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# WRES (Workforce Race Equality Standard) Report 2022 - 2023



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Manchester University NHS Foundation Trust (MFT) Board members

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# Introduction



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- Nationally, it is known, based on various sources of data and lived experiences, that colleagues from a Black, Asian and Minority Ethnic background have a poorer experience of working within the NHS. At MFT we are committed to improving those lived experiences and strive towards creating a culture where race and ethnicity are not barriers to progression, individuals feel safe in the workplace and difference is embraced. As a Trust we want to focus on working in partnership with our patients, service users and workforce, to change our workforce systems, rather than trying to change individuals. This enables our staff to thrive and deliver the best possible services and care to the people of Manchester, Trafford and surrounding areas.
- The importance of race equality is embedded into the [NHS People Plan 2020](#) where it states *'The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms'*. The People Promise declares *'a commitment to creating and maintaining a compassionate and inclusive culture where diversity is valued and celebrated as a critical component, and not just a desirable one.'* The Trust must also meet its legal obligations under the [Equality Act 2010](#) and [The Human Rights Act 1998](#).
- MFT's [Diversity Matters Strategy 2019-2023](#), is currently being reviewed and an updated version is being developed for 2024-2028, where the voices of our workforce will be key to our aims and objectives. This approach is also strengthened by the [NHS EDI Improvement Plan](#), which sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
- Each year the Trust is required to publish [Workforce Race Equality Standard \(WRES\)](#) data.
- The WRES provides a framework for NHS organisations to report, demonstrate and monitor progress against nine indicators of workforce equality. The indicators are a combination of workforce data and results from the NHS national staff survey and help to ensure that employees receive fair treatment in the workplace and have equal access to career opportunities.
- The WRES is included in the [NHS Standard Contract](#) and has been a requirement of NHS commissioners and NHS healthcare providers since July 2015.
- The following information in the report details key findings from the data collated for 2022/2023, comparisons of data from previous years, the progress made and actions that will be put in place to address the findings. This report is interactive and enables you to click on the indicators in the contents page and the indicator tabs at the top of each page to easily navigate through the report.
- We encourage anyone reading this report, to give us feedback about the contents and suggest improvements, so that we can enable appropriate and effective lived experiences for our diverse colleagues.

# WRES Indicators



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There are nine WRES indicators. Four of the indicators focus on **workforce data**, four are based on data from the **national NHS Staff Survey** questions, and one indicator focuses upon **BME representation on boards**. Based on the requirement from the National team, the Trust submitted the WRES data for Indicators 1 - 4 and indicator 9 on the National Data Collection Framework (DCF) on 31<sup>st</sup> May 2023. The staff survey results for Indicators 5 to 8, are taken directly from the WRES publications available on the NHS Staff Survey website.

## WRES Indicators

**Workforce indicators : For each of these four workforce Indicators, compare the data for white and BME staff**

1. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff
- Clinical staff - of which
  - Non-Medical staff
  - Medical and Dental staff

**Data Sourced from ESR**

2. Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts). **Data Sourced from ESR**

3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. **Data sourced from Human resources team records**

4. Relative likelihood of staff accessing non-mandatory training and CPD. **Data sourced from ESR and Organisational Development records**

**National NHS Staff Survey(NHSS) indicators (or equivalent): For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff. Data Sourced from NHSS**

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

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

7. Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

8. In the last 12 months have you personally experienced discrimination at work from any of the following?

b) Manager/team leader or other colleagues

**Board representation indicator: For this indicator, compare the difference for white and BME staff**

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

- By voting membership of the Board
- By executive membership of the Board

**Data Sourced from ESR**

# Data Limitations




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- Four of the WRES indicators (5 to 8) are drawn from questions in the National NHS staff survey.  
The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.
- Not all Sodexo staff within Estates & Facilities are employed by MFT , so the data shown in the report is for MFT employees only.  
Equality, Diversity and Inclusion (EDI) team will work with Estates and Facilities to identify how to capture data for this staff group.





























# Definitions

	Definitions as per Technical Guidance by NHS England WRES Team.
Term	Definitions
White staff	Includes White British, Irish and Eastern European and any “white other”.
BME staff	Staff that are from a Black or Minority Ethnic background that is not white.
Unknown	Refers to anyone who has not declared ethnicity.
Non-mandatory training	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. Accessing non-mandatory training and CPD, in this context refers to courses and developmental opportunities for which places were offered and accepted.

# Yearly comparison table

 Green – Positive

 Red –Negative

	WRES Indicator		Year					Trend	Difference between 22/22 to 22/23	
			2018-2019	2019-2020	2020-2021	2021-2022	2022-2023			
1	Percentage of black and minority ethnic (BME) staff	Overall	17.30%	20%	20.20%	21.80%	24.44%		2.6%	
		Clinical	20.17%	21.14%	22.45%	24.19%	26.99%		2.8%	
		Non-Clinical	16.53%	19.98%	17.11%	17.60%	16.44%		-1.16%	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.7	1.7	1.5	1.7	1.8		0.1	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.3	1.1	1.9	1.1	1.5		0.4	
4	Relative likelihood of white staff accessing nonmandatory training and continuous professional development (CPD) compared to BME staff		1.1	1.1	1	1	1.1		0.1	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	21.60%	24.60%	20.60%	27.10%	27.40%		0.3	
		White	22.30%	23.50%	21.20%	26.40%	25.30%		-1.1%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.80%	25.60%	29.80%	32.80%	29.90%		-2.9%	
		White	21.80%	21%	23.30%	25%	24.20%		-0.8%	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	43.10%	46.70%	42.10%	39.90%	42.20%		2.3%	
		White	60.10%	60.10%	58.50%	57.10%	54.80%		-2.3%	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	15%	13.6%	18.6%	21.7%	19.6%		-2.1%	
		White	5.50%	5.90%	6.60%	7.50%	8.10%		0.6%	
9	BME board membership		17.60%	10.40%	14.60%	5.60%	5.60%		0.0%	



# Key findings



The WRES indicators are grouped under the following categories. The categories in yellow are the High Priority Areas For Improvement highlighted in the NHS England WRES report.

## Workforce Representation

There is an increase of **2.6%** of BME staff, with an increase from **22.4%** 21/22 to **24.44%** in 22/23.

However most BME staff are still clustered at **Band 5 (24.79%)**, closely followed by **Band 6 (15.64%)** and **Band 3 (13.45%)**. There is still very low representation from Band 7 to VSM (**9.89%**).

## Recruitment

There is an increase of **0.12** in the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants, from **1.66** in 21/22 to **1.78** in 22/23.

## Disciplinary Process

There is an increase of **0.47** in the relative likelihood of BME staff entering the formal disciplinary process, from **1.06** in 21/22 to **1.5** in 22/23.

## Accessing CPD/non-mandatory training

There is an increase of **0.1** for the relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff, from **1.0** in 21/22 to **1.1** in 22/23.

## Harassment & Bullying

There is an increase of **0.3%** of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from **27.1%** in 21/22 to **27.4%** in 22/23.

Harassment, bullying or abuse from staff has improved with a decline of **2.9%**, from **32.8%** in 21/22 to **29.9%** in 22/23.

Only **25%** of the BME workforce completed the National Staff Survey.

## Career Progression

There is an increase of **2.3%** of BME staff that believe there is equal opportunity in career progression or promotion, in comparison to white staff, from **39.9%** in 21/22 to **42.2%** in 22/23.

As per the NHS England WRES report, the Trust performed better than **20%** of Trusts and worse than **80%** of Trusts.

## Discrimination

There is a slight decrease of **2.1%** of BME staff that have personally experienced discrimination at work from manager/team leader or other colleagues. From **21.7%** in 21/22 to **19.6%** 22/23.

BME staff are over twice as likely to experience discrimination compared to white staff, **19.6%** compared to **8.1%**.

As per the NHS England WRES report, the Trust performed better than **18%** of Trusts and worse than **82%** of Trusts.

## Board Representation

The percentage of BME board members has remained the same as last year at **5.56%**.

Out of **18** board members there is only **1** BME representative.

**33.33%** of the board have not declared their ethnicity.

As per the NHS England WRES report, The Trust performed better than **24%** of Trusts and worse than **76%** of Trusts.

# WRES Indicator 1



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**Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by Non-Clinical & Clinical staff.**

**Overall staff in MFT by ethnicity: 2019 – 2023 as at 31 March 2023.**

The overall headcount for the Trust is **28,712**. This has increased between 2022 and 2023 with the number of staff declaring as BME increasing to **7,016 (24.44%)**, an additional **958** people. The Data shows that the percentage of BME staff at the Trust continues to increase, growing by 2.6% in the last year.

