

## Workforce Race Equality Standard 2018-2019

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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 the Board of Directors:**

8<sup>th</sup> July 2019

### Introduction

The Workforce Race Equality Standard (WRES) is included in the NHS standard contract and has been a requirement of NHS commissioners and NHS healthcare providers including independent organisations since July 2015. NHS Trusts are required to produce and publish their WRES report on an annual basis by the 31<sup>st</sup> July. The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators which are outlined in the WRES, to produce an action plan to close the gaps in the workplace between White and Black Ethnic Minority (BME) staff, as well as improving the representation of BME staff at the Board level of the organisation.

### Scope

The parameters for WRES and this report were commissioned and are overseen by the NHS Equality and Diversity Council and NHS England.

The WRES data included in this report has been obtained from the following sources:

- Electronic Staff Records.
- Human Resource Team records.
- Organisational Development records.
- Staff Survey.

## **Definitions**

The definition of ethnicity used for the purpose of this report is provided in the WRES Technical guidance as outlined below:

### **Definitions of ethnicity: people covered by the WRES**

*The definitions of “black and minority ethnic” and “white” used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.*

*“White” staff includes white British, Irish, Eastern European and any “other white”.*

This is to say that the term BME for the purpose of this report refers to staff that are from a black or ethnic minority background which is not white.

### **Definition of non-mandatory training for WRES**

The WRES Technical Guidance defines Non-mandatory training as:

*‘Any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation (e.g. clinical records system training). Non-mandatory and CPD recording practice may differ between organisations. However, all are expected to maintain internal consistency of approach from year to year, so that changes in uptake trends can be compared over time. Trusts are required to keep a record of all included and excluded training.*

*• Accessing non-mandatory training and CPD – in this context refers to courses and developmental opportunities for which places were offered and accepted.’*

## WRES Results for Manchester University NHS Foundation Trust 2018/2019

**Note: The scope for which we are required to report for the WRES are set by NHS England, as outlined in the Workforce Race Equality Standards Technical Guidance.**

WRES Indicator data	MFT 2017/2018	MFT 2018/2019	MFT 2018/2019 Clinical	MFT 2018/2019 Non-clinical
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	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%	Band 1: 45.90% Band 2: 19.69% Band 3: 14.78% Band 4: 11.32% Band 5: 24.07% Band 6: 14.89% Band 7: 11.00% Band 8a: 9.36% Band 8b: 5.52% Band 8c: 4.20% Band 8d: 2.74% Band 9: 0.00% VSM: 2.00%  Medical & Dental 36.46%  Other Locally Agreed 17.31%	Band 1: 50.00% Band 2: 23.36% Band 3: 15.33% Band 4: 11.04% Band 5: 25.41% Band 6: 15.32% Band 7: 11.03% Band 8a: 10.13% Band 8b: 6.18% Band 8c: 1.56% Band 8d: 0.00% Band 9: 0.00% VSM: 2.00%  Medical & Dental: 36.46%  Other Locally Agreed: 25.00%	Band 1: 45.89% Band 2: 13.95% Band 3: 14.40% Band 4: 11.56% Band 5: 12.61% Band 6: 10.06% Band 7: 10.79% Band 8a: 6.94% Band 8b: 4.46% Band 8c: 6.33% Band 8d: 5.00% Band 9: 0.00% VSM: 0.00%  Other Locally Agreed: 5.00%

WRES Indicator data	MFT 2017/2018	MFT 2018/2019	MFT 2018/2019 Clinical	MFT 2018/2019 Non-clinical
Indicator 2: Relative likelihood of white candidates being appointed from shortlisting compared to black candidates across all posts.	1.5 times more	1.7 times more likely		
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	1.27 times more		
Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared with black staff.	1.5 times more	1.08 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%	BME 21% White 23%		
Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BME 30% White 23%	BME 23% White 16%		
Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion.	BME 68% White 83%	BME 69% White 87%		
Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other	BME 18% White 8%	BME 15% White 6%		

WRES Indicator data	MFT 2017/2018	MFT 2018/2019	MFT 2018/2019 Clinical	MFT 2018/2019 Non- clinical
colleagues?				
Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce.	BME 9.1%	BME 17.65%  The percentage difference between the organisation's Board executive membership and its overall workforce will be – 1.53%		

## **Analysis**

### **Indicator 1-Workforce profile**

The first indicator in the WRES looks at representation across the workforce. The overall representation of BME staff in the Trust is 19.18% (4,209), which is representative of the Greater Manchester population at around 18%. Whilst data for Bands 2-7 and bands 8a – 8d show a slight increase overall, representation of BME staff decreases at higher pay bands. It is also noted 8.3% (1,812) of staff have not declared their ethnicity on the ESR System.

