

The Tavistock and Portman NHS Foundation Trust equality, diversity and inclusion (EDI) report 2017

INCLUDING 2017 STATISTICS ON PROTECTED CHARACTERISTICS FOR
SERVICE USERS, STUDENTS AND STAFF ARE ATTACHED IN
COMPLIANCE WITH OUR PUBLIC SECTOR EQUALITY DUTY.

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Irene Henderson – race, inclusiveness and diversity sub group chair

Geraldine Crehan and Anthony Newell – staff LGBTQ network

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Equality, diversity and inclusion (EDI) committee annual report 2017

Our annual report provides information about what we have achieved over the past 12 months and highlights what we still need to do. It will provide an insight into the work of the committee to "make cultural change happen" in our organisation. In this report you can read the most recent account of how the committee will:

- take forward the activities of the race equality strategy
- develop a race and equality strategy for education
- promote and support good mental health in the workplace
- continue the progress of the LGBT work started by committee
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The vision of the Equality Diversity Inclusion (EDI) Committee for 2016/17 was to develop and implement an overall organisational strategy to address race equality issues in the Trust. Following a far-reaching consultation with staff and active participation in its development, the race equality strategy (RES) was approved by the Board in September and launched in October. Within the strategy we made a commitment to create a race diversity champion to take forward the actions we have committed to in the strategy.

It is our firm belief that we can build on the achievements and successes of 2016/17 as there is still much more to do.

Work carried out over the last year has led to extensive pieces of work to improve the way in which we support and develop our staff:

- we successfully launched two cohorts of an internal aspiring leaders development programme
- provided a bespoke BAME staff development session
- offered BAME staff one-to-one career coaching and mentoring
- the role specification for a race diversity champion has been approved.

As a result of this success we have:

- commissioned two further cohorts of the internal aspiring leaders programme to be rolled out from February 2018.
- set aside a dedicated budget to support the ongoing development of our BAME staff
- recruitment to the race diversity champion post opened in January

In the department of education and training (DET) we undertook a student equality and diversity survey to look at all protected characteristics. The result was an emerging picture that the Trust is broadly considered an inclusive environment. It was clear that while students have a good learning experience, there was a consistent view that diversity issues are not addressed within the learning environment.

The strategy and action plan developed by the DET, demonstrates our commitment to address the issues of race and culture within our services and our education offer. DET will also take forward a piece of work to look at how best to support students with disabilities.

To support staff mental health in the workplace we have increased the numbers of staff trained as mental health first aiders to 40 and have committed to training a minimum of six additional staff each quarter. The MHFA Instructor, Health Psychologist, HR and Communications meet regularly to discuss staff wide health promotion activities, including stress, diet, exercise and sleep.

A programme to analyse the clinical population data to identify any issues specific to a team's patient population has been begun with team managers. As part of our work to improve our data collection, we are reviewing the forms that we use and how to transfer the data on to the electronic patient systems. Also, a new system for data collection in DET has been implemented and has led to improvements in data collection.

Looking ahead, the committee will have a strong focus on disability for 2018/19, 'working with people with autistic spectrum disorders' being our next area of priority. Going forward, we will continue to build on the work already taking place on LGBT, inclusion, data and the race equality strategy.

DET will continue to work with portfolio managers increase diversity among teaching staff, particularly the recruitment of BAME staff in band 8a teaching roles.

With disability the focus of 2018/19, the DET training executive will address the lack of coordination of support services for students with disabilities.

The staff LGBT network will plan training events on gender identity and gender fluidity and the LGBT student group will implement their action plan, which includes a LGBT lecture for all student later in the year.

The race equality strategy is not a static document and will be subject reviewed as continue to strive towards a more inclusive and fair organisation. We have a new BAME staff network in place that is growing and will "have a strong voice within the Trust" as well as being a vehicle for driving positive changes in racial equality.

As a committee we will continue to promote equality, diversity and inclusion for our staff, students, patients and other service users.

The Tavistock and Portman NHS Foundation Trust equality diversity and inclusion committee annual report 2017

INTRODUCTION

The last year has been exceptionally busy. It has given us an opportunity to carefully reflect on what we have done in previous years and to take action on the things that we committed to when this report was last produced. Over the last year the equality diversity and inclusion (EDI) committee's main focus has been responding to the call of action that our workforce race equality standard (WRES) data has been telling us and making a strategic commitment to creating cultural change happen in our organisation. This work has resulted in the creation of our race equality strategy (RES).

The strategy was approved by the Board in September 2017 and a well-attended launch event was held in October. In this report you will see what we did and what we have committed to do now and in the future.

Along with our work on the WRES and taking forward actions from the RES we have made significant progress this year within the directorate of education and training (DET) on ensuring that our courses and programmes encompass diversity and inclusion content specific to lesbian, gay, bisexual, transsexual and queer (LGBTQ) people.

The Board has approved the change of status of the EDI committee to be a formal sub-committee of the Board, chaired by a non-executive director. This is a welcome change which signals the importance the Board gives to equality, diversity and inclusion for our staff, students and those using our clinical services.



REVIEW OF OBJECTIVES FOR 2017-8

Main priority

The EDI committee will oversee the development of an explicit overall organisational strategy to address race equality issues in the Trust.

The strategy will be presented to the Board of directors in early summer 2017. This will incorporate, but not be limited to, work already in hand in relation to inclusion in the workplace and addressing race and culture issues in education and training.

The RES was approved by the Board in September 2017. The strategy represented extensive consultation and active participation in its development from staff across the Trust.

The action plan will be further developed in the light of input from the BAME network, focussed consultations with students and consultations with clinical services users and clinical teams.

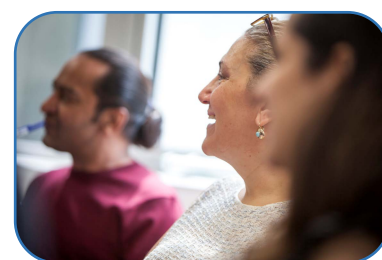
Inclusion in the workplace for BAME Staff

The director of human resources is to lead on the development of the strategy through the organisational development and people delivery plan.

The inclusion in the workplace sub-group will continue to provide input and support to the plan. The EDI committee will review reports on progress in implementing the plan in relation to BAME staff career progression and review its effectiveness in achieving its objectives.

Over the last year we have carried out extensive pieces of work to improve the way in which we support and develop our staff. Through the organisational development and people strategy, we successfully launched two cohorts of an internal aspiring leaders development programme which has seen both cohorts fully booked. Based on its success we have commissioned two further cohorts of the programme to be rolled out from February 2018.

In addition to the above and having taken feedback from the EDI committee and its sub-groups, we hosted an exceptionally well-attended BAME staff development session. The session included an offering of one-to-one coaching and mentoring after the session, again this was well subscribed to. As a result of the success we have dedicated a budget to support the ongoing development of our BAME staff.



Lastly, it is pleasing to be able to report that we have approved a role specification for a race diversity champion and recruitment to that position will start in January 2018. We have made it clear in our advert and job description that this is an empowered role. A role to help us shape our direction and hold the Board to account for delivering on its commitments within the strategy.

Developing a strategy to address issues of race and culture in our education and training services

The chair of the equalities committee and DET are to set up a review of DET's action plan (Annex A) for diversity and inclusion in student and trainee intake, and inclusion of race and culture in the curriculum. The review will include identifying resources required to implement the strategy.



The equalities, diversity and inclusion agenda is a key work stream in DET that is growing, however, the available resources to support the work are not growing at the same pace. Therefore, while there is enthusiasm and passion to take forward the issues as speedily as possible, a more incremental approach is required

DET undertook a student equality and diversity survey (which was separate from the annual student survey) to look at all protected characteristics as outlined in the Equality Act 2010.

The survey elicited 287 responses from a potential 1,144 (25%); while the findings cannot be generalised, they are an important opportunity to hear the voice of our students. The survey was followed-up with five focus groups, two with a general focus and dedicated groups looking at LGBTQ, BAME, health and disability issues. The focus groups had small attendances, but the students who did participate echoed the findings of the survey.

Highlights of the action plan

- A commitment to increase diversity among teaching staff, particularly the recruitment of BAME staff in to the more senior band 8a teaching roles.
 - DET training executive and dean's office to develop a plan for making our existing student support services and information more visible.
 - Consider a creating a student equivalent of the freedom to speak-up-guardian.
 - DET training executive to address lack of coordination of support services for international students and our students with disabilities.
 - Portfolio managers to develop an action plan for developing the knowledge and skills of staff in working with diversity across all forms of delivery.
 - The learning and teaching committee to develop the CPD curriculum to support the work in portfolios.
- See Annex A for full details of the action plan.



There were a number of issues raised by students including:

- the lack of diversity of Trust staff
- concern around some tutors' lack of knowledge and engagement with issues of diversity. LGBTQ, BAME, class and their intersectionality
- Uncertainty from students as to how to highlight issues they may have experienced or witnessed'.

The emerging picture is that the Trust is broadly considered an inclusive environment however 24% of the respondents did not agree. It was clear that while students have a good learning experience, there was a consistent view that diversity issues are not addressed within the learning environment. This absence is arguably more noticeable given the depth, richness and quality of the overall teaching students receive. The outcomes from the survey will inform the next stage of the DET equalities action plan. See Annex B for more detail on the emerging themes.

Mental health in the workplace

Set up a local lived experience network for staff to provide feedback and recommendations on how best to provide help and support for staff members affected by mental health problems.



We have not set up a lived experience network (LEN) for staff as, so far, it is not clear that this would be the best way forward.

What we have done is increase the numbers of staff trained as mental health first aiders (MHFAs). Mental health first aid (MHFA) is an internationally recognised training course, designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis. The Trust currently has 40 members of staff trained and has committed to train an additional six members of staff each quarter.

The MHFAs are trained to have:

- an in depth understanding of mental health and the factors that can affect wellbeing
- practical skills to spot the triggers and signs of mental health issues
- confidence to step in, reassure and support a person in distress
- enhanced interpersonal skills such as non-judgmental listening
- knowledge to help someone recover their health by guiding them to further support – whether that's self-help resources, through their employer, the NHS, or a mix.

There has been a deliberate and considered effort to ensure that the MHFAs are placed across the Trust including our satellite services and just not centrally at the Trust's corporate base, the Tavistock Centre. The Trust's health, safety and (non-clinical) risk manager, presents information on how staff can receive support from the MHFAs for any personal issues at the staff INSET and Induction events (four times each year).

MHFA availability is also promoted through lone working and personal safety training that is available to all services and as part of the post incident support. The group would welcome more clinical staff to be trained to ensure a wider diversity of staff having these skills.

Sharing of experience and wisdom of others and 'algee' is a helpful strategy.

The Trust's MHFAs meet on a regular basis to share (anonymously) their experiences of providing support, advice, guidance to staff including signposting to other services and our in-house staff consultation service.

I can use the training to spot symptoms (of mental ill health) when speaking to colleagues and when colleagues confide in me.

This is used as an opportunity to offer peer to peer support. The network of MHFAs are also very well placed to support the Trust's health and wellbeing agenda, acting as wellbeing champions to support staff with the promotion of physical health, balancing their good mental health.

Interactive, fun, non-judgmental diverse backgrounds of attendees.

Complete LGBTQ sub-group work plan

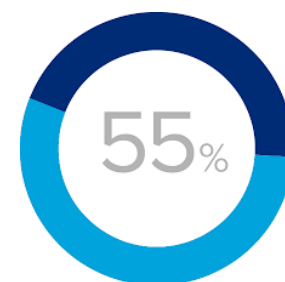
Review results of the staff survey (February 2017) and the annual student survey (Summer 2017) to determine any further action.

The annual student survey provides information to enhance the student learning experience and we use the results to develop our courses and facilities for future students. The survey is also used to provide information about the quality of our education to the Quality Assurance Agency.

The Tavistock and Portman runs a quarterly staff friends and family survey to give all staff the opportunity to provide feedback about their experience of working for the Trust. The results from our latest survey show that 99% of staff felt that the Trust was a LGBTQ friendly place to work.

When asked do you think the Trust can make improvements to the organisation to make it more LGBTQ friendly, staff were split 55% responded no there wasn't. 45% yes there was.

The results show that there is clearly more work to be done to address the fact that 45% of staff that felt more could be done to make Trust more welcoming to LGBT staff. The LGBTQ Network will meet in January 2018 to agree a work plan for the coming year.



Use of data to identify gaps in provision

Embed data capture across clinical services, ensuring adequate quantity and quality of data for meaningful analysis.

Collection of ethnicity data for clinical services has improved over the year but more work is required. Collection of other protected characteristics remains variable across clinical services. Data for staff remains good with some historic data missing. DET has implemented a new system for data collection and has achieved a significant improvement in the data collected.

