InHealth Ltd - Workforce Race Equality Standard (WRES) 2019 Report

1. Name of organisation

InHealth Ltd

2. Date of report

31st October 2019

3. Name and title of Board lead for the Workforce Race Equality Standard

David Petrie – Chief Financial Officer

4. Name and contact details of lead manager compiling this report

Leanne Gardiner, Director of People Services – Leanne.Gardiner@inhealthgroup.com

5. Names of commissioners this report has been sent to

Not Applicable

6. Name and contact details of coordinating commissioner this report has been sent to

Not Applicable

7. Unique URL link on which this Report and associated Action Plan will be found

https://www.inhealthgroup.com/about-inhealth-group/quality-assured/

8. This report has been signed off by on behalf of the board on

Date: 31st October 2019
Name: David Petrie

Background narrative

9. Any issues of completeness of data

N/A

10. Any matters relating to reliability of comparisons with previous years

As an Independent Sector provider, InHealth began reporting this data in October 2017 and we have continually updated and revised our reporting method each year to ensure that data improves and is reported accurately.

We discovered data errors for the non-mandatory training section for 2018 and 2019 data, where 'not specified' was not included. We have recalculated this for 2018 and 2019 and the revised numbers are held in this report.

We also reported against indicators 5-8 last year based on the guidance for the Independent sector at the time. This has changed and we have reviewed and updated our data and therefore comparisons cannot be made from last year.

11. Total number of staff employed within this organisation at the date of the report

1676 permanent staff

12. Proportion of BME staff employed within this organisation at the date of the report?

20% an increase of 2.5%

13. The proportion of total staff who have self–reported their ethnicity?

68% and increase of 9%

14. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?

Email reminders were sent out in January and September 2019 to increase the reporting of ethnicity, as well as prompts on our Intranet. Personal data updates are a contractual requirement to improve the reporting of all personal data through our HR System. We have seen an 100% increase of self-reported ethnicity against prior year.

15. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?

Bi-annual reminders will continue and a reminder as part of induction. InHealth desires to increase self-reporting year on year.

Workforce data

16. What period does the organisation's workforce data refer to?

30th September 2018 to 30th September 2019

Workforce Race Equality Indicators
For each of these workforce indicators, compare the data for White and BME staff.

17. 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

Data for reporting year as a percentage of staff:

Non-Clinical Workforce	White	BME	Unknown
Up to 10K	0.00	0.06	0.00
10-20K	6.74	1.16	3.94
20-30K	4.83	1.67	2.63
30-40K	2.21	0.54	1.79
40-50K	2.33	0.48	0.72
50-60K	2.03	0.24	0.42
60-70K	1.01	0.18	0.12
70-80K	0.60	0.00	0.18
80-90K	0.18	0.00	0.06

90-100K	0.06	0.00	0.00
VSM	0.66	0.12	0.18

Clinical Workforce	White	BME	Unknown
up to 10K	0.00	0.00	0.00
10-20K	4.12	1.73	2.98
20-30K	4.89	3.52	2.92
30-40K	13.01	7.76	11.99
40-50K	3.52	1.07	3.22
50-60K	1.07	0.60	0.36
60-70K	0.06	0.00	0.06
70-80K	0.00	0.00	0.00
80-90K	0.06	0.00	0.06
90-100K	0.12	0.00	0.00
VSM	0.00	0.00	0.06

Of Which Medical & Dental	White	BME	Unknown
Consultants	0.42	0.12	0.72
of which senior managers	0	0	0
Non consultant career grade	0	0	0
Trainee grades	0	0	0
Other	0	0	0

Data for previous year:

Non-Clinical Workforce	White	BME	Unknown
Up to 10K	0	0.06	0
10-20K	2.99	0.12	4.58
20-30K	2.5	1.04	1.89
30-40K	1.65	0.61	1.71
40-50K	1.28	0.31	0.55
50-60K	0.73	0.12	0.37
60-70K	0.92	0.06	0.18
70-80K	0.37	0.12	0.24
80-90K	0.18	0	0.06
90-100K	0.49	0	0.12
VSM	0.18	0.06	0.12

Clinical Workforce	White	BME	Unknown
up to 10K	0	0	0
10-20K	6.66	2.2	5.56

20-30K	6.29	4.09	5.68
30-40K	10.57	6.35	15.33
40-50K	3.97	1.22	3.67
50-60K	1.71	0.49	0.55
60-70K	0.12	0.06	0.06
70-80K	0.06	0	0
80-90K	0.06	0	0.06
90-100K	0.06	0	0
VSM	0.06	0.06	0.06

Of Which Medical & Dental	White	BME	Unknown
Consultants	0.23	0.14	0.64
of which senior managers	0	0	0
Non-consultant career grade	0.34	0	0.41
Trainee grades	0	0	0
Other	0	0	0

The implications of the data and any additional background explanatory narrative. Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

We have increased self-reporting again this year from 58% for 2017/2018 to 68% for 2018/2019 and we will continue to focus on this.

We have seen a 100% increase on survey responses in 2018/2019 from 2017/2018 responses.

20% of total workforce are BME, 48% are White and 32% have not reported their ethnicity. Of those who have self-reported ethnicity.

