



Manchester University
NHS Foundation Trust

Workforce Race Equality Standard (WRES) Report 2023 - 2024

Those responsible for compiling and reviewing the Workforce Race Equality Standard (WRES) report:

Nick Bailey, Director of Corporate Workforce

Caron Martin, Group Associate Director for Equality, Diversity and Inclusion

Jismy Vellakunathu Kunjachan, Equality, Diversity and Inclusion Practitioner

Workforce Planning & Information Team

Manchester University NHS Foundation Trust (MFT) Board members

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Contents

Page #	Content
4	Introduction
5	WRES Indicators
6	Data Limitations
7	Definitions
8	Yearly comparison table for WRES indicators
9	Key Findings
10	WRES indicator 1 : Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (Very Senior Manager) (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: Non-Clinical staff and Clinical staff.
18	WRES indicator 2 : Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts).
19	WRES indicator 3 : Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
20	WRES indicator 4 : Relative likelihood of staff accessing non-mandatory training and CPD
21	WRES indicator 5 : Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
22	WRES indicator 6 : Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
23	WRES indicator 7 : Percentage of staff believing that the trust provides equal opportunities for career progression or promotion
24	WRES 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
25	WRES indicator 9 : Percentage difference between the organisations' Board membership and its overall workforce disaggregated, by voting membership of the Board and executive membership of the Board
26	Key Areas of Progress and Actions for Next 12 Months
28	Action Plan for Next 12 Months

Introduction

- 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 2019-2024](#), 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 2023/2024, 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 have included detailed data for each indicator where possible, ensuring that individuals cannot be identified. The data for the NHS Staff Survey 2023 indicators were made available and is included.
- In this report, we have used the data from NHS Staff Survey 2023, as the results of the 2024 survey will not be available until after October 2024.
- EDI Team is working with the Workforce Planning & Information Team to gather detailed data for the remaining indicators, which will be included in next year's report.
- By breaking down the data for WRES indicators and considering intersectionality, we aim to ensure that our equality efforts reflect the real experiences of our diverse staff. This approach will help MFT stay accountable, build trust and create meaningful positive change.
- At the time of writing this report, NHS England's latest report had not been released, so we do not have the national comparative data for this year.
- 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

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 31st May 2024. 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?
 - a) 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

- 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.
- In this report, we have used the data from NHS Staff Survey 2023, as the results of the 2024 survey will not be available until after October 2024.
- The data for the NHS Staff Survey 2023 indicators is already available and included.
- Data by Pay Band is not available for NHS Staff survey indicators - EDI team is working with OD Team to extract this data for next years report.
- EDI team is also working with the Workforce Planning & Information Team to add detailed data for the other indicators in next year's report.
- This year, we have included data from Sodexo. However, the systems Sodexo uses to track staff on the Agenda for Change have limitations and recording is not fully effective. The EDI team is working with Sodexo to address these challenges and find better ways to capture data, aiming to improve the experiences of our Sodexo staff.

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

		Year								
	WRES Indicator		2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-24	Trend	Difference between 22/23 to 23/24
1	Percentage of black and minority ethnic (BME) staff	Overall	17.30%	20%	20.20%	21.80%	24.44%	28.15%		3.71%
		Clinical	20.17%	21.14%	22.45%	24.19%	26.99%	28.30%		1.31%
		Non-Clinical	16.53%	19.98%	17.11%	17.60%	16.44%	21.40%		4.96%
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	1.9		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	1.14		-0.36
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	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%	23.17%		-4.23%
		White	22.30%	23.50%	21.20%	26.40%	25.30%	22.69%		-2.61%
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%	25.28%		-4.62%
		White	21.80%	21%	23.30%	25%	24.20%	20.43%		-3.77%
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%	46.48%		4.28%
		White	60.10%	60.10%	58.50%	57.10%	54.80%	56.74%		1.94%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	15%	13.60%	18.60%	21.70%	19.60%	16.62%		-2.98%
		White	5.50%	5.90%	6.60%	7.50%	8.10%	6.99%		-1.11%
9	BME board membership	BME	17.60%	10.40%	14.60%	5.60%	5.60%	5.88%		0.28%

**Data Taken from data submitted to DCF

Key Findings 2023-2024

Workforce Representation

There was a **4%** increase in BME staff, rising from **24.44%** in **22/23** to **28.15%** in **23/24**.

The data indicates a significant increase in BME representation among Very Senior Managers (VSM), rising from **3.41%** in **22/23** to **43.42%** in **23/24**. This sharp increase is due to previous problems with data extraction and incorrect coding of the VSM headcount in earlier years.

Out of **260** staff members in the **Medical & Dental Trainee** grades, **201 (77%)** have **not declared** their ethnicity, representing the highest rate of non-disclosure. This rate increased from **49%** **last year**. Currently, **BME** staff in this grade account for **6.9%**.

Harassment & Bullying

There is a decrease **4%** of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from **27.4%** in 22/23 to **23.2%** in 23/24.

Harassment, bullying or abuse from staff has improved with a decline of **5%**, from **29.9%** in 22/23 to **25.3%** in 23/24.

Only **26%** of the BME workforce responded to the National Staff Survey.

Recruitment

There is an increase of **0.1** in the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants, from **1.8** in 22/23 to **1.9** in 23/24.

Even though minimal this is the only negative increase this year.

Disciplinary Process

The relative likelihood of BME staff entering the formal disciplinary process decreased from **1.5** in 22/23 to **1.1** in 23/24.

Accessing CPD/non-mandatory training

The relative likelihood of White staff accessing non-mandatory or CPD training compared to BME staff decreased slightly from **1.1** in 22/23 to **1.0** in 23/24.

There is a decrease **4%** of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from **27.4%** in 22/23 to **23.2%** in 23/24.

Harassment, bullying or abuse from staff has improved with a decline of **5%**, from **29.9%** in 22/23 to **25.3%** in 23/24.

Only **26%** of the BME workforce responded to the National Staff Survey.

Career Progression

There is an increase of **4.3%** of BME staff that believe there is equal opportunity in career progression or promotion, in comparison to white staff, from **42.2%** in 22/23 to **46.48%** in 23/24.

Discrimination

There is a decrease of **3%** of BME staff that have personally experienced discrimination at work from manager/team leader or other colleagues. From **19.6%** in 22/23 to **16.62%** 23/24.

BME staff are over twice as likely to experience discrimination compared to white staff, **16.62%** compared to **6.99%**

Board Representation

Out of **17** board members, only **1 (5.88%)** is a representative from BME. **23.53%** of the board members have not declared their ethnicity.

Last year, the national report highlighted concerns around Career progression, discrimination and board representation. While there has been improvement in these areas at MFT this year, we are still awaiting the national ranking from NHS England.

Overall, the metrics are positive, but the percentage is still minimal - For example, Metric 1, 2, 9, 10 shows improvements but it is minimal.

Disaggregated data for NHS Staff Survey indicators based on ethnicity, religion, sexual orientation, age and staff group is included in this report. However, data by pay band and other indicators is not available currently.

WRES Indicator 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 & Clinical staff.

Overall staff in MFT by ethnicity: 2019 – 2024 as of 31 March 2024.

	Headcount			Percentage			Total Headcount
Year	White	BME	Unknown	White	BME	Unknown	
2018-2019	15,925	4,209	1,811	72.57%	19.18%	8.25%	21,945
2019-2020	16,972	4,762	2,026	71.43%	20.04%	8.53%	23,760
2020-2021	17,466	5,240	2,198	70.13%	21.04%	8.83%	24,904
2021-2022	19,298	6,058	2,494	69.40%	21.79%	8.96%	27,805
2022-2023	18,615	7,016	3,081	64.83%	24.44%	10.73%	28,712
2023-2024	19,103	8737	3194	61.56%	28.15%	10.29%	31,034

- As of 31 March 2024, the total headcount at MFT is 31,034, which includes Sodexo staff employed by MFT and those on the Agenda for Change.
- There are 8737 (28.15%) BME staff at MFT as of 31st March 2024, which is an increase of 1721 (3.71%) BME staff from last year (7016 (24.44%))
- The Data shows that the percentage of BME staff at the Trust continues to increase.
- There is a slight reduction of 0.44% in the number of staff members not declaring their ethnicity compared to previous year (10.73% in 22/23 and 10.29% in 23/24). There has been an emphasis on the updating of ethnicity information on ESR (Electronic Staff Record).
- The national average data for comparison from NHS England is not available at the time of this report's publication.

WRES Indicator 1

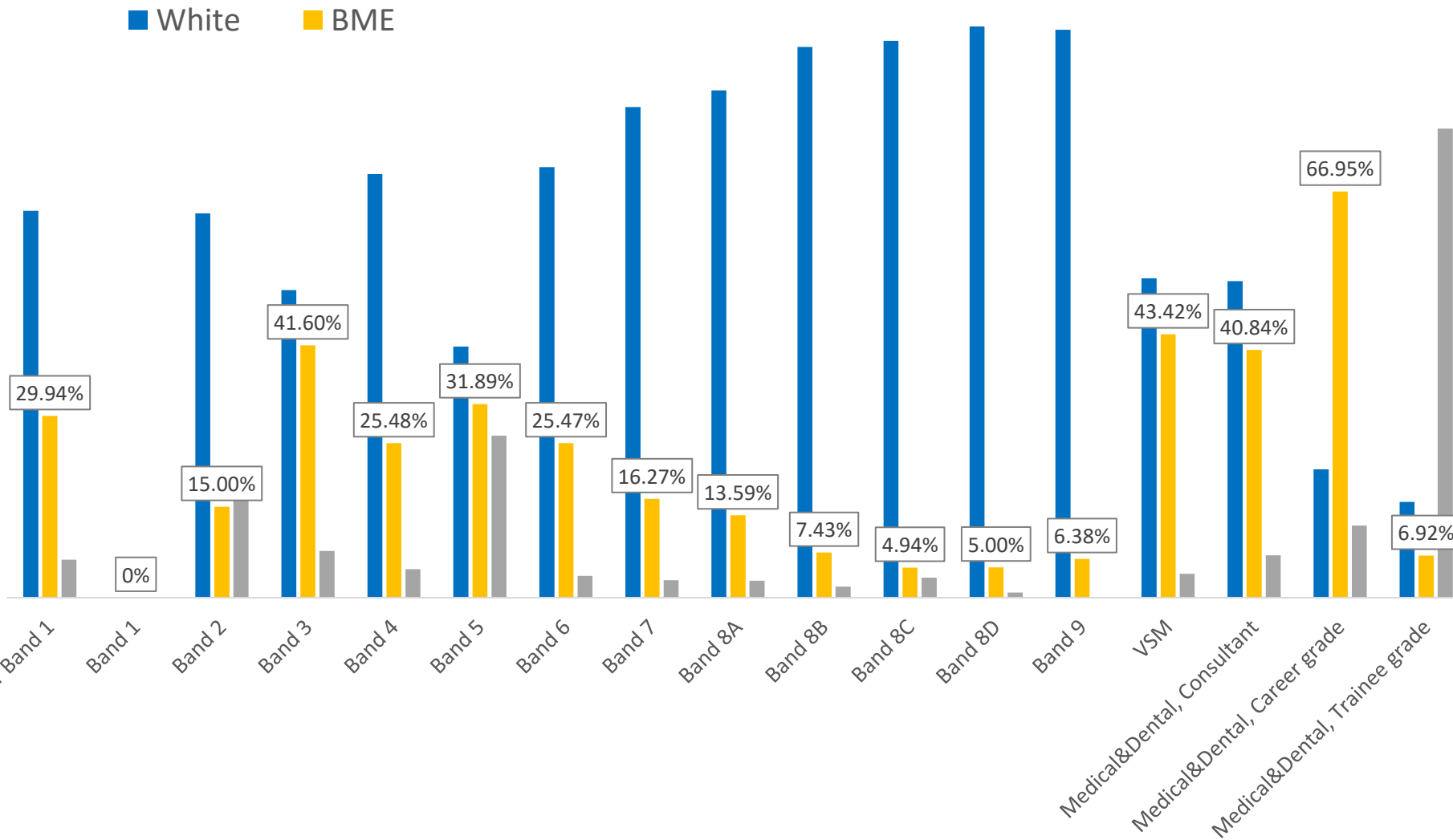
Overall staff in MFT by Clusters, Pay Bands & Grades as at 31 March 2024.