The clinical population data is sent to clinical directorates and the clinical quality and patient experience work-stream of the clinical quality safety and governance committee. A programme to analyse this information with team managers has been initiated in order to identify any issues specific to a team's patient population. The quality stakeholders group has undertaken to review the data and to set up a community based workshop to look at 'who's missing?' focusing on those who may either, not reach our services, or not feel they are accessible given their protected characteristics

Work with the quality team and dashboard development project to develop ways of looking at access, outcomes and satisfaction levels for service users with protected characteristics.

The plans to set up a dashboard development project have been delayed, but we will revisit this at a later date.

Cultural consultation services

- Complete consultation on form and function of the consultation service
- Implement service and evaluate.

An initial consultation completed in 2017. More work will be undertaken in 2018 to expand on this work.

Disabilities

Continue the scoping exercise for disability and develop a plan to take this work forward for 2018/19.

A scoping exercise was undertaken and it was agreed to focus on working with people with autistic spectrum disorders in the staff group and among clinical service users. DET has its own strand of work in hand to address the need of students with disabilities.

Communications

- Develop a dedicated area on the intranet to give regular updates and easy access to information on equality, diversity and inclusion initiatives.
- Update equality, diversity and inclusion sections on the website and ensure that they are clearly signposted.
- Provide updates after each EDI committee meeting.

An equality diversity and inclusion page is available on the staff intranet with easy access to information on the activities of the Trust in this area including:

- the equality, diversity and inclusion committee
- the race equality strategy
- the workforce race equality standard
- EDI committee updates

Matters arising from the EDI committee are often shared with staff through a variety of means:

- EDI committee update – a short summary of the discussions, actions and outcome of the committee
- articles in the Daily Digest – our daily e-newsletter
- news items on our external facing website and internal intranet
- direct communication to team and clinical leads to disseminate
- posters around the Trust headquarters and copies sent to our satellite sites
- chief executive's question time – a regular drop-in themed discussion forum or all staff to attend.



Hello everyone,
Welcome to the Equality Diversity and Inclusion (EDI) Committee meeting update.

This short update will provide you with a summary of what was discussed at the EDI committee.

Chair's report
Thank you to everyone that helped shape the Race Equality Strategy (RES) and attending the launch. Feedback from staff has been positive. At the launch Paul Burston, Trust Chair said, "this is not a celebration but the beginning". Our challenge now as a committee is to lead the change that will make a difference.

The recent coverage of sexual harassment and abuse of power in the media has made us consider our policies and procedures on this serious matter. The EDI Committee Chair will raise this with the executive management team and ask them to consider sending a reminder of these policies to staff.

The role of the race diversity champion has been approved to support the implementation of RES and hold the Board to account on strategy delivery. The post will be recruited through fair and open competition. Details to be announced by year end.

Equalities representatives
The children, young adults and families (CYAF) EDI committee representative has been looking at data as a means to engage teams with EDI. The quality team will provide data broken down team by team to bring the data to life in a way that is relevant and engaging for each team. Work needs to be done to engage with clinical team leads and the representatives will be working with the PI team on how best to engage with time poor groups.

Race and diversity sub-group
BAME staff network launch was well attended and included representatives from other sites. The network

Initial meetings would be used to work in focus groups, looking at each of the specific action points covered in the RES and provide a formal response with recommendations to the Trust Board. Other discussion points were:

- The race diversity champion role to have power to influence. It is important that this role is one of substance rather than administrative functions.
- BAME staff to be trained on recruitment processes to be able to sit on recruitment panels.
- Britt Krause will be invited to the group to share her expertise and knowledge as she is stepping down as the lead for the Race and Equity Student and Trainee Group at the end of the year.

A number of non-BAME staff have requested to join the Network. It was felt that the network is a safe discussion and thinking space for BAME staff. The network needs to establish itself first, after which non-BAME staff can be invited to attend.

LGBTQI network
The next meeting for the group has been set up for Tuesday 20 January 2018, 1pm in the boardrooms of the Tavistock Centre. All staff are welcome.

The network have been looking into the legalities of confidentiality for trans-staff and trans-patients. HR will refresh the equality policy to include trans and look into trans-awareness training.

Mental health in the workplace (MHIW)
At a recent meeting of the MHIW group the issue of the workplace stress was high on the agenda. Suggestions were put forward to help staff better deal with stress.

- Managers, team leaders and supervisors are to encourage the idea that it is okay to take a break to make a shift in staff culture.
- The group is aware that debt management is an area of concern for staff and will look into providing an advisory service.
- Staff should also be encouraged to attend Staff Advice and Consultation Service (SACS) particularly those that have been involved in incidents.
- Use its network of mental health first aiders across the Trust to promote 'take a break week'.

The committee has led and supported a number of communication and engagement activities including a programme across the Trust in celebration of Black History Month UK.

During Black History Month, there was a series of events and activities for all staff to be involved in that included talks, poetry, food and art. The events had varying attendance from five to 45 but all received incredibly positive feedback, with all of the staff and guests who attended events asking for them to be run again.

Events and activities

- **Talks** by Historian, Tony Warner, from Black History Walks. He presented a talk: *African British Civil Rights Heroes 1596 – 2016 part 1*.
- **Films** and Q&A from Angelo Iudice. Angelo is the Chair of Youmanity and director of the two short films shown.
 - [Stories of Friendship – Black History Month](#) the legacy of the Windrush generation
 - [Stories of Friendship – For Richer, for Poorer](#) the difficulties mixed race couples had to face.
- **Afro-caribbean Food** by the 5th floor café each week with a recipe card to support each one.
- **Henna art exhibition** by a member of staff was held in the library gallery wing. We will be exhibiting ‘Black Icons’ works By Rishi Bakrania in October 2019.
- **Poetry** and spoken word night at the Tavistock Centre to raise funds for ‘Mind over Matter’
- **LGBTQ** – a leading Black LGBTQ organisation held a film screening and discussion session on Black trans men.
- **Literature** Library held a display of books by black authors and promoted this on their website.



One of the strongest messages that came through was to “keep it up”, there is a need to continue to promote these positive messages.



Prior to black history month the communications team conducted a piece of staff engagement work to refresh the screen in the main reception with a presentation that was more representative of the diversity in the Trust. A staff discussion forum was set up on the intranet for staff to post how to say ‘HELLO’, ‘WELCOME’ in their language. We now have a continually updated screen that welcomes staff, visitors and patients in over 25 languages.

Other communication and engagement work has been:

- successful and well attended race equality strategy launch
- student survey – we achieved 49.5% return rate which is 23.5 percentage points higher than the previous year
- staff survey – improved engagement and numbers of staff responding
- Living Well Programme survey – prior to communications input, the total number of respondents was four. After input the number of respondents rose to 177.
- gender identity clinic GP information event – sign up to an event last year was four GPs, this year we have sold out all 125 places and are holding a cancellation list.
- EDI committee updates are circulated to all staff shortly after each committee meeting
- family and friends test surveys closed with higher than average responses
- promotion of mental health first aiders including an e-newsletter with updates, news and resources
- support with the CQUINNS engagement targets and reports
- patient information publications and engagement, such as the banner project and Living Well Programme.

Our priorities for next year

Valuing and celebrating diversity is a strategic priority for us. We have shown in this report that over the last year it has been our focus to respond to the workforce race equality standard (WRES) data and that we are working on the actions from the race equality strategy. Going forward, a similar, concerted effort is necessary, as we continue to make plans to ensure that our “strategic commitment to creating cultural change happen in our organisation” is a reality.



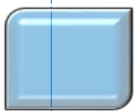
We are developing a strategy to address disabilities.



We will continue to support and monitor the implementation of the race equality strategy



Continuing work to address issues for LGBTQ people



Increase communications on equality diversity and inclusion



Embed improved use of data to identify good practice and gaps in our service provision



Continuing work to address mental health in the workplace

We'll be developing our actions plans for each of these priorities and presenting them to the Equality Diversity and Inclusion Committee. We look forward to reporting on our progress in next year's report.

COMMITTEE MEMBER'S CONTRIBUTIONS

Irene Henderson – race, inclusiveness and diversity sub group chair

A personal view from within the Trust in relation to racial equality.

The chair of the race, inclusiveness and diversity sub-group, which forms part of the main equalities committee, has been at the Trust for 29 years and is a BAME member of staff from a mixed background. Given that experience feels able to give an insight into how the Trust was, and is, in relation to racial equity at all levels across the organisation.

The Trust launched the race equality strategy (2017-2020) in the autumn 2017 which was a great step forward and shows a clear intention on the part of the Trust to proactively increase equity for all staff and student groups across the ever growing organisation.



“This strategy, the first of its kind here at the Trust, provides a framework for staff to work with but it must be backed up with actions and proactive support for specific staff groups to create a level playing field in terms of career progression and opportunities for all. It is essential this strategy is not a static document but that it truly reflects the Trust’s commitment to change. This means as further work gets underway to enable more equity across the Trust, we have the opportunity to review and update the strategy to ensure the document remains live and representative of actual current practice.

“During 29 years at the Trust in an administrative and then managerial capacity I have seen many changes, but more importantly, I have seen many things remain the same! When I first came to the Trust there were very limited opportunities, you got the job you applied for and you stayed in it. Plus the staff groups, student groups and patients were very rarely from BAME backgrounds, so it is clear there have been many positive changes in that respect on all fronts.

“There has often been a perception by staff and students alike that “nothing ever changes here at the Trust, it’s who you know not what you know”. That is really sad to hear, but I know it is the reality of how staff feel when they see certain appointments or situations, which they, rightly or wrongly, feel are not fair. So, we are actively encouraging staff to get involved in the BAME network and have their say in a safe space, where their concerns can be channeled in an appropriate way to lead to positive changes.

“Staff who have been here for many years, often feel jaded by yet another initiative to strive for equity, which they feel can sometimes be “lip service” rather than a firm commitment for change. It is not easy to convince people this is not the case.

“Improving racial equity is not a quick process and will require cultural change within the organisation which can only be achieved if the Board provide a clear statement of intention to make positive changes and provide more equity.

“I have also been very encouraged by staff who are not from a BAME background who have expressed an interest in being involved in this work. This was welcomed by the BAME network and it was agreed that the network would invite and welcome staff from non BAME backgrounds to attend the section of the network meeting held for speakers or visitors. The Trust needs to look at racial equality and equity as a whole. It is not for BAME staff to find all the solutions. Working with our colleagues from all backgrounds should ensure we have a Trust wide cohesive desire for this change. This is an essential message to get across, we have to all work together to make changes! We want staff and students to feel confident that the BAME network will strive to:

- provide a platform and space for BAME staff and students to get together to share experiences of working and studying at the Trust
- begin a conversation between BAME staff. We cannot assume that getting a group of BAME staff or students together will produce a group with one clear message. We don't all think the same and we all have different experiences of working and studying at the Trust, which is why we need time to explore this further
- provide a safe space for BAME staff to discuss issues and concerns of equity in their work or student placements here without fear of reprisal
- provide a safe place for BAME staff and students to bring suggestions or ideas of how to make improvements in their working lives.

The BAME network cannot promise to bring about change in the Trust or ensure equality but it can promise to support staff in their endeavours to highlight areas of concern and any perceptions of a lack of equity. We hope this network will grow and have a strong voice within the Trust and will also be a vehicle for positive changes in relation to racial equality at the Trust.

Geraldine Crehan and Anthony Newell – staff LGBTQ network

Promoting an LGBTQ-friendly environment for staff, students and service users is the task of the sub-group.

The staff LGBTQ network chairs provide a point of contact for staff to raise questions or concerns. The network meets on a quarterly basis and aims to support and respond to the expanding demographic of our staff body.

Training in patient care for people with different sexual orientations and gender identity has been recommended for all clinical teams. As our gender identity services grow, it is becoming increasingly important for staff to understand gender identity and gender fluidity along with greater awareness of the particular needs and mental health vulnerabilities of the LGBTQ patient group.

There has been a delay in moving forward with training due to changes in staff personnel. Planning for this work to recommence by early in 2018 is underway. An external trainer has been invited to deliver a block of eight sessions to teams, and training staff to deliver moving forward.

The staff LGBTQ Network will meet on 30 January 2018 to agree a work plan for the coming year.

Karen Tanner – education and training

Main areas of work during this year include:



- continuing our programme for an LGBTQ inclusive environment, we held a second course lead training day for psychoanalytic courses on LGBTQ inclusive curricula
- LGBTQ student and trainee group established and has been running for over a year. DET event scheduled for 2018
- DET and the gender identity development service (GIDS) are planning a transgender workshop for staff in March 2018
- equalities questionnaire sent out to all students in July 2017. This was followed by student focus groups (LGBTQ, BAME, Health and Disability) to better understand the qualitative feedback from the student survey
- January 2018 race and equalities strategy launched
- review of the recently vacated race and equity training development consultant role in the context of the DET and Trust race and equality strategy. Recruitment will be during spring 2018
- the student race and equity group continues.