There has also been an increase in the proportion of staff, who have not declared their ethnicity (unknown), which is now at **3,081 (10.73%)**. There has been an emphasis on the updating of ethnicity information on ESR (Electronic Staff Record)

Year	Headcount			Percentage			Total Headcount
	White	BME	Unknown	White	BME	Unknown	
<b>2018-2019</b>	15,925	4,209	1,811	72.57%	19.18%	8.25%	<b>21,945</b>
<b>2019-2020</b>	16,972	4,762	2,026	71.43%	20.04%	8.53%	<b>23,760</b>
<b>2020-2021</b>	17,466	5,240	2,198	70.13%	21.04%	8.83%	<b>24,904</b>
<b>2021-2022</b>	19,298	6,058	2,494	69.40%	21.79%	8.96%	<b>27,805</b>
<b>2022-2023</b>	18,615	7,016	3,081	64.83%	24.44%	10.73%	<b>28,712</b>

National Average:  
BME: 24.2%

# WRES Indicator 1

## Overall staff in MFT by Clusters, Pay Bands & Grades as at 31 March 2023.

Cluster   Pay Scale	Headcount			Headcount %			Total Headcount
	White	BME	Unknown	White	BME	Unknown	
Cluster 1	6,640	2,270	594	69.87%	23.88%	6.25%	9,504
Under Band 1	5	6	1	41.67%	50.00%	8.33%	12
Band 1	43	12	13	63.24%	17.65%	19.12%	68
Band 2	1,777	913	165	62.24%	31.98%	5.78%	2,855
Band 3	3,041	944	203	72.61%	22.54%	4.85%	4,188
Band 4	1,774	395	212	74.51%	16.59%	8.90%	2,381
Cluster 2	8,935	3,293	1,960	62.98%	23.21%	13.81%	14,188
Band 5	2,669	1,739	1,690	43.77%	28.52%	27.71%	6,098
Band 6	3,688	1,097	170	74.43%	22.14%	3.43%	4,955
Band 7	2,578	457	100	82.23%	14.58%	3.19%	3,135
Cluster 3	1,545	213	58	85.08%	11.73%	3.19%	1,816
Band 8A	1,139	178	47	83.50%	13.05%	3.45%	1,364
Band 8B	406	35	11	89.82%	7.74%	2.43%	452
Cluster 4	428	24	22	90.30%	5.06%	4.64%	474
Band 8C	199	10	9	91.28%	4.59%	4.13%	218
Band 8D	111	11	1	90.24%	8.94%	0.81%	123
Band 9	44		1	97.78%	0.00%	2.22%	45
Very Senior manager (VSM)	74	3	11	84.09%	3.41%	12.50%	88
Cluster 5	782	589	118	52.52%	39.56%	7.92%	1,489
Medical and Dental staff, consultants	782	589	118	52.52%	39.56%	7.92%	1,489
Of which Senior Medical Manager (SMM)	88	50	17	56.77%	32.26%	10.97%	155
Cluster 6	82	142	29	32.41%	56.13%	11.46%	253
Medical and Dental staff, non-consultant career grade	82	142	29	32.41%	56.13%	11.46%	253
Cluster 7	203	485	300	20.55%	49.09%	30.36%	988
Medical and Dental staff, trainee grades	203	485	300	20.55%	49.09%	30.36%	988
<b>Overall Workforce</b>	<b>18,615</b>	<b>7,016</b>	<b>3,081</b>	<b>64.83%</b>	<b>24.44%</b>	<b>10.73%</b>	<b>28,712</b>

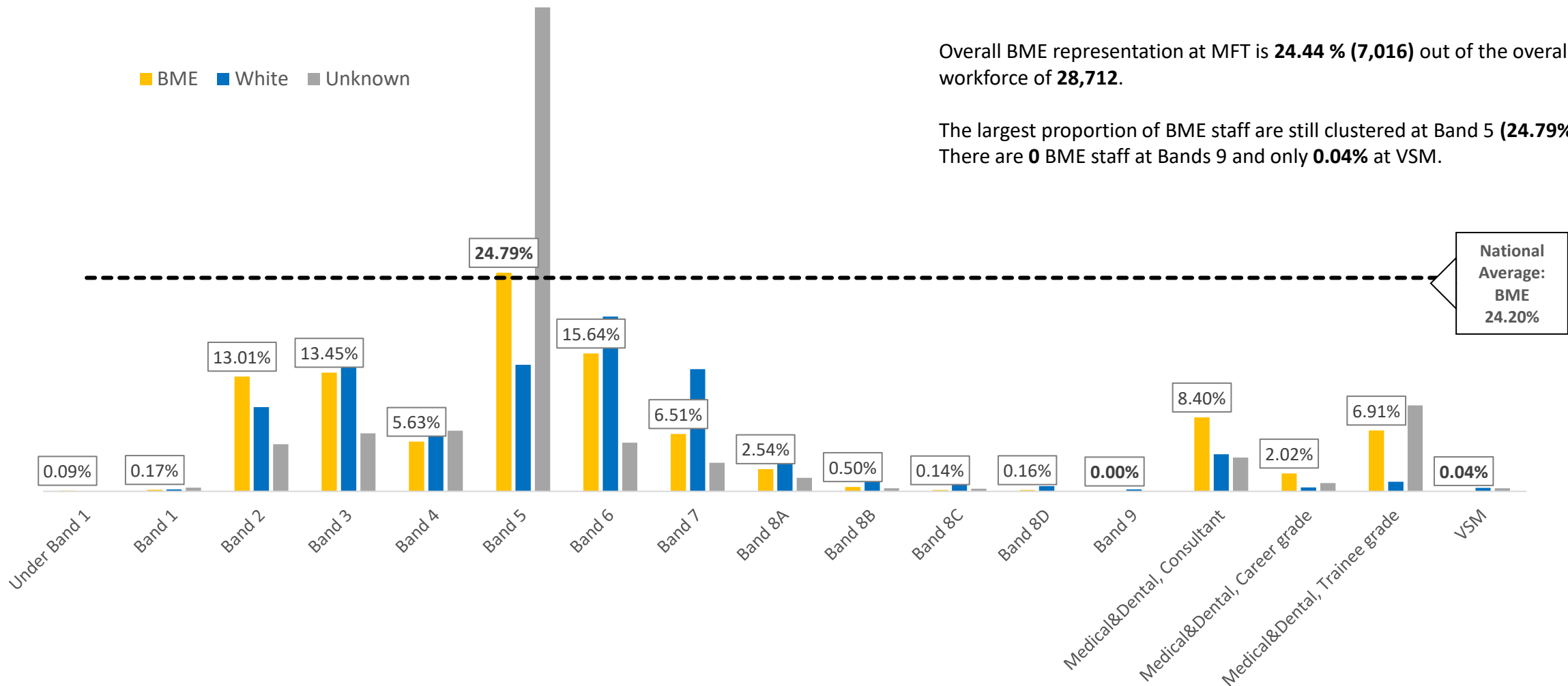
- The overall headcount for the Trust is **28,712**, which includes
  - 7,016 (24.44%)** BME staff and
  - 18,615 (64.83%)** white staff.
- Cluster 2 has the majority of workforce **14,188** and the number of BME (**3,293**) is the highest here, followed by Cluster 1, Cluster 5, 7, 3, 6 and 4.
- 30.1 %** of staff in cluster 7 have not declared their ethnicity.

# WRES Indicator 1



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## Overall staff in MFT by Pay Band and Grade as at 31 March 2023.



