

Workforce Race Equality Standard 2019-2020

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

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Introduction

The Workforce Race Equality Standard (WRES) is included in the NHS standard contract and has been a requirement of NHS commissioners and NHS healthcare providers including independent organisations since July 2015. NHS Trusts are required to produce and publish their WRES report on an annual basis usually by the 31st July. However, this year sees the WRES report published by 31st August 2020 due to delays relating to the COVID-19 outbreak.

The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators which are outlined in the WRES, to produce an action plan to close the gaps in the workplace between White and Black Ethnic Minority (BAME) staff, as well as improving the representation of BME staff at the Board level of the organisation.

Scope

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

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

- Indicators 1, 2 and 9- Electronic Staff Records (ESR).
- Indicator 3 - Human Resource Team records.
- Indicator 4 - Organisational Development records.
- Indicators 5, 6, 7 and 8- Staff Survey.

Definitions

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

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

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

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

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

The WRES includes a reporting category of, ‘Other Locally Agreed’ pay. These are staff who are not on Agenda for Change contracts, who are not Very Senior Managers or Medical and Dental staff. They include for example staff who remain on Whitley pay scales and Apprentices on specific pay points. There are 90 members of staff at the Trust on ‘Other Locally Agreed’ pay.

WRES Results for Manchester University NHS Foundation Trust 2019-2020

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

WRES Indicator data	MFT 2018-2019	MFT 2019-2020	MFT 2019-2020 Clinical	MFT 2019-2020 Non-clinical
Indicator 1: Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical	Band 1: 45.90% Band 2: 19.69% Band 3: 14.78% Band 4: 11.32% Band 5: 24.07% Band 6: 14.89% Band 7: 11.00% Band 8a: 9.36% Band 8b: 5.52% Band 8c: 4.20% Band 8d: 2.74% Band 9: 0.00% VSM: 2.00% Medical and Dental: 36.46% Other Locally Agreed: 17.31%	Band 1: 46.70% (354) Band 2: 21.13% (724) Band 3: 16.65% (415) Band 4: 13.43% (265) Band 5: 24.28% (1,141) Band 6: 15.47% (643) Band 7: 11.98% (299) Band 8a: 9.94% (101) Band 8b: 6.91% (23) Band 8c: 3.59% (6) Band 8d: 2.53% (2) Band 9: 0.00% (0) VSM: 6.67% (5) Medical and Dental: 38.14% (767) Other Locally Agreed: 18.89% (17) Trust Total: 20.00% (4,762)	Band 1: 0.00% (0) Band 2: 25.69% (540) Band 3: 19.09% (206) Band 4: 14.09% (132) Band 5: 25.50% (1,073) Band 6: 15.81% (602) Band 7: 11.84% (257) Band 8a: 10.73% (84) Band 8b: 6.47% (13) Band 8c: 1.35% (1) Band 8d: 2.94% (1) Band 9: 0.00% (0) VSM: 12.50% (2) Medical and Dental: 38.14% (767) Other Locally Agreed: 38.64% (17)	Band 1: 46.70% (354) Band 2: 13.89% (184) Band 3: 14.79% (209) Band 4: 12.84% (133) Band 5: 13.85% (68) Band 6: 11.75% (41) Band 7: 12.92% (42) Band 8a: 7.30% (17) Band 8b: 7.58% (10) Band 8c: 5.38% (5) Band 8d: 2.22% (1) Band 9: 0.00% (0) VSM: 5.08% (3) Other Locally Agreed: 0.00% (0)

WRES Indicator data	MFT 2018-2019	MFT 2019-2020
Indicator 2: Relative likelihood of white candidates being appointed from shortlisting compared to black candidates across all posts.	1.7 times more	1.67 times more likely
Indicator 3: Relative likelihood of black staff entering formal disciplinary process compared with white staff, as measured by entry into formal disciplinary investigation. This indicator will be based on data from a two-year rolling average of the current year and the previous year.	1.27 times more likely	1.13 times more likely
Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared with black staff.	1.08 times more likely	1.14 times more likely
Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BAME 21% White 23%	BAME 23% White 23%
Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BAME 23% White 16%	BAME 21% White 16%
Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion.	BAME 69% White 87%	BAME 70% White 86%
Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues?	BAME 15% White 6%	BAME 13% White 6%
Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce.	BAME 17.65% The percentage difference between the organisation's Board executive membership and its overall workforce will be: -1.53%	BAME 16.67% The percentage difference between the organisation's Board executive membership and its overall workforce will be: -3.31%

Analysis

Indicator 1-Workforce profile

The overall representation of Black, Asian and Minority Ethnic (BAME) staff in the Trust is 20.00% (4,762), which is representative of the Greater Manchester population at around 18%. There has been an overall increase in representation of 0.82% (553) of BAME staff. This increase can be seen across all bands with the exception of band 8c. It is also noted that 8.6% (2,054) of staff have not declared their ethnicity on the ESR System.

Indicator 2 – Recruitment

This indicator is included in the Hospital / MCS / MLCO Accountability Framework (AOF) to track and improve the Trust's performance against this measure. The data for this indicator shows that white candidates are 1.67 times more likely to be appointed from shortlisting than BAME candidates, which is similar to last year's data, which was 1.7 times more likely. The likelihood of appointment from application is 2.6 times more likely.

