

Title	Workforce Race Equality Standard Report 2019
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Status	For approval
History	Combined Equality Standards Data Report July 2019 Workforce Race Equality Standard Report November 2018

Board Lead(s)	Jane Nicholson, Interim Chief People Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The purpose of this report is to:

- Provide analysis on the Workforce Race Equality Standard (WRES) metrics and any disparities noted within them;
- Provide recommendations as to how the Trust can advance race equality.

2. The Trust's data for the WRES metrics were presented to Board in the Combined Equality Standards Data Report in July 2019. Alongside the metrics, feedback was received from staff across the Trust through surveys, conference events, and one-to-one discussions.

3. The feedback and metrics were analysed to understand the reasons behind disparities and produce recommendations to reduce them. Key findings from this analysis include:

- BME staff have difficulty getting into senior positions within the Trust, with a lack of effective succession planning to support them;
- The shortlisting process provides scope for bias which could disproportionately impact BME staff;
- There has been little progress made on addressing bullying, harassment, and discrimination due to a lack of ownership of the work stream.

4. There are also actions already underway to address other disparities noted in the metrics. These actions include:

- Implementation of the Cultural Ambassadors scheme;
- Reviews of the Pay on Appointment and Job Evaluation policies;
- Implementation of a coaching and mentoring programme.

5. The recommended actions have been summarised in **Appendix 3**. They aim to improve performance on the WRES metrics and improve BME staff experience.

Recommendation

6. The Board is asked to:

- Note the contents of this report; and
- Review the recommended actions in this report.

Workforce Race Equality Standard Report 2019

1. Purpose

- 1.1. This report has been created in order to demonstrate compliance with the requirements of the Workforce Race Equality Standard (WRES) and advance equality for Black and Minority Ethnic (BME) staff within the Trust.
- 1.2. This report follows the Combined Equality Standards Data Report which was presented to Trust Board in July 2019, detailing the WRES metrics.
- 1.3. The purpose of this report is to:
 - 1.3.1. Provide analysis on the WRES metrics and any disparities noted within them;
 - 1.3.2. Provide recommendations as to how the Trust can advance race equality.

2. Background

- 2.1. The WRES was introduced as part of the NHS Standard Contract in April 2015 to ensure that employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- 2.2. WRES consists of nine metrics which may highlight areas in which BME staff are unfairly treated. Trusts must report on the metrics annually, and produce and implement an action plan to address any disparities in the metrics.
- 2.3. The Trust successfully implemented the WRES in 2015 and has been reporting on the WRES metrics annually since then. Previous WRES submissions can be found on the Trust's external website.
- 2.4. WRES requires data on the metrics to be submitted in early August, this deadline has been met. The data that was submitted was presented to Board in July 2019 in the Combined Equality Standards Data Report. The metrics were reported prior to the full reports to enable the Trust Board to view them prior to the submission deadline.
- 2.5. A summary of the WRES metrics and the data sources used can be found in **Appendix 1**.
- 2.6. A summary of the Trust's WRES metrics, as reported in the Combined Equality Standards Data Report 2019, can be found in **Appendix 2**.
- 2.7. In order to enable effective understanding of the metrics and reasons behind disparities, feedback has been collected from staff. This has been through a number of methods including:

- 2.7.1. the Equality at OUH Survey, completed by 52 members of staff;
 - 2.7.2. the Embracing Equality, Diversity and Inclusion Conference;
 - 2.7.3. discussions with members of the staff networks, and with the respect and dignity ambassadors;
 - 2.7.4. feedback gathered through the 'discover' phase of the Culture and Leadership Programme;
 - 2.7.5. feedback gathered through attendees of training, such as the 'recruiting for recruiters training' and 'respect and dignity at work managers toolkit training';
 - 2.7.6. one-to-one discussions with staff on issues relating to equality, diversity and inclusion.
- 2.8. This feedback enables the Trust to understand the perceptions and experiences of staff relating to issues of equality, diversity and inclusion. It will be used to help form the approach the Trust takes as a result.

3. Action Taken

- 3.1. Following the publication of last year's WRES Report, a number of actions have been undertaken, or are being undertaken, to improve the experience of BME staff and address the issues raised in that report. It should be noted however, that some of the actions were implemented following the snapshot date that has to be used for this data and therefore the impact of these actions on the reported metrics will be limited.

