

February 2021

# Virgin Care WRES – Summary and Action Plan

# Summary

Executive Sponsor: Samantha Kane (Chief People Officer)  
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**Our purpose – our reason for being as an organisation – is to drive positive change in health and social care so that everyone feels the difference.** From a colleague perspective this means creating an environment where everyone can be themselves and realise their potential. This includes, and is reliant upon, colleagues feeling included, listened to and having the opportunity to progress and develop. This is reflected in our Values of “Strive for better” (how we Think), “Heartfelt service” (how we Care) and “Team Spirit” (how we Do).

The promotion of the broad Equality, Diversity and Social Inclusion (EDI) agenda is therefore intrinsic to our purpose as an organisation – just as it is to the wider Virgin Group. **We want to be the most inclusive health and social care provider – where all our colleagues and the people who need and use our services thrive by achieving their full potential. We want to role model and lead the way for the wider health and social care system.**

We have always championed the EDI agenda both as an employer and community health and social care provider. This work has been underpinned by the work we’ve carried out as a member of the Social Mobility Pledge. More recently, in July 2020, we became a signatory of the Business in the Community Race at Work Charter. Becoming a signatory means we are taking practical steps to ensure our workplace is tackling barriers that ethnic minorities face in recruitment and progression, and that we are representative of British society today.

However, we recognise there is much more to do and this is highlighted by the results recorded in our 2019/2020 NHS Workforce Race Equality Standard (“WRES”) report. There have been positive developments, but we have more we want to do and our performance in certain areas still needs to improve.

Our senior leadership team, led by our Board, are committed to driving positive change. Whilst we understand and appreciate that some of this change and our ability to demonstrate our success will take time we have set out in this WRES report an action plan for the next 12 months. This plan includes:

- Developing a specific Virgin Care Equality, Diversity & Inclusion strategy and action plan;
- Supporting and embedding our Black and Minority Ethnic (“BAME”\*) Network Group;
- Encouraging more of our colleagues to confidentially self-declare their ethnicity on our people system; and
- Developing our EDI training offer for Leaders

We’ll be sharing these results and plans with our leadership team and colleagues, and will be asking everyone to play their part in creating a work environment where everyone can be their best self and realise their full potential.



**Satvinder Reyatt**  
People Director

# Our findings

- We are committed to driving positive change and the EDI agenda. This commitment comes from the top of our organisation: the Board.
- However, a significant issue we still face is the number of our colleagues who have declared their ethnicity on our HR system. Whilst we have seen an improvement in this space ("unknown/undeclared" reducing to 31.8%), increasing the rate of colleague declaration remains a key priority for us in the coming year. We will approach this through a combination of raising colleague awareness, explaining why this is important to us and highlighting what difference it makes, alongside assurance on the safeguards we have in place to protect this sensitive personal data.
- We want to create an environment where our colleagues can be their best selves and realise their full potential. A key enabler for this is access to developmental training. We are proud that our data shows that we perform well in this space but we will continue to strive for equality of opportunity, eradicate any remaining gap and increase colleague perception in this space.
- The WRES report also focuses on wider colleague perceptions, measured through our annual colleague survey:
  - The 29% of our BAME colleagues experiencing harassment, bullying or abuse from patients, relatives or the public remains too high (as it does across the health and social care system\*\*). We identified in our analysis that this is an experience lived more frequently by our BAME colleagues than our white colleagues. This is unacceptable. We will continue to remind the public and our service users that we do not tolerate any abuse or disrespectful treatment of our colleagues – and we will explore what further steps we can take to protect our colleagues.
  - The 13% of our BAME colleagues experiencing harassment, bullying or abuse from other colleagues remained unchanged between 2019-2020, with the exception of when the question is asked specifically about such behaviour coming from managers – which reduced to 4%. We will continue to drive our zero-tolerance approach for all colleagues.
- Our results suggest that the relative likelihood of BAME colleagues entering the disciplinary process compared to white colleagues increased during this period. This is an area we need to explore further this year. Initial analysis indicates that disciplinaries occurred more frequently within our middle grade bandings, which is the broad role type held by a large proportion of our BAME colleagues. Whilst this may explain, to an extent, a disproportionate impact on this indicator – we feel that we need to examine this issue further to understand this disparity and to put in place safeguards where needed.



