Oxford Health
NHS Foundation Trust

Equality, Diversity & Inclusion

Workforce Race Equality Standard (WRES): Action Plan

A Quality Improvement (QI) Programme

Introduction

The Workforce Race Equality Standard (WRES) has been described as an annual organisational health check for race equality. It's like an organisational X-ray or MOT that gives us a snapshot and window into the working lives of our diverse ethnic workforce and to see whether there are any 'differences' in the experiences, treatment, and opportunities resulting from this diversity. The insights from the WRES go on to provide an effective strategic action planning framework from which to work on.

Since its introduction in 2015/16, the WRES has charted the mixed and fluctuating fortunes of BME staff at OHFT. Where there have been notable improvements across some indicators, there is now sufficient data evidence to prove where our attention and efforts should be targeted.

Analysis of the WRES data identifies **Indicators 1, 3, and 7** as key areas of concern:

- **Indicator 1:** Even though the Trust meets the 19% NHSE target of BME representation as a whole, and BME applicants are now more likely to be appointed from shortlisting than White people, there is stark unequal distribution and representation of BME staff across the disaggregated AfC bands and occupational groups. BME people are more likely to be recruited into bands and occupational groups where ethnic diversity is already representative.
- **Indicator 3:** BME staff are 2 to 3 times more likely to enter the formal disciplinary process than White staff – one of the highest for any trust.
- **Indicator 7:** OHFT is typical of trusts described in the 'Snowy white peaks of the NHS' report. The majority of BME staff are employed at Band 6 and below and ethnic diversity decreases as AfC bands increase. There are some bands, occupational groups, and service teams with no BME male or female staff at all. BME people are more likely to be recruited, but they are two times less likely to progress or be promoted than white staff. Remedial action needs to be taken to either improve external recruitment or internal routes to career progression or promotion.

Introduction

Race inequality may not be the primary or contributory factor for any of these indicators, but the WRES serves to bring the data out into the open, shine a light on the experiences of BME staff, and challenges us to ask 'Why' and 'What' is going on.

"...the experience of BME staff is a very good barometer of the climate of respect and care for all within NHS trusts."

Professor Michael West

A 'WRES Story' based on a fictional character – The words behind the numbers

Hi, my name is Rez, and this is my story. I come from a family that settled in the UK and grew up in a racially-mixed city. I was the first one from my family to go to uni and work in the NHS. The NHS wasn't my first choice, but I joined because I felt it was somewhere I could be myself, be part of a working family, and because it didn't matter who you were or where you come from, here, you could get on in life and in work.

I'm proud of working in the NHS. It's a great place – no, the best place to work when it lives up to its values. And when it doesn't, well that's another story…

When I first joined, there weren't a lot of people who looked like me. I remember being the only one in my team who was different. Things have changed, and now I get to meet workmates from different backgrounds, cultures, languages, and faiths which makes it so interesting and enjoyable. You don't see this mix everywhere though; some places haven't got anyone who's different.

Things are changing in other ways too. Back then, everyone pretended we were all the same. Nobody dared speak about being 'different' – people were scared of saying or doing the wrong thing. But now, we talk about ourselves and learn lots from each other. It feels good. I'm now more confident and connected, and feel like I belong.

Sadly though, things happen that make me wonder if I really belong here. I feel like leaving when the people I work with bully or harass me – I thought we were supposed to be kind to each other and be a team. It feels worse when no one sticks up or stands by me when I get abused by patients or their families – everyone knows this happens more to people like me. I'm only human and make mistakes or forget things like you, but when I get picked-up on, its harsh, cruel, and even brutal. Why am I treated differently when others get let-off lightly for worse things?

I've worked hard to improve myself and my chances at work. Even though I'm more qualified and experienced than anyone, I've been over-looked for promotion several times and have even been over-taken by those juniors who I helped train and skill-up. I always get told it was 'wafer-thin' close and that it was a tough decision – better luck next time. I'm holding out in hope by working harder and amassing even more qualifications and certificates. Will I ever be good enough?

I know how it feels when I am excluded from opportunities, having a voice, and recognition; but I can also tell you how I feel when I am included in the team, appreciated for my work, and valued for the uniqueness I bring.