# WRES Indicator 1

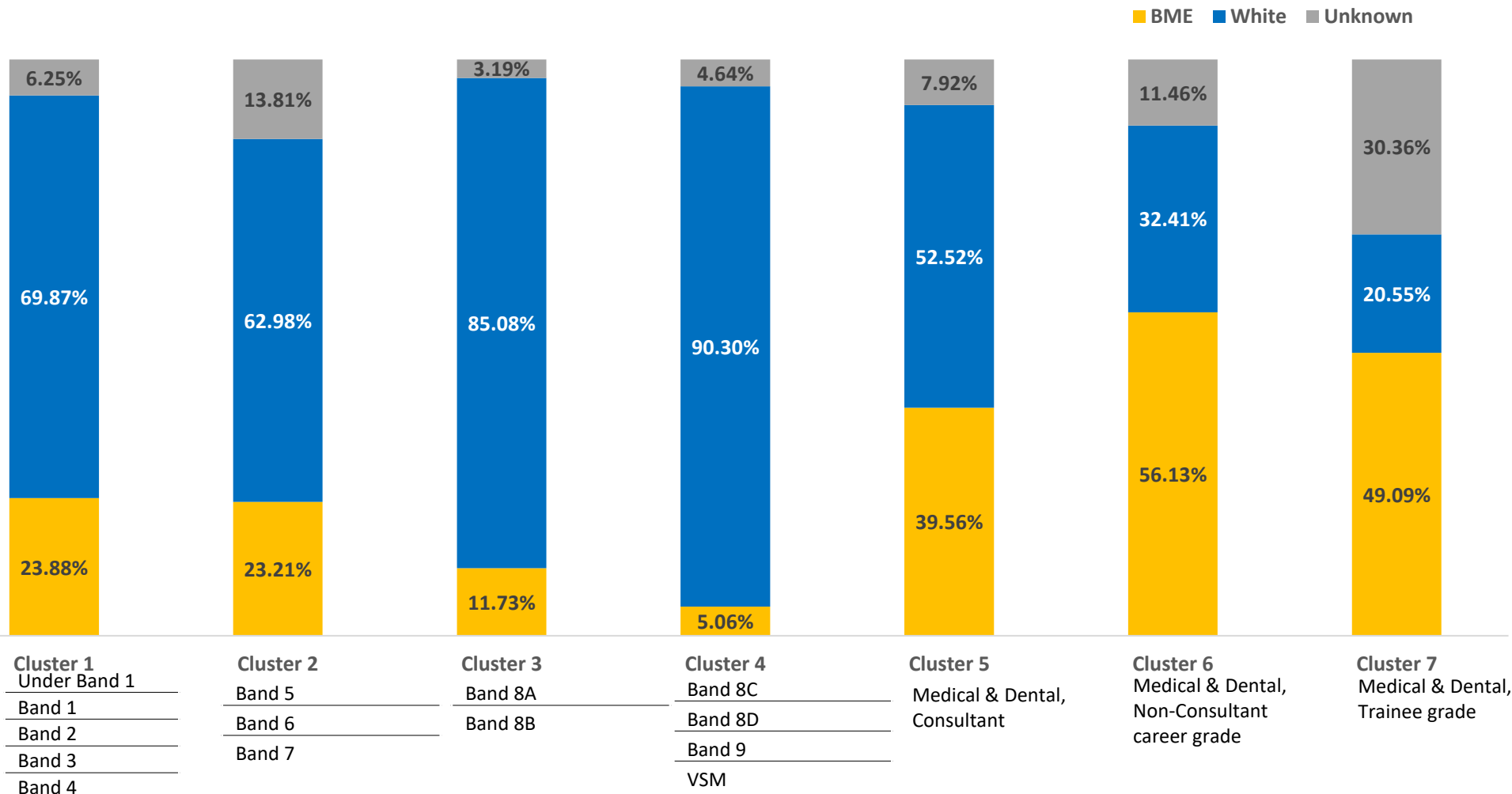


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## Overall – Clinical and Non-Clinical Clusters



- Cluster 1 to 4 comprises of both Clinical and Non-clinical staff.
- Cluster 5 to 7 contains only clinical staff.
- Staff in Clinical category can be both Non-medical, Medical & Dental.



- The BME representation is significantly low (**5.06%**) in **Cluster 4**.
- However Cluster **5, 6 and 7** has the greatest number of BME staff ranging between **40% to 57%**.
- Also to note is the percentage of staff members who have not declared their ethnicity at **Cluster 7**, this is the highest (**30.36%**) as compared to all other clusters.

National Average:  
24.2%

# WRES Indicator 1



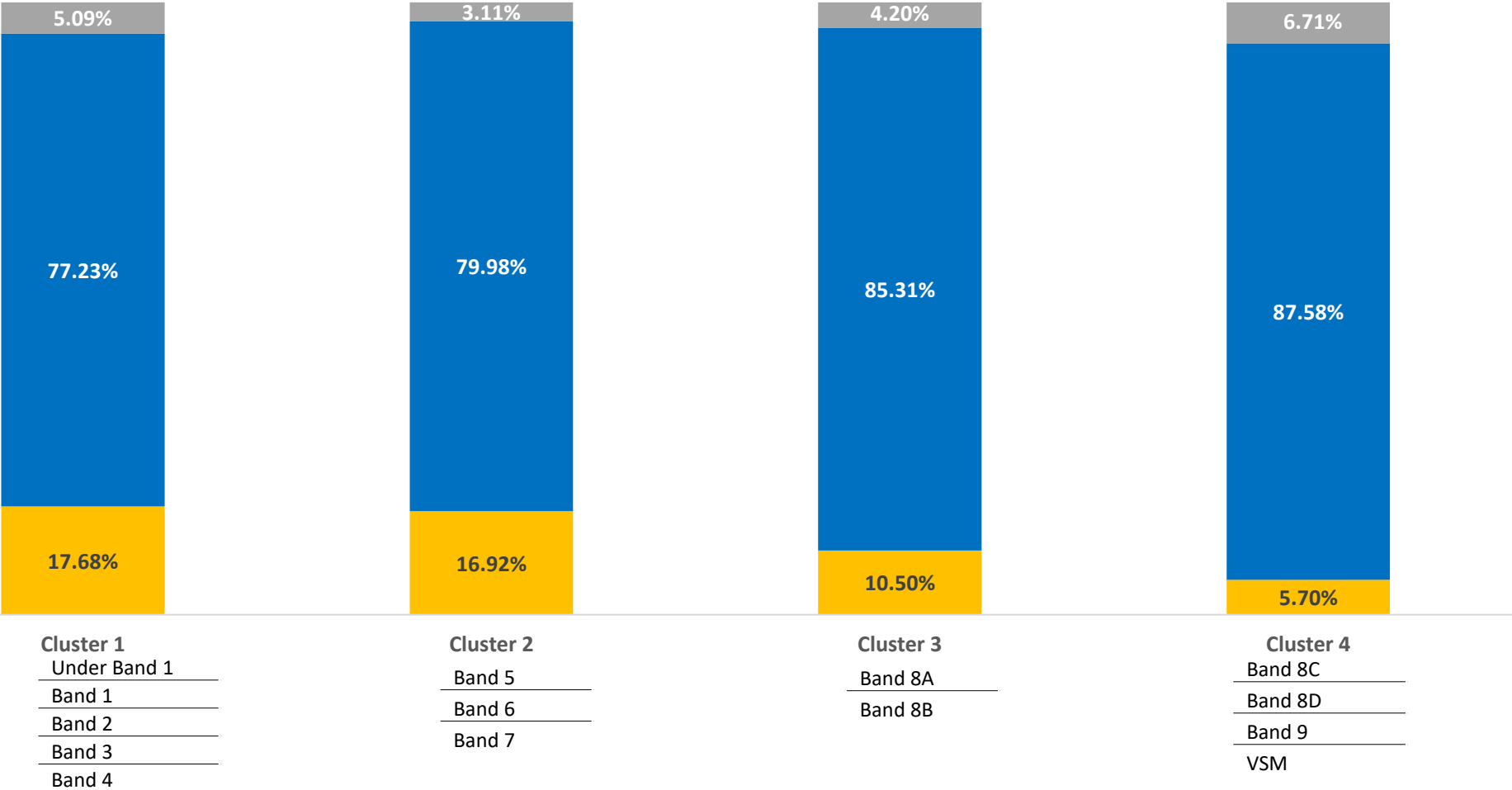
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## Non-Clinical Clusters



- Only Cluster 1 to 4 contains Non-clinical staff
- Clinical staff are present in clusters 1 to 7.

■ BME ■ White ■ Unknown



- Proportion of BME staff is significantly low (**5.70%**) at cluster 4 as compared to other clusters in non-clinical category
- Overall representation of BME staff across non-clinical category is very low as compared to clinical categories across clusters 1 to 4.
- Also to note is that only a small proportion of staff have not declared their ethnicity in the non-clinical category.