Cultural Ambassadors

- 3.2. In response to the findings of last year's WRES Report which showed BME staff are more likely to enter the formal disciplinary process than white staff (Metric 3), the Trust is implementing the Cultural Ambassadors Scheme.
- 3.3. The Scheme was developed by the Royal College of Nursing (RCN). It involves training BME staff volunteers to act as observers during formal disciplinary processes against BME staff and provide constructive challenge to decision makers in those processes to bring to light any bias or cultural issues that may have an impact on the process. They serve to ensure a fair process and are not there to support individuals.
- 3.4. The Trust has recently trained 10 people to undertake this role, with a formal launch of the role due in autumn.

Shortlisting Audit

- 3.5. An audit was undertaken on the shortlisting process as an action following the previous WRES report, where it was found that BME applicants were less likely to be shortlisted than white applicants. The aim of this was to identify what the factors were

in this disparity and then design actions to mitigate them; helping to support improvements on Metric 2.

3.6. The Resourcing Team took a selection of shortlisting processes across the Trust to audit and look at a number of items, including:

3.6.1. Whether there was any identifying information that could potentially lead to bias;

3.6.2. Whether applications were marked consistently;

3.6.3. Whether there was any difference in how different groups complete applications.

3.7. This study found a number of factors that could impact BME applicants; they are discussed within this report.

Coaching and Mentoring

3.8. The Trust has recently launched a coaching and mentoring register, giving all staff access to coaching and mentoring opportunities. The Trust is planning to develop this register further by procuring training for staff on coaching; funding has been secured from the Oxford Hospitals Charity small grants fund to deliver this.

3.9. The uptake of BME staff with this opportunity will be captured to ensure that it is having the desired impact.

Electronic Learning Management System (ELMS) Procurement

3.10. The Trust is procuring a new electronic learning management system (ELMS), the findings from the previous report are being fed into the procurement process for the Trust's ELMS. This will help to ensure that all non-mandatory development opportunities are captured, aiding the Trust's reporting against Metric 4.

Policy Reviews

3.11. The Trust is currently reviewing the policies for Pay on Appointment and Job Evaluation. These were raised as areas for concern by BME staff. Changes have been made to the decision making processes in both of these policies to ensure they are more fairly and consistently applied and to increase transparency in both processes. Both policies are due to be ratified imminently and these changes will be communicated, which should have a positive impact on Metric 7.

Culture and Leadership Programme

3.12. This is a Trust-wide programme that aims to develop the organisation's culture and promote leadership within the Trust. It follows three phases with the Trust currently in the 'Discover Phase'. The Equality, Diversity and Inclusion Manager is part of the

core change team to ensure it is appropriately embedded and that the needs of different staff groups are considered.

3.13. It was decided that this programme would cover the action to develop a 'manager's charter' (from last years' WRES action plan) as it aims to address the issues raised in previous reports - empowering staff and developing inclusive leadership.

Diversifying Board Recruitment

3.14. Action has been taken to develop the recruitment process for Board-level roles, helping to increase the diversity of applicants to those roles. This has resulted in an increased number of BME candidates for these positions.

3.15. The recent appointment of the Chief Medical Officer has helped the Trust make a significant improvement on Metric 9 as the Board no longer has no BME representation on the Board.

Incomplete Actions

3.16. There are some actions recommended as part of the previous WRES report that are not yet complete. A large number of actions to support race equality have been undertaken in the past year however to ensure that these actions had positive outcomes it was decided to review the implementation of some actions. These include:

3.16.1. Workplace Shadowing Scheme: a scheme to provide further development opportunities for all staff, but providing a formal structure to facilitate BME staff in particular to access it;

3.16.2. Reverse Mentoring: pairing up junior BME staff with senior staff to provide insight to their experience and help senior staff understand what they can do to support race equality;

3.16.3. English lessons for staff: aiming to support staff who do not use English as a first language, helping to reduce bullying and harassment received by staff as a result.

3.17. Feedback from staff in preparation for this report identifies that these actions will still be helpful in improving BME staff experience and closing gaps in the WRES metrics. Reverse mentoring in particular is felt to be beneficial in addressing concerns about the engagement and visibility of senior staff with the topic of race equality. Therefore, it is recommended the Trust continues to explore these actions.

