

**InHealth Group
Workforce Race Equality Standard (WRES)
2022/23 Report**

1. Name of organisation

InHealth Group

2. Date of report

31st August 2023

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

Amelia Staniland, Chief People Officer

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

Ally Patten, Equality, Diversity & Inclusion Champion communications@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 will be found

<https://www.inhealthgroup.com/quality-assured/>

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

Date: 31st August 2023

Name: Amelia Staniland

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. Within the narrative below for each indicator, we have highlighted any relevant information about the data collected.

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

2888 permanent and bank staff.

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

34.6%

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

84.5%, an increase of 4.3% since 2022 and 7.5% since 2021.

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 the year, we send regular reminders to all staff, encouraging them to complete their sensitive data.

WRES indicators 5, 6, 7, 8 use data from our annual staff survey, which 67% of the workforce responded to. We actively encourage staff to participate in the staff survey and communicate follow-up action plans to highlight what the information is used for and how their feedback is being used to make continued improvements to life at InHealth, including those focused on ED&I.

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

We will continue to send all staff communications to encourage them to fill in personal data and complete the annual staff survey, alongside sharing how the information helps to shape positive actions. We will also work with our dedicated ED&I Forum to understand the barriers to staff sharing their data and then implement new communication strategies to increase self-reported information.

Workforce data

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

1st April 2022 to 31st March 2023.

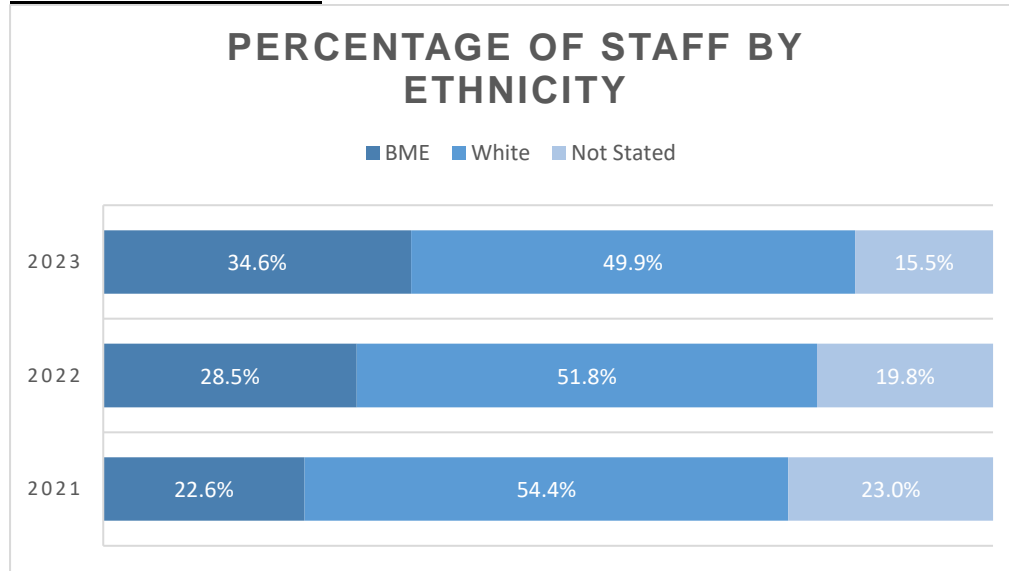
Summary of WRES Indicators for InHealth Group: 2021-2023

WRES Indicator		2021	2022	2023	
1	Percentage of black and minority ethnic (BME) staff (VSM= Very Senior Manager)	Overall	22.6%	28.5%	34.6%
		VSM	14.7%	13.0%	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
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		n/a	n/a	2.27
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
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%
		White	10.3%	8.7%	12.4%
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%
		White	4.2%	4.1%	5.7%
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%
		White	73%	63%	81%
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%
		White	1.4%	1.6%	1.7%
	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%
		White	1.8%	1.6%	2.7%
9	BME board membership - % difference between Board voting members and overall workforce		-6.0%	-11.8%	-26.3%

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 220 to a total of 2880 in 2023. As of 31st March 2023, BME staff represent 34.6% of the workforce (999 people). This percentage has increased by 12% over the last three years, the percentage of White staff has decreased by 4.5% and the percentage of staff not stating their ethnicity has reduced by 7.5%.

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 2023:

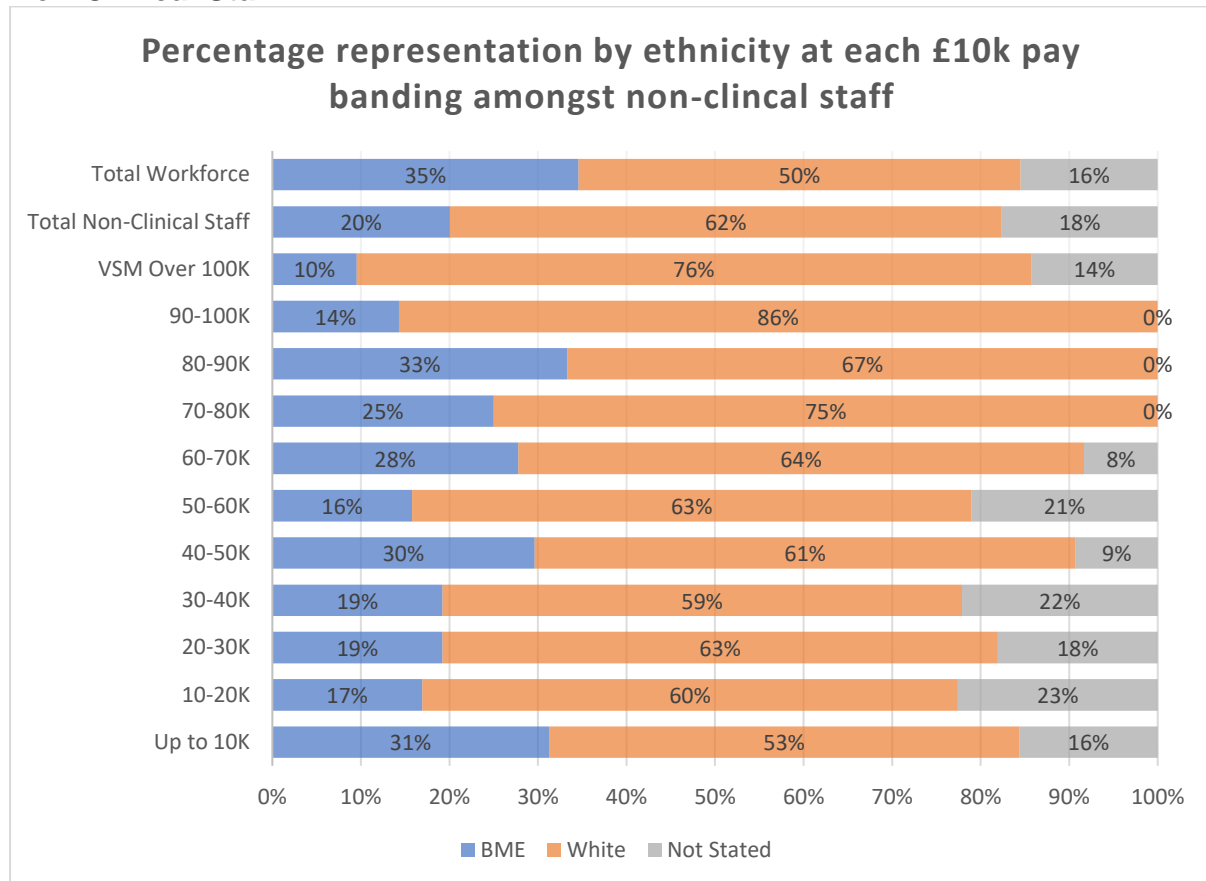
	Clinical						Non clinical			Sum:
	BME	BME	White	White	Not Stated	Not Stated	BME	White	Not Stated	
	Consultant/Doctors	Other Cat's	Consultant/Doctors	Other Cat's	Consultant/Doctors	Other Cat's				
Up to 10K		1.3%		3.8%	0.0%	0.6%	0.3%	0.6%	0.2%	7.1%
10-20K		0.1%		0.4%		0.1%	0.7%	2.6%	1.0%	4.8%
20-30K		7.6%		11.9%		3.4%	3.4%	11.1%	3.2%	40.9%
30-40K		14.9%		6.3%		2.3%	0.7%	2.1%	0.8%	27.0%
40-50K		2.9%		4.2%		1.9%	0.6%	1.1%	0.2%	10.9%
50-60K		0.7%		1.9%		0.7%	0.2%	0.8%	0.3%	4.5%
60-70K		0.1%		0.3%		0.0%	0.3%	0.8%	0.1%	1.6%
70-80K		0.0%		0.1%		0.0%	0.1%	0.4%		0.7%
80-90K		0.1%		0.1%			0.1%	0.1%		0.3%
90-100K				0.1%	0.1%		0.0%	0.2%		0.4%
VSM Over 100K	0.2%		0.1%	0.1%	0.5%	0.0%	0.0%	0.6%	0.1%	1.7%
Sum:	0.2%	27.6%	0.1%	29.0%	0.6%	9.1%	6.5%	20.5%	5.8%	100.0%