LGBTQ student group

In late September, the British Psychoanalytic Council facilitated an event for course leads and portfolio managers on inclusive curricula for psychoanalytic courses. Highlights for the sub-group are:

- planning events for staff with the GIDS team. The events will have a transgender focus and include the clinical work of the team and the wider social and political debates
- the LGBTQ student group continues to meet and we are planning an LGBTQ lecture event for all students in 2018
- the implementation of the LGBTQ action plan continues.



Nicky Howard – adult and forensic services EDI committee representative

In this role Nicky acted as the link between her directorate and the committee.

Throughout the year Nicky has been promoting equality, diversity and inclusion, keeping this on the organisation's agenda by acting as an ambassador for these issues in her engagements with staff, service users, commissioners and partner organisations.

Nicky has now formally stepped down from this post in its 'official capacity' but will remain as a champion for equalities in her new directorate.

Nsimire Bisimwa – CYAF EDI committee representative

The focus this year has been on promoting the race equality agenda in the directorate as well as keeping up the momentum on the other areas of inequality in the Trust.

I have attended two CYAF managerial meetings to give an update on the work of the equality, diversity and inclusion committee. We discussed ways our managers could lead on this in their respective teams. For instance, allocating time to discuss and reflect on equality, diversity and Inclusion issues in their respective teams, starting the conversations in relation to staff and services users. I have invited them to have “equality, diversity and inclusion” as an item on the team meeting agenda as a way of enabling conversations around race, LGBTQ, mental health at work and other equality protected characteristics.

I have invited CYAF managers to encourage team members to take up the role of equality and diversity champion in order to keep an eye on how respective teams are approaching these issues and liaise with the CYAF equality representative for updates on the equality work in the Trust. We currently have six equality champions.

I have been encouraging managers to discuss the race equality strategy with their staff, to feedback their thoughts to the committee and embed it in everyday business in order to address inequality issues specific to their teams.

I have been allocated a section in the monthly CYAF newsletter to update the CYAF directorate on the equality work in the Trust, which will improve communication about this important area of work.

We now have a black, asian and minority ethnic network and I have been promoting this by encouraging BAME staff to take part. As a result, it is well attended by a good number of CYAF staff.

Jenny Keiza – communications

Since joining the committee I have been impressed by the level of commitment to improving equality across all areas of the organisation.

Having worked in acute, primary and community care NHS Trusts for nearly twenty years, I can assure you that this is not the case in other Trusts.

I am encouraged to see the Trust further strengthen its commitment to not only address internal issues brought to light by the staff survey, but also to look at other areas where disparity and the intersectionality is across protected characteristics exists.

Having communications and patient and public involvement representatives on the committee shows a willingness of the Trust to engage with its staff, patients and students. However more needs to be done to showcase the engagement work that the PPI team delivers

Annex A

Department of education and training action plan

This action plan will be owned and tasked by the DET training executive to whom people will be accountable.

- **A commitment to increase diversity among teaching staff, particularly the recruitment of BAME staff in band 8a teaching roles.** This will have positive impact regarding students feeling this is not only a place to come to study but also to work in the future. The portfolio managers group to explore how to take this forward within and across portfolios. Timescale: ongoing.
- **DET training executive and dean's office to develop a plan for making our existing student support services and information more visible.**
- **Consider a student equivalent of the freedom to speak-up-guardian.** This will have resource implications for the Trust as the current guardian will not be able to be responsive to the 1,000 + student population. Implementation in 2018/19.
- **DET training executive to address lack of coordination of support services for students with disabilities and international students.** Implementation in 2018/19.
- **Portfolio managers to develop an action plan for developing the knowledge and skills of staff in working with diversity across all forms of delivery.** Reflecting the Trust BAME strategy the focus will be on BAME inclusivity and the learning from this will have the potential to be transferable across the spectrum of diversity. The opportunity to explore BAME and intersectionality will also be captured. The action plans will be shared at the PM meeting, submitted to and then monitored by the learning and teaching committee. This work will begin in the spring term and be ongoing for 17/18 and 18/19.
- **The learning and teaching committee to develop CPD curriculum to support the work in portfolios** and a small sum of learning and budget will be made available to support the action plans. This work will begin in the spring term and be ongoing for 17/18 and 18/19.

The distilled themes from the student equalities survey

Lack of diversity of Trust staff

BAME students and those from working class backgrounds particularly felt they did not see people like themselves in a teaching/supervisory role:

"I feel that the environment is predominantly middle class and not very diverse in general"

"Employ more ethnic minority lecturers and tutors, not just to lecture on diversity."

Students expressed concern about some tutors' lack of knowledge and engagement with issues of diversity. LGBTQ, BAME, class and their intersectionality were specifically mentioned.

The feedback points to the lack of engagement impacting on curriculum content, reading lists and participation in seminars, supervisions, tutorials.

Students reported feeling that unless they raised the issues in a seminar, they would not be addressed. This left students feeling uncomfortable and exposed. This experience reflects the National Union Students' findings across the higher education institution sector and endorses the higher education academy argument for a holistic approach to diversity.

"Training for staff and students on diversity issues which is fully integrated into all classes, rather than an "add on", which doesn't get transferred into all classes and situation"

"I don't think that the Tavistock takes into account the needs of foreign students in terms of language and cultural differences. Englishness is considered as a norm to assimilate to in order to succeed"

Most students are aware that the Trust has policies on equality and diversity but equally many were uncertain as to how to highlight issues they may have experienced, or witnessed and were worried about potential repercussions.

This points to the lack of a system to support students in this position and may include the potential misuse of the complaints system in the absence of any other avenues.

"To include statement about equality at the start of lectures or terms, provide information about where to access help and support and how to complain about equality issues"

"There is a lack of coordination and ownership regarding support services for students with disabilities"

"There seems to be no coordinated 'message' for students or policy around dyslexia"

Mental Health First Aid

Mental Health First Aid (MHFA) is an internationally recognised training course, designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis. In the same way as learning physical first aid, MHFA teaches people how to recognise those crucial warning signs of mental ill health and feel confident to guide someone to appropriate support. Embedding MHFA training within any organisation or community also encourages people to talk more freely about mental health, reducing stigma and creating a more positive culture.

MHFA England: The role of the mental health first aider

Independent research and evaluation shows that taking part in an MHFA course:

- raises awareness and mental health literacy
- reduces stigma around mental health
- boosts knowledge and confidence in dealing with mental health issues
- promotes early intervention which enables recovery.

The role

In general, the role of a mental health first aider in the workplace is to be a point of contact for an employee who is experiencing a mental health issue or emotional distress. This interaction could range from having an initial conversation through to supporting the person to get appropriate help.

As well as in a crisis, mental health first aiders are valuable in providing early intervention help for someone who may be developing a mental health issue.

Mental Health First Aiders are not trained to be therapists or psychiatrists but they can offer initial support through non-judgemental listening and guidance.

Mental health first aiders are trained to:

- spot the early signs and symptoms of mental ill health
- start a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress
- listen to the person non-judgementally
- assess the risk of suicide or self-harm
- encourage the person to access appropriate professional support or self-help strategies. This might include encouraging access to internal support systems such as employee assistance programmes or in-house counselling services
- escalate to the appropriate emergency services, if necessary
- maintain confidentiality as appropriate
- complete critical incident documents as and when necessary
- protect themselves while performing their role.

At no time does the mental health first aider role (or anyone trained in MHFA skills) supersede company policy: first and foremost they are all employees of the company.

Tavistock and Portman NHS Foundation Trust 2016/17 Equalities report: clinical services

2016/17 Equalities report: clinical services

1. Introduction
2. Gender
3. Age at referral
4. Disability
5. Marital status
6. Religion
7. Pregnancy and maternity
8. Sexual orientation
9. Ethnicity

1. Introduction

In line with our equality diversity and inclusion annual priorities for the financial year of 15/16, we engaged in a project to review data on protected characteristics which we routinely collect across the Trust.

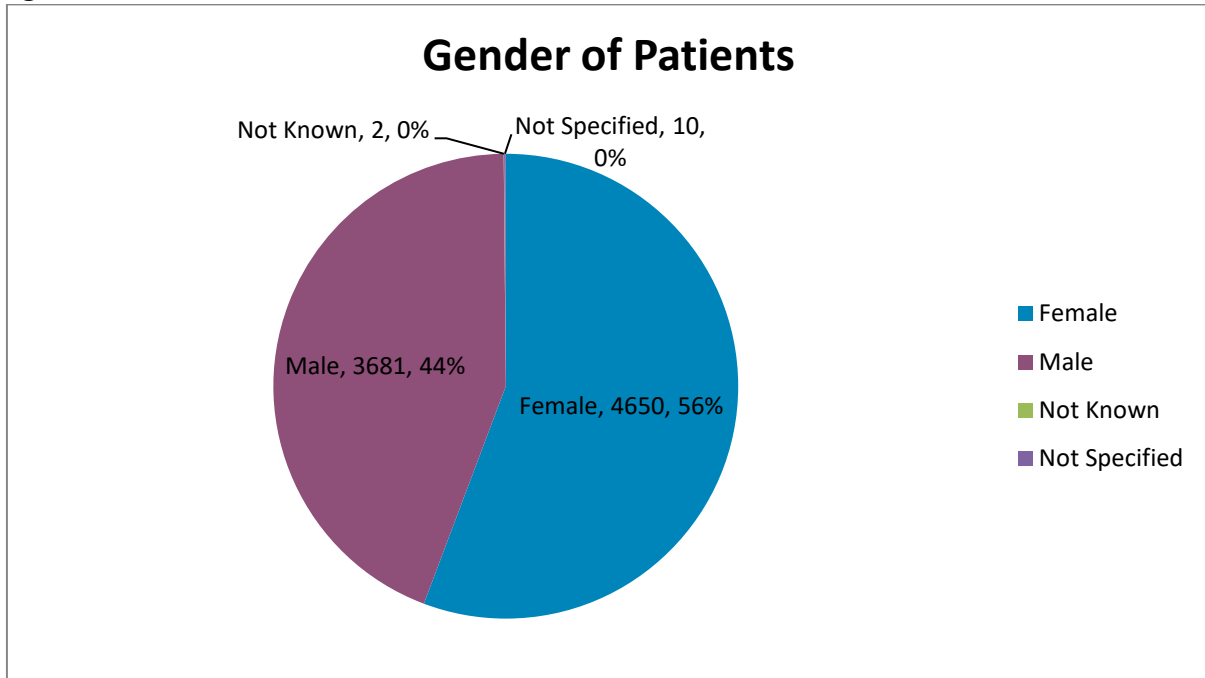
We analysed the data in 2014/15 and 2015/16 and have repeated these measures to monitor consistency of data collection across the Trust, to ensure it is collected in forms that comply with the NHS guidance to allow us to benchmark internally and externally.

In the financial year 2014/15 we reviewed which data needed to be collected in order to monitor equitable access, to monitor the effectiveness of interventions aimed at improving access and to examine any differences in patient satisfaction across groups of patients. This report allows us to compare data collection from financial year 14/15, 15/16 and now 16/17 and see if the parameters put in place following the previous reports have improved data collection Trust wide, identifying areas for improvement in quality of access and treatment.

The mental health services data set (MHSDS) requires for us to have 80% completeness with in patient demographics; the demographics analysed in this report relates closely to that of the MHSDS.

