

Workforce Race Equality Standards Action Plan for 2019/2020



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Summary

This report contains information in relation to the SWB workforce and the NHS Workforce Race Equality Standard (WRES). The WRES has nine standards and this report is written in response to each of the 9 standards.

In summary the report identifies some of the Clinical workforce, in particular at Band 5 (in particular qualified Nurses) to be over-represented with BME colleagues as a proportion of the total workforce, however beyond Band 6 there appears to be a rapid decline in the number of BME colleagues in positions with a higher Agenda for Change (AfC) Band. This report discusses actions taken to date, describing some improvements between 2018 and 2019 but also describes targeted action to create a succession plan for the future that is inclusive of our BME workforce.

The action plan include development of our Band 5 and 6 BME Nursing workforce through be-spoke Team Leader Apprenticeships offering experiences like shadowing and mentoring as part of their apprenticeship programme in addition to attending the well-received NHS Leadership Academy Stepping-Up Programme.

The WRES report and our staff survey outcomes require some further exploration and detail about perceptions to gain insight into how these may be unblocked. Therefore a series of Focus Groups will be held to gain valuable insight to determine robust action plans for these areas.

The report details the WRES workforce data and presents the information in a very visual format, particularly the White/BME employee ratios at each Band, the graphs are a visual representation and may be an appropriate way to share our information with our workforce and embed the reasons that the actions in this plan are so important.

1.0 Employee Ethnicity in Workforce

1.1 Population demographics

The local population for the Sandwell and West Birmingham area has the ethnicity breakdown as follows (2011 Census Data)

	Sandwell	West Birmingham	Total across Sandwell & West Birmingham
BME	27.70%	52.90%	40.90%
White	70.00%	45.60%	57.50%
Other	1.30%	1.50%	1.40%

The SWBH workforce data below demonstrates the % distribution of White and BME employees in 2018 and 2019. The data suggests an overall decrease of 1.77% for white employees from 2018 to 2019 and an overall increase of 0.07% in BME employees. The data for SWBH in 2019 reports both white and BME % below that of the local population, however 8.38% of employees have their ethnicity unknown and therefore this may be a contributory factor in both BME and white showing under the local population numbers.

	2018	No of staff	%
	SWBH Total Workforce		
	White	3878	55.62
	BME	2627	37.68
	Unknown	467	6.70

	2019	No of staff	%
	White	3607	53.85
	BME	2529	37.75
	Unknown	562	8.39

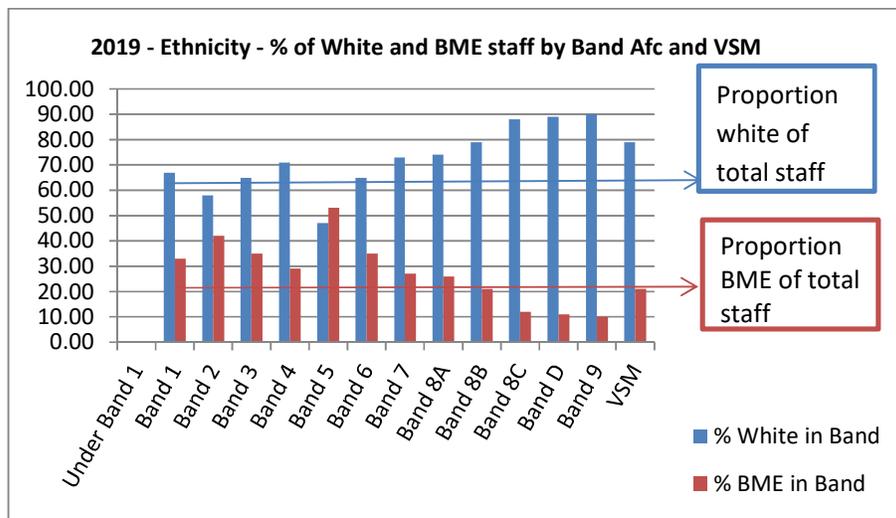
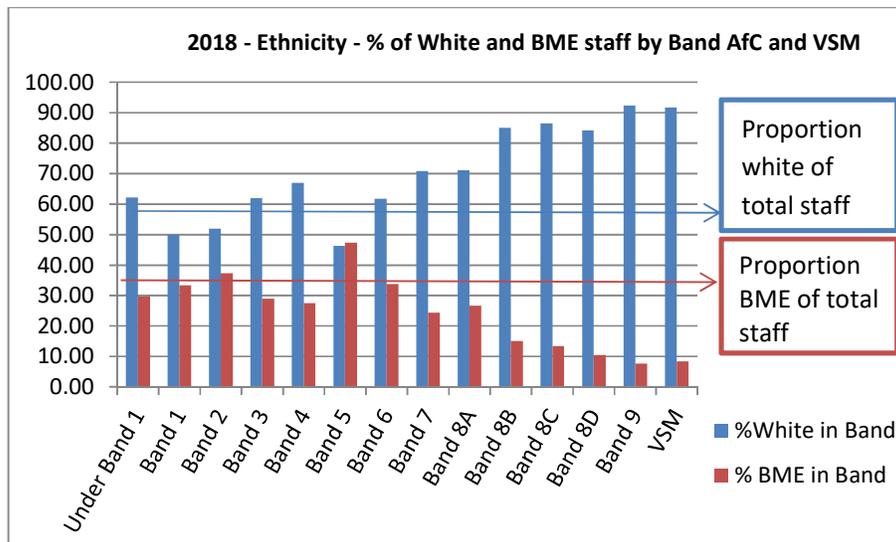
The SWBH Trust data demonstrates that the medical workforce is over-represented in % of BME employees and the Agenda for Change (AfC) pay bands and Very Senior Manager (VSM) employees are both under-represented in the % of BME employees of our Trust % employee total. The tables below demonstrate the medical, AfC and VSM workforce % numbers as a total of the whole Trust total (headcount).