Cluster Pay Band	Headcount			Percentage			Total
	White	BME	Unknown	White	BME	Unknown	Total
Cluster 1	6754	3170	664	63.79%	29.94%	6.27%	10588
Under Band 1	0	0	0	0%	0%	0%	0
Bands 1	38	9	13	63.33%	15.00%	21.67%	60
Bands 2	1944	1595	295	50.70%	41.60%	7.69%	3834
Bands 3	2943	1074	198	69.82%	25.48%	4.70%	4215
Bands 4	1829	492	158	73.78%	19.85%	6.37%	2479
Cluster 2	9162	3982	2044	60.32%	26.22%	13.46%	15188
Bands 5	2729	2102	1760	41.40%	31.89%	26.70%	6591
Bands 6	3710	1332	187	70.95%	25.47%	3.58%	5229
Bands 7	2723	548	97	80.85%	16.27%	2.88%	3368
Cluster 3	1707	241	51	85.39%	12.06%	2.55%	1999
Bands 8a	1255	204	42	83.61%	13.59%	2.80%	1501
Bands 8b	452	37	9	90.76%	7.43%	1.81%	498
Cluster 4	420	54	12	86.42%	11.11%	2.47%	486
Bands 8c	223	12	8	91.77%	4.94%	3.29%	243
Bands 8d	113	6	1	94.17%	5.00%	0.83%	120
Bands 9	44	3	0	93.62%	6.38%	0.00%	47
VSM	40	33	3	52.63%	43.42%	3.95%	76
Cluster 5	820	642	110	52.16%	40.84%	7.00%	1572
Medical & Dental Staff, Consultants	820	642	110	52.16%	40.84%	7.00%	1572
of which Senior Medical Managers	0	0	0	0%	0%	0%	0
Cluster 6	199	630	112	21.15%	66.95%	11.90%	941
Medical & Dental Staff, Non-Consultants career grade	199	630	112	21.15%	66.95%	11.90%	941
Cluster 7	41	18	201	15.77%	6.92%	77.31%	260
Medical & Dental Staff, Medical and dental trainee grades	41	18	201	15.77%	6.92%	77.31%	260
Medical & Dental Staff, Other	0	0	0	0%	0%	0%	0
Overall Workforce	19103	8737	3194	61.56%	28.15%	10.29%	31034

- The overall headcount for the Trust is 31,034, which includes
 - 8,737 (28.15%) BME staff (1721 more from 2023) and
 - 19103 (61.56%) white staff (488 more white staff but 3.3% less from previous year).
- Cluster 2 (Band 5 to 7) still has the majority of workforce 15,188 (1000 more than last year) and the number of BME in this cluster has increased by 689 to 3982.
- 77% of staff in cluster 7 have not declared their ethnicity.
- In Cluster 4, the percentage of BME, VSM population is at 43.42% , which was at 3.41% in 22/23. This sharp increase is due to previous issues with data extraction and incorrect coding of the VSM headcount in earlier years.

WRES Indicator 1

Overall staff in MFT by Pay Band and Grade as of 31 March 2024.

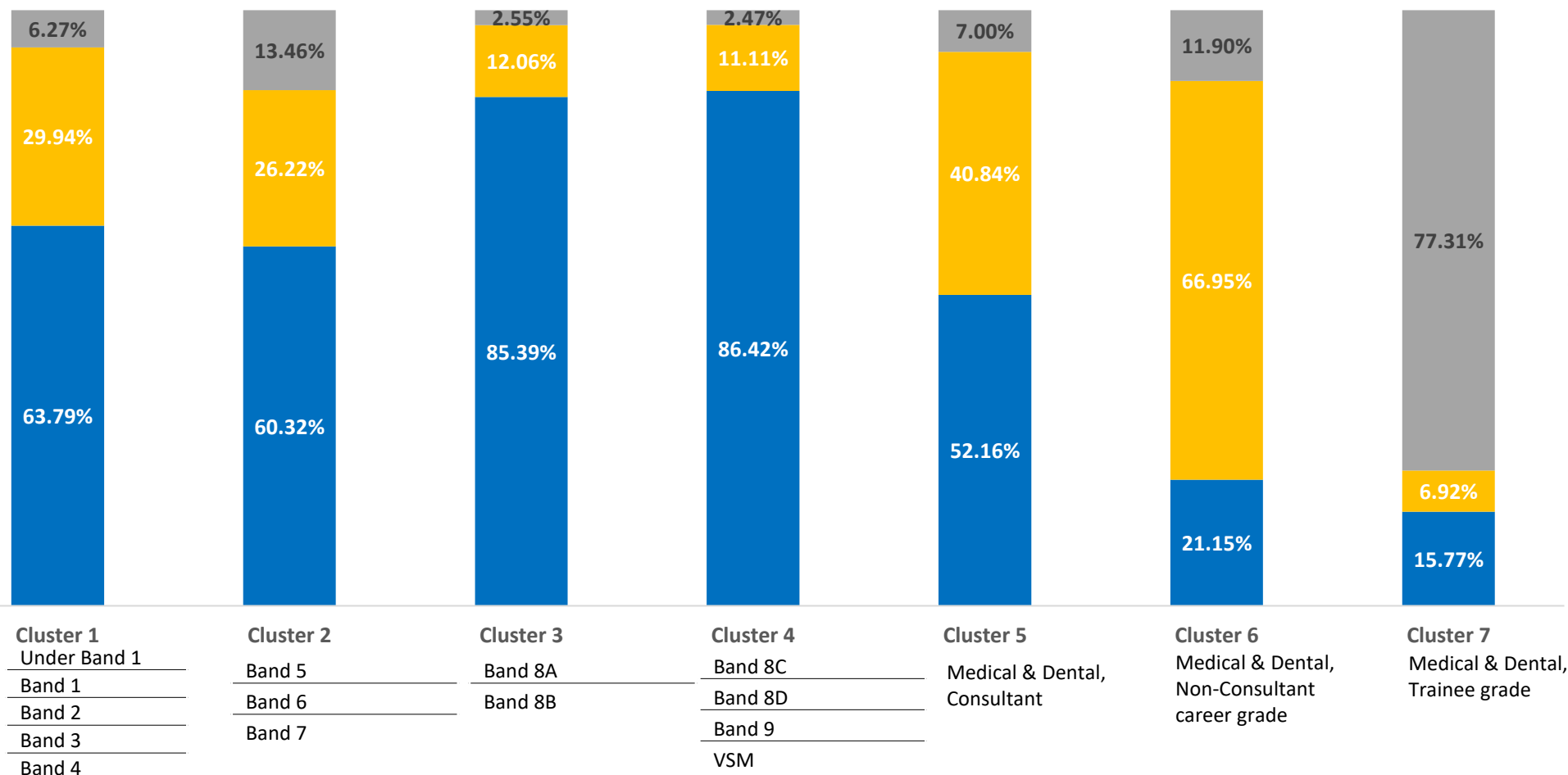


- Overall BME representation at MFT is 28.15% (8737) out of the overall workforce of 31,034.
- The Medical & Dental Staff, Non-Consultants career grade has 67% of BME population followed by 43% at VSM and 41% in Band 5.

WRES Indicator 1

Overall – Clinical and Non-Clinical Clusters

■ White ■ BME ■ Unknown

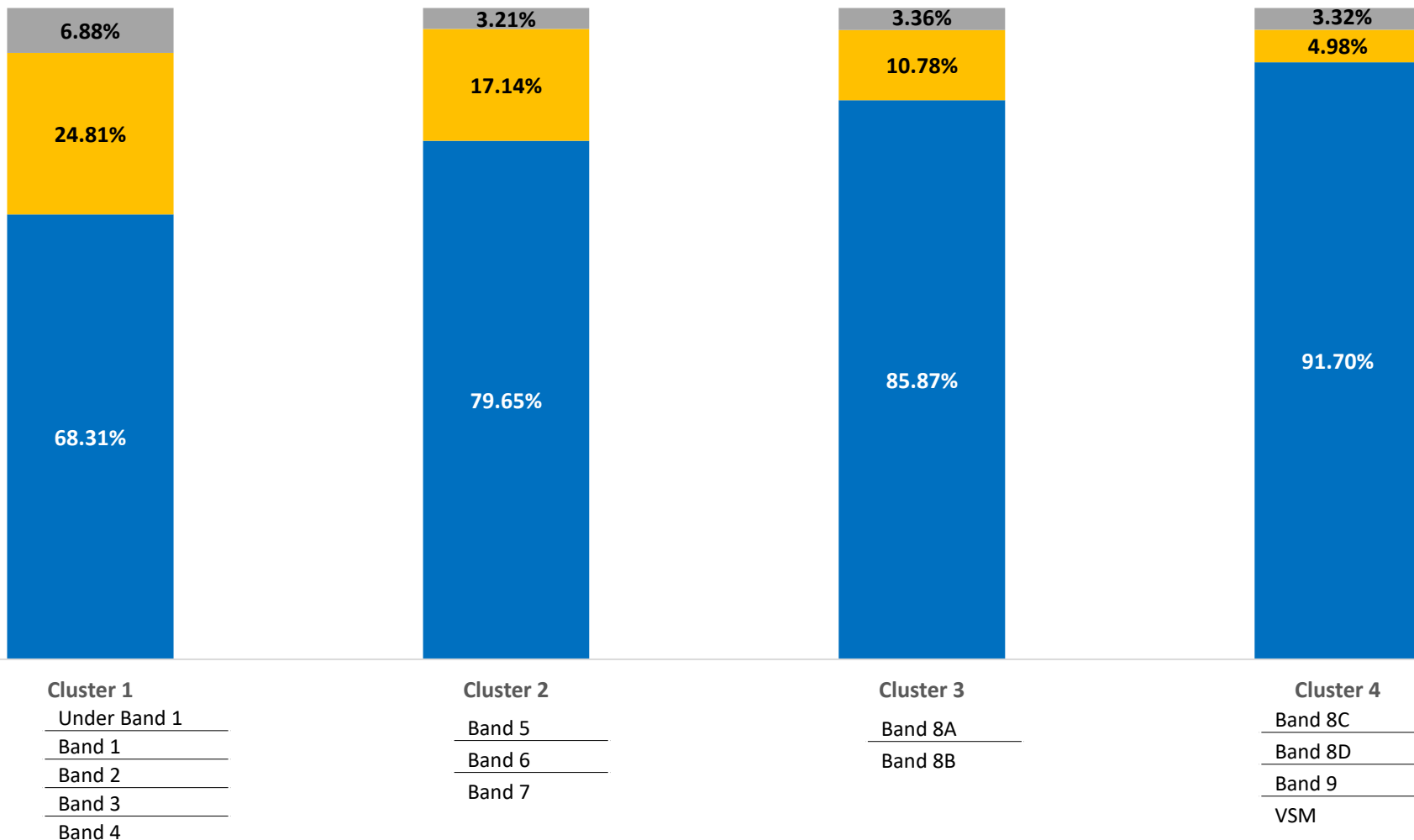


- Cluster 1 to 4 comprises of both Clinical and Non-clinical staff.
- Cluster 5 to 7 contains only clinical staff.
- Staff in Clinical category can be both Non-medical, Medical & Dental.
- The BME representation in Cluster 4 for 23/24 is the lowest at 11% , but there is an increase of 6% from 22/23.
- Cluster 6 and 5 has the highest number of BME staff ranging between 40% to 67%.
- Also to note is the percentage of staff members who have not declared their ethnicity in Cluster 7, this is the highest (77.3%) as compared to all other clusters.

WRES Indicator 1

Non-Clinical Clusters

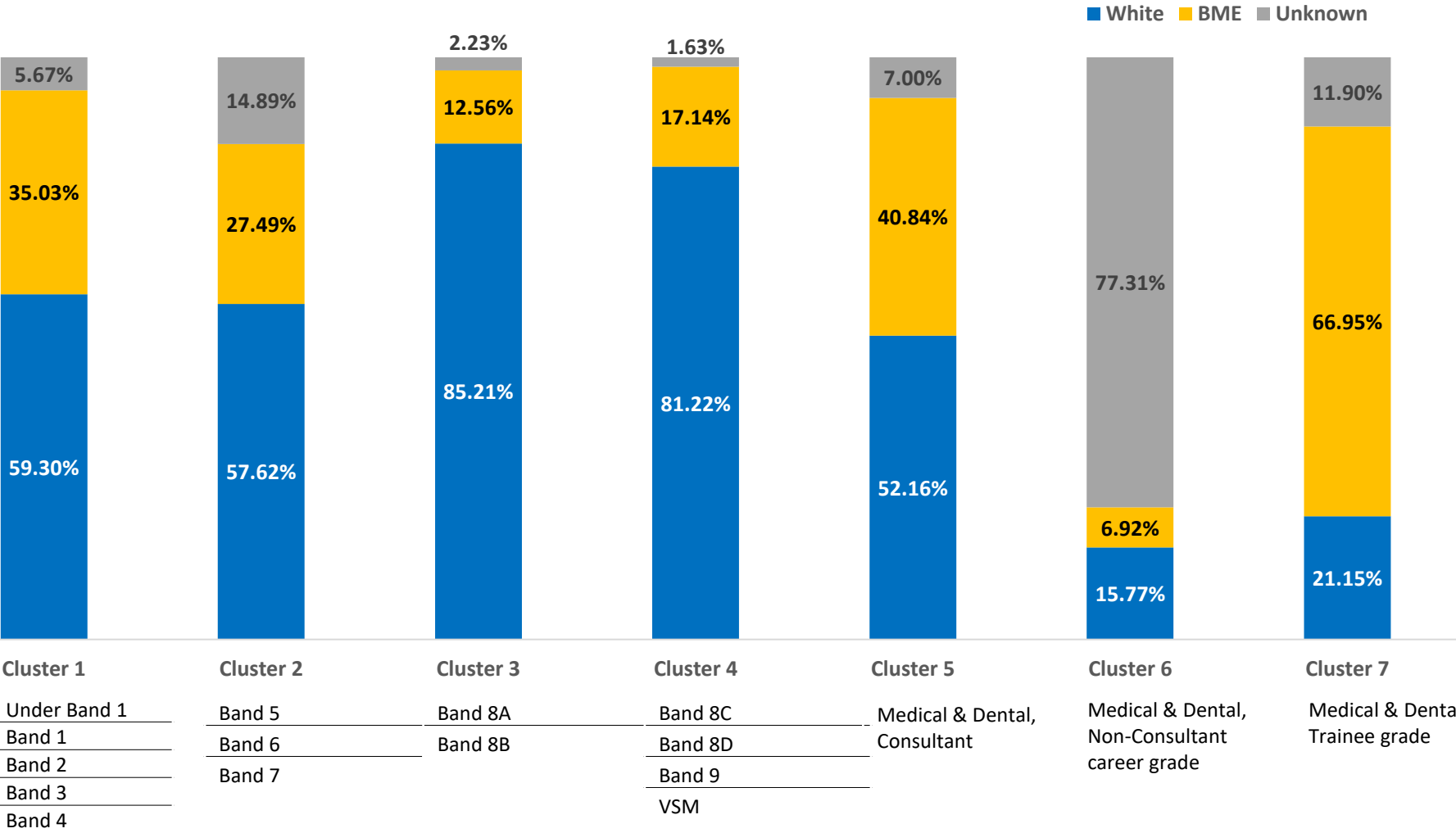
■ White ■ BME ■ Unknown



- Only Cluster 1 to 4 contains Non-clinical staff
- Clinical staff are present in clusters 1 to 7.
- Proportion of BME staff is significantly low in Cluster 4 as compared to other clusters.
- Overall representation of BME staff across non-clinical category is very low as compared to clinical categories across clusters 1 to 4.
- Only a small proportion of staff have not declared their ethnicity in the non-clinical category.