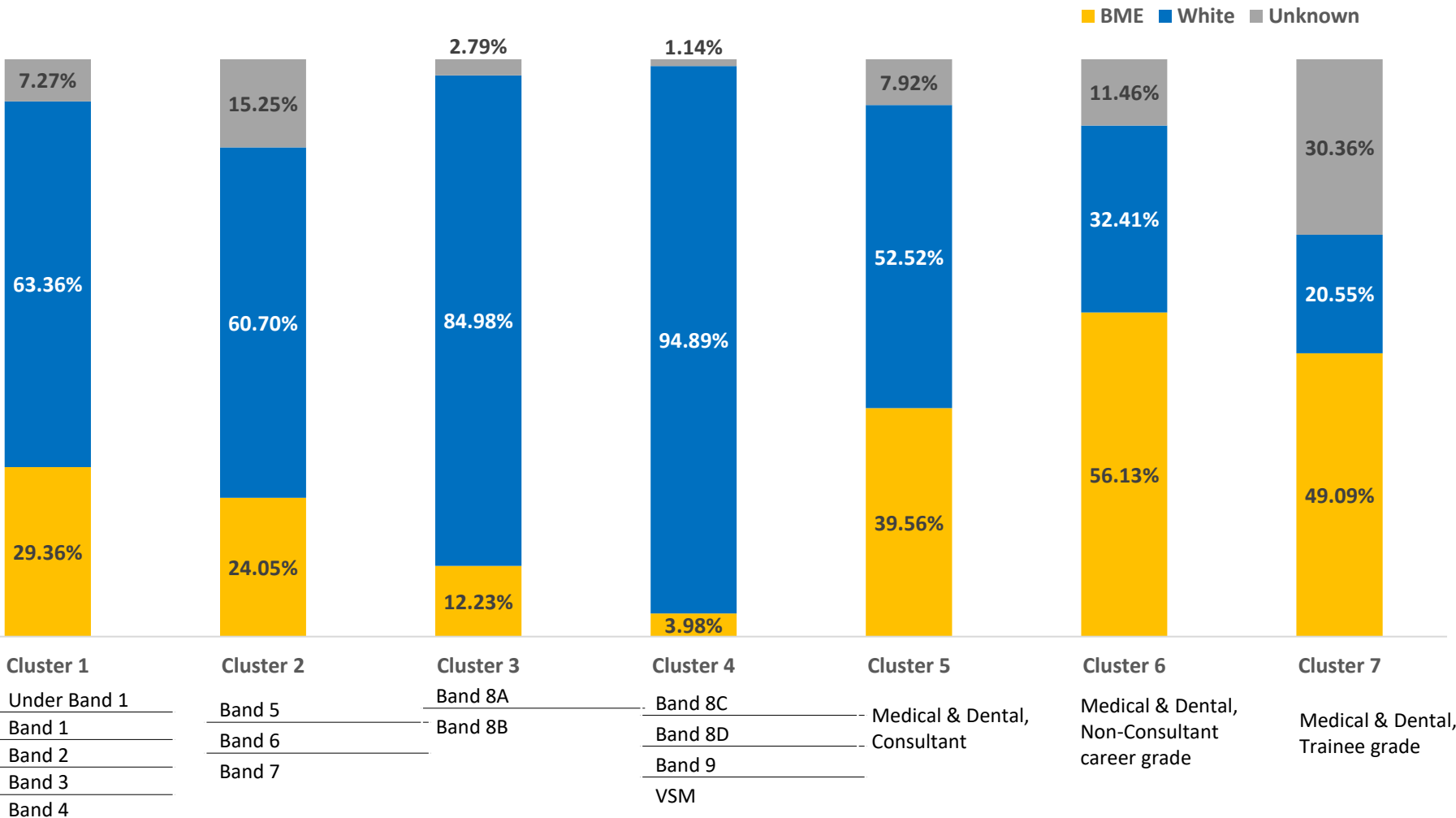
National Average:  
24.2%

# WRES Indicator 1



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## Clinical Clusters



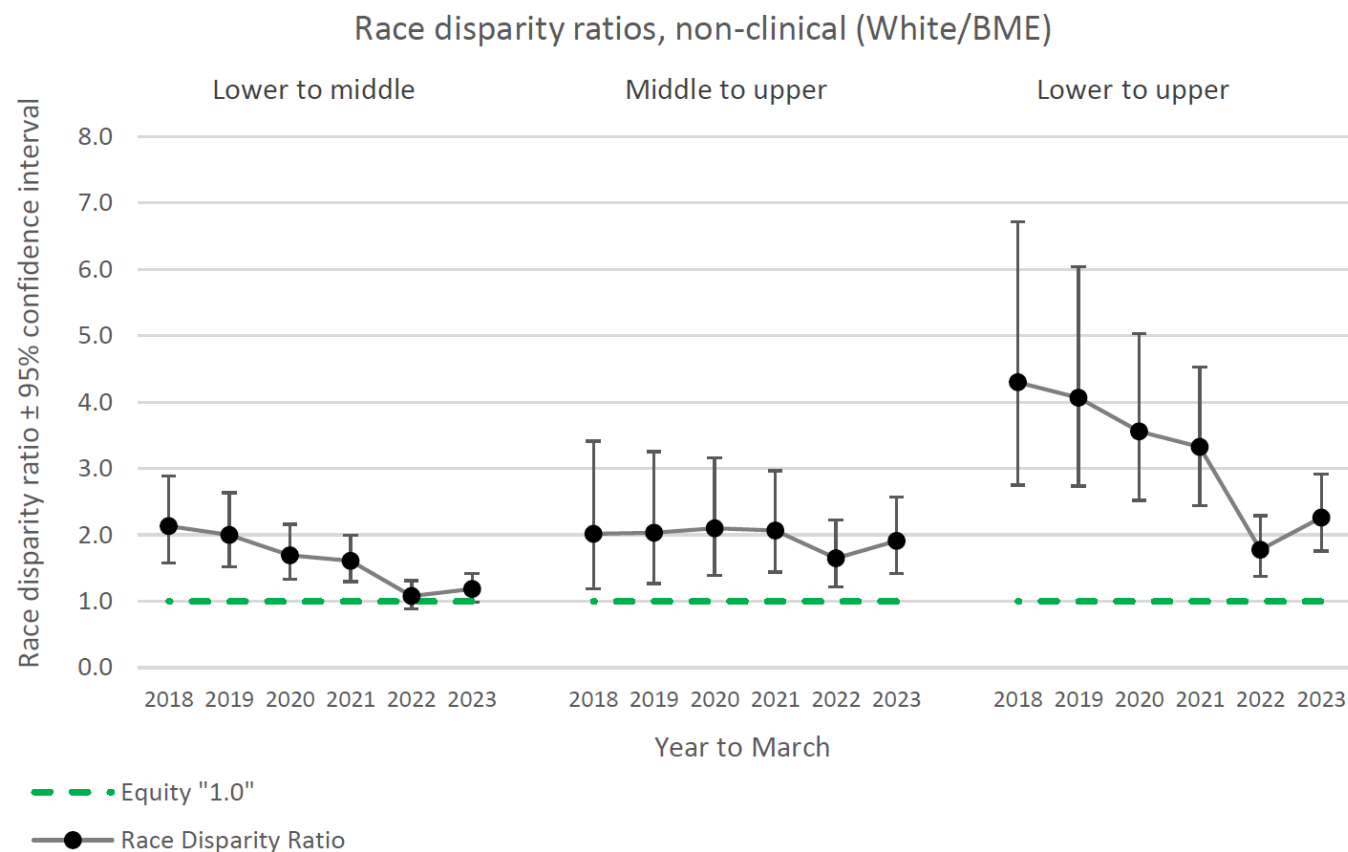
- Cluster 1 to 4 comprises of both Clinical and Non-clinical categories.
- Cluster 5 to 7 contains only clinical category.
- Clinical category contains both Non-medical, Medical & Dental Staff

- BME representation is significantly low (**3.98%**) in Cluster 4 as compared to other clusters.
- However clinical cluster **5, 6 and 7** has the highest number of BME staff ranging between **40% to 57%**.
- A quarter of the BME workforce is present at Clusters 1 and 2.
- 30%** of the Cluster 7, Medical & Dental trainee grade have not declared their ethnicity. In Clusters 3 and 4 majority of staff have declared their ethnicity.

National Average:  
24.2%

# WRES Indicator 1

## Race disparity ratios for non-clinical staff on AfC pay bands



The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than "1.0" this means that progression favours white staff, whilst if the race disparity ratio is below "1.0", this means that progression favours BME staff.

Lower: non-clinical bands 5 and under

Middle: non-clinical bands 6 to 7

Upper: non-clinical bands 8a and above

At March 2023:

- Lower to middle: **1.18**; not significantly different from "1.0" (or equity).
- Middle to upper: **1.91**; higher than "1.0" (or equity) to a small degree.
- Lower to upper: **2.26**; higher than "1.0" (or equity) to a small degree.

