

## Manchester Health and Care Commissioning

### BOARD

<b>Agenda Item:</b>		<b>Date:</b>	
<b>Report Title</b>	Report of the Director of Workforce and OD - NHS Workforce Race Equality Standard Report 2020 ( WRES )		
<b>Report Author</b>	Jackie Driver, Anis Ghanti, and Gordon Pearce		
<b>Summary</b>	This paper informs and updates the Board on our progress towards the Workforce Race Equality Standard for 2020		
<b>Strategic Objective</b>	<ul style="list-style-type: none"> <li>• To improve the health and wellbeing of people in Manchester</li> <li>• To achieve a sustainable system</li> </ul>		
<b>Risks considered in this report</b>	MHCC workforce capacity and capability		
<b>Confirmation that equality analysis has been fully considered in the preparation and design of the reported policy, plan or strategy</b>	The related equality impacts are addressed in the report.		
<b>Financial Implications</b>	Any financial implications relating to this report will be incorporated within current budgets.		
<b>Public Engagement:</b>	None. This is an internal workforce report, but the Inclusion Staff Network have been consulted in the pulling together of the proposed action plan for next year.		

**Recommendation:**

To note the progress in 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 maintaining progress towards improved representation of BAME staff across most levels of the organisation. The data shows an upwards trajectory in all levels that are commensurate and on track with our own aspirational targets to achieving proportionate representation across our 15 year action plan. However, in our small Very Senior Management (VSM) group (7 staff), the loss of one BAME member of staff in this period has shown a significant *statistical* drop this year that we want to address by creating stronger pipelines for BAME staff to develop into VSM roles.

Whilst we are increasing BAME representation in the workforce - satisfaction and development rates are not progressing as we would like – experiences of bullying and harassment for BAME colleagues remain too high and career progression opportunities too low. These must now be our areas of focus if we are to retain and develop the diverse talent we are bringing in – we cannot stand back in the knowledge that unfair and unjust experiences are holding staff back disproportionately.

This was ever the case, but now in the shadow of COVID disparities and Black Lives Matter, it is incumbent on us all to take further steps to dismantle systemic racism and root and call out individual discrimination and disadvantage where it exists in our organisation. If we do not, we will not succeed in reducing health inequalities in Manchester, and we are likely to amplify them.

Our external review and validation of our 10 Point Talent Plan (CCG specific) indicates ongoing success across all the measurements we have put in place to track progress on representation. However, we do not remain complacent and have now advanced the plan to address the areas of slower progress and regression that we need to more urgently address, notably the differences in experiences of bullying and harassment between BAME and White colleagues to the detriment of BAME colleagues.

As with all annual comparisons, there may be a number of factors at play that will affect the results. We have undertaken significant restructuring and reduced numbers during this period. This has resulted in reducing overall headcount from 463 to 437 (comprising 272 CCG staff; 63 MCC staff and hosting 97 GMHC partnership staff).

We are however pleased to see that despite a reduction in headcount, organisation wide, we have managed to maintain an overall 1.11% increase in BAME employee appointment rate across *all* 3 employers. The CCG specific increase alone is 3.9 % which is roughly double the rate of appointments for White employees. We still have some unknowns and note that our non-disclosure rate remains stubbornly higher than that for both the BAME and White disclosure rates combined. We clearly have more to do to help employees feel comfortable disclosing ethnicity.

We also manage the complexities of an integrated employment structure. There are some emerging disparities across the CCG, Manchester City Council and Greater Manchester Health and Social Care Partnership in respect of the appointment and retention of BAME employees.

The data points to evidence of the success of the MHCC 10 Point Talent Plan as we can see clear comparative progress, but we should also note that some of the employment professions within the CCG have stronger talent pipelines for BAME candidates. Manchester City Council undertook a Workforce Race Equality Review in 2020 which enables them to take an evidenced and focuses set of actions to address existing disparities. We will work with them to support those staff working within the MHCC partnership. We have no ability to influence any disparities in GMHSCP as we only host these employees. The CCG focus however is to continue the progress we are making routing out unconscious bias at appointment stage, and tackling unfavourable working conditions and career development disparities for BAME staff.

