



Spire Healthcare

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Equality Action Plan – Race: 2019

Looking after you.

Equality Action Plan – Workforce Race Equality – November 2019

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

1. Introduction

Spire Healthcare is a leading independent hospital group in the United Kingdom and the largest in terms of revenue. It is listed on the London Stock Exchange since July 2014. Prior to 2014 all of our hospitals were managed autonomously. We operate 39 hospitals and 8 clinics across the UK, employing over 9,000 permanent colleagues and around 4,000 bank and agency workers. We provide healthcare to patients who have chosen to fund this themselves, have private medical insurance or are NHS patients.

In 2019 Spire Healthcare launched our new Purpose which is focused on working as one team to deliver outstanding personalised care to all of our patients. Our Purpose makes it clear how our open culture is a vital ingredient in delivering the very best patient outcomes and clinical excellence which can only be achieved in a working environment that is respectful, collaborative, inclusive and free from any bias. As part of our partnership with the NHS, we have completed our third race equality report in line with the NHS 'Workforce Race Equality Standards' (WRES).

This report follows our last report which was compiled in March 2019 and outlined our first steps in the development of an Equality and Diversity strategy and action plan. The framework was designed to help Spire Healthcare deliver our Purpose and to take action to tackle inequality where it is identified

We have a new team in place in HR, including our Group HR Director Shelley Thomas who joined the business in February and 2019 has seen us focus heavily on creating an open culture with collaboration and inclusiveness at its heart. Provision of robust data has been hampered by an aging HR information system however we have made significant progress in this area ahead of investing in a new system which will be implemented throughout our business in spring 2020. Our renewed priorities and focus areas are outlined in this plan.

Progress against March 2019 objectives

1.1. The Equality & Diversity strategy

In order to embed and progress an equality strategy, our October 2017 and March 2019 action plans focus on building a robust governance framework to help us shape our strategy. 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.

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

We are now in the process of creating an equality and diversity strategy and intend on rolling this out in early 2020.

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

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

For our March 2019 submission, we reverted to using the data from our employee database which improved in quality following a data cleanse that included asking employees to provide ethnicity and disability data, or to verify data already held about them on our system.

Following these positive actions, our self-reporting rate in our last submission stood at 83% which was clearly below the 89% reported in 2017, but this data was more reliable, accurate and robust. We agreed that we would use this figure as our baseline to move forward and are happy to report that in this latest submission, we have ethnicity data on 95.9% of all colleagues which demonstrates real progress. As well as holding more data than ever before, we also have a higher quality of data. Data on Equality & Diversity is now being included in our Board Reports to ensure all our Executive team are fully aware of the progress we are making in this crucial area.

In addition and as previously advised, work is well 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 from 2020 onwards.

Our reporting for this year's submission has seen real progress with some highlights being:

- We now have BME representation on our Executive board;
- We now hold ethnicity data on 95.9% of all staff – up from 83% in the submission in March 2019;
- 20.2% of our workforce is BME compared to 8.2% reported in the submission in March 2019;
- BME representation in non-clinical support roles is now 17.56% up from 5.42% in last year's submission;
- BME representation in non-clinical senior roles is now 15% compared to 2.3% in last year's submission;
- We have been able to report on ethnicity of our job applicants for the first time ever, with 16.8% of all short-listed candidates from BME backgrounds.

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 to capture the data required for WRES-reporting. As a result, this year's submission has been our first where we have been able to provide any ethnicity-related data on our job applicants, which is really positive progress.

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 has been an effective way to record the disciplinary issues taking place across the organisation. In our last WRES report we advised that we were looking to establish a system for ER cases that would ensure the vast majority of investigations and other employment matters are logged centrally. We have now launched an HR Case Management tool in which all employee-related matters, including disciplinaries are logged, making it easier for us to report on disciplinary data. This has been another significant investment from Spire Healthcare and demonstrates our commitment to managing colleague matters appropriately.

1.5. Target 4 - Establish a centralised tracking system for non-mandatory training and CPD (learning management system - LMS)

As part of our new HR system implementation in spring 2020, we will introduce a new LMS system which will enable all training (both mandatory and non-mandatory) to be logged and reported on. This will be significant progress for us against this objective.

Additional Actions and New Targets:

As outlined above, we have made notable progress in relation to our ability to gather relevant WRES data and we are proud of the work we have done to help create the right culture that reinforces our commitment to an inclusive workforce.

Apprenticeships:

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 independent healthcare providers to embark on such schemes. We are delighted that since we launched our schemes, we



have had around 324 learners on a variety of schemes across clinical and non-clinical roles and currently have 220 on programme. We were the first in our field to launch an Operating Department Practitioner degree apprenticeship recently and a Nurse degree apprenticeship. There will be 53 learners on those programmes by the end of this year and this will rise to 100 by the end of 2020. These individuals will make a huge contribution to our organisation and we hope the scheme offers them a great opportunity for career development in a way that has not been previously available.

As part of our commitment to apprenticeships, we are now members of the Apprenticeship Diversity Champions Network (ADCN). The aim of the group is to encourage diversity in apprenticeships. We are one of 70 members and the only private healthcare hospital provider.

Overseas nurses:

To support our workforce, we have been actively recruiting nurses from the Philippines and by December, 53 nurses will have joined Spire Healthcare during this year. We are supporting each individual with pastoral care, training support and accommodation, to help them transition successfully into the UK. Some examples of the support we provide includes a dedicated tutor to help them pass their OSCE, a structured induction programme, assistance in finding accommodation as well as financial assistance with their first three months' accommodation. We also offer practical assistance in settling into their local communities. By the end of 2020 we plan to have recruited a further 40 overseas nurses.

Systems:

We also believe that the ongoing new investment such as the implementation of a new, more sophisticated HR system, the LMS system, our HR Case Management system and further development of our recruitment outsourcing partnership as outlined above, has enabled us to report on diversity-related matters more effectively than ever. The outsourcing of resourcing is also delivering more robust exit interview data which in turn is enabling us to analyse our progress, identify trends and better inform decisions.

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

	Action	WRES Metric	Timescale	Notes
1.1	Equality and Diversity Strategy	All	01.02.2020	The first part of this is to devise an equality and diversity strategy which links into our overall People strategy.
1.3	Implement a system to track application data against BME data	2	Completed	We work with our recruitment partners, Cielo to report on ethnicity data of all job applicants.
2.1	Implementation of a new HR data system	1	April 2020	To launch a new HR system with improved functionalities which will enable improved reporting for all WRES-related activities. The implementation project is currently on-target to launch our new Oracle Cloud-based system by April 2020.
2.2	Introduction of an ER Case Tracking System	3	Completed	To enable us to accurately report on all disciplinary matters at any given time and use the data to inform action where appropriate. MyHR Cases launched November 2019. This will enable us to monitor any trends and tackle any issues should they be uncovered.
2.3	Continue programme of ER-related training for line managers delivered through ER Business Partners	2,3,4,6,7,8	ongoing through 2019/2020	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. 10% of our Board members are BME and we will continue to make efforts to get this to reflect the 20% BME of our general workforce.
2.5	Central logging of non-mandatory training	4	April 2020	Our new HR system will allow us to record all non-clinical, non-mandatory training centrally in addition to mandatory training.