	2018	No of staff	%
	Medical Workforce		
	White	275	35.81
	BME	459	59.77
	Unknown	34	4.43
AfC and VSM Workforce			
	2018		
	White	3603	58.08
	BME	2168	34.95
	Unknown	433	6.98

	2019	No of staff	%
	White	247	31.95
	BME	426	55.10
	Unknown	100	12.93
	2019		
	White	3360	56.70
	BME	2103	35.49
	Unknown	462	7.80

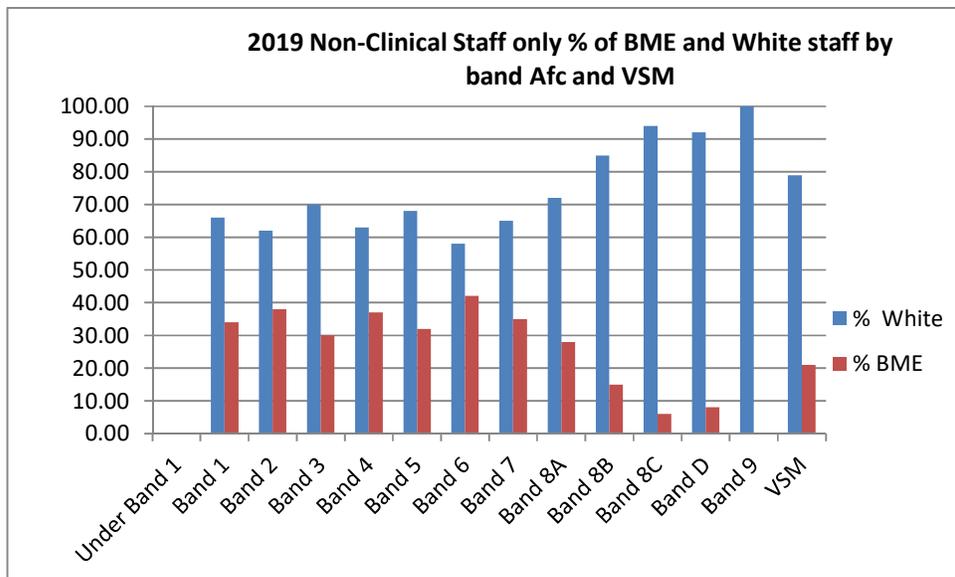
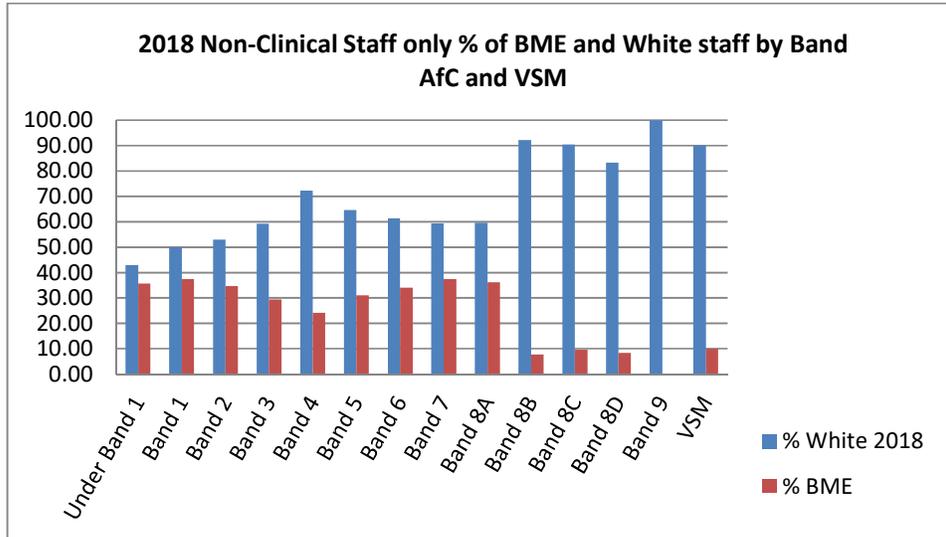
1.2 SWBH Workforce by Band

