On average, 86% of staff reported the Trust acts fairly with promotions. The group with the lowest proportion was Muslim at 57.1% (n. 14); nearly 19 points behind the 75.5% Muslim staff mental health provider benchmark. The next lowest in the Trust was Prefer not to say at 75.6% (n. 15) more than the 70.3% (n. 72) nationally in the Prefer not to say mental health provider benchmark.

Staff experiencing discrimination from patients, relatives or members of the public by religion and belief



2.11. On average, 11.9% of staff experienced discrimination from patients, relatives or the public in the prior 12 months. The top three groups were: Muslim at 32%, Hindu at 22.4% and Any other religion at 14.7% – score for Muslims is about double the national averages in their groups' mental health provider benchmarks.

NEXT STEPS FOR RELIGION AND BELIEF EQUALITY 2021-22

- Increase membership of the Faith staff network
- A new action plan for the Faith staff network
- Delivery of active ally training to support those of different beliefs

GENDER

The proportion of the male workforce has grown by 9% over five years, with an overall split currently of 75% female and 25% male. We are unable to evidence representation for Trans or non-binary people. Women were just under one-and-a-half times as likely as men to experience bullying from other staff. Men were more likely than women to experience discrimination from patients.

For every £1 earned by men, women earned £1. Women occupied 71% of the highest paid jobs (8a-9).

3.1. Across 2020-21 the Trust continued its work to promote gender equality between men, women and non-binary people, including trans people. Key achievements include:

- Actively promoting the preferred pronoun campaign in LGBT History Month
- Delivering gender identity awareness training to our Consultant Psychiatrists and offering courses to all our staff

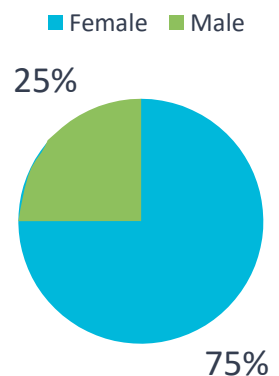


KEY FINDINGS: GENDER

Workforce gender representation A

- 3.2. Out of 3,484 staff, 75% (n. 2,607) were recorded as female and 25% (n. 877) as male on their staff record. The proportion of the male workforce grew over five years.
- 3.3. The female workforce in Agenda for Change pay bands was 76.2%(n. 2,490) compared to 53.9% (n. 117) females with medical and dental contracts.
- 3.4. The voting board was comprised of 3 men and 13 women, inclusive of both executive directors and non-executive directors.
- 3.5. At present the national Electronic Staff Records (ESR) system is unable to record staff members who do not identify with a specific binary sex or who identify as Trans, hence this measure is rated amber.

Fig. 13 Workforce by sex



Harassment, bullying or abuse from staff by gender R

- 3.6. There was a 4.7-point difference between the proportion of females (16.5%) who reported experiencing harassment, bullying or abuse from colleagues and the proportion of males (11.8%) reporting this in the last twelve months.

Fig. 14 Staff-on-staff harassment (% gender)

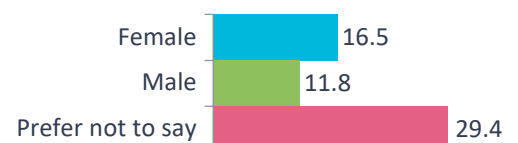
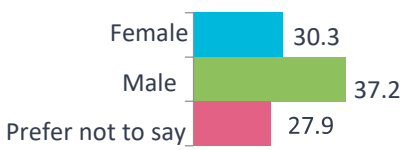


Fig. 15 Discrimination from patients towards staff by gender (%)



Discrimination from patients, relatives or members of the public by gender



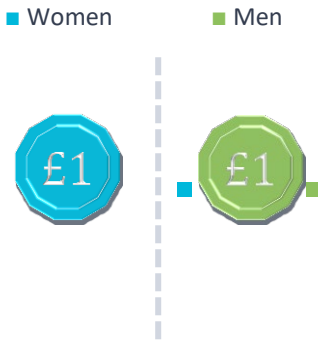
3.7. There was nearly a seven-point difference between the proportion of males (37.2%) who reported discrimination from patients, relatives or members of the public and the proportion of females (30.3%) reporting this in the last twelve months.

Gender pay gap

Hourly wages pay gap



Fig. 16 Hourly wages pay gap by gender



3.8. In the Trust, women earned £1 for every £1 that men earned when comparing median hourly wages.

Proportion of women in each pay quarter



3.9. In the Trust, women occupy 71% of the highest paid jobs and 77% of the lowest paid jobs.

Gender bonus gap



3.10. In the Trust there is no bonus pay for staff other than doctors and therefore no gender pay discrepancy. Bonuses were the same for male and female doctors in 2020-21.