BME staff representation in 2018/2019 is highest in salary range £20-30K for non-clinical staff and £30-40k for clinical staff consistent with last year's report.

White staff representation in 2018/2019 is highest in salary range £10-20K for non-clinical staff and £30-40k for clinical staff also consistent with last year.

InHealth has core ethnicity data reporting set up for indicator 1 from our HR systems. Manual collation and analysis of data for indicators 2-8 have been required due to no automated system implemented.

A recruitment system was due to be implemented in 2017/2018, however this project was replaced with the implementation of WebOnboarding for candidates. This system will allow us to track the ethnicity of candidates offered but we do not have the ability to track ethnicity of all applications for our vacancies and this is under review due to the ongoing investment required to implement an effective ATS.

InHealth has a Diversity and Inclusion section in its People Strategy and will maintain its continuous improvement approach to diversity and inclusion matters. InHealth understands and is focussed on improving accurate reporting data to drive this strategy.

This year's Staff Survey results (which generated a 70% overall response rate) showed that 91% of staff believe that equality and diversity are valued at InHealth, which is a 2% increase on the previous year.

18. Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:
Data not available

Data for previous year:
Data not available

The implications of the data and any additional background explanatory narrative

We are in the process of implementing a new recruitment system called Broadbean in 2019/2020. This may be able to support reporting of this data and actions to be agreed based on the data provided.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

See Action plan. Focus on diversity and inclusion agenda for all protected characteristics, not just BME.

19. 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.

Data for reporting year:

	White	**BME**	**Unknown**
Number of staff in Workforce	803	330	543
Number of staff entering formal disciplinary process	19 (52.77%)	11 (30.55%)	6 (16.66%)
Likelihood of staff entering a disciplinary process	0.0236612702	0.0333333333	0.0110497238

Data for previous year:

	White	**BME**	**Unknown**
Number of staff in Workforce	669	278	668
Number of staff entering formal disciplinary process	11 (78.57%)	3 (21.43%)	0 (0%)
Likelihood of staff entering a disciplinary process	0.0.164424514	0.0107913669	0.000000000

The implications of the data and any additional background explanatory narrative

In October 2018 InHealth implemented a case management system for all Employee Relations matters, which allowed us to accurately record the ethnicity of all employees involved in disciplinary investigation and our data for 2018/2019 displays this.

There appears to be a 9% increase in the number of BME employees who have entered into a formal disciplinary process for 2018/2019 however the data for 2017/2018 shows the split of staff who received a formal sanction as a result of disciplinary, rather than all involved in the process. We will continue to monitor this.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Removal of manual tracking for Employee Relations and the implementation of a case management system in 2018/2019.

20. Relative likelihood of staff accessing non-mandatory training and CPD

Data for reporting year:

2018-2019	White	BME	Unknown
Number of staff in workforce	803	330	543
Number of staff accessing non-mandatory training and CPD	545	224	325
Likelihood of staff accessing non-mandatory training and CPD	0.6787048568	0.6787878788	0.5985267035

Data for previous year:

2017-2018	White	BME	Unknown
Number of staff in workforce	669	278	668
Number of staff accessing non-mandatory training and CPD	261	144	260
Likelihood of staff accessing non-mandatory training and CPD	0.3901345291	0.5179856115	0.3892215569

The implications of the data and any additional background explanatory narrative

All staff can apply for Education Bursary funding each year in relation to professional or clinical development. We review all applications on a monthly basis and these are reviewed against business need, length of service and impact on our patients. This process is free of bias as names are not provided.

There has been a significant increase in the number of staff accessing non-mandatory training over the last year with BME staff having a higher likelihood than White.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Currently we have a manual process for this reporting our training data which relies on the Training and Development team. We are looking to review improvements with our Learning

Management system supplier to ensure that this data is more automated and accessible by the wider People Services team in future.

National NHS Staff Survey indicators (or equivalent).

For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

21. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data for reporting year:

White 9.1%
BME 9.5%

Data for previous year:

White 1.51%
BME 0.62%

The implications of the data and any additional background explanatory narrative

2017/2018 data calculated responses as a percentage of total workforce rather than a percentage of total respondents. The 2018/2019 data is not comparable to the 2017/2018 data as a result of changes made to the reporting.

Data calculations have been updated for 2018/2019 to reflect answers in line with WRES Independent Sector Guidance 2019.

InHealth carried out a pulse survey in September 2019, separate to the annual staff survey to cover the WRES questions as these are worded very differently to the InHealth staff survey.