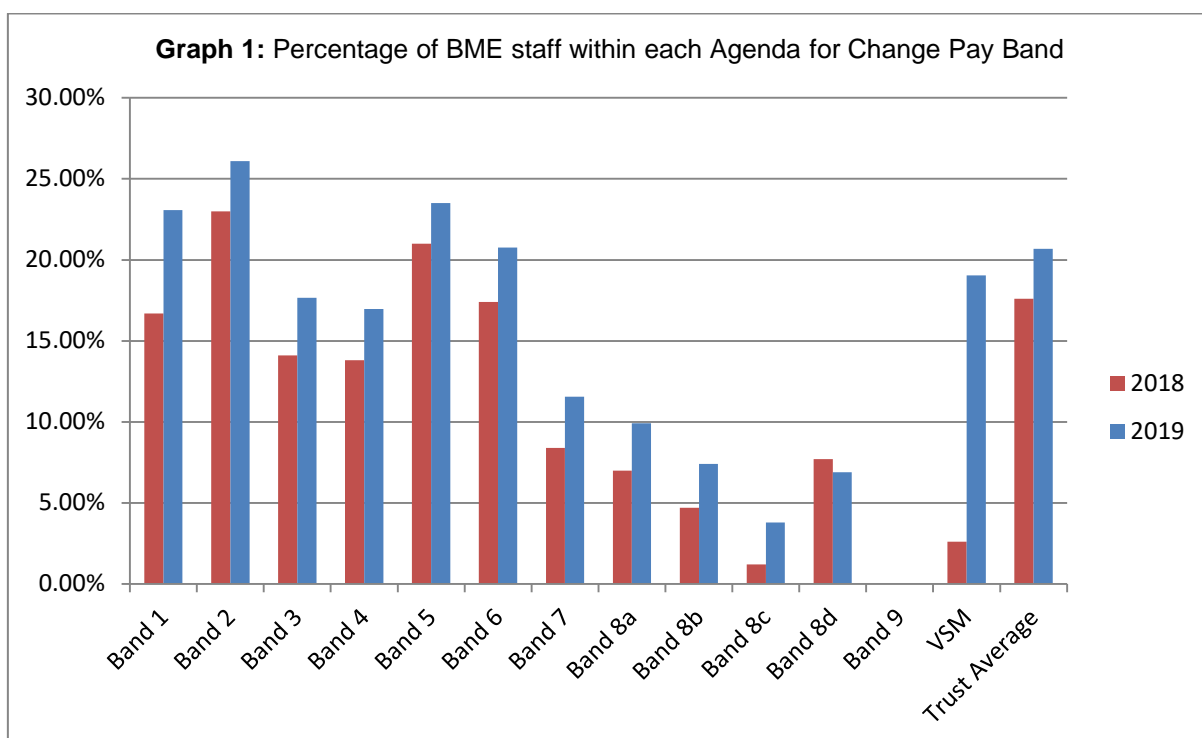
4. Key Findings

4.1. Analysis has been split into key findings that will discuss some of the issues that have come to light in the analysis of the metrics and the feedback from staff.

4.2. There are some disparities within the metrics that are not discussed below. This is because it would be a repetition of findings from the previous report and there are already actions in place, or planned, that aim to address those disparities. These will be visited in future reports once the outcomes of these actions are known.

BME staff are under-represented in higher paid roles

4.3. Looking at the data for Metric 1, it can be seen that, whilst there has been an increase proportion of BME staff across the Trust from 17.59% to 20.69% in the past year, the proportion of BME staff decreases as pay band increases. This reflects the national WRES figures.¹



4.4. Graph 1 shows this decrease, with a significant drop in representation between Band 6 and Band 7, with a general trend of decreasing as Band increases.

4.5. A similar effect can be seen when looking at medical and dental roles. Whilst the proportion of BME staff is high across all groupings in these roles, there is a much larger proportion of BME staff in the non-consultant career grade roles (28.43%) as opposed to consultant roles (22.69%). It is felt by some BME staff that there is a barrier to move into consultant roles and that they often get stuck in the non-consultant career grade; the proportion of BME staff within these groups may suggest this is true.