NEXT STEPS FOR GENDER EQUALITY 2021-22

- Deliver staff engagement workshops / surveys aimed at understanding better the experiences of staff harassment towards women and discrimination from patients and the public towards men
- Encourage staff participation in Kent and Medway system wide activities e.g. understanding menopause
- Support the Perinatal Mental Health Community Service to develop culture awareness information for staff to support new and expectant mothers.

SEXUAL ORIENTATION

Nearly three percent of the workforce shared with us that they identify as lesbian, gay or bisexual (LGB). This is static for over the past three years. On average higher paid staff were less likely to share they were LGB. The Trust became Stonewall Diversity Champions in 2020.

Staff identifying as gay or lesbian score the same as Trust average for their perceptions of equality, diversity and inclusion. There are 42 registered members of the LGBTQ++ network.

4.1. Across 2020-21 the Trust continued its work to promote equality between people of all sexual orientations, including lesbian, gay, bisexual (LGB) and straight people. Key achievements include:

- Rolling out Sexual Orientation and Gender Identity Training
- Becoming Stonewall Diversity Champions
- Producing a Pride magazine and sending out Pride cupcakes to all inpatient services



KEY FINDINGS: SEXUAL ORIENTATION

Workforce sexual orientation representation A

- 4.2. The number of people sharing their sexual orientation with the Trust at 31 March 2021 was 2,884 or 82.5% of the workforce.
- 4.3. Staff sharing that they were Heterosexual was the largest group at 79.6% (n. 2,782), followed by the group of staff sharing that they do not wish to disclose at 17.4% (n. 608), then by staff who shared they identified as either lesbian or gay at 1.8% (n. 64) staff who shared they were bisexual at 0.94% (n. 33) and lastly was 0.11% (n.4) of staff who selected their sexual orientation as "other".
- 4.4. Staff in Agenda for Change (AfC) pay group 1-4 had the largest proportion identifying as LGB on their staff record at 3.3% (n.52), compared to 2.7% in the workforce overall.
- 4.5. Correspondingly the lowest proportion of LGB on staff records was in Agenda for Change pay bands 5-7 at 1.7% (n.5), hence the amber rating for this measure.

Fig. 18 Workforce by sexual orientation

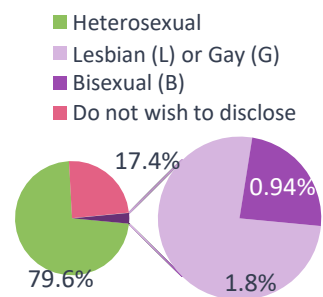


Fig. 19 LGB workforce by AfC pay group

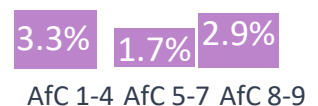
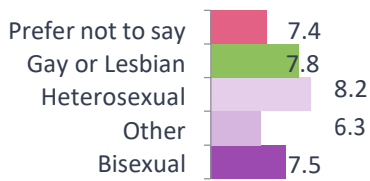


Fig. 20 Bullying & harassment score (sexual orientation)



Safe environment (bullying and harassment) by sexual orientation

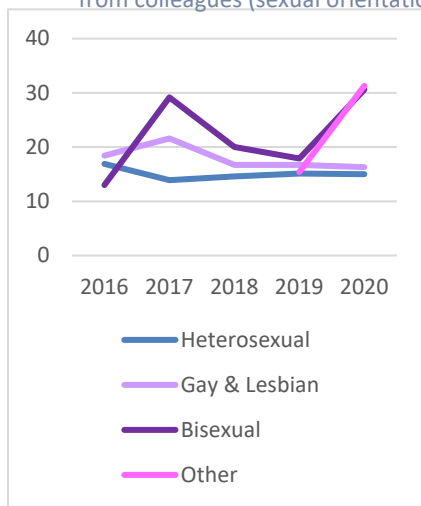


- 4.6. The Trust average score was 8.0 out of 10 from 1,934 staff. The group with the lowest score was those staff describing themselves as other at 6.3; 1.4 less than the 7.7 average other score in the mental health provider benchmark. Staff who preferred not to say were next lowest at 7.4; 0.2 difference to their mental health provider benchmark, followed by bisexual staff at 7.5, 0.2 less than the bisexual staff mental health provider benchmark.

