

Workforce Race Equality Standards Action Plan for 2018/2019



Contents

	Page
Summary	3
1.0 Employee Ethnicity in Workforce	4
1.1 Population Demographics	4
1.2 SWBH Workforce by Band (AfC and VSM)	5
1.3 Non-Clinical Workforce Analysis	6
1.4 Clinical Workforce Analysis	7
1.5 Action Plan – Delivered to date	8
1.6 Improvement Plan	8
2.0 Recruitment of BME Employees	10
2.1 Action Plan – Delivered to date	10
2.2 Improvement Plan	11
3.0 Formal Disciplinary Process	11
3.1 Action Plan – Delivered to Date	12
3.2 Improvement Plan	12
4.0 Training and CPD	12
4.1 Action Plan – Delivered to Date	12
4.2 Improvement Plan	13
5.0 Harassment, Bullying or Abuse from Patients	13
5.1 Action Plan – Delivered to Date	14
5.2 Improvement Plan	14
6.0 Harassment, Bullying or Abuse from Staff	15
6.1 Action Plan – Delivered to Date	15
6.2 Improvement Plan	15
7.0 Career Progression	16
7.1 Action Plan – Delivered to Date	16
7.2 Improvement Plan	16
8.0 Discrimination from Manager, team leader or colleague	17
8.1 Action Plan – Delivered to Date	17
8.2 Improvement Plan	17
9.0 Board membership	17
9.1 Action plan – Delivered to Date	18
9.2 Improvement Plan	18
10.0 Trust Action Plan 2018/19	19

Summary

This report contains information in relation to the SWBH 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 2017 and 2018 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.

Our Clinical and Non-clinical workforce for above Band 7 requires a greater focus with opportunities such as the Executive MBA (Level 7) Apprenticeship being available and our BME colleagues encouraged to complete and also through our internal talent management that we identify future aspiring BME directors and ensure they have the opportunity to attend the Aspiring Directors course

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 2017 and 2018. The data suggests an overall decrease of 0.86% for white employees from 2017 to 2018 and an overall increase of 1.37% in BME employees. The data for SWBH in 2018 reports both white and BME % below that of the local population, however 6.7% 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. The SWBH workforce data suggests that the proportion of white staff is below the local population by 1.9% and the proportion of BME staff is below the local population by 3.22%.

