Manchester Health & Care Commissioning
A partnership between Manchester City Council and NHS Manchester CCG

MANCHESTER CITY COUNCIL

NHS Manchester Clinical Commissioning Group

Manchester Health and Care Commissioning

BOARD

Agenda Item:		**Date:**	12th September 2019
Report Title	Report of the Director of Workforce and OD - NHS Workforce Race Equality Standard Report 2019 (WRES)		
Report Author	Hilda Bertie, Edna Gibson and Gordon Pearce		
Summary	This paper informs and updates the Board on the Workforce Race Equality Standard for 2019		
Strategic Objective	• To improve the health and wellbeing of people in Manchester • To strengthen the social determinants of health and promote healthy lifestyles • To ensure services are safe, equitable and of a high standard with less variation • To enable people and communities to be active partners in their health and wellbeing • To achieve a sustainable system		
Risks considered in this report	748 MHCC workforce capacity and capability		
Confirmation that equality analysis has been fully considered in the preparation and design of the reported policy, plan or strategy	The related equality impacts are addressed in the report below.		
Financial Implications	Any financial implications relating to this report will be incorporated within current budgets.		

Public Engagement:	None. This is an internal workforce report. Going forward the Inclusion Staff Network will be engaged in the delivery of actions to support ongoing improvement
Recommendation:	To note the report and support the proposed next steps for Board approval

Executive Summary

We are pleased to be able to provide this year's WRES findings for MHCC. On the whole the data shows we are moving in the right direction on most of the indicators and a stronger embedding of our action plans are paying dividends to address these disparities in the workforce. However, we do not remain complacent – there are some regressive datasets we need to urgently address and we have some way to go to better reflect and benefit from our considerably diverse communities in Manchester.

Overall, we are seeing increases in BME staff in our higher grades, particularly in clinical positions, where we know we can draw from a readily available diverse talent pool. We welcome the increases in BME staff across most grades in non-clinical positions, but more work needs to be done to make significant breakthroughs in band 8+ and executive senior positions.

In respect of likelihood of being appointed, we are pleased to report an increase from last year's likelihood for BME candidates from one in 15 to one in 12. For White candidates, the figure has stayed the same at one in 7, so we are on the right trajectory to reach equity, and much of the work we have already started to address this disparity should show more sustained impact next year as new cultures and ways of working embed.

Our disciplinary actions remain so low as to not cause any concern in respect of disparity.

We have made significant inroads this year into addressing the disparity of staff taking up non-mandatory training. Our data for the first time shows parity between BME and White staff in this respect. Our action plan will be to drive continuous improvement in this area as we know it is one of the foundations for increasing parity in our higher grades.

One of the more significant concerns arising from this evidence for us is the rise in experiences of bullying and harassment reported, with particular concern about bullying from other staff. We know there is wide concern about bullying across the industry and have already taken

significant actions to address this which will take some time to embed. However, our disappointing results this year show that 1 in 7 of our BME staff experience harassment or bullying from colleagues compared to 1 in 29 White staff. We remain committed to addressing this as a priority and will undertake external evaluation of our strategies to address it.

Finally, in respect of our governing body, small changes in makeup (and slow turnover) show us remaining stationary at around 13 % BME make up so we are expending some efforts to drive potential for progress in this area within our new 10 point plan so we are ready to recruit from much wider talent pools.

Introduction

The annual NHS Workforce Race Equality Standard (WRES) is a tool designed for both providers of NHS services and NHS commissioners to help us meet our legal duties under the Equality Act in respect of workforce race equality measures. A requirement to complete an annual WRES Report has been included in the NHS standard provider contract since July 2015. From 2019, all Clinical Commissioning Groups (CCG's) are expected to submit their own organisational data annual WRES data to the NHS England portal for analysis and publication.

Clinical Commissioning Groups and the WRES

CCGs have two roles in relation to the WRES; as commissioners of NHS services and as NHS employers. In both roles our work is shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution
- The Equality Act 2010 and the public sector Equality Duty
- The NHS standard contract and associated documents
- The CCG Improvement and Assessment Framework

The review of Provider Trust WRES action plans is a key part of the contract monitoring processes between NHS Providers and NHS Commissioners.