We are pleased to report our full organisational commitment to tackle endemic racism head on, resulting in significant requirements built into both this year's operational plan and our COVID recovery plans to make significant inroads into addressing systemic racism, from developing educational resources, to listening and responding to our BAME staff and their experiences, building learning into improved processes, to building in cultural competencies into commissioning and a comprehensive action plan to meet the recommendations of Public Health England's COVID disparities and a response to Black Lives Matter.

In respect of *likelihood of being appointed* from shortlisting, we see a nearly 3 % increase for BAME staff this year, compared with an almost standstill position for White staff, building on growth from the previous year. We are on the right trajectory to improve diverse representation in staff groups and have seen increased pace, evidencing sustained impact of the 10 Point Talent Plan this year as new cultures and ways of working embed in.

Our disciplinary actions again this year again remain so low as to not have cause for concern in respect of disparity.

However, we have not sustained our progress on last year's address of the disparity of staff taking up non-mandatory training. Last year, our data indicated parity for take up of non-mandatory training across ethnicities. This significant area for career progression shows regression on last year's gain – whilst BAME staff have increased take up from 29.27 % to 52% - a significant increase - White staff have increased from the same 29.74% to 76%.

This indicates a general increase in availability for non-mandatory training, perhaps common to times of restructure, but still a disappointing lower take up from BAME staff.

The reasons for this are not yet analysed, but it is likely that a combination of factors will be playing out here, including a BAME staff lack of confidence to ask for access to non-mandatory training, a lack of belief that line managers will approve the request to attend, a lack of time and capacity to undertake training related to overload of dealing with micro-aggressions and unconscious bias in line managers in restricting permission to attend for BAME staff.

Our actions to address this disparity have already started and we are well on the way to formalising our pilot for providing stretch opportunities targeted at BAME and disabled staff – two staff groups that evidence significant barriers to career progression. We will continue to keep a close watching brief on the impact of this action plan to see whether it will be sufficient to turn the tide on the regression we have evidenced this year, and have ongoing plans in place, in light of the more recent impact of COVID and the subsequent aftershock of events arising out of the Black Lives Matter movement, to embed a comprehensive education programme on recognising and dismantling systemic racism.

One of the more significant concerns arising from this evidence for MHCC is again the persistent rise in experiences of bullying and harassment reported through our staff survey. The good news is a reduction in experiences of bullying and harassment *from colleagues* in both ethnic groups – but the disparity between BAME and White staff experiences remains stubbornly at a rate of 3 times higher for BAME staff.

Similarly, a positive picture for experiences of bullying *by managers* has reduced this year by over half in both ethnic groups, but the ratio of different experiences between BAME and white staff indicates we still have some work to do in this area – disproportionate rates have risen from an approximate 2:1 ratio reported in last year's staff survey to a 3:1 ratio this year to the detriment of BAME colleagues.

As concerning is the rise in experiences of bullying *by the public* - in both ethnic groups - where the rates have both doubled. The rates of experience of harassment from the public remain double that for BAME colleagues as they are for White staff.

Finally, in respect of our governing body, there are small changes in makeup report this year in non-voting members. Given the slower rates of turnover for both voting members (a 4 year term and posts are restricted within both geographical and professional boundaries) and non-voting members (senior executive directors generally have a slower turnover than staff at lower levels) we are progressing in the right direction. This area although on target for our aspirational targets needs some sustainability, and so we are investigating a framework for a shadow board which would draw from BAME and disabled talent to increase diverse talent pools for when roles do become available.

## 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 2019 / 2020 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 third 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 2019/20 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. This 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 second time, 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.

## **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 BAME 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. In MHCC, we use the term black, Asian and minority ethnic (BAME) in line with local and national advice, which encompasses the BME categories contained in the WRES data, but allows us to disaggregate data where different categories are evidencing more severe disparity.

There are nine WRES indicators, four draw from workforce data, four from the national NHS Staff Survey and one indicator focuses on BAME 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.

### **MHCC aspirational workforce equality targets**

As part of our Inclusion and Social Value Strategy, MHCC has analysed and set consequential targets for improving representation at all levels where there is current disparity. These targets form part of our 10 Point Talent Plan and match the [NHS Long Term Plan](#) measurement framework for achieving parity across levels of NHS organisations. The WRES data shows an upwards trajectory in all levels that are commensurate and on track with our own aspirational targets to achieving proportionate representation across our 15 year action plan.

