

# Race Equality Strategy 2017-2020

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# Race Equality Strategy 2017-2020

## Introduction

It has become apparent over many years that within the NHS black, Asian and minority ethnic (BAME) staff groups, staff continue to face discrimination and often are not able to break through the glass ceiling in reaching their full potential.

Discrimination on the basis of ethnicity is widespread within the NHS (West et al 2015) with black staff groups being the most likely to experience discrimination. Every organisation, at multiple levels, has noted this and our organisation is no exception.



## Background

Over consecutive years, both anecdotally and through anonymous surveys, it has been shown that staff in our organisation have experienced discrimination, been bullied and feel our approaches to development and progression are not fair.

The statistics from the recent staff survey specifically focusing on the experiences of BAME staff are shown below:

KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	22%
		BME	18%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	22%
		BME	27%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91%
		BME	45%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	7%
		BME	22%

These statistics are disappointing and provide a clear call to action, and as an organisation, we make a firm commitment to changing them.

There is an overriding ethical case for addressing inequality in our organisation. In addition there is increasing evidence for the benefits for an organisation in promoting equality, diversity and inclusion. Diverse and inclusive organisations are more creative, productive and successful. Fair, respectful, non-discriminatory treatment of staff leads to better, more compassionate patient care in NHS organisations.

We deliver many of our clinical services and education programmes across a number of diverse communities on many sites in London and elsewhere, yet the profile of our leadership, clinical and teaching staff does not mirror the service users and students we serve. This may mean that we are less effective in helping certain communities through our clinical services and less capable of training the workforce for the future of our increasingly diverse communities. We can all benefit from a more inclusive organisation and we can all play our part in working towards this.

We recognise that strategic documents are good at detailing our intent, but it is our actions that speak volumes and really make cultural change happen. Hence we are setting this three year rolling strategy with annual reviews. Throughout the lifetime of this strategy we will commit to taking a number of actions that are intended to change our organisational culture, eradicate workplace discrimination and keep these under regular review.

We can learn from organisations which have successfully tackled racial discrimination. These lessons include the importance of robust leadership practice; investing in development for staff across all levels of an organisation; and most importantly for our most junior staff who will be our future leaders; setting out a clear plan of action; producing data to measure change and stories to demonstrate progress; and clear accountability for putting plans in place and revising those plans where they are failing to achieve our aims.

The voice of BAME staff is crucial to setting out the areas to address. In many organisations a formal and fully supported and resourced BAME network has been effective in providing a safe forum for discussion, raising issues and holding the organisation to account for delivery of an effective strategy. We already have an informal network within the Trust and staff support for setting up a formal network with clear lines of authority, drawing on examples from other organisations. However, it



should be clear that the strategy can only be truly effective if those currently in leadership positions at every level, predominantly white staff, accept and act on the need for change. In order to promote ownership and engagement with the strategy across the Trust, the draft strategy will be discussed at management meetings in all directorates and in the clinical disciplines through their discipline meetings or other means of promoting consultation and discussion.

Majority white staff have an important role to play in recognising their role in perpetuating as well as eliminating discrimination by challenging inappropriate behaviour. As West et al (2015) point out, whilst we have moved away from overt expressions of discrimination, subtler forms remain which require recognition and challenge.

## Aims

Our aim is to end racial discrimination at the Tavistock and Portman and to do all we can to ensure that all staff are confident that they are valued, that they will be treated fairly and supported to fulfil their potential. Furthermore, as a respected teaching organisation we have a major responsibility to ensure that our students no matter what their background, race, ethnicity, nationality or culture do not face discrimination.

One of the four main themes of our organisational development and people strategy, approved by the Board in April 2017, is respecting, developing and supporting our diverse workforce. The race equality strategy amplifies but does not replace this strategy which was in turn developed through wide consultation with staff and other stakeholders.

This strategy focusses on race equality in our workforce and sets out the steps required to develop a strategy for our education and training services and briefly outlines our approach to equality, diversity and inclusion in our clinical services. More detailed strategies for education and training and clinical services will follow. All three areas, workforce, education and training and clinical services, are closely linked and progress in each will be dependent on the others. A more diverse and fairly treated workforce will enhance our clinical work, our research and our education, training and consultancy services. Our specific approach to training relies on clinician trainers and therefore progress in race equality for all staff will impact positively in all key service areas.

