

## BMI Healthcare Workforce Race Equality Standard

<b>Name of company</b>	BMI Healthcare Ltd	<b>Main Address</b>	BMI Healthcare House, 3 Paris Garden, London, SE1 8ND
<b>BMI Healthcare WRES Lead</b>	Jason Rosenblatt Head of HR	<b>Effective date</b>	1 <sup>st</sup> April 2019

**Background** - Reporting our Workforce Race Equality Standard (WRES) is a requirement under the NHS Standard Acute Contract; it is necessary for our Hospitals to report WRES information as part of their agreed contracts which will be reviewed through the CQC inspections processes.

In line with WRES guidelines our submission data relates to BME and non-BME employees, across nine key indicators. BME stands for Black and Minority Ethnicity, which includes members of the following British and international ethnicities: Bangladeshi, Pakistani, Indian, Indian other, Chinese, Asian other, Black African, Black Caribbean, other Black backgrounds, White and Asian mixed, White and African Caribbean mixed, other mixed backgrounds and other ethnic backgrounds. Non- BME includes the following ethnicities: White British, White Irish and White Other.

**FY18/19 Review** - Valuing the diverse ethnicity of our people is fundamental within BMI Healthcare, we are driven to create an environment where our people can realise their full potential regardless of their ethnicity. Our approach to equality, diversity and inclusion is driven by an understanding of the demographics of our people – staff, patients and community. We are committed to acting on our WRES analysis which supports our compliance with the Equality Act 2010. The Act protects people from being treated less favourably because of their race, religion or belief as well as age, disability, gender reassignment, marriage and civil partnership, pregnancy, maternity, sex and sexual orientation.

Disclosure of ethnicity although requested during the recruitment and on-boarding process remains a non-obligatory / non-mandatory requirement within BMI Healthcare. As at the given date, 8% of our employees preferred not to disclose their ethnicity.

During our recruitment process, ethnicity information is not available to the recruiting manager, disclosed ethnicity information is captured within the talent management system and visible to system administrators only; for reporting purposes. Prior to commencement an employee's ethnic origin is recorded in our central HR information system, iTrent, and like all other personal information has appropriate controls in place to ensure information privacy requirements are met – this specific information does not interface with other third-party systems.

Over the past 12 months we have remained focused on working through our WRES action plan and have continued to engage and work collaboratively with the NHS England WRES Team. We welcome the opportunity to share best practice, and in July 18 BMI actively participated in the NHS Partners Network WRES workshop chaired by AIHO and NHSPN; sharing lessons learnt and providing feedback on reporting challenges to aid the development of the annual WRES reporting requirements for the independent health sector.

Since our last submission with the help of the WRES analytics team we have further developed our internal reporting processes, and in May 18 we undertook a review of our Equality and Diversity Policy, in which WRES compliance was incorporated.

To strengthen our understanding of our workforces' views, we needed to gain a greater understanding of how our workforce felt whilst at work; last year our engagement survey was expanded to significantly increase the number of questions asked within the health and wellbeing section - which included WRES indicators five to eight. The data gathered from these new questions provided us with a base line understanding of our workforces' views on equality, discrimination, bullying and harassment within BMI Healthcare, and will drive our WRES action plan for FY19/20.

We are proud that the results from our most recent engagement survey (ran in December 18) showed significant improvement in the WRES questions asked, when compared to our previous survey results. Overall 74% of respondents felt that BMI provides equal opportunities for progression or promotion, a 17.57% increase in mean score compared to our 2017 results. Specifically, we have seen a 10% improvement for this question when reviewing the responses from our BME colleagues, when compared to 2017.