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 2023 reporting period. The majority of staff (78.8%) sit between 20k – 50k salary bandings, with much smaller numbers within the other bandings. In 2022, these bandings represented 68.7% of staff, showing the majority of the staff growth has fallen in these salaries.

BME representation has increased since 2021 from 22.6% to 34.6%, BME VSM representation has also increased since 2021 from 14.7% to 16%. Overall VSM make up 3% of staff.

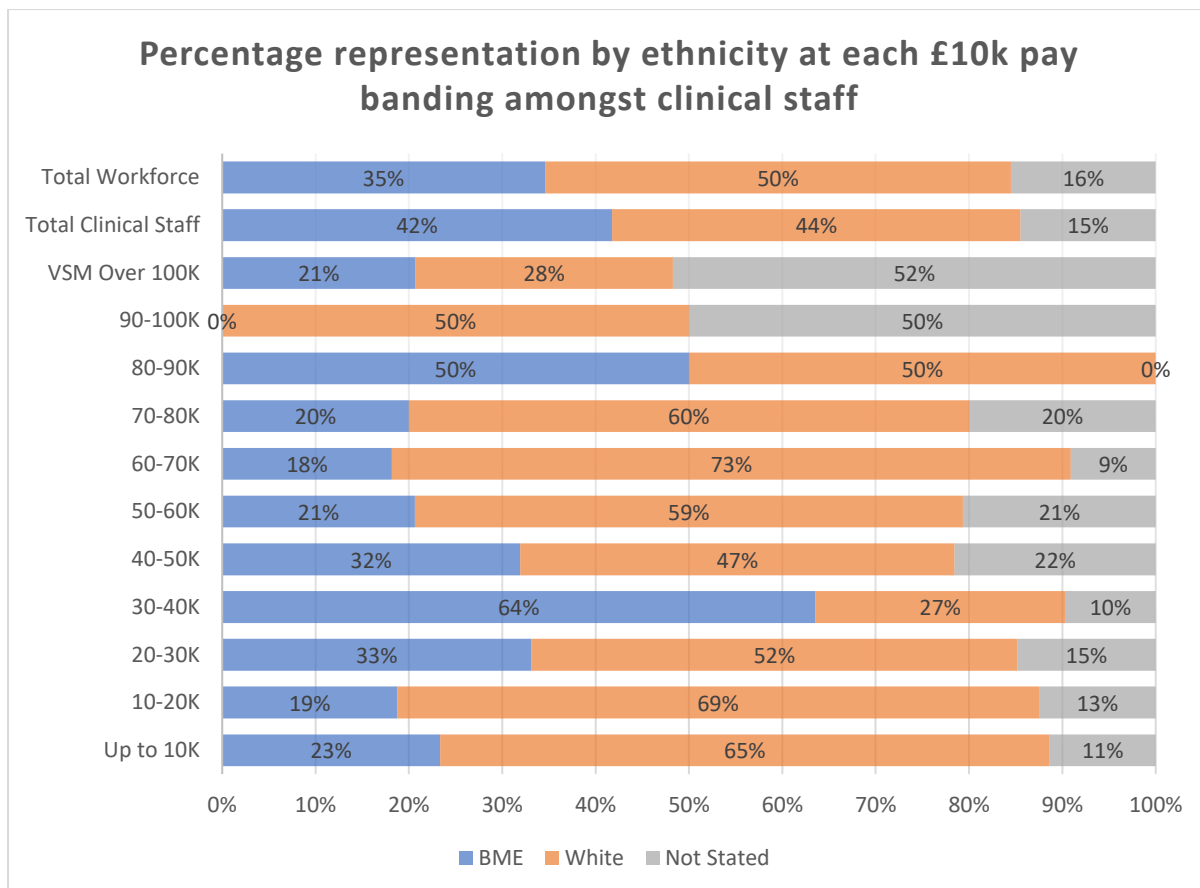
Non-Clinical Staff:



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 +12%, and a lower proportion of BME staff -15%.

Non-clinical staff make up 33% of the total workforce. Bandings where the majority of non-clinical staff sit (25.6% of total workforce) £10-20k, £20-30k and £30-40k have percentage representations in line with the total non-clinical workforce, at £40-50k (1.9% of total staff), BME representation is higher than the overall non-clinical staff by +10% and unknown is lower -9%.

The bandings showing the highest proportion of White representation over are £90-100k and VSM over £100k, collectively these bandings make up 1.2% of the overall workforce, the number of staff in these bandings is very small however the BME representation is lower than the total non-clinical BME staff.



The above graph shows the percentage representation of clinical staff by BME, White and Unknown at each pay banding against the total workforce and the total clinical staff workforce. The total clinical workforce has a higher proportion of BME staff at 42% which is +7% compared to the total workforce, a similar proportion of White staff at 44% which is -6% compared to the proportion of the total workforce.