The board of directors and the management team are entirely committed to supporting our race equality strategy to put right the historic experience of discrimination and inequality. As an NHS organisation it is our duty to do so and we will be held to account externally. Both the public sector equality duty (PSED) and the workforce race equality standard (WRES) are publicly reported and our performance contributes to the Care Quality Commission's assessment of our achievement of the well-led standard.

Over the three year (2017-2020) life time of this strategy we aim:

- to achieve a reduction in bullying and harassment which places the Trust in the top ten NHS organisations as measured by staff survey results
- to achieve an equal proportion of staff appointed following shortlisting for BAME and white staff across all bands
- to achieve an improved level of confidence amongst BAME staff that all staff will be treated fairly, measured through the staff survey
- to achieve a high level of confidence that all staff, irrespective of grade, will have access to training and development opportunities, measured through the staff survey
- we will invest in developing our more junior staff by determining their needs through robust appraisals, reviewing personal development plans (PDPs), feedback from ongoing discussions and commissioning education and training which will create our future leaders. Each year we will audit our PDPs across all staff levels to ensure that agreed development is implemented and track progress through the annual NHS staff survey
- to increase the proportion of BAME staff in 8a posts and above, to be one of the ten most representative Trusts in London
- to increase BAME representation in both executive director and non-executive director roles on the board of directors to be proportionate and representative
- to collect and report on data to identify areas where change is required and/or where it has been achieved. This means having more detailed information available about each area of the Trust and involving each discipline and profession in reporting on the profile of their discipline or profession and any barriers to race equality specific to these areas

Each of these aims should be achieved within the three year life of the strategy and all have been designed to be measurable so that we can see if we are making adequate progress. The table in section 8 sets out how the actions proposed within this strategy link with the aims. Further work will be required to translate this into a detailed action plan with clear accountability, responsibility, milestones and to establish the most effective ways of communicating progress throughout the Trust.

## Putting our plans into practice and holding to account

Putting our plans in place requires clear leadership at all levels including the board, the management team, and all those who are in line management positions. Each manager will have agreed objectives to support the race equality strategy. They will be supported by appropriate training, mentoring and coaching as part of the overall organisational development and people strategy.

### Using reflective practice to inform and support the actions we take

Our strategy recognises that we need to foster cultural change to ensure that we achieve our aims. To support this we will commission a number of Thinking Space events to address the difficult aspects of our culture in relation to race. Bringing awareness of discrimination to the fore is recognised as potentially uncomfortable for everyone for different reasons.

We will encourage and support all staff take the opportunity to attend these Everyone, white and BAME, at every seniority, will have something to something to discover through these exploratory events.



members to events. level of contribute and thoughtfully-led

As an organisation there is much that we in terms of our commitment to our work

and social care and to our compassionate and thoughtful approaches. We may use these commonalities to support us as we explore painful areas of difference and unfairness.

hold in common in mental health

We will find ways of using what we know but do not fully acknowledge within our organisation. For example our regular group relations events frequently bring to the fore issues relating to race but this potentially powerful knowledge and reflection on how it affects us all does not effectively find its way into the thinking within the wider organisation.



## External critical friends

In addition to our board level race equality strategy sponsor we will engage an external sponsor as a critical friend to help us maintain focus and to bring in an external view. We will also invite external speakers to help us recognise and think through issues. We will arrange regular events, with external and internal contributors, aimed at encouraging joint ownership of our strategy and a positive experience of working together.

## Measuring progress and sharing our journey

Overall progress on implementing the race equality strategy will be reported to the equality, diversity and inclusion (EDI) committee on which both our race equality strategy board champion and the Trust chair sits. The chair of the EDI committee, the director of quality and patient experience, is also board member and will keep the board informed of progress.



It is important that both formal and informal channels of communication remain open between staff as well as between staff and the management team and board of directors. As we put our plans in place, we may discover better ways of supporting progress, or staff may feel enabled to speak up about areas for change which are not yet addressed in the current strategy. Communication may take place through many channels including the proposed race diversity champion and the continued meetings of BAME staff with the chief executive and the Trust chair.

## Respecting, developing and supporting our diverse workforce

This section sets out the actions we will take in support of our workforce.