	2017	No of staff	%
SWBH	White	3863	56.48
	BME	2483	36.31
Total Workforce	Unknown	493	7.21

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

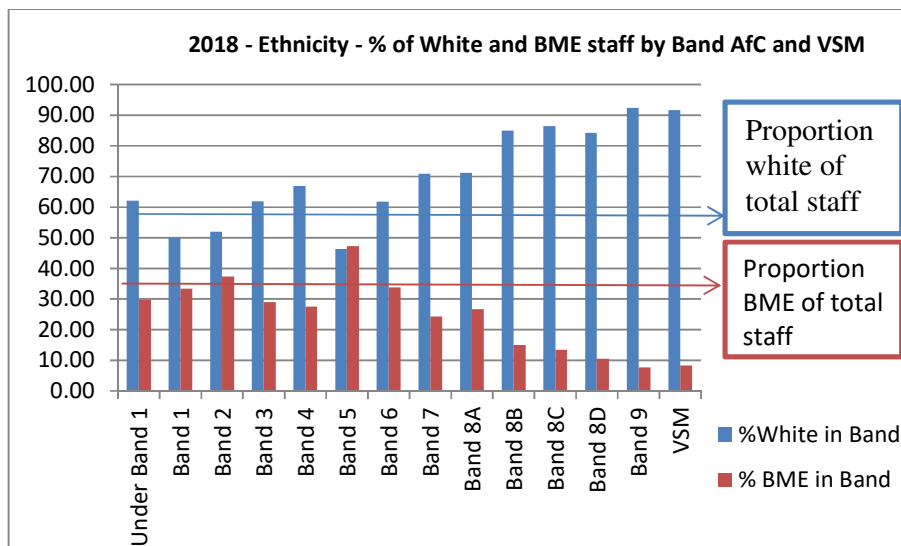
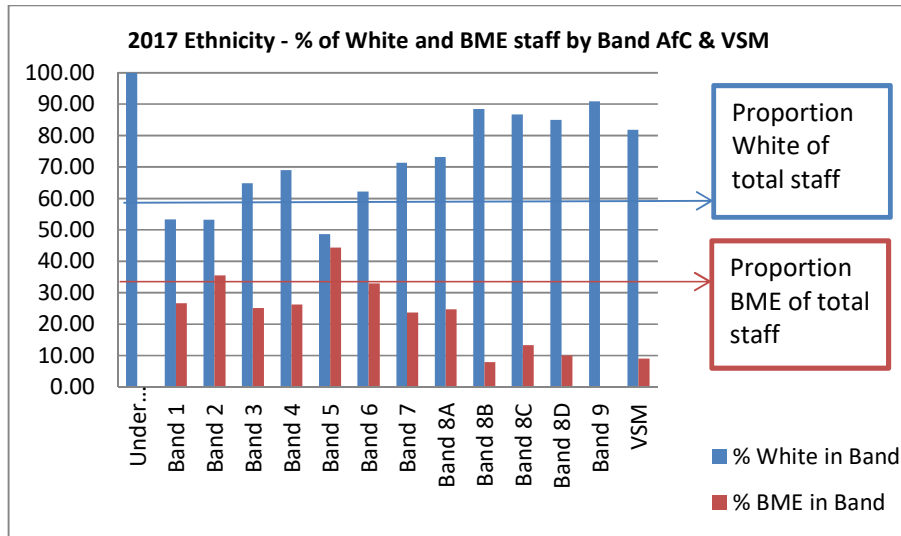
The SWBH Trust data demonstrates that the medical workforce is over-represented in % of BME employees and the Agenda for Change (AfC) pay bands and Very Senior Manager (VSM) employees are both under-represented in the % of BME employees of our Trust % employee total. The tables below demonstrate the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

	2017	No of staff	%
Medical Workforce	White	277	36.02
	BME	453	58.91
	Unknown	39	5.07
AfC and VSM Workforce	White	3586	59.08
	BME	2030	33.44
	Unknown	454	7.48

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

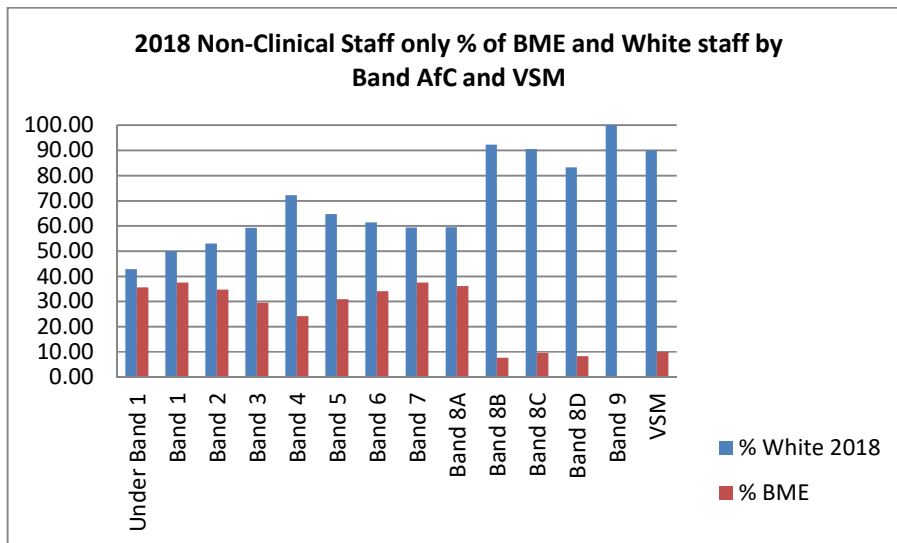
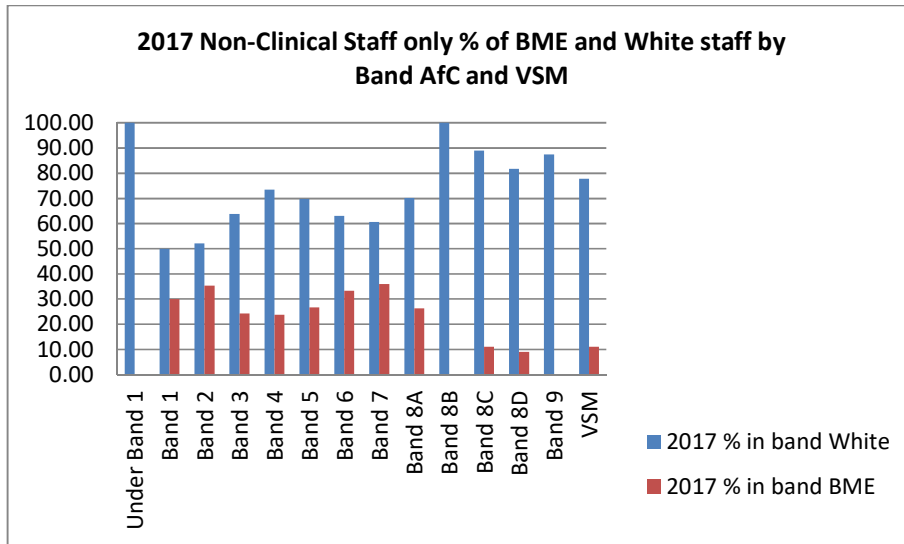
1.2 SWBH Workforce by Band