Clinical staff make up 67% of the total workforce. 55% of total staff sit within clinical staff bandings £20-£50k. In 9 of the 11 banding BME representation is lower than the proportion of BME staff in the total workforce. The five bandings included in £60-100k+ is a much smaller proportion of the workforce, these bandings have a small number of clinical staff and make up 1.9% of the total workforce.

Percentage representation by ethnicity of medical staff:

Clinical Staff of which Medical & Dental	White	BME	Unknown
Consultants	15%	22%	63%
of which senior managers	0	0	0
Non-consultant career grade	0	0	0
Trainee grades		0	0
Other	0	0	0

Consultants make up 0.9% of the workforce (27 members of staff), the majority (63%) not stating their ethnicity.

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. We are pleased that there is an increase in the percentage of staff self-reporting their ethnicity but are aware that there is still 15.5% of staff who haven't reported and whose ethnicity data can only be monitored as 'Unknown'.

Action taken and planned

The 4.3% reduction in the percentage of staff not reporting their ethnicity highlights the positive response to our efforts to encourage staff to share ethnicity data and we will continue to communicate the positive actions taken from having this data and encourage more staff to self-report their ethnicity and aim to reduce this figure further.

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 a dedicated policy, strategy and action plan, plus a staff ED&I Forum.

We recognise that we need to aim to improve BME representation in Very Senior Management. and we will do so by ensuring we encourage all staff to access development and training opportunities, raising awareness of these via internal staff communications. We have recently launched a Leadership academy which focuses on developing our leaders via seven development steps, including professional qualifications and apprenticeships, systems training and secondments, and we are planning to launch a mentoring programme which will allow mentors and mentees to match based on shared characteristics such as ethnicity if this is something they choose on their application.

From September 2023, InHealth has joined the Diversity in Health & Care Partners Programme led by NHS Employers, which is a year-long programme including a training session for Board members, to equip us to continue making positive improvements in our Equality, Diversity and Inclusion journey.

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.

We have an Attraction, Recruitment and Selection Policy which emphasises our principles of equality, diversity and inclusion and details our objective recruitment and selection process based on ability to do the role, including our values-based assessments and mandatory

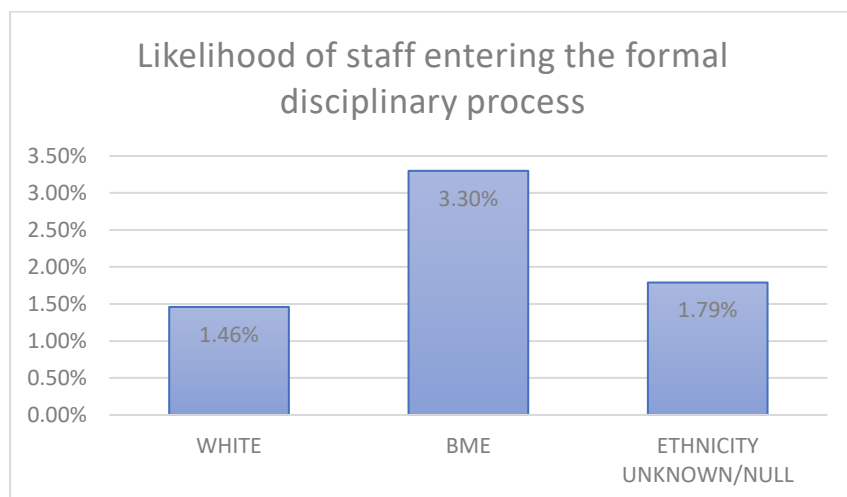
questions for all interviews. This policy links all sections to the importance of equality, diversity, and inclusion and highlights awareness of potential bias and discrimination to ensure these are removed.

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.

WRES Indicator 3:

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

		2023		
		WHITE	BME	ETHNICITY UNKNOWN/NULL
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Number of staff in workforce	1441	999	448
	Number of staff entering the formal disciplinary process	21	33	8
	Likelihood of staff entering the formal disciplinary process	1.46%	3.30%	1.79%
Note: This indicator will be based on year end data.	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	2.27		



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 data used in this indicator has limitations as it does not represent a full year. The above data is from October 2022 – March 2023 and we are unable to accurately track when staff entered the

formal disciplinary process prior to October 2022 as this is the date we changed over HR systems. Going forward we will be able to track this data more accurately.

Action taken and planned

We have an improved HR system for better employee relation case-tracking going forward.

We hope to see an improvement in the next reporting period due to staff now having better access to training resources through our new e-learning platform and a comprehensive leadership training series which launched in July 2023. In 2023 we have also enhanced our training and awareness on Equality, Diversity and Inclusion at InHealth through staff communication emails, presentations and e-learning materials.

WRES Indicator 4:

Relative likelihood of staff accessing non-mandatory training and CPD

		2021			2022			2023		
		WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Relative likelihood of staff accessing non-mandatory training and CPD	Number of staff in workforce	1446	602	612	1319	726	504	1441	999	448
	Number of staff accessing non-mandatory training and CPD:	26	33	18	42	54	21	223	315	43
	Likelihood of staff accessing non-mandatory training and CPD	1.8%	5.5%	2.9%	3.2%	7.4%	4.2%	15.5%	31.5%	9.6%
	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.33			0.43			0.49		

The above data shows that BME staff are more likely to access non-mandatory training than White staff. 15.5% of White staff have accessed non-mandatory training in the 2023 reporting period. This has increased 13.7% since 2021. 31.5% of BME staff have accessed non-mandatory training in 2023 - this is the largest ethnicity representation of staff accessing non-mandatory training and has increased by 26% since 2021.

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 and additional professional qualifications and from visiting educational events and conferences.

Action taken and planned

We have a new learning management platform that launched at the end of 2022. This has made all e-learning courses much more accessible, with a full e-learning library where any member of staff can access non-mandatory training, if they wish to. We plan to actively encourage all staff to access this and ensure they are aware how to. The launch of this platform was actively promoted to raise staff awareness of accessing e-learning training resources. Training was highlighted as a key action from our 2022 Staff Survey feedback.

Subsequently, a lot has been done over the last 12 months to raise awareness of learning and development opportunities through staff communications.

All staff can apply for Education Bursary funding and other training opportunities including apprenticeships related to their professional or clinical development. All applications are reviewed on a monthly basis against business need and the impact on our patients. Opportunities for apprenticeships and additional training are promoted to staff via internal communications and our dedicated careers website www.insideinhealth.com.

We are looking at ways of improving monitoring of how many staff are accessing these additional learning and development opportunities. Additional data we have captured on apprenticeships is limited as it is from a different reporting period to this report. Reporting period is between 16th May 2022 – 16th May 2023, in that period we had 130 members of staff undertaking an apprenticeship. Of that 57% White, 21% BME and 22% Unknown. This highlights a higher proportion of White staff undertaking apprenticeships, we will monitor this data for differences at the next reporting period to review any trends.