4.6. This issue has been explored in many previous WRES reports with Metric 7 consistently showing that BME staff are less likely to believe that the Trust provides

¹ NHS England (2019). [NHS Workforce Race Equality Standard 2018 Data Analysis Report](#).

equal opportunities for career progression or promotion. BME staff raise issues such as unequal access to development or progression opportunities and perceptions of favouritism. The Trust has been taking steps to mitigate this which involve strengthening processes like recruitment to reduce the impact of bias; however a more proactive approach to talent management is likely required to make more meaningful change.

- 4.7. It is therefore recommended that the Trust carries out a review of its talent management and succession plans to ensure that BME talent is identified and supported as part of the plan. The Trust should set a clear ambition to increase representation of BME staff within senior roles as part of this.

The shortlisting process has scope for unfair treatment

- 4.8. As mentioned in paragraph 3.5 an audit was undertaken on a selection of shortlisting processes. Whilst, overall, it was felt there was no direct discrimination that had taken place in any of the processes audited, there were a few issues that were identified that could impact BME applicants or result in an unfair process.
- 4.9. It is well known that identifying information in application can result in unconscious bias impacting the shortlisting process; often to the detriment of BME applicants.² At the shortlisting stage, TRAC (the Trust's recruitment portal) removes names from the application to prevent such unconscious bias, however the audit found that many BME applicants included their name in the "supporting information" section, meaning it could not be removed.
- 4.10. It was also seen that there were differences in how BME and white candidates used the rest of the application form to provide information. White candidates tended to provide more information, both in the "supporting information" but also when giving descriptions of their duties in previous roles. Through providing less information, BME candidates are disadvantaged as it provides less information to be scored against in shortlisting.
- 4.11. It is recommended that the Trust provides guidance to prospective applicants of the Trust, detailing the application process and what the Trust would expect to see in an application. Providing this information would help all applicants to the Trust improve the quality of their applications. The Trust may also wish to explore the possibility of holding application workshops for the local community, primarily targeted at BME people.
- 4.12. Another thing to note within the audit was the use of shortlisting criteria and scoring against them. It was found that the scoring was highly inconsistent, especially on criteria that could be considered subjective. There were also many criteria that

² Bertrand, M. and Mullainathan, S. (2004). *Are Emily and Greg More Employable Than Lakisha and Jamal? A Field Experiment on Labour Market Discrimination*. *American Economic Review*, 94(4), pp.991-1013.

shortlisters were asked to score against which they would not be able to in a written application; such as “neat and tidy appearance”. The latter issue also contributes to the former as different shortlisters would approach these ‘difficult’ criteria in different ways.

- 4.13. These issues bring in scope for bias to influence a decision-making process, which potentially can unfairly impact BME applicants, as well as other groups of applicants.
- 4.14. As a result, it is recommended that the Resourcing Team explore how they can avoid shortlisters marking against subjective criteria in a shortlisting process. One way of doing this could be to ask managers to indicate on the person specification whether a criterion would be assessed on application or interview; thereby removing the current issue whereby shortlisters are marking applications against impossible criteria.
- 4.15. Scoring at shortlisting is also covered as part of the Trust’s Recruiting for Recruiters Training. Since its introduction in September 2018, over 100 managers have attended. It is recommended the Trust support more managers to attend this training.
- 4.16. Within the audit, there were a limited number of examples where it was felt that applications were not scored correctly. It could be seen within these examples that candidates who scored well were internal candidates who were known to the person scoring them and that also there was only one person conducting the shortlisting in these cases. This links in with the perceptions of BME staff who have raised concerns of favouritism in recruitment processes; this often leads them to avoid applying for opportunities as they feel there is no point.
- 4.17. It is recommended that the Trust explore the possibility of conducting random checks on shortlisting processes, and communicating these checks to managers. This would increase accountability on managers to ensure a fair process whilst also demonstrating that the Trust wants to take a proactive approach to tackling these issues, increasing the trust of BME staff in the process.
- 4.18. It is also recommended that the Trust’s recruitment and selection procedure is reviewed with regard to shortlisting. Currently the procedure states that the “shortlist must be drawn up by at least one of the panel members”. Changing this to a minimum of two would reduce the impact of any individual bias.