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 2017 the graph demonstrates a significant decline in number of BME employees above Band 6. This continues in 2018 with a slight improvement in Band 8B and Band 9 posts.



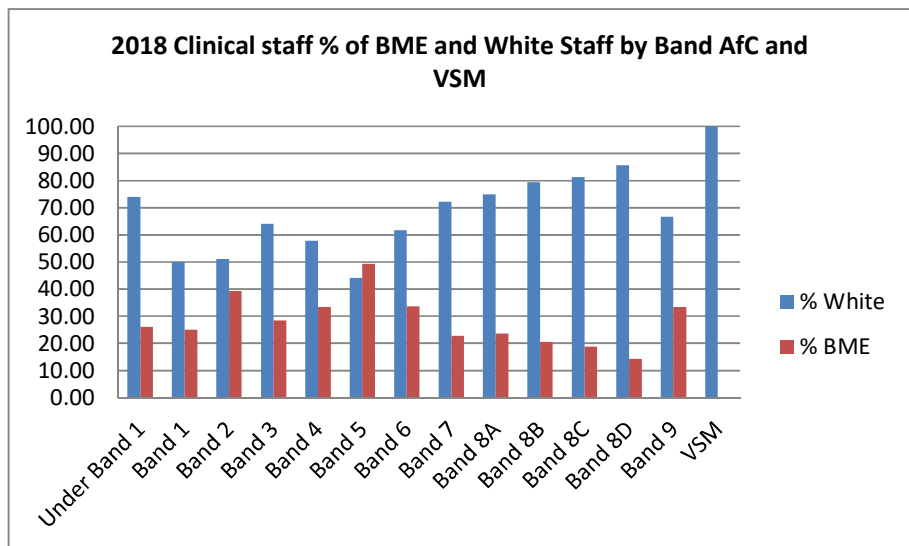
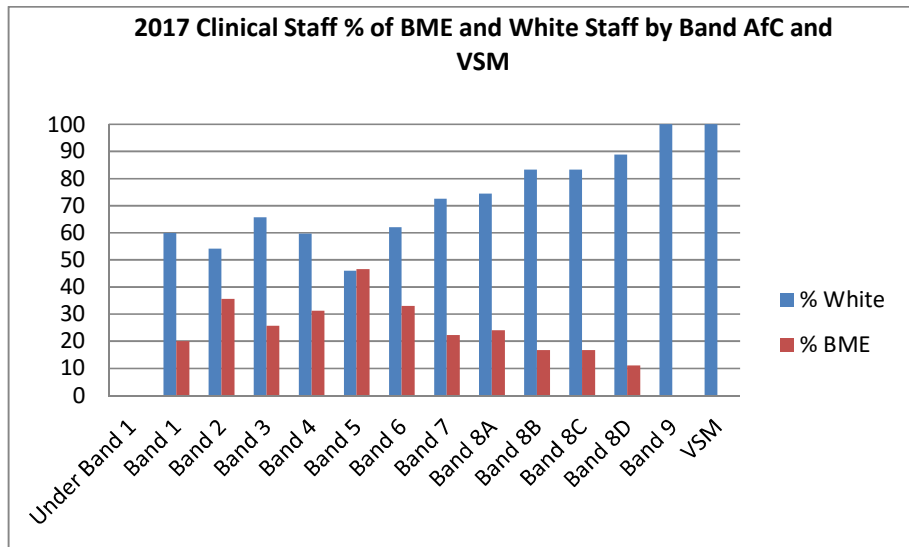
1.3 Our Non-clinical workforce

