Workforce Race Equality Standards - Spire Healthcare Submission October 2017

Name and title of Board lead for Race and Equality: Simon Gordon, CFO

Names of commissioners sent to: All relevant Commissioners

Name of co-ordinating commissioner: NHS Liverpool CCG/NHS England

Unique URL of Action Plan: https://www.spirehealthcare.com/how-to-book/nhs-patients/

Board member sign off: Simon Gordon, CFO

Background Narrative

Spire Healthcare is the second largest provider of private healthcare services in the UK and has both national and site based structures. We have 39 hospitals across the UK that have, historically, operated with a high level of independence and developed working practices and methods suitable to their environment and the challenges they face.

Issues with the completeness of data

Despite being a FTSE250 company the typical HR data infrastructure that exists in such companies is still under development in Spire Healthcare. This will be apparent across the 9 indicators set out by WRES, for example in relation to non-mandatory training, there is no central database of this information and any data held at a hospital level is not collated in a standardised format, if at all. As a result our first WRES action plan focuses not on targets to support change in the 9 indicators but rather sets out our goals to begin the journey to capture the relevant data as a minimum, be sure of the data integrity, and then begin the progress of analysing the data and understanding what it means for Spire Healthcare, taking account of the geographical spread of our operational base and available talent pool in the different staffing groups.

We have chosen not to incorporate Bank staff data within this report and future submissions will be consistent with this.

Reliability of comparisons with previous years

2017 is the first year that Spire Healthcare has undertaken the WRES reporting template, as such there is no documented comparator. Where the template itself calls for historical data any concerns surrounding that data will be set out fully.

Spire Healthcare WRES Report – (Data is as of 1st May 2017)

Total Number of staff employed within the organisation as of given date

9,338

Proportion of BME staff employed within the organisation as of 1st May 2017

	Spire			
	BME Heads	Non BME** Heads	Total	% BME Spire
Clinical*	1073	3231	4304	24.9%
Non Clinical	793	3225	4018	19.7%
Total Heads	1677	6456	8322	20.15%

NOTES

All diversity data is supplied on a non-obligatory/non-mandatory basis by employees
* Clinical category includes Theatre staff, Nursing staff, HCAs, MLAs, AHP staff, Pathology staff
** Non BME includes White British, White Irish, White Other. There are 1016 employees who preferred not to disclose their ethnicity and have not been included in the above statistics

Proportion of Staff who have self-reported their ethnicity

	Spire
	Proportion of Staff who have self-reported ethnicity (% of total)
Clinical	89.27
Non Clinical	89.01

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

We have trialled a 'data cleanse' at one of our sites which includes asking employees to provide their ethnicity data (where none was previously held).

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

Now that we have trialled a data cleanse we will refine the tool with a view to undertaking data cleanse activities across the Spire Group. Please see the Action Plan for further detail.

What period does the organisations workforce data refer to?

Generally the data taken is from 1st May 2017. However please note the data relating to indicator 3 has been derived from information held dating back to January 2016 through to September 2017. In addition the data for indicators 5 - 8 is derived from the Employee Survey, September 2017.

WRES INDICATORS

Indicator 1 – Percentage of BME staff compared to White 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 Exec board). Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Current Year

Salary range	Disclosed	BME total	BME Clinical	BME Non-clinical	BME % of total disclosed - clinical	BME % of total disclosed non-clinical	BME % of total disclosed
0-10k	991	194	58	136	5.85%	13.72%	20%
10-20k	3146	670	280	390	8.93%	12.39%	21%
20-30k	1977	470	330	140	16.69%	7.08%	24%
30-40k	1255	386	333	53	26.5%	4.22%	31%
40-50k	431	96	71	25	16.47%	5.80%	22%
50-60k	147	34	17	17	11.56%	11.56%	23%
60-70k	69	23	8	15	11.59%	21.73%	33%
70-80k	28	10	1	9	3.57%	32.14%	36%
80-90k	21	2	0	2	0	9.52%	10%
90-100k	18	4	1	3	5.55%	16.66%	22%
100k +	52	5	3	2	5.76%	3.84%	10%

Previous year (2016)

Salary range	Disclosed	BME	BME Clinical	BME Non-clinical	BME % of total disclosed - clinical	BME % of total disclosed non-clinical	BME % of total disclosed May 2016
0-10k	1031	188	63	125	6.11	12.12	18%
10-20k	2829	597	256	341	9.05	12.05	21%
20-30k	1695	382	274	108	16.17	6.37	23%
30-40k	920	271	139	132	15.11	14.35	29%
40-50k	297	83	60	23	20.20	7.74	28%
50-60k	118	29	7	22	5.93	18.64	25%
60-70k	47	11	4	7	8.51	14.89	23%
70-80k	18	6	1	5	5.56	27.78	33%
80-90k	15	2	1	1	6.67	6.67	13%
90-100k	16	5	0	5	0.00	31.25	31%
100k+	41	2	0	2	0.00	4.88	5%

Summary of data implications and background narrative.

