The Tavistock and Portman **NHS**

NHS Foundation Trust

Board of Director : 26 July 2016

Item : 17

Title : Workforce Race Equality Standard - 2016

Summary :

The NHS Equality and Diversity Council announced on July 31 2014 that it had agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Trusts were required to submit a set of baseline data in 2015, set an action plan and then review progress a year later. This paper sets out our assessment against a number of assessment areas, details our current workforce statistics and provides a follow on action plan.

For : Discussion & Agreement

From : Craig de Sousa, Director of Human Resources & Louise Lyon, Director of Quality and Patient Experience

Workforce Race Equality Standard
July 2016

Name of Provider Organisation	Date of Report
The Tavistock and Portman NHS Foundation Trust	July 2016

Name and title of Board lead for the Workforce Race Equality Standard
Louise Lyon, Director of Quality and Patient Experience

Name and contact details of manager responsible for compiling this report
Carol Yorrick , HR Business Partner

Name of Commissioners to whom this report has been sent

Name and contact details of coordination Commissioner to whom this report has been sent
N/A

URL Link to this report
https://tavistockandportman.nhs.uk/about-us/who-we-are/equalities/

Report signed off by (on behalf of the Board)	Date
Louise Lyon, Director of Quality and Patient Experience	26 July 2016

Report on the WRES Indicators

1. Background Narrative

a. Issues relating to completeness of data

The trust has been able to fulfill the majority of data requirement to meet the WRES. The one area where we can not, yet, provide data is around training and the number of staff applying for non-mandatory continuing professional development.

b. Issues relating to reliability of comparisons

None to report.

2. Staff Numbers

a. Total number of staff employed within the organisation at the date of the report

612

b. Proportion of BME staff employed within the organisation at the date of the report

26% of our workforce are from a BME background

Report on the WRES Indicators continued

3. Self-reporting

a. The proportion of total staff who have self-reported their ethnicity

98.02% of our permanent workforce have self reported their ethnicity.

b. Steps taken in the last reporting period to improve the level of self-reporting by ethnicity

The current level is very good and we feel that our systems for capturing ethnic details are robust.

c. Steps planned during the current reporting period to improve the level of self-reporting by ethnicity

In Q4 of 2016/17 we are likely to start implementing ESR self service which will give staff the opportunity to quality check their own record and make amendments to their diversity data.

4. Workforce Data

a. Period to which the organisation's workforce data refers

31 March 2016

Report on the WRES Indicators continued

5. Workforce Race Equality Indicators

Indicator		Data for the reporting year 2014-15	Data for the previous year 2015-16	Narrative: The implications of the data and any additional background explanatory narrative	Action taken and planned, including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality objective
For each of these four workforce indicators, the Standard compares the metrics for White and BME staff					
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	23% of our workforce are from a BME background See appended data sheet for further details	26% of our workforce are from a BME background See appended data sheet for further details	There is a small positive shift in our workforce statistics, however, it is acknowledged that there is more work to do to can our workforce grade mix.	The change is likely to be reflective from a range of training interventions, awareness raising and also the implementation of senior HR staff participating on selection processes for posts graded 8 and above.
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	White: 70.1% BME: 27% *Data reported in previous WRES*	White staff are more likely to be appointed than BME staff. See data sheet for further details	There remains a gap between the likelihood of BME staff being appointed compared to white staff.	Since March 2016, senior HR professionals have started participating on selection panels for posts graded Band 8 and above. Their role is to provide challenge bias that may emerge and support managers to make robust and well evidenced appointment decisions.
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of	No data to report	Disciplinary action has occurred in this year,	The Trust is small and sees very little employee relations activity. That said, where disciplinary action has taken place the data suggests that	The Trust's disciplinary policy has been amended in 2016 to incorporate actions which should be taken if an allegation is unfounded. The revised policy ensures