Scope of the 2018 / 2019 WRES Report

As an integrated partnership, MHCC has taken the view to produce and publish an integrated WRES report across health and social care for the second year running. The report provides an overview and analysis of workforce race equality across Manchester Health and Care Commissioning which includes Manchester Clinical Commissioning Group (MCCG) and Manchester City Council (MCC) Adult Social Care. MCCG data also includes the posts that MCCG host on behalf of Greater Manchester Health and Social Care Partnership (GNHSCP.)

Our 2018/19 report evidences the improved integration of MCCG and MCC data sets. Some data was not available to us in 2017/18 to allow us compare with this year's result. The 2019/20 report will therefore include for the first time two years of comparable data for MHCC for Indicator 1 only. Indicator 2 collects MCCG data only; all remaining indicators are MHCC inclusive. We expect to continue to be able to provide more comprehensive longitudinal year or year comparisons going forward as systems fully integrate and allow us to extract comparable datasets.

In compiling the report, data is drawn from the NHS Electronic Staff Record (ESR), Manchester City Council staff records (SAP), NHS Jobs data, MHCC local Staff Survey and local non-mandatory training and CPD records. These data sources have been used to create an integrated report with the exception of reporting for Indicator 2 (recruitment) where data is only currently available through NHS recruitment.

It should be noted that where data has been broken down by band, an exercise has been undertaken to assimilate MCC grades to the relevant NHS bands to enable an integrated data set to be developed.

It is important to note that the number of MHCC staff is small when presented in different protected groups. The ethnicity equality data in some indicators is too small in some cases to draw any meaningful conclusion as a small change in the number can skew the percentage significantly. Such small datasets can reduce significance.

As part of the mandatory requirement placed on CCGs from 2019, a separate WRES template report will be published for Manchester Clinical Commissioning Group (MCCG) to enable it to be benchmarked across other CCGs.

For the first time this year, the MHCC WRES report includes a range of comparative data from other Greater Manchester Clinical Commissioning Groups. MHCC is one of only two integrated health and social care WRES reports that have been produced in Greater Manchester. The broader data will enable MHCC to start benchmarking against the Greater Manchester footprint going forward.

Greater Manchester Commitment to workforce race equality

GM CCGS key WRES Data indicates travel in the right direction for most CCG's, however, across GM, the same issues remain in tackling ethnicity disparities across our workforces and joint work across GM to tackle these disparities is welcome and we are an active partner in driving that forward.

At a Greater Manchester level, Manchester Clinical Commissioning Group and Manchester City Council have signed up to a Greater Manchester commitment of public sector employers to work collectively to address race inequality in the workplace. Within this context Greater Manchester has set itself a number of stretching targets to tackle the current disparities in workforce race equality across the region. The agreed target areas are:

1. That BME applicants will be just as likely to be appointed from shortlisting as white applicants – within three years

2. To close the gap in disproportionate rate of disciplinary action between BME and white staff, such that there will be no difference in the likelihood of BME and white staff entering the formal disciplinary process – within three years.

3. That we will see a 10 per cent minimum (15 per cent stretch) shift in BME representation into more senior grades in organisations – taking into account an organisation's starting position.

The main vehicles for delivery are to support a comprehensive measurement framework across the different public sector providers to better collate and understand data evidence, advising on and developing a culture across Greater Manchester public service which is inclusive senior leadership to publicity champion the issue and to develop a GM diverse and inclusive talent pool.

WRES Indicators and Definitions

The definitions of "Black and Minority Ethnic" and "White" used in this WRES report is based on the WRES Technical Guidance 2019. The guidance follows the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary, and are used in NHS Digital data. These definitions were based upon the 2001 ONS Census categories for ethnicity. "White" staff include white British, Irish and Any Other white i.e. categories A–C in the table in Annex C of the WRES Technical Guidance 2019 document. The "Black and Minority Ethnic" staff category includes all others except "unknown" and "not stated." For further information please refer to page 18 of the WRES Technical Guidance 2019

These definitions have remained in place since the start of the NHS WRES collection. They target some of the clear known disparities present in the workforce. Defining ethnicity and use of terminology in the UK is constantly changing and in reporting on our and our providers WRES data, we are not excluding the experiences of those ethnic minority communities who may experience disadvantage and discrimination in the workplace and feel they fall outside of the WRES BME categories. Our work to address disparity, discrimination and disadvantage in the workplace based on protected characteristics is all encompassing and we continue to address all within our wider policies and practices.

