

# Workforce Race Equality Standard (WRES) Report

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## 1. Introduction

- Name of Organisation: InHealth Ltd. Including InHealth Intelligence
- Reporting Year: 2024/25
- Date of Report: 31<sup>st</sup> August 2025
- Name and title of Executive Lead for WRES: Maz Fosh, Chief People Officer
- Name and contact details of lead manager compiling this report: Ally Patten, Equality, Diversity & Inclusion Lead, [communications@inhealthgroup.com](mailto:communications@inhealthgroup.com)
- URL link on which this report can be found:  
<https://www.inhealthgroup.com/quality-assured/>

## 2. Background

The Workforce Race Equality Standard (WRES) was introduced in 2015 by NHS England to ensure that employees from Black, Asian and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It is a mandatory requirement under the NHS Standard Contract for all organisations providing NHS-funded services to report annually against nine key indicators of race equality.

WRES aims to:

- Highlight disparities in workforce experiences between Black, Asian and Minority Ethnic (BME) and White colleagues.
- Encourage organisations to take evidence-based action to address inequalities.
- Improve transparency and accountability in workforce race equality.
- Support inclusive cultures that reflect the diversity of the communities served.

For InHealth, WRES reporting plays a vital part of our commitment to Equality, Diversity and Inclusion (EDI). Our EDI reporting is used to inform strategic decisions, shape our EDI action plans and monitor progress toward a fairer and more inclusive workplace. We recognise the importance of transparency and accountability in building an equitable and inclusive workplace.

## 3. Key Data Highlights

- 86.2% of colleagues self-reported their ethnicity, an increase of 6% since 2021.
- 37.8% of colleagues accessed non mandatory training, an increase of 11.9% since 2024.
- Continued positive decline in colleagues experiencing harassment, bullying or abuse from patients, their relatives or the public. For colleagues from Black, Asian and minority ethnic backgrounds this is now 6% and has reduced 3.8% since 2024.
- Experiences of harassment, bullying or abuse from colleagues have continued to decline, with figures now below 5% for colleagues from white and Black, Asian and minority ethnic backgrounds.
- Experiences of discrimination from a manager or other members of staff have reduced to 2% and under for colleagues from white and Black, Asian and minority ethnic backgrounds.

## 4. Executive Summary

As of 31st March 2025, InHealth employed 3,193 permanent and bank staff, with 36.8% from Black, Asian and Minority Ethnic backgrounds. Ethnicity declaration rates have improved, with 86.2% of colleagues self-reporting their ethnicity, reflecting our ongoing commitment to transparency and inclusion.

This year's WRES report highlights both great progress and areas for continued focus. Notably, colleagues from Black, Asian and Minority Ethnic backgrounds are more likely to access non-mandatory training and CPD (47.9% vs. 32.8% colleagues from White ethnic backgrounds), indicating strong engagement with development opportunities.

Although data shows that colleagues from Black, Asian, and Minority Ethnic backgrounds were 2.8 times more likely to enter formal proceedings, this disparity stemmed from a single isolated incident involving multiple individuals. In response, targeted measures were implemented for the affected teams, including training, policy reviews, and enhanced employee relations support.

Staff survey results show a reduction in harassment, bullying and abuse across staff groups. While colleagues from Black, Asian and Minority Ethnic backgrounds reported slightly higher experiences of bullying from staff (4.6% vs. 3.3%), overall rates are below 5%. Experiences of discrimination from a manager or other members of staff continue to reduce with figures at 2% and under for both staff groups. Encouragingly, 69% of colleagues from Black, Asian and Minority Ethnic backgrounds believe InHealth provides equal opportunities for career progression, this figure is significantly higher than comparative data from our healthcare benchmark.

Our philosophy is rooted in data-driven continuous improvement—building on our successes while strategically focusing efforts and resources on priority areas outlined in our action plan. This plan is informed by robust data and aligned with both our Equality, Diversity and Inclusion Strategy and our broader People Services Strategy. Key initiatives include promoting fair access to leadership roles, enhancing inclusive recruitment practices, and increasing colleague awareness and engagement. Core actions involve launching mentoring and training programmes, analysing recruitment and pay data, and supporting teams through targeted local planning and communications.