Lower: non-clinical bands 5 and under

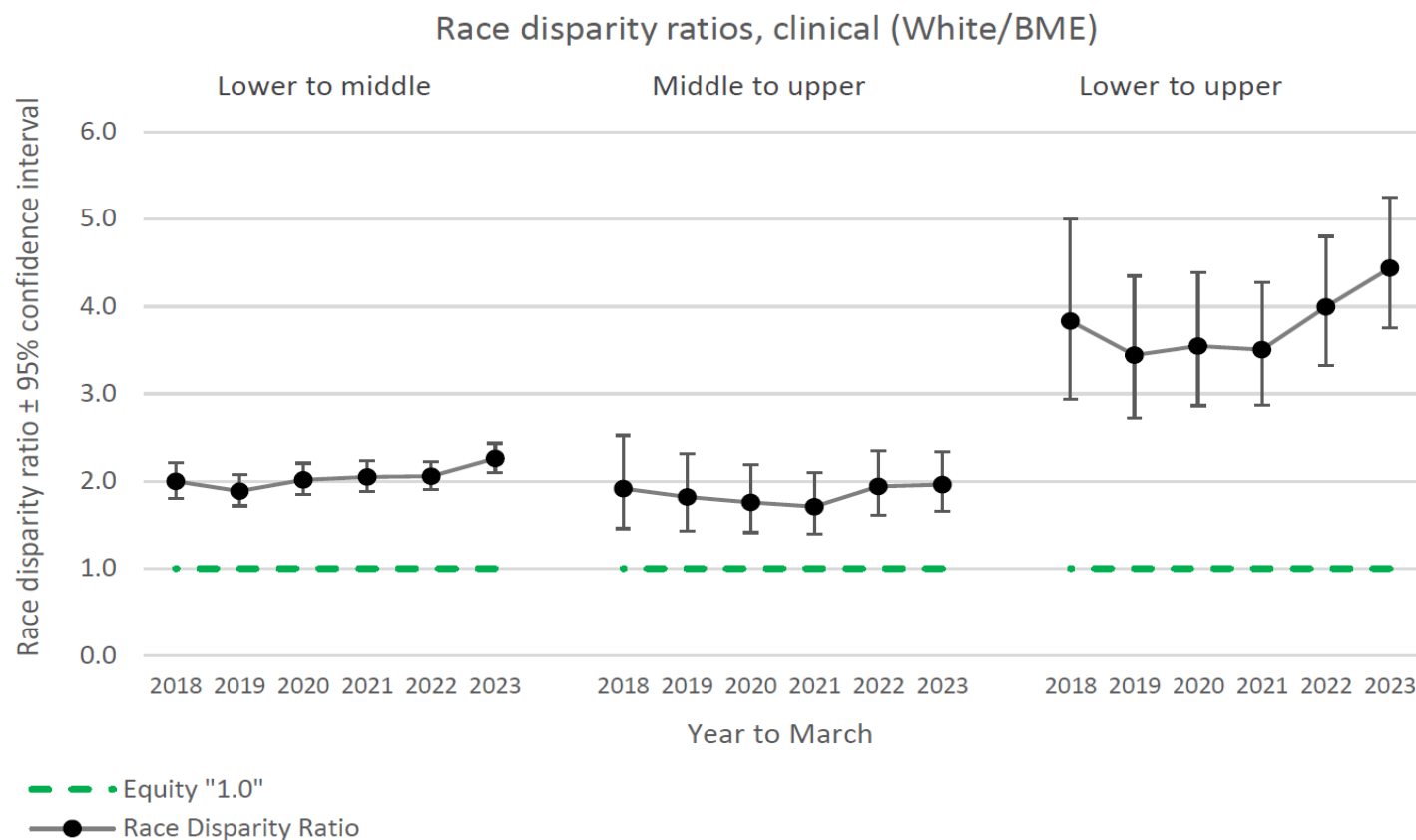
Middle: non-clinical bands 6 to 7

Upper: non-clinical bands 8a and above



# WRES Indicator 1

## Race disparity ratios for clinical staff on AfC pay bands



The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than "1.0" this means that progression favours white staff, whilst if the race disparity ratio is below "1.0", this means that progression favours BME staff.

Lower: non-clinical bands 5 and under

Middle: non-clinical bands 6 to 7

Upper: non-clinical bands 8a and above

At March 2023:

- Lower to middle: 2.26; higher than "1.0" (or equity) to a small degree.
- Middle to upper: 1.96; higher than "1.0" (or equity) to a small degree.
- Lower to upper: 4.44; higher than "1.0" (or equity) to a medium degree.

Lower: clinical bands 5 and under

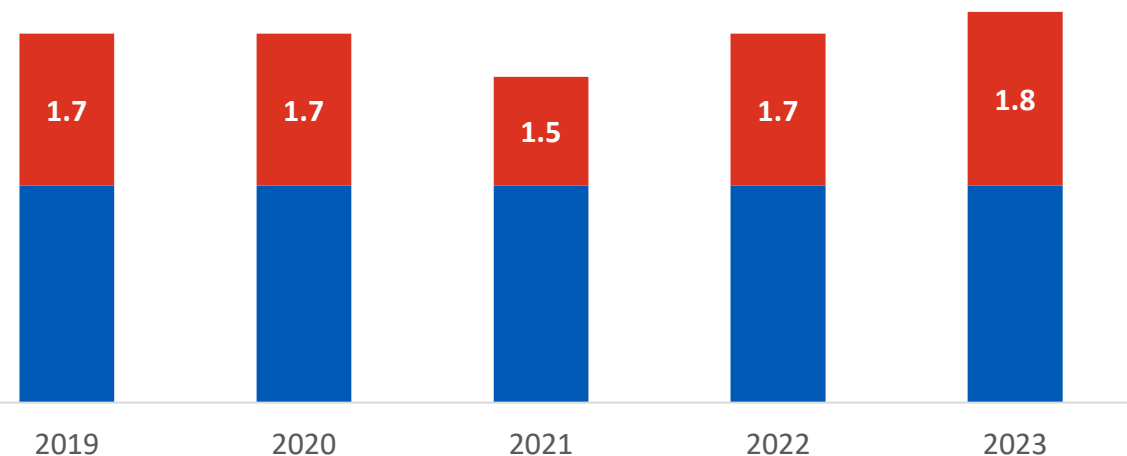
Middle: clinical bands 6 to 7

Upper: clinical bands 8a and above

# WRES Indicator 2

## Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts): 2019 - 2023

2019	2020	2021	2022	2023
1.7	1.7	1.5	1.7	1.8



A relative likelihood of **1** means that there is **no difference** and white applicants are just as likely to be appointed compared to BME applicants.



A relative likelihood of **over 1** is indicated in **red** and means that white applicants have a **greater likelihood** of being appointed from shortlisting than BME applicants.



A relative likelihood below 1 indicates that white applicants are less likely to be appointed compared to BME applicants.

Number of applicants 2022/23	White	BME	Unknown
Applied	16,751	41,407	1,117
Shortlisted	8,291	7,223	440
Appointed	1,933	944	153

- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased since last year by **0.1**.
- For the last two years we have appointed proportionately less BME applicants from shortlisting than white applicants.

National Average : 1.5

# WRES Indicator 3

## Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation: 2019-2023

2019	2020	2021	2022	2023
1.3	1.1	1.9	1.1	1.5



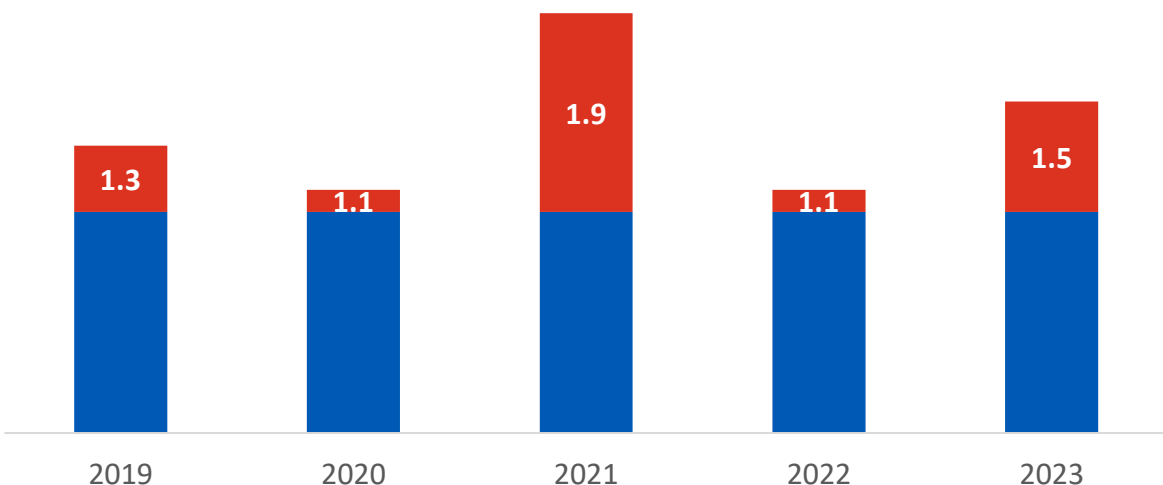
A relative likelihood of 1 means that there is no difference and BME staff are just as likely to enter the formal disciplinary process compared to white staff.



A relative likelihood above 1 indicated in **red** means that BME staff are more likely to enter the formal disciplinary process compared to white staff.



A relative likelihood below 1 indicates that BME staff are less likely to enter the formal disciplinary process compared to white staff.



In the past year there has been an improvement in the relative likelihood of BME staff entering the formal disciplinary process. However, BME staff are one and a half times more likely to enter the formal disciplinary process compared to white staff.