Salary data portrays a healthy picture where BME staff are well represented across the pay groups and the picture is improving.

Action taken and planned.

No action planned at this time but subject to review by the Equality and Diversity Committee.

Indicator 2 - Relative likelihood of BME staff being appointed from shortlisting across all posts compared to White staff.

NO DATA

Summary of data Implications and Background narrative

As noted in the Introductory background narrative Spire Healthcare has operated a devolved and decentralised process of HR management. As a consequence there are no centralised process currently in place that ask candidates to supply this data, nor do we have the ability to report on it if such data is held locally.

Action taken and planned

Spire HealthCare's Executive Board have approved the purchase of an Applicant Tracking System (ATS). In addition an appointment has been made for a Resourcing Project Manager to fully integrate this system into all areas of Spire Healthcare. Please see the WRES Action plan for further information.

![Spire Healthcare logo]

Indicator 3 - Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to white staff. This indicator will be based on data from a two year rolling average of the current year and the previous year.

2017 (January to October) BME staff were 1.28 times more likely to enter a disciplinary investigation.

		Spire	
	BME investigations	Non BME** investigations	Total
%	0.009	0.007	
Total Heads	15	43	58

NOTES

All diversity data is supplied on a non-obligatory/non-mandatory basis by employees
** Non BME includes White British, White Irish, White Other.
There were 6 investigations that took place where we were not able to identify the ethnicity of the employee
and therefore they have not been included in the above statistics

2016 (January to December) BME staff were 1.75 times more likely to enter a disciplinary investigation.

		Spire	
	BME investigations	Non BME** investigations	Total
%	0.007	0.004	
Total Heads	12	26	38

NOTES

All diversity data is supplied on a non-obligatory/non-mandatory basis by employees
** Non BME includes White British, White Irish, White Other.
There were 19 investigations that took place where we were not able to identify the ethnicity of the employee
and therefore they have not been included in the above statistics

Combined 2016/17 data BME staff were 1.45 times more likely to enter a disciplinary investigation.

Spire 2016 and 2017			
	BME investigations	Non BME** investigations	Total
%	0.016	0.011	
Total Heads	27	69	96

NOTES

All diversity data is supplied on a non-obligatory/non-mandatory basis by employees
** Non BME includes White British, White Irish, White Other.
There were 25 investigations that took place where we were not able to identify the ethnicity of the employee
and therefore they have not been included in the above statistics

Implications of data and additional background explanatory narrative

The data that we currently hold from 2016 and 2017 has been obtained under different data collection methods. The 2016 data has been provided by Spire Healthcare's Employee Relations Consultants (which is a role that no longer exists). The ERC's were a central resource in place to support each Hospitals more complex Employee Relations needs and each person supported approximately 10 sites. As such it is highly likely the 2016 data does not capture all instances where an employee was placed under formal investigation but rather those instances that could, or were likely to, amount serious/gross misconduct. In addition there are 19 instances where we have been unable to verify the ethnicity of the employee, because of the small numbers involved these instances could greatly effect the picture this indicator tells.

The 2017 data has been provided by the HR Administrators, of which there is one allocated to every site. While we anticipate this will provide a more comprehensive picture it is still the case that, given there is not a prescribed method of data collection, nor an agreed job role and scope for all of the 39 administrators, there could well be variation in application at this stage.

If you consider the difference between the two years of likelihood of entering the disciplinary process the most recent data shows that BME staff are much more on par with their white colleagues in terms of likelihood of entering the process. This difference demonstrates the need to for good data in this area, especially given the relatively small numbers involved.

Action taken and planned

For the 2018 year Spire Healthcare will seek to established an agreed process to capture good, reliable data in this area in order that we can go on to consider whether there is a problem in this indicator area. Please see the action plan for further details.

Indicator 4 - Relative likelihood for BME staff accessing non-mandatory training and CPD compared to White staff.

NO DATA

Implications of data and background explanatory narrative

Spire Healthcare do not have a centralised database of non-mandatory training and CPD taken.