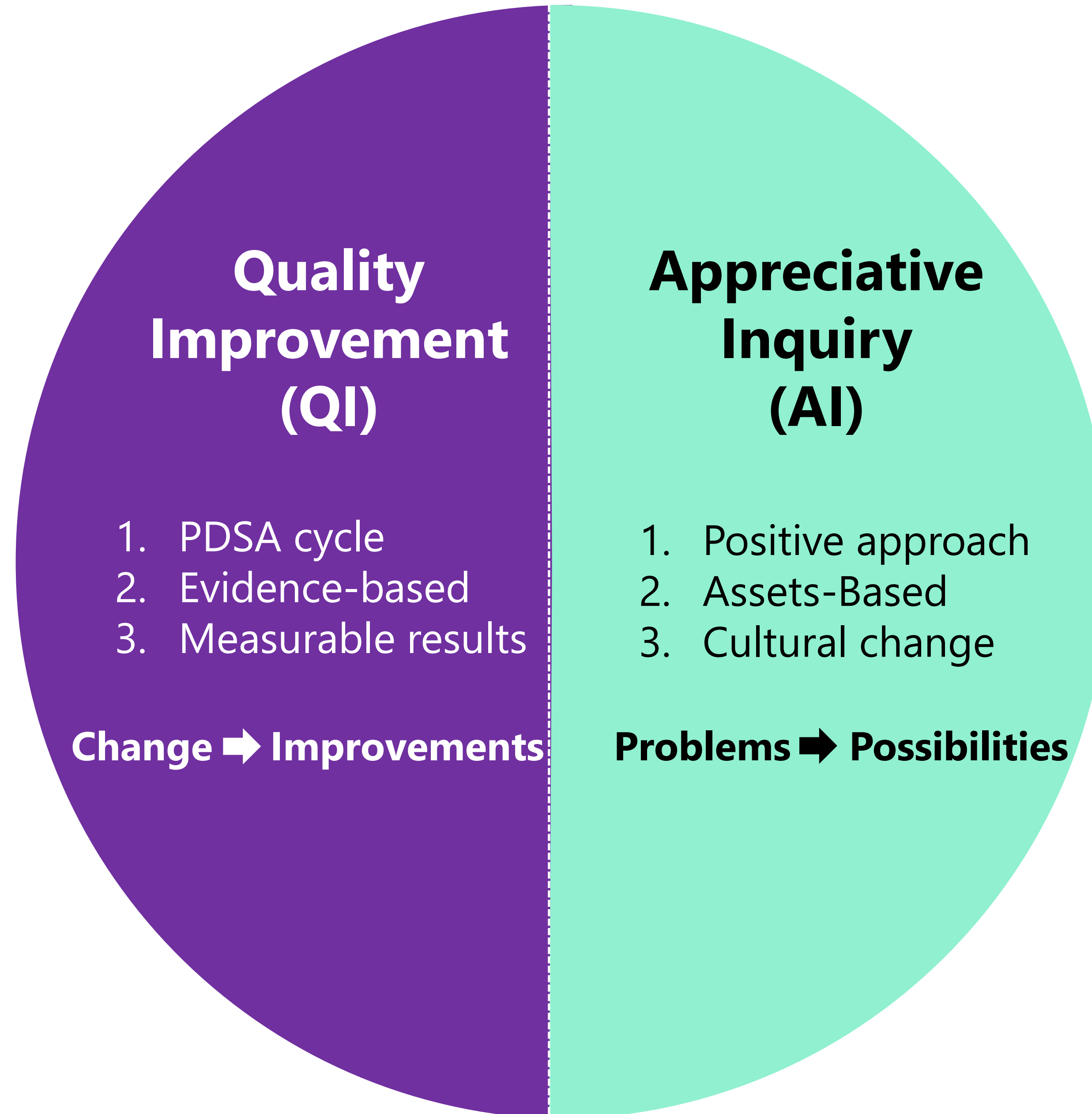
So, it hasn't been all bad, and I don't regret joining the 'big and beautiful' NHS. But we still have a long way to go to make sure 'difference' is not a disadvantage. Lots of things have changed and still need to change, but they also need to improve if we want to keep our promise to the people.

This is my story – what's yours?

