

## **InHealth Group Workforce Race Equality Standard (WRES) 2023/24 Report**

### **Background**

The Workforce Race Equality Standard (WRES) was created in 2014 to ensure that employees from Black and minority ethnic (BME) backgrounds across the NHS and providers of NHS services, have equal access to career opportunities and receive fair treatment in the workplace.

It is mandated in the NHS Standard Contract that all healthcare providers of NHS services must report on annual performance against the Workforce Race Equality Standard and create actions to improve performance against the 9 key indicators.

At InHealth, we are committed to improving Equality, Diversity and Inclusion (EDI) across the organisation and we use the Workforce Race Equality Standard to highlight areas of inequality, so that we can create and deliver actions that are meaningful for our people. We also recognise that the data captured through this report has limitations, which have been highlighted within the report to ensure that we give a well-rounded picture. It is also important to note that alongside this mandatory report that is created and published each year, we also conduct an annual Staff Survey where we ask a series of equality, diversity, inclusion and wellbeing questions – the answers to which provide us a more InHealth specific view of how our colleagues feel in these important areas.

**1. Name of organisation**  
InHealth Group

**2. Date of report**  
31<sup>st</sup> August 2024

**3. Name and title of Board Lead for the Workforce Race Equality Standard**  
Maz Fosh, Chief People Officer

**4. Name and contact details of lead manager compiling this report**  
Ally Patten, Equality, Diversity & Inclusion Lead [communications@inhealthgroup.com](mailto:communications@inhealthgroup.com)

**5. Names of commissioners this report has been sent to**  
Sent directly to commissioners upon request.

**6. Name and contact details of coordinating commissioner this report has been sent to**  
Sent directly to commissioners upon request.

**7. Unique URL link on which this Report will be found**  
<https://www.inhealthgroup.com/quality-assured/>

**8. This report has been signed off by, on behalf of the board on:**  
**Date:** 31<sup>st</sup> August 2024  
**Name:** Maz Fosh

**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 review our reporting method each year and aim to improve any imitations for the following year. Any limitations are highlighted in the below report underneath each indicator.

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

3252 permanent and bank staff.

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

36.7%

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

85.5%, an increase of 1% since 2023 and 5.3% since 2022.

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

WRES indicators 1, 2, 3, 4 & 9 use data from our HR systems. This information is captured at the onboarding stage and at any time, staff can access the system to update their personal data. During the course of this reporting period, our HR system prompted staff to review and update their personal information.

WRES indicators 5, 6, 7, 8 use data from our annual staff survey, which had a 68% participation and of those 84% disclosed their ethnicity. We actively encourage staff to participate in the staff survey and communicate follow-up actions to highlight how the feedback is being used to make continued improvements to life at InHealth, including those focused on equality, diversity and inclusion.

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

We are planning to actively review and improve our diversity data capture over the next 12 months as part of our Equality, Diversity and Inclusion Strategy, including how we communicate to staff why this information is important to drive positive improvements.

**Workforce data**

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

1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

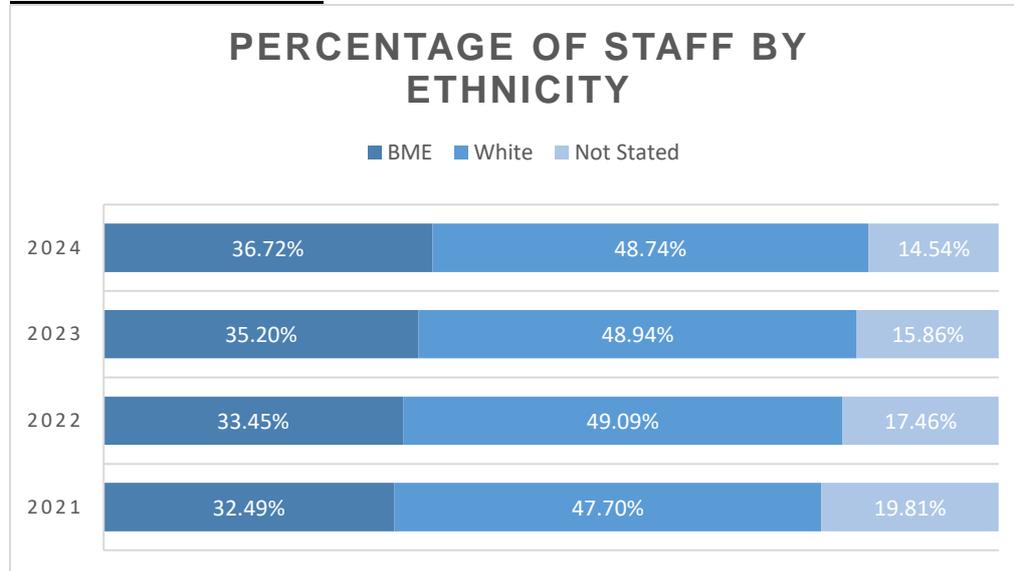
## Summary of WRES Indicators for InHealth Group: 2021-2024

