InHealth Ltd - Workforce Race Equality Standard (WRES) 2020 Report

1. Name of organisation

InHealth Ltd

2. Date of report

31st October 2020

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

Geoff Searle – Chief Executive

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 2020
Name: Geoff Searle

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 continually update and revise our reporting method each year, to ensure that data improves and is reported accurately.

For 2020, we improved our method of collecting WRES data from staff by incorporating the questions into our annual InHealth Staff Survey, which captured real-time data, rather than collating data from two separate data sources.

Although the number of real-time disclosures of ethnicity decreased from last year, for 2020 we have seen an increase in the number of responses for the specific WRES questions, as a result of building these into an anonymised staff survey platform.

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

2222 permanent staff.

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

21%, an increase of 1%.

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

64% - decrease of 4%.

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

This year, we included our WRES questions in the Annual Staff Survey, so that staff could respond anonymously to the questions real-time, using a more user-friendly online portal. The communication around the Staff Survey encouraged a much higher response rate overall (75%), meaning that staff were encouraged to complete the data in real-time, rather than needing to complete a separate survey later in the year.

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

In the last year, we have introduced a Webonboarding portal for new candidates, which involves step-by-step data collection and encourages completion of ethnicity data. Additional reminders will also continue throughout the year, in order to increase self-reporting.

Workforce data

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

30th September 2019 to 30th September 2020.

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	0.00	0.00
10-20K	5.94	1.31	1.89
20-30K	4.32	0.54	1.40
30-40K	2.61	0.09	0.54
40-50K	0.77	0.14	0.09
50-60K	1.31	0.14	0.05
60-70K	0.63	0.00	0.05

70-80K	0.45	0.05	0.09
80-90K	0.18	0.00	0.00
90-100K	0.09	0.00	0.00
VSM	0.54	0.00	0.18

Clinical Workforce	**White**	**BME**	**Unknown**
up to 10K	5.81	2.34	2.57
10-20K	7.16	4.23	3.24
20-30K	11.21	9.06	6.93
30-40K	3.56	1.49	2.57
40-50K	1.44	0.27	0.50
50-60K	0.36	0.14	0.05
60-70K	0.00	0.00	0.05
70-80K	0.05	0.00	0.00
80-90K	0.09	0.00	0.14
90-100K	0.00	0.00	0.00
VSM	0.32	0.18	0.95

Of which Medical & Dental	**White**	**BME**	**Unknown**
Consultants	0.18	0.09	0.45
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	0.00	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

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

For 2019/20, self-reporting has decreased due to real-time data collection vs pre-recorded data. While this is a decrease, we believe that the data is more accurate.

We have seen a 5% increase in staff survey responses in 2019/2020 from 2018/2019 responses, due to the increased communication and emphasis placed on the importance of the survey.

21% of total workforce are BME (an increase of 1%), 52% are White (an increase of 4%) and 27% have not reported their ethnicity (a decrease of 5%). This is self-reported data throughout the year, via new starter onboarding or updates to our employee self-service portal.

BME staff representation in 2019/2020 is highest in salary range £10-20K for non-clinical staff, a move from £20-£30k 2018/2019 and £30-40k for clinical staff consistent with last year's report.

White staff representation in 2019/2020 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.

For indicators 5 – 8, we plan to assess the availability of allowing staff to self-report bullying, harassment and discrimination in real-time, through implementing accessible online data capture.

In 2018/19, we implemented a new Webonboarding portal for candidates, which allows us to track the ethnicity of candidates offered, but we do not have the ability to track ethnicity of all applications for our vacancies. We will continue to look into options available within our online application process to capture this data for all candidates.

InHealth has a Diversity and Inclusion section in its People Strategy and will maintain its continuous improvement approach to diversity and inclusion matters. This includes the setting up of a dedicated working group of staff to regular shape and influence our overall approach to equality, diversity and inclusion. InHealth understands and is focussed on improving accurate reporting data to drive this strategy.