Rez

(Inspired by the lived experiences of BME staff, the WRES, and the NHS People Promise)

Our Approach



Race Equality Work Programme & Working Group

	QI PROJECT 1	QI PROJECT 2	QI PROJECT 3
Title	**Increasing workforce diversity**	**De-biasing the disciplinary process**	**Improving equal opportunities in career development and progression**
WRES Indicator	**Indicator 1** - Percentage of BME staff in each of the AfC bands 1 to 9 or medical and dental subgroups and VSM (incl. executive Board members) compared with the percentage of staff in the overall workforce **Indicator 2** - Relative likelihood of BME staff being appointed from shortlisting across all posts	**Indicator 3** - Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	**Indicator 7** - Percentage of BME staff believing the trust provides equal career opportunities for career progression or promotion
Aim (What are we trying to accomplish)	To improve the diversity of the workforce by increasing the representation of BME staff, particularly in bands and professions that do not meet the NHSE 19% target, by 2025	To reduce the disproportionately high % of BME staff entering formal disciplinary investigation to at least the national average of 1.14 by 2025	To increase the perception and experience amongst BME staff that the trust provides equal opportunities for career progression or promotion to at least the national average of 69% by 2025

Rationale	• A more diverse workforce is able to meet the diverse needs of patients, service users, and communities
	• More work is required to ensure our workforce is representative of the diverse populations we serve
	• The Trust will work towards achieving the target of 19% BME representation in the workforce set by NHSE
	• The % of BME staff nationally is 22.4% and 22.1% in the South East and 11.2% in the South West
		• The trust has one of the highest relative likelihoods for this indicator at 3.22
		• The relative likelihood for this indicator has fluctuated over the years, but has remained consistently high at between 2 to 3 times the relative likelihood
			• The WRES 2021/22 shows that 62.4% of White staff and 48.9% of BME staff believe that the trust provides equal opportunities for career progression or promotion
			• The % for White staff has consistently been around 60% and around 45% for BME staff for this indicator
			• The Trust's overall Race Disparity Ratio (RDR) is comparatively high at 2.50, compared to:
			  o National Average: 1.83
			  o BOB ICS Average – Lower to Upper Bands: 2.35
			  o BOB ICS Average – Middle to Upper bands: 1.58
			(Race Disparity Ratio compares the relative likelihood of progression of white staff compared with BME staff)

QI Project 1: Increasing workforce diversity

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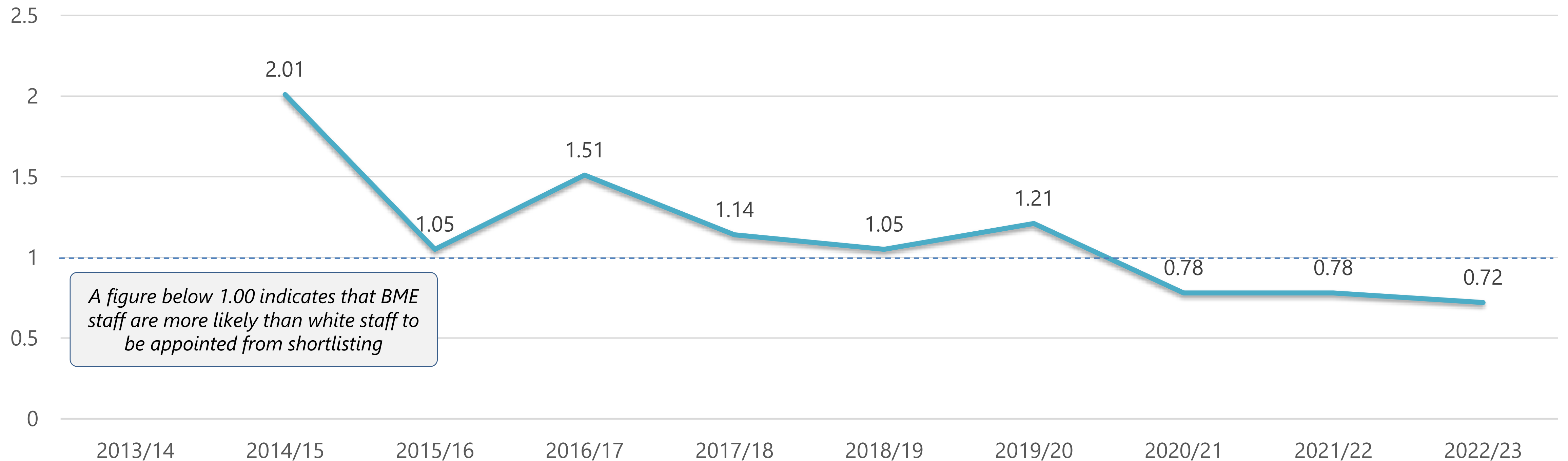
- **Slide 5: WRES indicator 2**: Relative likelihood of white staff being appointed from shortlisting compared to BME staff
- **Slide 6: Evidence source and measures**
- **Slide 7: Driver diagram**

QI Project 1: Increasing workforce diversity

WRES Indicator 2 | Relative likelihood of white staff being **appointed from shortlisting** compared to BME staff