InHealth remains committed to fostering an inclusive culture where all staff feel valued, respected, included and safe. This report informs our strategic direction and reinforces our dedication to equity and accountability.



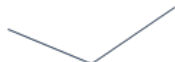






## 5. Self-Reporting

1,379 colleagues self-reported their ethnicity (including bank workers) this equates to 86.2% which has increased 6% over the last five years. Further steps have been taken to improve the level of self-reporting during this reporting period by improving our systems and processes.

WRES indicators 5, 6, 7, 8 use data from our annual staff survey which has 67% participation and of those 86.5% self-reported their ethnicity. We actively encourage colleagues to participate in the staff survey and communicate follow-up actions to highlight how the feedback is being used to make continued improvements to life at InHealth, including those focused on equality, diversity and inclusion.

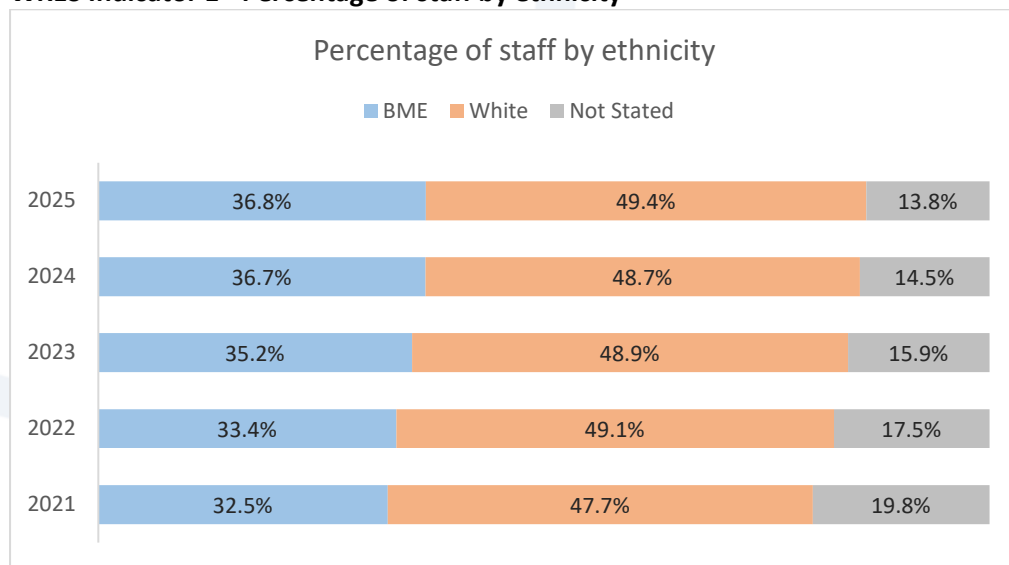
## 6. WRES Indicators Overview

For each of these workforce race equality indicators, data has been compared for colleagues with White ethnic backgrounds (White) and colleagues with Black, Asian and Minority Ethnic backgrounds (BME) as defined in the NHS WRES technical guidance. The data includes permanent and bank staff employed by InHealth Ltd including InHealth Intelligence.

WRES Indicator		2023	2024	2025	Trendline	
1	Percentage of black and minority ethnic (BME) staff	Overall 34.6%	36.7%	36.8%		
	(VSM= Very Senior Manager)	VSM 16.0%	16.0%	18.6%		
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	n/a	n/a	n/a		
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	2.3	1.5	2.8		
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	0.5	1.0	0.7		
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (as a percentage over overall survey respondents in those groupings)	BME	10.2%	9.8%	6.0%	
		White	12.4%	10.1%	7.3%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (as a percentage over overall survey respondents in those groupings)	BME	7.1%	6.5%	4.6%	
		White	5.7%	3.6%	3.3%	
7	Percentage of staff believing that InHealth provides equal opportunities for career progression or promotion (as a percentage over overall survey respondents in those groupings)	BME	83%	76%	69%	
		White	81%	78%	74%	
8	Percentage of staff personally experiencing discrimination at work from a manager (as a percentage over overall survey respondents in those groupings)	BME	2.5%	2.6%	1.7%	
		White	1.7%	1.5%	1.1%	
	Percentage of staff personally experiencing discrimination at work from a colleague or other member of staff (as a percentage over overall survey respondents in those groupings)	BME	4.8%	4.3%	2.0%	
		White	2.7%	1.5%	1.3%	
9	BME board membership - % difference between Board voting members and overall workforce	-26.3%	-28.4%	-29.6%		