- Finally, another area of focus for WRES is recruitment:
  - The likelihood of a BAME candidate being appointed from shortlisting improved slightly during this period, from 0.14 to 0.19. This means the likelihood of appointment is broadly the same between white and BAME candidates.
  - The number of BAME candidates we recruited increased during this period by approximately 30%.
  - We have also noticed a large increase in the proportion of candidates choosing not to declare their ethnicity at the onboarding stage. This is something we also want to explore further.
  - We are very aware that there are significant workforce diversity challenges faced by the whole health and social care system and that real change will only be achieved through collaboration and proactive new ways of working. We recognise and embrace the important role we play across the health and care system and want to help influence positive change by encouraging greater diversity across the sector talent pool. An example of a practical step we have taken is working with further education providers and local job centres. Our ambition is to continue to create more opportunities to attract, retain and grow a diverse workforce, working with our local authority and secondary education partners to help positively influence and raise awareness of the many traditional and emerging health and care career pathways.



#### Notes

\* We acknowledge and understand that the term “Black and Minority Ethnic”, and its appropriateness, is subject to debate. We asked our BAME Network for their view on this and whether other terminology is preferred. The consensus was that BAME remains the preferred terminology compared to other options. The term BAME (shortened to BME) is also used by WRES and influences the way we are required to report our data. We therefore use the term “BAME” in this report, but we will keep the position under review and continue to ask for the views of our colleagues.

\*\*For national average statistics please refer to the “NHS Workforce Race Equality Standard – 2019 Data Analysis Report for NHS Trusts”, published in February 2020. This report can be found here: <https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-2019/>. However, when comparing data please note that the figures in the NHS report currently only go up to 2019. Further national data will be published by the NHS later in 2021.

# Action Plan

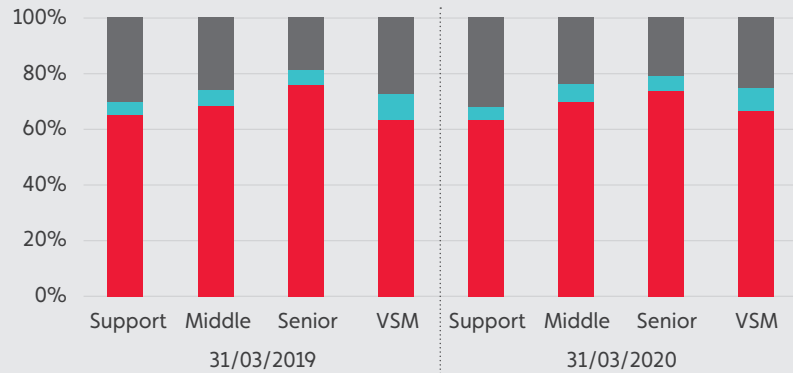
Activity	Rationale	Base line	How will success be measured
<p>1. We will develop and launch a Virgin Care strategy and associated action plan for equality, diversity and inclusion (ED&amp;I). We will draw on internal (including our BAME Network) and external expertise to achieve this.</p>	<p>ED&amp;I currently forms part of the People Plan, but does not currently have a dedicated strategy and action plan.</p> <p>Doing so will help prioritise ED&amp;I resource and activity to be carried out to promote ED&amp;I within Virgin Care.</p>	<p>Whilst ED&amp;I forms part of the People Plan, it does not currently have it's own strategy and action plan.</p>	<ul style="list-style-type: none"> <li>• A Virgin Care ED&amp;I strategy and associated action plan is created</li> <li>• The strategy and plan is shared with colleagues and made available on the internal intranet</li> <li>• Metrics for monitoring and to assess positive improvement and/or success are identified</li> </ul>
<p>2. We launched a Virgin Care BAME Network earlier this year (2020). Terms of reference have been agreed and made available to colleagues via the internal intranet.</p> <p>We will firmly embed and support the development of this Network during 2020/21 as a vehicle for discussing key issues and driving change.</p>	<p>The BAME Network provides an effective voice for BAME colleagues, promotes equality within Virgin Care and champions our commitment to the Race at Work Charter.</p> <p>The Network will also help influence and shape our future plans.</p>	<p>A BAME Network has been established and Terms of Reference agreed.</p> <p>Information on the group has been published on the intranet and shared with colleagues via internal communication channels.</p>	<ul style="list-style-type: none"> <li>• The BAME Network meets regularly</li> <li>• The BAME Network develops schemes and campaigns to help champion ED&amp;I within Virgin Care</li> <li>• The BAME Network publishes updates and shares information relating to ED&amp;I on the intranet, internal communication channels and within services</li> </ul>
<p>3. We will refresh and deliver ED&amp;I training to our entire Senior Leadership Team by the end of September 2021.</p>	<p>Our Senior Leadership Team provides the leadership to our individual Business Units and Corporate functions. We will provide additional training to our senior leaders through an updated leadership training programme (Leading the Virgin Care Way) with strengthened emphasis and content relating to EDI.</p>	<p>Our current EDI related e-learning compliance (which we require all colleagues to complete) across the organisation is, as of January 2021, 93%.</p> <p>Compliance amongst the senior leadership team for this training course is, as of January 2021, 89%.</p>	<ul style="list-style-type: none"> <li>• Attendance will be measured</li> <li>• Our target is that 100% of the senior leadership team will attend the additional training by the end of September 2021</li> <li>• We will also continue to monitor general attendance on our EDI training across the organisation. Our target is for this figure to increase to 100% by the end of September 2021</li> </ul>