National Average : 1.1

# WRES Indicator 4

## Relative likelihood of staff accessing non-mandatory training and CPD : 2019 - 2023

2019	2020	2021	2022	2023
1.1	1.1	1.0	1.0	1.1



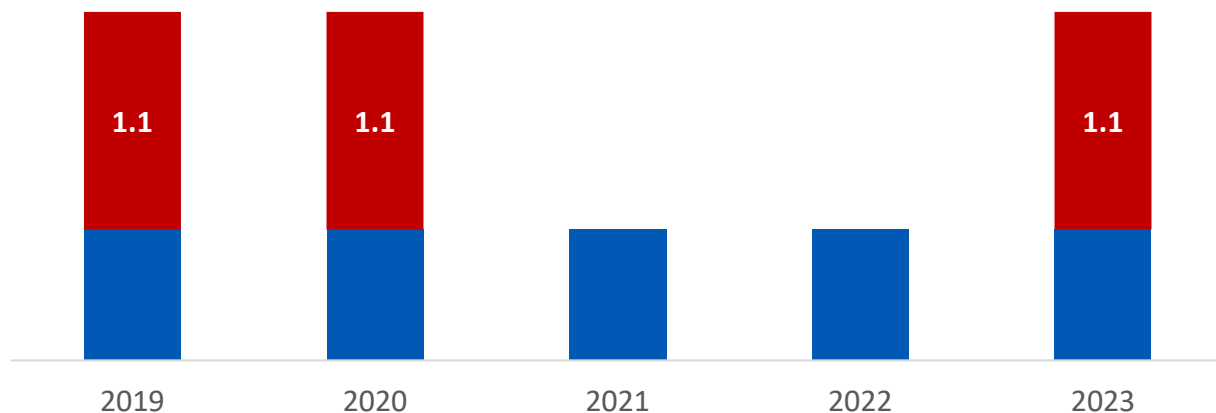
A relative likelihood of 1 means that there is no difference and white staff are just as likely to access non-mandatory training compared to BME staff.



A relative likelihood above 1 indicated in **red** means that white staff are more likely to access non-mandatory training compared to BME staff.



A relative likelihood below 1 indicates that white staff are less likely to access non-mandatory training compared to BME staff.



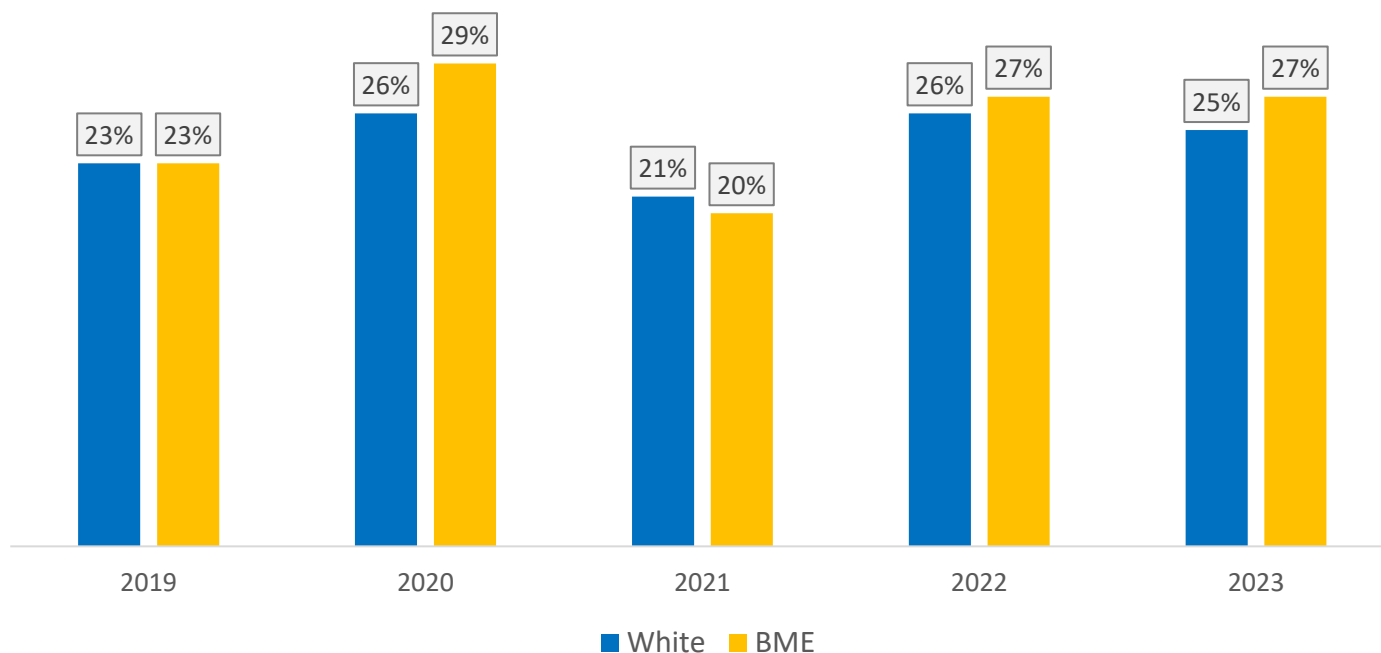
- White staff have remained more likely to access non-mandatory training and CPD compared to BME staff across years.
- For the current year white staff are more likely to access non-mandatory training and CPD in comparison to BME staff.

National Average : 1.1

# WRES Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months: 2019-2023

	White	BME
Overall Workforce at MFT: 28,712	Overall 18,615	Overall 7,016
	Responded to NHSS 6,309	Responded to NHSS 1,782



- This data is from the National Staff Survey results
- Only **25%** of the BME staff completed the survey in comparison to **34%** of white staff.
- Over a quarter of all staff experience harassment, bullying or abuse from patients, relatives or the public.
- There is an increase of **0.3%** of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from **27.1%** to **27.4%** in 22/23.

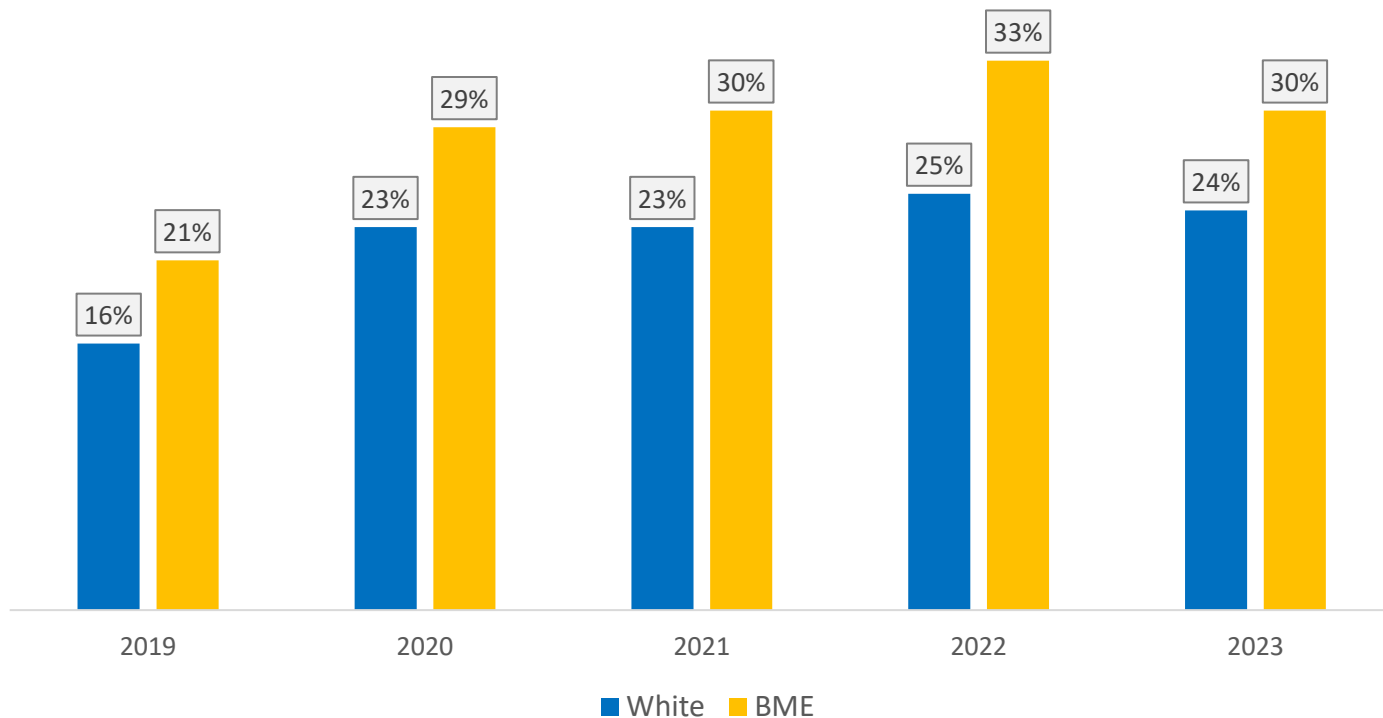
National Average  
BME: 30.8%  
White: 26.9%

# WRES Indicator 6



Manchester University  
NHS Foundation Trust

## Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2019-2023



	White	BME
Overall Workforce at MFT: 28,712	Overall 18,615	Overall 7,016
	Responded to NHSS 6,316	Responded to NHSS 1,785

- This data is from the National Staff Survey results
- Only **25%** of the BME staff completed the survey in comparison to **34%** of white staff.
- There has an been a decrease of **3%** in the number of BME staff reporting harassment, bullying or abuse from staff.