## 7. Workforce Data (WRES Indicators 1–4)

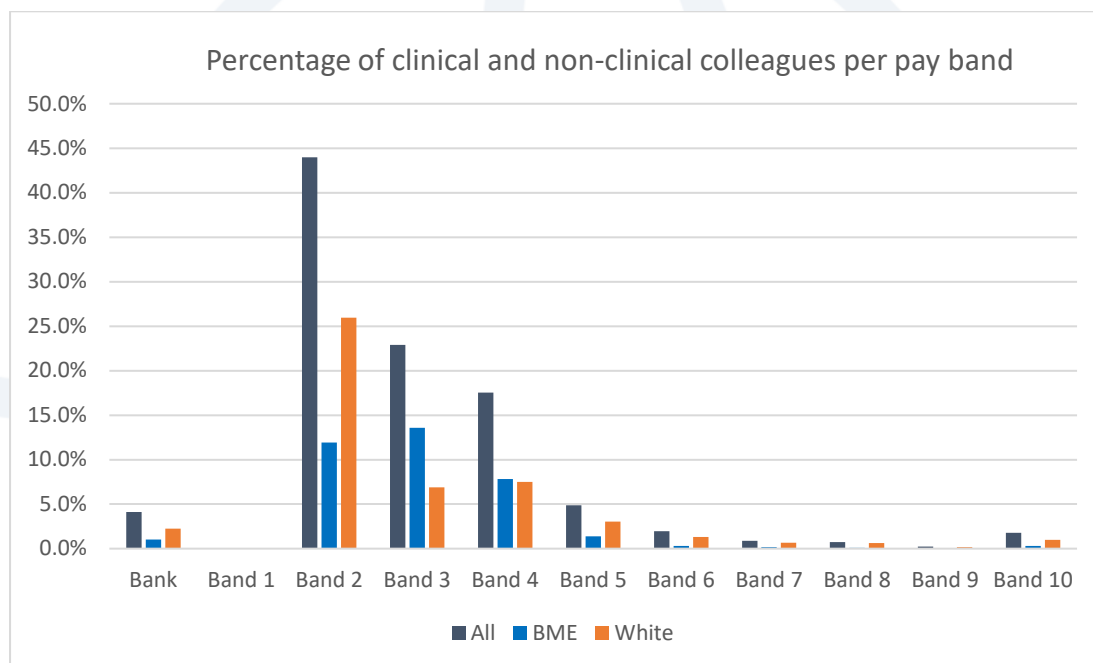
### WRES Indicator 1 - Percentage of staff by ethnicity