Staff experiencing harassment from colleagues by sexual orientation



Fig. 21 Bullying & harassment score from colleagues (sexual orientation)

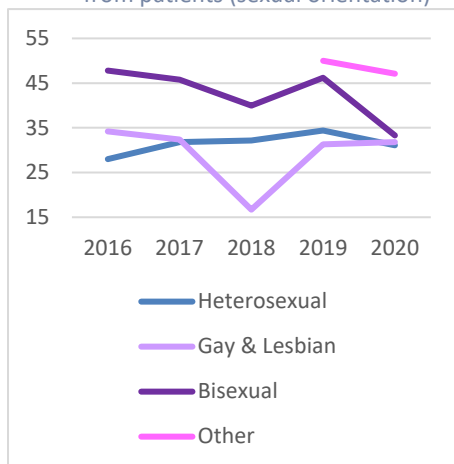


- 4.7. 31.3% (n.5) of those staff declaring as other experienced at least one incident of bullying, harassment or abuse from their colleagues. There were decreases for staff of all sexual orientations, except an increase of thirteen percent (30.6%) for bisexual staff (n.12).

Staff experiencing harassment from patients by sexual orientation

- 4.8. All groups experienced harassment from patients with those identifying as other at the highest with 47% (n.8) and those identifying as heterosexual or straight the lowest at 31.3% (n.517). Every group experiencing harassment from patients decreased except for a 0.5% increase for those identifying as gay or lesbian.

Fig. 22 Bullying & harassment score from patients (sexual orientation)



Sexual orientation equality, diversity & inclusion score



- 4.9. The Trust average score was 8.9 out of 10 for all 2,015 staff. The group with the lowest scores were bisexual and other at 8.5, 0.2 less than the mental health provider bisexual benchmark, followed by other at 8.9, which was very slightly better than the mental provider gay staff benchmark.

Stonewall Diversity Champions

- 4.10. The Trust became Stonewall Diversity Champions in 2020 allowing the Trust use of the Diversity Champion logo to use on promotional materials, listing KMPT on the Proud Employers careers site and setting the Trust out as an inclusive employer of choice. There was also access to an annual series of seminars and webinars which the Trust were unable to take full advantage of due to Covid-19.

Next Steps for Sexual Orientation Equality 2021-22

- Redesigning logo of LGBTQ++ network to use the inclusive progress flag
- Develop a WRES/WDES style report for sexual orientation

DISABILITY

7% of the workforce shared that they identify as disabled on their staff record, with 12% choosing not to share their disability status. People who were disabled were just as likely to be appointed from shortlisting than non-disabled people against this key national workplace disability equality standard (WDES) measure.

84% of disabled staff felt the Trust made adequate adjustments to enable them to work; an increase of 7.9% on the previous twelve months. The disability staff network has 53 registered members.

5.1. Across 2020-21 the Trust continued to advance disability equality and make reasonable adjustments for disabled people in our workplaces and to facilitate that their voices be heard (WDES 9):

- Introduced the Staff Wellness Passport, which was designed by the Trust’s disAbility Staff Network
- Rolled out Disability Awareness Training delivered by Disability Rights UK

5.2. Disabled staff scored on average 6.8 out of 10 for how engaged they felt; 5% different from the 7.2 out of 10 score of non-disabled staff.



KEY FINDINGS: DISABILITY

Workforce disability representation (WDES 1)



5.3. The number of people sharing their disability with the Trust at 31 March 2021 on their staff record was 236, or 6.8% of the workforce. The group not wishing to share their disability status is at 11.9%, hence the amber rating. There were 22.3% (n.450) of 2,015 who answered the staff survey 2020 and selected they were disabled.

5.4. Staff in agenda for change (Afc) pay band 6 had the largest proportion of disabled staff at 25% (n. 59), with 1.7% sharing a disability in the Afc 8c-9 cluster.

5.5. Over the last year the amount of staff sharing their disability status grew by 0.8% overall.

Shortlisting-to-appointment by disability (WDES 2)



5.6. There were 45 disabled people and 547 non-disabled people appointed in 2020-21. Non-disabled people were 1.2 times more likely to be appointed from shortlisting as disabled people. If the Trust had employed 9 more disabled people it would have achieved equality in appointments.