We are pleased to report we are matching our aspirational targets for BAME representation at all levels due by 2021 already and are exceeding our 2021 target of 22% senior executive by some 4%. Our focus next year then, given the wider WRES data intelligence, will be to retain and develop those BAME staff who have secured those roles by focusing on a ‘zero tolerance’ for bullying and harassment and ensuring development opportunities are equitably accessed.

We know achieving the board level attainment rates will be hampered by the small changes in makeup and slow turnover of the board (members are offered a 4 year term). We welcome the increase of 2.39% BAME make up this year, exceeding our trajectory target with a representation of 30% BAME representation.

However, we feel we need to do more to develop a more disaggregated analysis to address a broader and representative parity across black, Asian and minority ethnic disparity, particularly given the senior decision making responsibility at this level and the recent COVID AND Black Lives Matter impact. We are looking for opportunities to develop a shadow board drawing from broad black, Asian and minority ethnic and disabled talent to increase diverse talent pools for when roles become available.

MHCC aspirational Targets	March 2021	March 2023	March 2028	March 2033
Gender – male - 30% - all levels	Watching brief only, already proportionately just as likely to be appointed as females, but efforts to ensure intersectionality is addressed where there are already significant gaps as highlighted below.			
Gender – female – exec level	30%	40%	50%	maintain
Gender – female - board	30%	40%	45%	51%
<b>BAME – all levels</b>	<b>20%</b>	<b>27%</b>	<b>35%</b>	<b>40%<sup>1</sup></b>
<b>BAME - Exec</b>	<b>22%</b>	<b>27%</b>	<b>35%</b>	<b>40%</b>
<b>BAME - board</b>	<b>25%</b>	<b>27%</b>	<b>35%</b>	<b>40%</b>
Disability – all levels	7%	10%	15%	20%
Disability - Exec	7%	10%	15%	20%
Disability - board	7%	10%	15%	20%
LGB – all levels	7%	8%	9%	10 %
LGB- Exec	7%	8%	9%	10 %

<sup>1</sup> To note, 40% is above the current target rate as it is very likely the next census ( 2021) will indicate higher BAME working age population.

LGB - board	7%	8%	9%	10 %
For better representation of people who define as trans or non-binary; have specific religion and/or belief; and, in relation to age related barriers in the workplace, we need to better understand how to benchmark and measure, so our aspirational target for 2019/20 will be to set up mechanisms to monitor.				

## Greater Manchester Commitment to workforce race equality

We take an active role in driving the Greater Manchester (GM) workforce race equality strategy. Across GM, the same issues remain in tackling ethnicity disparities across our workforces and joint work across GM to tackle these disparities is set out in the [GM strategy](#).

At a Greater Manchester level, Manchester Clinical Commissioning Group, Manchester City Council and our major public sector health and care providers 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 BAME applicants will be just as likely to be appointed from shortlisting as white applicants – within three years from 2018 to 2021

- MHCC can show strong progress reducing the % gap between BAME appointments and White appointments this year from 10 to 4, so are on target to reach the goal.

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

- MHCC does not have significant numbers of formal disciplinary actions and so no identifiable disparities exist.

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

- We have progressed well on this target this year evidencing a further 6.67% stretch in BAME representation in VSM roles in MHCC, following a 5.7% increase on the previous year ( a 12.37% increase to date).

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.

The GM Race Equality Change Agents Programme (RECAP) which has been inspired by the National NHS Workforce Race Equality Standards (WRES) Experts Programme, enables up to 60 public sector employees to develop a change project to support the Race Equality Agenda across Greater Manchester (GM). The programme aims to translate the work delivered as part of the National WRES Programme at a local level, enabling the learning to benefit all partner organisations within GM. MHCC has two colleagues on this programme bringing their knowledge and expertise into both HR and commissioning work.

The harms from COVID to our BAME communities and staff and events that led to the Black Lives Matter resurgence have brought into sharp focus a need to substantially tackle endemic racism both within our workforces and within our structures. We have already made significant commitments to meeting the Public Health England recommendations in [COVID-19: Understanding the impact on BAME communities](#), including early interventions to undertake risk assessments to protect staff and address the trauma and impact on our BAME staff. We will continue to progress and report more fully in next year’s WRES report the outcomes of those interventions.