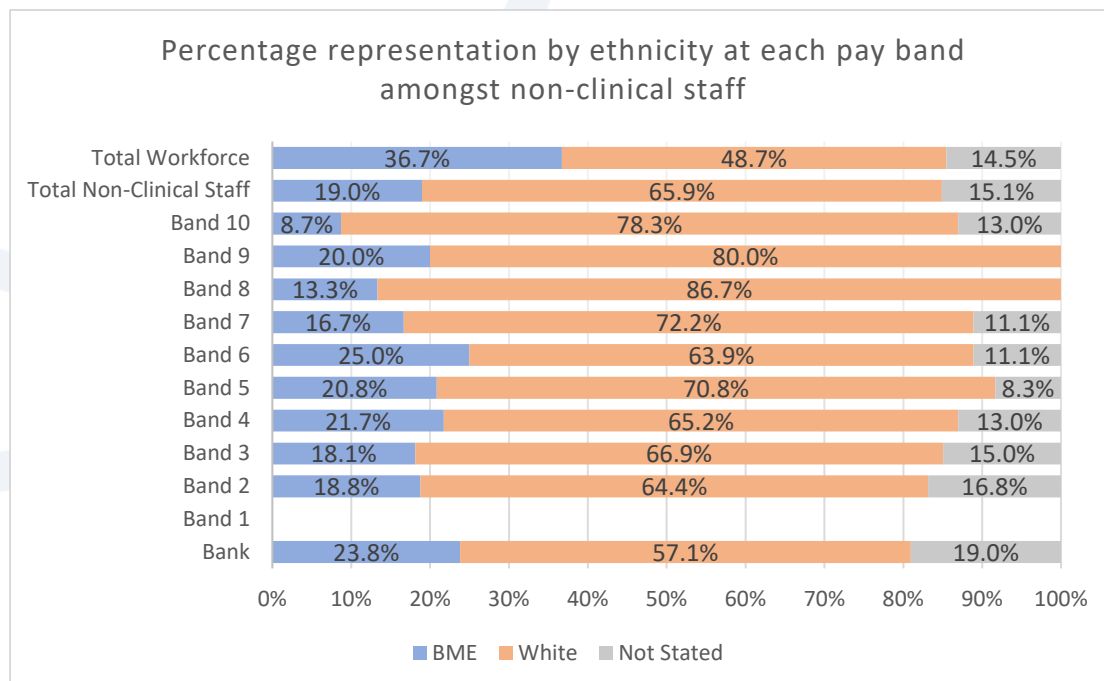
During the reporting period, InHealth employed a total of 3,193 colleagues. The proportion of colleagues who did not disclose their ethnicity decreased by 0.7%, contributing towards the 0.1% increase in colleagues identifying as being from Black, Asian and Minority Ethnic backgrounds, and a 0.7% increase in colleagues identifying as being from White ethnic backgrounds. The percentage of colleagues self-declaring their ethnicity has shown consistent year-on-year improvement over the past five years, now at 86.2% reflecting the organisation’s ongoing efforts to promote transparency and trust in diversity data reporting.

### Percentage representation at each pay banding.

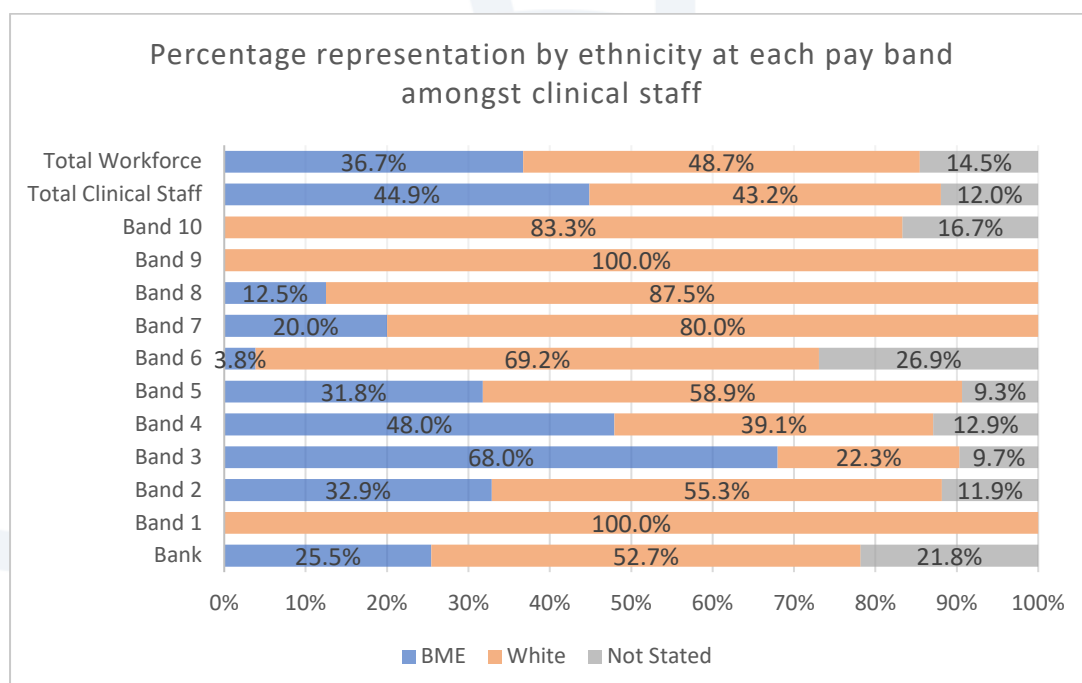
WRES technical guidance suggests comparing staff in AfC Bands 1-9, however InHealth does not follow AfC Banding. Therefore, for the purpose of this reporting we have defined 10 pay bands plus bank colleagues.