There are nine WRES indicators, four draw from workforce data, four from the national NHS Staff Survey and one indicator focuses on BME representation on Boards. MHCC does not complete the National survey but has incorporated the 4 questions into the local MHCC Staff Survey. Any changes to the way that these indicators have been reported on are in line with the WRES Technical Guidance 2019.

SECTION ONE - OVERALL WORKFORCE INDICATORS

Workforce Overview

Table 1: Total headcount compared to employee self-reporting by ethnicity (excluding those who chose not to disclose) headcount as at 31st March 2019

	Total Headcount	Self-Reported Headcount	% Self-Reported
Total Workforce	463	425	91.79%
NHS Manchester Clinical Commissioning Group	277	257	92.78%
Manchester City Council	92	79	85.87%
Greater Manchester Health and Social Care Partnership	94	89	94.68%

Table 2: Comparison of self-reported BME employees as at 31st March 2019 and 31st March 2018

	2019 BME Workforce Headcount	2019 BME Workforce %		2018 BME Workforce Headcount	2018 BME Workforce %
Total Workforce	82	19.29%		61	18.26%
NHS Manchester Clinical Commissioning Group	54	21.01%		49	19.22%
Manchester City Council	15	18.99%		12	15.19%
Greater Manchester Health and Social Care Partnership	13	14.61%		8	14.81%

Table 3: Comparison of total workforce by ethnicity as at 31st March 2019 and 31st March 2018

Ethnicity	2019	2018	2019 Performance compared with 2018	
BME	17.71%	16.71%	1% increase	
White	74.73%	74.25%	0.17 % increase	
Not Disclosed	7.56%	7.99%	-0.43 % decrease	
Total Headcount	463	422		

Table 4: Comparison of workforce by band / grade and ethnic group as at 31st March 2019 and 31st March 2018*

Payscale	This Year 2018/ 19			Last Year 2017/ 18			Variance		
	BME	White	Not Stated	BME	White	Not Stated	BME	White	Not Stated
Band 1 – 4 (MCC Grade 4)	**22.92%**	**75.00%**	**2.08%**	**21.15%**	**71.15%**	**7.70%**	**1.77%**	**3.85%**	**-1.77%**
Band 5 – 7 (MCC Grade 5 – 9)	**18.31%**	**71.83%**	**9.86%**	**17.09%**	**75.21%**	**7.69%**	**1.22%**	**-3.38%**	**2.17%**
Band 8a – 9 MCC Grade 10 -12)	**15.96%**	**77.66%**	**6.38%**	**17.17%**	**77.78%**	**5.10%**	**-1.21%**	**-0.12%**	**1.28%**
Executive Senior Managers (VSM) (MCC Senior Manager)	**20.00%**	**73.33%**	**6.67%**	**14.30%**	**85.70%**	**0.00%**	**5.70%**	**-12.37%**	**6.67%**

*NB. NHS Agenda for Change (including partnerships) and Manchester City Council banding and grades have been assimilated to produce one integrated data set.

For roles on Bands 1 – 7 there is a cumulative increase of BME employees of circa 3% and an increase of BME employees at very senior management VSM (MHCC executive and above) level of circa 6%; there is a decrease of BME employees at Bands 8a – 9 of circa 1%.

The variance for Executive Senior Managers (VSM) is -12.37%. This group is very small and the variance represents the monitoring form not yet completed by one member of the group.

The following sections two to seven, report on the nine indicators as set out in the national NHS WRES template.