### Providing visible and authentic leadership

In recent months we have reflected carefully about what we have done in the past and what more we need to do. We recently revised our terms of reference for what was once the equalities committee and broadened its title to be the equality, diversity and inclusion committee. With that change we also reviewed the membership and our Trust chair has now joined this important committee to demonstrate the board's commitment to this agenda.

In addition to the above both the chair and chief executive have established a BAME network meeting where staff can come and share their experiences and help shape where we should be focusing our attention. This strategy was informed by the contributions and has helped us set what we should prioritise in the short, medium and long term.

### Having difficult conversations

We recognise that tackling discrimination is not easy and often there are many layers to how it manifests in organisations. What we are clear about, though, is that discrimination is unacceptable in whatever shape or form it takes. As an organisation we make a strong and firm commitment that we will not shy away from having difficult conversations about what is less positive about working in our organisation and that we will take steps to address inappropriate behaviour.

The Trust has many well worded policies and procedures but often using formal channels to get a resolution when discrimination manifests is daunting for a member of staff, and often results in a more destructive outcome than intended. We commit to developing ways in which staff can speak, confidentially, about behaviour they feel is inappropriate and that managers are empowered to take action that stops it.

**Action:** *We will look at methods in addition to those resources already available by identifying a number of people in our organisation who can listen to staff and help them address concerns or inappropriate behaviour.*

Where there are themes of inappropriate behaviour alleged against one member of staff, irrespective of their actual or perceived seniority, we will support managers to have a difficult conversation, and support an individual to improve whilst being clear that if the issues continue then we will take action.

## Developing cultural intelligence

We live in a diverse society and being placed in the capital our workforce is made up by a wealth of different cultures, nationalities and ethnic backgrounds. We will commit to widening our understanding of the differences amongst different cultures to facilitate better conversations about how we best work together and ensure that we embrace the benefit that diversity can bring to our organisation.



Research has shown that whilst an organisation is made up by diverse people we often expect staff to behave like a white British person and when they do not they can begin to be treated differently or with animosity. Examples can include that some cultures are perceived to be overly direct in their communication and can be perceived to lack empathy or appear to be confrontational. This can result in them being spoken down to, being made to feel they are not respected or them being

excluded. Likewise, white British cultures often take a more circumspect approach to difficult situations and where they are unclear about cultural difference they avoid talking about the challenge and opt to distance themselves so as not to create conflict. This in turn can be perceived as being duplicitous or excluding people from different backgrounds.

**Action:** *We will develop training for managers and staff in how to recognise differences and adapt working styles to address potential for work place inequality drawing on insights from the theory of cultural intelligence.*

We will embed all learning in to our induction, appraisal, mandatory training and leadership development programmes. Training will only go so far, though, and our intention is to make this agenda a living conversation where staff feel free to talk about cultural difference and engage in meaningful dialogue about how diverse teams best work together.

## Recruiting a race diversity champion

There are a number of best practice examples from our NHS neighbours of where taking proactive action to address discrimination has worked well. Having spoken to other organisations we have learned that seeking out willing and capable individuals who can champion our work and also help us to understand what our staff need often results in making change happen effectively.

We have already started to recruit equality champions to our clinical teams and now plan to extend



this to our training portfolios to ensure that in our clinical and training services there are staff members authorised to raise issues of equality, diversity and inclusion particularly as they relate to the services they deliver. In addition staff not in clinical or education and training directorates may also wish to nominate equality champions.

The above said, we know we need to do more and we will create a role within the organisation that has a specific focus on progressing race equality across our workforce. We will appoint a

race diversity champion to engage with staff, share feedback and ensure we follow through on the actions we set in this strategy to change culture.

**Action:** *We will appoint a race diversity champion with protected time to work with the EDI committee. A comprehensive role specification will be developed and expressions of interest will be invited from across the Trust. The post-holder will be provided with training for the role.*

The post holder will report directly to the chair of the EDI committee and will have direct access to the board of directors through the board sponsor for our race equality strategy. The race diversity champion will work with the existing EDI leads in our clinical directorates and the department of education and training, and will open up clear channels of communication with the clinical team and portfolio level champions so as to provide support and guidance to help normalise discussions of the relevant issues.