WRES Indicator		2021	2022	2023	2024	
1	Percentage of black and minority ethnic (BME) staff (VSM= Very Senior Manager)	Overall	22.6%	28.5%	34.6%	36.7%
		VSM	14.7%	13.0%	16.0%	16.0%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		n/a	n/a	n/a	n/a
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		n/a	n/a	2.27	1.52
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.33	0.43	0.49	1.00
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (as a percentage over overall survey respondents in those groupings)	BME	12.7%	8.8%	10.2%	9.8%
		White	10.3%	8.7%	12.4%	10.1%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (as a percentage over overall survey respondents in those groupings)	BME	8.7%	4.2%	7.1%	6.5%
		White	4.2%	4.1%	5.7%	3.6%
7	Percentage of staff believing that InHealth provides equal opportunities for career progression or promotion (as a percentage over overall survey respondents in those groupings)	BME	16%	29%	83%	76%
		White	73%	63%	81%	78%
8	Percentage of staff personally experiencing discrimination at work from a manager (as a percentage over overall survey respondents in those groupings)	BME	2.9%	0.7%	2.5%	2.6%
		White	1.4%	1.6%	1.7%	1.5%
	Percentage of staff personally experiencing discrimination at work from a colleague or other member of staff (as a percentage over overall survey respondents in those groupings)	BME	5.8%	2.9%	4.8%	4.3%
		White	1.8%	1.6%	2.7%	1.5%
9	BME board membership - % difference between Board voting members and overall workforce		-6.0%	-11.8%	-26.3%	-28.4%

## Workforce Race Equality Indicators

For each of these workforce indicators, data has been compared for White and BME staff as defined in the NHS WRES technical guidance.

### WRES Indicator 1:



Since 2021, the total number of staff has increased by 592 to a total of 3252 in 2024, 372 new employees since the previous reporting period. As of 31st March 2024, BME staff represent 36.7% of the workforce (1194 people). This percentage has continued to increase over the last four years, shown in the graph above, and the staff within the 'not stated' grouping has reduced over the four years.

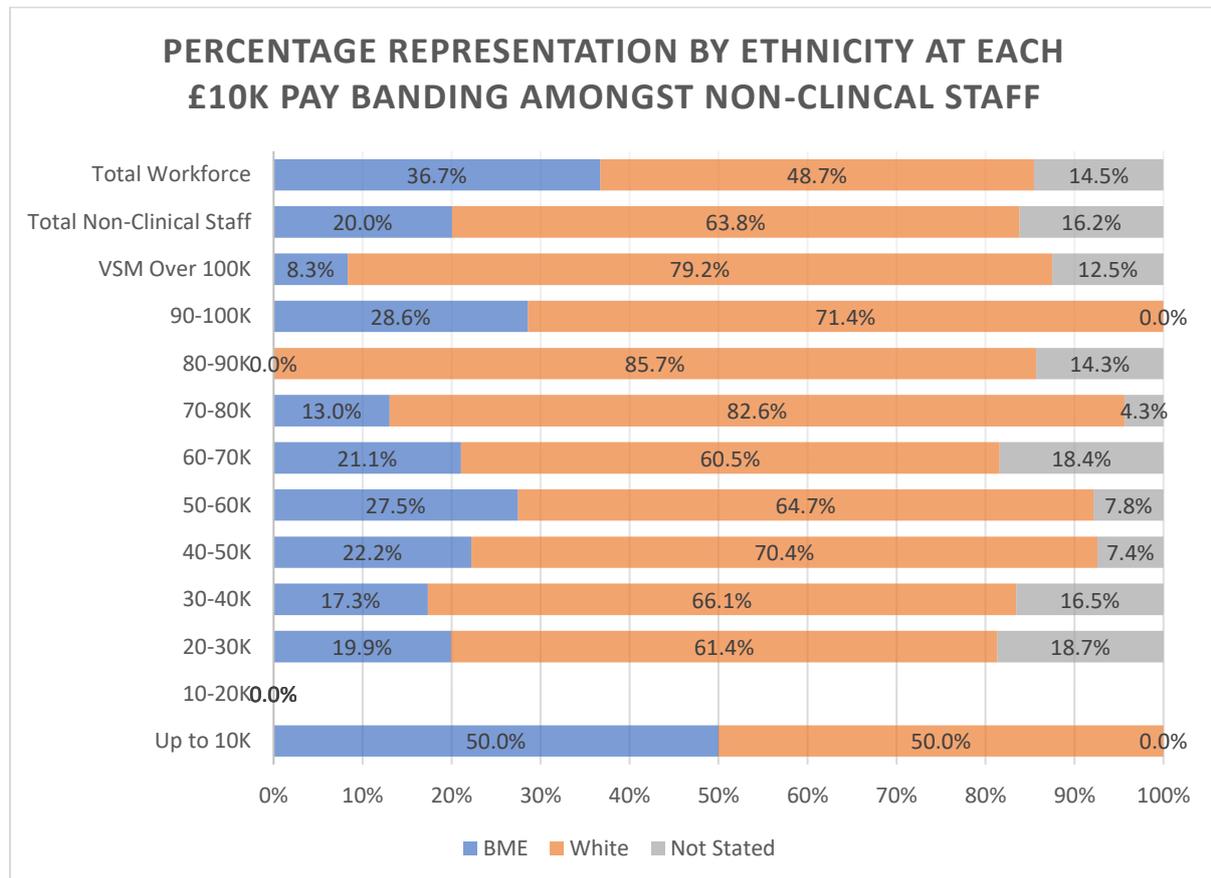
Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce split out by non-clinical and clinical staff. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members).