WRES Indicator 1

Clinical Clusters

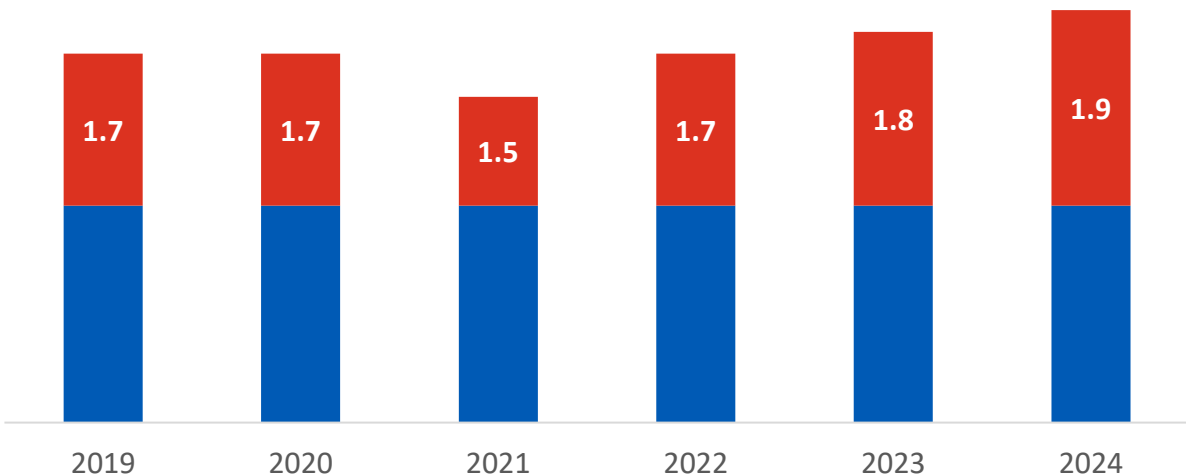


- Cluster 1 to 4 comprises of both Clinical and Non-clinical categories.
- Cluster 5 to 7 contains only clinical category.
- Clinical category contains both Non-medical, Medical & Dental Staff
- BME representation is significantly low (6.92%) in Cluster 6 as compared to other clusters.
- Clinical clusters 7, 5 and 1 has the highest number of BME staff ranging between 35% to 67%.
- 77.3% of the Cluster 6, Medical & Dental Non-consultant grade have not declared their ethnicity.

WRES Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts): 2019 - 2024

2019	2020	2021	2022	2023	2024
1.7	1.7	1.5	1.7	1.8	1.9



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.

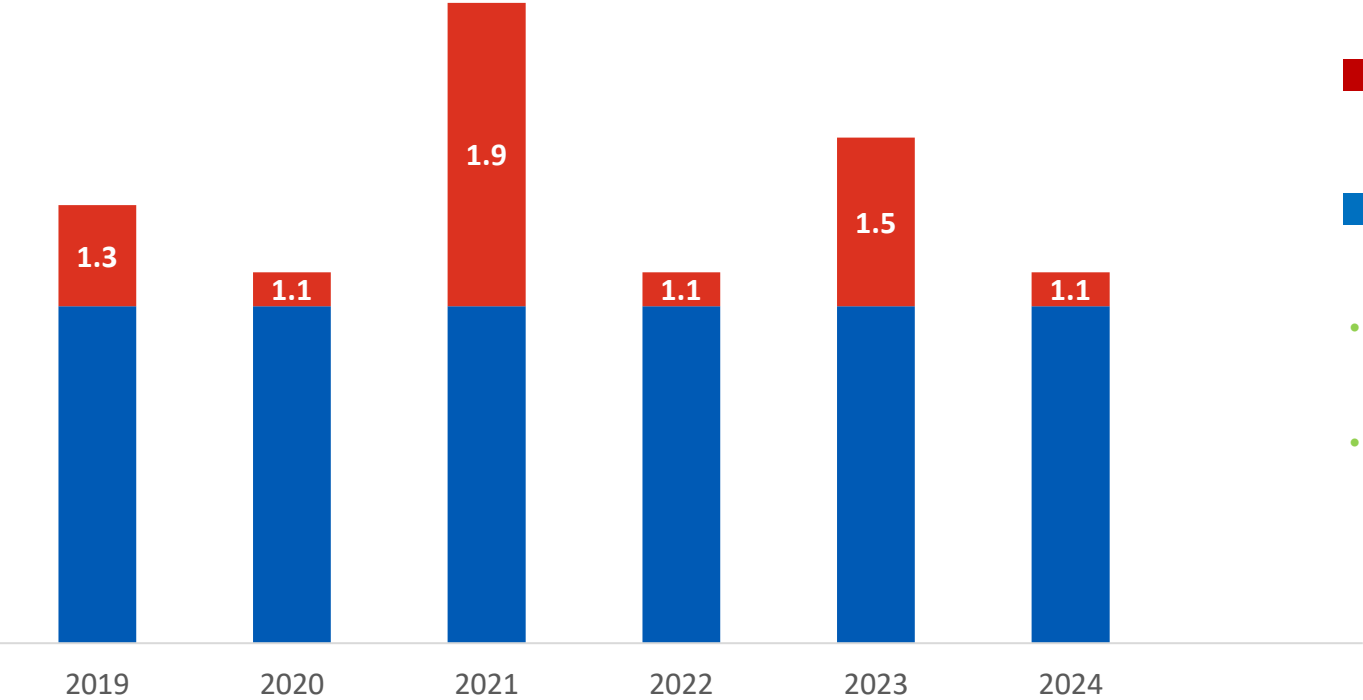
- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased since last year by **0.1**.
- It is minimal and the only negative increase in this year's WRES data.
- For the last two years we have appointed proportionately less BME applicants from shortlisting than white applicants.


! Disaggregated data for this indicator is not available when this report is published.


WRES Indicator 3


Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation: 2019-2024

2019	2020	2021	2022	2023	2024
1.3	1.1	1.9	1.1	1.5	1.1



- 

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.
- 

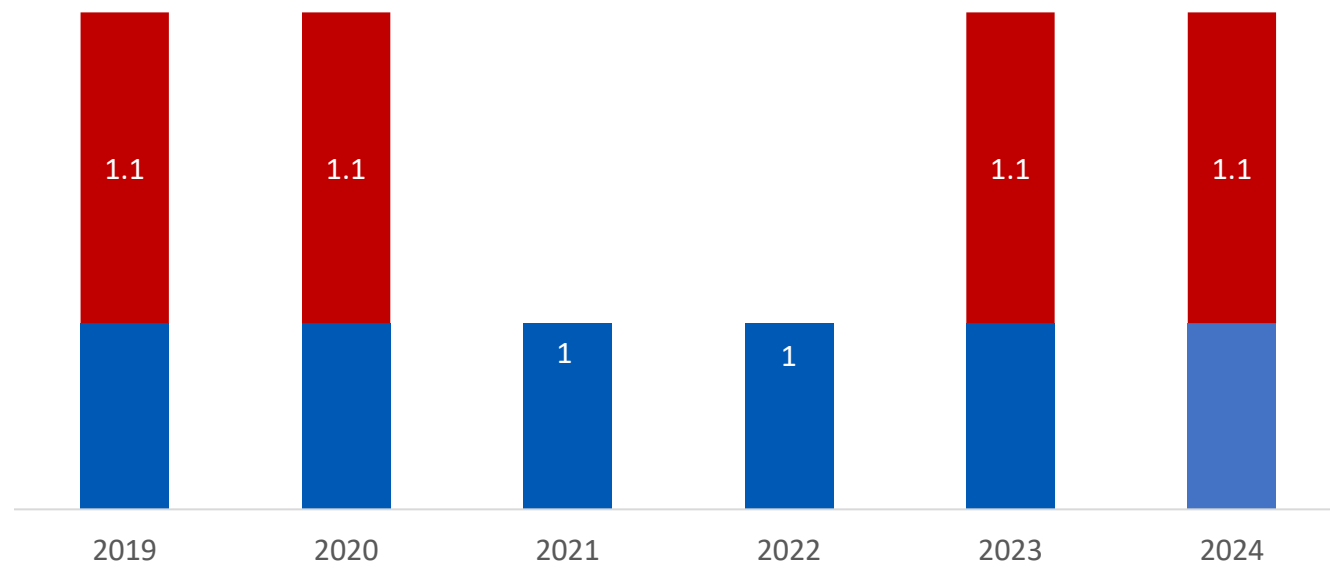
A relative likelihood below 1 indicates that BME staff are less likely to enter the formal disciplinary process compared to white staff.
- The relative likelihood of BME staff entering the formal disciplinary process decreased from 1.5 in 22/23 to 1.1 in 23/24
 - In the past year there has been an improvement 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.

! Disaggregated data for this indicator is not available when this report is published.

WRES Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD : 2019-2024

2019	2020	2021	2022	2023	2024
1.1	1.1	1.0	1.0	1.1	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.



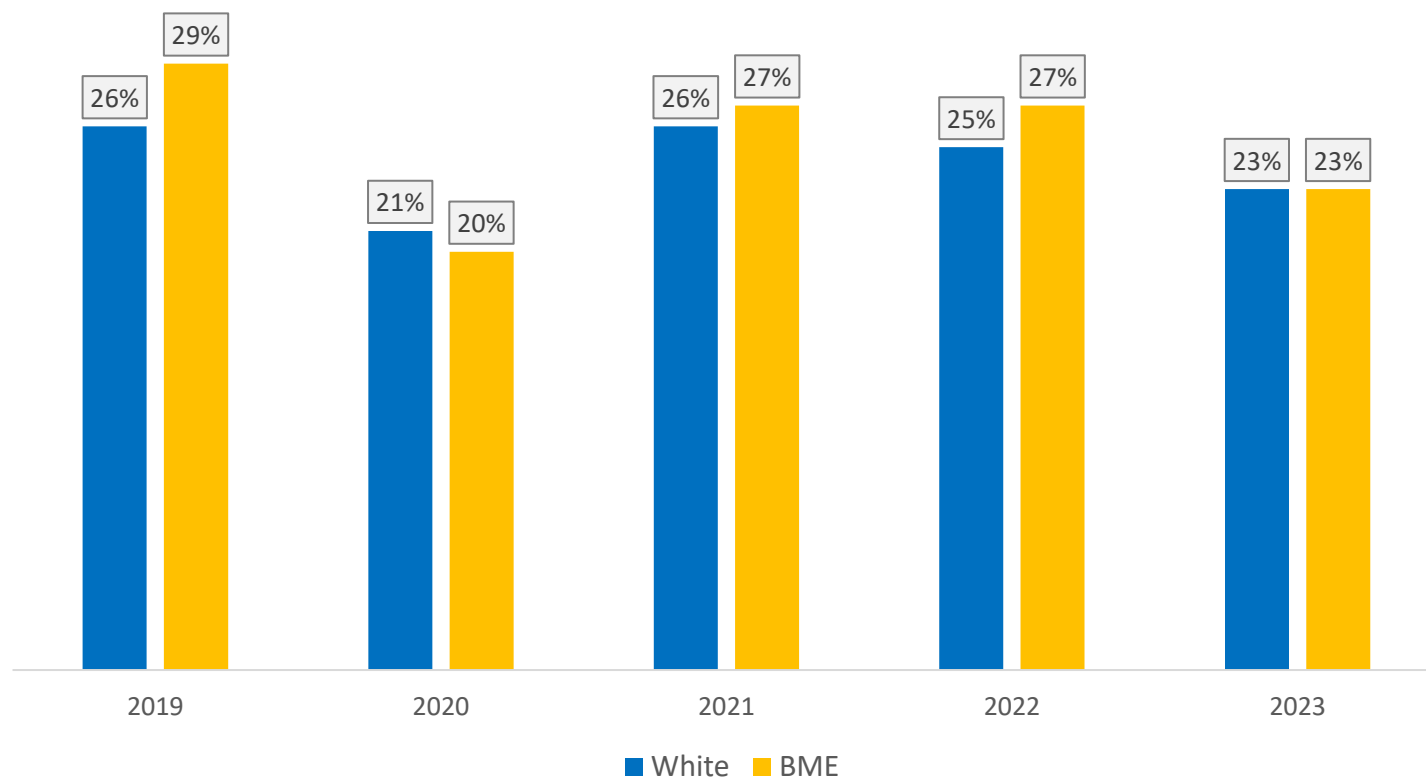
A relative likelihood below 1 indicates that white staff are less likely to access non-mandatory training compared to BME staff.

- There has been no change in the relative likelihood of White staff accessing non-mandatory or CPD training compared to BME staff since last year.
- 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.

! Disaggregated data for this indicator is not available when this report is published.