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
No data	**2.01** times more likely	**1.05** times more likely	**1.51** times more likely	**1.14** times more likely	**1.05** times more likely	**1.21** times more likely	**0.78** times more likely	**0.78** times more likely	**0.72** times more likely
-	-	-0.96	+0.46	-0.37	-0.09	+0.16	-0.43	0.00	-0.06



QI Project 1: Increasing workforce diversity – Evidence Source & Measures

Evidence Source

(Gaining access to organisational data is key to determining causes of problems, & identifying and implementing solutions)

ORGANISATIONAL DATA:
- NHS Annual Staff Survey
- WRES
- NHS Jobs/Trac
- Entry surveys and interviews
- Exit surveys and interviews
- Data within Electronic Staff Record (ESR): staff demographics; turnover; etc.
- Staff feedback forums

INTERNAL STAKEHOLDERS:
- BME employees
- Recruiting Managers
- Senior leaders

EXTERNAL STAKEHOLDERS:
- Collate examples of good/best practice in recruiting and retaining a diverse workforce from NHS/ Non-NHS employers

Measures

WORKFORCE PROFILE:

1. Ethnic profile of all staff as a percentage of the total workforce
2. Ethnic profile of all
   i. Clinical staff
   ii. Non-clinical staff
   iii. Medical doctors
   iv. Students expressed as a percentage (Registered clinical staff/ Non-registered)
3. Ethnic profile of all applicants, short-listed candidates and appointees as a percentage of the total number of applicants, short-listed candidates and appointees for each Agenda for Change (AfC) pay-bands (1-9)

RECRUITMENT:

1. Total number and % of BAME staff that started employment with the Trust in the last 12 months
2. Total number and % of BAME staff that started employment with the Trust in the last 12 months, by bands
3. Total number and % of BAME staff that started employment with the Trust in the last 12 months, by occupational groups
4. Total number and % of BAME staff that started employment with the Trust in the last 12 months, by service teams
5. Total number and % of BAME staff that started employment with the Trust in the last 12 months, by directorates

RETENTION:

1. Total number and % of BAME staff that left the Trust within 12 months of employment
2. Total number and % of BAME staff that left the Trust within 12 months of employment, by bands
3. Total number and % of BAME staff that left the Trust within 12 months of employment, by occupational groups
4. Total number and % of BAME staff that left the Trust within 12 months of employment, by service teams
5. Total number and % of BAME staff that left the Trust within 12 months of employment, by directorates

REPRESENTATION:

1. Total number and % of male and female BAME staff – by bands, service teams and directorates
2. All service teams by directorate with no BAME member of staff
3. All service teams by directorate with less than 19% of BAME staff
4. All service teams by directorate with more than 19% of BAME staff

QI Project 1: Increasing workforce diversity – Driver Diagram

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
To improve the diversity of the workforce by increasing the representation of BME staff, particularly in bands and professions that do not meet the NHSE 19% target by 2025	Overhaul recruitment processes to take account of EDI considerations	Processes to make bias-free recruitment	Process Mapping of the recruitment process
			Develop 'Inclusive Recruitment and Selection' training programme
			Develop 'Positive Action' Workshop
			Introduce 'Inclusion Representatives' on interview panels
			Ensure that all job appointment processes include evidence of the candidate's personal positive impact on equality, diversity and inclusion in the workplace
			Produce geographical 'heat maps' of working age BME populations
		Policy changes	Complete an Ethnicity Pay Gap review
			Use regular feedback to help shape the development and improvement of policies and procedures
			Ensure that all Directorates and service teams have measurable objectives on EDI e.g. recruitment, retention, or promotion of BME staff
			Identify EDI standards and expertise as core competencies, to be tested during recruitment, promotion, and appraisal
	Reduce the under-representation of people from BME backgrounds in senior roles	Provide appropriate developmental support and pathways	Coaching & Mentoring
			Senior Sponsorship
			Provide advice, guidance, and support on how to promote the full range of careers in the NHS to the wider BME community
			Introduce new and comprehensive routes into and within the NHS and Trust (including through apprenticeships)
			Ensure that promotion processes include evidence of the candidate's personal positive impact on equality, diversity and inclusion in the workplace
	Improve retention rates of BME staff	Make OHFT a great place to work	Ensure robust on-boarding programme
			Create opportunities to share and receive learning of best practice in recruitment of BME staff
			Create opportunities to share and receive learning of best practice in the retention of BME staff