We have introduced a new process for staff to apply to attend events and conferences - this was trialled with one of the industry's largest events in June 2023, where an application was submitted via Inspire, a team reviewed and approved applications and all staff who attended were required to share their learnings via Inspire and within their own teams. Following this successful trial, this process will be considered for future events and conferences to support staff where possible, to access further learning opportunities.

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; 'Shared Services Weekly Meeting' for shared services staff and managers, 'Fortnightly Managers Calls' for all managers and 'Wellbeing Sessions' for all staff. We have also recently introduced fortnightly non-mandatory managers training meetings with a schedule of different training sessions to support the professional development of managers and aspiring managers.

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

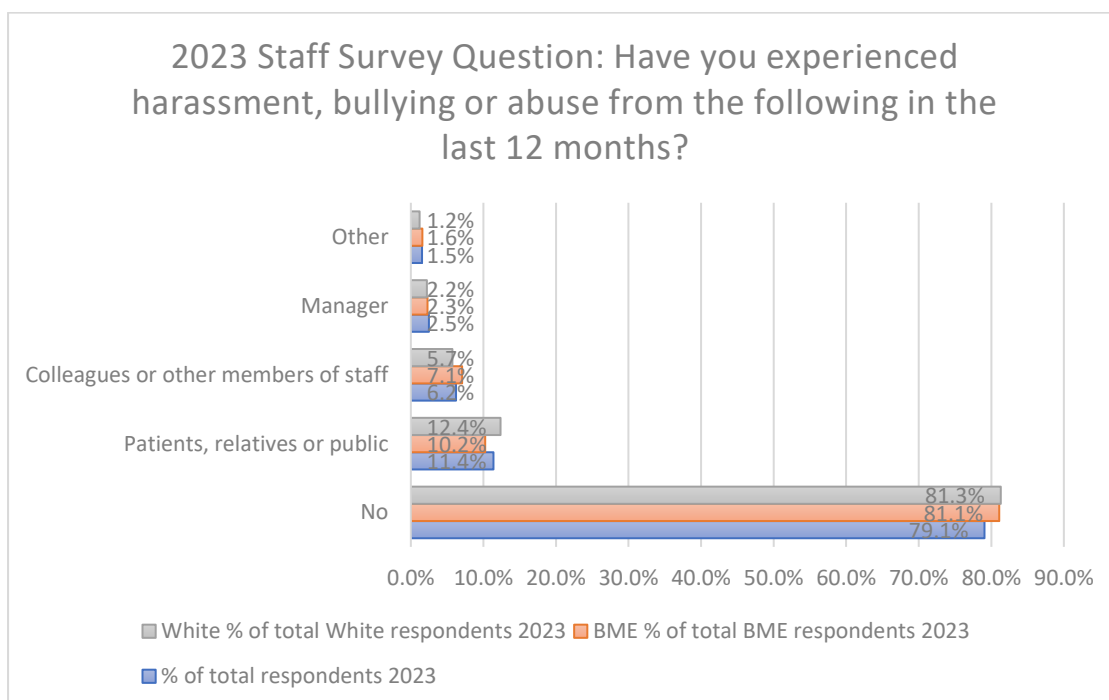
For each of the four staff survey indicators, the outcomes have been compared of the responses for White and BME staff from our annual staff survey. For 2023, 67% of staff responded to the survey.

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).

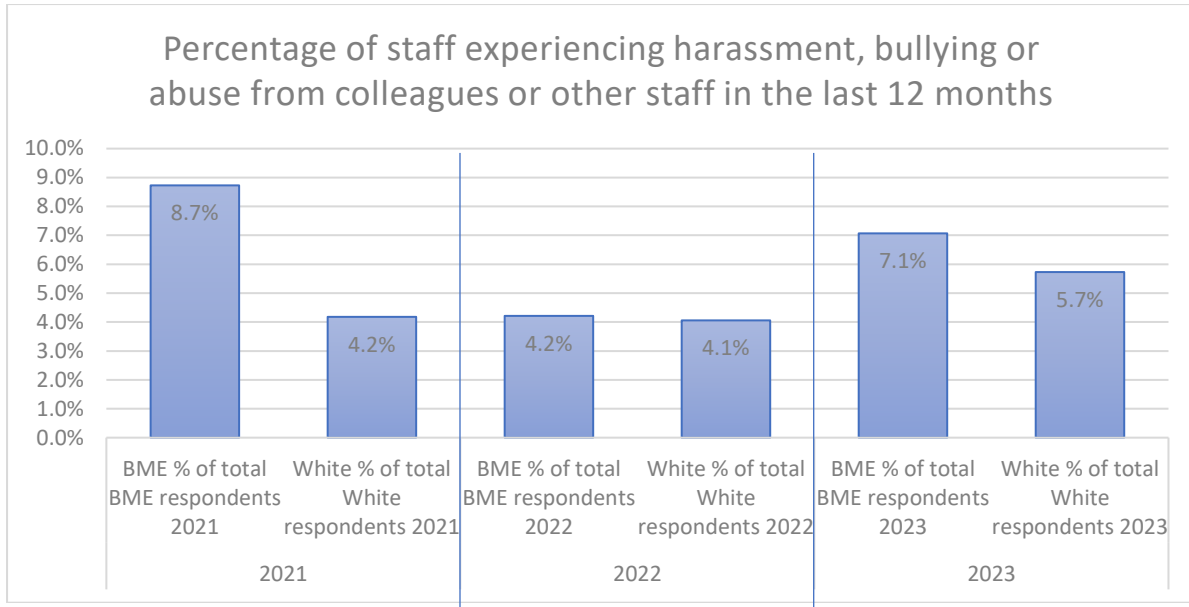
Staff Survey Question: Have you experienced harassment, bullying or abuse from the following in the last 12 months?	2021			2022			2023		
	% of total respondents	BME % of total BME respondents	White % of total White respondents	% of total respondents	BME % of total BME respondents	White % of total White respondents	% of total respondents	BME % of total BME respondents	White % of total White respondents
No	74.4%	70.9%	80.3%	78.0%	79.7%	81.6%	79.1%	81.1%	81.3%
Patients, relatives or public	11.1%	12.7%	10.3%	9.0%	8.8%	8.7%	11.4%	10.2%	12.4%
Colleagues or other members of staff	5.1%	8.7%	4.2%	4.1%	4.2%	4.1%	6.2%	7.1%	5.7%
Manager	2.5%	3.3%	1.7%	1.1%	0.2%	1.4%	2.5%	2.3%	2.2%
Other	1.6%	2.2%	1.1%	1.1%	1.5%	0.8%	1.5%	1.6%	1.2%

Since 2021, there has been a positive increase of 4.7% to 79.1% of staff responding 'No' to 'Have you experienced harassment, bullying or abuse from the following in the last 12 months'.



