



The Tavistock and Portman  
NHS Foundation Trust

# WRES Report

Workforce Race Equality Standard

2021 - 2022

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## Table of Contents

<b>Workforce Race Equality Standard</b> .....	3
<b>Introduction</b> .....	3
<b>Key findings from the report</b> .....	5
<b>Workforce Representation</b> .....	5
<b>Workforce Representation by Ethnicity</b> .....	5
<b>Workforce Profile: Non-Clinical Staff</b> .....	5
<b>Workforce Profile: Clinical Staff</b> .....	6
<b>Recruitment: Staff appointed from shortlisting</b> .....	7
<b>HR: Staff entering the formal disciplinary procedure</b> .....	8
<b>Access to Non-mandatory Training and CPD</b> .....	8
<b>Harassment, Bullying or Abuse (HBA)</b> .....	9
<b>Discrimination</b> .....	11
<b>Board representation</b> .....	11
<b>Conclusion and Next Steps</b> .....	12
<b>Appendix 1</b> .....	14
<b>WRES Indicators</b> .....	14
<b>Appendix 2</b> .....	15
<b>EDI Improvement Action Plan</b> .....	15

# Tavistock and Portman WRES Report 2021-22

## Workforce Race Equality Standard

### Introduction

The Workforce Race Equality Standard (WRES) was mandated through the NHS' standard contract in April 2015: all NHS organisations are required to publish their performance data and action plans against nine indicators of the WRES and make them public.

Consequently, this report presents the Tavistock and Portman's 2021-22 WRES data and associated Action Plan. It provides an overview of the Trust's scores on workplace inequalities between Black and Minority Ethnic (BME) and their White counterparts through nine WRES key indicators that focus on workforce composition and people management, recruitment, bullying and harassment and discrimination as well as BME representation at Board level – see full details of the WRES indicators in Appendix 1. The report identifies where improvements have been made, where data has stagnated or deteriorated and suggests counter-measures for ameliorating the gaps.

### Key findings from the 2021-22 report

- The Tavistock and Portman continues to make incremental progress in unmasking and tackling workplace inequalities between BME and White staff that are captured through nine WRES indicators. Though the Trust's workforce composition does not currently mirror the community it serves nor is comparable to typical London Trusts, the number of BME staff has continued to increase gradually over the years – it now stands at 28.9% of the total workforce.

It is encouraging to note that progress was made in 4 of the 9 indicators:

- A noteworthy achievement is that BME staff are currently more likely than White staff to be appointed from shortlisting. The Tavistock and Portman was ranked second in the top ten best performing Trusts for this category in 2021-22.
- According to the WRES, BME staff are more likely than White staff to enter the formal disciplinary process in most NHS trusts – however, this disparity has been eradicated at Tavistock and Portman and improvements have been sustained for the last two years.
- White staff at the Tavistock and Portman are no longer more likely to access non mandatory training and continued professional development than BAME staff.
- Continuous improvements have been made in reducing the number of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 4 years.

However, it should be noted that there is stagnation and/or regression in most (5 of the 9) metrics. Overall, BME staff have a poorer work experience than White staff at the Trust – this has been the trend since the WRES was mandated in 2015. The following areas still require further attention:

- The significant overrepresentation of BME staff in low level bands and non-clinical roles and their underrepresentation in more senior roles. For instance, there is no BME representation in non-clinical roles above Band 8b. .
- BME staff continue to encounter more than double the amount of harassment, bullying and abuse that they receive from patients and the public from their colleagues at work.
- The majority of BME staff (over 80%) perceive their opportunities for career progression or promotion as bleak within the Trust - the Trust is categorised as the second worst performing Trust in facilitating an equitable working environment.
- BME staff at the Tavistock are twice as likely to experience discrimination from either their manager, team leader or colleague in comparison to their White counterparts. Consequently, we are rated the third worst performing Trust in this indicator.
- BME staff continue to be underrepresented at Board.