2. Gender

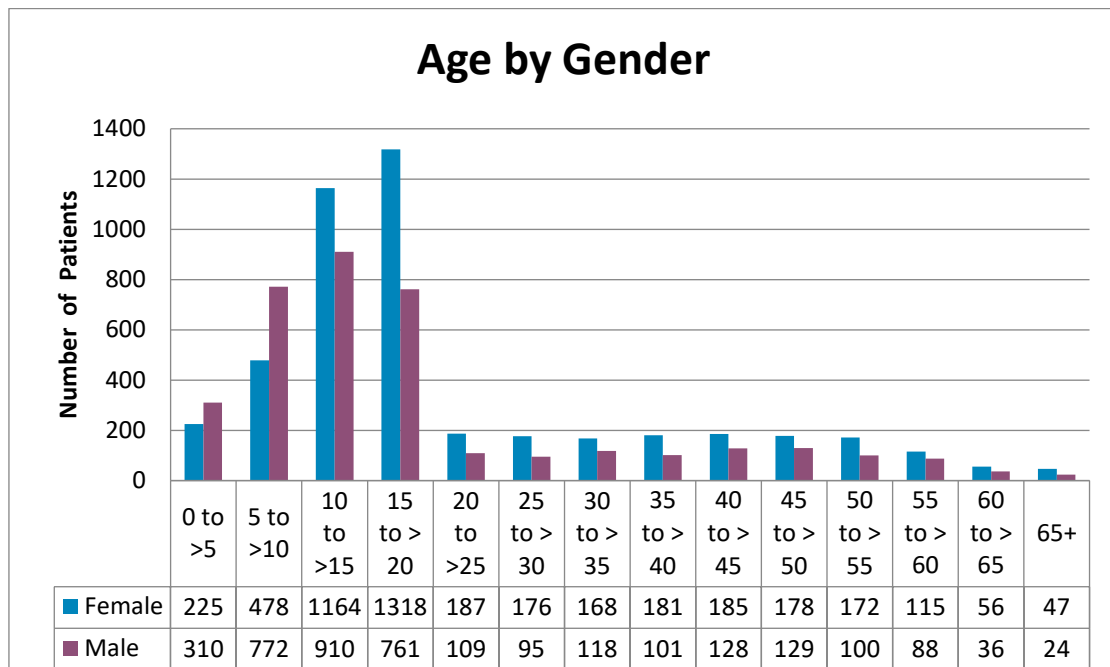
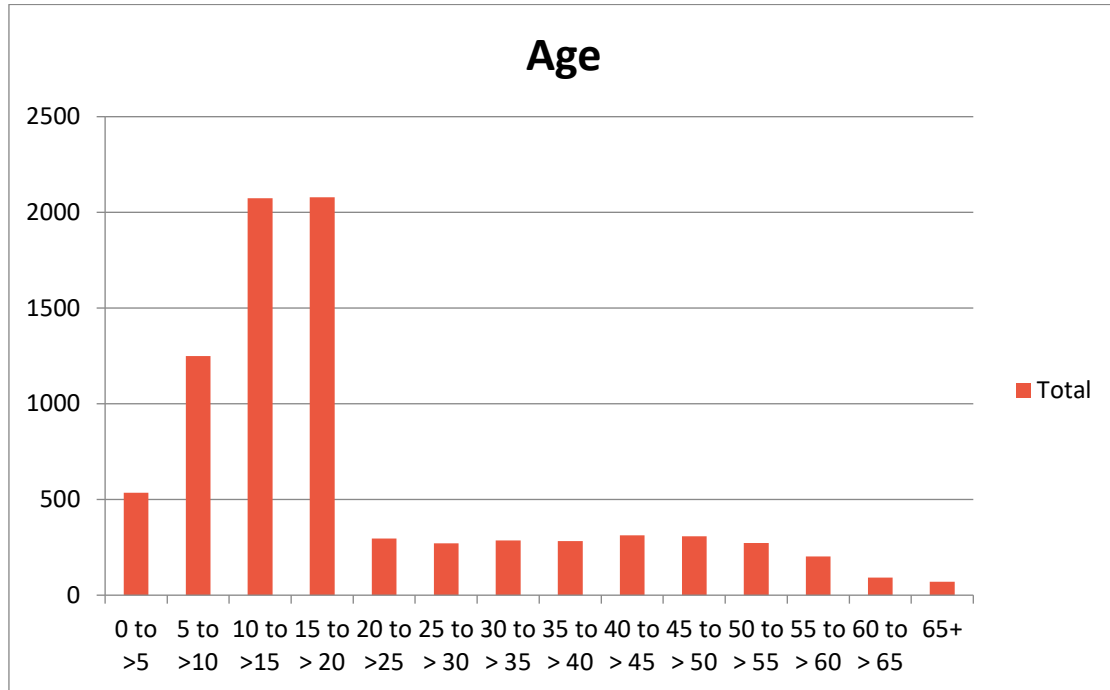
56% of patients were female, 44% recorded their gender as male. With only 12 not having their gender recorded.



With securing the Gender Identity Clinic as part of the Tavistock and Portman NHS Foundation Trust and the gender identity service growing so rapidly, patients are very likely to change gender while in our services. While we would wish to collect data on natal gender as well as current gender in order to develop our services, we are mindful of legal complexities in requesting and storing this sensitive information. We are in the process of reviewing the forms that we currently capture this data and looking how we can transfer this on the electronic patient systems.

3. Age

The age at referral for the patients seen by the Trust in 2016/17 is shown in the chart below:



4. Disability

Information on learning and physical disability was only stated in 15% of the patients seen in 2016/17. There has been a further 5% decrease in the collection of disability information in the past financial year. Improvement needs to be evident in the preceding financial year as this information is essential for high quality service delivery.

	Yes	No	Not stated
Learning Disability	0.2%	14.8%	85%
Physical Disability	0.4%	14.6%	85%

5. Marital status and civil partnership

While we are required to report on this data, it is not seen as directly relevant to our day to day clinical service delivery. Only 17% of the sample recorded that they were single. 71% did not have their marital status recorded; this may be because the huge portion of the sample is under 18 years of age.

6. Religion

Religion is not currently asked of every patient in the Trust. 81% of patients did not state their religion. And the most popular religion recorded was Christianity; however this was only made up 4% of the patients in 2016/17.

7. Pregnancy and maternity

We do not collect this data as it is not relevant to service delivery.

8. Sexual Orientation

We currently collect sexual orientation for those using our services. For some patients in certain services this may seem an intrusive question however there is a 'prefer not to say' for those who do not wish to disclose on the equalities monitoring form that is currently under development.

Sexuality	Number of Patients	(%)
Bisexual	64	0.46%
Heterosexual	938	6.67%
Gay	36	0.26%
Lesbian	26	0.18%
Not Known	77	0.55%
Prefer not to answer	158	1.12%
(blank)	12759	90.76%

9. Ethnicity

Comparators have not been adjusted since 2011; we will also use those comparators from the 2015/16 report.

The proportions of ethnic groups vary significantly across the country and across London: e.g. Black groups make up 3.4% of the population of England; 13.3% in London; 8.2% in Camden; and 18.8% in both Haringey and Brent.

There are also some significant age differences: White groups account for 59.8% of the total London population, but only 46.6% of the London under 18 population (in 2011).

Since the catchment areas and ages for our services vary significantly, a single comparator such as the London population will not be the most appropriate; though it is used here as the best approximation if we wish to take all our services together.

Clinical services	Comparator
Camden CAMHS	Camden under 18s in 2011.
CAMHS Complex Needs	Under 18s in 2011. Weighted average (in proportion to their activity levels) of the three boroughs from which our patients mainly come, Barnet, Haringey and Islington.
Adolescent and Young Adults	Aged 12 to 20 in 2011. Weighted average (in proportion to their activity levels) of the five boroughs from which our patients mainly come, Camden, Barnet, Haringey, Islington and Westminster.
Gender Identity Development	England under 18s in 2011.
Adult Complex Needs	21-69s in 2011. Weighted average (in proportion to activity levels) of the six boroughs/counties from which our patients mainly come, Camden, Hertfordshire, Westminster, Haringey, Barnet and Islington.
Portman Clinic	21-69s in 2011. Weighted average (in proportion to activity levels) of the five boroughs/counties from which the largest numbers of our patients come, Camden, Barnet, Haringey, Islington and Hertfordshire.
City and Hackney Primary Care Psychotherapy Consultation	City and Hackney 21-69s in 2011.
Total of all clinical services	London total population in 2011. As noted above, this is not a very good comparator.

All these figures are comparators. For various reasons, notably the potential for variation in illness and need between ethnic groups, they should not necessarily be viewed as targets.

The percentages of patients for each service, and for the Trust overall, are given in the two pages of the Appendix.

In the financial year 2016/17 the quality team have been working closely with services to complete missing demographic data for the Trust and to satisfy the Mental Health Services Data Set, a main concern with the ethnicity data is that it is on the majority of occasions marked as 'not requested', however this important data is collected within the referral pack.

The following steps have been taken to ensure good quality data is being collected for patients:

- the quality team have encouraged and checked to ensure services have run the missing demographic for patients report retrospectively for all open patients to see what patients have any demographics missing including ethnicity.
- the services have then filled out the missing information, collecting it either with the patients on their next visit and/or looking at scanned records and entering this on to the patient electronic system, CareNotes.
- an standard operating procedure is waiting validation and approval for this report to be run team/service wide on a monthly basis with percentages being presented by the service managers and admin leads at the clinical data quality review group.

The Z code for not stated is where a patient has decided to leave the form blank and not disclose the information on the form, however the 99 code indicated that the data was not requested, which in turn is not true to collection as every patient has their ethnicity recorded.

It is pleasing to report that the 99 (not requested codes) have fallen across every service in the Trust with Complex Needs falling from 15% in 2015/16 to just 4% in 2016/17.

In 2017/18 a large improvement in the collection of ethnicity should be apparent with the steps above established.

Though incomplete, the data gives a high sample to allow comparisons with the populations served. In general, there is a good degree of correlation. More specifically:

1. White groups are generally represented in similar proportions to the population. Main exceptions: white population in general are over-represented in Adolescent by 12.1%. In GIDS and adult complex Needs the white population are under presented by 29.6% and 16.8% retrospectively. However, in the GIDS service there is a large amount of data 'not known' which might skew the figures.
2. Mixed ethnicities in 2014/15 were over presented. In 2015/16 the percentages for mixed ethnic groups was very similar to the population comparator, these trends continue in 2016/17.
3. Asian groups appear to be under presented across every service in the Trust, 0% of the patients in GIDS identify themselves as being in an Asian group, and this may be because of culture stigmatisation around the services that GIDS provides. Just 4% of the Trusts patient population are made up from the Asian community compared to the population comparator of 17.1%.

Commentary from our director of children, young adults and families' service:

“Camden CAMHS is our biggest general contract and we track the ethnicity data carefully. We recognise that with the changes in our services in Camden, where we are working in a more integrated way with the local authority services, there may be an over representation of BAME populations in line with the local authority over representation, which is balanced out with an over representation of white service users within the community teams. So although the data

“suggests our populations are in line with the local population in Camden, we still feel we have work to do both on accessibility and on the perpetual issue with local authority access in relation to statutory services which we recognise may in part be related to stigma, culture and racism.

“We are very interested in the data for GIDS; we understand from research and performance data that our profile is common to all gender services and it would be helpful to better understand the cultural meanings of gender in different societies. We recently hosted a group of Chinese psychiatrists who are developing gender services and they talked a lot about the meaning of gender in their culture and how difficult male to female transitions are seen to be.

“We are addressing some technical problems that have come to light which may have artificially increased the “null” returns in GIDS data.”

