

**Workforce Race Equality Standard 2017-2018**

**Name and job title of board lead for Workforce Race Equality Standard:**

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**Name and job title of lead manager compiling the report:**

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**Name of commissioner this report has been sent to:**

Manchester Clinical Commissioning Group

**Name and job title of coordinating commissioner this report has been sent to:**

Hilda Bertie, Strategic Equality, Diversity and Human Rights (EDHR) Business Partner

**Date Workforce Race Equality Standard reported to HR Scrutiny Committee:**

17 June 2018

**Background narrative**

**Any issues of completeness of data**

None

**Any matters relating to reliability of comparisons with previous years.**

The WRES requirements are for the last two financial years' data to be reported, in this case 2017-2018 and 2016-2017. This includes periods before and after the merger of Manchester Foundation Trust (the Trust) and the way that the data is required to be reported means it is not comparable over the two years. However, for the purposes of this report any significant differences in results have been drawn out.

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

20,570 employees.

**Proportion of Black and Minority Ethnic Staff employed within this organisation at the date of the report.**

17.8%

**The proportion of total staff who have self-reported their ethnicity**

91.4%

**Have any steps been taken in the last reporting period to improve the level of self-reporting?**

The level of self-reporting is already relatively high but the Trust continues to encourage improvement in self-reporting to achieve 100.

**Are there steps planned during the current reporting period to improve the level of self-reporting by ethnicity?**

As above.

**Workforce data**

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

1 April 2017 to 31 March 2018

**Workforce Race Equality Standard Indicators**

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Band 1: 41%

Band 2: 20%

Band 3: 13%

Band 4:10%

Band 5: 22%

Band 6: 13%

Band 7:10%

Band 8a: 8%

Band 8b: 5%

Band 8c: 2%

Band 8d: 0%

Band 9: 4%

VSM: 2%

Medical and Dental Pay Scales: 34%

Indicator 2: Relative likelihood of white candidates being appointed from shortlisting compared to black candidates across all posts.

1.5 times more

Indicator 3: Relative likelihood of black staff entering formal disciplinary process compared with white staff, as measured by entry into formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

1.1 times more

Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared with black staff.

1.5 times more

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

BME 23% White 25%

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

BME 30% White 23%

Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion.

BME 68% White 83%

Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues?

BME 18% White 8%

Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce.

BME 9.1%

### **Key results of the WRES 2017-2018**

- White candidates are 1.5 times as likely to be appointed from shortlisting compared to BME candidates across all posts. This is a decrease from last year's results for UHSM, which were 2.6 and a slight increase for CMFT which was 1.4.
- The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months has increased to almost a third for BME staff and just under a quarter of white staff. An increase for both Trust's from the previous year.

- The relative likelihood of BME staff entering formal disciplinary process compared with white staff is now almost the same; 1.1 likelihood.

### **The actions the Trust is taking to advance workforce race equality**

- BME retention and recruitment scores on Accountability Oversight Framework.
- Former University Hospital South Manchester (UHSM) focused on recruitment as that was the area where improvement was most needed. UHSM developed the CRUMS Inclusive Recruitment Toolkit with its BME Network to support local managers reduce the inequalities experienced by BME staff and those from under-represented groups in regards to recruitment and career progression. The guide is broken up into five key areas that have been identified as having a significant impact on the inequalities with tips and actions designed to be deliverable at a local level.
- Tracking the Apprenticeship Programme to ensure that the apprenticeship programme is accessible to all. The Apprenticeship Team have been successful in recruiting 37% of apprentices from BME backgrounds.
- Pilot of Diverse Panels Scheme whereby appointment panels for posts of 8a aim to have an employee from under-represented groups supporting both the shortlisting and interview/assessment panel. An example of the application of the Diverse Panels Scheme is recruitment of the Graduate Trainee Scheme 2018 - 2020 intake that saw an increase in the number of BME applicants appointed onto the Scheme.
- A Reverse Mentoring Programme to support the development and progression of staff by protected characteristic that are under-represented at the trust compared to the local population.
- The Challenging Poor Behaviour Programme in place. WRES metrics, staff survey and incident reports were used to drive this work looking at key priorities for the action plan. The Programme is reinforced by the work being undertaken by Hospital Sites/Managed Clinical Services to embed trust equality in employment and dignity at work policies. For example, a 'What Matters to Me' staff survey, Staff Health, Safety and Wellbeing action plan, staff forums, 'Stand up to bullying' poster and bullying and harassment awareness session, team covenants that includes dignity and inclusion.
- Working in partnership with HEE to attract young people from BME communities into healthcare careers – including analysing HEE data on recruitment rates into HE courses.
- The Trust's Group Workforce and OD Director sponsored our organisational WRES lead to participate in a national WRES experts programme alongside fifty other NHS colleagues to become to be regional experts.

## **Staff Engagement**

- The Trust has a range of mechanisms for engaging with staff and understanding staff experiences. Both former organisations had BME staff networks and a commitment has been made to support and develop a single network in MFT but with site based activity.
- The Trust's Staff awards include a dedicated equality and diversity award and the Trust celebrates Equality and Diversity Week as well as key events throughout the year.

## **External Engagement**

The Trust is involved with arrange of local and national programmes to reduce health and workforce inequalities for our BME communities. These include:

- Participation in the development and roll out of the Cabinet Office's Race Disparity Work - including hosting a round table event in December 2017 for the launch of the national report.
- Participation in Greater Manchester and National WRES Programme, investment in the development of a WRES champion and supporting a frontline team member to attend the national, frontline staff WRES programme.
- The Trust is involved with arrange of local and national programmes to reduce health and workforce inequalities for our BME communities. These include:  
Support for the Greater Manchester BME Apprenticeship programme. The Trust is a lead with an apprenticeship programme reflective of the Manchester communities.  
Partnership with Greater Manchester Caribbean and African (CAHN) Research Network; developing new approaches to addressing health inequalities in these communities.