We asked InHealth staff the following questions:

1. **What is your ethnic background?**
2. **Have you experienced harassment or bullying or abuse from the following in the last 12mths?** Options: Patients, relatives or the public; Manager; Colleagues or other members of staff; Other; None
3. **If you have experienced harassment, bullying or abuse from any area, was the matter resolved to your satisfaction?**
4. **Have you experienced discrimination from any of the following in the last 12 months?** Options: Patients, relatives or the public; Manager; Colleagues or other members of staff; Other; None
5. **If you have experienced discrimination in any area, was the matter resolved to your satisfaction?**
6. **Do you believe that InHealth provides equal opportunities for career progression and promotion regardless of ethnicity?**
7. **Do you believe that InHealth takes positive action on Health & wellbeing?**
8. **In the last 12 months, have you experienced musculoskeletal problems as a result of work activity?**
9. **In the last 12 months, have you felt unwell as a result of work related stress?**

10. If you have felt unwell as a result of work related stress, have you been able to access the support you need?

We had 320 respondents; 76% white staff, 13% BME and 10% chose not to say. This is more than 10% of InHealth's permanent workforce and is double the number of respondents from last year. Results show that:

- Of those who had experienced harassment, 8% total said that it was from an internal source
- 44% of staff experienced harassment said that if they experienced harassment, it was resolved to a satisfactory manner
- 80% believe that InHealth provides equal opportunities for career progression and promotion regardless of ethnicity
- 83% believe InHealth takes positive action on health and wellbeing
- 27% had experienced sickness-related MSK, down 5% from 33% in the previous year
- 37% of respondents said that they could access the support they needed when they were unwell at work, up from 30% in the previous year – 38% stated 'I would rather not specify'
- 9% of the total respondents said that they had experienced discrimination – of that 9%, 5% said that it was resolved satisfactorily

We are delighted at the above responses and will continue the good work within our managers staff and HR on these areas.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Continue with annual survey for required questions and use staff survey to monitor changes.

Continue to increase communications on Equality and Diversity issues in monthly newsletters, Induction and Intranet articles

Continue to build on our specific section in the newsletter dedicated to Health and Wellbeing

22. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data for reporting year:
White 6.6%
BME 7.1%

Data for previous year:

White 0.73%
BME 0.43%

The implications of the data and any additional background explanatory narrative
2017/2018 data calculated responses as a percentage of total workforce rather than a percentage of total respondents. The 2018/2019 data is not comparable to the 2017/2018 data as a result of changes made to the reporting.

Data calculations have been updated for 2018/2019 to reflect answers in line with WRES Independent Sector Guidance 2019.

InHealth carried out a pulse survey in September 2019, separate to the annual staff survey to cover the WRES questions as these are worded very differently to the InHealth staff survey.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Continue with annual survey for required questions and use staff survey to monitor changes.

Continue to increase communications on Equality and Diversity issues in monthly newsletters, Induction and Intranet articles

Continue to build on our specific section in the newsletter dedicated to Health and Wellbeing

23. KF 21. Percentage believing that InHealth provides equal opportunities for career progression or promotion

Data for reporting year:
White 84%
BME 71%

Data for previous year:
White 6.17%
BME 0.43%

The implications of the data and any additional background explanatory narrative

2017/2018 data calculated responses as a percentage of total workforce rather than a percentage of total respondents. The 2018/2019 data is not comparable to the 2017/2018 data as a result of changes made to the reporting.

Data calculations have been updated for 2018/2019 to reflect answers in line with WRES Independent Sector Guidance 2019.

InHealth carried out a pulse survey in September 2019, separate to the annual staff survey to cover the WRES questions as these are worded very differently to the InHealth staff survey.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Continue with annual survey for required questions and use staff survey to monitor changes.

Continue to increase communications on Equality and Diversity issues in monthly newsletters, Induction and Intranet articles

Continue to build on our specific section in the newsletter dedicated to Health and Wellbeing

Continue to ensure access to management and leadership programmes

24. Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Data for reporting year:

White 1.66%
BME 4.76%

Data for previous year:

White 0.12%
BME 0.60%

The implications of the data and any additional background explanatory narrative

2017/2018 data calculated responses as a percentage of total workforce rather than a percentage of total respondents. The 2018/2019 data is not comparable to the 2017/2018 data as a result of changes made to the reporting.

Data calculations have been updated for 2018/2019 to reflect answers in line with WRES Independent Sector Guidance 2019.

InHealth carried out a pulse survey in September 2019, separate to the annual staff survey to cover the WRES questions as these are worded very differently to the InHealth staff survey.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Continue with bi-annual communications to request staff to report ethnicity data and links to the WRES data pages on NHS Employers

Continue to increase communications on Equality and Diversity issues in monthly newsletters, Induction and Intranet articles

Continue with annual survey for required questions and use staff survey to monitor changes.

Continue to increase communications on Equality and Diversity issues in monthly newsletters, Induction and Intranet articles

Continue to build on our specific section in the newsletter dedicated to Health and Wellbeing

Updated stress policy in February 2019 to support our staff undergoing these types of issues

Updated and refreshed our Intranet to highlight support sections for staff experiencing these issues

Board representation indicator

For this indicator, compare the difference for White and BME staff.

25. (i) Percentage difference between the organisations' Board voting membership and its overall workforce

100% White

(ii) Percentage difference between the organisations' Board executive membership and it's overall workforce

White 57%
BME 14%
Not Specified 29%

26. Are there any other factors or data which should be taken into consideration in assessing progress?

Yes. This year InHealth's Board voting membership figures include only statutory voting members, last year this figure included all board members even those without statutory voting rights.

Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

https://www.inhealthgroup.com/about-inhealth-group/quality-assured/