It is also recognised that not all staff feel comfortable sharing their experiences in a committee or to a more senior manager in the organisation. The race diversity champion will need to be an individual staff can relate to, and also feel that their suggestions or concerns will be taken seriously and given the support to seek resolution, where this is needed.

## Improving fairness in recruitment and promotion

Our statistics have proven that fewer BAME staff are successful at interview and to address this we enforced that all posts graded band 8 and above should have an HR business partner on the appointment panel to challenge interviewers where potential unconscious bias may arise. For the most senior posts in the organisation our HR director fulfils this role. We know that this has had some small impact in the first year and we have seen an increase in our BAME staff in higher graded roles, but we do also need to focus on positions in the lower tiers of the organisation. We commit to replicating the approach we have adopted for senior roles and apply this to more junior posts in our organisation.

We do know, however, is that there are more deep rooted issues about recruitment practice in the organisation.

- The first being that staff from minority backgrounds have lacked investment in their own career development skills and some lack the confidence to apply for promotional opportunities. In March 2017 we held a well-reviewed half day seminar on career skills and personal impact, and this was just the start of our developmental offerings. Over the lifetime of this strategy we will ensure that we commission further, more focused, programmes and embed coaching in to our everyday practice.
- In addition to the above we want to ensure that if we invest in staff to undertake development programmes that they should be the first to be able to access promotional or secondment opportunities. To do this we will ensure that we robustly track participants on management and leadership programmes and ensure that they get the first opportunity to apply for progression in our organisation.
- We will ensure that leaders and line managers at all levels of the organisation are tasked with clear objectives in relation to the achievement of the aims of our race equality strategy.

Our objective through this work is to ensure staff, regardless of their race, have the same recruitment and promotional experience and that they are assessed on merit and potential.

**Action:** *To support managers at each level, training will be provided which will address issues such as fair recruitment, how to support staff development, address performance, tackle inappropriate behaviour and address the impact of unconscious bias in the manager and amongst those managed.*

## Developing and supporting our diverse staff

Over the last twelve months we have taken a much more strategic approach to personal, management and leadership development. However, historically we have lacked robust data to evidence who is accessing our development opportunities, where in the organisation they are and how this links to their personal and professional progression.

In 2016/17 we launched our first internal leadership development programme which has seen 20 participants from a range of backgrounds start a leadership journey to build the skills to be an effective leader, understand their personal impact, how they lead within their team, and their leadership role across the organisation and in the wider healthcare system. We will continue to offer these opportunities and flex the content to ensure it remains relevant to our organisational priorities and that it is fully inclusive.

We also recognise that developing future leaders starts early in a person's career and that we need to focus greater attention on developing programmes that support our more junior staff to develop in their roles and throughout their career.

Staff, mainly our more junior staff, have also explained to us that they need encouragement from their line manager to apply for development programmes. Through this strategy we actively advertise our development programmes to senior managers and ensure that they encourage applications from BAME staff.

**Action:** *We will commit to implementing robust and formalised non-mandatory training data collection and reporting on this through the Workforce Race Equality Standard (WRES).*

## Reporting and sharing progress

We have heard that often messages do not cascade well within the organisation and that often some of the good work that we do does not reach staff working in operational roles. The Trust's new intranet will provide one vehicle for sharing messages and the work that we do. We will consider carefully how we communicate important messages, for example through making sure that they find their way in to a team meeting, or in a way that works best.

In addition we shall utilise a number of corporate publications such as our annual integrated equality, diversity and inclusion report, published every January, which draws together data about our service users, staff and students and reflects on what we have done in the previous year and progress against our priorities.

In addition there is the WRES report that we share with staff towards the end of every July which gives a specific focus on what we have done to address inequality for our BAME staff.

## Partnership working

We have a long history of working in partnership with our trade unions through the Joint Staff Consultative Committee (JSCC). Recognising their importance they are members on a number of committees including the Equality, Diversity and Inclusion Committee and its sub-groups.

Union representatives are crucial to ensuring that workers are involved in the development of policy and strategy. Traditionally, BAME staff join trade unions because they feel that they are more likely to be better protected and listened to when they raise a concern. The Staff Side chair meets regularly with the director of human resources, with HR senior managers, with the freedom to speak up guardian as well as less regularly with the chief executive, Trust chair, other directors and senior managers.

