

Workforce Race Equality Standard (WRES) 2020-21

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Date Workforce Race Equality Standard reported to the Board of Directors:

12th July 2021

1. Summary

- 1.1. The Trust has taken a deliberate focus to increase ethnicity diversity at bands 8a and above following its 2019-2020 Workforce Race Equality Standard (WRES) report and there are indications that the deliberate focus is working. This year's WRES report, 2020-2021, indicates increases in the proportions of staff from Black, Asian and Ethnic Minority (BAME) backgrounds at 8a, from 9.94% to 10.83%, at 8b, from 6.91% to 7.73%, at 8c, from 3.59% to 4.81%, and at 8d from 2.53% to 4.81%; a total of 27 more BAME staff at these bands over the last twelve months. The deliberate focus is brought together under the Removing the Barriers Programme (the Programme) that comprises actions to address under-representation on two fronts, which are addressing the systematic barriers to progression and empowering BAME staff. Programme actions to address the systematic barriers include the attraction strategy, targeted recruitment, bias training, and diverse selection / interview panels. Programme actions to empower BAME staff include reciprocal mentoring and the E3 Ring-Fenced Secondment Scheme, which are 6 to 12-month secondment opportunities aimed at providing BAME staff the opportunity to gain exposure, experience, and education.
- 1.2. However, the Trust recognises it must go further, faster; BAME staff remain significantly under-presented at these senior grades. Group Executive leadership is spearheading a review of what more can be done within the Removing the Barriers Programmes, which is being undertaken by the OD and Equality, Diversity, and Inclusion Teams. And at site levels, hospitals, managed clinical services, community and corporate services have been provided granular data for their services and guidance on

promote workforce diversity and are producing local WRES plans by Q2 2021.

- 1.3. The Trust's other workforce race equality priority is addressing workplace bullying, harassment, and abuse particularly with the 2020 Staff Survey showing an increase in staff reporting feeling they have experienced bullying, harassment, and abuse at work from other staff. A zero-tolerance campaign is being developed that will apply to all staff as part of the Trust's Putting People First Strategy. Creating an inclusive environment where all staff feel safe, supported and a sense of belonging is imperative for staff wellbeing, for patient care and the performance of the Trust. Hospitals managed clinical services, community services and corporate services are holding engagement events following release of the Staff Survey to hear lived experience and to create engagement plans.

2. Introduction

- 2.1. 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 since July 2015. NHS Trusts are required to produce and publish their WRES report on an annual basis, usually by the 31st July.
- 2.2. The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators, and produce an action plan to close the gaps in the workplace between White and Black, Asian, and Minority Ethnic (BAME) staff as defined by the WRES Technical Guidance. It aims to improve the representation of BAME staff at a Board level of the organisation. The term BAME is used and defined in the WRES Technical Guidance which determines what Trusts are required to report on.

3. Scope

- 3.1. The parameters for the WRES and this report were commissioned and are overseen by the NHS Equality and Diversity Council and NHS England.
- 3.2. The WRES data included in this report has been obtained from the following sources:
 - Indicators 1, 2 and 9- Electronic Staff Records (ESR).
 - Indicator 3 - Human Resource Team records.
 - Indicator 4 - Organisational Development records.
 - Indicators 5, 6, 7 and 8- NHS National Staff Survey.

4. Definitions

- 4.1. The definition of ethnicity used for the purpose of this report is provided in the WRES Technical Guidance as outlined below:

“White” staff includes White British, Irish and Eastern European and any “white other”. The term BAME for the purpose of this report refers to staff that are from a Black or Minority Ethnic background that is not White.

4.2. The definition of non-mandatory training is given as follows:

“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 Career Progression and Development (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”.

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

4.4. The WRES includes a reporting category of, ‘Other Locally Agreed’ pay. These are staff who are not on Agenda for Change (AfC) contracts, who are not Very Senior Managers (VSM) or Medical and Dental staff. They include for example staff who remain on Whitley pay scales and Apprentices on specific pay points. There are 84 members of staff at the Trust on ‘Other Locally Agreed’ pay.