QI Project 2: De-biasing the disciplinary process

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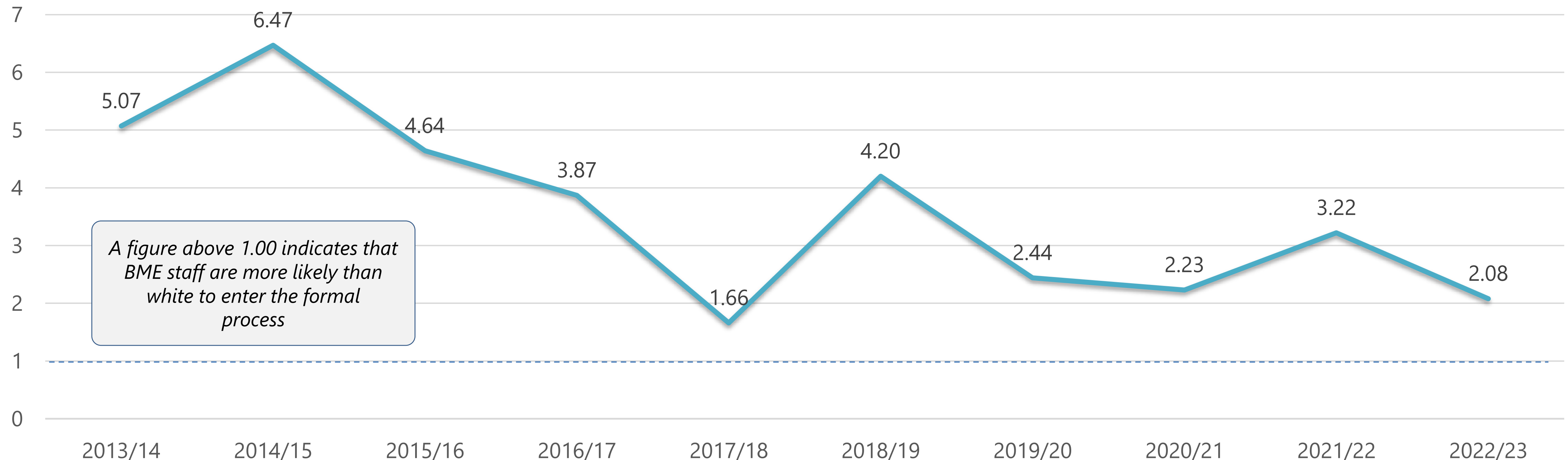
- **Slide 9: WRES indicator 3**: Relative likelihood of BME staff entering into formal disciplinary process compared to white staff
- **Slide 10: Evidence source and measures**
- **Slide 11: Driver diagram**

QI Project 2: De-biasing the disciplinary process

WRES Indicator 3 | Relative likelihood of BME staff entering into **formal disciplinary process** compared to white staff

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
5.07 times more likely	**6.47** times more likely	**4.64** times more likely	**3.87** times more likely	**1.66** times more likely	**4.20** times more likely	**2.44** times more likely	**2.23** times more likely	**3.22** times more likely	**2.08** times more likely
-	+1.4	-1.83	-0.77	-2.21	+2.54	-1.76	-0.21	+0.99	-1.14



QI Project 2: De-biasing the disciplinary process – Evidence Source & Measures

Evidence Source

(Gaining access to organisational data is key to determining causes of problems, & identifying and implementing solutions)

EXTERNAL

- Reviewing national reports for trends - Workforce-Race-Equality-Standard-report-2021-.pdf (england.nhs.uk)
- NHS Annual Staff Survey
- Local NHS workforce data and insight

INTERNAL

- WRES
- Data portal
    - Numbers of investigations / details of investigations
- Electronic Staff Record (ESR)