Band 2 has the highest proportion of colleagues (44%) and bands 7-10 are much smaller collectively equating to 3.6% of the total workforce. For this report we have classified our Very Senior Managers as those in Band 10, this is 1.8% of colleagues and includes executive team members, senior leaders, and senior clinical colleagues including consultants. Within this band 18.6% are from Black, Asian and Minority Ethnic backgrounds.



Non-clinical staff represent 29.4% of the overall workforce. Within this group, 19.0% identify as being from Black, Asian and Minority Ethnic backgrounds compared to 36.7% of the total workforce.



Clinical staff account for 68.9% of the overall workforce. Within this group, 44.8% identify as being from Black, Asian and Minority ethnic backgrounds, a higher proportion compared to 36.7% of the total workforce.

There are currently no clinical colleagues from Black, Asian and Minority Ethnic backgrounds in Bands 9 and 10. These bands are very small, comprising just 0.2% of the total workforce. Some clinical medical colleagues from ethnically diverse backgrounds do fall within these senior salary bands, however they are not reflected in the graph above as they are summarised separately in accordance to the NHS WRES technical guidance.

**Percentage by ethnicity among clinical medical staff**

	White	BME	Unknown
<b>Clinical staff of which medical</b>	18%	36%	45%

Clinical medical staff includes all colleagues who are registered with the General Medical Council (Doctors/Consultants), representing 0.7% of the overall workforce. Within this group, representation of colleagues from Black, Asian and Minority Ethnic backgrounds has increased by 14% compared to 2024, alongside a 16% reduction in colleagues whose ethnicity was not disclosed. This reflects positive progress in both representation and data completeness.

Actions taken linked to Indicator 1:

- Introduced annual systematic prompts encouraging colleagues to review and update their sensitive information, including ethnicity, to improve the accuracy and completeness of workforce data.

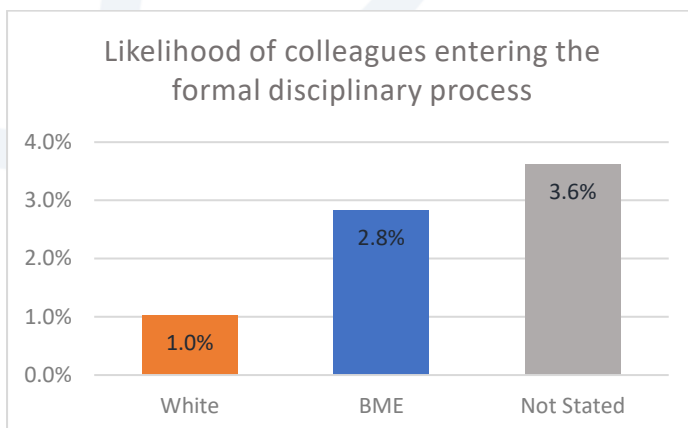
**WRES Indicator 2 - The relative likelihood of white applicants being appointed from shortlisting compared to Black and Minority Ethnic applicants**

For the reporting period we were unable to capture this data.

Action taken linked to Indicator 2:

- Updated our applicant tracking system in April 2025 to allow applicants to provide voluntary diversity data - this came into effect in April 2025 and within the first 3 months, 82% of candidates provided this data. We will be able to report on this indicator for the 2026 WRES.

**WRES Indicator 3 - The relative likelihood of Black and Minority Ethnic staff entering the formal disciplinary process compared to white staff**



During the reporting period, 64 colleagues entered the formal disciplinary process, representing 2% of the total workforce—an increase compared to the previous year. Colleagues from Black, Asian, and Minority Ethnic backgrounds were 2.8 times more likely to enter formal proceedings, rising from 1.5 times the previous year. This increase was primarily linked to one specific area of the organisation, which accounted for 36% of all disciplinary cases and has a higher representation of colleagues from these backgrounds. The majority of these cases were related to non-compliance with established policies and procedures, prompting investigations and resulting in formal hearings. In response, a thorough review was conducted and a series of actions were introduced to help prevent future occurrences.