Percentage of ethnicity in comparison to 2015/16 and the population

Ethnicity information was collected	Camden CAMHS			Other CAMHS			Adolescent			GIDS			Adults			City and Hackney			Portman			Trustwide		
	Patients 2016/17	Patients 2015/16	Census Comparator	Patients 2016/17	Patients 2015/16	Census Comparator	Patients 2016/17	Patients 2015/16	Census Comparator	Patients 2016/17	Patients 2015/16	Census Comparator	Patients 2016/17	Patients 2015/16	Census Comparator	Patients 2016/17	Patients 2015/16	Census Comparator	Patients 2016/17	Patients 2015/16	Census Comparator	Patients 2016/17	Patients 2015/16	Census Comparator
A White British	31.0%	30.0%	35.7%	32.0%	28.0%	36.6%	49.0%	48.0%	36.7%	47.0%	54.0%	74.5%	36.0%	33.0%	47.6%	35.0%	35.0%	39.1%	54.0%	54.0%	48.3%	38.0%	39.0%	44.3%
B White Irish	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	2.0%	1.0%	1.1%	0.0%	1.0%	0.3%	2.0%	2.0%	3.0%	1.0%	2.0%	2.5%	3.0%	2.0%	2.0%	1.0%	1.0%	2.2%
C White Other	10.0%	10.0%	12.9%	10.0%	10.0%	14.2%	12.0%	12.0%	13.0%	2.0%	2.0%	3.6%	16.0%	12.0%	20.1%	23.0%	21.0%	18.4%	8.0%	9.0%	18.8%	9.0%	10.0%	12.6%
Total White:	42.0%	41.0%	49.7%	43.0%	39.0%	51.9%	63.0%	61.0%	50.9%	49.0%	57.0%	78.6%	54.0%	47.0%	70.8%	59.0%	58.0%	60.2%	65.0%	65.0%	69.8%	48.0%	50.0%	59.8%
D Mixed White / Black Caribbean	3.0%	3.0%	3.0%	3.0%	3.0%	3.6%	2.0%	1.0%	2.8%	1.0%	1.0%	1.8%	1.0%	1.0%	0.7%	2.0%	2.0%	1.4%	1.0%	1.0%	0.8%	2.0%	2.0%	1.5%
E Mixed White / Black African	1.0%	1.0%	1.8%	2.0%	1.0%	2.1%	2.0%	1.0%	1.6%	0.0%	0.0%	0.8%	0.0%	0.0%	0.6%	1.0%	1.0%	0.9%	1.0%	0.0%	0.6%	1.0%	1.0%	0.8%
F Mixed White / Asian	2.0%	2.0%	4.6%	1.0%	1.0%	3.2%	4.0%	4.0%	2.5%	0.0%	0.0%	1.5%	1.0%	0.0%	1.1%	1.0%	1.0%	1.2%	1.0%	1.0%	1.0%	1.0%	1.0%	1.2%
G Mixed Other	7.0%	7.0%	3.8%	4.0%	5.0%	3.6%	4.0%	4.0%	2.6%	2.0%	1.0%	1.1%	4.0%	3.0%	1.3%	2.0%	2.0%	1.8%	2.0%	2.0%	1.3%	3.0%	3.0%	1.5%
Total Mixed/Multiple ethnic groups:	13.0%	13.0%	13.2%	10.0%	10.0%	12.5%	12.0%	10.0%	9.5%	3.0%	2.0%	5.2%	6.0%	4.0%	3.7%	6.0%	6.0%	5.3%	5.0%	4.0%	3.7%	7.0%	7.0%	5.0%
H Asian / Asian British Indian	1.0%	1.0%	1.3%	1.0%	1.0%	2.3%	1.0%	0.0%	3.7%	0.0%	0.0%	2.6%	2.0%	2.0%	3.4%	3.0%	2.0%	2.9%	3.0%	2.0%	4.0%	1.0%	1.0%	6.6%
J Asian / Asian British Pakistani	0.0%	0.0%	0.6%	0.0%	0.0%	1.2%	1.0%	1.0%	1.2%	0.0%	0.0%	3.6%	1.0%	1.0%	0.8%	1.0%	1.0%	0.7%	0.0%	1.0%	0.9%	0.0%	0.0%	2.7%
K Asian / Asian British Bangladeshi	5.0%	6.0%	12.4%	1.0%	1.0%	2.2%	2.0%	1.0%	4.6%	0.0%	0.0%	1.5%	0.0%	0.0%	2.7%	1.0%	1.0%	1.9%	1.0%	1.0%	2.0%	2.0%	2.0%	2.7%
L Asian / Asian British Other	3.0%	3.0%	2.7%	1.0%	1.0%	4.3%	4.0%	3.0%	4.4%	0.0%	0.0%	1.8%	2.0%	2.0%	4.2%	1.0%	1.0%	2.8%	1.0%	1.0%	4.1%	1.0%	2.0%	4.3%
Total Asian:	9.0%	10.0%	17.9%	3.0%	3.0%	11.8%	8.0%	5.0%	17.2%	0.0%	0.0%	10.0%	5.0%	5.0%	13.6%	6.0%	5.0%	9.9%	5.0%	5.0%	13.3%	4.0%	5.0%	17.1%
M Black / Black British Caribbean	2.0%	2.0%	3.2%	5.0%	6.0%	4.1%	1.0%	3.0%	3.4%	0.0%	0.0%	1.0%	2.0%	2.0%	2.0%	8.0%	7.0%	6.7%	3.0%	2.0%	2.4%	3.0%	3.0%	4.2%
N Black / Black British African	4.0%	5.0%	8.9%	3.0%	3.0%	10.8%	3.0%	2.0%	9.4%	0.0%	0.0%	2.9%	3.0%	2.0%	4.3%	2.0%	2.0%	10.0%	2.0%	3.0%	4.8%	2.0%	2.0%	7.0%
P Black / Black British Other	3.0%	3.0%	3.3%	3.0%	3.0%	4.0%	0.0%	0.0%	3.2%	0.0%	0.0%	1.0%	1.0%	1.0%	1.2%	4.0%	3.0%	3.2%	2.0%	1.0%	1.2%	2.0%	2.0%	2.1%
Total Black:	9.0%	10.0%	15.4%	11.0%	12.0%	18.3%	4.0%	5.0%	16.0%	0.0%	0.0%	4.9%	6.0%	5.0%	7.5%	14.0%	12.0%	19.9%	7.0%	6.0%	8.4%	7.0%	7.0%	13.3%
R Other Chinese	1.0%	0.0%		0.0%	1.0%	0.0%	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
S Other Other	4.0%	4.0%	3.8%	3.0%	3.0%	3.6%	2.0%	2.0%	3.6%	0.0%	0.0%	0.7%	4.0%	3.0%	2.6%	4.0%	4.0%	4.0%	1.0%	1.0%	2.7%	3.0%	3.0%	2.1%
Total Others:	5.0%	4.0%	5.7%	3.0%	4.0%	5.2%	3.0%	3.0%	6.4%	0.0%	0.0%	1.3%	4.0%	3.0%	4.4%	4.0%	4.0%	4.7%	1.0%	1.0%	3.8%	3.0%	3.0%	3.4%
Z Not stated	4.0%	3.0%		2.0%	2.0%		7.0%	6.0%		0.0%	0.0%		16.0%	10.0%		1.0%	0.0%		3.0%	2.0%		3.0%	2.0%	
99 Not reported	12.0%	18.0%		22.0%	28.0%		2.0%	8.0%		11.0%	17.0%		4.0%	15.0%		5.0%	14.0%		8.0%	16.0%		11.0%	17.0%	
NULL Not known	5.0%	2.0%		8.0%	2.0%		1.0%	0.0%		37.0%	21.0%		6.0%	10.0%		3.0%	1.0%		7.0%	2.0%		16.0%	8.0%	
Total Not collected:	21.0%	23.0%		32.0%	32.0%		10.0%	14.0%		48.0%	38.0%		26.0%	35.0%		9.0%	15.0%		18.0%	20.0%		30.0%	27.0%	

Tavistock and Portman NHS Foundation Trust

Student equality data

1. Background

MyTap, the new student information management system (SIMS) went live in November 2016. All applicants applying to study at the Tavistock and Portman for academic year 2017/18 onwards have completed the revised equality monitoring form which includes a wider range of protected characteristics.

We have consciously decided not to ask applicants about pregnancy and maternity. We also do not have data in relation to gender reassignment however this is being looking into by the admissions team and head of CPD and conferences. The revised form does include a question about whether applicants have any carer responsibilities.

We have analysed the data for the entire currently enrolled student body, which includes those students at the Tavistock and Portman who completed the old application form which included minimal equalities monitoring. Where possible, the report below provides a comparison of the new student cohort (Year 1 students for 2017/18) against returning students (those who applied pre-November 2016 and are in year 2 above).

2. Student body by ethnicity

73% of new students identify as white with 27% of new students identifying as BAME. 0.5% of new students did not disclose their ethnicity. By comparison, 75 % of returning students identify as White with 23% BAME. 1.69% of returning students stated their ethnicity as not known and 0.56% did not disclose their identity.

3. Student body by age

The age of the year 1 student body is diverse with 87.93% of new students spread over the following age groups: 15.5% in group 26 – 30, 16.22% in group 31 – 35, 17.48% in group 36 – 40, 15.68% in group 41 – 45, 12.43% in group 46 – 50 and 10.63% in group 51 – 55. It is a similar spread over those age groups within the returning student body: 13.38% in group 26 – 30, 21.19% in group 31 – 35, 16.10% in 36 – 40, 15.54% in group 41 – 45, 12.43% in group 46 – 50 and 11.58% in group 51 – 55. There has been an increase in students in the age group 21 – 25 from 3.67% to 5.77% of new students.

4. Student body by disability

5.23% of new students have declared that they have a disability. 2.26% of returning students have declared that they have a disability.

5. Student body by gender

Female students/trainees make up 79.76% of the student body and 19.8% are male. There has been an increase in male students enrolling on the first year, with male students making up 21.44% of new students. By comparison, 17.23% of returning students are male.

6. Student body by religion or belief

Returning students (those in year 2 and above) were not asked for this information when they applied. Of new students, 44.5% said that they did not have a religion or belief. The highest reported group was Christianity with 27.57% of new students. The next highest reported group was Jewish with 5.05% of new students. 5.59% of new students chose not to provide this information.

7. Student body by sexual orientation

Returning students were not asked for this information. 78.74% of new students declared themselves as heterosexual, with 5.41% choosing not to disclose. 10.09% of new students have declared themselves as lesbian, gay, bisexual or transgender.

8. Student body by marital status

Returning students were not asked for this information. 42.29% of new students have declared themselves as married or in a civil partnerships whilst 7.34% stated they were divorced or separated. 28.49% of new students declared themselves as single. 12.01% of new students are cohabiting.

9. Student Body by carer responsibilities

In addition, applicants are now asked if they have any carer responsibilities. 33.87% of new students (year one) have declared that they have caring responsibilities.

10. Conclusions

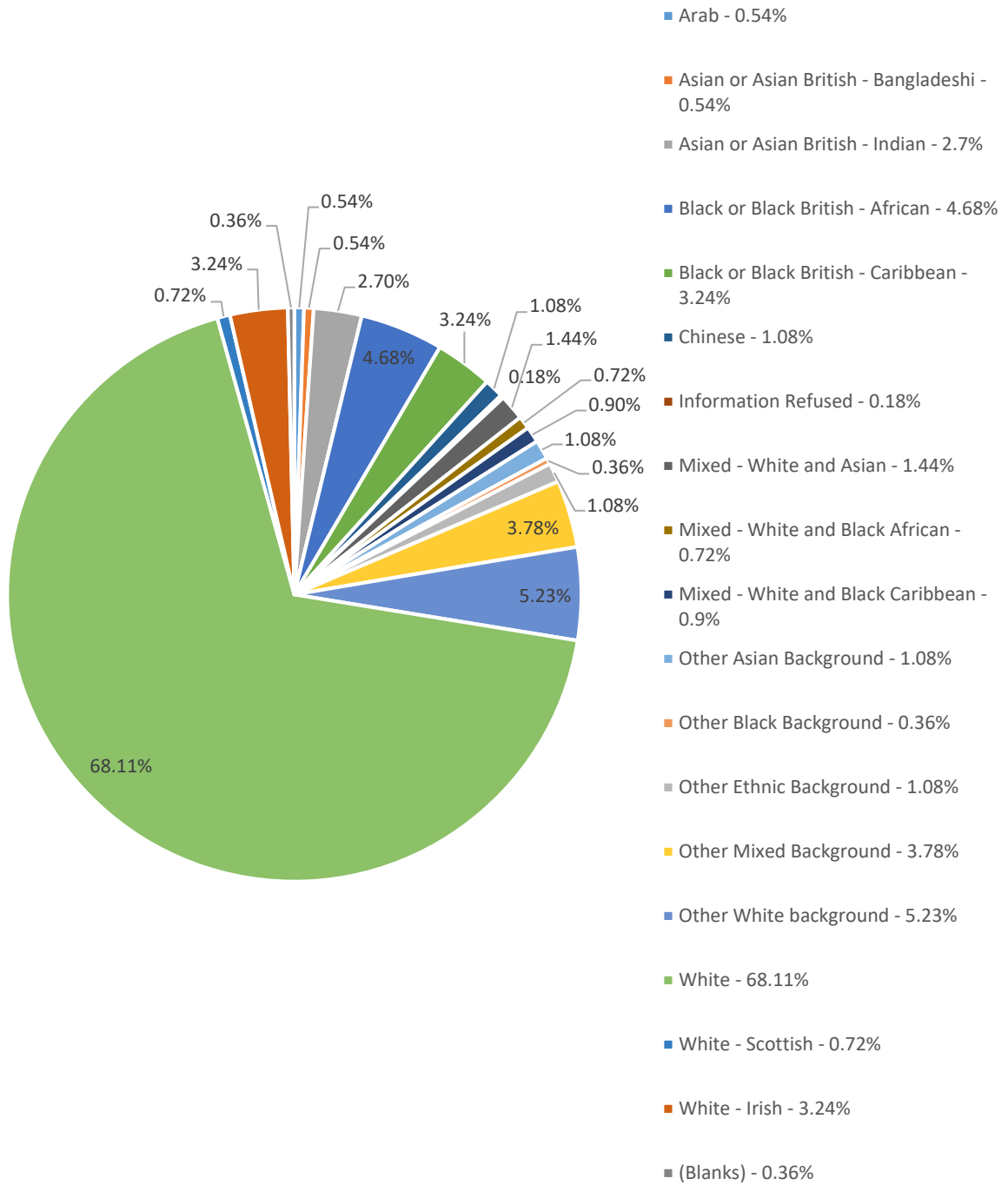
With the implementation of MyTap, reporting on student equalities data in the future should be more robust and complete. MyTap will also enable us to analyse outcome data in relation to students and their progression. The new data collection forms will allow us to improve the completeness of our data whilst recognizing that students always have the right not to say.