SECTION TWO - WRES INDICATOR 1 - WORKFORCE INDICATORS

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 staff
- Clinical staff
  - Non-Medical staff
  - Medical and Dental staff

Table 5 Comparison of workforce analysed by Clinical and Non-Clinical classification, pay band and ethnicity (MCCG only) as at 31st March 2019 and 31st March 2018

	2018/ 19			2017/ 18			Variance		
Payscale	BME	White	Not Disclosed	BME	White	Not Disclosed	BME	White	Not Disclosed
Clinical									
Band 1 - 4	0%	0%	0%	0%	0%	0%	0%	0%	0%
Band 5 - 7	24.14%	62.07%	13.79%	35.71%	60.71%	3.58%	**-11.57%**	**1.36%**	**10.21%**
Band 8+	30.43%	65.22%	4.35%	25.00%	70.00	5.00%	**5.43%**	**-4.78%**	**-0.65%**
Medical & Dental	25.00%	75.00%	0%	25.00%	75.00%	0%	**N/A**	**N/A**	
Executive Senior Managers	50.00%	50.00%	0%	40.00%	60.00%	0%	**10.00%**	**-10.00%**	**0%**
Non Clinical									
Band 1 - 4	26.67%	73.33%	0%	21.06%	73.68%	5.26%	**5.61%**	**-0.35%**	**-5.26%**
Band 5 - 7	15.20%	76.00%	8.80%	9.91%	80.18%	9.91%	**5.29%**	**-4.18%**	**-1.11%**
Band 8+	15.33%	81.75%	2.92%	16.35%	80.77%	2.88%	**-1.02%**	**1.57%**	**0.04%**

Executive Senior Managers	0%	75.00%	25.00%	0%	100.00%	0%	**0%**	**-25.00%**	**25.00%**

Analysis

This indicator looks at representation across the workforce. This is the first analysis undertaken by clinical and non-clinical groups. The overall representation of BME staff is 17.71% which has increased by 1% from 16.71% in 2017 / 2018. There is a small reduction in the non-disclosure of ethnicity from 7.99% to 7.56%. The BME working age population of Manchester is between 38% – 40% which is significantly high in relation to the GM BME working age population which stands nearer to 20%, so we still have some way to go to better reflect the population we serve.

The CCG does not employ any clinical employees in Band 1 – 4 roles.

The Medicine Optimisation Team within MHCC has undergone a restructuring exercise during this reporting period and as result we have seen an 11.57% reduction in BME staff at Bands 5-7 and an increase of 5.43% in Bands 8a and above. It should be noted that this team attracts and retains the highest number of BME staff across MCCG.

Please note: MHCC data for this indicator is available for 2018/19, however to ensure consistency in the data analysis we have only reported this indicator for MCCG. However for 2019/2020 this indicator will be reporting for the periods 2018/19 and 2019/20 for MHCC, providing the first year of comparable data for Indicator 1.

The data therefore needs to be treated with caution as a small change in the numbers can skew the percentage significantly.

SECTION THREE - WRES INDICATOR 2 - RECRUITMENT INDICATORS

WRES Indicator 2: Compare the data for White and BME staff: Relative likelihood of staff being appointed from shortlisting across all posts

Table 6 Recruitment for the period 1st April 2018 – 31st March 2019 (MCCG only)

Ethnicity category	Applicants	Shortlisted	Appointments
BME	1,708	277	22
White	2,319	629	86
Not Disclosed	165	25	9

Table 7 Recruitment for the period 1st April 2017 - 31st March 2018 (MCCG only)

Ethnicity category	Shortlisted	Appointments
BME	197	13
White	323	44
Not Disclosed	21	2

Analysis

This indicator compares the relative likelihood of applicants being appointed from shortlisting across all posts. The data for this indicator refers to MCCG appointments only.

During the period 2018 / 2019, there is a welcome increase in the likelihood of BME applicants being appointed when compared to the likelihood in 2017 / 2018; 1 in 12 compared to 1 in 15. We actively follow up non disclosures on appointment, explaining the rationale for better informing our wider employment and recruitment strategies and are now able to reach 100 % disclosure going forward. The relative likelihood of white

applicants being appointed remains the same for both reporting periods at 1in 7. This year's report includes for the first time the overall number of applications received to enable year on year trends to be reviewed and monitored going forward. The overall number of BME applicants received for the period 2018 / 2019 indicates a very positive response to MCCG vacancies that have been advertised and this will continue to be tracked year on year.

SECTION FOUR - WRES INDICATOR 3 - DISCIPLINARIES

WRES Indicator 3: Compare the data for White and BME staff: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. (MHCC) (This indicator will be based on data from the most recent two-year rolling average).