The graph below breaks down the above data into Clinical and Non-clinical employees. For Non-clinical employees the data in both 2017 and 2018 shows a significant change above Band 8A, however there is some pipeline to these posts in view of the % BME employees at Band 7 and 8A and work to deliver career progression with this cohort of employees is required.



1.4 Our Clinical Workforce

The Graphs below demonstrates the distribution of BME and White staff in Clinical roles for both 2017 and 2018. Although the distribution shows improvement at Band's 8D and 9 between 2017 and 2018, 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.

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 employee.

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.

1.6 Improvement Plan

Targeted Programme for Band 5 Nurse

Introduce 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.

Equality and Diversity Training

This training has been offered historically once at Induction for all new employees. The national recommendation is to increase the frequency of training to every 3 years which would see a large number of staff undertake the training in 2018/19.

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.

Extended role for BME panellists

At present BME panellists are able to attend interviews at their own band or below, however the proposal for 18/19 is that this is extended to enable BME employees to experience interviews for higher banded posts and also for posts that they may want to apply for in the future, this will aim to break down barriers and perceptions that a BME person will not be recruited

Mentoring and Coaching

The Trust is launching its Coaching and Mentoring programme this year 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 2017 and 2018

	2017	2018
White	2657	2435
BME	3159	2773

The table below demonstrates the number of candidates appointed by BME or White in both 2017 and 2018

	2017	2018
White	419	406
BME	358	325

Therefore in 2017 white candidates were 1.39 more likely to be appointed and in 2018 white candidates are 1.42 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

800 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. In addition to the implementation of BME Panellists, during 2018/19, BME panellists will be able to attend interviews for higher banded posts as well as those at their band and below.

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 2017/2018	% of total
White	31	73.81
BME	11	26.19

The data demonstrates the 26.19% of the total formal disciplinary processes are with BME employees and 73.81% of the total are with white employees. This data does not suggest that the Trust has an over-representation of BME colleagues within the formal disciplinary process.

3.1 Action taken – To Date

Review of Grievances

A review of formal grievances has taken place in 2018 which indicates 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 have 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 2018.

	White	BME
Total staff	3875	2623
Accessed training	690	291
% of total	17.81	11.09

*the data does not include the BME stepping up programme where 76 BME colleagues attended

If Stepping-up was included in the data the % of the total for BME would be 13.99% with a difference of 3.89% more employees of white origin receiving non-mandatory training than BME. The data also 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.

Retrospective review of training data

The training data by ethnicity is reviewed annually and highlighted some concerns in how our data is collected mainly that it excludes doctors and programmes delivered internally. A solution for a robust way of reporting this will be developed in 2018/19.

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

	2017	2018
White	26%	24.24%
BME	12%	32.14%

The above table shows a decrease of 1.76% for white staff experiencing bullying, harassment or abuse from patients, however shows a significant increase of 20.14% for BME staff members.

These results are taken from the Staff Survey and more work is required to understand the response rate for BME and whether the 20% is representative of a small or larger group, which will provide greater insight and enable more targeted solutions.

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.

New Role – Head of Diversity and Inclusion

The creation of a new role which in part promotes inclusion and encourages all staff to speak up and report incidents and concerns may have had an impact on reported from under-represented groups.

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.

	2017	2018
White	22%	25.40%
BME	19%	21.82%

The table above demonstrates a 3.4% increase for white employees experiencing harassment, bullying or abuse and an increase of 2.82% 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 in early 2018. 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 will be issued to every member of staff in October 2018 with their monthly payslip. This will ensure that awareness across the organisation is heightened and that staff are aware of options of dealing with this.