In 2023 the main variances between BME staff and White staff's responses to this question were:

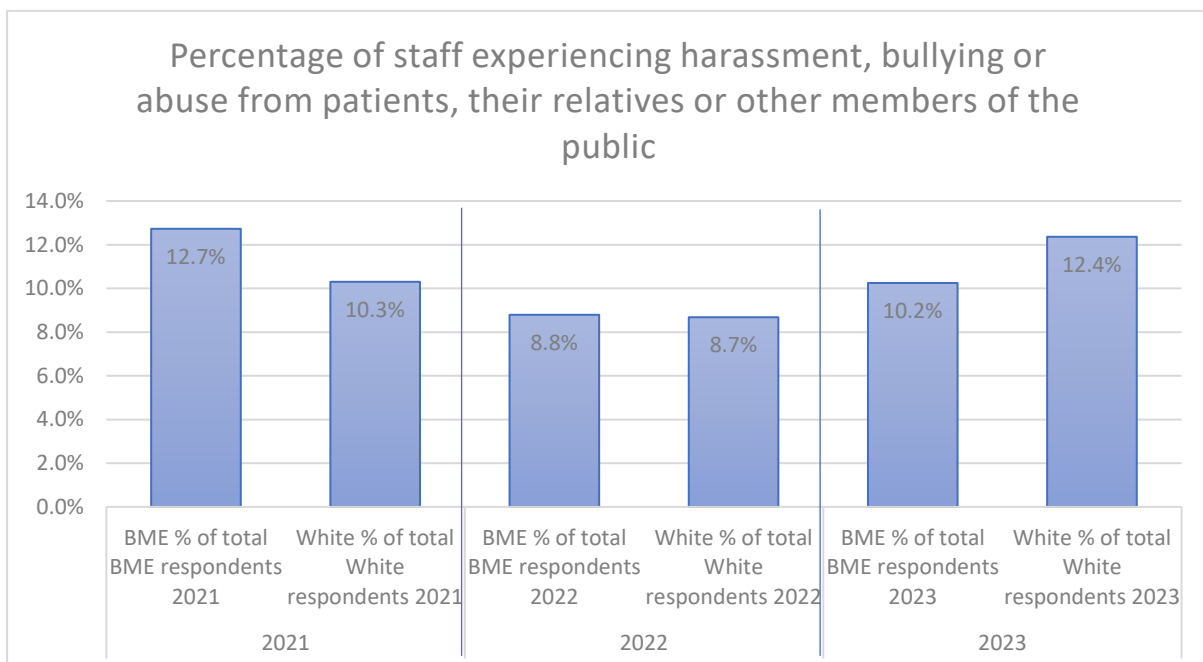
- 'Patients, relatives or public': a slightly higher proportion of White staff (12.4%) responded that they'd experienced bullying, harassment or abuse from patients, relatives or the public in the last 12 months compared to 10.2% BME staff
- 'Colleagues or other members of staff': a slightly higher proportion of BMR staff (7.1%) responded that they have experienced harassment, bullying or abuse from colleagues or other members of staff in the last 12 months compared to 5.7% of White staff



The above graph shows the percentage of staff by BME and White ethnicity grouping who have responded to experiencing harassment, bullying or abuse from colleagues or other staff in the last 12 months, comparing data from the last three years.

This shows that a slightly higher proportion of BME staff +1.4% compared to the proportion of White staff in 2023. The BME percentage has decreased 1.6% since 2021, but it is disappointing to see this has increased since 2022 +2.8%. The White percentage has increased since 2021 and 2022 +1.6%.

In terms of actual headcount, 7.1% of BME respondents equates to 40 people, which is 2.4% of total survey respondents and 1.4% of the total workforce. 5.7% of White respondents is 57, which is 3.3% of total survey respondents and 2% of the total workforce. We aim to reduce these numbers.



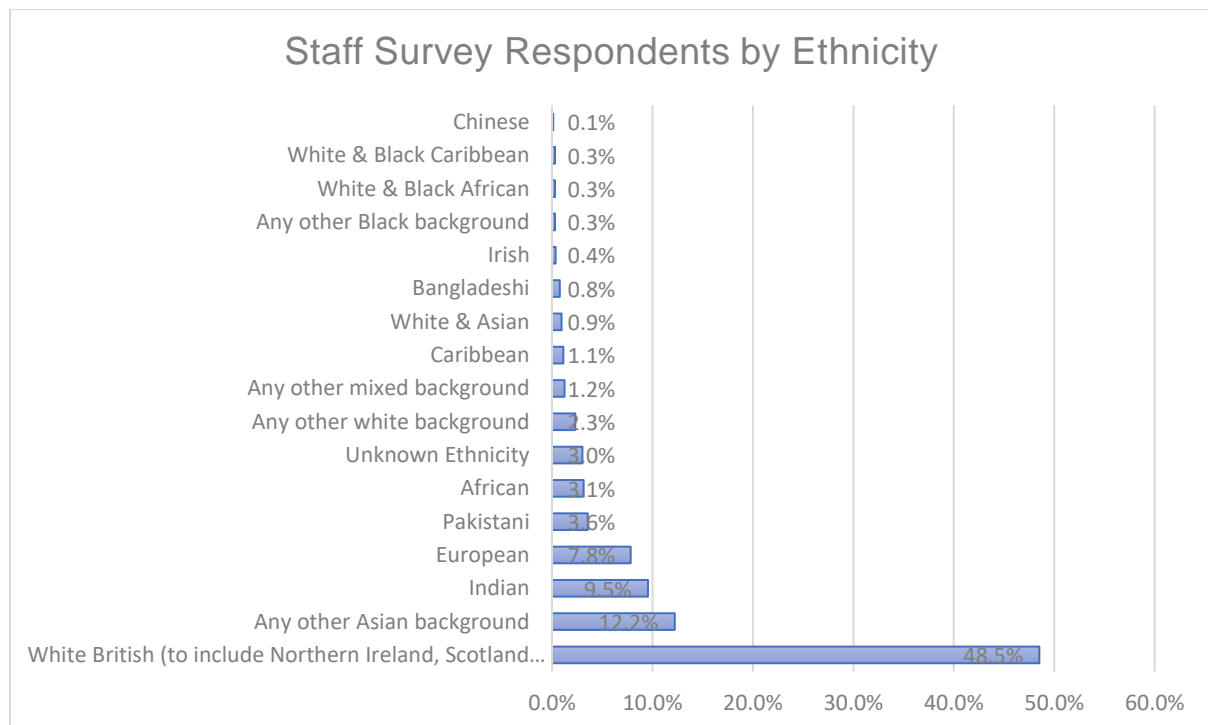
The above graph shows the percentage of staff by BME and White ethnicity grouping who have responded to experiencing harassment, bullying or abuse from patients or other members of the public in the last 12 months, comparing data from the last three years.

Figures reduced in 2022 but have increased slightly in 2023. The percentage of BME respondents is at 10.2%, which is a reduction of 2.5% since 2021 and an increase of 1.4% since 2022. The percentage of White staff has increased from 2021 and 2022 and is at 12.4% of the total White survey respondents.