There has been little improvement with regard to bullying, harassment, and discrimination

- 4.19. Metrics 5, 6, and 8 show there has been little improvement with regard to the numbers of staff experiencing bullying, harassment and discrimination for all staff, with BME staff being disproportionately impacted as a result.
- 4.20. Whilst in the previous WRES Report there was an action to develop a Respect and Dignity at Work Strategy, very little work has been done to advance this due to a review of the workforce team roles and responsibilities. .

4.21. Previously, there was a working group set up to develop the Trust's Respect and Dignity at Work Procedure, the procedure that deals with issues of bullying and harassment, which was largely successful and had the support of a Non-Executive Director. However, after the procedure was launched, the group was disbanded.

4.22. It is recommended that the Trust identifies a lead for Respect and Dignity at Work and re-establishes the aforementioned working group with the aim of supporting the group to develop an effective strategy to reduce and prevent bullying, harassment and discrimination. This group should include the Freedom to Speak Up Guardian, with a view to encouraging the raising of concerns before they escalate.

5. Conclusion and WRES Action Plan

5.1. Analysis of the metrics and feedback from staff has identified a number of areas in which the Trust could take action to improve race equality. These include:

5.1.1. Recognition of diversity in talent management and succession planning;

5.1.2. Removing scope for bias in shortlisting;

5.1.3. Taking a strategic approach to addressing bullying, harassment, and discrimination.

5.2. This report has made a number of recommendations in terms of action to address issues raised within the report. These actions are summarised in the WRES Action Plan in **Appendix 3**.

5.3. It is requested that these recommended actions are reviewed and approved actions will be added to the Trust's EDI Action Plan.

5.4. Whilst these recommendations do not address all of the disparities noted within the metrics, there are actions that are already planned, or are underway, that will address issues that have been raised previously. These actions are detailed in Section 3: Action Taken.

5.5. There are also other actions that have been recommended as part of the Gender Pay Gap (GPG) and Workforce Disability Equality Standard (WDES) action plans that will likely have a positive impact on the WRES. These include:

5.5.1. The continuation of inclusive recruitment training;

5.5.2. Changes to shortlisting to increase objectivity and mitigate potential bias;

5.5.3. Introduction of a scoring matrix for technical interviews;

5.5.4. Introducing Board-level Champions for each staff network.

5.6. More information on these actions can be found in the GPG and WDES 2019 reports.

6. Recommendation

6.1. The Trust Management Executive (TME) is ask to:

6.1.1. Note the contents of this report; and

6.1.2. Review the recommended actions in this report.

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Interim Chief People Officer

Paper prepared by:

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August 2019

Appendix 1 – WRES Metrics Summary

	Metric	Data Source
1	<p>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:</p> <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff <p><i>Note:</i> Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>	ESR
2	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p><i>Note:</i> This refers to both external and internal posts</p>	TRAC
3	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p><i>Note:</i> This indicator will be based on data from a two year rolling average of the current year and the previous year</p>	ER Case Tracker
4	Relative likelihood of staff accessing non-mandatory training and CPD	eLMS
5	Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	NHS Staff Survey Q13
6	Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from staff in last 12 months	NHS Staff Survey Q13
7	Percentage BME staff compared to white staff believing that trust provides equal opportunities for career progression or promotion	NHS Staff Survey Q14
8	Percentage of BME staff compared to white staff who have personally experienced discrimination at work from a manager/team leader or other colleague in the last 12 months	NHS Staff Survey Q15
9	<p>Percentage difference between the organisations' Board membership and its overall workforce disaggregated:</p> <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board <p><i>Note:</i> this is an amended version of the previous definition of Indicator 9</p>	ESR

Appendix 2 – OUH WRES Metrics 2019

Metric 1. Percentage of BME staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