Actions taken linked to indicator 3:

- Regular training for teams involved, on correct policy and procedure adherence
- Routine audits of processes, linked to the investigation, to ensure compliance
- Ongoing employee relations clinics for managers, with updates on policy changes

**WRES Indicator 4 - The relative likelihood of white staff accessing non-mandatory training and CPD compared to Black and Minority Ethnic staff**

	WHITE	BME	UNKNOWN
Likelihood of staff accessing non-mandatory training and CPD	32.8%	47.9%	29.0%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.7		

Staff access to non-mandatory training is measured in the table above through engagement with non-mandatory resources on our e-learning platform. In this reporting period, overall participation increased from 25.9% to 37.8%. Colleagues from Black, Asian and Minority Ethnic backgrounds were more likely to access non-mandatory training (47.9%) compared to colleagues from White ethnic backgrounds (32.8%).

In addition to e-learning, colleagues have access to a range of development opportunities including live virtual webinars, guidance resources shared via internal communications and the intranet, and attendance at events and conferences.

We also offer apprenticeships to support career progression, including leadership development. However, we recognise that government-imposed entry requirements—such as residency duration and foundational qualifications in Maths and English—may disproportionately impact access for some colleagues from ethnically diverse backgrounds.



Actions taken to address these potential barriers:

- Raised awareness of available training through the e-learning course catalogue.
- Conducting staff engagement sessions to inform the development of the new internal leadership programmes and mentoring scheme.
- Expanded our internal Learning and Development offer.

## 8. Staff Survey Results (Indicators 5–8)


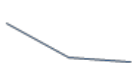
The following indicators use data from our 2025 staff engagement survey, which was completed by 67% of our workforce.

### WRES Indicator 5- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

WRES Indicator 5		2023	2024	2025	Trendline
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (as a percentage over overall survey respondents in those groupings)	BME	10.2%	9.8%	6.0%	
	White	12.4%	10.1%	7.3%	

We have seen a continued positive decline in colleagues reporting harassment, bullying, or abuse from patients over the past three reporting periods. In the most recent staff survey, 7.3% of White respondents reported such experiences, compared to 6% of respondents from Black, Asian and Minority Ethnic backgrounds—a difference of 1.3%.

### WRES Indicator 6- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

WRES Indicator 6		2023	2024	2025	Trendline
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (as a percentage over overall survey respondents in those groupings)	BME	7.1%	6.5%	4.6%	
	White	5.7%	3.6%	3.3%	

Reports of harassment, bullying or abuse from colleagues have continued to positively decline, with overall figures now below 5%. In the latest staff survey, 4.6% of respondents from Black, Asian and Minority Ethnic backgrounds reported such experiences, compared to 3.3% of respondents from White ethnic backgrounds—a difference of 1.3%.

Actions taken linked to Indicators 5 & 6:

- Reviewed and updated the Harassment and Bullying Policy.
- Delivered training and awareness initiatives to promote an inclusive culture.
- Published a new Sexual Harassment Policy and introduced mandatory Sexual Misconduct in the Workplace training for all colleagues.
- Improved incident reporting processes to ensure timely and appropriate responses.
- Regular promotion of our Freedom to Speak Up Policy and guardians and targeted investment to increase our Mental Health First Aider provision including plans to train a further 40 Mental Health First Aiders across the organisation.

### WRES Indicator 7- Percentage of staff believing that InHealth provides equal opportunities for career progression or promotion

WRES Indicator 7		2023	2024	2025	Trendline
Percentage of staff believing that InHealth provides equal opportunities for career progression or promotion (as a percentage over overall survey respondents in those groupings)	BME	83.0%	76.0%	69.0%	
	White	81.0%	78.0%	74.0%	

In the 2025 staff survey, 69% of respondents from Black, Asian and Minority Ethnic backgrounds agreed that InHealth provides equal opportunities for career progression or promotion. This is 5% lower than the response from White colleagues (74%). While overall results remain positive, they have declined compared to the previous year. Across all respondents, agreement with this statement dropped by 6%, with a 3% increase in those selecting ‘neither agree nor disagree’, which accounted for 21% of responses.