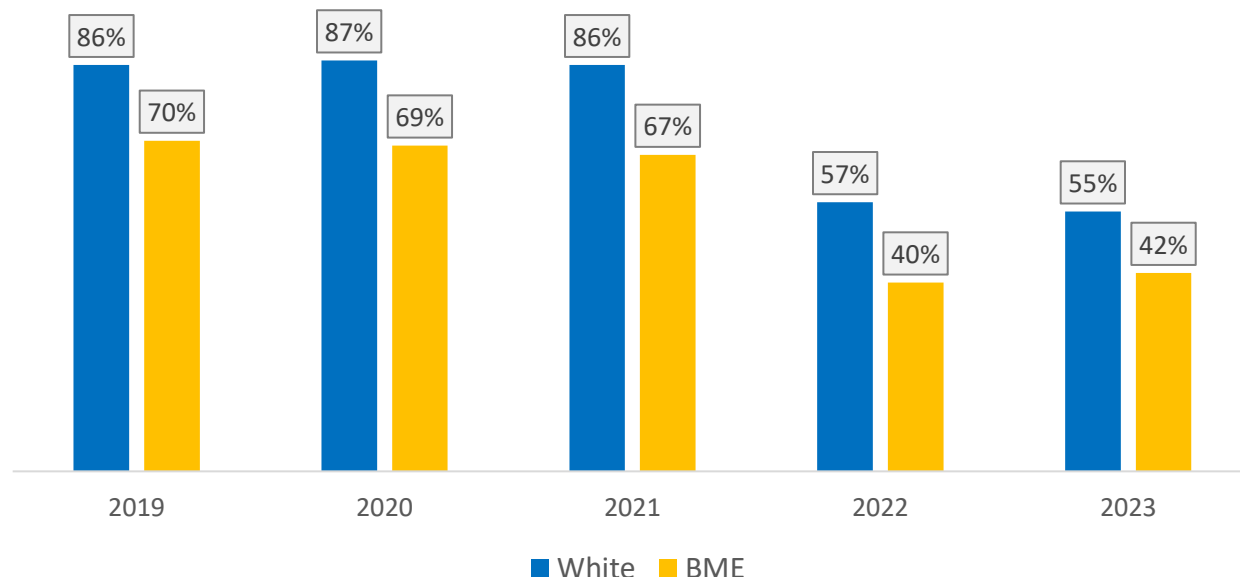
National Average :  
BME 28.8%  
White: 23.3%

# WRES Indicator 7



Manchester University  
NHS Foundation Trust

## Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion: 2019 - 2023



Overall Workforce at MFT: 28,712	White	BME
	Overall 18,615	Overall 7,016
	Responded to NHSS 6,316	Responded to NHSS 1,781

- This data is from the National Staff Survey results.
- Only 25% of the BME staff completed the survey in comparison to 34% of white staff.
- There has been an increase by **2.3%** for the number BME staff that believe the Trust provides equal opportunities for career progression or promotion.
- However, the percentage of staff who believe that the trust provided equal opportunities for career progression or promotion is significantly lower for BME staff than for white staff.
- As per the NHS England WRES report, the Trust performed better than 20% of Trusts and worse than 80% of Trusts. This indicator was highlighted as a high priority improvement area for the Trust.
- As reported by the National team, the Trust has been in the bottom 10% for the last two years for this indicator

National Average :  
BME: 47%  
White: 58.6%

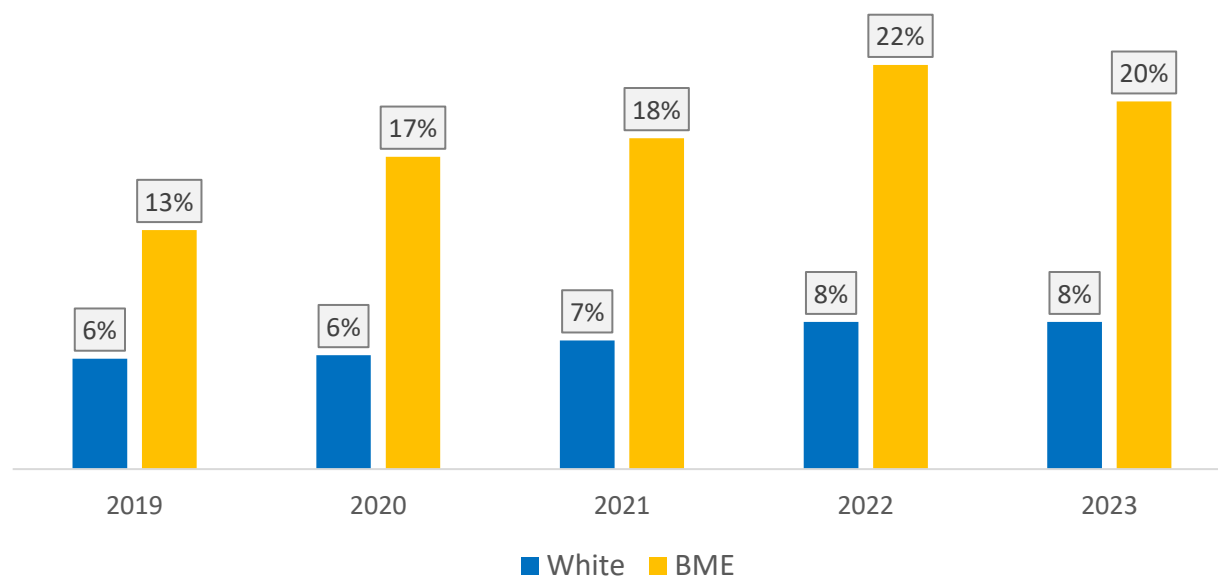
# WRES Indicator 8



Manchester University  
NHS Foundation Trust

## Percentage of staff personally experienced discrimination at work from manager/team leader or other colleague: 2019 - 2023

	White	BME
Overall Workforce at MFT: 28,712	Overall 18,615	Overall 7,016
	Responded to NHSS 6,280	Responded to NHSS 1,764



- This data is from the National Staff Survey results.
- Only **25%** of the BME staff completed the survey in comparison to **34%** of white staff.
- There has been an **2.1%** increase in the BME staff that have personally experienced discrimination at work from manager/team leader or other colleague.
- The overall percentage of staff who personally experienced discrimination from manager/team leader or other colleague is significantly higher for BME staff than for white staff.
- As per the NHS England WRES report, the Trust performed better than **18%** of Trusts and worse than **82%** of Trusts. This indicator was highlighted as a high priority improvement area for the Trust.
- As reported by the National team, the Trust has been in the bottom 10% for the last two years for this indicator.

National Average :  
BME: 17.3%  
White: 6.5%

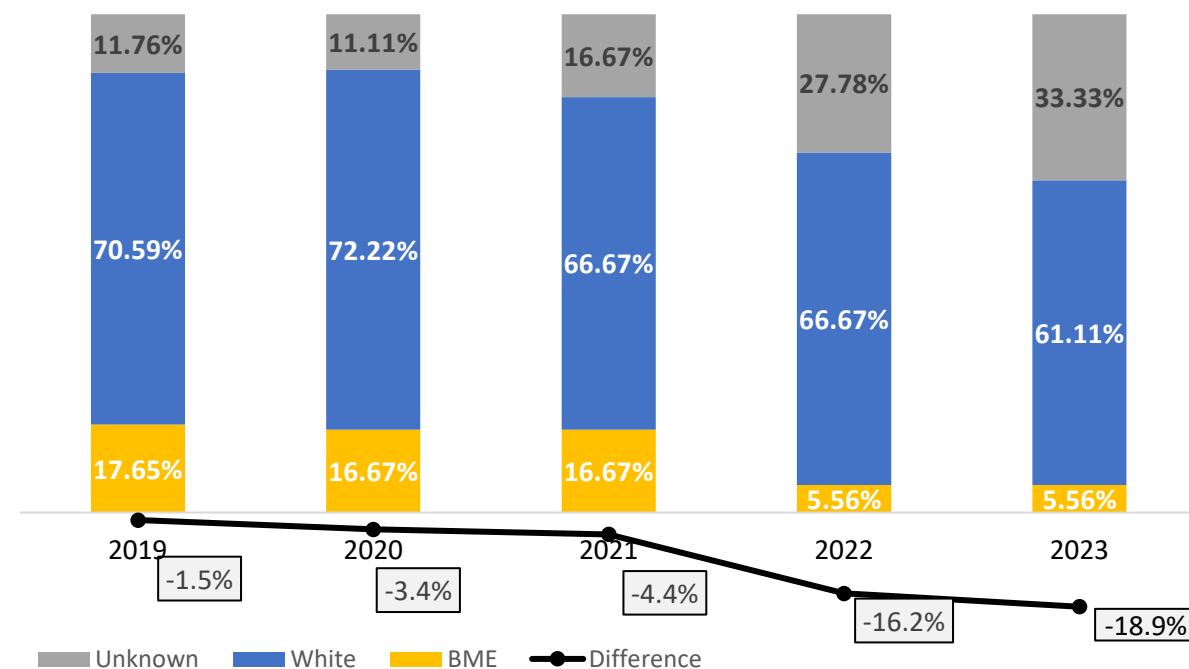


# WRES Indicator 9

## Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

## Percentage of board members and percentage difference in comparison to BME workforce: 2019 - 2023



For percentage difference, value of:

