

East Kent Medical Services Ltd

Workforce Race Equality Standard (WRES) Report and Action Plan 2017-2018

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.

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Indicator	Data for reporting Year			Data for previous year			Narrative
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff	Non Clinical			Non Clinical			There is a small change in percentages between the reporting years. This change has not flagged concern as the slight change in headcount can significantly impact the figures of a small organisation.
		White	BME		White	BME	
	Support	36.43%	2.14%	Support	36.64%	2.29%	
	Middle	3.57%	0%	Middle	5.34%	0%	
	Senior	6.43%	0%	Senior	3.81%	0%	
	VSM	5%	0%	VSM	3.05%	0%	
	Clinical			Clinical			
	Support	6.43%	0%	Support	6.87%	0.76%	
	Middle	30%	4.29%	Middle	30.53%	6.11%	
	Senior	4.29%	0.71%	Senior	3.82%	0.76%	
VSM	0%	0%	VSM	0%	0%		
2. Relative Likelihood of staff being appointed from shortlisting across all posts.	In 2017/18 a white applicant was 1.51 times more likely to be appointed than a BME applicant			In 2016/17 a white staff member was 0.42 less likely to be appointed than a BME staff member			There is a significant difference in the figures reported this year. This can be attributed to the increase in recruitment campaigns, from 20 appointments in the previous year to 50 appointments in this current reporting year. Out of the 188 applicants, only 6 self-reported their ethnicity as BME. This is reflective of the local demographic area which is below the national average for BME population.
3. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	<p>In 2017/18 - 4 out of 129 white staff members, and 1 out of 10 BME staff member entered the formal disciplinary process.</p> <p>2017/18 results suggest that BME staff members are 3.23 times more likely to enter the disciplinary process than a white staff member in the year 2017/18.</p>			<p>In 2016/17 - 8 of 118 white staff and 2 of 13 BME staff entered the formal disciplinary process.</p> <p>In 2016/17 the results suggest that BME staff members are 2.27 times more likely to enter the formal disciplinary process than a white staff member.</p>			<p>The rolling average for the past 2 years of data suggests a BME staff member is 2.75 times more likely to enter the formal disciplinary process than a white staff member.</p> <p>The figures for formal disciplinary processes for this current reporting year are low. This makes it difficult to draw conclusions from the data.</p>

4. Relative Likelihood of staff accessing non-mandatory training and CPD.	In 2017/18 a white staff member was 0.68 times less likely to access non-mandatory training and CPD than a BME staff member.	In 2016/17 a white staff member was 0.92 times less likely to access non-mandatory training and CPD than a BME staff member	BME staff are likely to access non-mandatory training that white staff.
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	White: BME:	The response to this indicator is low so it is difficult to draw any conclusions from the data. Organisations can opt out of Indicators 5-8 if the headcount of BME staff is less than 100.	Organisations can opt out of this indicator for headcounts with less than 100 BME staff, however results are still internally looked at to ensure that WRES principles are embedded within the organisation.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White: BME:	The response to this indicator is low so it is difficult to draw any conclusions from the data. Organisations can opt out of Indicators 5-8 if the headcount of BME staff is less than 100.	Organisations can opt out of this indicator if the headcount of BME staff is less than 100. However, the questions relating to this Indicator are still included in the staff survey and the results are internally examined so areas of concern may be identified.
7. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: BME:	The response to this indicator is low so it is difficult to draw any conclusions from the data. Organisations can opt out of Indicators 5-8 if the headcount of BME staff is less than 100.	Organisations can opt out of this indicator if the headcount of BME staff is less than 100. However, the questions relating to this Indicator are still included in the staff survey and the results are internally examined so areas of concern may be identified.
8. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, Team Leader, or other colleague.	White BME	The response to this indicator is low so it is difficult to draw any conclusions from the data. Organisations can opt out of Indicators 5-8 if the headcount of BME staff is less than 100.	Organisations can opt out of this indicator if the headcount of BME staff is less than 100. However, the questions relating to this Indicator are still included in the staff survey and the results are internally examined so areas of concern may be identified.
Board representation Indicator			
9. Percentage Difference between the organisations' Board voting membership and its overall workforce	White: 100 % BME: 0%	White: 87.5 % BME: 12.5%	We aim to recruit the best possible staff for each position.

WRES Action Plan

	Action	Responsible	Timescales
1	<p>Form an Equality, Diversity & Inclusion Committee (EDIC) to be responsible for enhancing our Equality, Diversity and Inclusion processes by:</p> <ul style="list-style-type: none"> Developing a strategy to go the Board for approval Review and implement WRES action plan 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. 	DD	<p>EDIC formed and additional members are being sourced.</p> <p>Next meeting planned for the last quarter of 2018/19.</p>
2	<p>Manuel Processes have been established to ensure the data for WRES collections can be gathered.</p> <p>The next step is to build a function in the new employee Self-service HR System to encourage all staff to complete and include additional protected characteristics in preparation for further reporting requirements (WDES)</p> <p>Continue to encourage staff to provide ethnic and background information when HR request update details. 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.</p>	HR	June 2019
3	Ensure that policies reflect WRES requirements and principles.	EDIC	Ongoing
4	Ensure that WRES principles are included in Recruitment and Selection training.	HR/EDIC	Ongoing
5	Review the training currently provided for all staff on Equality and Diversity and assess against WRES principles	HR/EDIC	Ongoing
6	Increase engagement with staff survey to have a better understanding of Indicators 5-8	HR	October 2019
7	Deliver Unconscious bias training to all Recruitment Managers.	HR/EDIC	May 2019

8	Awareness of Freedom To Speak Up Guardians	KA	March 2019
9	Ongoing review of NHS/Independent Sector WRES reporting requirements	HR	Annually
10	Obtain Board approval for report and action plan.	CEO	February 2019
11	Send report to Thanet CCG as Lead Commissioners	CEO	March 2019
12	Submit data to NHS England	HR	31 January 2019
13	Ongoing review of questions in staff survey in particular to career/progression/discrimination question to ensure information is gathered.	HR	Ongoing
14	Publish WRES report and action plan on company website.	Director of Business Development & Strategy	31 March 2019

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