WRES Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months: 2019-2024



	White	BME
Overall Workforce at MFT: 31,034	Overall 19,103	Overall 8737
	Responded to NHSS 8014	Responded to NHSS 2840

- This data is from the National Staff Survey results of 2023 – the results of 2024 will only be available in early 2025.
- Only **2840** BME staff out of 8737 completed the survey.
- There has an been a decrease of **4%** in the number of BME staff reporting harassment, bullying or abuse from staff.

! Disaggregated data for NHS Staff Survey Indicators is available in the following pages. Data by Pay Band is not available for NHS Staff survey indicators - EDI team is working with OD Team to extract this data for next years report.

WRES Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on [Ethnicity and Religion](#)



Manchester University
NHS Foundation Trust

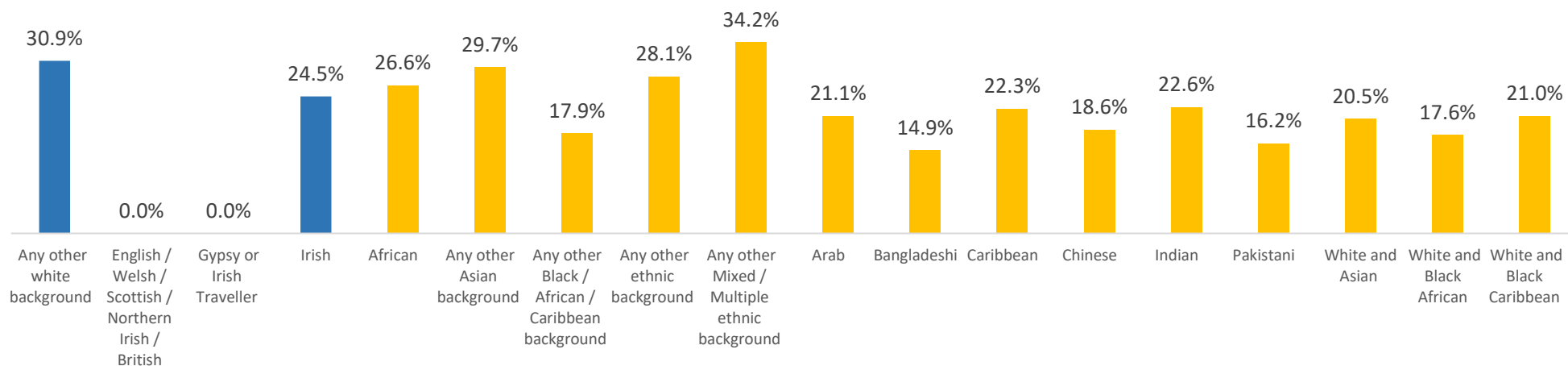
White BME



In the NHS staff survey response:

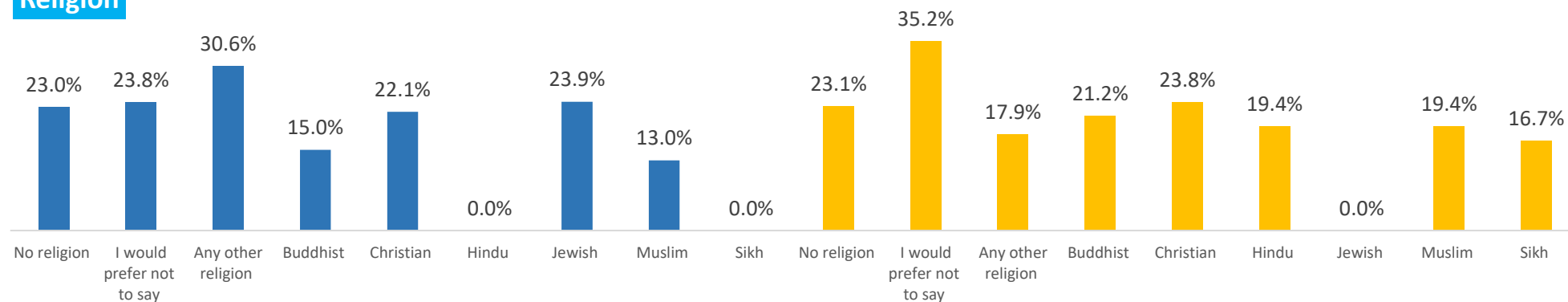
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

Ethnicity



A high percentage of BME staff from "Any Other Mixed/Multiple Ethnic Background" reported experiencing harassment, bullying or abuse from patients, relatives or the public, with White staff from "Any Other White Background" and BME staff from "Any Other Asian Background" also facing significant levels of similar treatment.

Religion



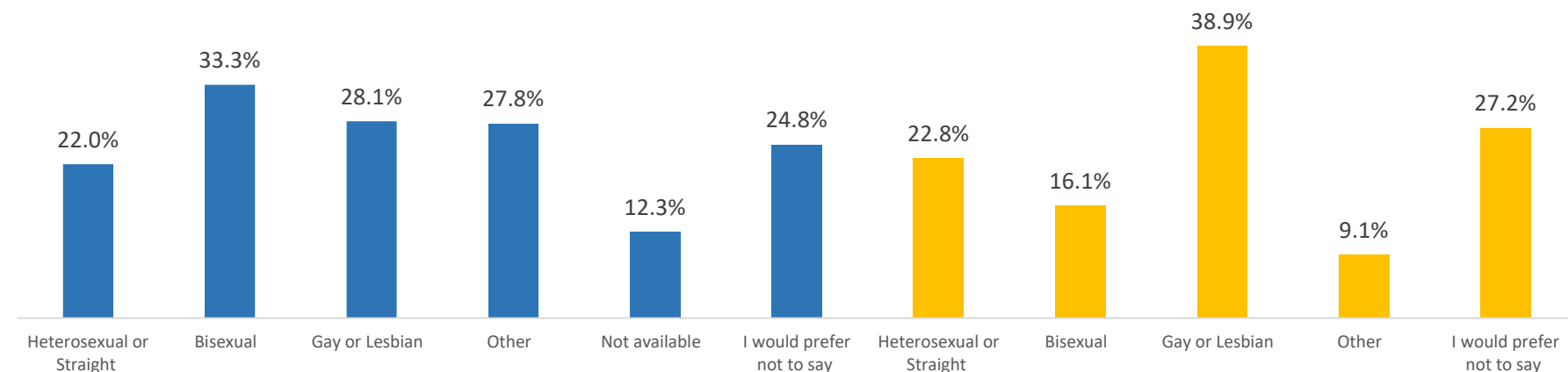
BME staff who chose not to disclose their religion reported high levels of harassment, bullying or abuse from patients, relatives or the public. White staff from less common religious backgrounds also reported experiencing similar treatment.

WRES Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on [Sexual Orientation and Age](#)

White BME

Sexual Orientation

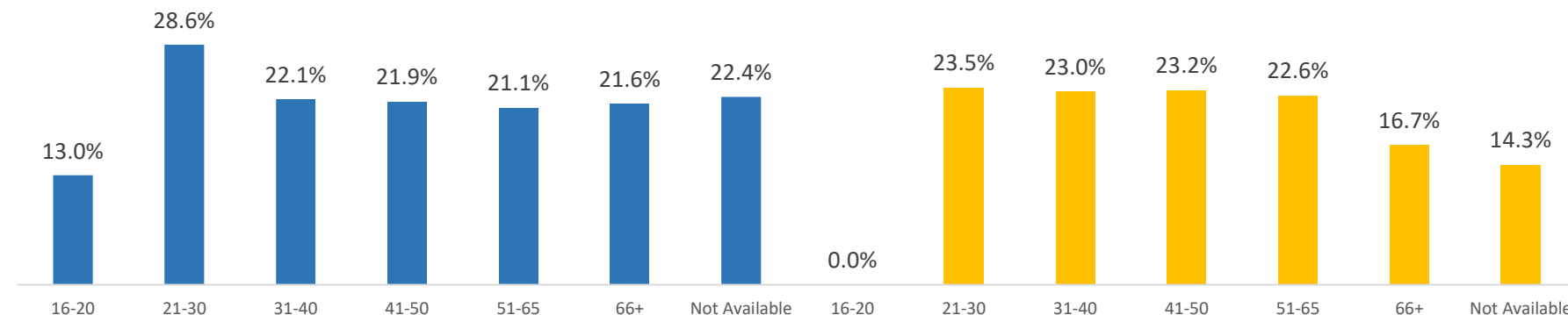


In the NHS staff survey response:

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

A significant proportion of BME staff who identified as gay or lesbian reported experiencing harassment, bullying or abuse from patients, relatives or the public.

Age



There is a consistent rate of BME age groups experiencing harassment, bullying and abuse from patients, relatives or the public.

WRES Indicator 5

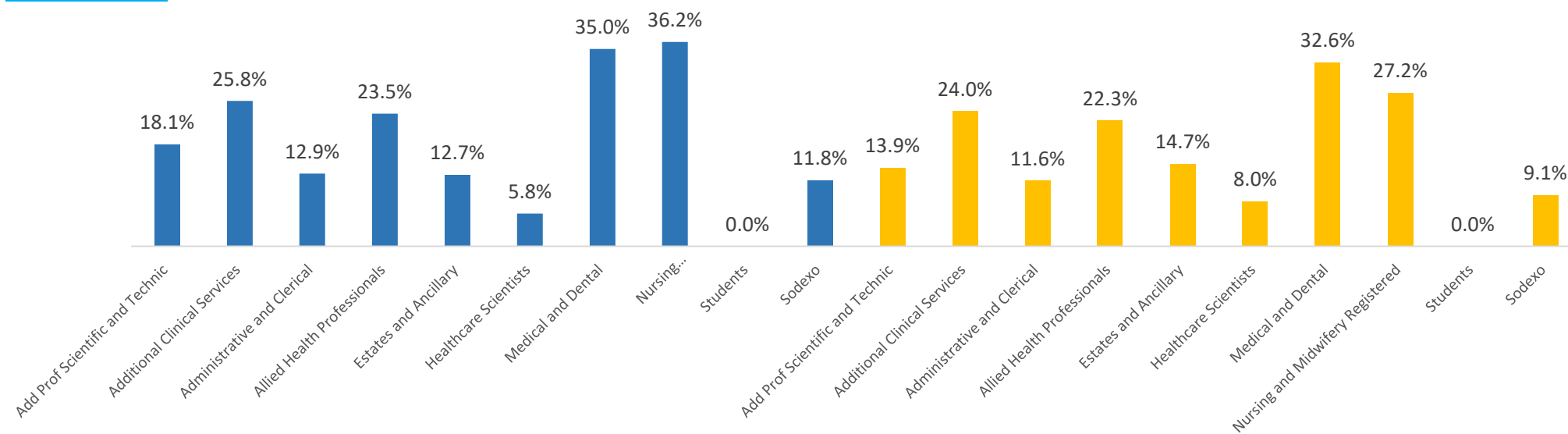
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months based on [Staff Groups and Gender](#)



Manchester University
NHS Foundation Trust

White BME

Staff Groups

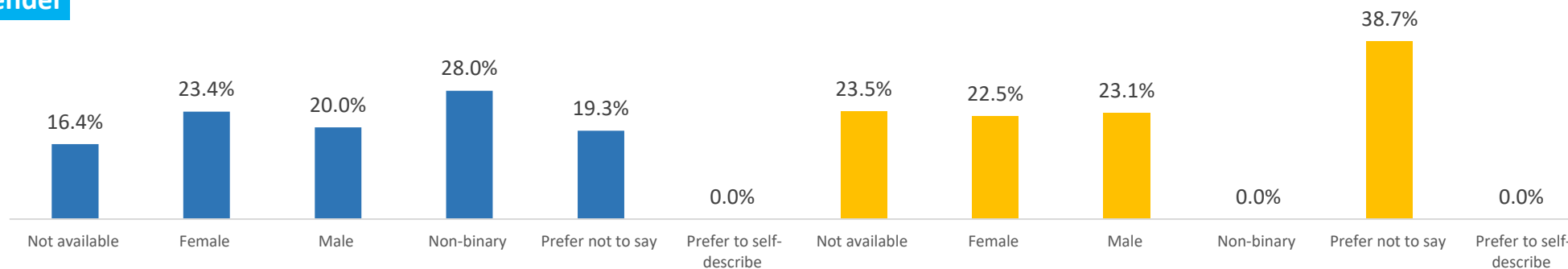


In the NHS staff survey response:

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

BME staff experience harassment, bullying and Abuse from patients, relatives or the public across different roles, with higher rates in patient-facing roles like Medical and Dental, Nursing and Additional Clinical Services. While lower rates in areas like Healthcare Science and Administrative roles.

