



Spire Healthcare

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Equality Action Plan – Race: 2019

Looking after you.

Equality Action Plan – Race - 2019

To be read in conjunction with the NHS WRES Report January 2019 submission

1. Introduction

Spire Healthcare plc is a private healthcare provider operating 39 hospitals, eight clinics and a specialist cancer centre across the UK, employing over 9,000 permanent employees and around 4,000 bank and agency workers. We provide healthcare patients who have chosen to pay themselves, have private medical insurance or are NHS patients. As part of our partnership with the NHS, we are required to comply with the NHS 'Workforce Race Equality Standards' (WRES), and this has prompted our second race equality report.

This report follows our first which was compiled in October 2017 and outlined our first steps in the development of an Equality and Diversity framework and action plan. The framework was designed to help Spire Healthcare create a workplace and deliver services which fully embrace diversity, and take action to tackle inequality where it is identified.

Our HR function is primarily responsible for driving the actions outlined in our plan, and whilst we have made progress in some areas, some actions have been impacted by changes within the HR function. However we now have a new team in place who are absolutely committed to delivering against our action plan which has been revised to ensure it reflects our current position and priorities. . These updates are outlined in the course of this plan.

Progress Against 2017 Objectives

1.1. The Equality & Diversity Framework

In order to embed and progress an equality agenda, our October 2017 action plan outlined plans to establish a governance framework to formulate and set our equality agenda. A key part of this was the establishment of an Equality and Diversity Committee whose first task would be to oversee the development and implementation of equality objectives.

Since the action plan was agreed, a People Forum was introduced to the business with Spire Healthcare's Executive Committee and Senior HR team, and equality and diversity has featured as a key agenda item at every meeting meaning it is being discussed at the highest levels within the organisation. Several positive actions have been agreed as a result of this forum, including the commitment to create an equality and diversity strategy which is aligned to our overall people strategy, along with consideration of various diversity accreditations to work towards as a business.

As part of the action plan, we also considered recruiting a dedicated Equality and Diversity Officer but we decided to include this as part of the wider HR team's responsibilities.

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

At the time of our last WRES data submission, the quality of employee data held on our central HR system was mixed, with some incomplete and inaccurate data. This was largely due to a lack of investment in the system. . Therefore to fulfil the requirements of our WRES reporting, we asked employees to provide us the information as part of our annual employee engagement survey. This data generated an 89% self-reporting rate on ethnicity.

Collecting the data through our survey was not without issues; despite a generally high response rate, completing the employee survey is optional, and all responses are anonymous so there is no way to verify the data. For our 2019 submission, we reverted to using the data from our employee database which has improved in quality following a data cleanse which included asking employees to provide ethnicity and disability data, or verify data already held about them on our system.

Following these positive actions, our self-reporting rate on our system now stands at 83% which is clearly below the 89% reported in 2017, but this data is more reliable, accurate and robust. We will use this figure as our baseline to move forward. Work is also underway on a more effective and user-friendly HR system which is a significant investment from Spire Healthcare and will give us the tools to report accurately and efficiently in future years.

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

We agreed in our 2017 action plan that in the future all applicants would complete a central tracking system for externally advertised roles. In addition, it was envisaged that whilst internal mobility (promotions/career progression) would not be captured through that process initially, the future potential for this would be assessed once the applicant tracking system (ATS) was in place.

We now work with Cielo as our recruitment partner and are working with them to establish appropriate methods to capture the data required for WRES-reporting.

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

In 2017, the integrity of the disciplinary data held in Spire Healthcare was poor due to the decentralised management of many of our employee relations cases. We therefore stated in our 2017 action plan that we would create a monthly reporting system via a centrally templated spreadsheet which each local HR contact would complete.

Monthly reporting was introduced in June 2018 and is being updated continuously by our HR Business Partners. In the long term, Spire Healthcare seeks to establish a ticketing system for ER cases that will ensure the vast majority of investigations and other employment matters are logged

centrally, but as an interim measure the central spreadsheet approach has helped to improve data collection.

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

Clinical training records have always been captured locally at a hospital level. We have competencies in place for clinical roles but we recognise the need for these to be more robust and practical, therefore a new framework is being launched in October 2019 for roll out during the rest of the year.

Some clinical training is delivered more locally by specialist providers or through a more central approach such as Surgical First and Critical Care courses which are being delivered for our colleagues in partnership with De Montfort University in Leicester.

In 2017, a Learning Management System (LMS) was scoped and it was widely agreed that it would be a key enabler in centralising all online training. It was also seen as a potential 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 commenced in 2017 and has been a huge success with over 170 learners on the programme.

The implementation of an LMS is unfortunately on-hold due to budgetary constraints but the existing Myrus system continues to be used to log clinical and mandatory training, and it is hoped that the central logging of non-clinical training can be captured on the new HR system.

Having identified non-clinical training as a gap, leadership competencies were developed for the hospital senior team roles and an extensive programme of leadership development was delivered in partnership with Ashridge International Business School for our Hospital Directors and senior central team during 2018. This was designed to underpin our approach to talent and development of our leaders for the future.

Additional Actions and New Targets:

As outlined above, in some areas we have made notable progress in relation to workplace race equality, but we recognise that further work is needed to reinforce our commitment and make more improvements.

Whilst not all of our initial targets have been met in the time-frames originally specified, many 'new' actions have been identified and completed.

In addition to what has been outlined above, we have launched and developed a variety of apprenticeship schemes at Spire Healthcare and were one of the first healthcare providers to embark on such schemes. We are delighted that we have around 200 learners on a variety of schemes across clinical and non-clinical roles. Additionally we have recently been the first in the industry to launch an Operating Department Practitioner degree apprenticeship and a Nurse degree apprenticeship. We expect to have around 70 learners on those programmes by the end of this year. These individuals will make a massive contribution to our organisation and we hope the scheme

offers them a great opportunity for career development in a way that has not been offered previously.

We also believe that planned new investment such as the implementation of a new, more sophisticated HR system and further development of our recruitment outsourcing partnership as outlined above will enable us to report on diversity-related matters more effectively in the future. The outsourcing of resourcing will also deliver more robust exit interview data which will in turn enable us to analyse our progress, identify trends and inform decisions.

Our revised action plan targets for 2019-2020 are as follows:

	Action	WRES Metric	Timescale	Notes
1.1	Equality and Diversity Framework	All	01.09.2019	The first part of this is to devise an ED&I strategy which links into our overall People strategy. This can feed into the People Forum which was established in 2018.
1.3	Implement a system to track application data against BME data	2	01.06.2019	Work with Cielo to ensure that BME data for all applicants and leavers is captured wherever possible.
2.1	Implementation of a new HR data system	1	By 01.03.2020	To implement and launch a new HR system with improved functionalities which will enable improved reporting for all WRES-related activities.
2.2	Introduction of an ER Case Tracking System	3	By 01.03.2020	To enable us to accurately report on all disciplinary matters at any given time and use the data to inform action where appropriate.
2.3	Continue programme of ER-related training for line managers delivered through HR Business Partners	2,3,4,6,7,8	ongoing through 2019	Training aimed at upskilling Managers' capabilities and raising awareness of policies to ensure fair treatment of all.
2.4	Make efforts for our Board representation to reflect the diversity of our workforce	1,9	Ongoing	It is important that the diversity of our Board reflects our overall workforce. We have appointed a BME member onto the Board which will be represented in the next WRES submission.
2.5	Central logging of non-mandatory training	4	By 01.03.2020	We are currently unable to report on this, however the new HR system will allow us to record all non-clinical, non-mandatory training centrally.