Analysis

The number of disciplinary actions during the reporting period is very low (one White employee) and therefore it is not possible to report on significant comparisons or trends.

SECTION FIVE - WRES INDICATOR 4 – NON-MANDATORY TRAINING

WRES Indicator 4: Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD (MHCC)

Table 8 Comparison of self-reported by ethnicity (having removed non-disclosures) Non-Mandatory and CPD Training as at 1st April 2018 and 31st March 2019

Total number of staff in the workforce	2018/ 19	2017/ 18
Number of employees	BME 82 (19.29%) White 343 (80.71%)	BME 69 (16.71%) White 356 (83.29%)
Based on the above figure, number of employees accessing non-mandatory training and CPD	BME 24 (29.27%) White 102 (29.74%)	BME 13 (18.84%) White 95 (26.68%)
Likelihood of BME employees accessing non-mandatory training and CPD	0.32	Data unavailable to provide ratio
Likelihood of White employees accessing non-mandatory	0.34	1.46 times

training and CPD		

Analysis

This dataset looks at the likelihood of BME employees accessing non mandatory training and CPD compared with White employees. This year's data shows that both BME and White employees access is relatively the same for the first year since monitoring has been taking place. Both groups report an increase in the level of access to non-mandatory and CPD opportunities which have included Disability and Inclusion Training for Managers, Human Rights Training, Workplace Civility, Recruitment and Selection Training. It should be noted that the 2017/18 calculation for this indicator was presented with a focus on the likelihood of White staff accessing non-mandatory training and CPD which equated to 1.46 times. For the first we have reported this indicator based on an analysis for both BME and White groups of employees which has enabled a more direct comparison to be made between the two groups. Both BME and White employees now have relatively equitable take up of non-mandatory training and CPD. The methodology that has been used has resulted in a more representative indicator than in previous years.

SECTION SIX - WRES INDICATORS 5 - 8 - MHCC STAFF SURVEY INDICATORS

WRES Indicator 5 – 8 Staff Survey Questions

Table 9 Comparison of MHCC Staff Survey Indicators as at 31st March 2019 and 31st March 2018 (excluding GMHSCP hosted employees)

WRES Indicators	BME 2018/19	BME 2017/18	White 2018/19	White 2017/18
5. Percentage of staff who tell us they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months	**5.77% (3 out of 52 respondents) 1 in 17**	**5.56% (Data unavailable to provide ratio)**	**2.24% (6 out of 268 respondents) 1 in 44**	**5.03%**
6. Percentage of staff who tell us they have experienced harassment, bullying or abuse from staff in last 12 months	**13.46% (7 out of 52 respondents) 1 in 7**	**5.56% (Data unavailable to provide ratio)**	**8.21% (22 out of 268 respondents) 1 in 12**	**15.19%**
7. Percentage believing that MHCC provides equal opportunities for career progression or promotion	**Average score of 3.1**	**70%**	**Average score of 3.3**	**70.70%**

8. In the last 12 months have you personally experienced discrimination at work from any of the following?				
Manager/team leader	**11.54% (6 out of 52 respondents) 1 in 8**	**Numbers too low to report**	**4.10% (11 out of 268 respondents) 1 in 24**	**Numbers too low to report**
or other colleagues	**13.46% (7 out of 52 respondents) 1 in 7**	**Numbers too low to report**	**3.36% (9 out of 268 respondents) 1 in 29**	**Numbers too low to report**

Analysis

Indicators 5 -8 are drawn from MHCC internal staff survey which was completed by a total of 326 employees (88%) compared to a completion rate of 78% for the 2017/18 survey. **I**n total 98% of staff who completed the survey declared their ethnicity, with 16% being BME employees and 82% being White employees; 2% did not declare their ethnicity.

The scoring scale for Indicator 7 was 0 – 5; average scores for BME employees is 3.1; average scores for White employees is 3.3. This equates to 73% of BME respondents and 78% of white respondents who have given a better than average rating for this indicator.

In comparison to the results from the 2017 / 2018 Staff Survey, these scores represent an increase overall of 8% for BME and a decrease of 3% for white employees. This is of significant concern to us and we are already implementing a strategy to address this.