## 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 31<sup>st</sup> March 2020**

	Total Headcount	Self-Reported Headcount	% Self-Reported
<b>Total Workforce</b>	<b>437</b>	<b>402</b>	<b>91.99%</b>
<b>NHS Manchester Clinical Commissioning Group</b>	<b>277</b>	<b>261</b>	<b>94.22%</b>
<b>Manchester City Council</b>	<b>63</b>	<b>49</b>	<b>77.78%</b>

<b>Greater Manchester Health and Social Care Partnership</b>	<b>97</b>	<b>92</b>	<b>94.85%</b>
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**Table 2: Comparison of self-reported BAME employees as at 31st March 2020 and 31<sup>st</sup> March 2019**

	2020 BAME Workforce Headcount	2020 BAME Workforce %		2019 BAME Workforce Headcount	2019 BAME Workforce %
<b>Total Workforce</b>	<b>82*</b>	<b>20.40%</b>		<b>82</b>	<b>19.29%</b>
<b>NHS Manchester Clinical Commissioning Group</b>	<b>65</b>	<b>24.90%</b>		<b>54</b>	<b>21.01%</b>
<b>Manchester City Council</b>	<b>5</b>	<b>10.20%</b>		<b>15</b>	<b>18.99%</b>
<b>Greater Manchester Health and Social Care Partnership</b>	<b>10</b>	<b>10.87%</b>		<b>13</b>	<b>14.61%</b>

\* Commissioning staff from MHCC have been deployed into MLCO throughout this period, which will have impact on any comparative disparities.

**Table 3: Comparison of total workforce by ethnicity as at 31st March 2020 and 31<sup>st</sup> March 2019**

Ethnicity	2020	2019	2020 Performance compared with 2019	
<b>BAME</b>	<b>18.31%</b>	<b>17.71%</b>	<b>0.60% increase</b>	
<b>White</b>	<b>73.68%</b>	<b>74.73%</b>	<b>-1.05% decrease</b>	

Not Disclosed	8.01%	7.56%	0.45% increase	
<b>Total Headcount</b>	<b>437</b>	<b>463</b>		

**Table 4: Comparison of workforce by band / grade and ethnic group as at 31st March 2020 and 31<sup>st</sup> March 2019 – Combined MCC, GMHSCP & MCGG**

Payscale	This year 2019/ 20			Last Year 2018/ 19			Movement +/-		
	BAME	White	Not Stated	BAME	White	Not Stated	BAME	White	Not Stated
Band 1 – 4 (MCC Grade 4)	23.68%	76.32%	0.00%	22.92%	75.00%	2.08%	0.76%	1.32%	-2.08%
Band 5 – 7 (MCC Grade 5 – 9)	19.31%	71.78%	8.91%	18.31%	71.83%	9.86%	1.00%	-0.05%	-0.95%
Band 8a – 9 MCC Grade 10 -12)	16.00%	77.14%	6.86%	15.96%	77.66%	6.38%	0.04%	-0.52%	0.48%
Executive Senior Managers (VSM) (MCC Senior Manager)	13.33%	53.33%	33.34%	25.00%	62.50%	12.50%	-11.67%	-9.17%	20.84%

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

For MHCC roles on Bands 1 – 7 there is a cumulative increase of BAME employees of circa 1.76% and there is a statistically insignificant decrease of BAME employees at Bands 8a – 9 of less than 1% and a decrease of BAME employees at very senior management VSM (MHCC executive and above) level of circa 12%.

When we focus solely on employment of MCCG staff alone - the area within our ability to directly influence - we can see at Bands 1 – 7 there is a cumulative increase of BAME employees of circa 7.44%, and an increase of 1.49% for bands 8- 9. This is welcome news. There is still however a 3.57% reduction in BAME staff at VSM levels. The small numbers of staff in this group (7) indicates that there we will need to be proactive with positive action measures for creating the conditions for a more diverse Executive Senior Management Team if we are to get on an upwards trajectory. We have, however exceeded our aspirational targets for BAME representation across all levels this year.

