

Workforce Race Equality Standard (WRES) Report

April 2018 – March 2019

Introduction

Ramsay Health Care UK Operations Limited is committed to the equality and diversity agenda as defined by the protected characteristics of age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

This is demonstrated by our corporate vision 'The Ramsay Way' which ensures staff, patients and customers are treated fairly and equitably regardless of their individual preferences and beliefs.

- We value integrity, credibility and respect for the individual.
- We build constructive relationships to achieve positive outcomes for all.
- We believe that success comes through recognizing and encouraging the value of people and teams.

The Workforce Race Equality Standards are part of our commitment to equality and diversity as outlined in our Equality and Human Rights Policy LS-002. It has been developed as a tool to measure improvements within the workforce with respect to Black and Minority Ethnic (BME) staff.

This report provides a summary of the findings and recommendations for improvement in respect of the WRES which in turn contributes to our wider equality and diversity strategy.

1. Name of organisation

Ramsay Health Care UK Operations Limited

2. Date of report

Month: September

Year: 2019

3. Name and title of Board lead for the Workforce Race Equality Standard

Dr Andrew Jones, Chief Executive Officer

4. Name and contact details of lead manager compiling this report

Jaswinder Josan, HR Manager - Quality and Compliance

5. Who has this report has been sent to:

This report will appear on our company website. It will be sent to third parties including the WRES Implementation Team.

6. This report has been signed off by on behalf of the Executive Board

October 2019

Background Narrative

7. Any issues of completeness of data?

Data is taken from Ramsay's electronic personnel system, our company engagement survey 2018 and our applicant tracking system.

8. Any matters relating to reliability of comparisons with previous years?

We introduced a new application tracking system in 2018 which has since been embedded. We have also reviewed how we capture data during our recruitment and on-boarding processes and implemented improvements. This is improving data accuracy.

9. Total number of staff employed within this organisation at the date of the report.

4,948

10. Proportion of BME staff employed within this organisation at the date of the report?

9% (Previously 8.8%)

11. The proportion of total staff that have self-reported their ethnicity?

94% (previously 94%)

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

We have made completion of equal opportunity data during application stage mandatory to improve self-reporting by applicants. We have reviewed the list of ethnicities on our personnel system and educated our HR co-ordinators on the importance of capturing this data.

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

See above.

Workforce Data

14. What period does the organisation's workforce data refer to?

1st April 2018 – 31st March 2019.

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BME staff.

15. No. of Non-Clinical and Clinical staff headcount.

Data for reporting year: 1st April 2018 – 31st March 2019

Non-Clinical staff

	White	BME	Unknown	Headcount Total
Support	90.4%	4.6%	5.0%	1207
Middle	88.7%	6.8%	4.5%	942
Senior	90.9%	5.5%	3.6%	55
Very Senior Managers	83.3%	16.7%	0	6
TOTAL	1,982	124	104	2,210

Clinical

	White	BME	Unknown	Headcount Total
Support	80.3%	13.3%	6.4%	993
Middle	79.4%	10.7%	7.5%	1686
Senior	87.8%	4.9%	7.3%	41
Very Senior Managers	100%	0%	0%	1
Doctors	88%	0%	12%	17
TOTAL	2,220	319	199	2,738

The proportion of non-clinical BME staff increases from 4.6% to 16.7% with increasing levels of seniority. However the proportion of clinical BME staff decreases from 13% to 4.9% at the Middle and Senior levels. There is no Executive BME representation at the Clinical very Senior Manager level as only one role falls within this category.

16. Relative likelihood of staff being appointed from shortlisting across all posts.

Reporting Year	
March 2018	The relative likelihood of appointing someone white from the shortlisting stage was 0.06. The relative likelihood of appointing someone BME from the shortlisting stage was 0.06.
March 2019	The relative likelihood of appointing someone white from the shortlisting stage was 0.8. The relative likelihood of appointing someone BME from the shortlisting stage was 0.8.

Therefore, the relative likelihood of a white employee being appointed from shortlisting compared to BME employees is 0.99. This figure was 1.00 for the previous reporting year.

17. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary?

The figures for this reporting period indicate both groups are equally impacted:

- **White: 0.6%**
- **BME: 0.7%**

Therefore the relative likelihood of BME employees entering the formal disciplinary process compared to white employees is 1.14.

18. Relative likelihood of staff accessing non-mandatory training and CPD?

Reporting Year	White	BME	Unknown/Prefer not to say
March 2019	0.18	0.17	0.10
March 2018	0.04	0.05	0.18

Therefore the relative likelihood of white employees accessing non-mandatory training and CPD compared to BME employees is 1.08. This is unchanged from the previous reporting period.

Ramsay Staff Survey 2018 Indicators

For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

19. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months?