Data for 2024:

	Clinical						Non clinical			Sum:
	BME	BME	White	White	Not Stated	Not Stated	BME	White	Not Stated	
	Consultant/Doctors	Other Cat's	Consultant/Doctors	Other Cat's	Consultant/Doctors	Other Cat's				
Up to 10K		1.3%	0.0%	2.6%		0.6%	0.3%	0.3%		5.1%
10-20K										
20-30K		9.0%		14.3%		3.7%	3.8%	11.8%	3.6%	46.3%
30-40K		13.2%		3.5%		2.1%	0.7%	2.6%	0.6%	22.7%
40-50K		5.7%		5.6%		2.1%	0.4%	1.2%	0.1%	15.2%
50-60K		0.6%		1.6%		0.4%	0.4%	1.0%	0.1%	4.2%
60-70K		0.1%		0.4%		0.1%	0.2%	0.7%	0.2%	1.7%
70-80K				0.1%			0.1%	0.6%	0.0%	0.8%
80-90K		0.1%		0.2%				0.4%	0.1%	0.7%
90-100K				0.0%	0.0%		0.1%	0.2%		0.3%
VSM Over 100K	0.2%		0.1%	0.1%	0.4%		0.1%	0.6%	0.1%	1.5%
Sum:	0.2%	30.0%	0.1%	28.6%	0.4%	9.0%	6.0%	19.3%	4.9%	

WRES technical guidance suggests comparing staff in AfC Bands 1-9, however InHealth does not follow AfC Banding. Therefore, we have compared data based on £10k pay banding and VSM for clinical and non-clinical staff. The table above shows this data for the 2024 reporting period. The majority of staff (84.1%) sit between 20k – 50k salary bandings, with much smaller numbers within the other bandings.

**Non-Clinical Staff:**

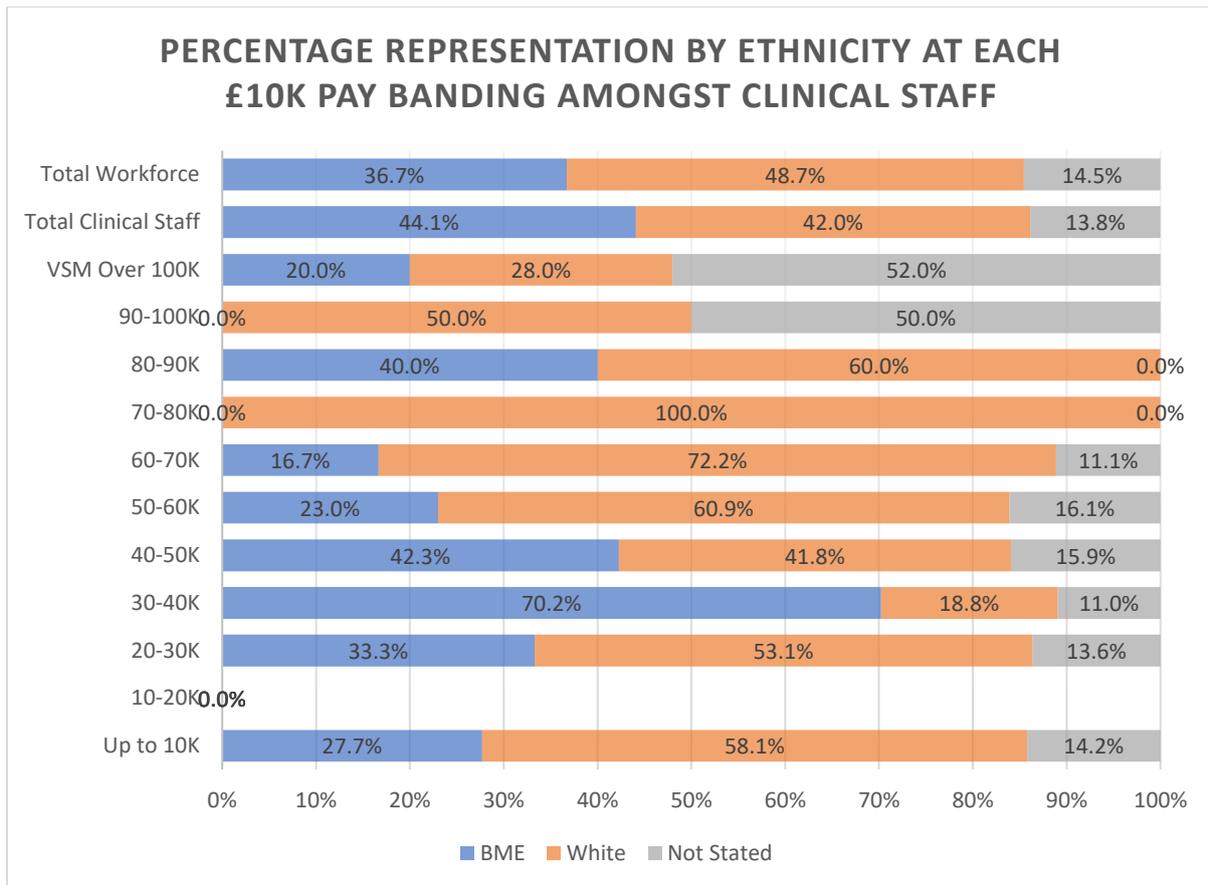


The above graph shows the percentage representation of non-clinical staff by BME, White and Unknown at each pay banding against the total workforce and the total non-clinical staff workforce. The total non-clinical workforce has a higher proportion of white staff compared to the total workforce +15.1%, and a lower proportion of BME staff -16.7%.