Table 4: Comparison of workforce by band / grade and ethnic group as at 31st March 2020 and 31<sup>st</sup> March 2019 - MCCG only

Payscale	This year 2019/ 20			Last Year 2018/ 19			Movement +/-		
	BAME	White	Not Stated	BAME	White	Not Stated	BAME	White	Not Stated
Band 1 – 4	27.46%	72.54%	0.00%	23.90%	76.10%	0.00%	3.55%	-3.55%	0.00%
Band 5 – 7	23.32%	66.89%	9.79%	19.43%	70.53%	10.04%	3.89%	-3.64%	-0.25%
Band 8a – 9	21.31%	75.13%	3.56%	19.82%	76.93%	3.25%	1.49%	-1.79%	0.31%
Executive Senior Managers (VSM)	25.00%	75.00%	0.00%	28.57%	57.14%	14.29%	-3.57%	17.86%	-14.29%

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 ( MCCG don't have any dental staff, this is a generic term)

**Table 5 Comparison of workforce analysed by Clinical and Non-Clinical classification, pay band and ethnicity - (MCCG & GMHSCP only as at 31st March 2020 and 31<sup>st</sup> March 2019**

Payscale	2019/ 20			2018/ 19			Movement - +/-		
	BAME	White	Not Disclosed	BAME	White	Not Disclosed	BAME	White	Not Disclosed
<b>Clinical</b>									
<b>Band 1 - 4</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Band 5 - 7</b>	36.00%	52.00%	12.00%	24.14%	62.07%	13.79%	36.00%	52.00%	12.00%
<b>Band 8+</b>	24.24%	66.67%	9.09%	30.43%	65.22%	4.35%	24.24%	66.67%	9.09%
<b>Medical &amp; Dental</b>	33.33%	66.67%	0.00%	25.00%	75.00%	0.00%	33.33%	66.67%	0.00%
<b>Executive Senior Managers</b>	100.00%	0.00%	0.00%	50.00%	50.00%	0.00%	50.00% <sup>2</sup>	-50.00%	0.00%
<b>Non Clinical</b>									
<b>Band 1 - 4</b>	24.32%	75.68%	0.00%	26.67%	73.33%	5.26%	24.32%	75.68%	0.00%
<b>Band 5 - 7</b>	13.67%	79.49%	6.84%	15.20%	76.00%	9.91%	13.67%	79.49%	6.84%
<b>Band 8+</b>	16.53%	80.17%	3.30%	16.35%	80.77%	2.88%	16.53%	80.17%	3.30%
<b>Executive Senior Managers</b>	0.00%	100.00%	0.00%	0%	100.00%	0.00%	0.00%	0.00%	0.00%

### Analysis and resulting actions

This indicator looks at representation across the workforce. This is the third analysis undertaken by clinical and non-clinical groups. The overall representation of BAME staff is 18.31%, a 3.39% increase on last year's 17.71%. This follows a 1% increase from the previous year.

<sup>2</sup> Reclassification of data has resulted in an increase in BAME representation in this period.

There is a 5.9 % increase in non-disclosure rate of ethnicity to 8.01% following a small reduction in the non-disclosure from 7.99% to 7.56% last year. This is a troubling increase which we will investigate further but may point to a need to improve confidence and trust in the collation and use of equality monitoring data. If this is evident, we will undertake an awareness raising campaign and work together with the Inclusion Staff Network to improve trust and confidence in data monitoring systems.

## SECTION THREE - WRES INDICATOR 2 - RECRUITMENT INDICATORS

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

Table 6 Recruitment for the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020 (MCCG only)

Ethnicity category	Applicants	Shortlisted	Appointments
BAME	1,111	211 (18.99%)	24
White	1,450	396 (27.31%)	50
Not Disclosed	93	15 (16.92%)	4

Table 7 Recruitment for the period 1<sup>st</sup> April 2018 - 31<sup>st</sup> March 2019 (MCCG only)

Ethnicity category	Applicants	Shortlisted	Appointments
BAME	1,708	277 (16.12%)	22
White	2,319	629 (27.1%)	86
Not Disclosed	165	25 (15.1%)	9

### Analysis and actions

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 19/20 there is a further welcome increase in the likelihood of BAME applicants being appointed, improving on the previous year's data, which also saw an increase.

We can now evidence a positive trend moving from a 1 in 15 likelihood of appointment for BAME staff in 17/18, to 1 in 12 in 18/19 to 1 in 8.5 in 19/20.

We are pleased to see this is now significantly close to the likelihood of being appointed as a White applicant of 1 in 7 which has remained static in the same period and when parity is achieved we can concentrate efforts on it remaining so.