Fig. 23 Workforce by disability status

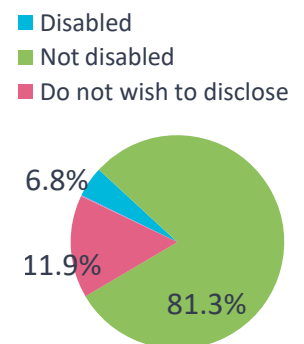
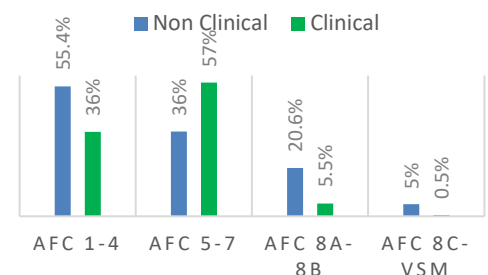


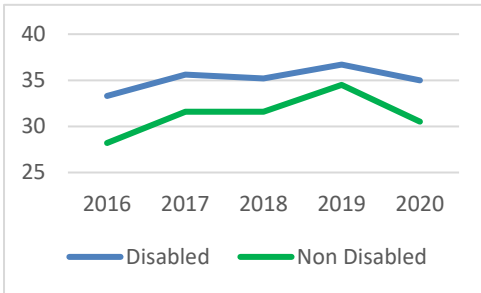
Fig. 24 Disability (%) by staff cluster



Formal capability likelihood by disability (WDES 3) G

- 5.7. No people who had shared they were disabled on their staff record entered a formal capability process in 2020-21. There were 6 non-disabled people who entered a formal capability process.

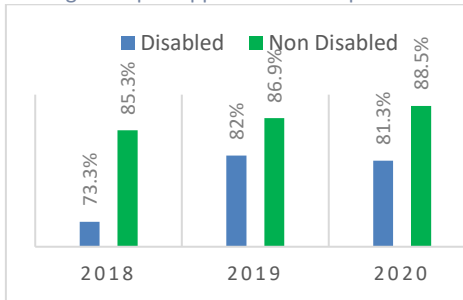
Fig. 25 Patient-on-staff harassment by Disability



Harassment, bullying or abuse by disability (WDES 4) A

- 5.8. 35% of disabled staff in the 2020 staff survey experienced harassment, bullying or abuse from patients, relatives or the public in the prior 12 months, a 5% difference from the 30% of non-disabled staff, and a 4% difference from the disabled staff mental health provider benchmark (31%).
- 5.9. 16.2% of disabled staff experienced harassment, bullying or abuse from managers, nearly double that of the 8.6% of non-disabled staff, and a decreasing three-year trend for non-disabled staff.
- 5.10. 24.5% of disabled staff experienced harassment, bullying or abuse from other colleagues, a 11-point difference from the 13.6% of non-disabled staff, and an increasing three-year trend for disabled staff.

Fig. 26 Equal opportunities for promotion



Disability equal opportunities for promotion (WDES 5) A

- 5.11. 81.3% of disabled staff felt the Trust provided equal opportunities for promotion, with a positive (more desirable) trend over three years, a 6.7-point difference from the 88.5% of non-disabled staff, hence the amber rating. The Trust disabled staff figure is similar to the disabled staff mental health provider benchmark (82%).

Pressure to work when unwell by disability (WDES 6) A

- 5.12. 25.6% of disabled staff felt management pressure to come to work when not feeling well enough, nearly a 6-point difference from the 19.2% of non-disabled staff.

Trust values their work by disability (WDES 7) A

- 5.13. 44.3% of disabled staff felt the Trust valued their work, a 11-point difference from the 55.3% of non-disabled staff but similar to that of the disabled staff mental health provider benchmark of 44.6%.

Adequate adjustments for disabled people (WDES 8) A

- 5.14. 84.8% of disabled staff felt the Trust made adequate adjustment(s) to enable them to carry out their work. A 7.9% increase on those disabled staff completing the staff survey in the previous twelve months.

Board disability membership (WDES 10) R

- 5.15. The Board, including voting and executive, was 100% non-disabled.

NEXT STEPS FOR DISABILITY EQUALITY 2019-20

- Collect disabled staff life stories 'Hidden Talents' to raise staff awareness
- Produce a handbook for managers in accessing the right information to support their staff who have disabilities
- Review and produce a new WDES action plan developed with our disAbility network

AGE

Staff in the 16-20 years age group have 'average' perceptions of equality of opportunity, higher than the mental health sector benchmark.

Staff in the 41-50 years age group report on average lower perceptions of equality of opportunity than all other age groups, and the mental health sector benchmark, with a decreasing trend over time.

