REPRODUCTIVE CHOICES

Introduction:

MSI Reproductive Choices is a charity providing a range of reproductive healthcare services. MSI Reproductive Choices UK (MSI UK) is a country programme within MSI Reproductive Choices. In the UK we have over 60 locations and strive to provide a local supportive service for women and men. Through our team of highly skilled doctors, nurses, counsellors and healthcare assistants we provide reproductive and sexual health services including abortion, vasectomy, and contraception fitting in the UK.

Background Narrative:

Regarding any issues of completeness of data, these have been listed throughout the document.

Our Colleagues:

As at 31st March 2020, MSI UK employed 568 colleagues consisting of permanent and sessional staff. Of these:

- 118 colleagues self-reported their ethnicity as BME, a percentage of 21% which is the same percentage as in 2019.
- 439 colleagues had self-reported their ethnicity as White (including White British, White Irish or Other White Background), this equates to 77% which is a 2% increase since 2019.
- 11, colleagues' ethnicity was not known or had not been reported, which is 2%, this is a 2% reduction since 2019.
- The self-reporting percentage therefore equates to 98% which is an increase of 2% since 2019. We believe this is a result of our new applicant tracker system was introduced at the end of October 2018, which has enabled us firstly to ensure shortlisting takes place without the hiring manager being aware of the applicants ethnicity, and this also allows us to capture the ethnicity for any new starters joining the organisation and likelihood of being appointed from shortlisting. We also carried out a review for our current colleagues, and missing entries from our HR system were highlighted to our colleagues to ask for their background information, this we believe has also increased our self-reporting rate.



Workforce Race Equality Indicators:

Indicator 1:

						31st MARCH 2019			31st MARCH 2020	
	INDICATOR	DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NUL	WHITE	BME	ETHNICITY UNKNOWN/NUL
			1a) Non Clinical v orkforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
		1	Support	Headcount	200	30	4	187	34	2
	Number of staff in each of the pay bands OR Medical and Dental subgroups and VSM (including executive Board members)	2	Middle	Headcount	60	5	1	61	4	2
		3	Senior	Headcount	15	0	0	14	0	0
		4	VSM	Headcount	1	0	0	1	0	0
			1b) Clinical workforce of which Non Medical							
		15	Support	Headcount	26	8	0	23	6	0
		16	Middle	Headcount	133	77	14	147	69	6
				Headcount	1	4	3	6	5	1
		18	VSM	Headcount	0	Ó	0	0	0	0

An action from last years report was that 'The Senior Leadership Team will continue to support the commitment to have at least 1 BME applicant interviewed for any future post on the SMT'. For the time period March 2019 – March 2020, 1 Senior Leadership Team position was advertised – there were 2 candidates interviewed, both candidates' were White British.

Indicator 2:

		34	Number of shortlisted applicants	Headcount	356	151	35	1471	170	16
	Relative likelihood of staff being appointed from shortlisting	35	Number appointed from shortlisting	Headcount	97	29	3	151	33	3
2	across all posts	36	Relative likelihood of shortlisting/appointed	Auto calculated	0.2724719101	0.1920529801	0.0857142857	0.1026512576	0.1941176471	0.1875000000
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.42			0.53		

As previously detailed, we are now able to report on the likelihood of staff being appointed from shortlisting across all areas, the relative likelihood of white staff being appointed from shortlisting compared to BME staff is 0.53%.

Indicator 3:

	Relative likelihood of staff entering the formal	38	Number of staff in workforce	Auto calculated	436	124	22	439	118	11
	disciplinary process, as measured by entry into a formal disciplinary investigation	39	Number of staff entering the formal disciplinary process	Headcount	20	1	0	36	4	1
3		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.0458715596	0.0080645161	0.0000000000	0.0820045558	0.0338983051	0.0909090909
5	Note: This indicator will be based on data from a two year rolling average of the current year and the previous year		Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		0.18			0.41	

The figures leading up to 31st March 2020 were captured through our weekly Employee Relations tracker, the cases involved are also now recorded within our HR System as we have developed the reporting capability. We have been focussing on absence management, 25 out of the 41 formal processes relate to this, this is in addition to delivering iCan Manage Absence training. There were 4 performance related cases and 12 conduct related.

Indicator 4:

					31st MARCH 2019			31st MARCH 2020		
	INDICATOR	DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NUL	WHITE	BME	ETHNICITY UNKNOWN/NUL
			1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
	Relative likelihood of staff accessing non-mandatory training and CPD	43	Number of staff accessing non-mandatory training and CPD (White):	Headcount	232	66	12	65	19	0
*		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	0.5321100917	0.5322580645	0.5454545455	0.1480637813	0.1610169492	0.0000000000
				Auto calculated	1.00			0.92		

From 1st April 2018 up 31st March 2019, 310 colleagues accessed CPD training, equating to 53% of white and BME colleagues, a significant increase on the year prior again being linked to the 'iLearn' functionality. For the period between 1st April 2019 and 31st March 2020, our reporting ability in filtering relevant CPD training has been enhanced, this explains the perceived reduction in CPD training undertaken within this period. Our iLearn platform, which contains both mandatory and CPD programmes, are available to all sessional and permanent colleagues at any time.