## SECTION FOUR - WRES INDICATOR 3 - DISCIPLINARIES

**WRES Indicator 3:** Compare the data for White and BAME 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 employee of White ethnicity) and therefore it is not possible to report on significant comparisons or trends. All disciplinary actions are monitored and approved by the Head of the People Team who will actively address any potential disparity, and ensure checks and balances for fairness.

## SECTION FIVE - WRES INDICATOR 4 – NON-MANDATORY TRAINING

Positive – Collaborative – Fair

**WRES Indicator 4:** Compare the data for White and BAME 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 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020 – CCG ONLY**

Total number of staff in the workforce	2019/ 20	2018/ 19
Number of employees	BAME 75 (21.25%) White 278 (78.75%)	BAME 82 (19.29%) White 343 (80.71%)
Based on the above figure, number of employees accessing non-mandatory training and CPD	BAME 39 (52.00%) White 212 (76.26%)	BAME 24 (29.27%) White 102 (29.74%)
Likelihood of BAME employees accessing non-mandatory training and CPD	0.52	0.32
Likelihood of White employees accessing non-mandatory training and CPD	0.76	0.34

### Analysis and actions

This dataset looks at the likelihood of BAME employees accessing non mandatory training and CPD compared with White employees.

Last year's data shows that both BAME and White employees access was relatively the same for the first year since monitoring took place. Both groups report a significant 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. However, from the relatively same starting point, White staff have accessed significantly more training than BAME staff. The explanations for this need further exploration, but it is likely that a combination of factors will be playing out here, including a BAME staff lack of confidence to ask for access to non-mandatory training, a lack of belief that line managers will approve the request to attend, a lack of time and capacity to undertake training related to overload of dealing with micro-aggressions and unconscious bias in line managers in restricting permission to attend for BAME staff.

Our actions to address this disparity have already started and we are well on the way to formalising our pilot for providing stretch opportunities targeted at BAME and disabled staff – two staff groups that evidence significant barriers to career progression. We will continue to keep a close watching brief on the impact of this action plan to see whether it will be sufficient to turn the tide on the regression we have evidenced this year, and have ongoing plans in place, in light of the more recent impact of COVID and the subsequent aftershock of events arising out of the Black Lives Matter movement, to embed a comprehensive education programme on recognising and dismantling systemic racism.

## 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 2019 and 2018 (excluding GMHSCP hosted employees)

WRES Indicators	BAME 2019	BAME 2018	White 2019	White 2018
5. Percentage of staff who tell us they have experienced harassment, bullying or abuse from <u>patients, relatives or the public</u> in last 12 months	9.76% ( 4 out of 41 respondents ) 1 in 10	5.77% ( 3 out of 52 respondents ) 1 in 17	4.89% ( 11 out of 225 respondents ) 1 in 20	2.24% ( 6 out of 268 respondents ) 1 in 44
6. Percentage of staff who tell us they have experienced harassment, bullying or abuse from <u>staff</u> in last 12 months	4.88% ( 2 out of 41 respondents ) 1 in 20	13.46% ( 7 out of 52 respondents ) 1 in 7	3.56% ( 8 out of 225 respondents ) 1 in 28	8.21% ( 22 out of 268 respondents ) 1 in 12
7. Percentage believing that MHCC provides <u>equal opportunities for career progression or promotion</u>	Average score of 2.8 ( 41 out of 44	Average score of 3.1	Average score of 3.4 ( 271 out of 276	Average score of 3.3

	respondents ) 63.41% above average scores		respondents ) 70.85% above average scores	
8. In the last 12 months have you personally experienced discrimination at work from any of the following?				
<u>Manager/ team leader</u>	4.88% ( 2 out of 41 respondents ) 1 in 20	11.54% ( 6 out of 52 respondents ) 1 in 8	2.67% ( 6 out of 225 respondents ) 1 in 37	4.10% ( 11 out of 268 respondents ) 1 in 24
or <u>other colleagues</u>	12.20% ( 5 out of 41 respondents ) 1 in 8	13.46% ( 7 out of 52 respondents ) 1 in 7	4.00% ( 9 out of 225 respondents ) 1 in 25	3.36% ( 9 out of 268 respondents ) 1 in 29

### Analysis and actions

Indicators 5 -8 are drawn from the autumn 2019 MHCC internal staff survey which was circulated to 340 staff with 80.1% completed returns compared to a completion rate of 89.7% for the 2018 survey. In total 100% of staff who completed the survey declared their ethnicity, with 16.95% being BAME employees and 83.05% being White employees.