5. Analysis

5.1. The Trust’s 2020-2021 WRES data is attached at Appendix A of this report. This section provides analysis for each of the indicators.

5.2. Indicator 1-Workforce profile

5.2.1. The overall representation of staff who identify as being from a BAME background employed by the Trust is 21%. This is representative of the Greater Manchester population at around 18%, where the Trust draws 80% of its staff, and is a small overall increase in representation of BAME staff of 1%. There have also been increases in the proportions of BAME staff at bands 8a and above, which has been the deliberate focus of the Trust’s efforts. There has been an increase of 0.89% at band 8a, 0.46% at band 8b and 1.22% at band 8c. The most significant increase has been at band 8d which has risen by 3.99%. There has been no change at band 9 which has to be seen in the context that the number of band 9 posts is small; here are 55 band 9 staff at the Trust.

5.3. Indicator 2 – Recruitment

5.3.1. This indicator shows the likelihood of recruitment for a White candidate compared to a BAME candidate. With all the likelihood

indicators, a result of one means equal likelihood. A result of more than one means a less favourable variation for BAME staff. A result of less than one means a more favourable likelihood for BAME staff. The data for this indicator shows that White candidates are 1.42 times more likely to be appointed from shortlisting than BAME candidates, which is an improvement on last year's data, which was 1.67 times more likely. The national data shows that White candidates are 1.61 times more likely to be appointed from shortlisting which has increased since 2019 when it was 1.46 times more likely.

5.4. Indicator 3 – Disciplinary Process

5.4.1. 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 BAME staff are 1.86 times more likely than their White colleagues to enter formal disciplinary process. This has increased when compared to last year's data which was 1.13. The data set for this indicator is relatively small with 62 cases recorded for formal disciplinary in the last year. The subset of the number of BAME staff within the data set is too small to publish within information governance. The Trust will continue to review disciplinary cases involving members of staff from a BAME background each year with the aim of identifying and addressing any variation in experience or outcome. The national data shows that BAME staff are 1.16 times more likely to enter the formal disciplinary process. The Trust position this year indicates that the Trust is slightly more likely than the national data, and more likely than the national data for Acute Trusts, which is 1.19 times more likely to enter the formal disciplinary process, and 1.33 for community providers.

5.5. Indicator 4 – Training

5.5.1. The data indicates that White staff at the Trust are 1.04 times more likely than BAME staff to access Non-Mandatory Training or CPD. This is an improvement compared to last year's data which was 1.14. This means that White staff and BAME staff are almost equally as likely to access Non-Mandatory Training. This year's data shows the Trust's position is better than the national data, which is 1.14, and for the North West which is 1.20 times more likely.

5.6. Indicators 5 – 8 - Staff Experience

5.6.1. Indicators 5 to 8 are drawn from the NHS National Staff Survey and compare the experience of White staff and BAME staff.

5.6.2. Indicator 5 compares the percentage of staff experiencing harassment, bullying, or abuse from patients, relatives, or the public in last 12 months. 20% of BAME staff reported experiencing bullying, harassment or abuse from patients, relatives, or member of the public, a decrease of 3% from last year's data which was 23%. 21% of White staff of reported

experiencing bullying, harassment or abuse from patients, relatives, or member of the public, a decrease of 2% from last year's data which was 23%. The national data for this indicator shows that 30.3% of BAME staff have experienced this type of harassment, bullying or abuse. Staff were immediately conscious of the need to facilitate contact between patients, their families, carers, and parents during the Pandemic and made especial efforts to support people keep in touch. In addition, the Trust invested in supporting patients, families, carers to keep in touch. The NHSE COVID-19 Visiting Policy was equality impact assessed and amended to provide greater contact for patients and carers, for people giving birth and for children and young people. A Patient Liaison Team was created and increased facility for virtual contact on wards, critical care and so forth.

5.6.3. Indicator 6 compares the percentage of staff experiencing harassment, bullying, or abuse from staff in last 12 months. 29.8% of BAME staff and 23.3% of White staff reported experiencing bullying, harassment, and abuse from staff (managers and other colleagues). The way that bullying, harassment and abuse is reported in the Staff Survey changed, it had been reported as 'all staff' then changed to separating out 'managers' and 'other' colleagues. The 29.8% and 23.3% being reported combines bullying, harassment, and abuse from managers and from other colleagues to provide an 'all staff' result. The national data shows that 28.4% of BAME staff experience harassment, bullying, or abuse from other staff compared to 23.6% of White staff.

