**East Kent Medical Services Ltd**

**Workforce Race Equality Standard (WRES) Report and Action Plan**

**2019 - 2020**

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 2020** | | | **Data for previous year 2019** | | | **Narrative** |
| 1. Number of staff in each of the pay bands or Medical and Dental subgroups and VSM (including executive Board members) clinical staff | **Non Clinical** | | | **Non Clinical** | | | There are small changes in percentages between the reporting years, heighted in red. These changes have not flagged up any concerns as the slight changes in headcount can significantly impact the figures of a small organisation. |
|  | White | BME |  | White | BME |
| Support  Middle  Senior  VSM | 39.74%  +1.09%)  2.56%  (-2.96%)  5.12%  (+2.14%)  3.84%  (+0.16%) | 2.56%  (+1.95%)  0%  (n/a)  0.64%  (+0.03%)  0%  (n/a) | Support  Middle  Senior  VSM | 38.65%  5.52%  4.29%  3.68% | 0.61%  0%  0.61%  0% |
| **Clinical** | | | **Clinical** | | |
| Support  Middle  Senior  VSM | 4.48%  (-3.5%)  35.25%  (+4.58%)  1.92%  (-3.06)  0% | 0%  (n/a)  3.20%  (-0.48%)  0.64%  (-0.03%)  0% | Support  Middle  Senior  VSM | 7.98%  30.67%  1.23%  0% | 0%  3.68%  0.61%  0% |
| 1. Relative Likelihood of staff being appointed from shortlisting across all posts. | In 2019/20 – a white applicant was 0.49 times more likely to be employed that an BME applicant. | | | In 2018/2019 a white applicant was 0.70 times more likely to be appointed than a BME applicant. | | | There is a significant decrease of (0.21%) in the difference between the figures reported this year. This can be attributed to the increase in recruitment campaigns from overseas. These figures also reflect the local demographic area which is below the national average for BME population. |
| 1. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will base data from a two year rolling average of the current year and the previous year. | In 2019/20 – 0 out of 145 white staff members, and 0 out of 11 BME staff member entered the formal disciplinary process.  2020 0 white or BME staff members entered formal disciplinary process. | | | In 2018/19 - 4 out of 152 white staff members, and 1 out of 9 BME staff member entered the formal disciplinary process. | | | The figures for formal disciplinary processes for this current reporting year are low, making it difficult to draw conclusions from the data. |
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| 1. Relative Likelihood of staff accessing non-mandatory training and CPD. | In 2019/2020 a white staff member was 0.51 times less likely to access non-mandatory training and CPD than a BME staff member. | | | In 2018/19 a white staff member was 4.14 times less likely to access non-mandatory training and CPD than a BME staff member. | | | BME staff seem to be more likely to access non-mandatory training or extra training than white staff. This may be due to the number of BME staff having access to mandatory, non-mandatory and extra training at their disposal. Although the number of white staff access non mandatory training has increased. Also, as the number of BME staff is lower than white staff this may also make their training score percentage to seem higher than they really are. |
| 1. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. | White: 0%  BME: 0%  Ethnicity unknown: 2.17 | | | The response to this indicator was 0% for both White and BME.  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. |
| 1. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months | White: 0%  BME: 0% | | | The response to this indicator was 0% for both White and BME.  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. |
| 1. Percentage believing that trust provides equal opportunities for career progression or promotion. | White: 0%  BME: 0% | | | The response to this indicator was 0% for both White and BME.  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. |
| 1. In the last 12 months have you personally experienced discrimination at work from any of the following?   Manager, Team Leader, or other colleague. | White: 0%  BME: 0%  Ethnicity unknown: 0.72 | | | The response to this indicator was 0% for both White and BME.  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 |  | | |  | | |  |
| 1. Percentage Difference between the organisations’ Board voting membership and its overall workforce | White: 100 %  BME: 0% | | | White: 100 %  BME: 0% | | | We aim to recruit the best possible staff for each position. |

**WRES Action Plan**

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|  | **Action** | **Responsible** | **Timescales** |
| 1 | An Equality, Diversity & Inclusion Committee (EDIC) has been set up, which is responsible for enhancing our Equality, Diversity and Inclusion processes by:   * Our approved EDIC strategy can be found on SPH Ltd website and is updated when necessary. * Review and implement WRES action plan before the 22nd March 2021, prior to being approved by our CEO and Board. * Continually ensure all policies are reviewed against the Equality Impact Assessment. * Continually ensure all staff throughout the company receive training, which includes WRES and all acronyms. | DD | EDIC formed and additional members have been found and new members will continue to be sourced.  Next meeting - March 2021. |
| 2 | Manual processes were established to ensure the data for WRES collections can be gathered, which continues to be used.  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, Workforce Disability Equality Standard (WDES).  Continue to encourage staff to provide ethnic and background information when HR request update details. This is an optional question for staff.  The EDIC committee communicated information further across the organisation about WRES and openly encouraged staff to update their details. | HR | Ongoing |
| 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 | Completed Jan/Feb 2021– *any results needing action will be completed.* |
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| 7 | Deliver Unconscious bias training to all Recruitment Managers. | HR/EDIC | Training has been completed. Future training will be completed for new and newly appointed managers |
| 8 | Awareness of Freedom To Speak Up Guardians | KA | * The guardians will start to meet up quarterly. * Site visits were completed, and future visits will be arranged as and when required. * Awareness of Freedom To Speak Up Guardians posters can be found at all sites as well as being mentioned on all employees screen savers. * Ongoing |
| 9 | Ongoing review of NHS/Independent Sector WRES reporting requirements | HR | Ongoing |
| 10 | Obtain Board approval for report and action plan. | CEO | ASAP |
| 11 | Send report to Thanet CCG as Lead Commissioners | CEO | March 2021 |
| 12 | Submit data to NHS England | HR | 31st January 2020 |
| 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 | This will be arranged ASAP once approved by the Board. |