Overall, the responses from employees of all ethnicities to indicator 5 - harassment by the public - demonstrate an increase in harassment experienced in the 2019 survey. Both have more or less doubled. This is a worrying trend which we need to explore further. Some of the qualitative data may provide greater insight, for example some responses cite damage to vehicles parked in residential areas which can be readily remedied by improved community engagement.

For indicator 6; harassment by other staff, we are pleased to see a drop for both ethnic groups, by almost a half for White employees and almost three quarters for BAME employees. There is now also less than 1 % difference between both ethnic groups in these experiences. This may indicate evidence of success for the hard hitting anti-bullying campaign we undertook in this period which will help us to evidence how we can build on this when required.

For indicator 7; belief of evidence of equal opportunities in career progression - we see a negative trend for BAME staff against a positive trend for White staff. Whilst the numbers are low (3 – 4%) and the differences are small, the opposing trends are useful intelligence for us. We are taking opportunity to address both institutional and individual racism alongside setting out racism as a public health issue as we emerge from the aftermath of COVID and Black Lives Matter.

For indicator 8; a) discrimination from a manager - we are pleased to see both ethnic groups have a significant reduction in experience this year by approximately a half and three quarters (White and BAME experience) respectively but BAME experience remains double that of White colleagues.

For indicator 8 b) discrimination from other colleagues, we see a small reduction in BAME experience and a small increase in White experience, but BAME experience remains significantly higher at three quarters the rate of White experience. As a result, we are developing a range of programmes to raise awareness of white privilege, understanding systemic discrimination, and how to address discrimination when you come across it in the workplace. We will supplement this with support for BAME staff who continue to experience discrimination.

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 some caution as a small change in the numbers can skew the percentage significantly. However, the data remains concerning to us and we are implementing strategies to address it.

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 31<sup>st</sup> March 2018**

Positive – Collaborative – Fair

	Voting Members 2019/20	Voting Members 2018/19	Non-voting Executive Members 2019/20	Non-voting Executive Members 2018/19	<u>Comparison With Workforce</u> 2019/20
<b>BAME</b>	13.33%	13.33%	16.67%	14.28%	-4.98% ( Voting members ) -1.64% ( Executive Members )
<b>White</b>	53.33%	53.33%	83.33%	85.72%	4.98% ( Voting Members ) 1.64% ( Executive Members )
<b>Not Disclosed</b>	33.34%	33.34%	0%	0%	

### Analysis and action

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 BAME 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 2019 / 2020 reporting period, all Board recruitment resulted in one change across 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 and published in August 2019, highlights the need for a long term plan to address board disparity, and actions include working with BAME talent agencies and other pro-active positive action measures to create a pipeline of BAME talent ready for vacancies that arise. This work is already underway.

## SECTION EIGHT ACTION PLANNING

### Progress on WRES Actions during 2019 – 2020

#### 1.0 Workforce and Recruitment

- Our Ten Point Talent Plan has set out the actions we want to take to address disparity. The plan sets out ten key areas that will progress the development of a thriving diverse workforce. This plan has been independently evaluated by Professor Roger Kline, OBE, who along with a small group of other national inclusion experts continue to provide constructive challenge to our inclusion and social value strategy.
- After researching best practice, an approach has now been developed to ensure that stretch opportunities are made widely available for BAME and disabled employees and we measure and monitor impact of this initiative. This work will be sponsored by our Senior Leadership Team.
- We developed a set of MHCC aspirational employment targets to address under representation. This follows closely the NHS 'Model Employer' targets, but nuanced to Manchester. We are starting to see strong progress against these targets, as evidenced earlier in the report.
- This year saw a significant investment in our first Inclusion Staff Network. The People and Inclusion team are working in partnership with the network to better understand and embed initiatives to drive lasting cultural change.
- Research on best practice Reciprocal Mentoring Schemes for senior BAME employees to support development and progression was undertaken.
- We continue to undertake outreach work with a focus on BAME 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 national WRES Experts Programme and 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 plays a key role with the accountability and transparency approach to the implementation of the WRES actions.

## 2.0 Disciplinary actions

- We kept a watching brief for any significant changes .