The graphs below demonstrate for both AfC and VSM by Band the proportion of the workforce who are White and BME in each of the Bands. In 2018 the graph demonstrates a significant decline in number of BME employees above Band 6. This continues in 2019 with a slight improvement in Band 8B, Band 9 and VSM posts.



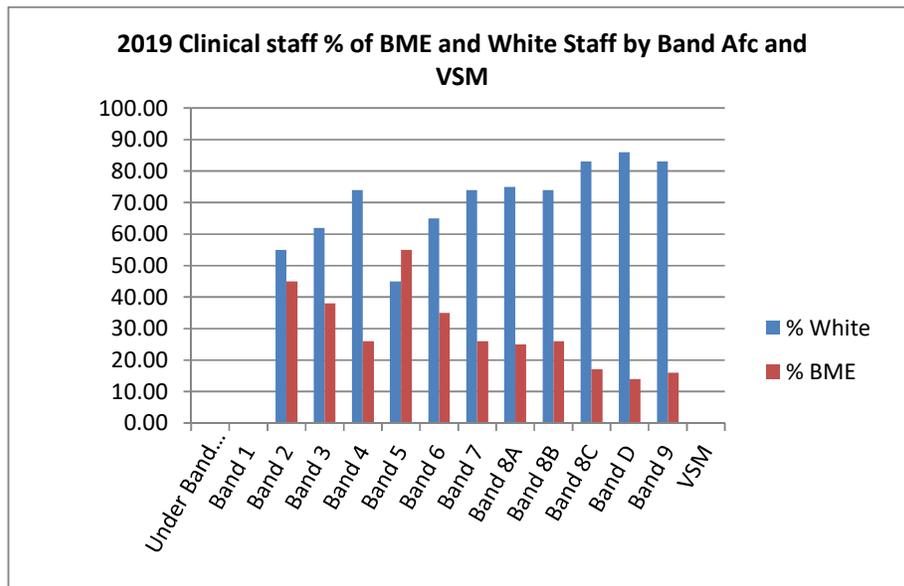
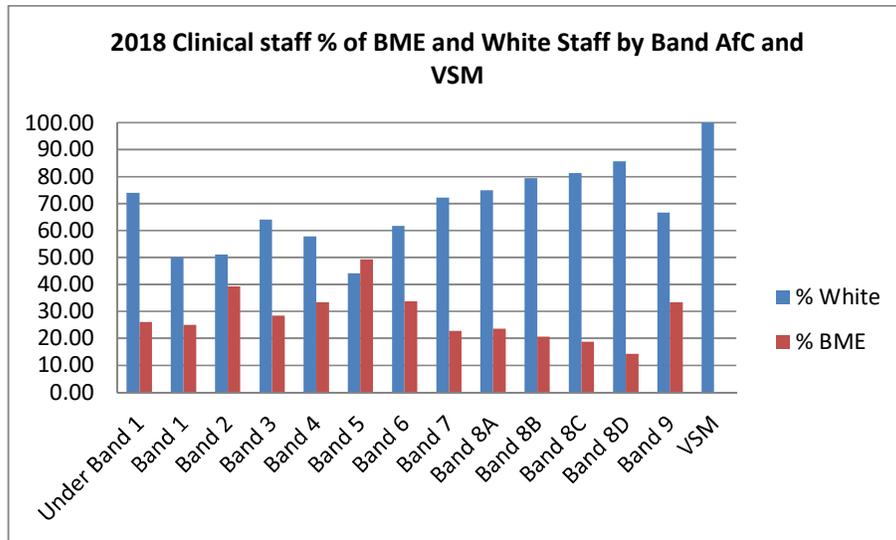
1.3 Our Non-clinical workforce