Action taken and planned

Spire Healthcare currently offers very little in the way of non-mandatory training and CPD, hence there has not been any particular requirement to track this activity. However, we recognise this is a weakness in our goal to provide excellent quality care and have plans to dramatically increase the amount of non-mandatory training provided, especially in the area of leadership development. To properly track and analyse the success of this increase in spend it will be necessary to implement a tracking system which will incorporate equality data. Please see the action plan for further details.

Indicator 5 - Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White staff.

Ethnic background	Never	1-2	3-5	6-10	More than 10	Did not answer	Overall
All respondents	80%	11%	3%	1%	1%	4%	6405
All White Staff	82%	11%	3%	1%	1%	2%	5515
All BME Staff	81%	11%	4%	1%	1%	4%	564

Implications of data and background explanatory narrative

There is no significant difference between the experiences of white and BME staff for this indicator.

Action taken and planned

No action planned in relation to WRES in this area although the general matter of abuse towards staff from patients will be considered.

Indicator 6 - Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White staff.

Ethnic background	Never	1-2	3-5	6-10	More than 10	Did not answer	Overall
All respondents	78%	11%	3%	1%	1%	7%	6405
All White Staff	80%	10%	3%	1%	1%	5%	5515
All BME Staff	72%	14%	4%	1%	0%	8%	564

Implications of data and background explanatory narrative

This indicator demonstrates a significant difference experience between BME and white staff groups. This is the first year that Spire Healthcare has asked this question of staff so we are unable to provide any historical context to the figures.

Action taken and planned

This data will be addressed by the Equality and Diversity committee once formed.

Indicator 7 - Percentage believing that Spire Healthcare provides equal opportunities for career progression or promotion, BME staff compared to White Staff.

Ethnic background	Yes	No	Don't know	Did not answer	Overall
All respondents	61%	7%	29%	4%	6405
All White Staff	63%	6%	28%	2%	5515
All BME Staff	55%	10%	32%	3%	564

Implications of data and background explanatory narrative

While there is clearly a difference in perception between the groupings of staff we are unable to set this against a context in which we can consider the reality of progression in the different staff groups.

Action taken and planned

The Equality and Diversity committee will consider this indicator alongside recruitment/promotion data once that becomes available.

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, BME staff compared to White Staff.

What is your ethnic background?	Yes	No	Did not answer	Overall
All respondents	5%	90%	5%	6405
All White Staff	4%	93%	3%	5515
All BME Staff	9%	87%	5%	564

Ethinc background	**In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?** **b. Managers**						
	Never	1-2	3-5	6-10	More than 10	Did not answer	Overall
All respondents	82%	7%	2%	1%	1%	7%	6405
All White Staff	84%	7%	2%	1%	1%	6%	5515
All BME Staff	83%	6%	2%	1%	0%	7%	564

Implications of data and background explanatory narrative

The indicator asks whether the employee has experienced discrimination from
1. Manager/team leader
2. Other colleagues

9% of BME staff reported that they had experienced discrimination compared to 4% of white staff. However if we consider the matter further we can see that 83% of BME staff stated that they had never experienced harassment, bullying or abuse at work from their managers. The combination of data suggests that while the BME experience is significantly poorer than the average white employees experience, the potential cause of this is the behaviours of work colleagues rather than managers. This is an important distinction and it is heartening that are management team appears, in general terms, not to treat BME staff less favourably than their white counterparts. However, the survey results show us there is significant work to undertake in tackling the bullying and discrimination that does occur.

Action taken and planned

This indicator will be considered by the Equality and Diversity Committee.

![Spire Healthcare logo]

Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce, BME staff compared to White Staff.

2017 Data

	Spire		
	White	BME	Total
%	100%	0%	
Total Heads	10	0	10

2016 Data

	Spire		
	White	BME	Total
%	100%	0%	
Total Heads	10	0	10

Implications of data and additional background narrative

Since Rob Roger, previous CEO, left the business in early 2016, Spire has not had a permanent CEO in place. The business has been in through a tremendous amount of change and there has been little time to discuss or influence the make-up of our board.

Action taken and planned

Spire need to review all diversity measures and goals across all areas of the business as Gender diversity at senior levels also needs to be improved. This will therefore be a dedicated work stream for the new Equality & Diversity Officer that we are hoping to recruit.

Are there any other factors of data which should be taken into account when assessing progress?

Spire Healthcare recognises that its Private Equity held background and historically de-centralised operating model, has not provided an environment where we are able to reliably report of workforce matters such as race, and how these might impact on the employee experience. This is an area of work that we are fully committed to improving with a view to being able to create Corporate Equality Strategy and Objectives to support the overall aims for Spire. As part of this we are considering the recruitment of a full-time Equality and Diversity Officer.