## Indicator 1: Workforce Representation

### Workforce Representation by Ethnicity

**Table 1** shows that the workforce profile at the Tavistock and Portman is 242 (28.9%) BME and 562 (67.2%) White. This is not consistent with trends in NHS Trusts in the London region where the average is 48% BME and 46.8% White.

Table 1: BME Representation at the T&P

BME Representation Rate	2019			2020			2021			2022		
	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown
<b>BME Workforce Representation</b>	191 (24.1%)	502 (63.2%)	101 (12.7%)	219 (26.2%)	541 (65%)	73 (8.8%)	235 (27.6%)	582 (68%)	39 (4.6%)	242 (28.9%)	562 (67.2%)	32 (3.8%)
<b>Overall Staff Headcount</b>	<b>794</b>			<b>833</b>			<b>856</b>			<b>836*</b>		

\* As at 13 July 2022

### Workforce Profile: Non-Clinical Cohort

Table 2: Workforce Profile: Non-clinical Cohort

Workforce profile: Non-clinical Cohort 2019-2022												
Pay Band	2018-2019			2019-2020			2020-2021			2021-2022		
	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown
<b>Under Band 1</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Band 1</b>	1 (16.7%)	4 (66.7%)	1 (16.7%)	0 (0%)	1 (100%)	0 (0%)	0	0	0	0	0	0
<b>Band 2</b>	1 (100%)	0 (0%)	0 (0%)	2 (28.6%)	5 (71.4%)	0 (0%)	2 (28.6%)	5 (71.4%)	0 (0%)	3 (42.9%)	4 (57.1%)	0 (0%)
<b>Band 3</b>	2 (28.6%)	3 (42.9%)	2 (28.6%)	2 (25%)	4 (50%)	2 (25%)	4 (44.4%)	5 (55.6%)	0 (0%)	3 (60%)	2 (40%)	0 (0%)
<b>Band 4</b>	25 (32.5%)	37 (48%)	15 (19.5%)	24 (33.8%)	40 (56.3%)	7 (9.9%)	25 (36.2%)	40 (58%)	4 (5.8%)	24 (36.4%)	39 (59.1%)	3 (4.5%)
<b>Band 5</b>	33 (45.9%)	24 (33.3%)	15 (20.8%)	35 (48.7%)	26 (36.1%)	11 (15.3%)	41 (51.9%)	32 (40.1%)	6 (7.6%)	43 (51.2%)	39 (46.2%)	2 (2.4%)
<b>Band 6</b>	20 (47.6%)	16 (38.1%)	6 (14.3%)	27 (56.3%)	17 (35.4%)	4 (8.3%)	25 (54.3%)	20 (43.5%)	1 (2.2%)	25 (56.9%)	18 (40.9%)	1 (2.3%)
<b>Band 7</b>	16 (66.7%)	4 (16.7%)	4 (16.7%)	19 (65.6%)	8 (27.6%)	2 (6.9%)	21 (67.7%)	10 (32.3%)	0 (0%)	23 (67.6%)	11 (32.4%)	0 (0%)
<b>Band 8a</b>	22 (68.8%)	8 (25%)	2 (6.3%)	18 (75%)	6 (25%)	0 (0%)	27 (75%)	7 (19.4%)	2 (5.6%)	21 (70%)	6 (20%)	3 (10%)
<b>Band 8b</b>	6 (75%)	2 (25%)	0 (0%)	7 (63.6%)	3 (27.3%)	1 (9.1%)	10 (58.8%)	5 (29.4%)	2 (11.8%)	15 (68.2%)	7 (31.8%)	0 (0%)