Indicator 3 – Disciplinary Process

This indicator is based on data from a two-year rolling average of the current year and the previous year. The data for indicator 3 shows that BAME staff are 1.13 times more likely than their white colleagues to enter formal disciplinary process. This is an improvement from 1.27 last year and is better than last year's national data which is 1.22 times more likely to enter the formal disciplinary process.

Indicator 4 – Training

MFT's data indicates white staff are 1.14 times more likely to access this type of training compared to last year where the likelihood was 1.08. This year's data shows the Trust's position is closer to the national position compared to the national data (1.15).

Indicators 5 – 8 - Staff Experience

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

Indicator 5 compares the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. Over the last 12 months there has been a 2% increase in reported experience of harassment from BAME staff in MFT, and no change for white staff. The national data for this indicator shows that 29.8% of BAME staff have experienced this type of harassment, which is 6.8% higher than the Trust's position.

Indicator 6 compares the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. The instance of staff experiencing harassment bullying or abuse from other staff has decreased for BAME staff (21%) by 2% and

has remained the same for white staff (16%). However, the data suggests that similar to last year BAME staff are 5% more likely to experience harassment, bullying and abuse from other staff compared to their white colleagues. This is 8% less than the National average (which is 29%) the continued focus on the reduction of abuse experienced by all staff will continue to be a priority for the Trust.

Indicator 7 compares the percentage of staff believing the Trust provides equal opportunities for career progression or promotion. More white staff (86%), compared to BAME staff (70%), feel that the Trust provides equal opportunities for progression or promotion. There has been a 1% increase in BAME staff believing that the Trust provides equal opportunities for promotion or progression over the last 12 months, compared to a 1% decrease in white staff.

Indicator 8 compares how many staff have personally experienced discrimination at work from a Manager/Team Leader or other colleagues in the last 12 months. There remains twice the number of BAME staff (13%) who reported feeling they had experienced discrimination from a Manager / Team leader or other colleagues, compared to white staff (6%). In comparison to last year there has been a 2% decrease for BAME staff and whilst the figure has remained the same for white staff.

Indicator 9- Board Representation

Indicator 9 compare the percentage difference between the organisation's Board voting membership and its overall workforce. The Trust has 17% representation of BAME staff on its Board, which is similar to 18% in the previous year. The difference between the Boards executive membership and the overall workforce is -3.31%. This shows that the Board is representative of the overall workforce. The Trust has. When considering the Executive members of the Board, there is 9.09% (1) BAME representation. 11.11% (2) of the Board have not declared their ethnicity.

Actions promoting workforce race equality.

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The Trust's workforce race equality programme includes the following:

- a) Recovery and stabilisation plans are being equality impact assessed including the Workforce work streams.
- b) COVID-19 risk assessment and guidance has been updated to include staff of BAME backgrounds as, 'at risk' groups. A communication plan is in place including all staff briefings, vlogs, posters and hospital/managed clinical service, community and community services communications. E-learning is being developed to increase knowledge and confidence among managers and staff. Risk assessments are being monitored by ethnicity and a system for recoding risk assessments being put in place.
- c) The voices of BAME staff are being amplified through a BAME Reference Group and a BAME Engagement Group chaired by the Group Executive Director for Workforce and Corporate Business. These Groups are informing

and shaping Trust actions. In addition, a staff survey has been rolled out to understand the reach of support to all staff during COVID-19 and what further action is needed. The survey includes equality monitoring enabling the results to be looked at by ethnicity.

- d) Ethnicity diversity is integrated into the Trust's Attraction campaign, 'All Here for You', through images of diversity of Trust staff, commitment statements and training on bias. This includes e-learning on unconscious bias in recruitment and the Diverse Recruitment Panels Scheme to improve the relative likelihood of BAME staff being appointed from shortlisting. The Diverse Recruitment Panels Scheme is a pool of trained BAME staff who have stepped forward to sit on recruitment panels, along with recruitment advice and pathways to assist recruiting managers in using the scheme. The scheme will aim to have at least one BAME panel member at interview or assessment for roles at bands 8a or above by 2023.
- e) A key component of the Trust's overarching Diversity and Equality Strategy is the Removing the Barriers Programme. The Programme comprises diverse panels, reciprocal mentoring and ring-fenced secondment opportunities. Diverse panels were piloted most recently with the Graduate Management Scheme resulting in 25% or one in four recruited onto the scheme from BAME backgrounds, compared to the previous year where 8% of those recruited were from a BAME background. Ring-fenced secondments have been piloted in Nursing and in Organisational Development, a further 7 secondments have been agreed as part of the Removing the Barriers Programme. The success of the Removing the Barriers Programme is critical to improving the representation and experience of BAME staff at MFT.
- f) Diverse representation on command and control structures has been monitored. Expressions of Interest (EOI) have been sought from across the Trust to increase the diversity of MFT's newly in place decision making structures. Seventy-one EOIs have been received, the individuals have now been placed in the Trust's Covid-19 command and control and decision-making structures.
- g) The Trust is a Hate Crime Reporting Centre with a base at the Manchester Royal Infirmary.
- h) Plans are underway to launch South Asian Heritage Month and for Black History Month 2020 to celebrate the achievements and contributions BAME staff have and continue to make in the Trust.

Monitoring Trust Wide Performance

The Trust will monitor progress of the WRES action plan at the Trust Equality, Diversity and Human Rights Committee. Assurance on delivery of the various strands of work will be through the HR Scrutiny Committee.