

East Kent Medical Services Ltd
Workforce Race Equality Standard (WRES)
Report and Action Plan
2016-2017

WRES reporting is a requirement under the NHS Standard Acute Contract. Reporting will be required by CCGs and will be reviewed through CQC inspections processes.

In 2014, the NHS Equality and Diversity Council (NHS EDC) agreed that a Workforce Race Equality Standard (WRES) should be made available to the NHS, to help improve the experiences of black and minority ethnic (BME) staff and their representation at senior and board levels across the healthcare system. The WRES is made-up of nine indicators that focus on identifying the gap in BME and white staff experiences in the workplace and the opportunities received.

Since April 2015, the WRES has been mandated through the NHS standard contract for providers of NHS services, and from April 2016, progress on the WRES is considered as part of the “well led” domain in Care Quality Commission (CQC) inspections of hospitals in England. The WRES programme is part of the NHS Five Year Forward View and is supported by all healthcare Arm’s Length Bodies (ALBs).

All providers of NHS services are expected to collect and analyse the data, and to produce action plans annually to reduce the differences in treatment and senior and board representation between white and BME staff.

Ethnicity is a data item that is requested but not mandated from individuals through the recruitment process. Whilst requested when applying for a position, this information is not available to the recruiting manager and only available to HR for reporting purposes and is recorded within the HR database.

Our review of reporting has shown that data is limited and this, in the main, is due to individuals choosing not to provide this information either during the recruitment or on staff surveys. Provision of this personal information is an individual choice and is not mandatory.

	Indicator	Result	Narrative
1.	Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Organisations should undertake this calculation separately for non-clinical and for clinical staff	<p>The data for indicator 1 shows that taking each pay band separately the percentage of BME staff varies from the organisation's average of 10% BME staff.</p> <p>For non-clinical staff each salary range is below the organisation's average with ranges £30k to VSM having no BME staff.</p> <p>For clinical staff apart from ranges £10k to £20k, £20k to £30k and £40k to £50k each salary range is below the organisation's average of 10%.</p>	This links to our Strategic Priority 2 and our Leadership Development Strategy in that we aim to recruit the best possible staff for each position.
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	In 2016/17, a white staff member is 0.42 times less likely to be appointed than a BME staff member.	This is closely monitored by our HR team.
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	In 2016/17 - 8 of 118 white staff disciplined; 2 of 13 BME staff disciplined. A BME member of staff was 2.27 times more likely to be disciplined than a white member of staff.	Disciplinary matters are closely monitored by the HR team and will be monitored for trends year on year. - The figures are so low that it is difficult to draw any conclusions.
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	In 2016/17 a white member of staff was 0.92 times less likely to access non mandatory training and CPD than a BME member of staff.	Mandatory training is a key requirement for SPH. 100% of staff have completed mandatory training in the year.

5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	In 2016/17 no staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	This question forms part of our annual staff survey and will continue to monitor annually.
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	In 2016/17 no staff reported experiencing harassment, bullying or abuse from staff in the last 12 months.	This question forms part of our annual staff survey and will continue to monitor annually.
7.	Percentage believing that Hospital provides equal opportunities for career progression or promotion.	In 2016/17 - 91.22% of staff felt that the Hospital provided equal opportunities for career progression but unable to differentiate between white and BME members of staff.	Our staff survey does not differentiate between members of staff and we are therefore unable to differentiate between ethnicity.
8.	In the last 12 months have you personally experienced discrimination at work from any of the following: b) Manager/team leaders or other colleagues?	In 2016/17 there were no reported incidents of staff having experienced discrimination at work.	Our staff survey does not differentiate between members of staff and are therefore unable to differentiate between ethnicity if there were any reported cases.
9.	Percentage difference between the organisation's Board voting membership and its overall workforce	2016/17 – 87.5% white, 12.5% BME	We aim to recruit the best possible staff for each position.

Action Required

	Action	Responsible	Timescale
1.	Form an Equality, Diversity & Inclusion Committee (EDIC) to be responsible for enhancing our Equality, Diversity and Inclusion processes by: <ul style="list-style-type: none"> Developing a strategy to go the Board for approval 	DD	EDIC formed and work commenced

	<ul style="list-style-type: none"> Ensuring that the actions from WRES are implemented Ensuring that policies are reviewed against the Equality Impact Assessment Training of staff including ensuring that WRES and all acronyms are understood throughout the organisation. 		
2.	<p>Identify any further data required going forward and how these can be incorporated into HR systems and processes. Continue to encourage staff to provide ethnic and background information when HR request update details.</p> <p>This is an optional question for staff. The EDIC will be communicating information further across the organisation about WRES and will openly encourage staff to update their details to include this. It will remain their choice to provide this.</p>	HR	Complete.
3.	Ensure that policies reflect WRES requirements and principles.	EDIC	March 2018 and ongoing
4.	Ensure that WRES principles are included in Recruitment and Selection training.	HR/EDIC	December 2017
5.	Review the training currently provided for all staff on Equality and Diversity and assess against WRES principles	HR/EDIC	December 2017
6.	Review requirement for Unconscious bias training for Managers.	HR/EDIC	March 2018
7.	Ongoing review of NHS/Independent Sector WRES reporting requirements	HR	Annually
8.	Obtain Board approval for report and action plan.	CEO	September 2017
9.	Send report to Thanet CCG as Lead Commissioners	CEO	September 2017
10.	Submit data to NHS England	HR	20 th October 2017
11.	Ongoing review of questions in staff survey in particular to career/progression/discrimination question to ensure information is gathered.	HR	November 2017
12.	Publish WRES report and action plan on company website.	Director of Business Development & Strategy	Board approval obtained.