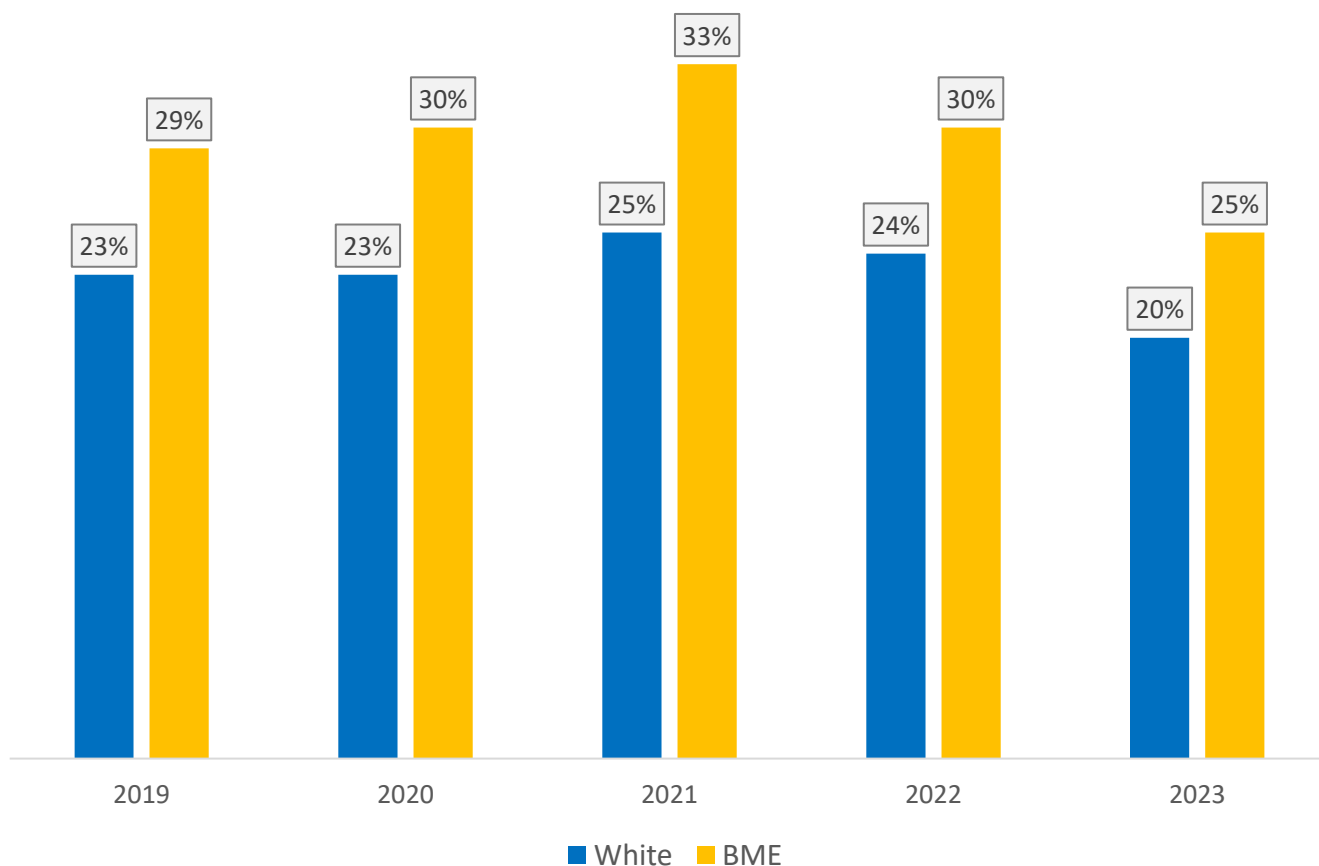
Gender



BME staff who preferred not to disclose their gender reported the highest harassment rate, which is significantly higher than any other group.

WRES Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2019-2024



Overall Workforce at MFT: 31,034	White	BME
	Overall 19,103	Overall 8737
	Responded to NHSS 8032	Responded to NHSS 2856

- This data is from the National Staff Survey results of 2023 – the results of 2024 will only be available in early 2025.
- Only 2856 BME staff out of 8737 completed the survey.
- The incidents of harassment, bullying or abuse from colleagues have reduced from 29.9% in 22/23 to 25.3% in 23/24.

! Disaggregated data for NHS Staff Survey Indicators is available in the following pages. Data by Pay Band is not available for NHS Staff survey indicators - EDI team is working with OD Team to extract this data for next years report.

WRES Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months based on **Ethnicity and Religion**



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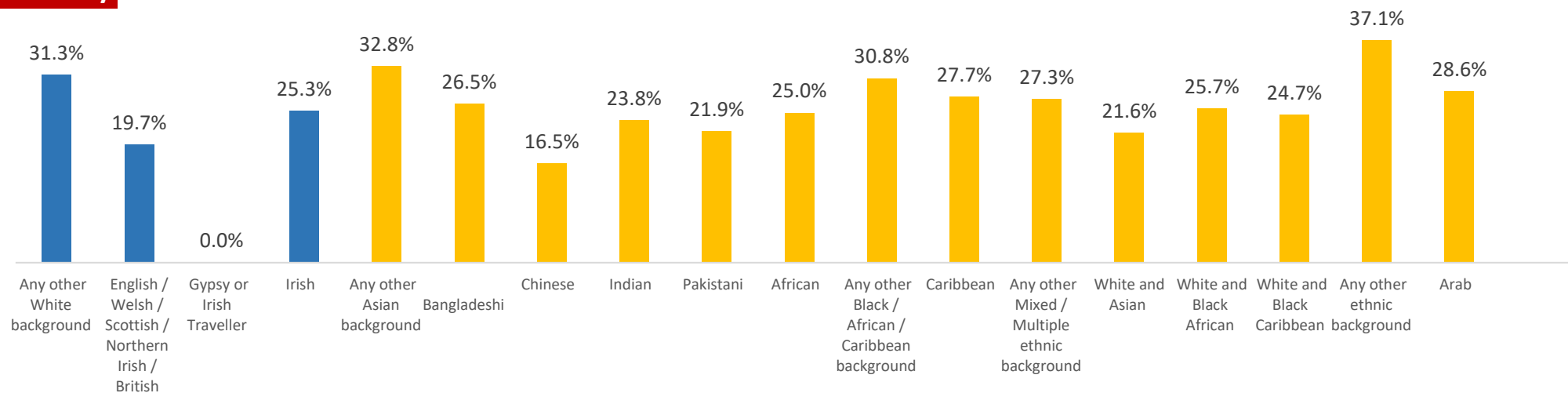
White BME



In the NHS staff survey response:

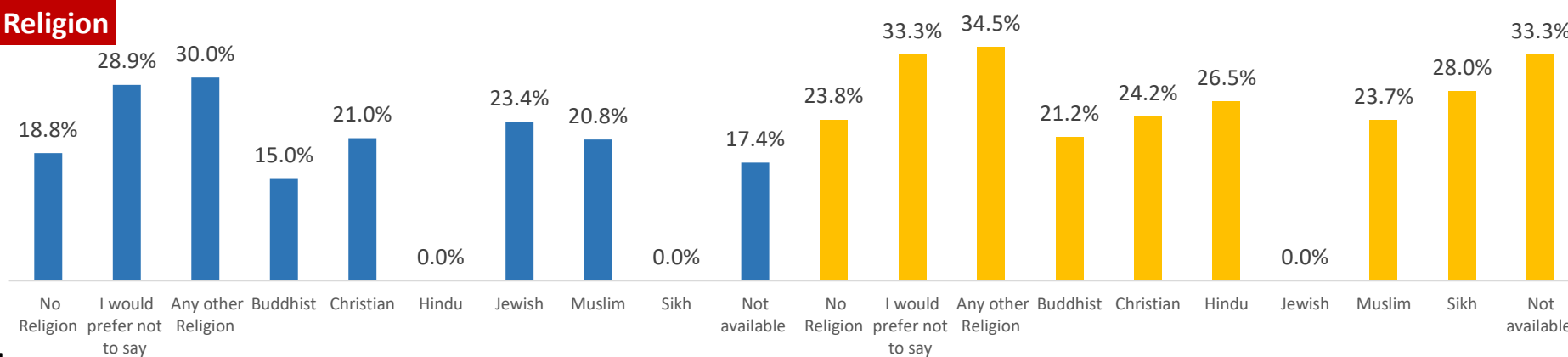
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other** or **Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

Ethnicity



This data highlights that BME staff from Any other ethnic backgrounds, experience notably higher rates of harassment, bullying or abuse from staff, this is followed by BME staff from any other Asian backgrounds.

Religion



This data suggests that BME staff from certain religious backgrounds, especially those who prefer not to disclose their religion experience higher rates of harassment, bullying or abuse from colleagues. BME staff who selected "Any other religion" or preferred not to disclose faced some of the highest incidents.

WRES Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months based on **Sexual Orientation and Age**



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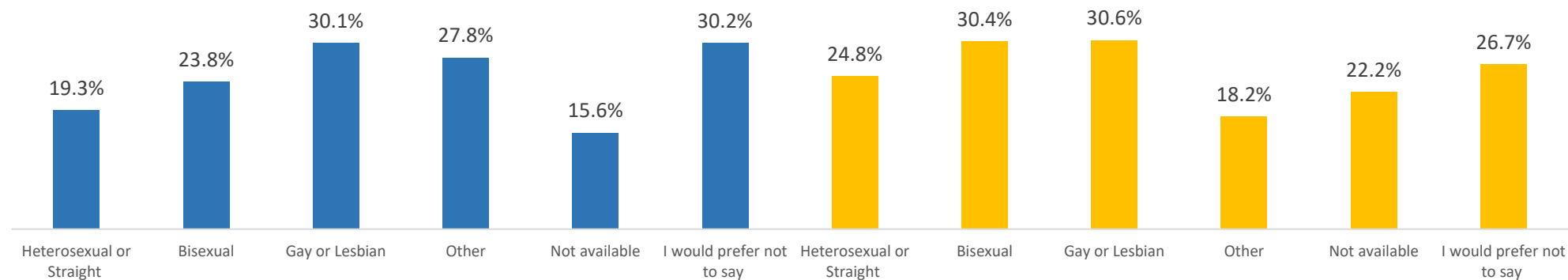
White BME



In the NHS staff survey response:

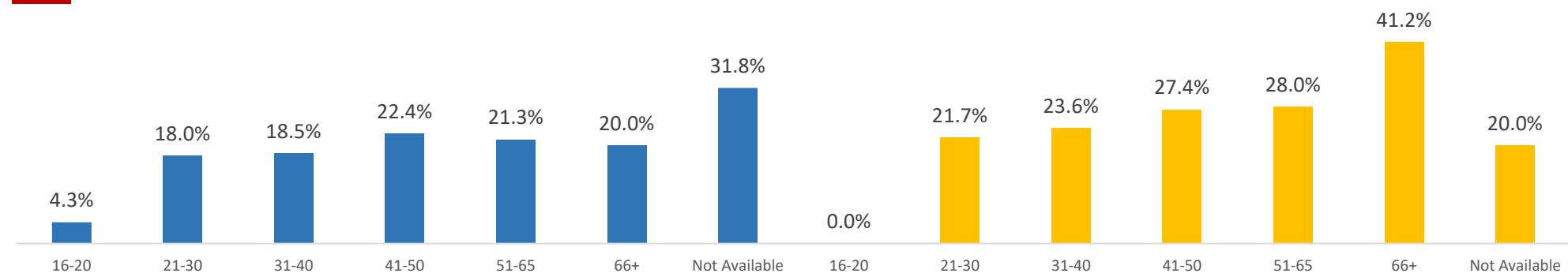
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

Sexual Orientation



A significant proportion of BME staff who identified as gay or lesbian reported experiencing harassment, bullying or abuse from staff. This was closely followed by BME staff who identified as bisexual.

Age



A notable percentage of BME staff aged 66 and older reported experiencing harassment, bullying or abuse from staff. Additionally, Age groups 41-65 also had a significantly high rates.

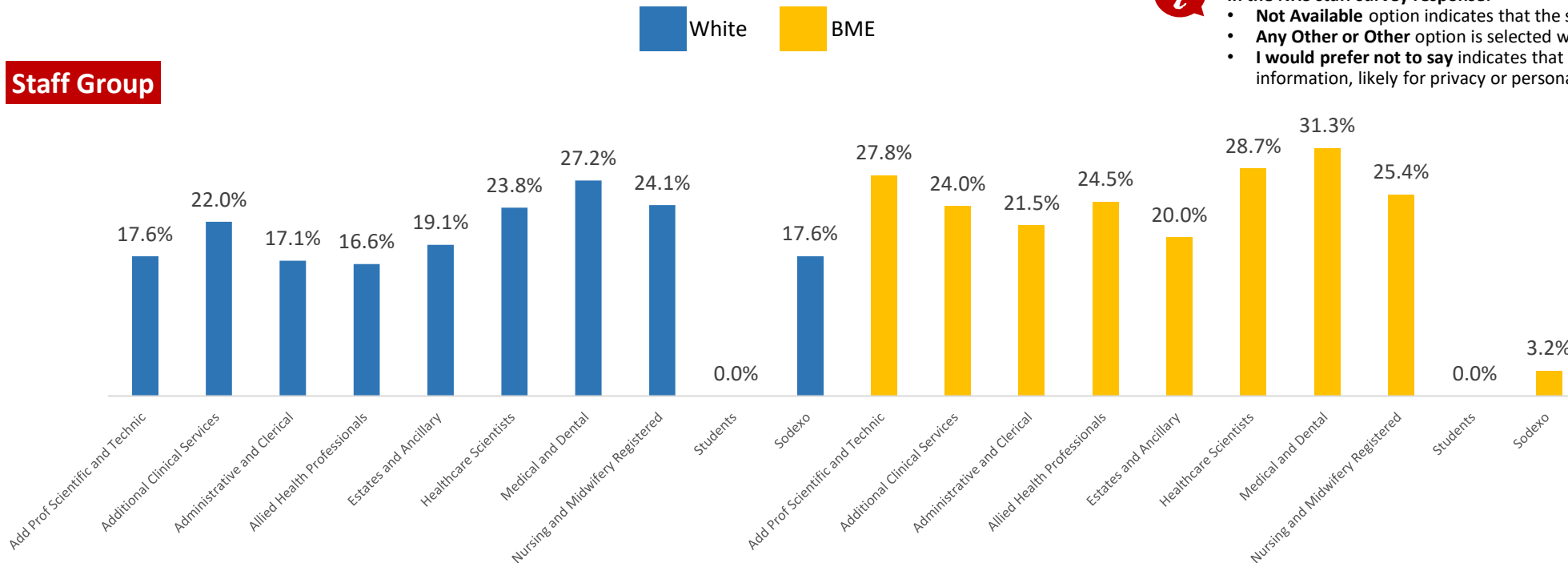
WRES Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months based on **Staff Group and Gender**



