Equality Action Plan – Race - 2017

To be read in conjunction with the NHS WRES Report October 2017 submission

1.   Introduction

Spire Healthcare is a private Healthcare provider operating 39 hospitals across the UK, employing over 9,000 staff and providing healthcare to self-pay, insured and NHS patients. It is a requirement of Spire's NHS work that we comply with the NHS 'Workforce Race Equality Standards' (WRES) and this has prompted the writing of this race equality report at this time.

However Spire does not seek an equality agenda measured merely by compliance with the NHS WRES framework. This action plan represents the first step in the development of an Equality and Diversity framework to ensure Spire Healthcare not just meets its legal obligations but truly creates a workplace and delivers services which fully embrace diversity, and takes action to tackle inequality where it is identified.

2.   The Equality & Diversity Framework

In order to embed and progress an equality agenda in Spire Healthcare, it is necessary to establish a governance framework to formulate and set the agenda, and to monitor progress and compliance. Key to this will be the establishment of an Equality & Diversity Committee, and whose first task will be to oversee the development and implementation of Equality Objectives.

Milestones	Action	Date
EDC1	Appoint Chair of E&D Committee	October 2017
EDC2	Establish representation structure on E&D Committee	October 2017
EDC3	Establish draft Terms of Reference for E&D Committee	November 2017
EDC4	Invite nominations/expressions of interest from staff members	December 2017
EDC5	Inaugural Meeting of E&D Committee	January 2018

Consideration is being given to recruiting a specialist Equality and Diversity Officer to support and enable the work of the Equality & Diversity Committee.

3.   WRES Specific Action Plan Targets

3.1. Target 1 - Improve the level of ethnicity self-reporting and validate data already held in the system

3.1.1. As of 1st May 2017 Spire Healthcare has an 89% self-reporting rate with regards to ethnicity information. This appears to be a healthy figure but as yet is not bench-marked and capable of being improved.

3.1.2. It is Spires intention to conduct 'Data Cleanses' across all 39 hospital sites, as well as non-clinical sites, which will include asking employees to provide ethnicity and disability data, or verify data already held in the system.

Milestones	Action	Date
1.1	Review last data cleanse for learning points	October 2017
1.2	Central services data cleanse	February 2018
1.3	Bristol/Dunedin/Clare Park data cleanse	March 2018
1.4	Parkway/Little Aston/South Bank data cleanse	May 2018
1.5	Liverpool/Wirral/Yale data cleanse	June 2018
1.6	Manchester/Cheshire/Regency data cleanse	July 2018
1.7	Southampton/Portsmouth/Montefiore data cleanse	August 2018
1.8	Gatwick/Sussex/Tunbridge Wells data cleanse	September 2018
1.9	Edinburgh/Washington/Fylde Coast data cleanse	October 2018
1.10	Leicester/Cambridge/Norwich data cleanse	November 2018
1.11	Methley Park/Elland/Leeds data cleanse	December 2018
1.12	Roding/Wellesley/Hartswood data cleanse	February 2019
1.13	Harpenden/Bushey/Thames Valley data cleanse	March 2019
1.14	Alexandra/Hull data cleanse	April 2019
1.15	Data Cleanse complete	April 2019

3.2. Target 2 - Implement an integrated system to track application data against BME data.

3.2.1. In future all applicants will need to go through a central tracking system for externally advertised roles

3.2.2. Internal mobility (promotions/career progression) will not initially be captured through this process but future potential in this area will be assessed once the applicant tracking system (ATS) is in place.

Milestones	Action	Date
2.1	Process to award for comprehensive online recruitment ATS	April 2018
2.2	Processes and policies will be adopted and translated from technical specifications to ensure legal and reporting requirements are captured	June 2018
2.3	Reporting suites will be created including diversity reporting at application, interview and offer stages.	August 2018
2.4	Training for HR administrators on system and reporting	October 2018
2.5	Interview training for all recruiting staff to include diversity and the Equality Act	October 2018

3.3. Target 3 - Establish an agreed method to collect disciplinary data in the organisation.

3.3.1. The integrity of the current disciplinary data held in Spire suffers due to decentralised management of Employee Relations cases. In the long term Spire seeks

to establish a ticketing system for ER cases that will ensure the vast majority of investigations and other employment matters are logged centrally.

3.3.2.   In the short term Spire Healthcare will seek to establish a monthly reporting system via spreadsheet completion that can be undertaken by each Local HR contact (LHC) Where there is no LHC (Dorset Rise, Regents Gate, York) the relevant HR Business Partner will supply the monthly report.

3.3.3.   There will remain a risk that not all disciplinary information will be captured until there is some standardisation in the LHC role with regards to their involvement with Employee Relations matters. However, as an interim measure this approach will help to improve data collection.

Milestones	Action	Date
3.1	Review 2017 disciplinary data collection process and identify improvement areas	November 2017
3.2	Redesign data collection template	December 2017
3.3	Review and issue data collection process	December 2017
3.4	Monitor data capture	March 2018
3.5	Monitor data capture	June 2018

3.4. **Target 4 - Establish a centralised tracking system for non-mandatory training and CPD (learning Management System - LMS)**

3.4.1.   Clinical training records are captured locally at hospital level. Competencies are in place for clinical roles, however we recognise the need for these to be more robust and practical and a new framework is being launched in October for roll out during Q4.

3.4.2.   Other clinical training is delivered more locally by specialist providers or through a more central approach as with Surgical First and Critical Care courses which are being delivered for the group through De Montfort University in Leicester.

3.4.3.   A Learning Management System is in the early stages of being scoped and will be a key enabler in centralising all online training as well as acting as a learning portal to support competency management, as well as our longer term ambitions of developing an academy which assists in developing apprentices across the organisation. An HCA apprenticeship pilot is commencing in October.

3.4.4.   Non-clinical training is a gap which has already been identified and a training strategy has already been developed by the interim HR Director and ExCo for board consideration.   The development of leadership competencies and role profiling for key roles is underway and the first draft is scheduled to be in place by mid-November 17. This work will underpin key leadership and management development solutions and also underpin our approach to talent and the associated development, for example an associate HD programme.

Milestones	Action	Date
5.1	Tendering for LMS	December 2017
5.2	Scoping the prototype LMS	March 2018
5.3	Pilot LMS	June 2018
5.4	Implementation of LMS group wide	September 2018

4. Review and monitoring of targets

4.1. As previously identified at present Spire lacks an appropriate framework to set and monitor Equality objectives. However once this is in place the 4 targets outlined above will be reviewed, refined and incorporated into a set of Equality Objectives for Spire Healthcare.