The graph below breaks down the above data into Clinical and Non-clinical employees. For Non-clinical employees the data in both 2018 and 2019 shows a significant change above Band 8A.



1.4 Our Clinical Workforce

The Graphs below demonstrates the distribution of BME and White staff in Clinical roles for both 2018 and 2019. Although the distribution shows improvement at Band's 8B and 8D between 2018 and 2019, the graphs also shows a higher percentage of staff in Band 5 clinical roles are BME, this would indicate that there is a requirement to develop and our BME Band 5 and Band 6 nurses to become the Ward Managers and Matrons of the future.



1.5 Actions Plan – Delivered to Date

Stepping up Programme

The Trust hosted the NHS Leadership Academy Stepping up Programme for Bands 5,6 & 7 and 76 of our BME colleagues attended. The feedback has been that the course was motivational and has inspired our BME colleagues who would recommend this course to other BME colleagues. The programme is continuing during 2019.

Accredited Manager Programme

During the early part of 2018, 800 Managers from across the Trust at all levels attended the Accredited Manager Programme. The programme consisted of 5 core modules with Module 3, explaining the concepts of the unconscious bias, particularly as part of our recruitment process. The programme will continue for new employees.

BME Network

The Trust has 4 Staff Networks in place including a BME staff network. The network is instrumental in promotion of opportunities to employees and actively participates in celebrations such as Jamaica in the Square and promotion of Black History month.

BME interview panellists

The Trust introduced the concept of BME panellists during the Accredited Manager programme. Panellists have been identified and provided with training to undertake this critical role and the Trusts' policy is that all interview panels have a BME panellist present for all recruitment interviews.

Targeted Programme for Band 5 Nurse

Introduction of the new Team Leader Apprenticeship to our Band 5 workforce. The Apprenticeship is applied to the day job with learning about hospital flow and the role of shift lead in ensuring flow is maintained but also part of the "off the job training" can be actively shadowing a Ward Manager/Matron/Director of Nursing and attending meetings/forums that a Band 5 Nurse may not have previously had access to.

1.6 Improvement Plan

Targeted Programme for Band 5 Nurse

Continue roll out of the Team Leader Apprenticeship to our Band 5 workforce.

Equality and Diversity Training

This training is mandated for all staff on a frequency of every 3 years.

Stepping up programme

In 2018/19 the Stepping up programme will be targeted to Band 5 and Band 6 Nurses with the majority of places offered to this group.

Tracked career progression

For those employees who are taking part in the stepping up programme that we follow up with each individual whether they are accessing the career development opportunities that are available to them. This will identify any additional barriers or blocks that may not be obvious to the Trust.

Mentoring and Coaching

The Trust is launching its Coaching and Mentoring programme and this will be advertised to the BME network and to our talent pool for the future.

Further Data Analysis

The high level data in this report should be available to our Clinical Groups and Corporate Directorates both at a strategic level but also broken down to individual Group Level. This information should be reviewed as part of the Group Review process to identify any anomaly areas.

For BME, the subset data should be reviewed to provide intelligence as to whether there is a particularly sub-group within the data that requires focus to improve.

Organisation Communications Plan

During the Accredited Manager Modules, it was found that the organisation were not always clear about the role and the reason for BME panellists, however when an Executive was present and described the position, the accredited manager groups have responded positively to the message. Therefore, there are likely to be gains in the organisation understanding the BME stats and our organisation profile to help our Managers understand the problem and be part of the solution

2.0 Recruitment of BME Employees

This section describes the relative likelihood of staff being appointment from shortlisting across all posts.

The table below demonstrates the number of candidates shortlisted by BME or White in both 2018 and 2019

	2018	2019
White	2435	2731
BME	2773	3486

The table below demonstrates the number of candidates appointed by BME or White in both 2018 and 2019

	2018	2019
White	406	281
BME	325	292

Therefore in 2018 white candidates were 1.42 more likely to be appointed and in 2019 white candidates are 1.23 times more likely to be appointed.