Indicator 5: The percentage of staff experiencing harassment, bullying or abuse from patients' relatives or the public in the last 12 months:

Firstly, our incident reporting data does not differentiate by ethnicity, we have tried including this information on our Datix system however this has not been possible. 26 Incidents were reported between 1st April 2018 to 31st March 2019, 2 were related to protestors. Between 1st April 2019 to 31st March 2020 there were 40 incidents reported, 19 relate to protestors, 5 to physical threatening behaviour and 16 to verbally threatening behaviour.

Indicator 6:

		31st MARCH 2019			31st MARCH 2020					
	INDICATOR			MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NUL	WHITE	BME	ETHNICITY UNKNOWN/NUL
			1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47	imes of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	1.25%	0.00%	0.00%	0.88%	0.18%	0.00%

For 2019, 2 incidents have been reported and 2 further through the formal process. And for 2020, there were 5 formal incidents and no further via speaking up.

Indicator 7:

			31st MARCH 2019		31st MARCH 2020					
	INDICATOR	DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NUL	WHITE	BME	ETHNICITY UNKNOWN/NUL
			1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

For 2019, data captured from 32 people gave a score of 3.2 out of 5 believing Marie Stopes has fair progression. For 2020 our score for career progression increased by 0.5 up to 3.7 out of 5 based on 766 responses between June 2019 (when our surveys started) and March 2020. This is not split by ethnicity because the data is anonymous to encourage validity.

Indicator 8:

							31st MARCH 2019			31st MARCH 2020		
INDICATOR			ATA Tem		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NUL	WHITE	BME	ETHNICITY UNKNOWN/NUL	
				1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	
	Q17. In the last 12 months have experienced discrimination at following? b) Manager/team leader or othe	ork from any of the	49	X staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	0.00%	0.00%	0.00%	0.53%	0.00%	0.00%	

There were no formal cases reported between 1st April 2019 to 31st March 2020. There were 3 informal cases which were raised through our speaking up champions, all three were raised by white colleagues. As a percentage this is 0.5% of the total headcount.

In addition, our employee engagement survey reports a 4.3 out of 5 rating for the indicator 'my manager treats me with respect'. For the indicator 'people are treated respectfully regardless of their ethnic diversity, our score was 4.3 out of 5.

Our insight scores, which are based on monthly pulse surveys sent to all permanent colleagues, provides further indication of our colleagues opinion of the culture and diversity at MSI UK.



SKIPS	AVERAGE SCORE	
		1 2 3 4 5
2	3.8	
3	4.3	
9	3.4	
3	3.7	
2	4.3	

Our Culture and Diversity driver in 2019 was 3.8 out of 5, this has increased to 3.9/5 in 2020 and the number of responses has increased from 243 to 2,358. This is through a corporate KPI for 2020 to reach 4/5 across all 10 drivers.

Indicator 9:



						31st MARCH 2019			31st MARCH 2020	
	INDICATOR	DATA ITEM		MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NUL	WHITE	BME	ETHNICITY UNKNOWN/NUL
			1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
		52	: Non Voting Board members	Auto calculated	0	1	0	0	1	0
		53	Total Board members	Auto calculated	9	1	0	9	1	0
		54	of which: Exec Board members	Headcount	4	1	0	4	1	0
	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator	55	: Non Executive Board members	Auto calculated	5	0	0	5	0	0
		56	Number of staff in overall workforce	Auto calculated	436	124	22	439	118	11
9		57	Total Board members – $\%$ by Ethnicity	Auto calculated	90.0%	10.0%	0.0%	90.0%	10.0%	0.0%
		58	Voting Board Member - ½ by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
	_	59	Non Voting Board Member - ½ by Ethnicity	Auto calculated	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
		60	Executive Board Member - % by Ethnicity	Auto calculated	80.0%	20.0%	0.0%	80.0%	20.0%	0.0%
		61	Non Executive Board Member - ½ by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
	-	62	Overall workforce - % by Ethnicity	Auto calculated	74.9%	21.3%	3.8%	77.3%	20.8%	1.9%
		63	Difference (Total Board -Overall workforce)	Auto calculated	15.1%	-11.3%	-3.8%	12.7%	-10.8%	-1.9%

WRES Action Plan:

- We will be monitoring compliance in line with the Equality Diversity Strategy, including:
 - Ad hoc equality reports for starters, managed by the Resourcing team. Leavers and ER cases managed by the HR Team and mandatory training compliance managed by our Learning Team.
 - This is in addition to equality impact assessment monitoring and publishing the WRES/WDES report annually, which the HR team produces.
- Monitoring of recruitment equality diversity through the new applicant tracker system, this will increase our self-reporting and work force data. This is done on an annual basis by our Resourcing team.
- The Senior Leadership Team will continue to support the commitment to have at least 1 BME applicant interviewed for any future post on the SMT, this will be monitored by the Resourcing team for each vacant post and annually through the WRES report.
- Continue to review our people policies including the equality impact assessments, before their review date or as and when legislation changes