Good, effective and transparent partnership working and consultation can ensure that the Trust is alerted to any areas across the organisation where engagement or communication could be more effective and which can further improve equality of access, experience, opportunity and wellbeing for those working in all of our services.

***Action:** to promote diversity and inclusion across all areas of our working experience by promoting and further developing good partnership working and consultation between the Trust and the trade unions around race equality.*

### Exit interviews

We have a lot of data about the number of staff who chose to leave our organisation but we do not have any formal mechanisms to get feedback about why. To address this we will develop a process where staff can feedback on their experience of working at the Trust and what led to them to leave.

***Action:** the director of human resources will lead the development of an exit questionnaire / interview process.*

## Developing a race equality strategy in education and training

Education and training of students and staff is one of the Trust's key responsibilities and we take this extremely seriously. We need to ensure that BAME students get the best experience that helps them reach their full potential and help them succeed in their future career endeavours.

### Context

This section of the strategy sets out the areas on which the department of education and training (DET) propose to focus, and the process through which DET will develop its strategy.



DET has a key role to play in training future care professionals, clinicians, researchers and leaders in the NHS, social care and education and training. It therefore has an important role to play not only within our organisation but in contributing to ensuring that the future system wide workforce is capable and confident in handling issues of race and difference wherever they work.

Work is underway in DET to contribute to the development of an overarching race equality strategy for the Trust.

Currently we are engaged in a scoping exercise including:

- meetings with BAME staff in faculty to understand developments in DET, specific issues and concerns, areas of good practice, and recommendations of focus areas to make the most impact
- development and completion of an equalities questionnaire for students. A decision was taken to launch this survey after the completion of the internal student survey (June 2017) so that it could be given sole focus
- review of regular course evaluation feedback to gain information about how students and trainees experience the Trust
- literature review to contribute to setting standards and identifying good practice where it exists in similar organisations in the Higher Education sector
- review of relevant policy documents and sector thought leadership.



## Areas of focus

There are a number of clear areas under consideration, including:

- access to training for students from minority backgrounds.
- the extent to which race and culture is addressed in the curriculum.
- the broader experience for BAME students while studying on our programmes and the support available for them.
- the diversity of our own staff group.

## Background: studies on BAME students in higher education

In a study by the National Union of Students (n938) the student perceptions of the BAME student participants were that BAME students are not getting an education equal to that of their white peers. The data suggests that BAME students are not satisfied with their learning environment and that inequalities are perpetuated by institutional practices. The data identified a complex interplay between previous educational experiences, wider societal factors, and the higher education experience of BAME students.

A recurring theme in many studies is the lack of support and isolation many BAME students feel. Research into the achievement and retention of BAME students found a lack of staff support and isolation due to a lack of cultural diversity (including lack of BAME staff as role models and mentors) and opportunities to integrate with other students.



## Current profile of our students

There are six courses at the Trust where BAME students represent half the students on the course. In 15 courses they represent one third of the students. A single summary chart of self-declared ethnicity of students by portfolio can be found in appendix A (Please note these figures are approximations as the question about ethnicity is optional). More detailed intelligence is available although this can be difficult to display readily in graphic form.

A breakdown of the BAME backgrounds of students:

Classification	Population by number
Asian or Asian British – Pakistani	9
Asian or Asian British - Bangladeshi	8
Asian or Asian British - Indian	27
Black or Black British - African	44
Black or Black British – Caribbean	48
Chinese	19
Mixed White/Asian	15
Mixed White/African	8
Mixed White/Black Caribbean	11
Other Asian	20
Other Black	4
Other ethnic background	38
Other mixed background	33
White	898
	1182

Proportion of ethnicities by percentage among students

Classification	Population by %
Asian/mixed Asian	6.7%
African/mixed African	4.4%
Caribbean/mixed Caribbean	5%
Chinese	1.6%
White	76%

This data does not include those students/participants engaged in short courses.

## Examples of initiatives in comparable higher education institutions

King's College London, which has the Institute of Psychiatry, Psychology and Neuroscience, has an intention to provide 'unconscious bias training' as part of their priority to have all staff trained.