Activity	Rationale	Base line	How will success be measured
<p>4. Will we encourage colleagues to confidentially self-declare their ethnicity on our people system.</p> <p>Our leadership team will promote this activity and role model the way.</p>	<p>Without accurate background ED&amp;I data our ability to carry out detailed analysis, identify areas for improvement and develop effective action plans is negatively effected.</p>	<p>At the time this action plan was created 64.64% of colleagues currently declare their ethnicity on our HR system.</p>	<ul style="list-style-type: none"> <li>• The % of colleagues declaring their ethnicity will increase</li> <li>• Our aspirational target is for 80% of colleagues to have declared their ethnicity on our HR system by 31 March 2022</li> </ul>
<p>5. We will investigate the data which sits behind Indicators 2 (recruitment), 3 (disciplinary process), 6 &amp; 8 (bullying and harassment, and 7 (career opportunities) to understand if these are national trends or whether there are variances in different parts of our organisation – including whether there are any particular hot spots.</p> <p>We'll then implement targeted training interventions and awareness campaigns as appropriate.</p>	<p>We have seen either negative trends against these indicators between 2019 and 2020, and/or the figures remain too high.</p> <p>Further analysis will help us determine whether the improvements can be brought about by national interventions or more targeted local interventions.</p>	<p>As set out in this year's WRES report.</p>	<ul style="list-style-type: none"> <li>• We will measure and assess progress in this area in the next WRES report</li> </ul>
<p>6. We will carry out a workforce review to assess the extent to which our workforce reflects the communities we serve.</p>	<p>As a signatory of the Race at Work Charter we are committed to taking practical steps to ensure our workplace is tackling barriers that ethnic minorities face in recruitment and progression, and that we are representative of British society today.</p> <p>This activity will provide us with an understanding of the extent to which our workforce is reflective of society.</p>	<p>Our current understanding is limited to that reported in our WRES reports.</p>	<ul style="list-style-type: none"> <li>• A detailed understanding of our workforce today, and how this compares to the communities we serve</li> <li>• This activity will then, as a result, identify areas where we need to make improvements in workforce representation</li> </ul>