## 3.0 Non Mandatory Training and CPD

- We introduced an electronic data capture system which enabled more robust and effective analysis of disparities for non-mandatory training and CPD
- We continued to encourage and motivate BAME 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 reviewed 4 WRES staff survey questions and ensured they were 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 worked in partnership with the Inclusion Staff Network to strengthen our approaches to building an inclusive and non- discriminatory workplace for all employees. .

## 5.0 Governing Body

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

## Action plan for 2020 /21

### 1.0 Workforce and Recruitment

- 1.1 We have formalised our national Expert Reference Group and will now consult them on a regular basis throughout the year. They provide insight and expertise into both ethnicity and health inequalities and ethnicity and workplace inequalities. The group also has national experts on disability equality so we can take an intersectional approach. The group is diverse and has lived experience of discrimination based on ethnicity, gender, sexual orientation, disability and religion or belief. They provide constructive challenge and evidence of success elsewhere and have proved to be very beneficial to our own success to date.
- 1.2 We have reviewed and strengthened the areas of our 10 Point Talent Plan where it has to date achieved less success. In principle, these are around our actions to address bullying and harassment and career development. They include a revised induction pack with a stronger focus on our employment contract to take a lead to identify and remove disparities in outcomes and a social contract to speak out on bullying and harassment.
- 1.3 Complimenting this we setting out structures to undertake a full review of our job descriptions and person specifications as they expire, in partnership with our Inclusion Staff Network (ISN), to strengthen competencies and remove unnecessary requirements, including desirable criteria where this may disadvantage candidates, strengthen our zero tolerance anti-bullying campaign and deliver our new formalised stretch opportunities process.
- 1.4 We will improve the explanatory text for equality monitoring on all staff forms and work with the Inclusion Staff Network to better understand how we can address reluctance to complete these forms.
- 1.5 We will continue regular listening in action events with our BAME staff, particularly important during COVID, to better understand and action the issues that arise in relation to discrimination and disadvantage.
- 1.6 We will develop an 'intelligence lead' role for and with our ISN members to take up and negotiate a % commitment time with line managers to help provide improved cultural competency in both employment and service delivery. This will work closely with our existing engagement intelligence which we will also review to explore how we can better embed this intelligence into commissioning decisions.

- 1.7 Fair and inclusive training will remain a requisite for any recruiting managers, but will have an additional focus on competency based appointments.
- 1.8 All recruitment panels will continue to have BAME representative, and any unsettled disputed appointments will go to the Director of the People Team for a final decision.
- 1.9 All job adverts will carry a message about our need to address under representation.
- 1.10 Positive action training and briefings will be available to all recruiting managers so they can better understand how to redress current imbalances.
- 1.11 Equality Analysis will be required for all changes to staff roles and team make up.
- 1.12 We will develop comprehensive educational materials and regular opportunities to; review the impact of micro-aggressions; take personal responsibility for successfully addressing harassment and discrimination where we come across it; and a training programme for our Senior Leadership Team on how to successfully dismantle institutional racism in the commissioning of health and care.
- 1.13 We will review our performance requirements and ensure consistency of approach is taken to delivering equality duties.

## **2.0 Disciplinary actions**

- 2.1 We will continue to monitor for any significant changes.

## **3.0 Non Mandatory Training and CPD**

- 3.1 We will undertake a review with our ISN of why we have disparity in take up of non –mandatory training and remedy this, if required through set training time allocated to all staff.

## **4.0 Staff Survey 2019**

- 4.1 We will work with our ISN to build on the success of our existing anti-bullying campaign, and build in intelligence about how this might manifest into our new ways of working post COVID.

4.2 Where proportionate to do so, we will begin to disaggregate black, Asian and minority ethnic staff experiences to better understand disparities.

4.3 We will revisit the staff survey questionnaire to ensure we are more explicitly capturing bias based discrimination and disadvantage

4.3 We will deliver hard hitting 'Getting comfortable with the uncomfortable; what does benefiting from White privilege look like' training for our Senior Leadership Group.

4.4 We will develop our first BAME reciprocal mentoring scheme which will be sponsored by our executive team.

## 5.0 **Governing Body**

5.1 We will explore the development of a shadow board drawn from BAME and disabled applicants to improve the availability of a skilled talent pool for board appointments.