Non-clinical staff make up 30.2% of the total workforce. 77% of non-clinical staff are in the bandings £20-30k and £30-40k. Bandings above 70k have a lower representation of BME workforce, except for 90-100k which has a BME representation of 28.6%, +8.6% compared to total non-clinical representation.

Non-clinical 'VSM over £100k' make up 0.7% of the total workforce, BME representation is 8.3% in this banding, this is 11.7% lower than the total non-clinical BME staff.

16.2% of non-clinical staff have not disclosed their ethnicity, this number needs to be reduced to improve the level of certainty regarding actual levels of representation.



The above graph shows the percentage representation of clinical staff by BME, White and Unknown at each £10k pay banding against the total workforce and the total clinical staff workforce. The total clinical workforce has a higher proportion of BME staff at 44.1% which is +7.4% compared to the total workforce, a slightly lower proportion of White staff at 42.0% which is -6.7% compared to the proportion of the total workforce.

Clinical staff make up 68.3% of the total workforce. 67% of clinical staff are within the pay bandings £20-30k and £30-40k.

Bandings £70-80k and £90-£100k have show no BME representation, a total of five members of staff fall into these bandings. £90k-£100k and 'VSM over £100k' have >50% non-disclosure of ethnicity therefore actual representation cannot be distinguished. Overall, 13.8% of clinical staff have not stated their ethnicity.

**Percentage representation by ethnicity of medical staff:**

Clinical Staff of which Medical & Dental	White	BME	Unknown
Consultants	17%	22%	61%

Consultants make up 0.7% of the workforce (23 members of staff), the majority (61%) not stating their ethnicity, this has reduced from 63% last year with an increase in White ethnicity consultants from 15% to 17%, percentage representation on BME consultants remained the same.

## **The implications of the data and any additional background explanatory narrative**

Staff data is collected through our HR systems at the onboarding stage and is accessible to all staff to update and change whenever they choose, during the reporting period most members of staff will have received a system prompt to review and update their information. We are pleased that there continues to be an increase in the percentage of staff self-reporting their ethnicity but are aware that there is still 14.5% of staff who have not stated their ethnicity and in order to understand the true representation of our workforce we need to reduce this figure further.

### **Action taken and planned**

We recognise that more action needs to be taken to improve the level of staff self-reporting ethnicity and over the next 12 months we plan to review our data collection systems for better clarity and understanding on the importance of the data and staff communications to encourage self-reporting and highlight positive actions we can take from utilising the data.

As part of our review of our staff diversity data we plan to improve how we utilise this data to highlight potential bias and underrepresentation at different levels across the workforce in order to drive targeted actions for improvements.

We recognise we have a diverse workforce and celebrate this and the benefits it brings. We continue to promote equality, diversity and inclusion in our organisation, and we have refreshed our dedicated strategy and action plan this year to ensure the appropriate focus and direction inspired in part by our involvement in the NHS Employers 'Diversity in Health & Care Partners Programme' 2023/24.

We recognise that we need to aim to improve BME representation in Very Senior Management and our Equality, Diversity & Inclusion Strategy supports improving diversity of our leadership community, with dedicated actions planned to support this including improved leadership training, visible talent development processes and mentoring and coaching programmes.

### **WRES Indicator 2:**

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

Data not available

## **The implications of the data and any additional background explanatory narrative**

Our recruitment software has previously been unable to capture the likelihood of staff being appointed from shortlisting across all posts.

### **Action taken and planned**

We have introduced a new recruitment and onboarding software platform this year that will allow us to capture diversity data at the recruitment stage in the future and aim to implement this over the next 12 months.

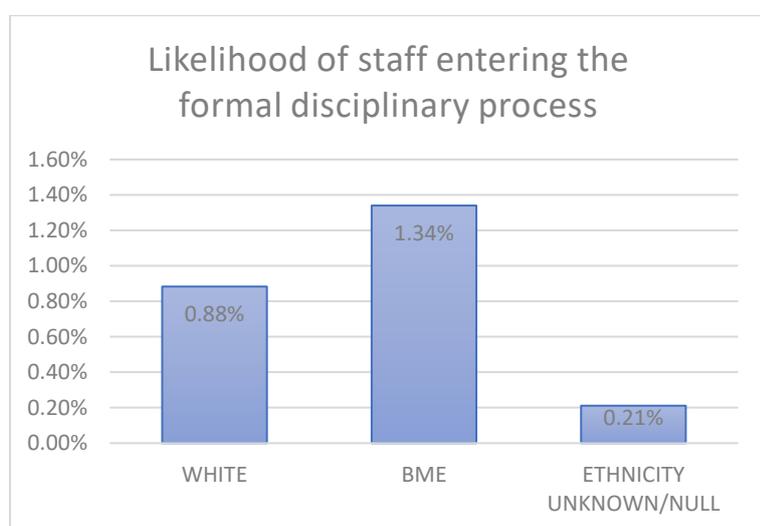
We have a Recruitment and Onboarding Policy which has been reviewed and revised this year and details our objective recruitment and selection process to reduce potential for bias.