	2018	2019	Difference
Non-Clinical	12.16%	14.92%	2.76%
Under Band 1	20.00%	9.52%	-10.48%
Band 1	17.24%	0.00%	-17.24%
Band 2	14.55%	17.72%	3.18%
Band 3	13.17%	15.06%	1.88%
Band 4	11.93%	14.98%	3.05%
Band 5	13.60%	16.97%	3.37%
Band 6	15.00%	16.85%	1.85%
Band 7	6.82%	10.81%	3.99%
Band 8a	6.93%	11.61%	4.68%
Band 8b	3.23%	11.29%	8.06%
Band 8c	0.00%	5.26%	5.26%
Band 8d	10.53%	5.00%	-5.53%
Band 9	0.00%	0.00%	0.00%
VSM	0.00%	11.11%	11.11%
Clinical	18.21%	20.86%	2.66%
Under Band 1	10.00%	0.00%	-10.00%
Band 1	0.00%	25.00%	25.00%
Band 2	26.67%	29.08%	2.41%
Band 3	15.08%	19.37%	4.29%
Band 4	17.98%	20.68%	2.70%
Band 5	22.36%	24.77%	2.41%
Band 6	17.69%	21.25%	3.56%
Band 7	8.72%	11.71%	2.99%
Band 8a	7.00%	9.23%	2.22%
Band 8b	5.68%	5.00%	-0.68%
Band 8c	2.00%	2.44%	0.44%
Band 8d	0.00%	11.11%	11.11%
Band 9	0.00%	0.00%	0.00%
VSM	33.33%	11.11%	-22.22%
Medical and Dental	23.25%	28.12%	4.87%
Consultants	19.34%	22.69%	3.35%
Non-Consultant Career Grade	17.57%	28.43%	10.86%
Trainee Grade	26.37%	32.54%	6.16%
Trust Total	17.59%	20.69%	3.10%

Metric 2. Relative Likelihood of staff being appointed from shortlisting across all posts.

	2018	2019	Difference
Relative Likelihood	1.62	1.66	0.04

Metric 3. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

	2018	2019	Difference
Relative Likelihood	1.73	1.37	-0.36

Metric 4. Relative likelihood of staff accessing non-mandatory training and CPD.

	2018	2019	Difference
Relative Likelihood	0.99	1.00	0.01

Metric 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

	2018	2019	Difference
White	26.42%	26.60%	0.18%
BME	25.63%	26.40%	0.77%

Metric 6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

	2018	2019	Difference
White	27.32%	27.90%	0.58%
BME	32.25%	31.90%	-0.35%

Metric 7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

	2018	2019	Difference
White	85.18%	83.80%	-1.38%
BME	71.30%	71.70%	0.40%

Metric 8. Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.

	2018	2019	Difference
White	7.31%	8.2%	0.89%
BME	17.06%	17.00%	-0.06%

Metric 9. Percentage difference between the organisation's Board voting membership and its overall workforce.

8.33% of the Board's voting members are BME; there is a 12.36% difference between this and the overall workforce where 20.69% of staff are BME. This is an improvement on last year where the Trust reported 0% of the Board's voting membership were BME.

Appendix 3 – Recommended WRES Actions

The below table summarises recommended action to advance Race Equality within the Trust. If approved by the Trust Board these will then be incorporated into the Trust’s Equality, Diversity and Inclusion Action Plan

Action	Related Metric	Lead	Due	Success Measure
Review Talent Management and Succession Planning to ensure BME talent is identified and supported	WRES 1, 7 & 9	EDI Manager, Head of Resourcing and OD Team	August 2020	Review undertaken. Actions identified where BME staff are not adequately represented.
Produce guidance for applicants to the Trust	WRES 2	Head of Resourcing	December 2019	Guidance produced. Measure access to guidance.
Explore options to address criteria that cannot be evaluated at shortlisting	WRES 2 & 7	Head of Resourcing	March 2020	Action undertaken to improve shortlisting. Impact on relative likelihood of different groups being shortlisted will be measured.
Introduce regular checks of shortlisting processes	WRES 2 & 7	Head of Resourcing	August 2020	Process to conduct regular checks introduced.
Review the Recruitment and Selection Procedure with regard to shortlisting	WRES 2 & 7	Head of Resourcing	June 2020	Procedure updated. Processes in place to support changes.
Identify a Dignity and Respect Lead and re-establish the Respect and Dignity at Work working group and develop a strategy to address bullying, harassment and discrimination	WRES 5, 6 & 8	Interim Chief People Officer and the EDI Manager	October 2019	Lead identified. Group established. Work the group undertakes will have individual success measures. Impact on WRES Metrics to be measured.