5.6.4. Indicator 7 compares the percentage of staff believing the Trust provides equal opportunities for career progression or promotion. More White staff (86%), compared to BAME staff (67%), feel that the Trust provides equal opportunities for progression or promotion. There has been a 3% increase in BAME staff believing that the Trust provides equal opportunities for promotion or progression over the last 12 months compared to no change for White staff. The national data shows that 71.2% of BAME staff believe that their organisation provides fair opportunities compared to 86.9% of White staff.

5.6.5. Indicator 8 compares how many staff report having experienced discrimination at work from a Manager/Team Leader or other colleagues in the last 12 months. The 2020 MFT Staff Survey shows that 18% of BAME staff and 7% of White staff reported feeling they had experienced discrimination from a Manager / Team leader or other colleagues. The national data shows that 14.5% of NHS staff report to having experienced discrimination at work from colleagues compared to 6% of White staff.

5.7. Indicator 9- Board Representation

5.7.1. The Trust has 16.67% representation of BAME staff on its Board, which remains the same as last year. It is noted that the Board would be considered a small data set, this means that the addition or removal of one or two individuals will have a significant impact on the percentage representation.

6. The actions the Trust is taking to advance workforce race equality.

- 6.1. The Trust's 2020-2021 WRES results confirm the priorities outlined in the Trust's equality, diversity, and inclusion strategy. *Diversity Matters*, namely increasing ethnicity diversity at bands 8a and above and addressing workplace bullying, harassment, and abuse.
- 6.2. The 2020-2021 WRES shows an increase in the proportion of BAME staff at bands 8a and above, which has been a deliberate focus of the Trust through its Removing the Barriers Programme (the Programme). Twenty-seven more staff from BAME backgrounds have been recruited into positions at Bands 8a and above in the last twelve months. The Programme is being reviewed to see what more can be done to enable the Trust to go further, faster. In addition, hospitals, managed clinical services, community and corporate services are producing WRES action plans by Quarter 2 2021-2022.
- 6.3. In addition, the Trust has taken positive action to increase diversity in its decision making with seventy staff co-opted onto command and control groups and Group committees and, more recently, twenty staff co-opted to sit on the HIVE (new Electronic Patient Record) Decision Making Authorities providing opportunities for development and exposure.
- 6.4. Core to the Trust's People Plan is creating an inclusive workplace environment where all staff feel a sense of belonging. A COVID-19 BAME Engagement Group has been established, which has been instrumental in shaping and co-producing the support to staff during COVID-19 including on risk assessment, staff testing, vaccination and health and wellbeing. The Engagement Group is chaired by a HR Director providing senior leadership and reports into the Workforce Strategic Equality Group that is chaired by the Group Executive Director Workforce and Corporate Business providing a direct line of reporting into the Covid-19 Strategic Group.
- 6.5. The Trust has recently welcomed its new BAME Staff Network Committee following an initiative to promote the Network and recruit membership. The Network is pivotal for supporting creating a sense of belonging and provides a safe and confidential space for staff to share experiences.
- 6.6. Communication campaigns and events have run throughout the year including South Asian Heritage Month, Black History Month and Ramadan with 3,000 Iftar boxes provided. The Trust put forward staff for the National BAME Health and Care Awards with four Trust staff received awards.
- 6.7. The Trust is developing a zero tolerance to bullying, harassment, and abuse campaign in response to its 2020 Staff Survey showing an increase in staff reporting feeling they have experienced bullying, harassment, and

abuse at work from other staff. Conversations have been taking place with staff across the Trust to hear their lived experiences as well as what actions they think would help. In addition, desk top research of practice elsewhere has been undertaken to inform the actions the Trust will take. The approach to bullying, harassment and abuse is part of the Trust's broader Putting People First programme aimed at strengthening culture around employment issues. It builds on what is already in place such as Freedom to Speak Up and builds on national NHS initiatives such as the NHS violence reduction. Hospitals managed clinical services, community services and corporate services have held engagement events following release of the Staff Survey to hear the lived experience of staff and create engagement plans.