5. Workforce Race Equality Indicators

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	White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.			against white staff, not BME. See data sheet for statistics		white staff are more likely to be involved in formal action.	that if a member of staff is wrongly accused then they receive an apology and agree the best way to share a broader message, if it is needed.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	No data to report		No data to report		The trust currently uses a manual system for recording training. As a result it is not possible to report on CPD uptake by protected characteristics.	The trust will be implementing Oracle Learning Manager (OLM) in Q3 and Q4 which will address this reporting gap.
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	16	White	19	Statistically the change is small from the previous year. Based on the size of the organisation the number of staff experiencing bullying and harassment remains a concern and action is being taken to provide more support and reporting mechanisms.	When the latest staff survey results were released we tasked managers to use directorate level results to explore themes and developed localised action plans. We will continue to build on this approach and ensure that diversity and inclusion themes are explored with support from senior HR staff.
		BME	12	BME	18		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	19	White	17	Compared to previous years there has been some positive improvements and unlike the rest of London our BME staff are less likely to experience bullying and	We have been taking a number of actions to address this issue including revising the bullying and harassment policy, promoting the range of methods to report concerns and also introducing
		BME	17	BME	11		

5.   Workforce Race Equality Indicators

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						harassment.	a confidential helpline for staff to seek confidential advice from.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White	88	White	89	This area has worsened and we have been taking a number of steps to change this position.	We will continue to ask senior HR professionals to sit on interview panels to add the appropriate level of challenge. We will also be implementing coaching / mentoring for BME staff to support them in seeking promotional opportunities. In addition to the above we will also be commissioning unconscious bias training for managers.
		BME	70	BME	61		
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	White	7	White	6	There has been some positive shift changes in this indicator.	It is important we continue to build on this work and throughout the next year we will be implementing a range of initiatives and management development programmes to equip managers with the skills to lead their services and develop their staff.
		BME	12	BME	5		
	Boards are expected to be broadly representative of the population they serve						

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9	Percentage difference between the organisations' Board voting membership and its overall workforce.	10 of our voting board members are from a white background and 1 is from a BME background	10 of our voting board members are from a white background and 1 is from a BME background		In 2015/16 we have sought to recruit to 2 executive positions and 1 non-executive director position. Throughout the search we have made clear our desire to encourage applicants from BME backgrounds. During selection processes the Director of HR sits on the panel and ensures that participants make considerations of any bias they may hold about BME candidates.

6.   Are there any factors or data which should be taken into consideration in assessing progress?
Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Coordinating Commissioner or by regulators when inspecting against the 'Well Led' domain.

We have a well established approach to managing diversity and inclusion at the Tavistock and Portman and whilst we have a number of good foundations we are keen not to be complacent in our approach. In the last year we have listened very carefully to staff and started a number of pieces of work to improve access of opportunity and career development.

7.   If the organisation has a more detailed plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link. Such a plan would normally elaborate on the steps summarised in section 5 above, setting out the next steps with milestones for expected progress against metrics. It may also identify the links with other work streams agreed at Board level, such as EDS2.

The action plan is detailed below.

Workforce Race Equality Standard
Action Plan – 2016/17

Theme	Action Required	Responsible	By When
Staff believing that the organisation provides equal opportunities for promotion / progression	Develop and implement a coaching / mentoring scheme to support BME staff gain confidence and skills to apply for internal opportunities.	HR Business Partner	October 2016
	Evaluate the impact of having senior HR professionals on selection panels.	HR Business Partner	October 2016
	Commission unconscious bias training for managers involved in recruitment and selection.	Director of Quality and Patient Experience	September – November 2016
	Ensure that unconscious bias training features in our new management and leadership development programme.	Director of Human Resources	January - March 2017
Access to non-mandatory continuing professional development	Undertake a review of the appraisal process including the effectiveness of the training needs analysis	Organisational Development Consultant	September 2016
	Implement the Oracle Learning Manager system for all mandatory and non-mandatory training	HR & Staff Development Manager	October 2016 – March 2017