In 2023 we introduced mandatory inclusion training for all managers, this raises awareness of the protected characteristics and highlights potential areas of unconscious bias and discrimination that must be avoided.

In 2024 the Talent Acquisition team created an Equality, Diversity and Inclusion Working Group to actively review and improve inclusion and reduction of potential bias in our Talent Acquisition processes. We also plan to review our support and education for hiring managers, including training on unconscious bias.

**WRES Indicator 3:**

**Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**



Comparing the likelihood of staff entering the formal disciplinary process as detailed in the above table, we can calculate the relative likelihood of BME staff entering the formal disciplinary process compared to white staff to be 1.52.

The number of staff entering the disciplinary process has reduced by 50% since the previous reporting period from 62 to 31 for this reporting period. The data from the previous reporting period did not cover the full year so the reduction may be even greater than 50%.

**The implications of the data and any additional background explanatory narrative**

In line with the guidance, the data for this indicator includes all staff who have entered formal disciplinary action, including investigations where no further action was taken. The relative likelihood of BME staff entering the formal disciplinary process compared to white staff was at 2.27 in the previous reporting period however it is important to note that the data from the previous reporting period did not represent a full year (October 2022 – March 2023) so cannot accurately be compared to this report’s figure which is representative of a full year.

**Action taken and planned**

We have an improved HR system for better employee relation case-tracking, and this is the first year we have been able to accurately record this information.

We are pleased that the data shows a reduction in staff entering the formal disciplinary process. The actions to drive this include supporting managers to resolve problems before the point of formal action through virtual and recorded manager training on managing difficult conversations and introduction of regular Employee Relations drop-in sessions for managers across all business areas.

We are planning to further review and improve our learning and development provisions for staff and managers to support further reductions including unconscious bias training and the continuation of Inclusion training for all managers.

**WRES Indicator 4:**

**Relative likelihood of staff accessing non-mandatory training and CPD**

Relative likelihood of staff accessing non-mandatory training and CPD			
	WHITE	BME	UNKNOWN
Likelihood of staff accessing non-mandatory training and CPD	27.0%	27.1%	18.8%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.0		

The above data shows that there is no difference between the relative likelihood of White staff and BME staff accessing non-mandatory training.

**The implications of the data and any additional background explanatory narrative**

This data is taken from the number of staff accessing non-mandatory training through our e-learning platform. However, this is not the only way staff can access non-mandatory training - additional learning and development can be accessed via our educational bursary, apprenticeships, additional professional qualifications and from visiting educational events and conferences.

**Action taken and planned**

Our new learning management platform that launched at the end of 2022, this has now become established, and the e-learning course catalogue has been enhanced and categorised over the last 12 months to make non-mandatory training accessible to anyone who wishes to access it.

We will continue to encourage and support staff accessing these e-learning opportunities as well as updating the course catalogue when needed.

This data is focused on our e-learning platform, but we have additional learning and development opportunities for staff including apprenticeships, people manager training and access to an educational bursary. These are non-mandatory training resources that staff can

apply for professional development. During this reporting period we have developed an internal system for applications to simplify and centralise the process and improve access as well as a new 'Employer Apprenticeship Guide' and increased staff communications for better awareness of the educational resources available. Our leadership development programme has the largest cohort for this non-mandatory training that the business in the last three years, this cohort will start training in June 2024.

We also utilise video calls for a variety of meetings that provide staff with additional learnings on specific topics and other areas of the business including; 'InHealth Update Call' for shared services staff and service managers, 'Fortnightly Leadership Training Series' non-mandatory training for all managers on topics across all shared services areas and 'Inclusion and Wellbeing Sessions' accessible for all staff on a range of topics to support wellbeing and inclusion.