The race equality charter mark is an initiative run by the Equality Challenge Unit, which aims to inspire a strategic approach to making cultural and systemic changes that will make a real difference to minority ethnic staff and students. It covers professional and support staff, academic staff, student attainment, diversity of the curriculum and progression of students into academia. King's College were one of only eight institutions that achieved the bronze award.

At University College London, the 'equality, diversity and inclusion strategy 2015-2020' aims to reduce the student attainment gap, increase student applications, and enrolment, especially from under-represented BAME backgrounds. The aim is to achieve a 5% increase in the diversity of senior staff by 2019.

In its 'equality and diversity objectives 2014-2016' Imperial College London has a diversity specific network for race equality – 'Imperial As One' – whose members are represented on the overarching equality and diversity Committee. Members are consulted and the provost's board has executive sponsors, one of whom is a champion of race equality.

## Initial themes for DET

### *Data*

The BAME average representation in higher education in 2015-6 is 22.3%. On Tavistock and Portman NHS FT courses it is 25%. The proportion of BAME students is, therefore, in line with national trends. However, this comparison needs to be viewed with caution, and interrogated more robustly going forward. For one, the figures might include undergraduate recruitment.

We also know there is a particular issue with regard to significant under-representation of BAME professionals working in the professions in general. Certain programmes of ours recruit a very diverse group of students, while others less so. Within the core mental health and social care professions there are differential rates of BAME students accessing qualifying professional training. We deliver training to professional qualification in some core disciplines but not all, although we deliver post-graduate training to the majority through our multi-disciplinary post qualification programmes and CPD. The Trust-wide heads of clinical disciplines will have a role in advising on how best to achieve impact in their disciplines which will in most cases involve linking with wider professional bodies and their initiatives in relation to race equality.

### *Complexity*

It is clear that this is a complex area. From the staff discussions so far, it is clear that efforts have been made to address issues here, notably with the employment of race consultants and the establishment of the race and equity group facilitated by Britt Krause.

### *Inconsistency of practice*

Certain courses engage particularly well with the issues of difference, including race. There are examples of good practice but there does seem to be an issue of consistent practice across all programmes.

### *Emerging sector leadership*

The Higher Education Academy research study emphasises the need for higher education to develop a more holistic approach to 'race' equality policies, whereby the whole student cycle receives attention, from recruitment through to progression/retention, achievement and employability. Resources are available in the sector to draw upon and learn from where appropriate.

To make successful changes it is important to have institutional leadership that emphasises the importance of race equality to all staff, provides mechanisms for supporting academics in implementing race equality, and ensures mechanisms exist to integrate and align race equality into all activities.

## Clinical services

A comprehensive race equality strategy for clinical services will be developed in consultation with staff, service users and families, community groups, commissioners and other relevant stakeholders. At this stage, we can provide an outline of work already in hand which is briefly described below.



Our figures on the ethnicity of patients accessing our services show that certain groups of patients are under-represented in some of our services in comparison with national and local demographic data.

We have a positive track record of developing services with and for specific groups in the communities we serve but we need to extend this work on the basis of the current available data.

We will review access to our services according to demographic profiles of the areas we serve and differential levels of need as we are aware that experiences of discrimination and other associated experiences, can adversely affect mental health. We will assess the helpfulness and responsiveness of our services for patients from BAME backgrounds. One of our four quality priorities for 2017-8 sets out our plans to collect more comprehensive data on the ethnicity of those accessing our services, including their experience of our services, to ensure that directors, service line and team managers are aware of the data and to consult with patients and relevant communities group to find ways in which we can improve our services where needed.

Over the last few months we have been recruiting equalities leads to our clinical teams. Their role is to speak up about equalities issues, including race, in team discussions. For this to work, team managers need to ensure that time is set aside in team meetings for discussion of the relevant issues as they arise in clinical work.

In order to provide high quality services for BAME groups, all staff, white and BAME should be supported to engage in discussion of issues that arise in their work with people from a different race or culture than their own in order to develop confidence and capability to work with difference. Initial discussions have been held about setting up a race and culture consultation group for clinical and education staff.

## Action plan

In this section, actions are set out against each of the aims of the strategy

To achieve a reduction in bullying and harassment which places the Trust in the top ten NHS organisations as measured by staff survey results.