Data for reporting year: 8% of both white employees and BME employees had experienced such behaviour.

Data for previous year: Not applicable.

This indicates both BME and white employees are equally impacted by this type of conduct.

Actions include

1. Raising awareness of the appropriate reporting process for such instances and ensuring all staff complete their mandatory e-learning training on diversity.
2. Continuing to monitor staff survey responses against workforce data and investigate any trends and discrepancies.
3. Clear communication to patients, relatives and the public regarding acceptable standards of behaviour.

20. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months?

Data for reporting year: 11% of BME employees were impacted by this compared to 8% of white employees.

Data for previous year: Not applicable

The impact of such behaviour from staff equally affects both white and BME groups. This needs to be monitored to gain a better understanding of these figures.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a Corporate Equality Objective.

Actions include

1. Continuing to raise awareness of the appropriate reporting process for such instances using induction and training and to ensure all staff completes their mandatory e learning training covering diversity.
2. Ensuring high levels of compliance in managers' equality and diversity e-learning training.
3. Continuing to monitor staff survey responses against workforce data and investigate any trends and discrepancies.
4. Reinforce the Ramsay Values and ensure that all staff behaves in accordance with these standards specifically relating to respect, dignity and integrity.

21. KF 21. Percentage believing that Ramsay provides equal opportunities for career progression or promotion?

Data for reporting year: 78% of white employee survey respondents believe that Ramsay provides equal opportunities for career progression or promotion compared to 63% of BME employees.

The discrepancy needs to be further analysed to understand its implications e.g. through the use of focus groups.

Actions include

1. Ensuring all staff has access to all vacancies within the organisation including promotional opportunities.
2. Introducing a formal talent and succession planning framework for all levels of the organisation.
3. Increasing the percentage of managers undertaking diversity and equality training before undertaking any interviews.

22. Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager / Team Leader or other colleagues.

Data for reporting year: 6% of white employees and 10% of BME employees stated they had experienced discrimination at work.

Data for previous year: Not applicable.

The discrepancy needs to be further analysed by the HR Committee (and sub committees) to understand its implications.

Board Representation Indicator

For this indicator, compare the difference for white and BME staff.

23. Percentage difference between the organisations' board membership and its overall workforce?

	White	BME	Prefer not to say / Unknown
Executive Board Member % by ethnicity	85.7%	14.3%	0%
Overall workforce % by ethnicity	84.9%	9%	6.1%
Difference (Total Board - Overall workforce)	0.8%	5.3%	-6.1%

24. Are there any other factors or data which should be taken into consideration in assessing progress?

Whilst there are many positives within our WRES data there is more we wish to do to increase the number of applications (and shortlisted applications) from the BME community. The staff survey indicators are being analysed to identify underlying trends. We are also working on a number of initiatives that will impact on the staff survey indicators including the introduction of a formal talent management framework.



Dr Andrew Jones
Chief Executive Officer

Focus Area	Actions	Responsibility	Timeframe
Data Analysis	1. Analysis key trends for indicators 5-8 by facility. Facilities with WRES concerns are escalated to the HR Director for focus	HR Manager (Q&C)	January 2020 and annually
	2. Annually benchmark our WRES data with the independent sector and the NHS and identify any focus areas for discussion at Executive Board	HR Manager (Q&C)	July 2020
	3. Continue to monitor levels of self-reporting of equal monitoring information.	HR Manager	February 2020
	4. During the next reporting period we will be requesting staff review and update key personal data held on the Company personnel system. This will include ethnicity.		
	5. Improve disciplinary reporting levels through the implementation of a formal electronic Employee Relations Case Tracker.	Operational Team HR	October 2019
	6. Continue to monitor the use of formal disciplinary processes at our facilities to ensure accurate implementation and reporting using the electronic Employee Relations Case Tracker	HR Manager Q & C & Operational HR Team	February 2020
Training	7. Review the various Diversity related training undertaken within Ramsay against the WRES principles and compare to that provided externally. Make recommendations where appropriate.	HR Manager Q & C & Head of Talent & Acquisition ¹	February 2020
	8. Improve participation rates of unconscious bias training for recruiting managers and diversity training.	Head of Talent & Acquisition	July 2020
	9. Ensure WRES principles are reflected within all our Leadership training	Head of Talent & Acquisition & HR Manager (Q&C)	July 2020
Recruitment	10. Continue to review current recruitment practices to ensure they meet the Standards. Review best practices within the industry.	HR Manager Q & C	July 2020
	11. Ensuring where there is a vacancy that we advertise using the appropriate channels to promote vacancies to a diverse pool of potential applicants	Recruitment Team	July 2020

¹ The Head of Talent position is currently vacant. In their absence the HR Manager, Quality & Compliance is responsible for their actions.