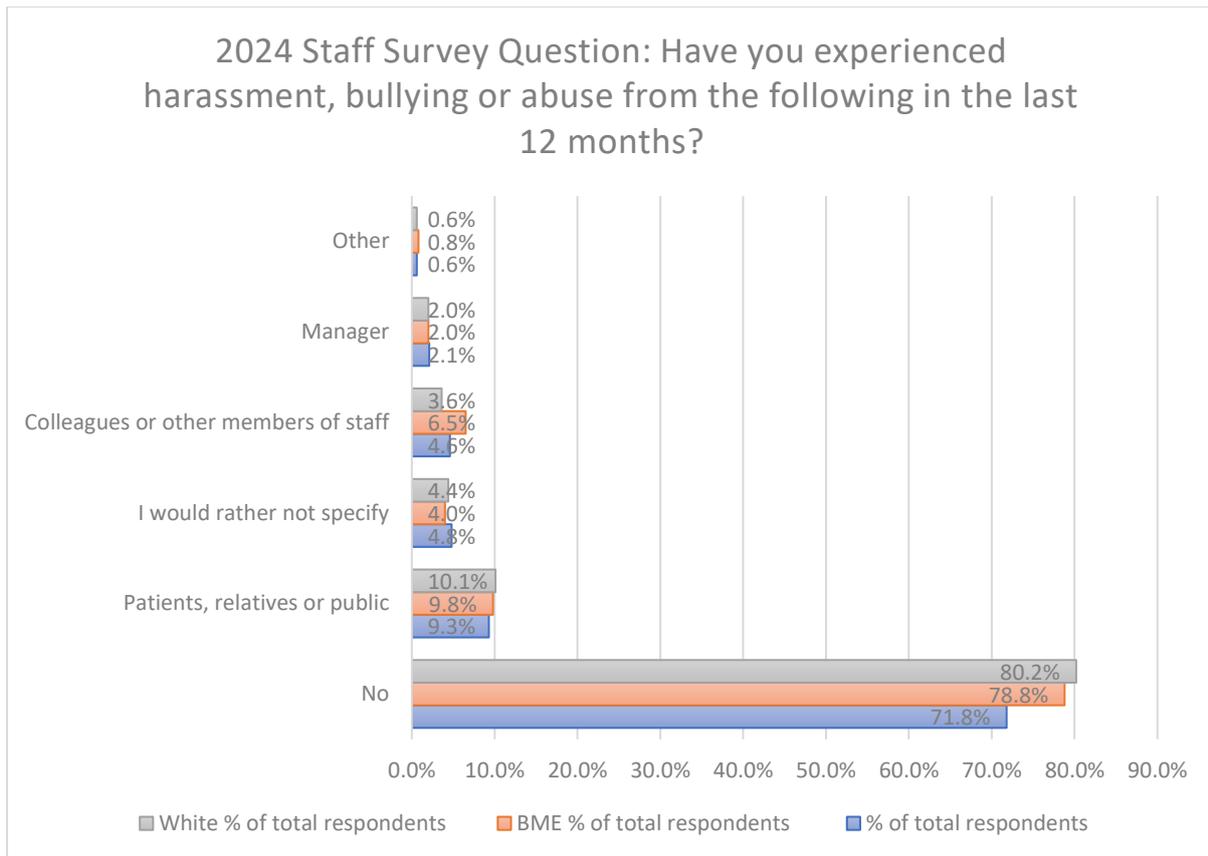
Over the next 12 months we are planning to review any barriers to entry for our training programmes and review opportunities to improve access.

### **Annual Staff Survey Indicators (InHealth's equivalent to the NHS Staff Survey).**

For each of the four staff survey indicators, the outcomes have been compared of the responses for White and BME staff from our annual staff survey. For 2024, 68% of staff responded to the survey.

#### **WRES Indicator 5 & 6:**

**Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (Indicator 5) & percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (Indicator 6).**



The graph above shows the staff survey responses to the question ‘Have you experienced harassment, bullying or abuse from the following in the last 12 months? (please choose all that apply)’ including all the multiple-choice response options.

The results for staff within the White and BME grouping have similar percentages except for the responses to experience of harassment, bullying and abuse from ‘colleagues or other members of staff’, the response rate of BME staff is 6.5%, this is 2.9% higher than the response rate from White staff.

Across BME & White ethnicity groupings there are approximately 10% of staff responding that they have experienced harassment, bullying and abuse from patients, relatives or the public in the last 12 months.

**The implications of the data and any additional background explanatory narrative**

The staff survey responses do not capture the feedback from the entire workforce as 68% of the workforce responded to the survey. All respondents had the option to skip questions including this one. For the 2024 survey the multiple-choice option to respond ‘I would prefer not to specify’ was added, this makes results difficult to compare to the previous year where this option was not included.

We recognise that there can be limitations when looking at data that is grouped by ethnicity. BME and White groupings encompass a wide range of different ethnicities and lived experiences and we look at this data by individual ethnicity as well as the ethnicity groupings.

## **Action taken and planned**

The data in the graph above highlights a discrepancy between the experiences of BME and White staff experiencing 'harassment, bullying and abuse' from colleagues or other members of staff. This highlights the need for actions to address this discrepancy. We do not tolerate any form of harassment, bullying and abuse in our workforce and will actively work to reduce these by reviewing the policies supporting our zero-tolerance approach and our system for reporting incidents and staff communications to reinforce this.

During this reporting period we have revised our Equality, Diversity and Inclusion Strategy and shared this with all our staff, highlighting our commitment and ethos. We are working through an Equality, Diversity and Inclusion Action Plan which supports this strategy and aims to make positive improvements and fully embed an inclusive culture. We have a dedicated Equality, Diversity and Inclusion policy which supports staff to be fair and inclusive and consult with our Equality, Diversity and Inclusion Forum of staff representatives on actions being undertaken. We have also enhanced our induction and guidance for our new international recruits including cultural awareness training. We have conducted an internal training session for all managers on understanding what bullying and harassment are and the process for reporting incidents. We also have training for managers on Inclusion and managing difficult conversations. All staff must complete a mandatory Equality, Diversity and Inclusion training when joining our organisation. We plan to further review and improve our training provision over the next 12 months.