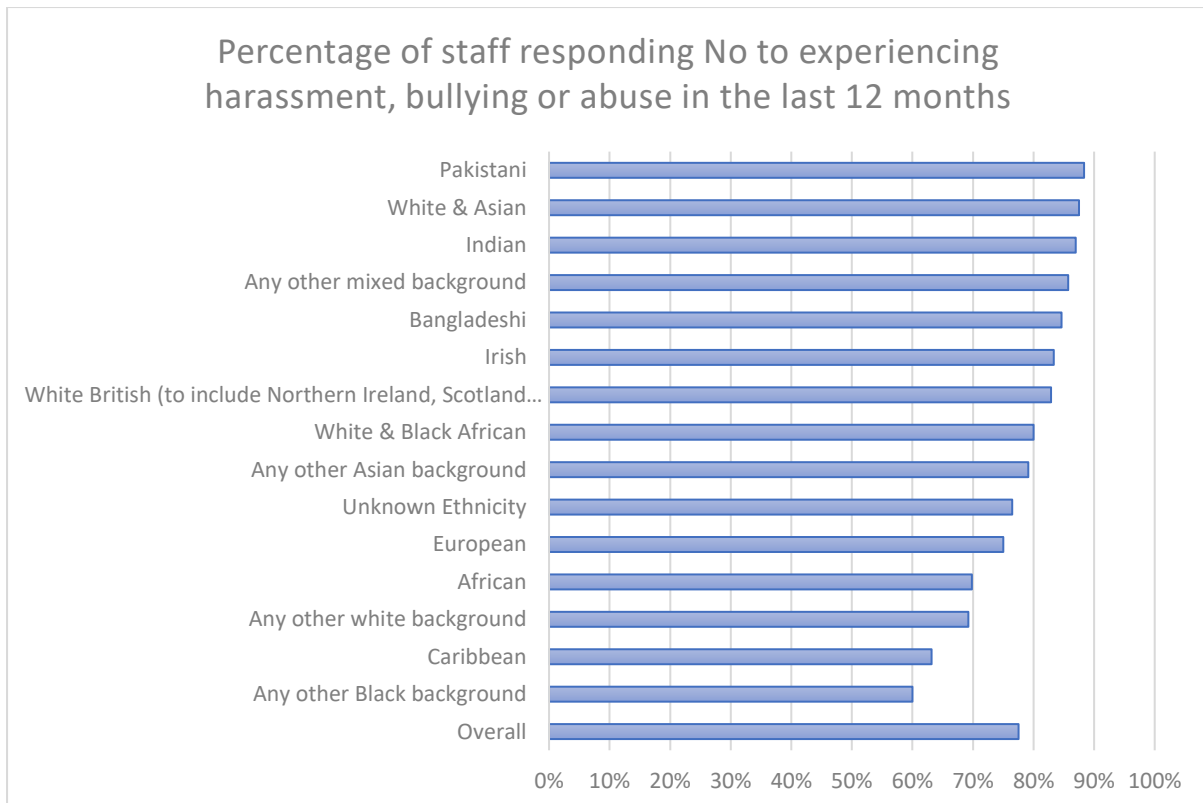
The implications of the data and any additional background explanatory narrative

It is important to recognise that the staff survey data represents 67% of staff as this is the rate of respondents, 33% of staff's responses are not included in this data and the percentages shown in the graphs above are percentages of that ethnicity grouping, not overall staff.

We also recognise that there can be limitations when looking at data that is grouped by ethnicity. BME grouping encompasses a wide range of different ethnicities and lived experiences and it is important to try to understand these experiences better. Our staff survey data can be analysed by individual ethnicities, which have had more than 5 respondents (otherwise the number is seen as too small to ensure confidentiality within the survey platform). However, within smaller minority groups there can be a benefit of grouping with other minority groups to ensure the results aren't skewed by very small numbers. There are also limitations with the White ethnicity grouping as this includes White British, White Irish and White European staff who may have different workplace experiences.



The above graph shows the wide range of ethnicities within the organisation and the proportion of respondents by ethnicity to understand how the different weighting can impact the overall results.



The above graph highlights the different responses by ethnicity to staff stated 'No' to experiencing harassment, bullying or abuse in the last 12 months. Within the White ethnicity grouping, 83% of White British and White Irish staff responded 'No', whilst 75% (8% less) of White European staff responded 'No'. Within the BME grouping Pakistani, staff responded with 88% saying 'No' to experiencing harassment, bullying or abuse in the last 12 months in comparison to African staff where 70% responded 'No' (18% less).

Action taken and planned

We have expanded our Annual Staff Survey to include an extensive range of questions on Equality, Diversity and Inclusion: 6 WRES-related questions and a further 13 questions. 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. People managers are trained in how to analyse the anonymous staff survey data for their teams and are encouraged to create related action plans when results are less favourable - these will then be followed up in the following year's data.

Some key findings from this year's survey were:

- 33% of staff who experienced harassment, bullying or abuse said they reported it. 20% of BME respondents and 42% of White respondents.
- 57% of staff who experienced harassment, bullying or abuse said the matter was resolved to their satisfaction. 50% of BME and 63% of White British
- 13% of staff have experienced inequality in the workplace that has made them contemplate leaving, this figure is the same for BME & White staff (12%)
- 9% of staff have experienced micro-aggression or offensive comments from colleagues in the last 12 months. 12% of total BME respondents and 6% of White respondents. When broken down further, 22% of the total Black respondents. 13% 'any other Asian background' 13%

- 81% of staff agree that InHealth acts fairly in relation to career progression/promotion regardless of protected characteristics +1% vs 2022. 83% for BME respondents +2% vs I (black respondents -5% at 75%)
- 81% of staff believe people with backgrounds like them are able to succeed at InHealth, 81% white, 83% BME, (Black 73% -8% vs Average)
- 78% feel their manager acknowledges and understands the inequalities they may face due to protected characteristics. 85% BME +7% vs average. 75% white (-2% vs average)
- 75% would feel comfortable reporting inequality in the workplace, 76% BME, 76% White and 63% for staff who did not report their ethnicity

We are pleased with the positive responses and will continue to improve all results with appropriate actions and expect to see improvements in next year's survey results. We will continue to communicate to staff about the importance of completing the staff survey and the benefits of doing so and aim to increase the response rate next year.