- 6.1. Across 2020-21 the Trust continued its work to promote age equality between people of different ages. Key achievements include:
- Working with Finance to ensure Older Adults Care Group is consistently considered for funding opportunities
 - Raising age discrimination to the Trust wide Equality and Diversity Steering Group



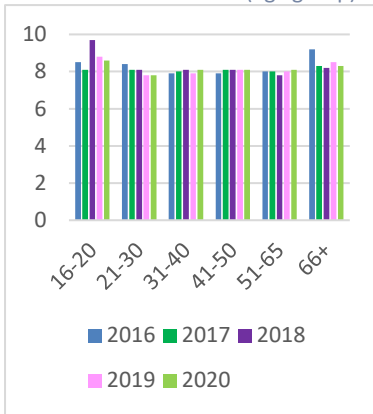
KEY FINDINGS: AGE

Workforce age representation



- 6.2. The Trust staff in FTE posts grew by 8.4% over three years from 2836 to 3077 in 2020.
- 6.3. The largest absolute percentage increase in any age group in the workforce over the last three years was the extra 45 people in the 61-65 years' group.
- 6.4. The smallest absolute percentage increase in any age group over the last three years was the extra 7 people in the 66-70 years' group.

Fig. 28 Bullying & harassment score (age group)



Safe environment (bullying and harassment) by age

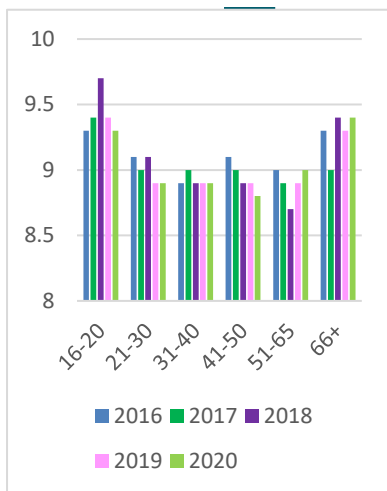


6.6. The 16-20 years group gave the highest safe environment score at 8.3 out of 10 of any age group in 2020, and just below the mental health provider benchmark for staff in that age group (8.6).

6.7. Scores decreased in 2020 (8.3) for the 66 and over age groups from 2019 (8.5), and either increased slightly or remained the same for all other age groups, the national trend increased (8.7) in the mental health benchmark for that particular age group (66+).

6.8. The 21-30 years group gave the lowest safe environment score at 7.8 out of 10 of any age group in 2020, lower than the mental health provider benchmark for staff in that age group (8.3) and just lower than the Trust average score (8.0).

Fig. 29 Equality, diversity & inclusion score (age group)



Age equality, diversity and inclusion score



6.9. The 66 years' + group gave the highest equality, diversity and inclusion score at 9.4 out of 10 of any age group in 2020, higher than the mental health provider benchmark for staff in that age group (9.2) and higher than the Trust average score (8.9).

6.10. The 41-50 years group gave the lowest equality, diversity and inclusion score at 8.8 out of 10 of any age group in 2020, lower than the community provider benchmark for staff in that age group (9.0), with a decreasing trend within the Trust over the past five-years.

NEXT STEPS FOR AGE EQUALITY 2019-20

- Deliver a staff engagement programme aimed at identifying the experiences and needs of the growing number of staff aged 51+ years working at the Trust
- Increase the awareness of age discrimination across the Trust

ORGANISATIONAL INCLUSION

Operation Cavell launched on 15th February 2021 and is a joint initiative with Kent Police to tackle hate crime and violence against KMPT staff.

A new equality impact assessment process was rolled out across the organisation and work has begun on improving collection of demographic data of patients.

- 7.1. In addition to the progress made highlighted in each section, across 2020-21 the Trust continued certain trust-wide initiatives to advance equality of opportunity, eliminate discrimination and foster good relations. Key achievements include:
- Rolling out a new equality impact assessment process
 - Developing and piloting a reverse mentoring programme
 - Rolled out the accessibility information standard training for all front-line staff
 - Set up a working group to ensure better capture of demographic information about patients

KEY FINDINGS: INCLUSION

Equality, diversity and inclusion (EDI) score

- 7.2. The Trust average score for equality, diversity and inclusion was 8.9 out of 10, similar to the mental health provider benchmark.

Safe environment (bullying and harassment)

- 7.3. The Trust average score for a safe environment relating to bullying and harassment was 8.0 out of 10, this is 0.3 lower than the mental health provider benchmark

NEXT STEPS FOR CULTURAL INCLUSION 2021-22

INCLUSIVE LEADERSHIP & CULTURE

We will provide opportunities for allies and for role models to develop cultural competence by increasing support for leaders to identify bias, to reduce prejudice and to eliminate systemic barriers.

We will align systems to strengthen the conditions for change; embedding inclusion within talent management, and tying recognition for inclusive behaviours within staff appraisals.

We will be producing new action plans for our WRES and WDES and incorporate the 6 national actions for the overhaul of recruitment to decrease our race disparity ratio into our WRES reporting.

We will work with our staff networks to improve our understanding of the impact of intersectionality to overcome the barriers faced by our staff and our patients.