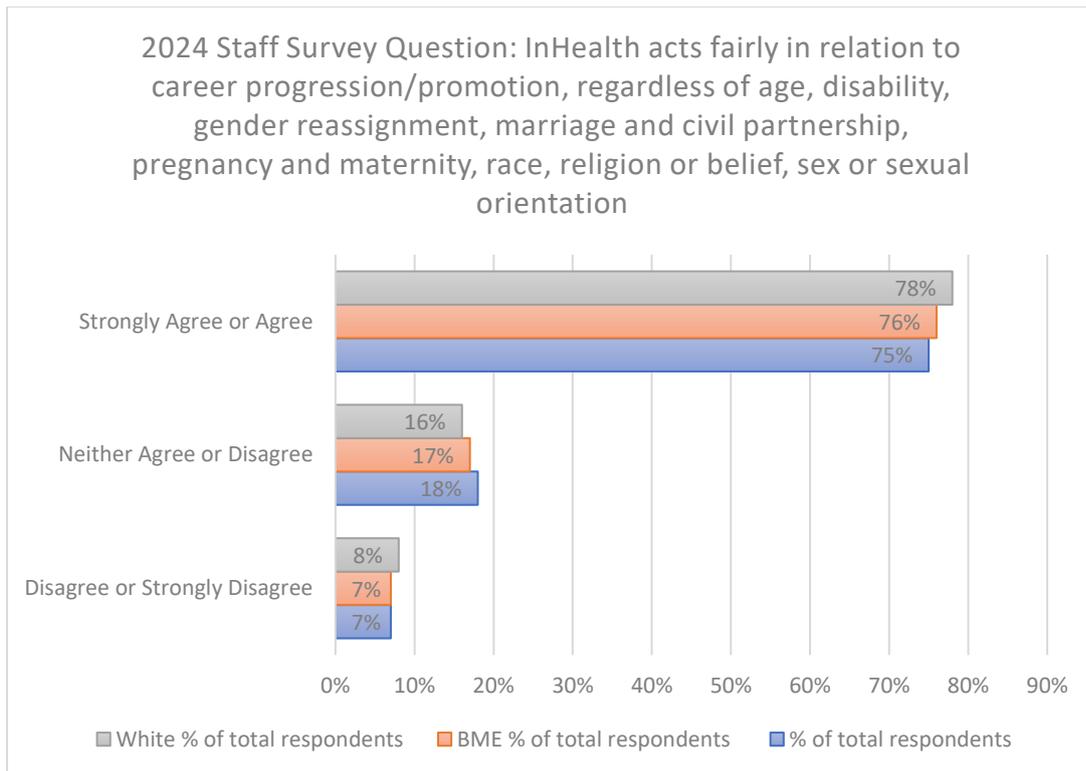
We have taken action and plan to continue to do so in regular staff communications that reinforce the goals of our Equality, Diversity and Inclusion Strategy and educate and raise awareness to marginalised groups. We also regularly share reminders on routes for speaking up including our Freedom to Speak Up Guardians. In the last 12 months we have updated our staff intranet page to be more accessible, informative and flexible including access to guidance and support around equality, diversity and inclusion, wellbeing and routes for speaking up.

Our Annual Staff Survey includes an extensive range of questions on Equality, Diversity and Inclusion, including the questions within the WRES indicators. This data can be analysed by ethnicity as well as other characteristics to ensure we have a broad understanding of how staff are feeling and their different experiences in the workplace. Key people managers are trained in how to analyse the anonymous staff survey data for their teams and supported to develop localised action plans to drive improvements where needed. This year we also included questions around safety and psychological safety to learn from.

We recognise that incidents that occur can impact staff wellbeing. We actively support and encourage employee wellbeing and provide a wellbeing support package with over 20 initiatives for staff to access, including a 24/7 employee assistance programme with anonymous counselling support and 40 trained Mental Health First Aiders within the workforce.

### **WRES Indicator 7:**

**Percentage believing that InHealth provides equal opportunities for career progression or promotion**



Overall, there was a very positive response to this question with over 75% of respondents believing InHealth acts fairly in relation to career progression/promotion. This number is 18.6% higher than the 2023 NHS staff survey national average to this question at 56.4%. However, this result has reduced from our figures recorded last year. BME respondents strongly agreeing or agreeing has reduced 7% to 76% and the White respondents strongly agreeing or agreeing has reduced 3% to 78%. There is a 2% difference between the percentage of positive responses from White or BME groupings however the BME grouping has experienced a greater reduction compared to last year at 7% compared to 3%.

**The implications of the data and any additional background explanatory narrative**

The wording of this question was changed slightly for the 2023 and 2024 staff survey to encompass all protected characteristics. This means we cannot compare this data to data captured prior to 2023.