# Data Report

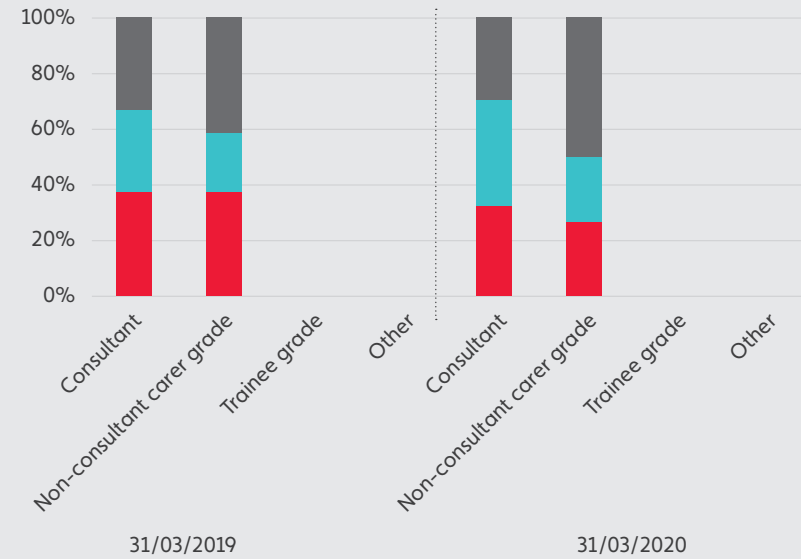
## Indicator 1

**Non-clinical Workforce**  
Proportion of colleagues in each pay band



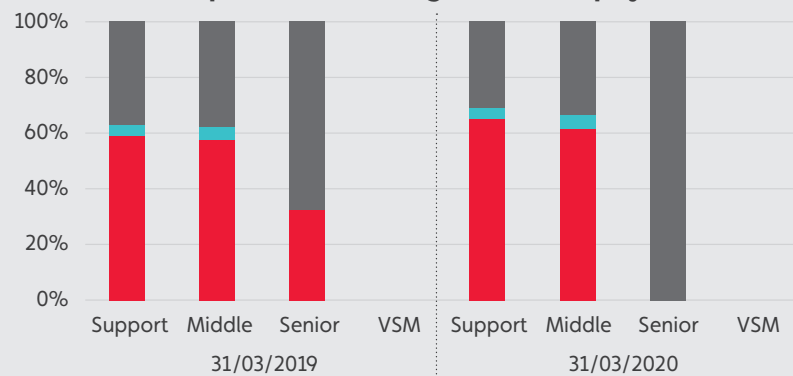
## Indicator 1

**Clinical Workforce (of which medical and dental)**  
Proportion of colleagues in each pay band



## Indicator 1

**Clinical Workforce (of which non-medical)**  
Proportion of colleagues in each pay band



## Indicator 2

Relative likelihood of shortlisting/appointed

	White	BAME	Ethnicity Unknown	
31 March 2019	0.18	0.14	0.26	1.33
31 March 2020	0.17	0.19	0.23	0.92

**Relative likelihood of White candidates being appointed from shortlisting compared to BAME candidates**

A figure of 1 or above indicates a White candidate is more likely to be appointed compared to a BAME candidate. A figure below 1 indicates a BAME candidate is more likely to be appointed compared to a White candidate.

## Indicator 3

Relative likelihood of colleagues entering the formal disciplinary process

	White	BAME	Ethnicity Unknown	
31 March 2019	0.025	0.044	0.047	1.73
31 March 2020	0.029	0.088	0.048	2.93

**Relative likelihood of BAME colleagues entering the formal disciplinary process compared to white colleagues**

A figure of 1 or above indicates a BAME colleague is more likely to enter the formal disciplinary process compared to a white candidate. A figure below 1 indicates a White colleague is more likely to enter the formal disciplinary process compared to a BAME colleague.

## Indicator 4

Relative likelihood of colleagues accessing non-mandatory training and CPD

	White	BAME	Ethnicity Unknown	
31 March 2019	0.29	0.28	0.24	1.05
31 March 2020	0.52	0.47	0.43	1.09

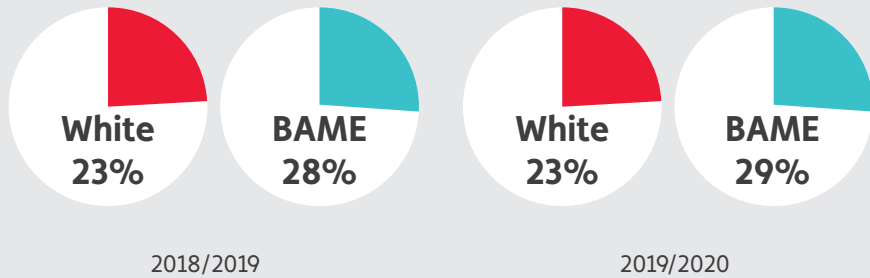
**Relative likelihood of White colleagues accessing non-mandatory training and CPD compared to BAME colleagues**

A figure of 1 or above indicates a White colleague is more likely to access non-mandatory training and CPD compared to a BAME colleague. A figure below 1 indicates a BAME colleague is more likely to access non-mandatory training and CPD compared to a White colleague.



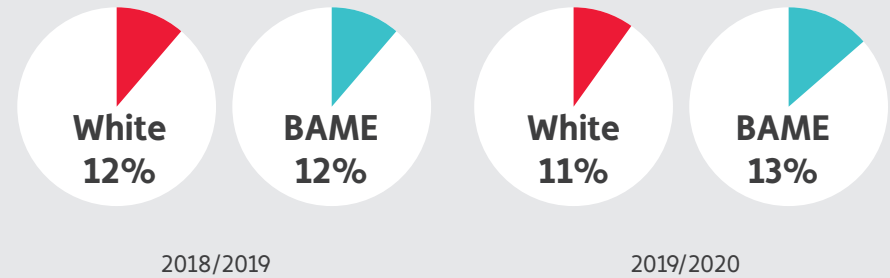
### Indicator 5

Percentage of our colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



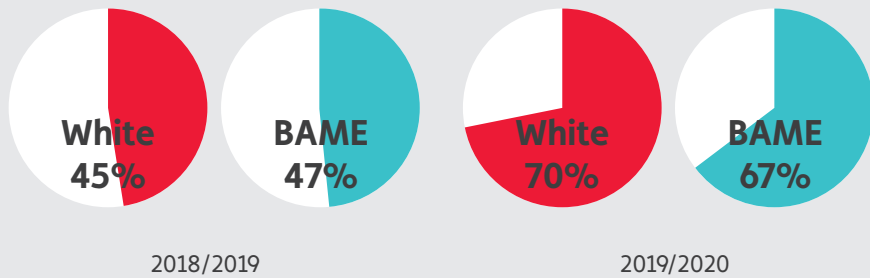
### Indicator 6

Percentage of our colleagues experiencing harassment, bullying or abuse from other colleagues in the last 12 months