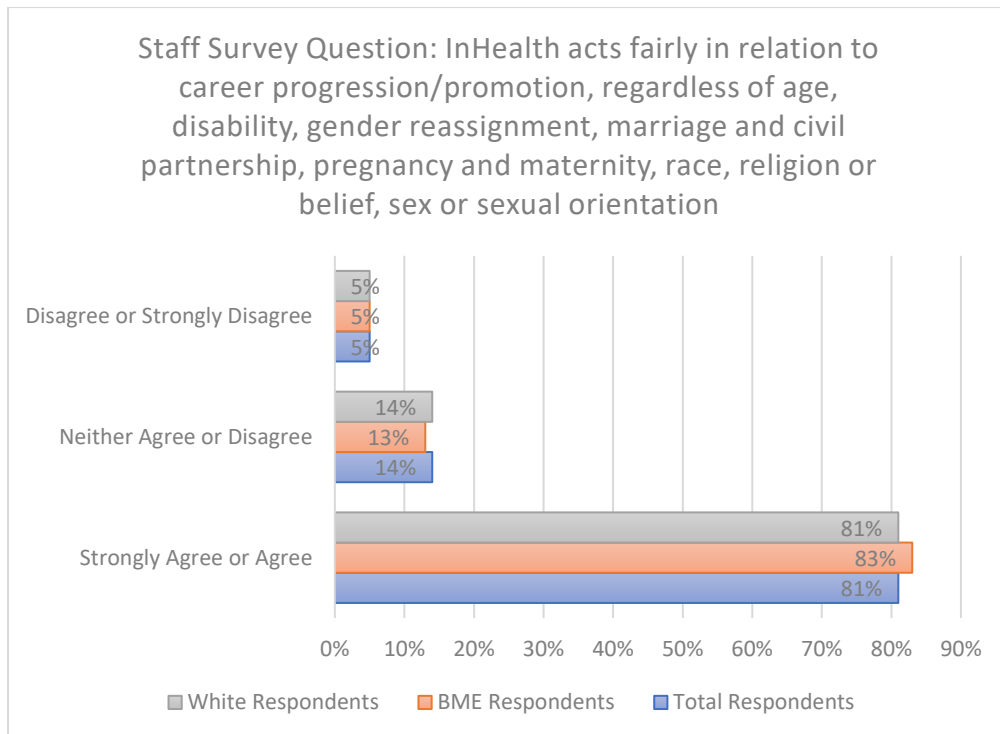
We have a dedicated Equality, Diversity and Inclusion policy, strategy and action plan, with ongoing actions throughout the next year, including ensuring the right training for staff and raising awareness of ED&I matters. This is introduced to all new staff at induction and includes mandatory training on Equality, Diversity and Inclusion which contains an explanation of the different types of discrimination. We also frequently promote ED&I and raise awareness in our weekly newsletter, internal staff communications and meetings. Following this reporting period we launched a mandatory training programme for all managers on 'Inclusion Essentials', to equip managers to foster an inclusive workplace. We also conducted an internal training session for all managers on understanding what bullying and harassment are and the process for reporting incidents.

We 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 trained Mental Health First Aiders within the workforce. We also have a team of Freedom to Speak Up Guardians to support staff in raising concerns and will continue to promote these support services to our staff.

Since this reporting period, we have launched a leadership engagement tool to support managers with staff relations and progressions/development - this tool allows managers to send small surveys to capture team feedback more easily and implement positive change.

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 only 5% of respondents disagreeing with the statement. There is minimal difference in the percentage of respondents within BME and White ethnicity groupings - the main difference is that BME respondents are +2% more likely to agree that InHealth acts fairly in relation to career progression/promotion regardless of protected characteristics.

The implications of the data and any additional background explanatory narrative

The percentage of staff agreeing to this statement has increased 54% since 2021 to 83% for BME staff and increased 18% to 81% for White staff, however, the wording of this question was changed slightly for the 2023 staff survey to encompass all protected characteristics rather than just ethnicity. This means it is difficult to compare this data to previous years as it is not completely like-for-like.

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 Indicator, including the new mandatory 'Inclusion Essentials' training for managers, which 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.

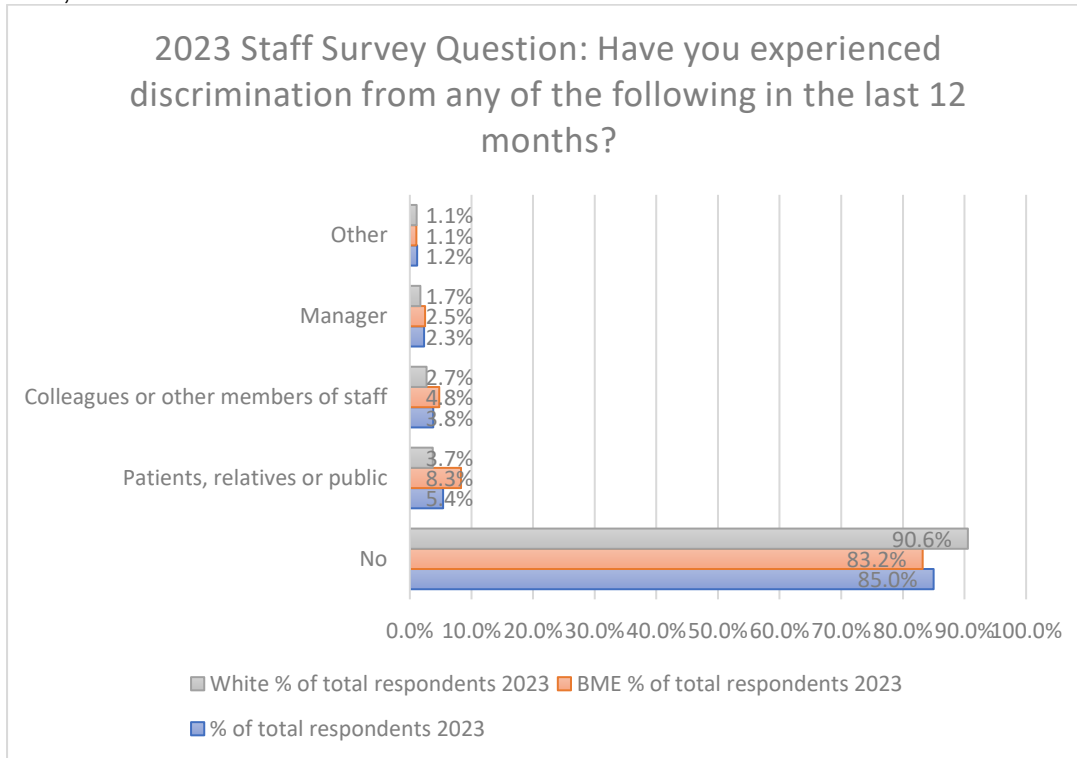
We will continue to support the progression of staff by providing learning and development opportunities and raising staff awareness of these as detailed in the Indicator 4 'Actions taken and planned' section.