2.1 Actions Delivered – To Date

BME Panellist

During 2017/18 the Trust has identified a cohort of BME Interview Panellists who have received training to be present on all interview panels. The message has been delivered through the Accredited Manager Programme that no interview should take place without a BME Panellist.

Accredited Manager

344 Line Managers have received a training module in Recruitment and Retention with a focus on unconscious bias and BME Panellists.

Interview training

The BME Network have promoted “interview training” sessions for staff in preparation for applying for jobs. There were 4 advertised sessions available, particularly targeted to employees who are BME.

2.2 Improvement Plan

BME panellists

The BME panellists are now present on all interviews, however this only embedded recently and the impact not yet realised within the organisation

Targeted Positive Action

For those employees who want to progress to their next position but have not yet been successful, a programme of targeted positive action including preparing for interview and techniques to use in interview and collating interview feedback to work on a targeted individual action plan for BME employees.

Job adverts

All SWBH job adverts to state that we would welcome applications from under-represented groups to ensure that potential BME applicants receive a positive message about the inclusivity of the Trust and to ensure internal BME applicants are encouraged to apply also.

Gain feedback from BME Panellists

Set up BME Panellists focus group to gain information including what's working well, what not so well and any areas that require a focus to improve.

3.0 Formal Disciplinary Process

The data below describes staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation for both White and BME employees.

	Rolling 2018/2019	% of total
White	30	49.1
BME	19	31.1
Not Declared	12	19.7

The data demonstrates the 31.1% of the total formal disciplinary processes are with BME employees and 49.1% of the total are with white employees.

3.1 Action taken – To Date

Review of Grievances

A review of formal grievances took place in 2018 which indicated that a proportion of formal grievance cases may have had an improved outcome if they were dealt with via mediation instead of the formal grievance process, the outcomes of this review formed a plan for mediation in 2019.

3.2 Improvement Plan

Introduction of Mediation

In 2019 the Trust will launch a new process where mediation will be offered as the first line of resolution to employees who have raised grievances. This is envisaged to reduce the time and stress involved in going through a formal grievance process to get to an amicable outcome.

4.0 Training & CPD

The table below demonstrates the % of staff for both White and BME who accessed non-mandatory training in 2019.

	White	BME
Total staff	3590	2515
Accessed training	953	539
% of total	26.5	21.4

The data shows a 5.1% more employees of white origin receiving non-mandatory training than BME. The data excludes localised development (e.g. shadowing, internal courses, on-the-job training, CPD and non-mandatory training for doctors). Reporting of these types of activities is difficult to collate and therefore was not included in the data submission.

4.1 Action Plan – to date

Stepping up Programme

The Stepping up Programme provided by the NHS Leadership Academy has been delivered from our Trust. The programme was advertised via our internal communications methods and generated a cohort who have now attended and provided feedback indicating that the programme was valuable and some have gone on to further their career post programme.

4.2 Improvement Plan

Training budget

The training budget is allocated following the training needs analysis across the organisation (post PDR cycle). The training is prioritised by Groups and then allocated using a proportion of headcount, requests, strategic priorities and succession plans. For future the prospective allocation of training budget will also take ethnicity into consideration by Clinical Group to ensure equity to training funds.

BME Nurse Team Leader Apprenticeship

This apprenticeship will strengthen our nursing workforce but also provide the pipeline of BME employees by creating a solid leadership and managerial foundation fit for the future provision of an increased number of BME clinical staff in the AfC bands above Band 6.

Network promotion of courses available

Deliver cohorts of Maths, English and ICT to our Facilities and employees at Band 2. The Network will promote this opportunity to ensure that BME employees are aware of the programme but also access the programme.

5.0 Harassment, Bullying or Abuse from Patients

The below data demonstrates the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

	2018	2019
White	24.24%	28%
BME	32.14%	27%

The above table shows a increase of 3.76% for white staff experiencing bullying, harassment or abuse from patients, and shows a decrease of 5.14% for BME staff members.

Our Trust data suggests higher levels of Violence and Aggression in incident reporting, which may be an outcome from promotion and requesting staff to report incidents but also suggests a link to focused care changes.