Our company wide results show an improved picture, less respondents indicated they have experienced discrimination, harassment, bullying or abuse whilst at work when compared to the 2017 results; this is a trend that we wish to continue as we move into the new year. Where harassment, bullying or abuse did occur 67% of respondents stated they reported the incident to their line manager, two thirds of whom felt their line manager adequately supported them. Although we are pleased to report a reduction in the percentage of BME staff who have experienced discrimination at work by their line manager or team leader (reduced by 2% since our last submission), we recognise this figure remains higher than that of our non-BME colleagues, something that we will need to explore over the next 12 months. In addition, the percentage of BME staff that have personally experienced harassment, bullying or abuse from staff also reduced, from 20% to 17% - we recognise there is more to do to improve these results and over the next 12 months will work to improve these scores further.

It is important that BMI has a culture of inclusion, with a values and behaviour framework that support who we are as an organisation. Towards the end of last year, we began our journey to identify a purpose statement, and set of values we could all share, which would reflect the true essence of what we stand for individually and as a healthcare provider. Each employee was invited to participate in this programme, and were encouraged to put forward their thoughts, views and opinions. As we move into the new year we must build on the work undertaken last year, creating a strong sense of purpose and core values which will underpin the behaviour that we expect from ourselves, colleagues and key stakeholders.

Workforce equality remains a priority; as such our WRES submission and action plan together with this report will be shared with our board of directors.

## BMI Healthcare Workforce Race Equality Standard – FY19 Submission

Generally, the FY17/18 workforce data submitted as part of our 2019 submission reflects our permanent workforce as at 31 March 18 – with the exception of certain predetermined indicators. The data detailed within indicator three has been based upon a two-year rolling average; the current year and previous year. The data reported within indicators five to eight is derived from our engagement survey which took place in December 2018.

The total number of permanent employees within the organisation as at the given date of 31 March 2018 was 8,506.

**Indicator 1** – Staff in each of the AFC Bands 1- 9 and VSM (excluding Board members).

31 March 18						
Non-Clinical				Clinical		
Level	BME total	Non BME total	Ethnicity Unknown	BME total	Non BME total	Ethnicity Unknown
Support	281	2376	254	196	950	99
Middle	80	577	65	586	2152	220
Senior	23	198	25	99	280	19
VSM	1	21	2	0	2	0

31 March 17						
Non-Clinical				Clinical		
Level	BME total	Non BME total	Ethnicity Unknown	BME total	Non BME total	Ethnicity Unknown
Support	295	2621	281	220	1026	103
Middle	91	562	68	610	2321	236
Senior	25	197	27	88	260	19
VSM	0	25	1	1	1	0

**Indicator 2** – Relative likelihood of staff being appointed from shortlisting across all posts

<b>31-Mar-18</b>			
	BME total	Non BME total	Ethnicity Unknown
Relative likelihood of shortlisting/appointed	0.45%	0.51%	0.48%
Relative likelihood of non BME staff being appointed from shortlisting compared to BME staff 1.14%			

<b>31-Mar-17</b>			
	BME total	Non BME total	Ethnicity Unknown
Relative likelihood of shortlisting/appointed	0.43%	0.53%	0.44%
Relative likelihood of non BME staff being appointed from shortlisting compared to BME staff 1.24%			

**Indicator 3** – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (based upon a two-year rolling average; the current year and previous year.)

<b>31-Mar-18</b>			
	BME total	Non BME total	Ethnicity Unknown
Likelihood of staff entering the formal disciplinary process	0.03%	0.02%	0.03%
Relative likelihood of BME staff entering the formal disciplinary process compared to non BME staff 1.42%			

<b>31-Mar-17</b>			
	BME total	Non BME total	Ethnicity Unknown
Likelihood of staff entering the formal disciplinary process	0.02%	0.01%	0.02%
Relative likelihood of BME staff entering the formal disciplinary process compared to non BME staff 1.76%			

**Indicator 4** – Relative likelihood of staff accessing non-mandatory training and CPD.

<b>31-Mar-18</b>			
	BME total	Non BME total	Ethnicity Unknown
Number of staff accessing non-mandatory training and CPD	0.93%	0.93%	0.58%
Relative likelihood of non BME staff accessing non-mandatory training and CPD compared to BME staff 0.99%			