WRES Indicator 8:

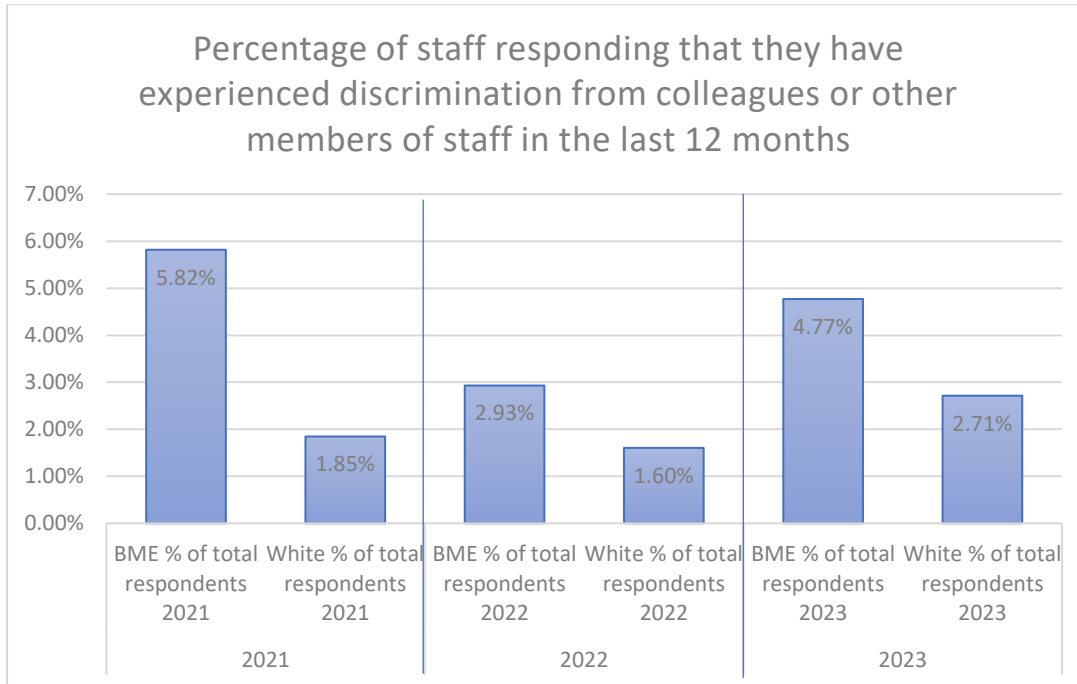
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues?

Staff Survey Question: Have you experienced discrimination from any of the following in the last 12 months?	2021			2022			2023		
	% of total respondents	BME % of total respondents	White % of total respondents	% of total respondents	BME % of total respondents	White % of total respondents	% of total respondents	BME % of total respondents	White % of total respondents
No	81.91%	74.55%	89.89%	83.42%	79.85%	90.09%	84.99%	83.22%	90.55%
Patients, relatives or public	4.76%	12.36%	2.43%	4.47%	7.88%	2.45%	5.40%	8.30%	3.72%
Colleagues or other members of staff	2.51%	5.82%	1.85%	2.12%	2.93%	1.60%	3.80%	4.77%	2.71%
Manager	2.00%	2.91%	1.36%	1.34%	0.73%	1.60%	2.31%	2.47%	1.71%
Other	0.64%	0.00%	0.00%	0.56%	0.37%	0.75%	1.19%	1.06%	1.11%

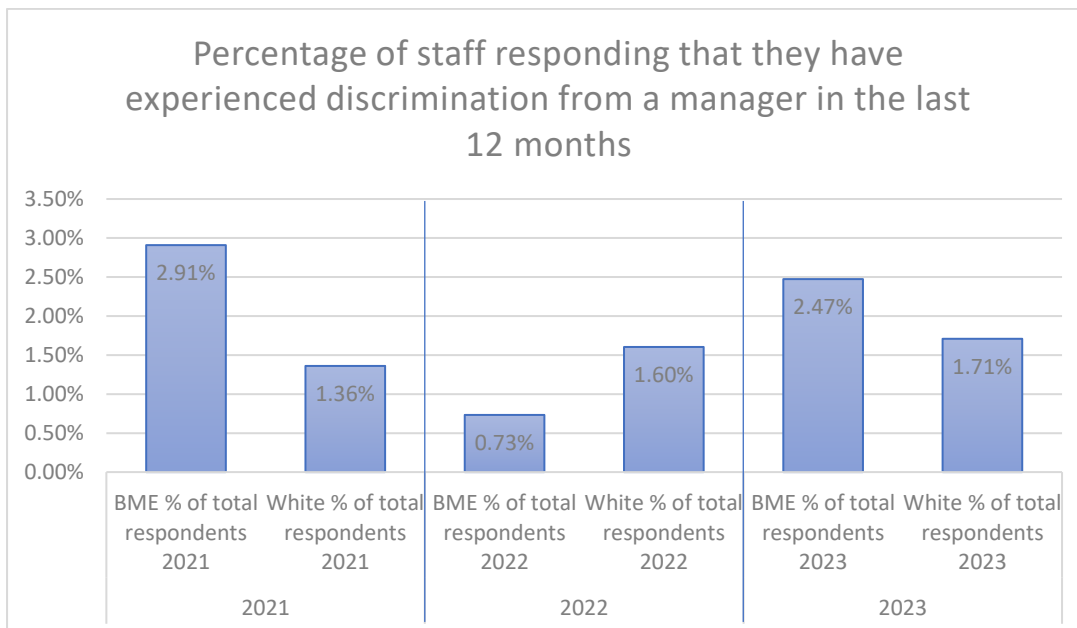
The total percentage of staff responding 'No' to the question above has had a positive increase over the last three years +3% to 85%. This has had a positive increase for White and BME staff groupings, however 90.6% of White staff responded 'No' compared to 83.2% of BME staff, which is 7.3% less.



The percentage of BME staff responding to this question is higher for experiencing discrimination in the last 12 months from a 'manager', 'colleagues or other members of staff' and from 'patients, relatives or other members of the public'.



In 2023, 4.8% of BME respondents said they had experienced discrimination from colleagues or other members of staff in the last 12 months compared to 2.7% of White respondents. The percentage of BME staff respondents has decreased since 2021 by 1.1%. The percentage of White respondents has increased since 2021 by 0.9%.



2.5% of BME respondents have said they have experienced discrimination from a manager in the last 12 months, compared to 1.7% of White staff (0.8% less). Since 2021, the percentage of BME staff has reduced by 0.4% and the percentage of White respondents has increased by 0.4%.

The implications of the data and any additional background explanatory narrative

It is a concern that any member of staff states they have experienced discrimination in any form and especially from a manager. It is also important to recognise that these are small numbers. In 2023, a total of 39 staff out of 1686 respondents responded that they have experienced discrimination from a manager, this equates to 2.3% of the total respondents and 1.4% of the total workforce. This means that percentage increases or decreases can be impacted by slight changes in these figures.

As detailed under WRES Indicators 5&6, we recognise the importance of reviewing data by all ethnicities individually where possible.

Action taken and planned

We aim reduce the number of staff stating they are experiencing discrimination of any kind. The actions we are taking are detailed under WRES Indicators 5&6.

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 34.6% BME compared to 12.5% BME for board membership, this is a difference of -26.3%, in 2021 the difference was -6% and -11.8% in 2022. Over the last three years the total number of Board members has remained at 12, we have one less BME board member in 2023 and one more White Board member compared to 2022 and 2021, combined with the growth of the overall workforce results in these percentage figures.

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 ensure equality in accessing learning and development opportunities. As an organisation, we aim to promote internal candidates including, where possible, the Executive team members. Our Executive team are also enrolled in our Inclusion training programme for leaders and will attend a Diversity Masterclass through the NHS Employers 'Diversity in Health and Care Partners Programme' to further enhance our commitment to ensuring equality, diversity and inclusion in our organisation.