



Spire Healthcare

Workforce Race Equality Standard (WRES) report

Looking after you.

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Introduction

1. Name of organisation: Spire Healthcare Ltd.
2. Date of report: August 2022.
3. Name and title of Board lead for the Workforce Race Equality Standard: Shelley Thomas, Group People Director.
4. Name and contact details of lead manager compiling this report: Annie Rallison, Policy Development Manager.
5. Names of commissioners this report has been sent to: This report will be sent to all commissioners with whom Spire Healthcare holds an NHS Contract.
6. Name and contact details of co-ordinating commissioner this report has been sent to: This report will be sent to all commissioners with whom Spire Healthcare holds an NHS Contract.
7. Unique URL link on which this report and associated Action Plan will be found: <https://www.spirehealthcare.com/how-to-book/nhs-patients/>
8. This report has been signed off by on behalf of the board by: Shelley Thomas, Group People Director.

Background narrative

9. Any issues of completeness of data: We are currently unable to capture data regarding colleagues who undertake non-mandatory training or CPD therefore we are unable to report on this indicator.
10. Any matters relating to reliability of comparisons with previous years: We have identified that the data submitted in the 2021 report was inaccurate for a number of reasons, therefore it is not possible to draw direct comparison to previous years. These inaccuracies have now been addressed and will not reoccur.

Self reporting

11. Total number of colleagues employed within this organisation at the date of the report: 14,801. This number includes 3,838 Bank workers.
12. The proportion of BAME colleagues employed within Spire Healthcare at the date of the report is 14.4%.
13. The proportion of total colleagues who have self-reported their ethnicity is 87.03%.
14. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity? Self-reporting of ethnicity is optional during our recruitment and on-boarding processes. We continue to encourage applicants and employed colleagues to provide this information.
15. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity? We will continue to encourage applicants and colleagues to provide this information.

Workforce data

16. What period does the organisations workforce data refer to? The data shown in this report is 1 April 2021 to 31 March 2022.

Workforce race equality indicators

17. Percentage of colleagues in each of the AfC Bands 1 – 9 and VSM (including executive Board members) compared with the percentage of colleagues in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical colleagues. We do not utilise AfC pay bandings, we have our own banding structure which does not align to AfC. We use Bands 1–8 plus our Bank Workers to whom we do not assign a band. The table below illustrates the spread. Data for previous year: please see comment in Q10 of the report.

Workforce % spread across pay broad bands				
Total headcount	14801			
Pay band	Overall headcount by broadband	Overall percentage % by broadband	Clinical	Non clinical
1	7	0.05%		
2	37	0.25%	5.4%	94.6%
3	102	0.69%	25.5%	74.5%
4	210	1.42%	27.1%	72.9%
5	823	5.56%	84.7%	15.3%
6	3,708	25.05%	92.3%	7.7%
7	1,217	8.22%	16.4%	83.6%
8	4,857	25.93%	70.1%	29.9%
Unassigned colleagues	3,838	25.93%	70.1%	29.9%

18. Relative likelihood of colleagues being appointed from shortlisting across all posts. Data for reporting year is shown in the table below.

Recruitment conversion rate				
Total apps all groups	Ethnicity	Apps by ethnicity	Shortlisted	Offered
41,064	BAME	13,012	1,254	777
	Non BAME	28,052	4,841	3,164
	BAME	31.7%	9.6%	6%
	Non BAME	68.3%	17.3%	11.3%

Data for previous year: This data was not reported.

The implications of the data and any additional background explanatory narrative: The figures suggest that there may be an issue regarding conversion for BAME applicants from shortlisting. We will review shortlisting protocols in order to understand reasons or barriers and identify ways in which we can improve conversion rate. We will review our recruitment advertising strategy and look at opportunities to encourage applications from underrepresented groups.

19. Relative likelihood of colleagues entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year. Data for reporting year: There were 81 colleagues who went through a formal disciplinary process during the period of the report. 71.6% of disciplinary matters related to non BAME colleagues. 13.5% related to those colleagues who identify as BAME. 14.8% of related to colleagues who have chosen not to disclose their ethnicity.
20. Relative likelihood of colleagues accessing non-mandatory training and CPD: No data available as this is not captured. Please see response to Q9. Data for previous year: See response to Q10.

Workforce race equality indicators

21. The number of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White	BAME
7%	6%

22. The table below illustrates the percentage of colleagues that have experienced bullying, harassment or abuse in the last 12 months.

White	BAME
7%	9%

23. The number of colleagues believing Spire Healthcare provides equal opportunities for career progression or promotion are shown in the table below:

White	BAME
73%	63%

24. In last 12 months; the below table shows that our people have personally experienced discrimination at work from any of the following; Manager, team leader or other colleagues.

White	BAME
4%	7%

25. Percentage difference between the organisations. Board voting membership and its overall workforce: Board Members = There are 7 members of the Executive Board (6 white, 1 BAME) which equates to 14.3%. This is a fair and equitable representation of our overall BAME cohort.





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