**Action taken and planned**

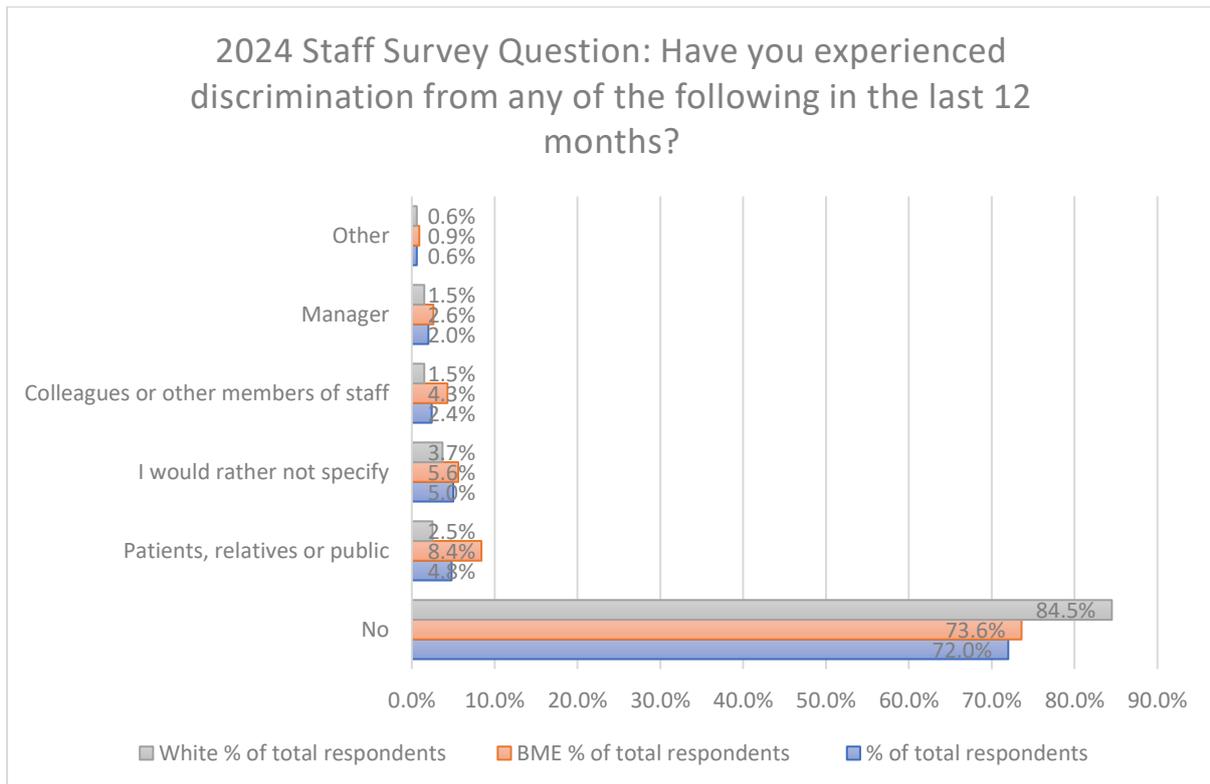
We will continue to promote and educate staff on Equality, Diversity and Inclusion as mentioned within the actions for the previous indicators. As part of our Equality, Diversity and Inclusion Strategy we plan to review our processes for Talent Development and improve our diversity data capture to review any areas of potential bias or inequality to ensure we can make targeted actions to resolve these. We are also taking action to improve visibility of routes for progression and career vacancies across the organisation including a bi-weekly email to all staff inboxes highlighted vacancies. We are planning to improve our internal and external career websites in the next 12 months.

We are currently updating our appraisal process and support for managers in completing an appraisal, in order to ensure appraisals are impactful and effective for supporting members of staff and reviewing their potential.

Our mandatory training for managers ‘Inclusion Essentials’, educates managers on how to act fairly and equitably in relation to different protected characteristics including race and ethnicity. The training also highlights microaggressions and unconscious bias to raise awareness of these and to help people to mitigate risks of them.

**WRES Indicator 8:**

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



The graph above shows that BME staff are more likely to respond that they have experienced discrimination in the last 12 months from a manager, colleague or patients then White respondents. The greatest difference is the experiences of discrimination from patient’s relatives or the public, 5.9% difference with 8.4% of BME respondents saying they’ve experienced discrimination from patients, relatives or the public. The percentage difference of staff responding no is 10.9% less for BME staff compared to White staff.

**The implications of the data and any additional background explanatory narrative**

As detailed under WRES Indicators 5, the option of ‘I would rather not specify’ was added this year so we cannot compare the data to the previous year.

**Action taken and planned**

All actions detailed in this report already support fostering an inclusive workplace that is free from discrimination, we recognise the importance to continue to drive these actions and ensure they have impact for our staff and aim to reduce these experiences of discrimination.

We do not accept any form of discrimination and have recently updated our Management of Violence, Aggression, Racism and Discrimination Policy to reflect this more explicitly and support staff to follow these principles. We will continue to review other supporting policies and educate staff to follow them. We are planning to increase actions to support anti-racism including policy updates, reporting mechanisms, staff communications to reinforce these and support for managers to act on concerns.

### **WRES Indicator 9:**

**Percentage difference between the organisation's Board voting membership and its overall workforce. For this indicator, compare the difference for White and BME staff.**

The overall workforce at InHealth is 36.7% BME compared to 8.3% BME for board membership, the percentage difference is -28.4%. The BME representation for board membership has not changed since the previous reporting year but the total number of staff has grown and BME representation in the total workforce has increased resulting in the increased difference compared to 2023 when the figure was -26.3%.

### **Action taken and planned**

As an organisation, we are committed to equality, diversity and inclusion and this is fully supported by the leaders of the organisation. As detailed under WRES indicators 1 and 4, we have numerous actions in place to develop leaders and improving access to learning and development opportunities. As an organisation, we aim to promote internal candidates including, where possible, the Executive team members.