Focus Groups

The Trust will run a set of focus groups to improve the understanding of the data and bring together a set of actions to reduce the bullying, harassment and abuse that employees are experiencing from other members of staff.

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).

	2017	2018
White	85%	87.10%
BME	84%	72.20%

The data demonstrates a decrease of 11.8% 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.

Use 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.

	2017	2018
White	5%	8.96%
BME	7%	5.08%

The data shows an increase of 3.96% for employees who are White receiving discrimination from a Manager or colleague but a decrease of 1.92% 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 or 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	2017	2018
White	75%	78.60%
BME	17%	21.40%

Executive	2017	2018
White	80%	85.70%
BME	10%	14.30%

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

The data shows an increase 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: October 2018						
No	WRES Action point	Action	Who	Date	Status	Comments
1	1 & 4	Band 5 Nurse Team Leader Apprenticeship Delivered to 12 BME colleagues in 2018/19 and 19/20	Head of Diversity and Inclusion	Nov-18	Not yet Started	
2	1	Equality and Diversity Training undertaken every 3 years	Head of Diversity and Inclusion	Apr-19	Not yet Started	
3	1	Stepping-Up Cohort targeted to B5 Nurses - 20 BME Nurses on Stepping Up in 2018/19	Head of Diversity and Inclusion	Feb-19	Not yet Started	
4	1	Career progression for those who have attended Stepping-up is tracked	Head of Diversity and Inclusion	Nov-18	Not yet Started	
5	1	BME Panellists to attend interview panels for interviews for higher Band roles	Head of Diversity and Inclusion	Nov-18	Not yet Started	
6	1	Coaching and Mentoring available to BME employees, in particular to support career progression	Deputy Director OD & Learning	Nov-18	Not yet Started	
7	1	Further data analysis: by sub-group of BME to identify any trends	Head of Diversity and	Dec-18	Not yet Started	

		by Clinical Group/Directorate/Job Role to identify trends	Inclusion			
8	1 & 8	Organisation learning: QIHD - sharing stats and understanding	Head of Diversity and Inclusion	Apr-19	Not yet Started	
9	2	Job adverts to include welcoming applications from under-represented groups	Head of Diversity and Inclusion	Dec-18	Not yet Started	
10	2	BME Panellists to give qualitative feedback on interview process and identify improvements	Head of Diversity and Inclusion	Dec-18	Not yet Started	
11	3	Mediation Service to be formalised to provide an alternative to grievance in first instance	Deputy Director of Workforce	Apr-19	Not yet Started	
12	4	Prospective training budget allocation analysis and action taken to assess whether representative of Trust ethnicity profile and if not to take appropriate action	Deputy Director OD & Learning	Jun-19	Not yet Started	
13	4	BME Network to Promote Maths/English and ICT opportunities	Head of Diversity and Inclusion	Oct-18	Completed	
14	5 & 6	Data Analysis: Completion rates for BME staff	Head of Diversity and	Dec-18	Not yet Started	

		Breakdown by area - does that show any trends	Inclusion			
15	5	Undertake analysis of information available on Safeguard for reports fo V&A, any trends and subsequent actions	Head of Diversity and Inclusion	Dec-18	Not yet Started	
16	5	Trust Signage for areas of high V&A re: Zero Tolerance assess: Is signage present Is signage effective Action required (additional/alternative signage)	Head of Diversity and Inclusion	Jan-19	Not yet Started	
17	5	Review Red Card Process	Head of Diversity and Inclusion	Apr-19	Not yet Started	
18	6	Every staff member to receive a Bullying and Harassment leaflet in October 2018	Deputy Director OD & Learning	Oct-18	In Progress	
19	6, 7 & 8	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	Deputy Director OD & Learning	Dec-18	Not yet Started	

20	7	20 BME role models trained as Trust Mentors	Deputy Director OD & Learning	Dec-18	Not yet Started	
21	9	Targeted approach to ensuring that BME employees participate in the Aspiring Directors Course	Head of Diversity and Inclusion	Apr-19	Not yet Started	
22	9	Targeted approach to ensuring that BME employees participate in the MBA apprenticeship	Head of Diversity and Inclusion	Apr-19	Not yet Started	