Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Tavistock and Portman NHS Foundation Trust

Date of report: month/year

July 2017

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 lead manager compiling this report

Sarah Mountain, HR Business Partner

Names of commissioners this report has been sent to (complete as applicable)

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

N/A

Unique URL link on which this Report and associated Action Plan will be found

https:tavistockandportman.nhs.uk/about-us/who-we-are/equalities/

This report has been signed off by on behalf of the Board on (insert name and date)

Louise Lyon, Director of Quality and Patient Experience

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

The Trust has started to use OLM to record non-mandatory training data in Q4 of 2016/17. Therefore, the reported figure is lower than actual training uptake.

b. Any matters relating to reliability of comparisons with previous years

None to report

2. Total numbers of staff

a. Employed within this organisation at the date of the report

652

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

24% of our workforce are from BME backgrounds

3. Self reporting

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

95.4% of staff have self-reported their ethnicity

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

Work has been undertaken to ensure that employee data is up to date on ESR. The staff joining forms have been redesigned to capture data from new starters. The new forms have amalgamated the required data onto one form and clearly explain the ethnic origin codes to new starters.

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

For the HR Administrators to confirm all details have been completed by a new starter when they are joining the organisation.

4. Workforce data

a. What period does the organisation's workforce data refer to?

01/04/2016 - 31/03/2017

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	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, compare the data 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.	See appended sheet. 24% of our workforce are from a BME background	26% of our workforce are from a BME background	Our overall percentage of staff has reduced over the past year by 2%.	In the past year we have implemented multiple initiatives for BME staff. These have focused on providing skills training for staff to equip them with skills that they require for a promotion.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff are twice as likely to be appointed than BME staff. 16% of shortlisted White applicants compared to 8% BME applicants	White staff are more likely to be appointed than BME staff	In terms of conversion rate from the number of applicants White staff are twice as likely to be appointed as BME staff.	In the past year we have implemented one of our objectives which has involved having a HR Business Partner on the interview panel for all roles at 8a and above. This is to ensure the interview process is unbiased. Additionally safer recruitment training has been introduced locally and all managers who are involved in interview panels have to attend the session. This is to
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Disciplinary action has involved white staff this year. There have been no BME staff disciplined	Disciplinary action has occurred in this year, against white staff, not BME.	The trend regarding disciplinary action has continued this year in that any investigations and action have involved white members of staff. The trust is small and there are few incidences which require disciplinary action.	In the last financial year we have reviewed our policies relating to bullying and harassment, disciplinary, and grievances to ensure they support staff effectively.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	No data to report	No data to report	The Trust started using a Online Learning Management (OLM) in Q4 of 2016/17. Therefore, this data is partially complete.	The Trust will continue to roll out OLM in 2017/18 and will be able to provide a full year report for the next PSED report and WRES.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	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
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 15% BME 13%	White 19% BME 18%	The figures are not statistically different from the previous year. With the nature of the patient group and the challenging nature of the work this could explain the fairly high %.	This is linked directly to our Race Equality Strategy which is aiming to address the issue and reduce the staff experiencing bullying and harassment.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 13% BME 13%	White 17% BME 11%	There has been a slight increase with the experience of BME staff and a decrease with the White staff. This requires additional investigation to ascertain if there are different influences in the organisation.	As above.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 87% BME 71%	White 89% BME 61%	There has been a 10% increase in the number of BME staff who believe that the trust provides equal opportunities for career progression. There is no significant change in the view from white staff.	The Trust plans to expand independent interview panel members for roles under Band 8a from 2017/18.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 7% BME 15%	White 6% BME 5%	There has been a 10% increase in the number of staff who have indicated that they have experienced discrimination.	The staff survey response rate was higher in 2016/17 and we are working with service lines and teams with high reporting rates to understand the issues and assist managers to take action.
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	9% BME to 91% White	10 of our voting board members are from a white background	The split in board members remains the same with 9% to 91%.	The trust is committed to developing staff as leaders.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

We received a far higher response rate this year for the staff survey so our data is more representative of the workforce. Additionally we have implemented a number of initiatives to support our BAME staff in the workplace. There has been work completed to gain an understanding of the experience of our BAME staff at the trust. There is also a BAME staff group to assist staff with career progression.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

In addition to the WRES we a Race Equality Strategy for 2017-2020. This strategy incorporates the themes from the WRES along with other relevant research from the trust. An action plan has been developed in line with these themes and can be accessed via this link:

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