EQUALITIES DATA NOVEMBER 2017						
Age	Year 1	Total	%	Returning Students	Total	%
21 - 25	32	555	5.77%	13	354	3.67%
26 - 30	86	555	15.50%	47	354	13.28%
31 - 35	90	555	16.22%	75	354	21.19%
36 - 40	97	555	17.48%	57	354	16.10%
41 - 45	87	555	15.68%	55	354	15.54%
46 - 50	69	555	12.43%	44	354	12.43%
51 - 55	59	555	10.63%	41	354	11.58%
56 - 60	27	555	4.86%	11	354	3.11%
61 - 65	7	555	1.26%	6	354	1.69%
66 - 70	1	555	0.18%	1	354	0.28%
70+	0	555	0.00%	1	354	0.28%
(Blanks)	0	555	0.00%	3	354	0.85%
Gender						
Female	433	555	78.02%	292	354	82.49%
Male	119	555	21.44%	61	354	17.23%
Information Refused	3	555	0.54%	0	354	0.00%
Other	0	555	0.00%	1	354	0.28%
Disability						
A disability	2	555	0.36%	1	354	0.28%
A longstanding illness or health condition such as cancer	1	555	0.18%	0	354	0.00%
No known disability	40	555	7.21%	135	354	38.14%
A specific learning difficulty such as dyslexia	21	555	3.78%	6	354	1.69%
Blind or serious visual impairment not corrected by glasses	1	555	0.18%	0	354	0.00%
Deaf or serious hearing impairment	0	555	0.00%	1	354	0.28%
Specific learning disability - i.e. dyslexia	4	555	0.72%	0	354	0.00%
(Blanks)	486	555	87.57%	211	354	59.60%
Religion or Belief						
Any other religion or belief	12	555	2.16%	1	354	0.28%
Bhuddist	8	555	1.44%	0	354	0.00%
Christian	153	555	27.57%	1	354	0.28%
Hindu	11	555	1.98%	0	354	0.00%
Information Refused	31	555	5.59%	0	354	0.00%
Jewish	28	555	5.05%	0	354	0.00%
Muslim	9	555	1.62%	0	354	0.00%
No religion	247	555	44.50%	4	354	1.13%
Spiritual	24	555	4.32%	0	354	0.00%
(Blanks)	32	555	5.77%	348	354	98.31%
Ethnicity						
Arab	3	555	0.54%	0	354	0.00%
Asian or Asian British - Bangladeshi	3	555	0.54%	2	354	0.56%
Asian or Asian British - Indian	15	555	2.70%	12	354	3.39%
Asian or Asian British - Pakistani	0	555	0.00%	1	354	0.28%
Black or Black British - African	26	555	4.68%	11	354	3.11%
Black or Black British - Caribbean	18	555	3.24%	16	354	4.52%
Chinese	6	555	1.08%	9	354	2.54%
Information Refused	1	555	0.18%	2	354	0.56%
Mixed - White and Asian	8	555	1.44%	4	354	1.13%
Mixed - White and Black African	4	555	0.72%	2	354	0.56%
Mixed - White and Black Caribbean	5	555	0.90%	1	354	0.28%
Not Known	0	555	0.00%	6	354	1.69%
Other Asian Background	6	555	1.08%	4	354	1.13%
Other Black Background	2	555	0.36%	1	354	0.28%
Other Ethnic Background	6	555	1.08%	5	354	1.41%
Other Mixed Background	21	555	3.78%	6	354	1.69%
Other White background	29	555	5.23%	6	354	1.69%
White	378	555	68.11%	266	354	75.14%
White - Scottish	4	555	0.72%	0	354	0.00%
White - Irish	18	555	3.24%	0	354	0.00%
(Blanks)	2	555	0.36%	0	354	0.00%

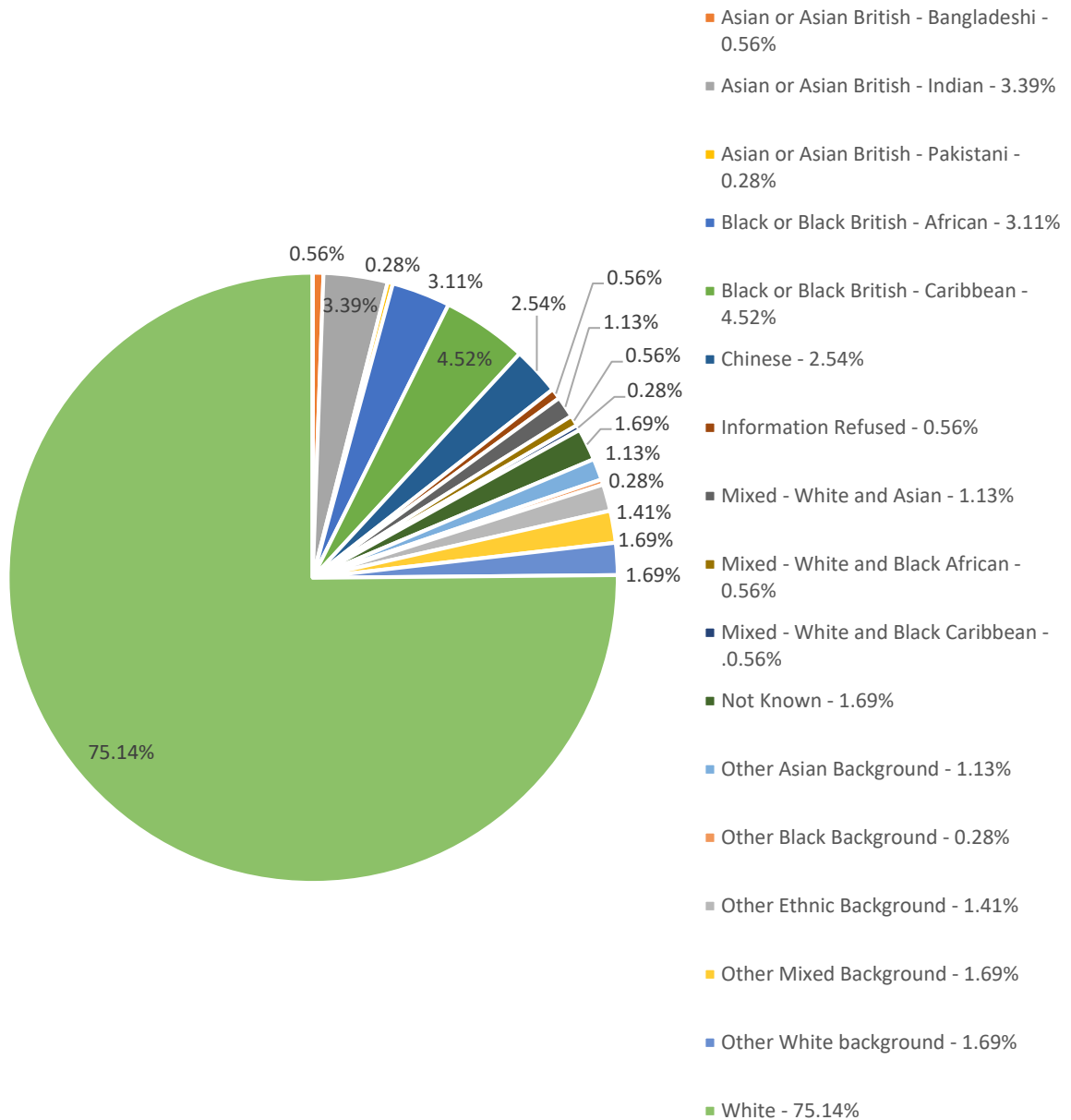
Sexual Orientation						
Bisexual	23	555	4.14%	0	354	0.00%
Gay Man	18	555	3.24%	1	354	0.28%
Gay Woman/Lesbian	11	555	1.98%	0	354	0.00%
Heterosexual	437	555	78.74%	5	354	1.41%
Information Refused	30	555	5.41%	0	354	0.00%
Other	4	555	0.72%	0	354	0.00%
(Blanks)	32	555	5.77%	348	354	98.31%
Marital Status						
Co-habiting	67	558	12.01%	1	367	0.27%
Divorced	32	558	5.73%	1	367	0.27%
Married or in a civil partnership	236	558	42.29%	0	367	0.00%
Prefer not to say	20	558	3.58%	0	367	0.00%
Separated (still legally married/in civil partnership)	9	558	1.61%	0	367	0.00%
Single (never married/in civil partnership)	159	558	28.49%	4	367	1.09%
Widowed/surviving partner from civil partnership	2	558	0.36%	0	367	0.00%
(Blanks)	33	558	5.91%	361	367	98.37%
Caring Responsibilities						
Yes	189	558	33.87%	2	367	0.54%
No	337	558	60.39%	4	367	1.09%
(Blanks)	32	558	5.73%	361	367	98.37%

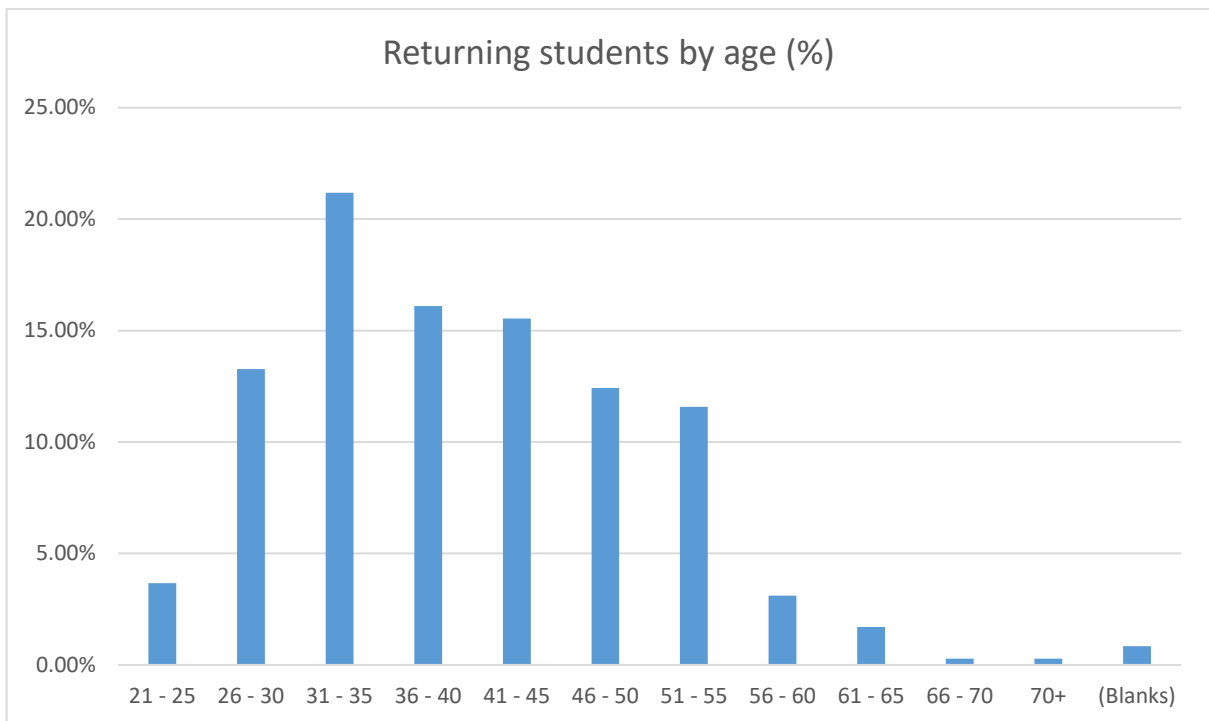
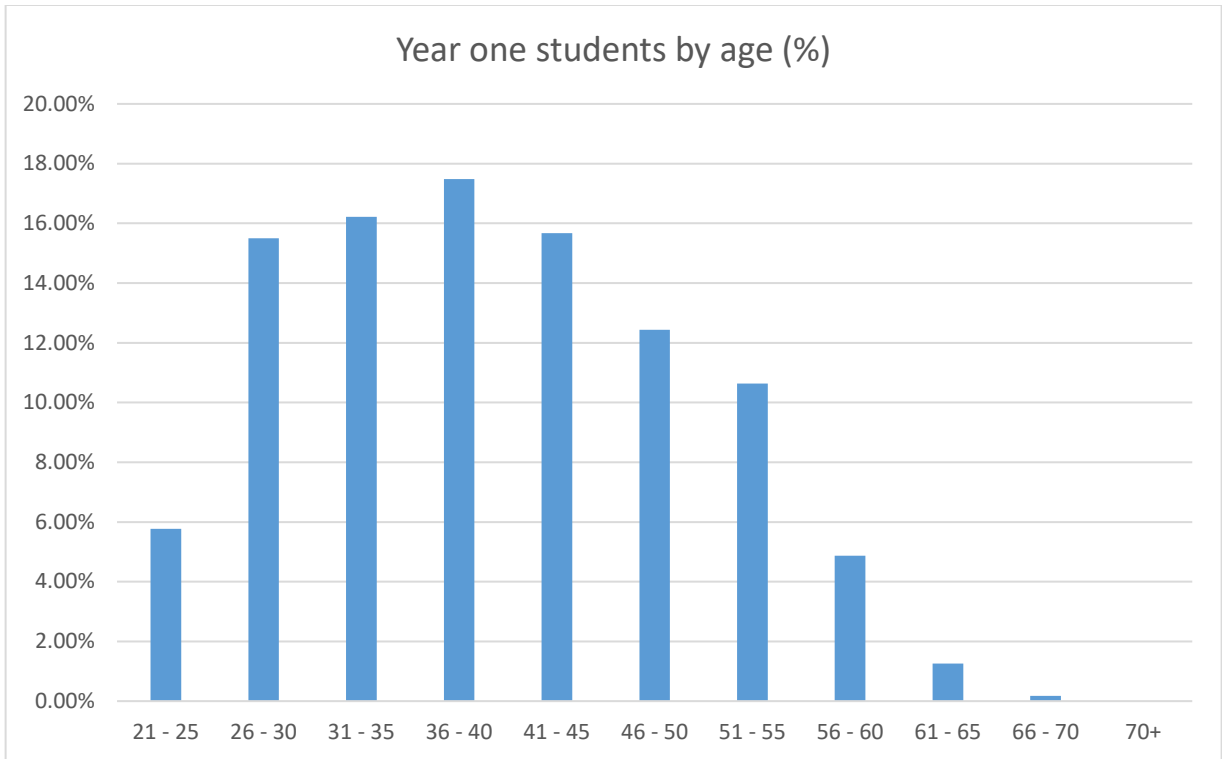
Student equality data