Measures

1. The headcount of the total workforce broken down into numbers in each AfC pay band
2. The headcount of the total BME workforce broken down into numbers in each AfC pay band
3. The headcount of the total workforce broken down into the numbers working in each pay band, involved in the following formal processes over the last 12 months:
    - Investigations
    - Disciplinary
    - Grievance
4. The headcount of the total BME workforce broken down into the numbers working in each pay band, involved in the following formal processes over the last 12 months:
    - Investigations
    - Disciplinary
    - Grievance
5. The headcount of the total workforce called to an investigation over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - No further action
    - Process to hearing
5. The headcount of the total BME workforce called to an investigation over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - No further action
    - Process to hearing
6. The headcount of the total workforce accused of misconduct over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - No case to answer
    - Placed on a development programme but no disciplinary sanctions made
    - First written warning
    - Final written warning
    - Action short of dismissal
    - Dismissal
8. The headcount of the total BME workforce accused of misconduct over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - No case to answer
    - Placed on a development programme but no disciplinary sanctions made
    - First written warning
    - Final written warning
    - Action short of dismissal
    - Dismissal
9. The headcount of the total workforce accused of gross misconduct over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - No case to answer
    - Placed on a development programme but no disciplinary sanctions made
    - First written warning
    - Final written warning
    - Action short of dismissal
    - Dismissal
10. The headcount of the total BME workforce accused of gross misconduct over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - No case to answer
    - Placed on a development programme but no disciplinary sanctions made
    - First written warning
    - Final written warning
    - Action short of dismissal
    - Dismissal
11. The headcount of the total workforce involved in grievances over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - Upheld
    - Not upheld
    - Mediation
12. The headcount of the total BME workforce involved in grievances over the last 12 months broken down into the numbers in each pay band and the following categories of decision:
    - Upheld
    - Not upheld
    - Mediation

QI Project 2: De-biasing the disciplinary process – Driver Diagram

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
To reduce the disproportionately high % of BME staff entering formal disciplinary investigation (3.22) to at least the national average of 1.14 by 2025	Reduce systematic discrimination and racial inequality	Develop leaders and teams to have the capability, skills and understanding to create working environments where all our staff prosper, thrive and fulfil their potential – without discrimination and bias – and equity of outcomes for all staff	Process Mapping the entire employment procedure process
			Consider viable alternatives to the Cultural Ambassadors
			Deliver Unconscious Bias awareness training to all managers
			Develop and implement a Leadership Competency Framework for all leaders and managers
			Reduce the high variability in EDI capabilities of leaders and managers impacting the experience of staff
			Develop skills and capability across the Trust to equip staff to connect with people and communities affected by discrimination and bias, so that they can better effect change
			Create an open, productive learning environment that educates and addresses privilege and everyday bias
	Reduce blame culture	Embed the principles of a Restorative and Just Culture into all employee relations policies and practices	Develop leaders and line managers at all levels to create psychological safety within teams to enact and sustain consistency of restorative just cultures
			Implement healing, compassionate interventions and programmes for staff who have experienced hurt due to people practices, incivility, bullying/ harassment and/ or discrimination
			Implement and re-orient our policies and working practices towards the 'Just and Restorative Culture' methodology

QI Project 3: Improving equal opportunities in career development and progression

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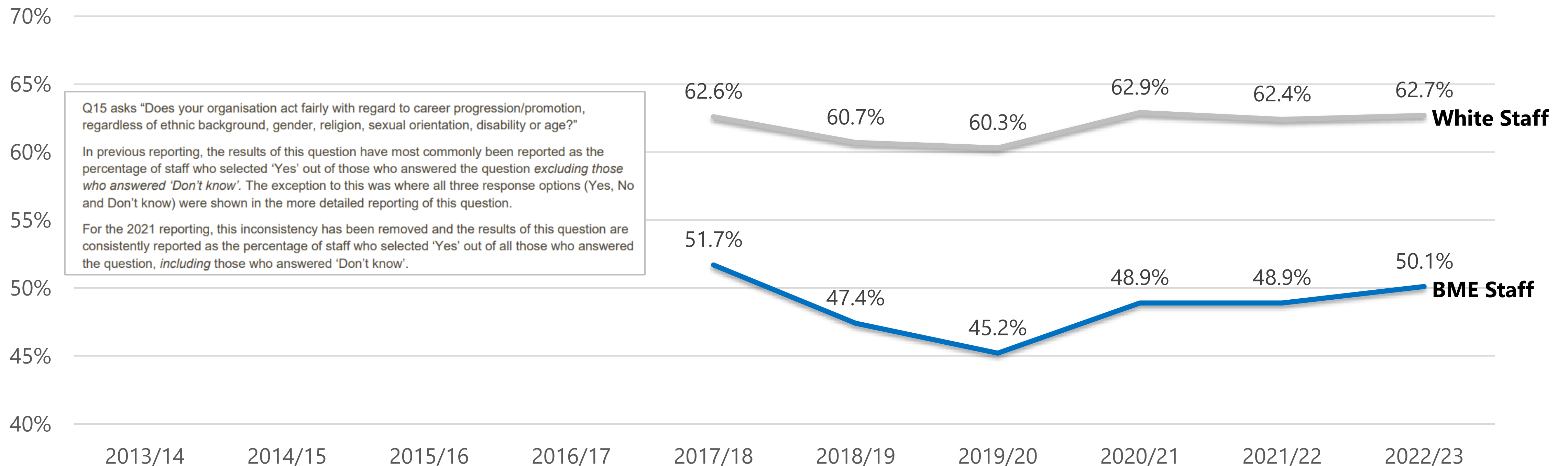
- **Slide 12: WRES indicator 7**: Percentage of staff believing the organisation provides equal opportunities for career progression or promotion
- **Slide 13: Evidence source and measures**
- **Slide 14: Driver diagram**

