

WRES REPORT & IMPROVEMENT PLAN 2019

<i>Name of Company</i>	KIMS Hospital Limited
<i>Main Address</i>	Newnham Court Way, Maidstone, Kent, ME14 5FT
<i>KIMS Hospital Board Lead for WRES</i>	Ros Daitshell, HR Director
<i>Date signed off by KIMS Hospital Management Board</i>	3 rd December 2019

REPORT BACKGROUND

This report provides an overview of current performance within **KIMS Hospital Limited** against the nine indicators of the NHS Workforce Race Equality Standard (WRES). The WRES first came into effect on 1st April 2015 to monitor and address race inequality within healthcare provider organisations across the UK. KIMS Hospital Limited, as an employer, is committed to promoting equality of opportunity for its staff, and providing an environment where all individuals are treated with respect and dignity, and are able to reach their potential free from discrimination, harassment and bias. Implementing the WRES is one means of ensuring that we meet this aim.

This is our third WRES report. Our key actions to date have focussed primarily on increasing the proportion of staff who have self-reported their ethnicity (which has increased from 81.9% to 96.3%), and to also audit (and amend where required) our internal HR systems and HR processes to ensure that we have accurate and complete data available for WRES implementation. The workforce data within this report refers to the period of 1st April 2018 to 31st March 2019.

Staff population at KIMS Hospital	
<i>Total Employed</i>	350
<i>Percentage of BME staff</i>	6.9%

KIMS Hospital Limited are committed to encouraging equality and diversity within our workforce and aims to ensure that our staff population is representative of the societies in which we operate. The proportion of both white and BME staff within our workforce is broadly reflective of both the South East and Kent areas in which we are based, as indicated by latest census data:

Population in South East England and Kent	South East England	Kent
<i>Total White population</i>	90.66%	93.67%
<i>Total Black Minority Ethnic population</i>	9.35%	6.33%

Source: 2011 Census - Office for National Statistics

<i>Self-reporting of ethnicity</i>	
<i>Proportion of staff self-reporting their ethnicity</i>	96.3%
<p><i>Collection of ethnicity data:</i></p> <p><i>Actions being taken in 2019-20 to improve the level of self-reporting by ethnicity:</i></p>	<p><i>Ethnicity data is requested during the recruitment and on-boarding process whereby applicants are asked to complete an equal opportunities form. The provision of ethnicity information nevertheless is optional, and due entirely to individual choice.</i></p> <p><i>We will continue to encourage staff to self-report their ethnicity through self-service on our HR database (for existing staff) and via our recruiting system (for future job applicants).</i></p>

	INDICATOR	DATA FOR REPORTING YEAR	NARRATIVE	ACTION PLANNED
1	Percentage of staff in each staff group compared with the percentage of staff in the overall workforce	<p><u>Workforce Overall</u> Support: White 92.4%; BME 4.3%; Ethnicity unknown 3.3% Middle: White 83.3%; BME 11.1%; Ethnicity unknown 5.6% Senior: White 93.3%; BME 6.7%; Ethnicity unknown 0% VSM: White 100%; BME 0%; Ethnicity unknown 0%</p> <p><u>Clinical</u> Support: White 94.6%; BME 1.8%; Ethnicity unknown 3.6% Middle: White 83%; BME 11.9%; Ethnicity unknown 5.1% Senior: White 100%; BME 0%; Ethnicity unknown 0% VSM:</p> <p><u>Non-Clinical</u> Support: White 91.4%; BME 5.5%; Ethnicity unknown 3.1% Middle: White 87.5%; BME 0%; Ethnicity unknown 12.5% Senior: White 90%; BME 10%; Ethnicity unknown 0% VSM: White 100%; BME 0%; Ethnicity unknown 0%</p>	<p>Overall, our data shows that BME staff representation has decreased slightly from 7.7% to 6.9% from 2018 to 2019, yet is reflective of the geographical areas in which we operate (6.3% BME in Kent)</p> <p>There is no BME representation at VSM level.</p>	Continue to review and ensure that our recruitment messages and images (on our website and recruitment materials) are inclusive of underrepresented groups (including BME staff), to promote workplace diversity, and encourage applications from underrepresented candidates.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of White staff being appointed from shortlisting, compared to BME staff is 0.97 less likely.	BME staff were more likely to be appointed from shortlisting than White staff.	Continue to monitor staff appointments by ethnicity and investigate further if the data indicates any potential inequalities.
3	Relative likelihood of staff entering the formal disciplinary process, measured by entry into a formal disciplinary investigation.	Relative likelihood of BME staff entering the disciplinary process compared to White staff is 0.00 times greater.	No BME staff entered the formal disciplinary process during this reporting period.	Continue to monitor disciplinary cases by ethnicity and investigate further if the data indicates any potential inequalities.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME is 1.84 times greater.	BME staff were less likely to access non-mandatory training and CPD compared to White staff.	<p>This is the first year in our WRES reporting that BME staff were less likely to access CPD and non-mandatory training, compared to White staff.</p> <p>Carry out further work to better understand why BME staff less</p>

				likely to access non-mandatory training and CPD.
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	* Not applicable due to having less than 100 BME staff.		Whilst we are not required to report on this indicator, we will continue to include and monitor this WRES question in our annual staff survey, and action as required.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	* Not applicable due to having less than 100 BME staff.		Whilst we are not required to report on this indicator, we will continue to include and monitor this WRES question in our annual staff survey, and action as required.
7	Percentage believing that the Hospital provides equal opportunities for career progression or promotion.	* Not applicable due to having less than 100 BME staff.		Whilst we are not required to report on this indicator, we will continue to include and monitor this WRES question in our annual staff survey, and action as required.
8	In the last 12 months, have you personally experienced discrimination at work from a manager, team leader or other colleagues?	* Not applicable due to having less than 100 BME staff.		Whilst we are not required to report on this indicator, we will continue to include and monitor this WRES question in our annual staff survey, and action as required.
9	Percentage difference between organisations' Hospital Management Board and its overall workforce.	The Hospital has 6.9% BME workforce and 0 of its 9 Hospital Management Board are of BME origin. Percentage difference = -6.9		Continue to brief the Hospital Management Board on WRES progress on an annual basis