**Action:** *bullying and harassment procedure developed and implemented that learns from best practice. This will be based less on HR procedure and focus more on promoting safe conversations and useful discussions with those whose behaviour is unacceptable.*

To achieve an equal proportion of staff appointed following shortlisting for BAME and white staff across all bands.

**Action:** *HR Business partner observers on interview panels. This is currently in place for band 8a posts and above but a similar approach will be rolled out for lower banded positions.*

*Training for managers to promote fairer recruitment.  
Personal development plans for lower banded staff focused on staff development and progression.*

To achieve an improved level of confidence amongst BAME staff that all staff will be treated fairly, measured through the staff survey.

**Action:** *Implementing the strategy with engagement from all staff, BAME and non BAME.*

*Effective communication of actions taken and celebration of success where this has been achieved.*

*Promotion of safe discussion and raising of issues through the formal BAME network and Trust Diversity Champion in addition to already existing channels, HR, Freedom to Speak Up champion, staff side representatives.*

To achieve a high level of confidence that all staff, irrespective of grade, will have access to training and development opportunities, measured through the staff survey.

**Action:** *Training for line managers in effective appraisals.*

*Follow up on Personal Development Plans and monitoring of access to training and development opportunities.*

*Line managers holding to account those managers reporting to them for the PDPs agreed with staff.*

We will invest in developing our more junior staff by determining their needs through robust appraisals, reviewing personal development plans (PDPs), feedback from ongoing discussions and

commissioning education and training which will create our future leaders. Each year we will audit our PDPs across all staff levels to ensure that agreed development is implemented and track progress through the annual NHS staff survey.

**Action:** *training for managers in appraisals, commissioning training and education and encouragement to more junior staff to apply for training or development opportunities.*

To increase the proportion of BAME staff in 8a posts and above, to be one of the ten most representative Trusts in London.

**Action:** *Staff development at lower bands.  
Fairer recruitment process including observers on panels.*

To increase BAME representation in both Executive Director and Non-Executive Director roles on the Board of Directors to be proportionate and representative.

**Action:** *Increase BAME recruitment to high banded posts to increase the pool of BAME candidates prepared to progress into director level posts.*

*Follow best practice and learn from other organisations.*

To collect and report on data to identify areas where change is required and/or where it has been achieved. This means having more detailed information available about each area of the Trust and involving each discipline and profession in reporting on the profile of their discipline or profession and any barriers to race equality specific to these areas.