Overall, the responses by BME employees to indicators 5, 6, and 8 demonstrate an increase in harassment experienced by BME employees compared to an overall decrease across all the three factors for White employees for the period 2018 / 2019. Again it should be noted that the overall number of employees who completed the Staff Survey is small when divided into different protected groups. The data therefore needs to be treated with caution as a small change in the numbers can skew the percentage significantly. However, the direction of travel is very concerning to us and we are implementing strategies to turn this around.

As the staff survey is anonymised, it is not possible to track and compare individual responses to these indicators year on year.

SECTION SEVEN - WRES INDICATOR 9 – GOVERNING BODY MEMBERS

WRES Indicator 9: Percentage difference between the organisations' Board membership and its overall workforce - MCCG

Table 10 Comparison of Governing Body Members WRES data compared to overall workforce as at 31st March 2019 and 31st March 2018

	Voting Members 2018/19	Voting Members 2017/18	Non-voting Executive Members 2018/19	Non-voting Executive Members 2017/18	Comparison With Workforce 2018/19	MHCC Overall Workforce
BME	**13.33%**	**14.30%**	**14.30%**	**14.30%**	**-4.38% (Voting Members) -3.43 % (Executive Members)**	**82**
White	**86.67%**	**85.70%**	**85.70%**	**85.70%**	**+4.38% (Voting Members) +3.43% (Executive Members)**	**343**
Not Disclosed	**0%**	**0%**	**0%**	**0%**	**0%**	**38**

Analysis

This indicator compares the percentage difference between the board's voting membership and overall employees. There is still some under representation on MHCC Board of BME membership when compared to the overall workforce.

In analysing the data, it should be noted that the Board cohort is very small and with very low turnover. During the 2018 / 2019 reporting period, all Board recruitment resulted in no change to the two categories make up. It should be acknowledged that, given the small size of the Board, a change in a single board member can alter the figures for this indicator quite considerably.

However a key purpose of this indicator is to ensure boards are developing and implementing robust plans for future recruitment to minimise the opportunity for disparity occurring. To note, our recent 10 Point Talent Plan, which was approved by our Executive group in August 2019, highlights the need for a long term plan to address board disparity, and actions include working with BME talent agencies and other pro-active positive action measures to create a pipeline of BME talent ready for vacancies that arise.

SECTION EIGHT ACTION PLANNING

Progress to date on WRES Actions during 2018 – 2019

1.0 Workforce & Recruitment

- MHCC has made good progress in embedding an organisational wide standard for recruitment and selection. This has included the roll out of a training programme for all recruiting managers on fair and inclusive values based recruitment and selection with approximately 100 line managers now having been trained. A register of trained recruiting managers is now in operation and it is a requirement of panel members to have attended the training prior to undertaking any recruitment or selection activities.
- MHCC has implemented a more proactive approach in ensuring wider representation of BME recruitment panel members. A cohort of 20 BME employees across all bands has now undertaken recruitment and selection training to ensure opportunity for BME representation on all recruitment panels.
- A quality assurance framework for all recruitment and selection activity has been developed and implemented which includes reviewing job description and person specifications to ensure that they are fit for purpose for the new skills and behaviours required for our new integrated provision. This includes a strong emphasis on pro-actively addressing disparities.
- We are a pro-active partner to the Greater Manchester Health and Social Care Partnership's workforce race equality strategy, working to reduce and remove known disparities across the region.
- We have begun working both independently and with Greater Manchester Health and Social Care Partnership to champion a Commissioning Academy to improve the skill sets and behaviours required in Commissioning with a strong emphasis on removing disparities within the work environment and delivery of our services.
- A number of positive action initiatives have been undertaken which are aimed at increasing the representation of BME employees have included increasing outreach work with local communities, attending job fairs and working with the local job centre plus
- More recently MHCC have started to introduce stretch opportunities for BME employees and actively promoted national development BME leadership programmes. One employee has undertaken the Stepping Up Leadership programme this year and two employees are currently on the Ready Now Leadership Programme. Stretch opportunities have been undertaken by BME employees.