5.1 Action Plan – to date

Reporting of Bullying, Harassment and Abuse from Patients

The Trust has an open culture and one of “speak up” where employees are asked to be open and honest and to report adverse incidents and experiences where they may not have been declared previously. This culture, although increases likelihood of reporting also enables the Trust to respond where improvements are required.

5.2 Improvement Plan

Staff Survey Completion Rates

The Trust is actively working to increase feedback rates including that of the staff survey to ensure that the results are indicative of the organisation and not skewed by a low response rate.

The Staff Survey should be reviewed by Group to see whether the data is more pertinent in one or more areas or across the board.

Safeguard Reporting Analysis

There is a requirement to undertake some comprehensive analysis from the Safeguard Reporting data. This will enable us to understand whether the increase in violence and aggression pertains to a particular site, ward or clinical/non clinical area. Our actions need to be targeted to the outcome of this analysis.

Trust Signage re: Zero Tolerance

A review of the signage in relation to Zero Tolerance to Staff for all areas of high reporting of incidents is required. This may result in a need to increase the signs to remind patients of the stance the organisation takes to harassment, bullying and abuse of its employees.

Red card processes

The Trust has a system of writing warning letters to patients who bully, harass and are violent to employees. This process should be reviewed, in particular for those patients who continue to bully, harass or be violent to employees, a different approach may be required to minimise the impact of these patients.

6.0 Harassment, Bullying or Abuse from Staff

The below table demonstrates the Percentage of Staff experiencing harassment, bullying or abuse from staff in last 12 months by Ethnicity.

	2018	2019
White	25.40%	24%
BME	21.82%	27%

The table above demonstrates a 1.4% decrease for white employees experiencing harassment, bullying or abuse and an increase of 5.18% for BME staff.

6.1 Action Plan – to date

PDR (Performance Development Review)

The Trust launched a new PDR, Aspiring to Excellence in 2018/19 with every employee including doctors receiving an annual PDR. The PDR reviews performance and behaviours from the previous year and the potential for the individual. The behaviours section of the PDR is aligned to our Trust Values, our 9 Trust Promises. These promises are to our patients and also each other and we check in with those behaviours as part of our PDR to make sure we are aligned to our Trust values. If an employee does not demonstrate the behaviours aligned to our organisation, the PDR will include a discussion about that and the score attributed reflective of the behaviours demonstrated.

Accredited Manager Programme

All 800 Managers of People have attended the Accredited Manager Training Programme. Module 1 – Aspiring to Excellence PDR. This module is dedicated to PDR as a process, a review of the new scoring mechanism and also that behaviours are a crucial part of what we do.

6.2 Improvement Plan

Staff Survey Analysis

The Trust is actively working to increase feedback rates including that of the staff survey to ensure that the results are indicative of the organisation and not skewed by a low response rate.

The Staff Survey should be reviewed by Group to see whether the data is more pertinent in one or more areas or across the board.

Bullying and Harassment Awareness

A leaflet was issued to every member of staff in October 2018 with their monthly payslip. This ensured that awareness across the organisation was heightened and that staff are aware of options of dealing with this.

7.0 Career Progression

The table below demonstrates the percentage of employees believing that the Trust provides equal opportunities for career progression or promotion (this data is taken from the NHS Staff Survey).

	2018	2019
White	87.10%	84%
BME	72.20%	77%

The data demonstrates a decrease of 3.1% of White staff and a 4.8% increase of BME employees believing that the Trust provides equal opportunities for career progression or promotion.

7.1 Action Plan – Delivered to date

BME Panellists

All interview panels at SWBH have a BME representative to reduce occurrence of unconscious bias at interview and ensure the best person for the job is appointed. These panels are now in place and staff have received training but the benefits are yet to be realised.

7.2 Improvement Plan

Focus Groups

To hold a series of focus groups with the objective of finding out what is blocking our BME employees believing that the Trust provides equal opportunities and what action would improve the perceptions.

Role models to deliver mentoring and coaching to BME employees to ensure that those employees who aspire to develop into their next roles feel able to accomplish this within the organisation. Use story-telling to inspire individuals to achieve their potential.

8.0 Discrimination from Manager, team leader or colleague

The below table demonstrates the % of staff taken from the staff survey who stated that they had received in the last 12 months discrimination at work from a Manager/Team Leader or colleague.

	2018	2019
White	8.96%	6%
BME	5.08%	16%

The data shows an decrease of 2.96% for employees who are White receiving discrimination from a Manager or colleague but a significant increase of 10.92% for employees who are from BME origin.