QI Project 3: Improving equal opportunities in career development and progression

WRES Indicator 7 | Percentage of staff believing the organisation provides **equal opportunities** for career progression or promotion

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
BME Staff	*The calculation for this indicator has been changed, therefore data prior to 2017 is unavailable. Please see below for a detailed explanation.*				**51.7%** -	**47.4%** -4.3%	**45.2%** -2.2%	**48.9%** +3.7%	**48.9%** +0%	**50.1%** +1.2%
White Staff					**62.6%** -	**60.7%** -1.9%	**60.3%** -0.4%	**62.9%** +2.6%	**62.4%** -0.5%	**62.7%** +0.3%



QI Project 3: Improving equal opportunities in career development and progression – Evidence Source & Measures

Evidence Source

(Gaining access to organisational data is key to determining causes of problems, & identifying and implementing solutions)

Outcomes and Key Finding indicators from the NHS Staff Survey
Benchmarking - Workforce-Race-Equality-Standard-2021-supporting-data.xlsx (live.com)
NHS Annual Staff Survey
People Pulse/Pulse Survey
Electronic Staff Record (ESR)
Local NHS workforce data and insight
Model Health System

Measures

WORKFORCE PROFILE:

1. Ethnic profile of all staff as a percentage of the total workforce

2. Ethnic profile of all:

   i. Clinical staff
   ii. Non-clinical staff
   iii. Medical doctors
   iv. Students

expressed as a percentage
(Registered clinical staff/ Non-registered)

RENUMERATION:

1. Ethnic profile of all staff on each Agenda for Change (AfC) pay-bands (1-9) expressed as a percentage

2. Ethnic profile of all staff on each Senior Management pay-bands expressed as a percentage

PROGRESSION:

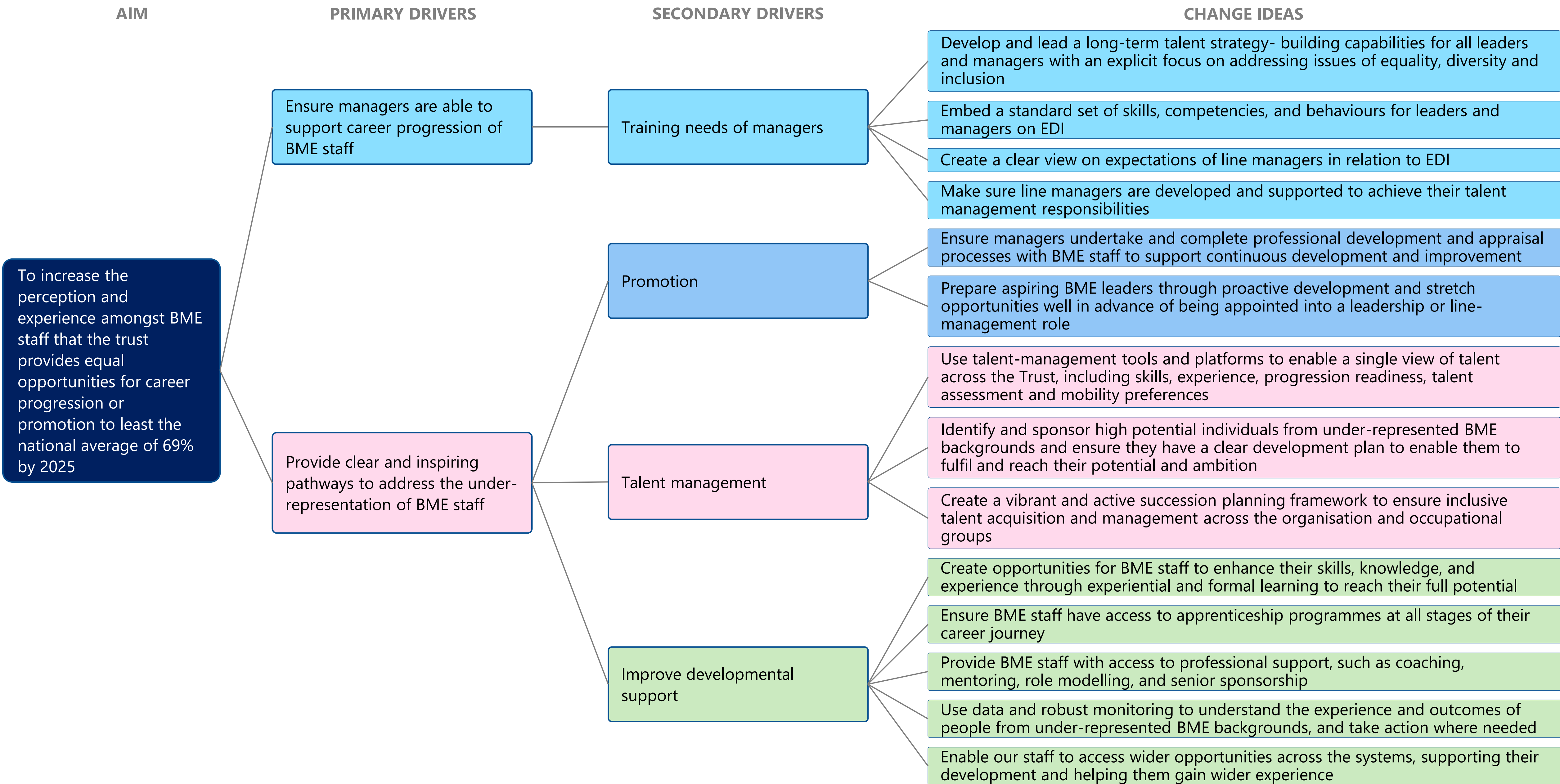
1. Ethnic profile of all staff promoted by pay-band expressed as a percentage