<b>Band 8c</b>	9 (81.9%)	1 (9.1%)	1 (9.1%)	9 (100%)	0 (0%)	0 (0%)	13 (92.9%)	0 (0%)	1 (7.1%)	15 (100%)	0 (0%)	0 (0%)
<b>Band 8d</b>	3 (100%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)	3 (75%)	0 (0%)	1 (25%)
<b>Band 9</b>	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)
<b>VSM</b>	15 (83.3%)	3 (16.7%)	0 (0%)	11 (78.6%)	3 (21.4%)	0 (0%)	23 (88.5%)	2 (7.8%)	1 (3.8%)	6 (100%)	0 (0%)	0 (0%)
<b>Total</b>	<b>153 (50.8%)</b>	<b>102 (33.9%)</b>	<b>46 (16.3%)</b>	<b>159 (53.2%)</b>	<b>113 (37.8%)</b>	<b>27 (9%)</b>	<b>194 (57.6%)</b>	<b>126 (37.4%)</b>	<b>17 (5%)</b>	<b>183 (57.4%)</b>	<b>126 (39.5%)</b>	<b>10 (3.1%)</b>

**Table 2** is an overview of the non-clinical workforce cohort over four reporting years 2018-22. According to Table 1, the BME workforce population is 28.9%. This suggests that the 39.5% cohort of the non-clinical workforce in Table 2 that comes from a BME background is an overrepresentation of 10.6%. Also, there is overrepresentation of BME staff in lower bands (2-7) and there is no BME representation in senior roles above Band 8b.

### Workforce Profile: Clinical Cohort

**Table 3** below presents the Trust's clinical cohort: 16 (72.7%) of the lowest band (Band 4 clinical staff) come from a BME background. However, BME staff are underrepresented in all senior clinical pay bands of the workforce. As highlighted earlier in Table 1, the overall population of BME staff is 28.9%, however in Table 3, only 96 (21.3%) of the clinical workforce come from a BME background – this is an underrepresentation of 7.6%. Table 3 also shows that there is underrepresentation across all clinical bands above Band 4.

Table 3: Workforce Profile: Clinical Cohort

Workforce Profile: Clinical Cohort 2019-2022												
Pay Band	2018-2019			2019-2020			2020-2021			2021-2022		
	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown
<b>Under Band 1</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Band 1</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Band 2</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Band 3</b>	1 (100%)	0 (0%)	0 (0%)	0	0	0	0	0	0	0	0	0
<b>Band 4</b>	19 (63.3%)	8 (26.7%)	3 (10%)	19 (67.9%)	9 (32.1%)	0 (0%)	7 (41.2%)	10 (58.8%)	0 (0%)	5 (22.7%)	16 (72.7%)	1 (4.5%)
<b>Band 5</b>	8 (53.3%)	4 (26.6%)	3 (20%)	14 (46.7%)	8 (26.7%)	8 (26.7%)	18 (62.1%)	10 (34.5%)	1 (3.4%)	18 (72%)	7 (28%)	0 (0%)
<b>Band 6</b>	51 (71.8%)	13 (18.3%)	7 (9.9%)	55 (80.9%)	8 (11.8%)	5 (7.4%)	58 (74.4%)	17 (21.8%)	3 (3.8%)	64 (74.4%)	19 (22.1%)	3 (3.5%)
<b>Band 7</b>	76 (69.7%)	17 (15.6%)	16 (14.7%)	86 (74.1%)	24 (20.7%)	6 (5.2%)	89 (78.8%)	19 (16.8%)	5 (4.4%)	87 (79.1%)	19 (17.3%)	4 (3.6%)
<b>Band 8a</b>	72 (77.4%)	13 (14%)	8 (8.6%)	83 (80.6%)	15 (14.6%)	5 (4.9%)	88 (77.9%)	18 (15.9%)	7 (6.2%)	84 (77.1%)	21 (19.2%)	4 (3.7%)
<b>Band 8b</b>	45 (84.9%)	6 (11.3%)	2 (3.8%)	46 (85.2%)	5 (9.3%)	3 (5.6%)	54 (96.4%)	2 (3.6%)	0 (0%)	50 (89.3%)	4 (7.1%)	2 (3.4%)
<b>Band 8c</b>	29 (64.4%)	12 (26.7%)	4 (8.9%)	29 (67.4%)	10 (23.3%)	4 (9.3%)	28 (68.3%)	12 (29.3%)	1 (2.4%)	27 (71.1%)	9 (23.7%)	2 (5.3%)