### **Indicator 2 – Recruitment**

This indicator looks at the likelihood of recruitment for white staff compared to BME staff. This indicator is now in the Hospital/MCS / MLCO Accountability Framework (AOF) to track and improve the Trust's performance against this measure. The data for this indicator shows that white candidates are 1.7 times more likely to be appointed from shortlisting than BME candidates.

### **Indicator 3 – Disciplinary Process**

Indicator 3 is the relative likelihood of BME staff entering a formal disciplinary process compared with white staff (measured by entry into formal disciplinary investigation). This indicator is based on data from a two year rolling average of the current year and the previous year. The data for indicator 3 shows that BME staff are 1.27 times more likely than their white colleagues to enter formal disciplinary process. The national data shows that BME staff are 1.24 times more likely to enter the formal disciplinary process.

### **Indicator 4 – Training**

Indicator 4 looks at the relative likelihood of white staff accessing non-mandatory training and CPD compared with BME staff. MFT's data indicates white staff are 1.08 times more likely to access this type of training compared to the national data of 1.5. This is an improvement in MFT over the previous 12 months when the likelihood was the same as the national position (1.5).

### **Indicators 5 – 8 - Staff Experience**

Indicators 5 to 8 are drawn from the national staff survey and compare the experience of white staff to BME staff.

Indicator 5 compares the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. Over the last 12 months there has been a 2% decrease in reported experience of harassment from both white and BME staff in MFT. The national data for this indicator shows that 29% of BME staff have experienced this type of harassment, which is 8% higher than the Trust's position.

Indicator 6 compares the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. Over the last 12 months the instance of staff experiencing harassment bullying or abuse from other staff has decreased overall for both white and BME staff by 7%. However, the data suggests that similar to last year BME staff are 7% more likely to experience harassment, bullying and abuse from other staff compared to their white colleagues. This is 5% less than the National average (which is 28%) the continued focus on the reduction of abuse experienced by all staff will continue to be a priority for the Trust.

Indicator 7 compares the percentage of staff believing the Trust provides equal opportunities for career progression or promotion. The data presented indicates that more white staff, compared to BME staff, feel that the Trust provides equal opportunities for progression or promotion. There has been a 1% increase in BME staff believing that the Trust provides equal opportunities for promotion or progression over the last 12 months, compared to a 4% increase in white staff. This indicates that the gap between white and BME staff feeling that there is equal opportunity for progression or promotion has increased by 3% in the last year.

Indicator 8 compares how many staff have personally experienced discrimination at work from a Manager/Team Leader or other colleagues in the last 12 months. The data for this indicator shows that there has been a 3% decrease for BME staff and 2% decrease for white staff compared to previous years. Whilst this is an encouraging trend, there was twice the number of BME staff (15%) who reported feeling they had experienced discrimination from a Manager/Team leader or other colleagues, compared to white staff (6%).

### **Indicator 9- Board Representation**

Indicator 9 asks organisations to compare the percentage difference between the organisation's Board voting membership and its overall workforce. The Trust has 17.65% representation of BME staff on its Board, which has increased from 9.1% in the previous year.

### **Actions to WRES Priority Areas**

The data analysis presented in this report identifies three key areas of priority for the Trust:

- Increasing the representation of BME staff within Senior Leadership Teams. The Trust is developing a 'Removing the Barriers' Programme focused on attracting, recruiting and progressing BME staff.
- Tackling poor behaviour and the experience of harassment, bullying and abuse. The Trust is revising and relaunching a Trust wide initiative to reduce the incidence and impact of poor behaviour which will encompass the Trust Values.
- Understanding the variation in disciplinary outcomes. The Trust will review a representative sample of 'disciplinary decisions' undertaken within the last year, focusing on where there is an overrepresentation of BME staff in

the disciplinary procedures in comparison to their percentage in the AFC pay band.

In addition to these key areas of focus, the Trust will:

- Improve the monitoring of ethnicity in relation to Non-Mandatory Training over the coming year.
- Continue to promote ESR self-recording of protected characteristics, including ethnicity, by sharing information on how to access and use ESR.
- Celebrate the diversity of the Trust with events and activities such as Equality, Diversity and Human Rights Week and Black History Month.
- Continue to support and develop the BME Staff Network as part of the Trusts wider Staff Diversity Networks.
- Deliver an Equality, Diversity and Human Rights Strategy.

### **Monitoring Trust Wide Performance**

The Trust will monitor progress on the delivery of the WRES action plan at the Trust Equality, Diversity and Human Rights Committee chaired by the Group Chief Finance Officer. In addition, Hospitals/MCSs/MLCO will be monitored via the AOF tracking recruitment outcomes for BME staff whilst Corporate Service Teams will be monitored via the Corporate Directors Group. Assurance on delivery of the various strands of work will be through the HR Scrutiny Committee (sub-committee of the Board of Directors).