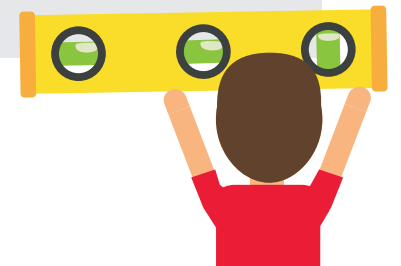
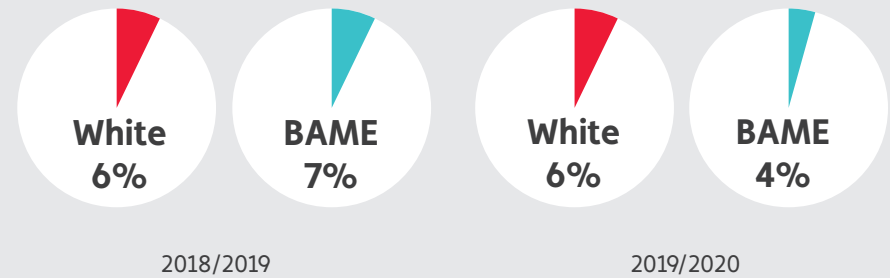
### Indicator 7

Percentage of our colleagues who believe we provide equal opportunities for career progression or promotion



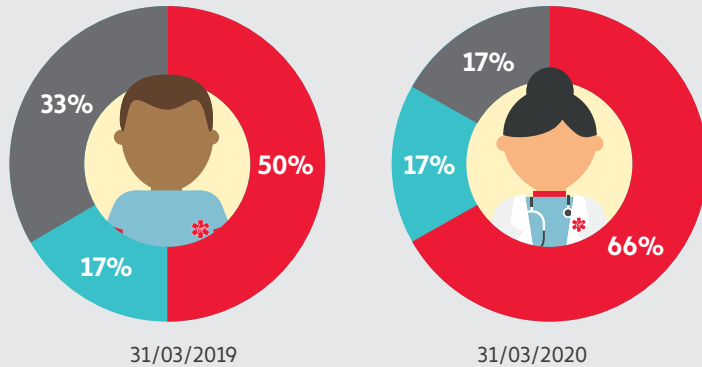
### Indicator 8

Percentage of our colleagues who personally experienced discrimination at work from a manager/team leader or other colleague



### Board Membership

Total board member % by ethnicity



### Indicator 9

Difference between Board and Workforce (%)

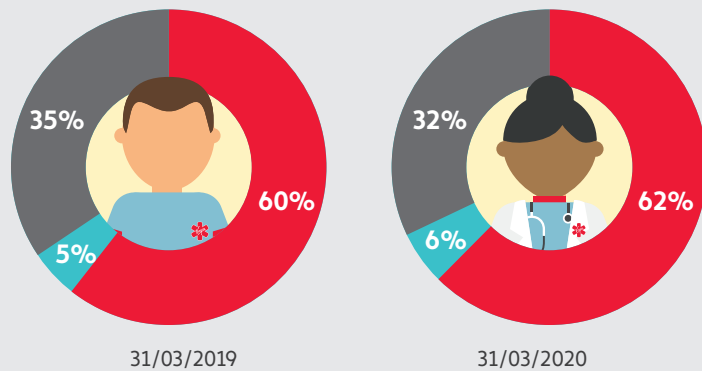
31 March 2019	<b>-10.3%</b> White	<b>11.6%</b> BAME	<b>-1.3%</b> Unknown
31 March 2020	<b>4.1%</b> White	<b>11.1%</b> BAME	<b>15.2%</b> Unknown




We can see that in 2020, we have 6% BAME workforce, and 17% BAME members on the Board.

The percentage difference between our Board membership and our overall workforce is therefore 11.1%

### Overall workforce

Overall workforce % by ethnicity



-  Ethnicity Unknown
-  BAME
-  White

# Get in touch

Virgin Care delivers more than 400 NHS and social care services with a difference across England. For more information on our services or to find out more about the difference we've made visit [www.virginicare.co.uk](http://www.virginicare.co.uk)

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