<b>31-Mar-17</b>			
	BME total	Non BME total	Ethnicity Unknown
Number of staff accessing non-mandatory training and CPD	0.44%	0.40%	0.22%
Relative likelihood of non BME staff accessing non-mandatory training and CPD compared to BME staff 0.91%			

**Indicator 5, 6, 7 and 8** - Derived from our engagement survey results

<b>31 March 18</b>		
	BME total	Non BME total
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	11%	8%
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	17%	12%
% staff believing that BMI Healthcare provide equal opportunities for career progression or promotion	65%	75%
% staff personally experienced discrimination at work from manager/team leader or another colleague	15%	8%

<b>31 March 17</b>		
	BME total	Non BME total
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	11%	12%
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20%	13%
% staff believing that BMI Healthcare provide equal opportunities for career progression or promotion	55%	65%
% staff personally experienced discrimination at work from manager/team leader or another colleague	17%	9%

**Indicator 9** – Percentage difference between the organisations’ Board voting membership, and its overall workforce.

<b>31-Mar-18</b>			
	BME total	Non BME total	Ethnicity Unknown
Number of staff in overall workforce	1266	6556	684
Total Board Members - % by ethnicity	9.1%	90.9%	0%
Voting Board Member - % by ethnicity	9.1%	90.9%	0%
Executive Board Member - % by ethnicity	0.0%	100.0%	0%
Non-Executive Board Member - % by ethnicity	11.1%	88.9%	0%
Overall workforce - % by Ethnicity	14.9%	77.1%	8.0%
Difference (Total Board - Overall workshop.	-5.8%	13.8%	-8.0%

<b>31-Mar-17</b>			
	BME total	Non BME total	Ethnicity Unknown
Number of staff in overall workforce	1330	7013	735
Total Board Members - % by ethnicity	9.1%	90.9%	0%
Voting Board Member - % by ethnicity	9.1%	90.9%	0%
Executive Board Member - % by ethnicity	0.0%	100.0%	0%
Non-Executive Board Member - % by ethnicity	11.1%	88.9%	0%
Overall workforce - % by Ethnicity	14.7%	77.3%	8.1%
Difference (Total Board - Overall workshop.	-5.6%	13.7%	-8.1%

BMI Healthcare Workforce Race Equality Standard – FY19/20 Action plan

Focus area	Actions	Responsibility	Timeframe
<b>Training</b>	Undertake a review of Equality and Diversity training offered to BMI employees and managers, assessing the suitability against WRES principles.	People Development Team	Sep-19
	Ensure WRES principles are included in Recruitment and Selection training.	Head People Development and Recruitment Partners	Dec-19
	Review if unconscious bias training should be undertaken by managers within BMI Healthcare.	Reward and Recognition and Head People Development	Dec-19
<b>Recruitment</b>	Review current recruitment practices ensuring they are compliant with WRES principles.	Recruitment Partners and HR Business Partners	Jan-20
	Explore ways to improve the capture of unsuccessful appointment data, specifically the reasons why a candidate was unsuccessful during shortlisting and interview stage.	Recruitment Partners	Jan-20
<b>WRES Data</b>	Comply with the FY19/20 WRES reporting requirements.	Reward and Recognition Team	Mar-20
	Analyse indicator 5 - 8 key trends by hospital. Identify any hospitals with WRES concerns and reporting these concerns to the responsible Executive Director.	Head of Reward and Recognition	Jul-19
<b>Engagement</b>	Explore the suitability of introducing a 'dignity at work' month with BMI Healthcare.	Health and Wellbeing working party	Sep-19
<b>Development</b>	Encourage and promote the use of performance development plans (PDRs) to communicate career goals and support aspirations.	People Development and Reward and Recognition Teams	Mar-20