Manchester University
NHS Foundation Trust

Staff Group

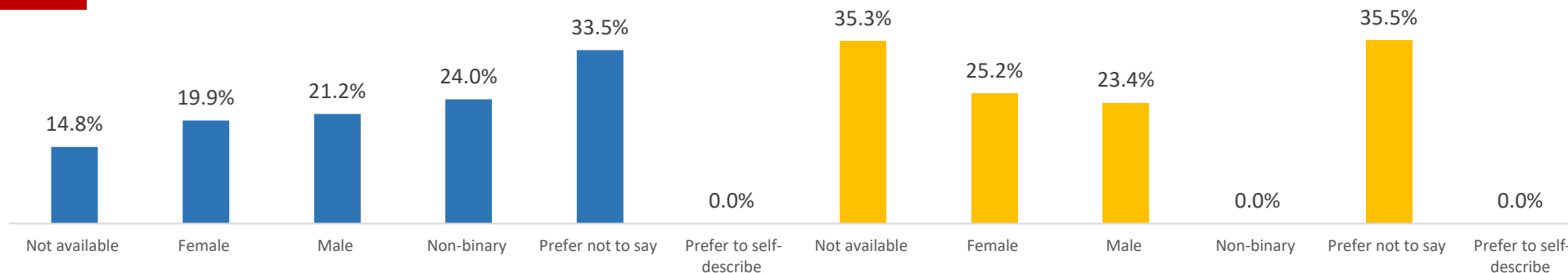


In the NHS staff survey response:

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

A considerable number of BME staff in the Medical and Dental group reported experiencing harassment, bullying or abuse from staff. This was followed by BME staff in the Healthcare Scientists and Allied Health Professional scientific and technical groups

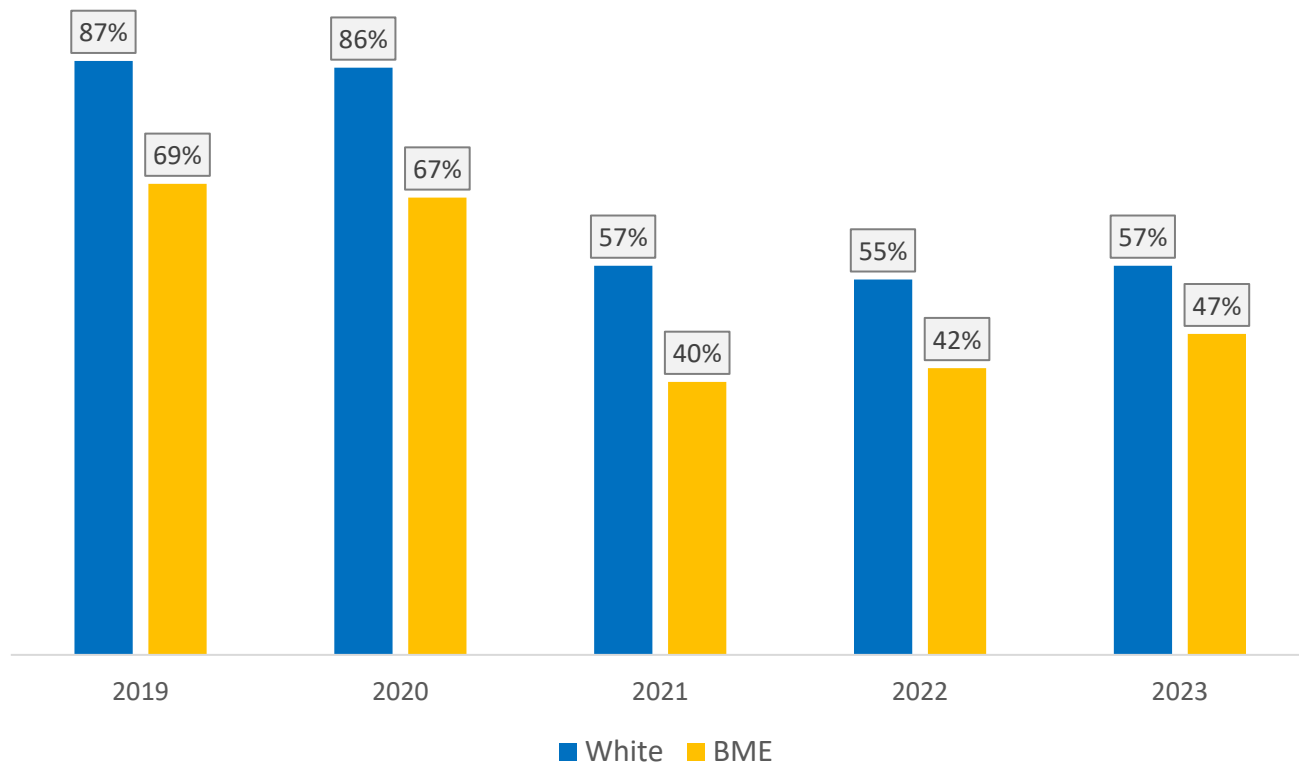
Gender



A significant number of BME staff who chose not to disclose their gender reported experiencing harassment, bullying or abuse from staff.

WRES Indicator 7

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion: 2019-2024



	White	BME
Overall Workforce at MFT:	Overall 19,103	Overall 8737
	Responded to NHSS 7986	Responded to NHSS 2855

- This data is from the National Staff Survey results of 2023 – the results of 2024 will only be available in early 2025.
- Only 2855 BME staff out of 8737 completed the survey.
- There has been an increase by **5%** 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.

WRES Indicator 7

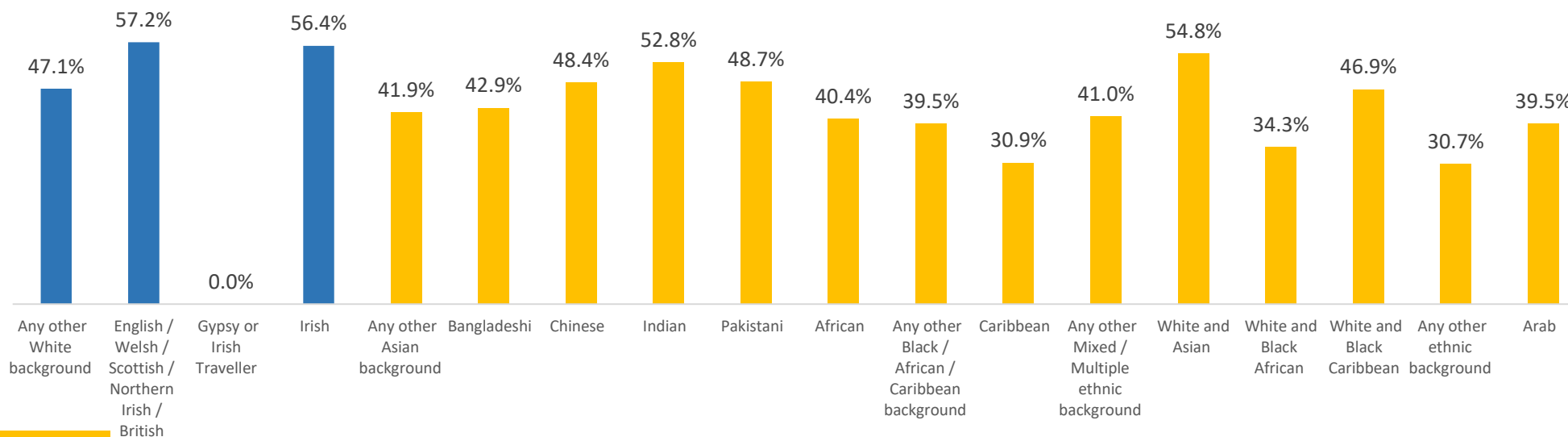
Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion based on **Ethnicity and Religion**



Manchester University
NHS Foundation Trust

White BME

Ethnicity

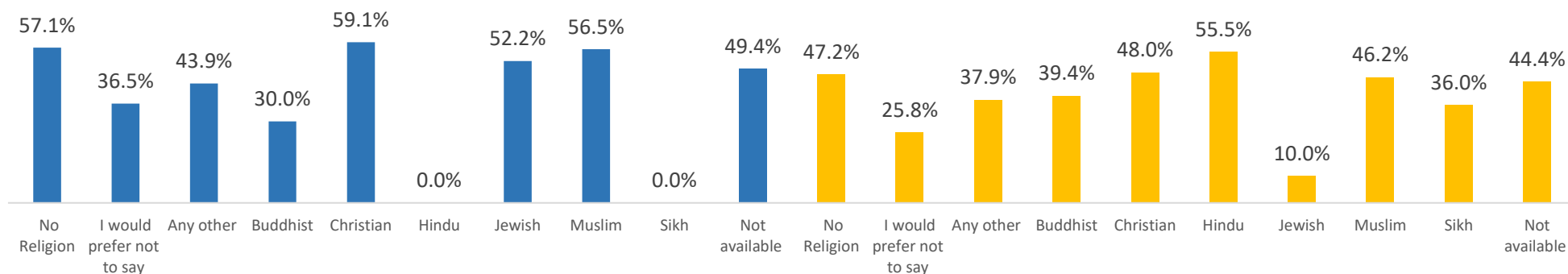


In the NHS staff survey response:

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

Many White staff members, including those from Irish and other backgrounds, believing that the Trust provides equal opportunities for career progression or promotion. In contrast, BME staff, particularly those from mixed backgrounds and Caribbean background do not feel the same level of assurance regarding these opportunities.

Religion



Many White staff members believe that the Trust offers equal opportunities for career growth. However, BME staff feel differently about these opportunities.

WRES Indicator 7

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion based on **Sexual Orientation and Age**

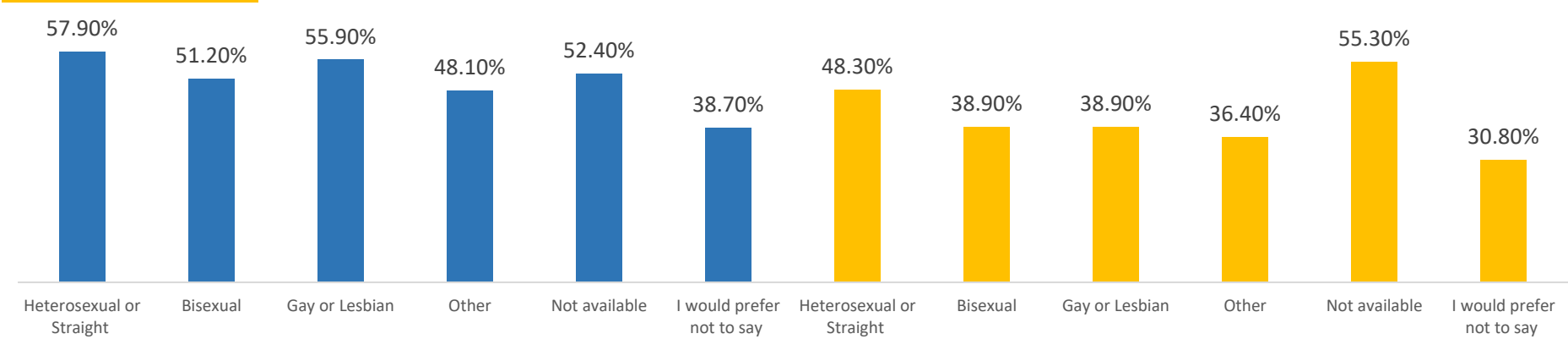


White BME

i In the NHS staff survey response:

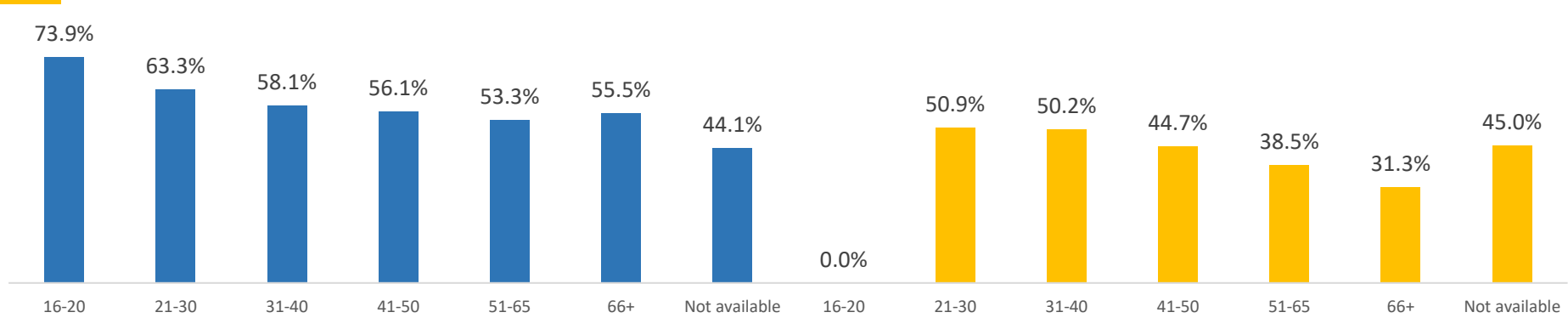
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

Sexual Orientation



Most White staff who identify as "heterosexual or straight" believe that the Trust provides equal opportunities for career progression and promotion. BME staff who have not updated their sexual orientation also share this belief, but it is lower among BME staff who chose "other" as an option in sexual orientation option.