This year's Staff Survey results (which generated a 75% overall response rate) showed that 92% of staff believe that equality and diversity are valued at InHealth, which is a 1% 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

In 2019/20, we implemented a new recruitment system called Broadbean, which to date is unable to capture the likelihood of staff being appointed from shortlisting across all posts, but we continue to review this functionality.

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

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

We will look to reduce the risk of unconscious bias in recruitment, eliminating named CVs from agencies and reviewing the introduction of standardised applications.

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	1164	461	597
Number of staff entering formal disciplinary process	16	6	9
Likelihood of staff entering a disciplinary process	0.014	0.013	0.015

Data for previous 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

The implications of the data and any additional background explanatory narrative

InHealth use a case management system for all Employee Relations matters, which allows us to accurately record the ethnicity of all employees involved in disciplinary investigation and our data for 2019/2020 displays this.

The data shows an overall decrease in the number of staff entering formal disciplinary process, with only a small rise year on year in the number of staff in the unknown category.

We continue to maintain data of ER cases through the case management system and have put in place improved triaging for cases before investigations, as well as moving investigations to the wider team outside of those involved.

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

Reviewing of policies is planned for 2021 and reducing the chance of bias by continuing to encourage investigations outside of the related team.

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

Data for reporting year:

2019-2020	White	BME	Unknown
Number of staff in workforce	1164	461	597
Number of staff accessing non-mandatory training and CPD	295	180	212
Likelihood of staff accessing non-mandatory training and CPD	0.25	0.39	0.36

Data for previous 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

The implications of the data and any additional background explanatory narrative

This year's data includes InHealth Intelligence's (IHI) staff numbers, which has resulted in a reduction of %likelihood. We would look to see an increase in this next year with training detail in iLearn for IHI.

During the last year, with COVID-19, the overall numbers of staff attending non-mandatory training has reduced due to the demands placed on staff to work clinically and meet patient needs as a priority during the pandemic. Approximately, overall attendance was nevertheless still at two thirds of the level of a normal training year (66%).

A higher proportion of BME staff attended non-mandatory training (39%) as compared to White staff (25%) and demonstrates that BME staff still have an equitable likelihood of attending non-mandatory training, in spite of the current difficult training environment.

All staff can apply for Education Bursary funding and other training opportunities in relation to their professional or clinical development. We review all applications on a monthly basis against business need and the impact on our patients. This process is free of bias as names are not provided.

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

Training data is held on our Learning Management System (LMS). However, we rely on a manual process to take this data and produce WRES training data. We are looking at making further improvements to this process to ensure that it is more automated and accessible 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 67%
BME 20%

Data for previous year:

White 9.1%
BME 9.5%

The implications of the data and any additional background explanatory narrative

The difference between reporting year and previous year is due to the method of calculating the percentage. This year, we have taken the total number of staff who were asked the question and the number of people who responded, dividing that by the split between white and BME staff. Last year, this was calculated as a total number of staff in the organisation overall, rather than just those who answered the question in real-time.

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 to these specific questions; 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:

- 52% of staff who experienced harassment said that if they experienced harassment, it was resolved to a satisfactory manner – an increase from 44% in the previous year
- 78% believe that InHealth provides equal opportunities for career progression and promotion regardless of ethnicity – a 2% decrease from the previous year
- 85% believe InHealth takes positive action on health and wellbeing – an increase of 2% from last year
- 22% had experienced sickness-related MSK, down 5% from 27% in the previous year
- 36% of respondents said that they could access the support they needed when they were unwell at work - down from 37% in the previous year
- Of those respondents who said that they had experienced discrimination, 31% said that it was resolved satisfactorily – an increase of 26% from the previous year

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

We will continue to include the WRES questions at the time of the Annual Staff Survey, as well as introducing an approach to pulse surveys throughout the year to monitor changes more regularly.

We will also continue to increase communications on Equality and Diversity issues in monthly newsletters, the induction and intranet articles. This year, we have also launched a Staff Partnership Forum to work with staff directly on any matters related to people, which includes a dedicated Equality and Diversity group, to allow us to embed an approach to ED&I across InHealth.