2.0 Disciplinary actions

We have continued to monitor all disciplinary actions by protected groups and we include these in quarterly monthly Board reports and the annual Public Sector Equality Duty Report. We are actively implementing the findings of the inquiry into the investigation and disciplinary procedures instigated in the London NHS Trust and the now late Amin Abdullah. This includes reviewing our ability to be proportionate and justifiable, fair, independent and objective and to better understand the likely impact on the health and wellbeing of the individual(s) concerned. We are applying this approach where any workplace sanctions are taken.

- We continue to ensure that all managers are keep actively aware of and are trained on disciplinary and other associated policies and actively support the management of them with HR expertise.

3.0 Individual and Organisational Culture

- Linked to the Staff Survey results from 2017 / 2018, and the resulting significant concerns, we undertook a detailed action plan has been developed to address disparities and experiences of harassment and bullying. Now in implementation, we have commissioned a successful and well received, Leading with Civility training; mandatory for all Line Managers and driven a high profile publicity and communications campaign highlighting the impact of bullying and harassment in the workplace alongside developing a Line Manager Toolkit and Employee Guide. All of these initiatives have relevant focus on reducing BME disparities.

4.0 Data capture

- Within MCCG, we have introduced mandatory requirements for all new starters to complete the demographic data contained with ESR including recording their ethnicity. This has reduced the gaps in data and has improved the quality of overall reporting across all protected groups, including ethnicity

5.0 Non- Mandatory and CPD

- Whilst there has been an improvement in capturing data through manual systems, the focus going forward is to develop an electronic approach using ESR in order to achieve further improvements around data analysis

Action plan for 2019 /20

1.0 Workforce and Recruitment

- A Ten Point Talent Plan has been agreed by MHCC Executive and synergy with the locality health and care workforces strategies is underway. The plan sets out ten key areas that will be addressed to progress the development of a more diverse workforce and improve the recruitment outcomes for BME applicants. This plan has been independently evaluated by Professor Roger Kline, OBE, who along with a small group of other national inclusion experts will continue to provide constructive challenge to our inclusion and social value strategy.
- An approach will be developed to ensure that stretch opportunities are made widely available for BME employees and we measure and monitor impact of this initiative.
- The Ten Point Talent Plan introduces for the first time, a set of BME aspirational targets in order to work towards addressing the current imbalances in workforce representation. This follows closely the NHS 'Model Employer' targets, but nuanced to Manchester. This will provide our accountable measurement framework.
- An approach is underway to introduce a Reverse Mentoring Scheme to support the development and progression of BME employees involving Executive Directors and BME employees at Band 8a and above in the first instance.
- We will continue to undertake further outreach work with a focus on BME communities to ensure we continue to recruit from the widest possible talent pool and offer pre-employment opportunities for those under-represented in our workforce to gain better insight into the sorts of roles and responsibilities we need to recruit to.
- Working closely with the GM workforce race equality targets, we have committed to identify a number of MHCC staff members to join the next cohort of the WRES Experts Programme or the Greater Manchester Race Equality Change Agents Programme (RECAP)
- We continue to build the capability and capacity of the newly established Inclusion Staff Network which will play a key role with the accountability and transparency approach to the implementation of the WRES actions

2.0 Disciplinary actions

- A review of our approach to all disciplinary and investigation processes will be undertaken based on the recent recommendations from Baroness Dido Harding including the introduction of regular reporting to Board.

3.0 Non Mandatory Training and CPD

- We will introduce an electronic data capture system which will enable more robust and effective analysis of disparities for non-mandatory training and CPD
- We will continue to encourage and motivate BME employees in particular through quarterly appraisal discussions (Review, Reflect, Refocus) and 1:1 meetings to take up offers for non-mandatory and CPD

4.0 Staff Survey 2019

- We will review and ensure that the 4 WRES staff survey questions continue to be embedded in the MHCC Local Staff Survey. Consideration is being given to making these questions a mandatory requirement with the aim of improving the quality of reporting on these outcomes
- We will work in conjunction with the Inclusion Staff Network to strengthen our approaches in building in an inclusive and non-discriminatory workplace for all employees. This will include establishing a reverse mentoring programme, identifying additional solutions to improving workforce representation and continuing to reduce workplace harassment and bullying.

5.0 Governing Body

- We will continuously review the make-up of Governing Body voting members to ensure opportunities to address disparity are pro-actively sought and implemented.
- We will update Governing Body member's ethnicity data on ESR system