Age



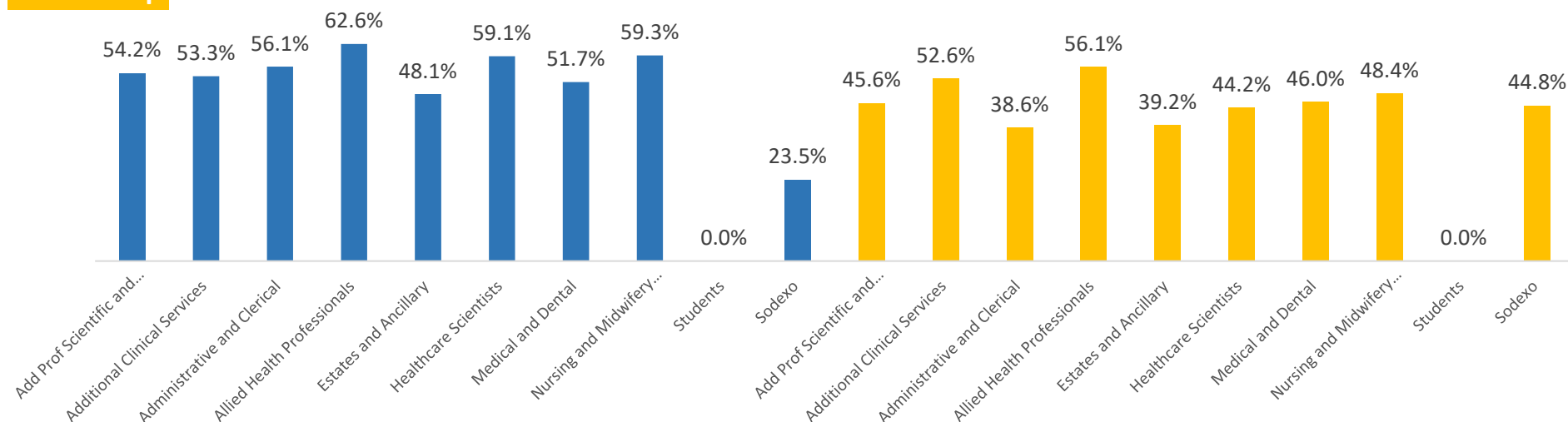
The majority of White staff across all age groups believe that the Trust offers equal opportunities for career progression and promotion. In contrast, a lower percentage of BME staff members from various age groups share this belief.

WRES Indicator 7

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion based on **Staff Group and Gender**

White BME

Staff Group

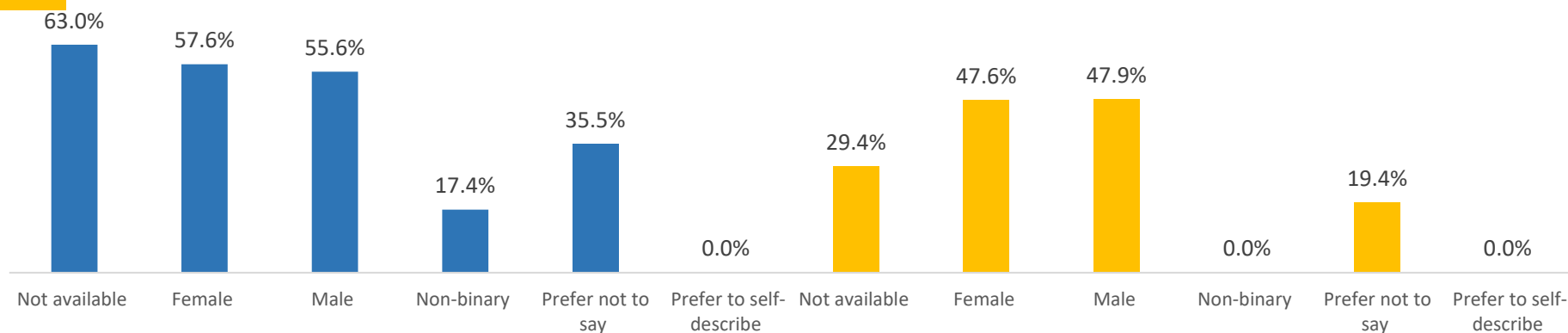


In the NHS staff survey response:

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

More than half of White staff in various job roles believe that the Trust provides equal opportunities for career progression and promotion. However, only half of BME staff in Allied Health Professionals and Additional Clinical Services share this belief, while only a few BME staff in other groups feel there are equal opportunities.

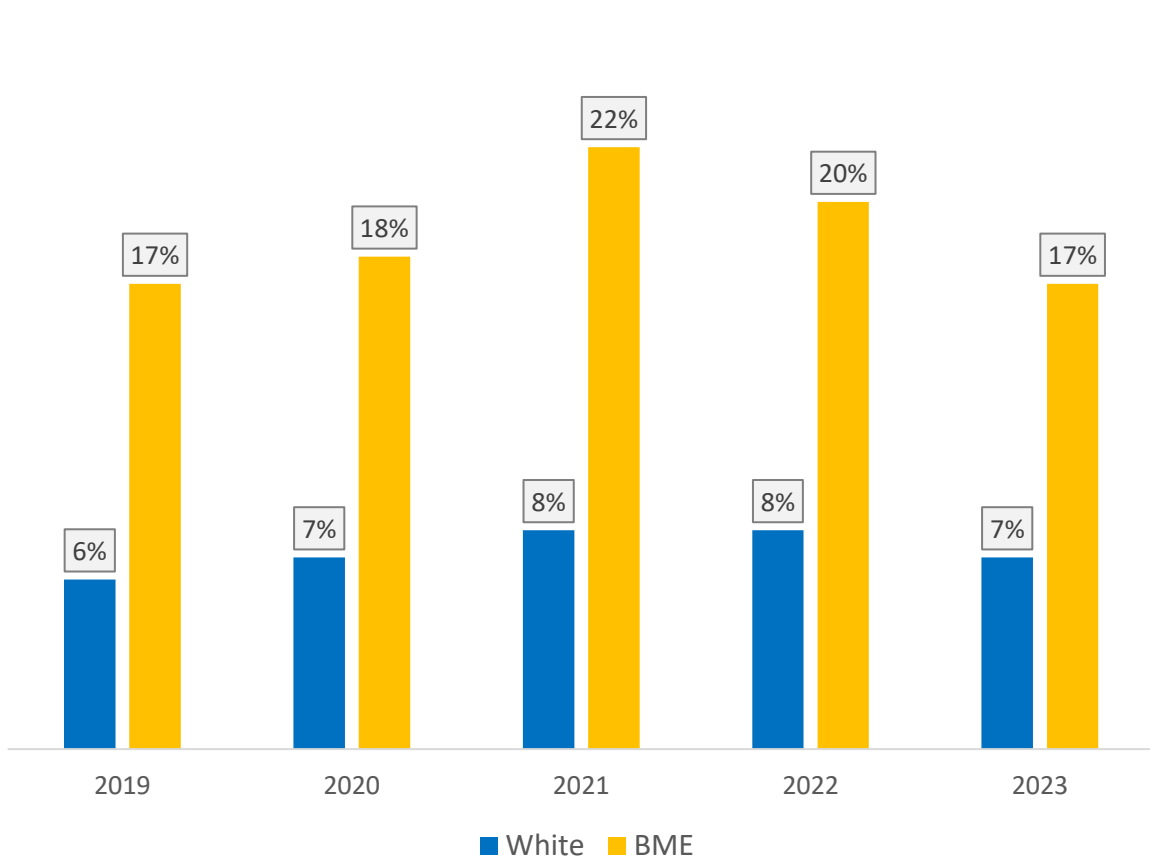
Gender



A considerable number of BME staff who chose not to disclose their gender reported experiencing harassment, bullying or abuse from colleagues. Similarly, a notable portion of White staff in the "not available" gender category also reported these negative experiences,

WRES Indicator 8

Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague: 2019-2024



Overall Workforce at MFT: 31,034	White	BME
	Overall 19,103	Overall 8737
	Responded to NHSS 7973	Responded to NHSS 2822

- This data is from the National Staff Survey results of 2023 – the results of 2024 will only be available in early 2025.
- Only 2822 BME staff out of 8737 completed the survey
- There has been a 3% decrease in BME staff reporting discrimination from managers, team leaders or colleagues, dropping from 19.6% in 22/23 to 16.62% in 23/24.
- 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.

WRES Indicator 8

Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on **Ethnicity and Religion**



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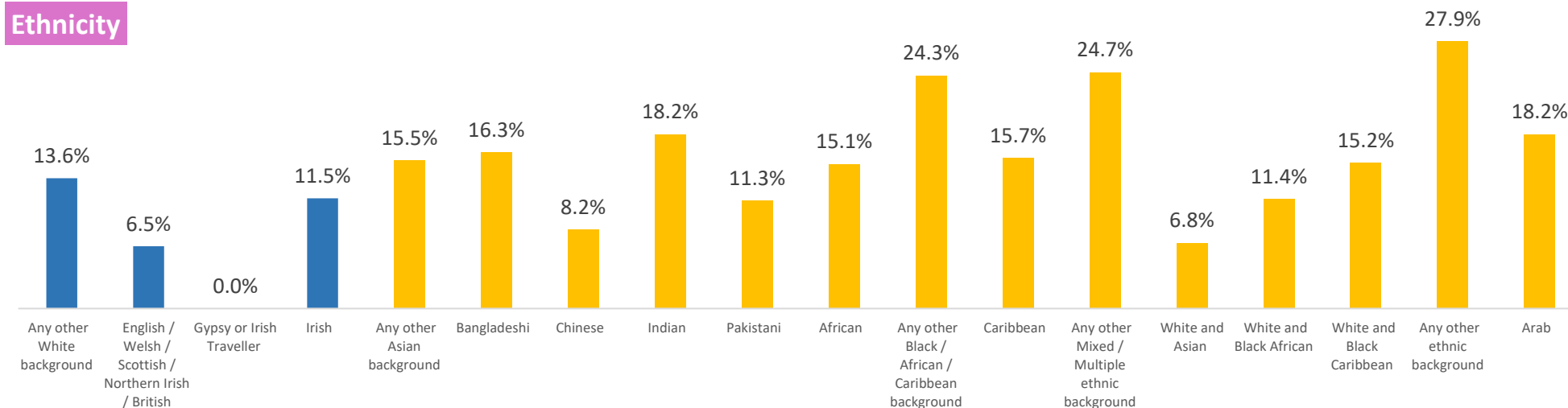
White BME



In the NHS staff survey response:

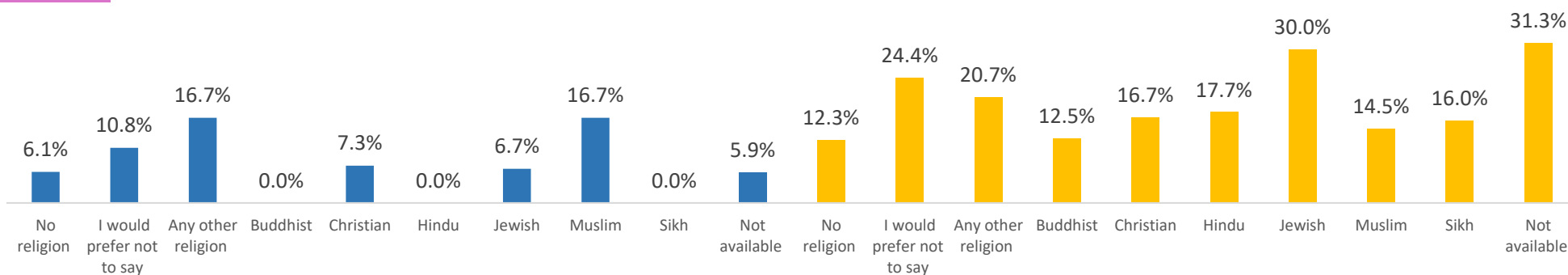
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

Ethnicity



Many BME groups, particularly those from any other ethnic background personally experienced discrimination at work from manager/team leader or other colleague. Notably, groups such as "Any other Black / African / Caribbean background" and "Any other Mixed / Multiple ethnic background" also indicate higher rates of such experiences.

Religion



BME individuals who have not updated their religion or belief have reported experiencing discrimination at work from managers, team leaders or colleagues. Additionally, BME Jewish staff also report facing similar challenges.