- "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce.
- A positive value means that the percentage of BME members on the board of directors is higher than in the workforce.
- A negative value means that the percentage of BME members on the board of directors is lower than in the workforce.
- These calculations are made for all board members considered together, as well as for voting members and executive members considered separate

Year	Category	Headcount				Percentage		
		White	BME	Unknown	Total	White	BME	Unknown
2023	Exec	7	1	1	9	77.78%	11.11%	11.11%
	Non-exec	4	0	5	9	44.44%	0.00%	55.56%

- All board members have voting membership.
- The number of BME voting board members has remained the same at **5.6%**.
- In the last four years there has been a decrease of 12.09% in terms of BME representation on the board.
- Out of **18** board members there is only **1 BME (Exec)** representative.
- **33.33%** of the board have not declared their ethnicity.
- The percentage of BME members on the board of directors is lower than in the workforce.
- As per the NHS England WRES report, The Trust performed better than **24%** of Trusts and worse than **76%** of Trusts. This indicator was highlighted as a high priority improvement area for the Trust.

National Average:  
**13.2%**

# Key Areas of Progress and Actions for Next 12 Months

## Culture Change

### Leadership

#### 1. Diversity Matters Strategy

In 2023, the EDI Team conducted a series of listening events with colleagues across the Trust and communities, to develop the Trust's EDI strategy – 'Diversity Matters 2024-2028'. Consultation is also currently taking place with our communities. The refreshed strategy will reflect an understanding of the WRES data to improve the experience of ethnically diverse colleagues across the Trust. The Strategy will be published in 2024 and shared with our workforce and communities.

#### 2. NHS Employers' Diversity In Health & Care Partners Programme 2023/24

The Trust is participating in the NHS Employers' Diversity In Health & Care Partners Programme 2023/24. The Programme supports health and care organisations to create more inclusive workplace cultures, where uniqueness of beliefs, backgrounds and ways of living are welcomed and celebrated. It is a year-long programme that includes a session for Board members on the strategic business case for EDI, four face-to-face interactive modules and specialist virtual masterclasses. The programme also provides access to leading industry experts, good practice, guidance, resources and networking opportunities.

#### 3. Board members and Protected characteristics

The Trust has agreed that each Board member will act as a sponsor for each protected characteristic. This will result in dedicated and targeted leadership support, provide accountability and governance from senior leaders. Reinforce the commitment to improving lived experiences and develop an inclusive leadership culture.

## Recruitment

### Career Progression

#### 4. Removing The Barriers Programme

The Trust is currently reviewing the Removing the Barriers (RTB) Programme. The Programme was launched at MFT in September 2020, with the aim of increasing ethnic diversity at Bands 8a and above. The Trust started the RTB Programme as it found that representation of ethnically diverse staff, significantly decreases at Bands 8a and above. A workshop was held with RTB members in June 2023 to capture their thoughts and experiences of the Programme, followed by a Task and Finish Group to provide a platform to make improvements. Various suggestions were made by the Group regarding expanding opportunities for staff at bands lower than 8a based on our WRES data. This will contribute to a more appropriate and effective Programme with a relaunch in 2024.

#### 5. The MFT Widening Participation Team

The MFT Widening Participation Team continued to deliver exceptional supported opportunities to attract the best of the talent Manchester has to offer. The Trust offer supported Internships and employment-based study programmes, to give students the opportunity to develop employability skills. MFT has operated a Supported Internship programme for over 10 years in partnership with a local non-profit support provider and several local educational facilities. The Trust now hosts interns across North Manchester, Trafford, Oxford Road and Wythenshawe sites making it one of the largest employer hosts in the country. 70% of the pre-employment students and 45% of the interns were from ethnically diverse backgrounds. The scheme typically sees around 50-60% of learners gaining paid employment at the end of the programme.

In 2022-23 they piloted a community recruitment campaign, which makes MFT roles more accessible to our local communities. They market opportunities directly to people in local communities, through stakeholders and deliver recruitment processes advice and guidance in the local community, to simplify the application and selection process where applications are completed following interview. Campaigns were piloted across Manchester and Trafford. For all campaigns, all roles were filled, and they succeeded in attracting a more diverse range of candidates. Most attendees for all campaigns were from an ethnically diverse background.

# Key Areas of Progress and Actions for Next 12 Months

## Harassment & Bullying

## Discrimination

## Staff Experience

### 6. Bullying Harassment and Abuse

The Workplace Bullying, Harassment and Abuse Task and Finish Group reconvened in 2023. The outcomes of the Group will be closely monitored and embedded within NHS England's **EDI Improvement Plan**, to address High Impact Action 6, which is to 'Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.' Staff that have experienced bullying, harassment and abuse will be encouraged to attend, to inform discussion and create solutions. To support targeted approaches to reducing bullying, harassment and abuse in the workplace, the EDI Team are working with the Estates and Facilities Team to expand the recording of Sexual Violence assaults via the Ulysses Incident Management System so that staff can directly report incidents of bullying, harassment and abuse.

### 7. Anti-Racism Framework

MFT are reviewing the approach to becoming an active anti-racist organisation. A workshop focused on race will initially take place in October with our Group Management Board and Nurse Directors, followed by a more detailed workshop to explore how they can actively create an anti racist culture. The aim is to then adopt the [North West BAME Assembly Anti Racism Framework](#), which guides and supports health organisation to achieve bronze, silver and gold accreditation against five themes:

- Prioritise anti-racism
- Understand lived experiences
- Grow inclusive leaders
- Act to tackle inequalities
- Review progress regularly

### 8. Staff Network & Engagement Groups

The Trust now has a variety of Staff Networks including, BAME Staff Network, LGBTQ+ Staff Network, Diverse Abilities Network, Muslim Staff Network, Hindu Staff Network, Carers Network, Armed Forces Staff Network and others developing in the future, such as a Black Staff Network to focus on specific challenges and outcomes. The Networks are operating at various stages but are supported by our Engagement Groups, chaired by HR Directors, providing senior leadership support to the voice of the groups. The Trust is undertaking a review of staff networks for all protected characteristics and how they can best be supported, to enhance the support they provide to staff and in turn, to deliver effective services, through our diverse workforce, to our diverse patients and service users. A Staff Network Development Session was held in September 2023 with all Staff Network Chairs to form the guidance for the future development of the staff networks. Discussions included Protected time, Network Models and key challenges. The Trust's Chief Executive, Mark Cubbon, now meets with Staff Network chairs as a group on a quarterly basis to discuss progress and improvements.

## Capacity to deliver objectives

### 9. EDI Team Restructure

To develop a robust and effective Diversity Matters Strategy, 2024-2028, we need to be able to respond to the demands made of the EDI Team. We are currently consulting with EDI Team members, to restructure the team, to be more flexible and responsive to our priorities and to create an inclusive culture within the workforce and diverse communities.

# Action Plan for Next 12 Months

Action	By When	By Who
Renew Diversity Matters Strategy 2024-2028	30 <sup>th</sup> August 2024	EDI Team
Implement EDI Improvement Plan (addressing all the High Impact Actions)	2023-2025	EDI Team and Partners from across the Trust
Adopt the Northwest BAME Assembly anti racism framework	31 <sup>st</sup> March 2024	EDI Team
Produce Staff Network and Engagement Groups Policy	31 <sup>st</sup> March 2024	EDI Team
Restructure the EDI Team	30 <sup>th</sup> November 2023	EDI Team
Implement process to record discrimination incidents on Ulysses	31 <sup>st</sup> May 2024	EDI Team, Human Resources, Estates and Facilities Team



**Manchester University**  
NHS Foundation Trust

**We would really appreciate feedback and suggestions for improvements on this report**

**Please contact the Equality Diversity & Inclusion Team via the email address below**

**[equality@mft.nhs.uk](mailto:equality@mft.nhs.uk)**