Appendix A: WRES Results for Manchester University NHS Foundation Trust (MFT) 2020-2021

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

WRES Indicator	MFT 2018-2019	MFT 2019-2020	MFT 2020-2021			MFT 2020-2021 Clinical			MFT 2020-2021 Non-clinical		
Indicator 1: Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.	Band 1: 45.90%	Band 1: 46.70%	Band 1	49.14%	315	Band 1	0.00%	0	Band 1	49.14%	315
	Band 2: 19.69%	Band 2: 21.13%	Band 2	22.56%	837	Band 2	26.49%	597	Band 2	16.48%	240
	Band 3: 14.78%	Band 3: 16.65%	Band 3	17.09%	421	Band 3	20.57%	217	Band 3	14.48%	204
	Band 4: 11.32%	Band 4: 13.43%	Band 4	14.67%	319	Band 4	16.16%	175	Band 4	13.19%	144
	Band 5: 24.07%	Band 5: 24.28%	Band 5	25.22%	1,250	Band 5	26.48%	1,174	Band 5	14.50%	76
	Band 6: 14.89%	Band 6: 15.47%	Band 6	16.60%	710	Band 6	17.21%	667	Band 6	10.75%	43
	Band 7: 11.00%	Band 7: 11.98%	Band 7	12.98%	346	Band 7	12.47%	280	Band 7	15.75%	66
	Band 8a: 9.36%	Band 8a: 9.94%	Band 8a	10.83%	116	Band 8a	11.96%	96	Band 8a	7.46%	20
	Band 8b: 5.52%	Band 8b: 6.91%	Band 8b	7.37%	28	Band 8b	6.70%	15	Band 8b	8.33%	13
	Band 8c: 4.20%	Band 8c: 3.59%	Band 8c	4.81%	9	Band 8c	2.53%	2	Band 8c	6.48%	7
	Band 8d: 2.74%	Band 8d: 2.53%	Band 8d	6.52%	6	Band 8d	5.13%	2	Band 8d	7.55%	4
	Band 9: 0.00%	Band 9: 0.00%	Band 9	0.00%	0	Band 9	0.00%	0	Band 9	0.00%	0
	VSM: 2.00%	VSM: 6.67%	VSM	2.86%	2	VSM	0.00%	0	VSM	3.23%	2
	Medical and Dental: 36.46%	Medical and Dental: 38.14%	Medical & Dental	40.69%	876	Medical & Dental	40.69%	876	TOTAL	17.11%	1,134
	Other Locally Agreed: 17.31%	Other Locally Agreed: 18.89%	TOTAL	21.03%	5,235	TOTAL	22.45%	4,101			
		Trust Total: 20.00%									

WRES Indicator	MFT 2018-2019	MFT 2019-2020	MFT 2020-2021
Indicator 2: Relative likelihood of white candidates being appointed from shortlisting compared to black candidates across all posts.	1.7 times more	1.67 times more likely	1.42 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.	1.27 times more likely	1.13 times more likely	1.86 times more likely
Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared with Black staff.	1.08 times more likely	1.14 times more likely	1.04 times more likely
Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.	BAME 21% White 23%	BAME 23% White 23%	BAME 20% White 21%

WRES Indicator	MFT 2018-2019	MFT 2019-2020	MFT 2020-2021
Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BAME 23% White 16%	BAME 21% White 16%	BAME 30% White 23%
Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion.	BAME 69% White 87%	BAME 70% White 86%	BAME 67% White 86%
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?	BAME 15% White 6%	BAME 13% White 6%	BAME 18% White 7%
Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce.	BAME 17.65% The percentage difference between the organisation's Board executive membership and its overall workforce will be: -1.53%	BAME 16.67% The percentage difference between the organisation's Board executive membership and its overall workforce will be: -3.3%	BAME 16.67% The percentage difference between the organisation's Board executive membership and its overall workforce will be: -4.35%