**Action:** *Develop a set of metrics and provide resources to analyse and report.*

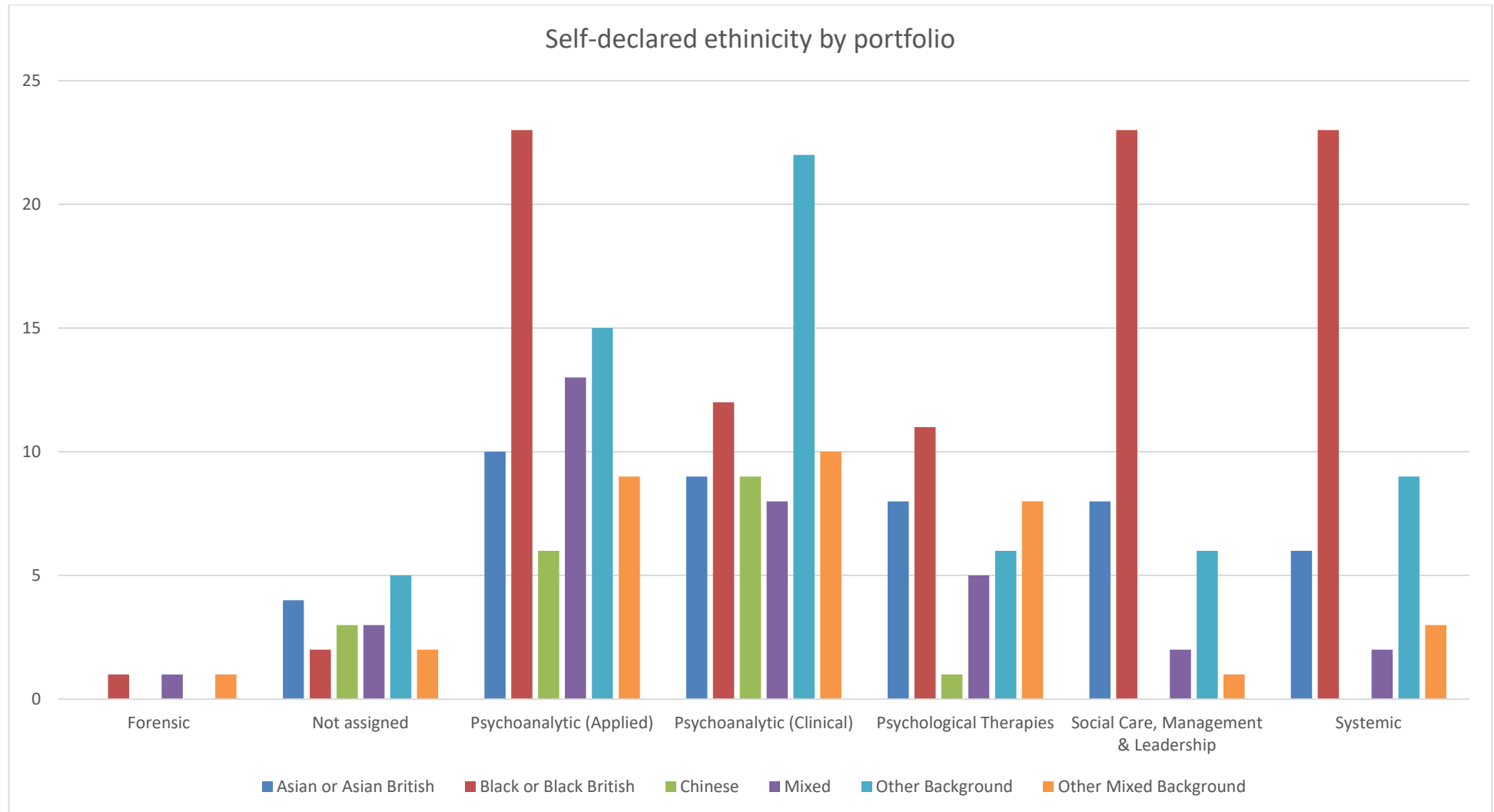
The action plan outline below sets out the main actions proposed to support the strategy and when they are planned for initial implementation.

Once the strategy is agreed a detailed delivery plan will be developed which will include accountability, responsibility and timescales. Planning work will commence before these dates. Much of the work will be ongoing and developing over the lifetime of the strategy, 2017 to 2020.

	<b>Action:</b>	<b>Lead(s)</b>	<b>Completion</b>
Engage all staff in discussion in support of cultural change	Commission a programme of Thinking Space events to address the difficult aspects of culture.	Director of Quality and Patient Experience/ Chair of EDI Committee	Ongoing
Having difficult conversations	Identify individuals in the Trust who can listen to staff and help them address concerns or inappropriate behaviour. Support managers to have these conversations. Support individuals who report concerns/inappropriate behaviour.	Director of HR	April 2018
Developing cultural intelligence	Explore cultural intelligence further, and develop training for managers and staff to recognise differences and adapt working styles. Embed learning in to induction, appraisal, mandatory training, and leadership development programmes.	Director of HR	September 2018
Recruiting a Diversity Champion	Appoint Diversity Champions with protected time to work with the Equality, Diversity and Inclusion Committee. Develop a comprehensive role specification and invite expressions of interest for this from across the Trust. Provide training for this role.	Director of HR and Chair of EDI Committee	January 2018
Improving fairness in recruitment and promotion	Provide training to address fair recruitment, supporting staff development, addressing performance, tackling inappropriate behaviour, and addressing the impact of unconscious bias.	Director of HR	Autumn 2018
Developing and supporting our diverse staff	Implement robust and formalised non-mandatory training data collection, and report on this through the workforce equality standard.	Director of HR	Autumn 2018
Developing the DET race equality strategy as part of the overall Trust strategy	Complete scoping exercise and produce draft race equality strategy for DET	Director of Education & Training / Dean of Postgraduate Studies	November 2017
Developing strategy for clinical services	Enhance collection of data on ethnicity and experience of service and review to establish areas for improvement	Director of Quality and Patient Experience	April 2018



## Appendix A – diversity data by portfolio



This graph give a view of the self-assigned race categories by portfolio.