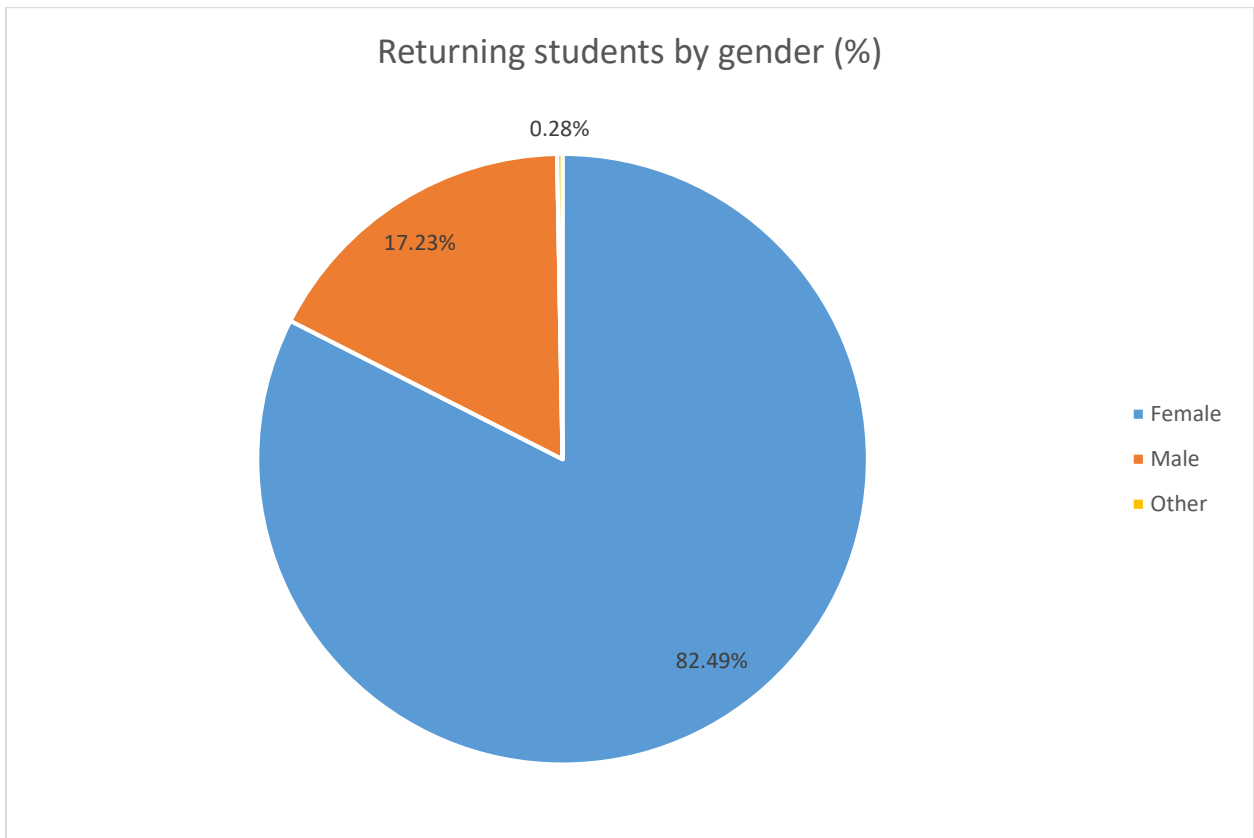
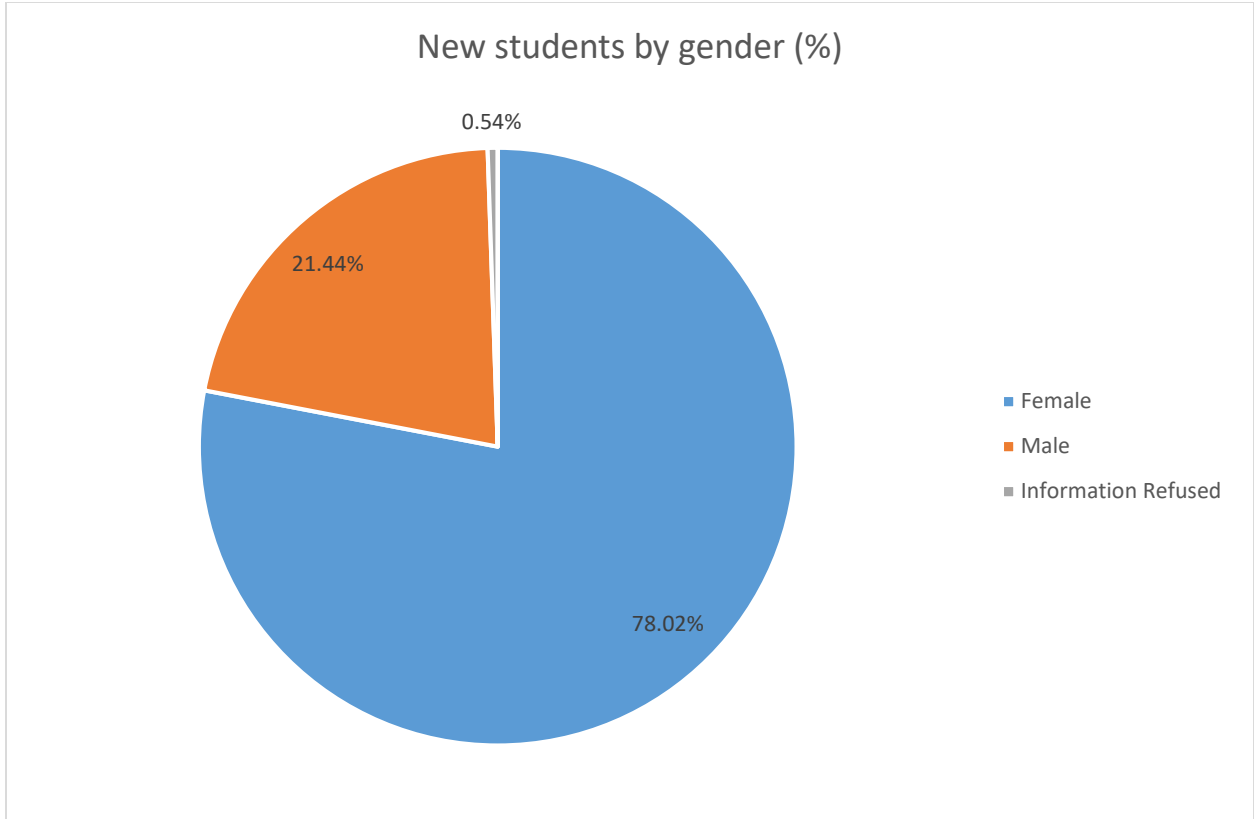
New students by ethnicity (%)

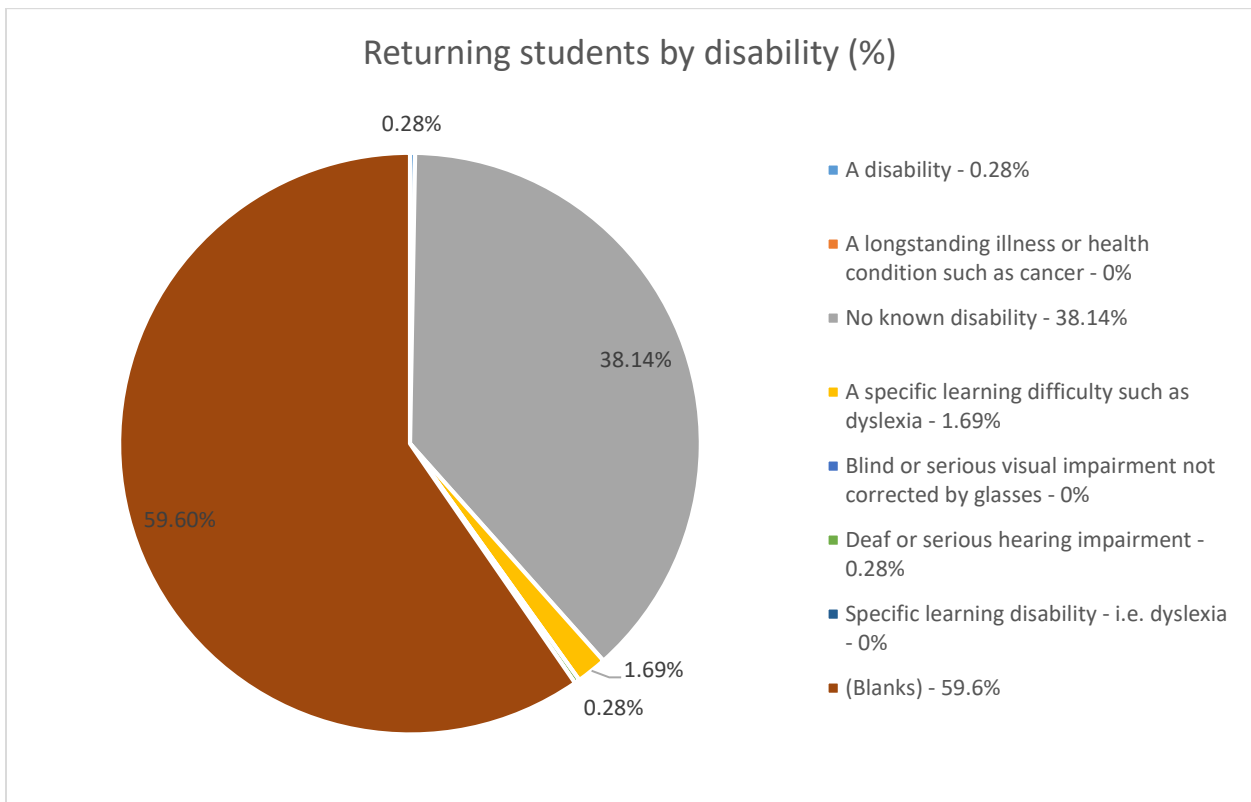
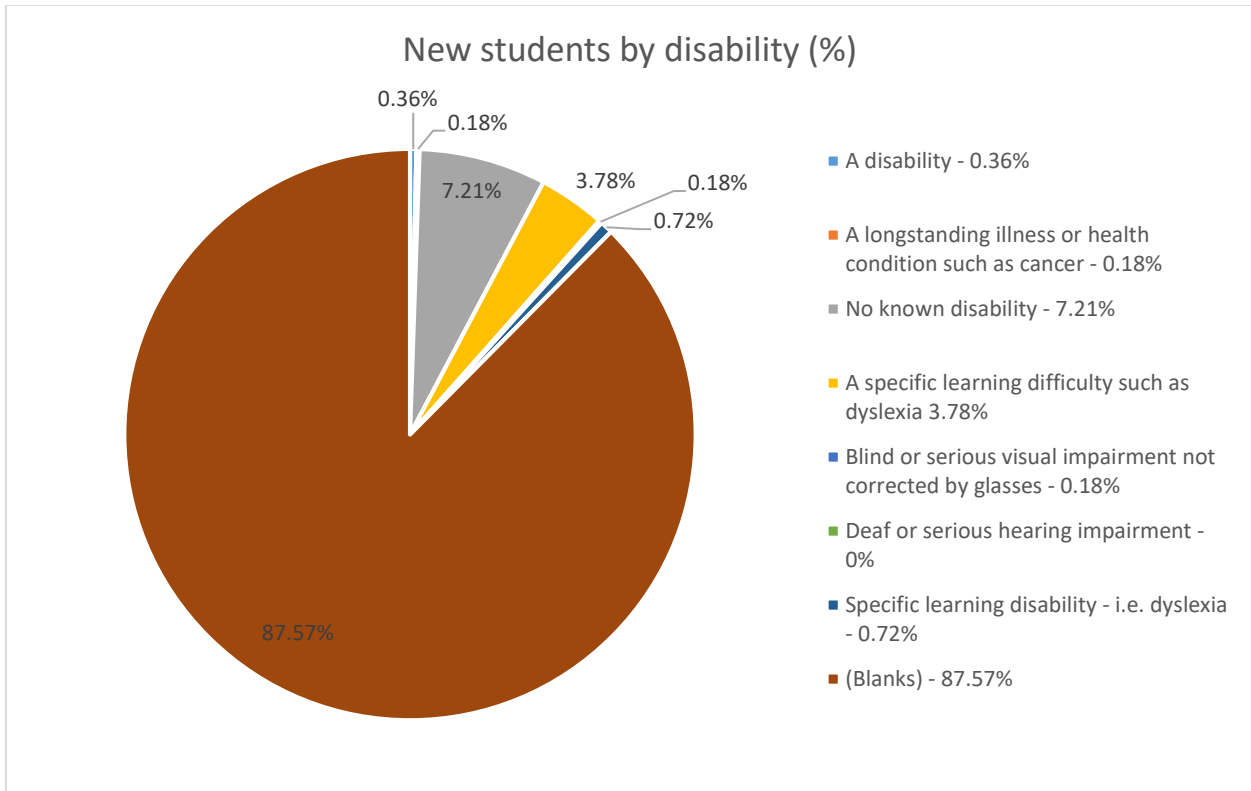