WRES Indicator 8

Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on **Sexual Orientation and Age**

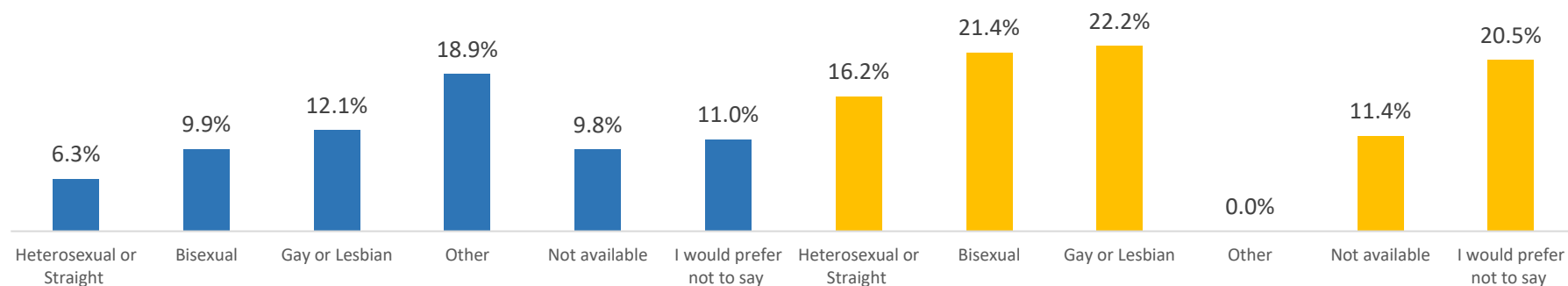
White BME



In the NHS staff survey response:

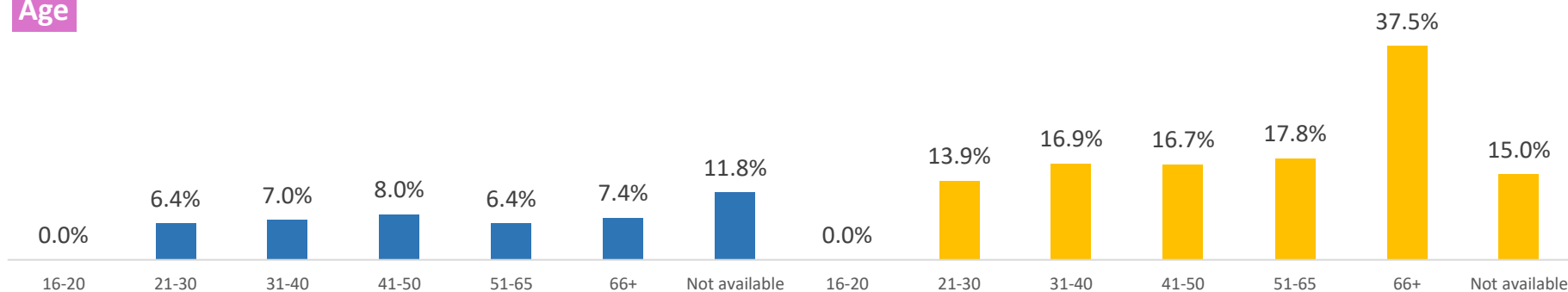
- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

Sexual Orientation



A significant number of BME staff who chose "prefer not to say" have reported experiencing discrimination at work from managers, team leaders or colleagues. Additionally, BME staff who identify as bisexual also report facing similar challenges.

Age



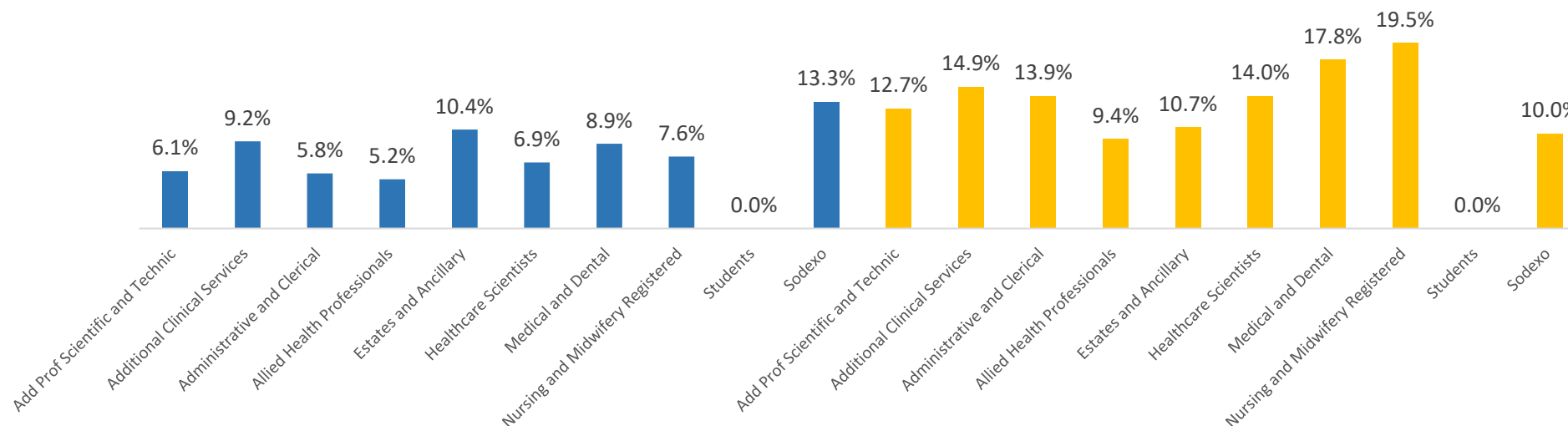
A notable portion of BME staff aged 66 and older have reported experiencing discrimination at work from managers, team leaders or colleagues. Similarly, BME staff in all age groups face more discrimination in comparison to White colleagues.

WRES Indicator 8

Percentage of staff who have personally experienced discrimination at work from their manager/team leader or another colleague based on **Staff Group and Gender**

White BME

Staff Group

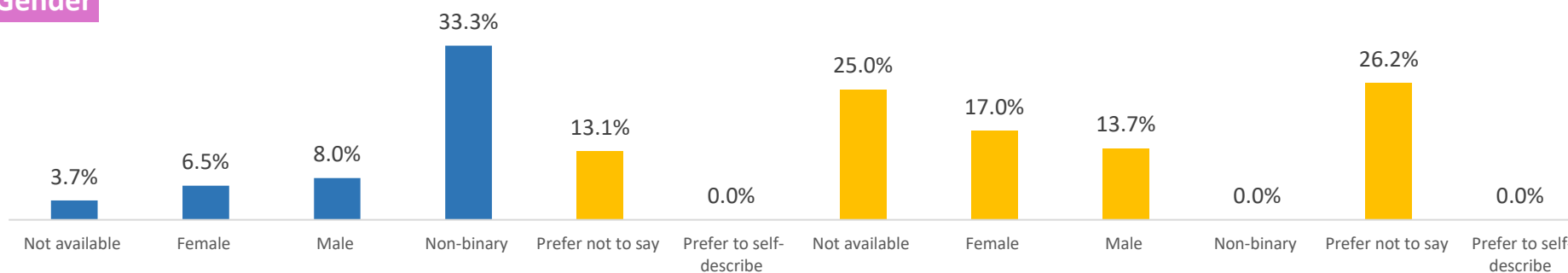


In the NHS staff survey response:

- **Not Available** option indicates that the staff did not complete or left the response blank.
- **Any Other or Other** option is selected when none of the listed categories match their response.
- **I would prefer not to say** indicates that the respondent chooses not to disclose certain information, likely for privacy or personal reasons.

A significant number of BME staff in the Medical and Dental group have reported experiencing harassment, bullying or abuse from colleagues. Similarly, BME staff in Healthcare Science and Allied Health Professional scientific and technical roles face these challenges.

Gender



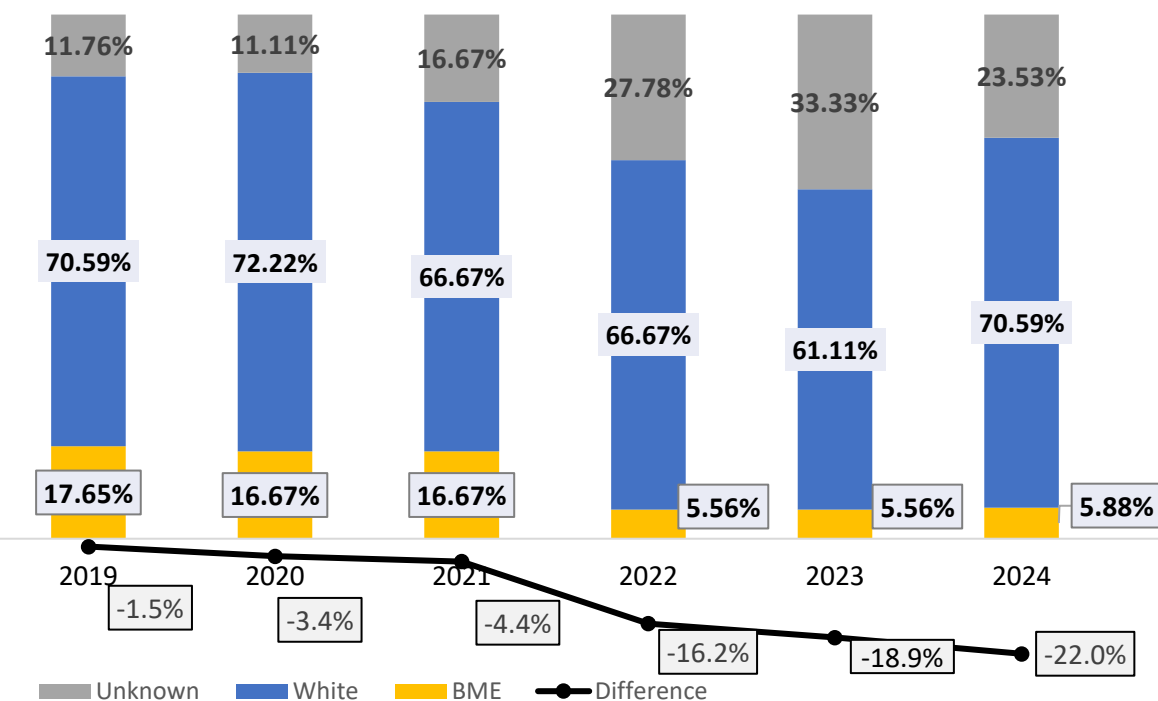
A considerable portion of BME staff who chose "prefer not to say" regarding their gender have reported experiencing harassment, bullying or abuse from colleagues. Additionally, BME staff who did not select a gender also face similar challenges.

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: 2019-2024



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
2024	Exec	6	1	1	8	75%	12.5%	12.5%
	Non-exec	6	0	3	9	66.7%	0.0%	33.3%

- All board members have voting membership.
- The number of BME voting board members is at **5.88%** which is an increase of **0.2%** in comparison to last year.
- In the last four years there has been a decrease of **12.09%** in terms of BME representation on the board.
- Out of **17** board members there is only **1 BME (Exec)** representative.
- **23.5%** of the board have not declared their ethnicity.
- Overall, the percentage difference between the organisations BME board membership and overall workforce is **-22%**.

Key Areas of Progress and Actions for the Next 12 Months

Culture Change

Diversity Matters Strategy: The EDI Team are developing the Trust's EDI strategy – 'Diversity Matters 2024-2028'. Consultation has taken place with Workforce, patients and service users and with the 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 early 2025 and shared with our workforce and communities.

Leadership

Executive Sponsors: The Trust assigned each Board member to act as an Executive Sponsor for our staff networks which represents the protected characteristics. This is enabling dedicated and targeted leadership support, providing accountability and governance from senior leaders, reinforcing the commitment to improving lived experiences and developing an inclusive leadership culture.

Recruitment

Inclusive Recruitment: The EDI team is working closely with the Head of Resourcing on targeted initiatives for inclusive recruitment practices.

Career Progression

Career Progression and Talent Management:

The Removing the Barriers programme, which aims to increase the ethnic diversity of the Trusts leadership at band 8a and above, is currently being reviewed. We need to expand the programme to include lower banded staff, where there is lack of movement and add effective positive action initiatives that will demonstrate significant change in Race equality data.

Key Areas of Progress and Actions for the Next 12 Months

Harassment & Bullying

Discrimination

Bullying Harassment and Abuse: The EDI Team are now working closely with the FSUG (Freedom to Speak up Guardian) and an HR Business Partner to embed a triangulated approach to eliminate bullying harassment, discrimination and abuse. The focus is on disaggregating data in relation to FSU concerns and employee relation cases, exploring diverse representation within investigation processes and analysing demographics amongst leavers. NHS England's EDI Improvement Plan, specifically addressing High Impact Action 6, which aims to eliminate conditions that foster bullying, discrimination, harassment and violence at work.

Staff Experience

NHS Employers' Diversity in Health & Care Partners Programme 23/24: The Trust participated in the NHS Employers' Diversity in Health & Care Partners Programme 23/24. 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. The programme provided access to leading industry experts, good practice, guidance, resources and networking opportunities.

Staff Networks: The EDI Team continue to support and create safe spaces for various groups to discuss concerns and suggest ways of improving culture. Trust has initiated Staff Network Development Sessions for newly established networks, with EDI members assigned to support each network individually. These networks are at various stages but continue to grow and improve.

Tackling health inequalities: Using the local data, the Trust is able support its health inequalities agenda, supporting the wellbeing of our own diverse workforce. At the same time patient data is now available with protected characteristics and deprivation data, supporting action to tackle the health inequalities within our communities. The EDI Team have been working closely with the Consultant for Public Health to establish where roles and responsibilities cross over and where joint ventures can be actioned.

Capacity to deliver objectives

EDI Team Restructure: The EDI team restructure is now complete but existing vacancies are hoping to be filled once the corporate service review is finalised at the end of 2024.

Action Plan for the Next 12 Months

Action	By When	By Whom
Renew Diversity Matters Strategy 2024-2028	31 st March 2025	EDI Team
Diversity Matters Working Group	31 st December 2024	EDI Team and Partners from across the Trust
Deliver EDI Improvement Plan (addressing all the High Impact Actions)	Throughout 2025	EDI Team and Partners from across the Trust
Expand and re-launch the Removing the Barriers programme	30 th September 2025	EDI Team
Implement new Staff Network Policy	31 st May 2025	EDI Team
Implement process to record discrimination incidents/concerns on Ulysses	31 st March 2025	EDI Team, Human Resources, Estates and Facilities Team

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