This year, we also launched a new reward and recognition platform, InJoy, which includes a dedicated section on Health and Wellbeing, allowing staff 24/7 access to support and resources around wellbeing.

We will look to provide a People Manager pack for team meetings to be delivered by each people manger to their team by end of March 2021 on unconscious bias, white privilege and micro-aggression.

We will look to revise the Manager and staff induction to include reference to our mission and include specific information on the topics above.

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

Data for reporting year:

White 57%
BME 30%

Data for previous year:

White 6.6%
BME 7.1%

The implications of the data and any additional background explanatory narrative

The difference between reporting year and previous year is due to the method of calculating the percentage. This year, we have taken the total number of staff who were asked the question and the number of people who responded, dividing that by the split between white and BME staff. Last year, this was calculated as a total number of staff in the organisation overall, rather than just those who answered the question in real-time.

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

We will continue to include the WRES questions at the time of the Annual Staff Survey, as well as introducing an approach to pulse surveys throughout the year to monitor changes.

We will also continue to increase communications on Equality and Diversity issues in monthly newsletters, the induction and intranet articles. This year, we have also launched a Staff Partnership Forum to work with staff directly on any matters related to people, which includes a dedicated Equality and Diversity group, to allow us to embed an approach to ED&I across InHealth.

This year, we also launched a new reward and recognition platform, InJoy, which includes a dedicated section on Health and Wellbeing, allowing staff 24/7 access to support and resources around wellbeing.

We will look to provide a People Manager pack for team meetings to be delivered by each people manger to their team by end of March 2021 on unconscious bias, white privilege and micro-aggression.

We will look to revise the Manager and staff induction to include reference to our mission and include specific information on the topics above.

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

Data for reporting year:

White 87%
BME 68%

Data for previous year:

White 84%
BME 71%

The implications of the data and any additional background explanatory narrative

The number of white staff who believe that InHealth provides equal opportunities has increase by 3%, but has decreased by 3% for BME staff.

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

We will continue to include the WRES questions at the time of the Annual Staff Survey, as well as introducing an approach to pulse surveys throughout the year to monitor changes.

We will also continue to ensure access to management and leadership programmes and showcase opportunities for career development and progression with internal staff through the following channels: weekly staff newsletter, intranet, reward and recognition platform and 1:1 discussions. We will also look to engage with external speakers who can present their career journeys from outside the sector and inspire InHealth staff to take more accountability for their careers.

We will introduce a specific coaching programme for BME staff to support career progression, as well as external mentors to support and progress BME staff through management/leadership roles over the next 5 years.

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 45%
BME 33%

Data for previous year:

White 1.66%
BME 4.76%

The implications of the data and any additional background explanatory narrative

The difference between reporting year and previous year is due to the method of calculating the percentage. This year, we have taken the total number of staff who were asked the question and the number of people who responded, dividing that by the split between white and BME staff. Last year, this was calculated as a total number of staff in the organisation overall, rather than just those who answered the question in real-time.

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

We will continue to include the WRES questions at the time of the Annual Staff Survey, as well as introducing an approach to pulse surveys throughout the year to monitor changes. We'll also continue with bi-annual communications to request staff to report ethnicity data and links to the WRES data pages on NHS Employers.

We will continue to increase communications on Equality and Diversity issues in monthly newsletters, the induction and intranet articles. This year, we have also launched a Staff Partnership Forum to work with staff directly on any matters related to people, which includes a dedicated Equality and Diversity group, to allow us to embed an approach to ED&I across InHealth.

We will deliver education to all Board and Exec team, senior leaders and People Managers on systematic racism by the end of 2021.

We will arrange external speakers to attend team sessions to bring to life the BLM movement and eliminate the possibility of any racism being experienced while working at InHealth.

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

15% White
6% Non-stated

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

8% White
13% Non-stated

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

Yes. This year InHealth's Board voting and executive membership figures have changed from last year due to an organisational restructure. We have also corrected the data calculation to show the % difference between the Board and overall workforce.

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/