InHealth has several fair and transparent processes in place to support equal opportunities, including:

- Internal advertising of all roles and a regular internal vacancies newsletter
- A Recruitment and Onboarding Policy and an Equality, Diversity and Inclusion Policy
- Twice-yearly People Business Review meetings using a talent matrix to identify development and promotion opportunities.

Actions taken linked to Indicator 7:

- Delivered ‘Conscious Inclusion’ training webinar.
- Started to roll out hiring manager training including understanding unconscious bias.
- Recruited a Lead Organisational Development Practitioner to improve our learning and development resources and support inclusive talent development.

#### WRES Indicator 8- Percentage of staff experiencing discrimination at work from other staff in the last 12 months

WRES Indicator 8.1		2023	2024	2025	Trendline
Percentage of staff personally experiencing discrimination at work from a manager (as a percentage over overall survey respondents in those groupings)	BME	2.5%	2.6%	1.7%	
	White	1.7%	1.5%	1.1%	

Less than 2% of colleagues reported experiencing discrimination from a manager in the past 12 months—1.1% of White colleagues and 1.7% of colleagues from Black, Asian and Minority Ethnic backgrounds. These figures have decreased for both groups and represent the lowest levels reported in the past three years, with the smallest gap between them (0.6%).

WRES Indicator 8.2		2023	2024	2025	Trendline
Percentage of staff personally experiencing discrimination at work from a colleague or other member of staff (as a percentage over overall survey respondents in those groupings)	BME	4.8%	4.3%	2.0%	
	White	2.7%	1.5%	1.3%	

2% of colleagues from Black, Asian and Minority Ethnic backgrounds reported experiencing discrimination from colleagues or other members of staff, a reduction of 2.3 percentage points

compared to the previous year. This compares to 1.3% of White colleagues, resulting in a gap of less than 1% (0.7%).

Actions taken linked to Indicator 8:

- Updated the Management of Violence, Aggression, Racism and Discrimination Policy, including a new poster to visibly communicate our zero-tolerance approach to patients.
- Continued delivery of actions to foster an inclusive culture as part of our Equality, Diversity and Inclusion Strategy.

## 9. Board Representation (Indicator 9)

Due to the structure of our organisation our data for this indicator includes our Executive team and Board members. 7.1% of our Executive team and Board members are from Black, Asian and Minority Ethnic backgrounds, this is 29.6% less than the Black, Asian and Minority Ethnic representation of the overall workforce this has reduced slightly compared to our previous reporting period due to the growth of the overall number of Board members.

Actions taken linked to Indicator 9:

As an organisation, we are committed to equality, diversity and inclusion and this is fully supported by the leaders of the organisation. We have numerous actions in place to develop leaders and improve access to learning and development opportunities. As an organisation, we aim to promote internal candidates including, where possible, the Executive team members.

## 10. Action Plan

Overview of key actions completed in 2024

Action	Indicator(s)
Systematic prompts to encourage colleagues to self-declare diversity data	1
Diversity data capture within the applicant tracking system	2
Published a Sexual Harassment Policy	5, 6
Launched 'Sexual Misconduct in the Workplace' mandatory training	5, 6
Updates to the Discrimination Policy and poster	5, 6
Manager mandatory inclusion e-learning module	7
Delivered a 'Conscious Inclusion' training webinar	7

Key actions for the next reporting period (2025-2026)

Action	Indicator(s)
Development of leadership training with fair and inclusive access, including topics relating to inclusive leadership	1, 8
Launch of colleague mentoring network	1
Ethnicity data included within the pay review process to enable review of ethnicity pay gaps at a local level	1
Delivery of training workshops for hiring managers including unconscious bias training	2, 7, 8
Analysis of data captured from applicant tracking system	2
Conscious inclusion training resources accessible to all colleagues	6, 7, 8
Resources shared in staff communications for Race Equality Week to provide awareness, guidance, and support	6, 7, 8
Localised action planning linked to the 2025 staff survey results	7

## 11. Declaration

Signed by: Maz Fosh

Chief People Officer / Accountable Officer for Equality, Diversity and Inclusion

Name: \_\_\_Maz Fosh\_\_\_\_\_

Signature: *Maz Fosh*

Date: \_\_\_\_\_01/09/2025\_\_\_\_\_