8.1 Action Plan – Delivered to Date

Accredited Manager

Accredited Manager Programme has promoted that every interview panel will have a BME colleague present, the increase in employees of white origin who stated that they are experiencing discrimination may be linked to this.

8.2 Improvement Plan

Communications Plan

Devise a plan to ensure the organisation understands the reasons behind the decisions made to a particular group i.e. BME. The plan should include sharing of information in this report, in particular the visual information in graph form in section 1.0. This information is stark and demonstrates clearly to the organisation the under-representation for people of BME origin as the AfC Band's increase.

9.0 Board representation

The below tables indicate the Board Voting and Board Executive Membership by White and BME origins.

Voting	2018	2019
White	78.60%	75%
BME	21.40%	19%

Executive	2018	2019
White	85.70%	80%
BME	14.30%	11%

The overall data shows a slight decrease in both voting White and BME ethnicity for Board Members with a reduction in not known.

The data shows a decrease also in White and BME Executive Members, again with a reduction in not known.

9.1 Action Plan – Delivered to Date

Vacant post talent pool

For senior vacancies the pool of applicants has been scoped with particular interest from applicants of BME origin.

9.2 Improvement Plan

Aspiring Directors Programme

There is a requirement to develop a pipeline for our future Directors. The HEE Aspiring Directors Programme is a resource that SWBH has available and the new PDR enables identification of talent to ensure our pool of people for future Executive posts is expanded and includes BME applicants.

MBA – Level 7 Apprenticeships

The MBA is a Masters level qualification in Leadership and Management which is not bespoke to the NHS but offers the opportunity to develop our leaders into “whole leaders” with the exposure to the private sector and other public sector bodies, to expand thinking and learning, grow confidence and innovation. This programme amongst others will enable us to develop our workforce at a higher level and this should be targeted to our BME colleagues.

WRES Action plan		Date: September 2019			
WRES Action point	Action	Who	Date	Status	Comments
1	Band 5 Team Leader Apprenticeship Delivered to 6 colleagues in 2018/19 and 19/20	Diversity and Inclusion Lead	Dec -19		In Progress
2	Career progression for those who have attended Stepping-up is tracked	Diversity and Inclusion Lead	Jan-20		In progress
3	BME Panellists to attend interview panels for interviews for higher Band roles	Diversity and Inclusion Lead	Nov-19		Not yet Started
4	Coaching and Mentoring available to BME employees, in particular to support career progression	Diversity and Inclusion Lead	Nov-19		In Progress
5	Further data analysis: by sub-group of BME to identify any trends by Clinical Group/Directorate/Job Role to identify trends	Diversity and Inclusion Lead	Dec-19		In progress
6	Organisation learning: QIHD - sharing stats and understanding	Diversity and Inclusion Lead	Apr-20		Not yet Started
7	Job adverts to include welcoming applications from under-represented groups	Diversity and Inclusion Lead	Apr-20		Not yet Started

8	BME Panellists to give qualitative feedback on interview process and identify improvements	Diversity and Inclusion Lead	Dec-19		Not yet Started
9	Mediation Service to be formalised to provide an alternative to grievance in first instance	Diversity and Inclusion Lead	Apr-20		Not yet Started
10	Prospective training budget allocation analysis and action taken to assess whether representative of Trust ethnicity profile and if not to take appropriate action	Diversity and Inclusion Lead	Jun-20		In Progress
11	Undertake analysis of information available on Safeguard for reports for V&A, any trends and subsequent actions	Diversity and Inclusion Lead	Apr-20		Not yet Started
12	Trust Signage for areas of high V&A re: Zero Tolerance assess: Is signage present Is signage effective Action required (additional/alternative signage)	Diversity and Inclusion Lead	Jan-20		Not yet Started
13	Hold an event for a Focus Group to understand the Bullying and Harassment, discrimination data and to understand perceptions of barriers to BME employees career progression/promotion	Diversity and Inclusion Lead	Dec-19		Not yet Started
14	20 BME role models trained as Trust Mentors	Diversity and Inclusion Lead	Apr-20		Not yet Started
15	Targeted approach to ensuring that BME employees participate in the Aspiring Directors Course	Diversity and Inclusion Lead	Apr-20		Not yet Started

16	Targeted approach to ensuring that BME employees are encouraged to participate in the MBA apprenticeship	Diversity and Inclusion Lead	Apr-20		Not yet Started
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