2. Ethnic profile of all staff provided with opportunities for 'acting up' by pay-band expressed as a percentage

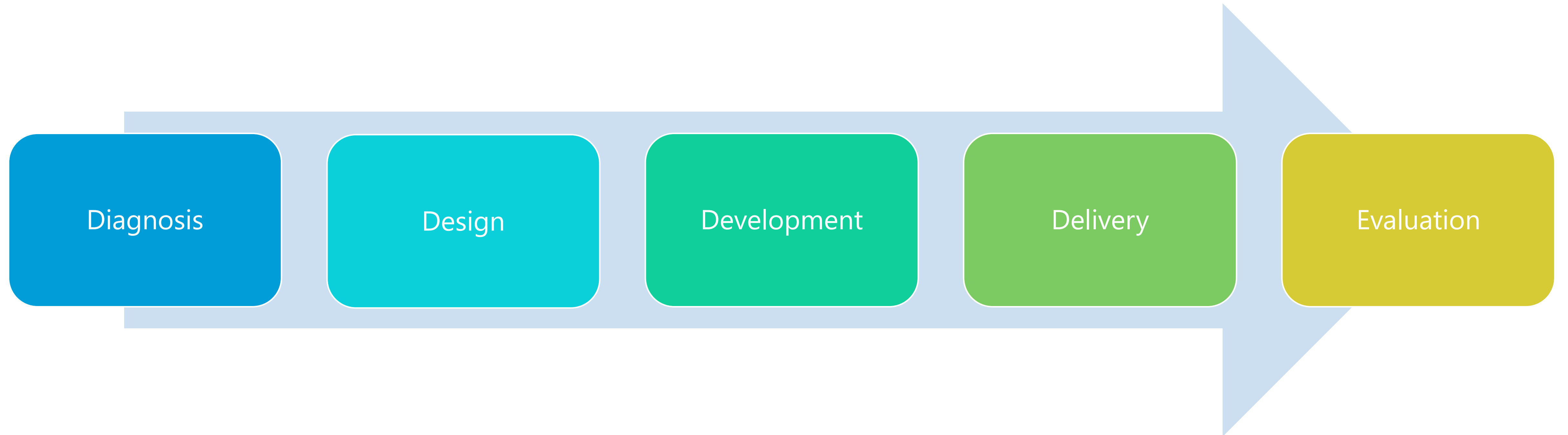
LEARNING AND DEVELOPMENT OPPORTUNITIES:

1. Ethnic profile of all staff accessing non-mandatory (professional) training and Continuing Professional Development (CPD) by pay-band expressed as a percentage

QI Project 3: Improving equal opportunities in career development and progression – Driver Diagram



Race Equality Work Programme: Project and Programme Management Methodology



Race Equality Work Programme & Working Group: Governance, Leadership, and Reporting