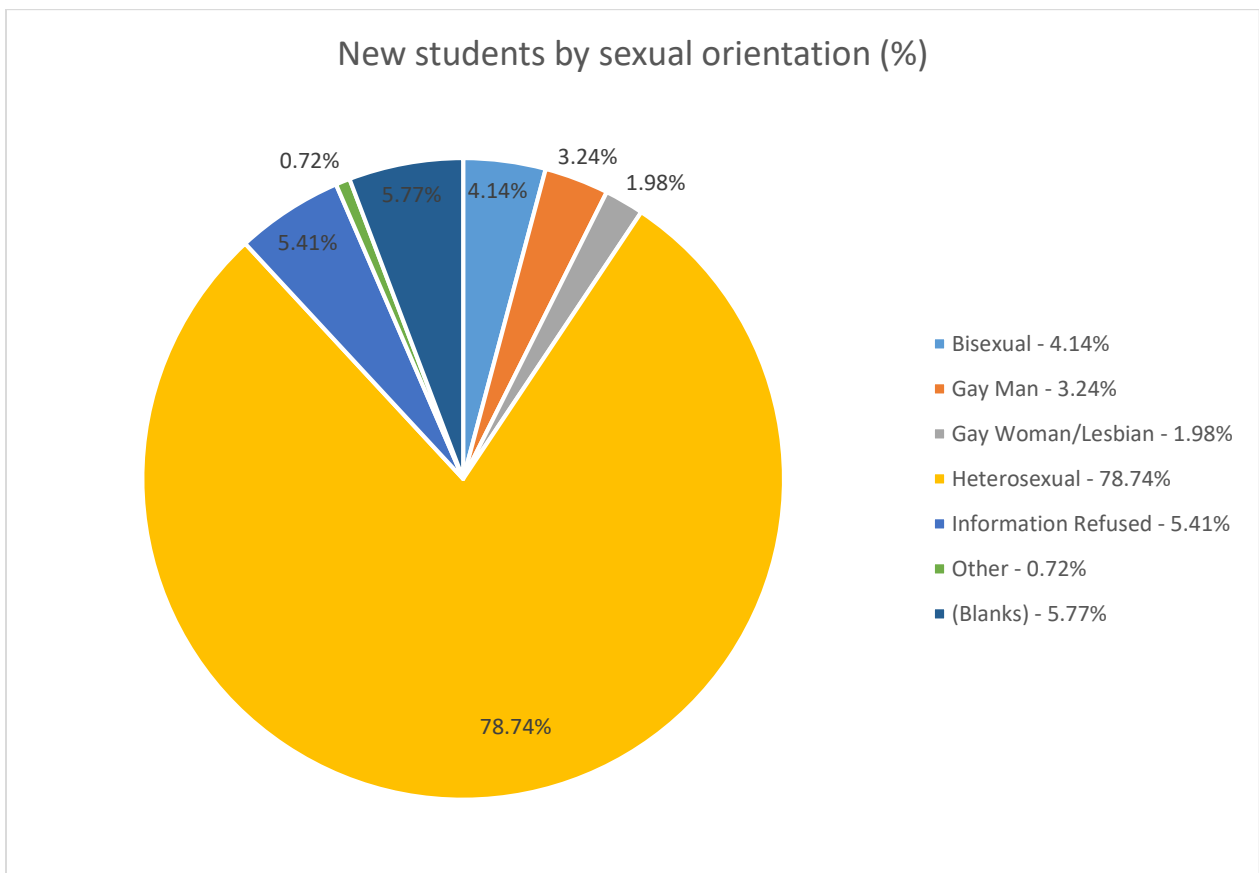
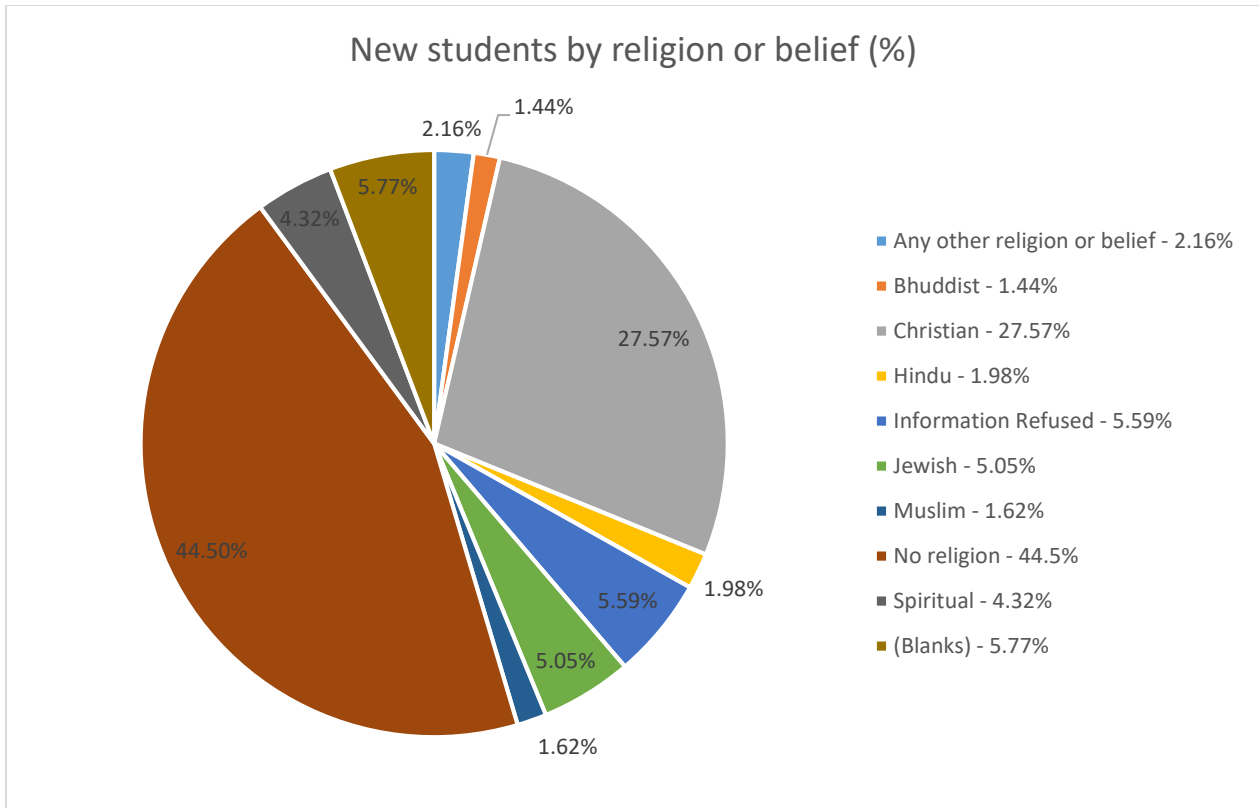
Returning students by ethnicity (%)



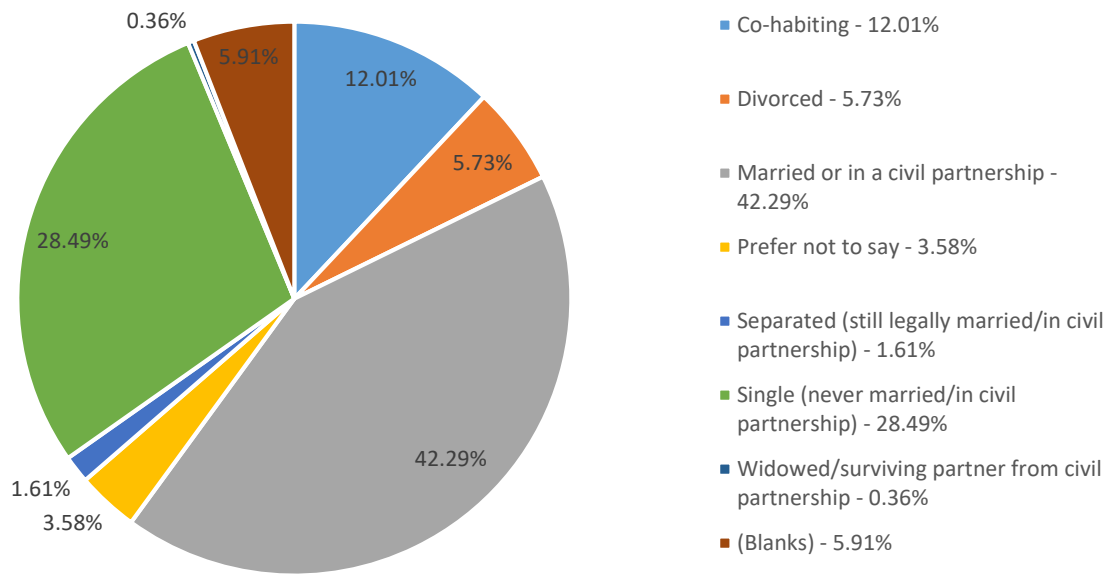




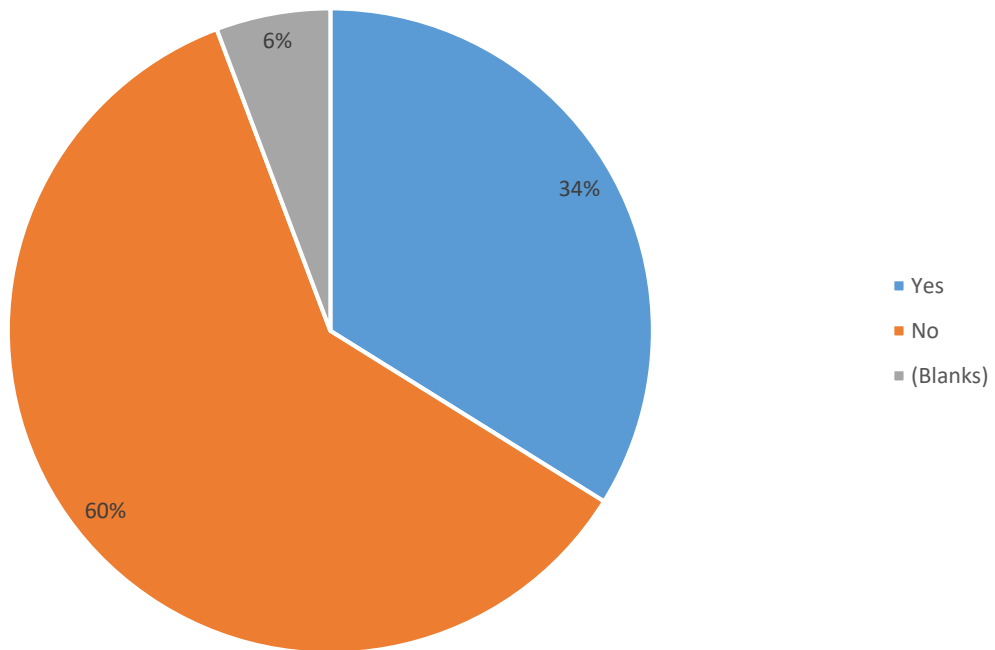




New students by marital status (%)



New students by carer responsibilities (%)



Equality, Diversity and Inclusion Committee: 09 November 2017

Workforce Diversity Statistics