<b>Band 8d</b>	5 (71.4%)	1 (14.3%)	1 (14.3%)	5 (100%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)	0 (0%)	4 (80%)	1 (20%)	0 (0%)
<b>Band 9</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>VSM</b>	1 (100%)	0 (0%)	0 (0%)	2 (66.7%)	1 (33.3)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Total</b>	<b>307 (72.2%)</b>	<b>74 (17.4%)</b>	<b>44 (10.4%)</b>	<b>339 (75.3%)</b>	<b>80 (17.8%)</b>	<b>31 (6.9%)</b>	<b>347 (76.6%)</b>	<b>89 (19.6%)</b>	<b>17 (3.8%)</b>	<b>339 (75.1%)</b>	<b>96 (21.3%)</b>	<b>16 (3.5%)</b>

According to Table 4, the highest percentage of BME staff are Medical Consultants. There has been an increase of almost 10% in the BME medical cohort since 2018.

Table 4: Workforce Profile: Medical / Dental Cohort

Workforce Profile: Medical / Dental Cohort 2018-2022												
Pay Band	2018-2019			2019-2020			2020-2021			2021-2022		
	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown
Consultants	28 (62.2%)	11 (24.4%)	6 (13.3%)	25 (59.2%)	10 (23.8%)	7 (16.7%)	23 (60.5%)	11 (28.9%)	4 (10.5%)	24 (63.2%)	13 (34.2%)	1 (2.6%)
Snr Medical Manager	5 (83.3%)	1 (16.7%)	0 (0%)	5 (83.3%)	1 (16.7%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Non-Consultant Career Grade	2 (66.7%)	1 (33.3%)	0 (0%)	3 (27.3%)	7 (63.6%)	1 (9.1%)	4 (80%)	1 (20%)	0 (0%)	4 (80%)	1 (20%)	0 (0%)
Trainee Grade	9 (52.9%)	3 (17.6%)	5 (29.4%)	7 (38.9%)	6 (33.3%)	5 (27.8%)	12 (57.1%)	8 (38.1%)	1 (4.8%)	10 (47.6%)	6 (28.6%)	5
Other	3 (100%)	0 (0%)	0 (0%)	8 (61.5%)	3 (23.1%)	2 (15.4%)	2 (100%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)
<b>Total</b>	<b>47 (63.4%)</b>	<b>15 (20.5%)</b>	<b>11 (15.1%)</b>	<b>48 (53.3%)</b>	<b>27 (30%)</b>	<b>15 (16.7%)</b>	<b>41 (61.2%)</b>	<b>21 (31.3%)</b>	<b>5 (7.5%)</b>	<b>40 (60.6%)</b>	<b>20 (30.3%)</b>	<b>6 (9.1%)</b>

## Indicator 2: Relative likelihood of staff being appointed from shortlisting

Table 5: Relative likelihood of appointment from shortlisting

WRES Indicator	Metric Descriptor	2018/19	2019/20	2020/21	2021/22
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants	1.77	0.41	0.73	0.85
	<i>*A figure below 1:00 indicates that BME staff are more likely than White staff to be appointed from shortlisting.</i>	1.45	1.46	1.61	1.61

**Table 5** above shows that in most NHS trusts, White applicants are significantly more likely than BME applicants to be appointed from shortlisting. A figure below 1:00 indicates that BME staff are more likely than White staff to be appointed from shortlisting. At the Tavistock and Portman, the relative likelihood of White staff being appointed from shortlisting compared to BME staff is 0.85 – the average in the London region is 1.62 and the national average is 1.61. Whilst there is a regression of 0.12 percentage points on the previous year, the Tavistock and Portman is ranked second in the top ten best performing Trusts for this indicator in 2021-22. Whilst this is a significant achievement, deeper analysis suggests that this trend is only accurate for the lower pay bands, hence the overrepresentation of BME staff in low level roles, particularly non-clinical roles, and the underrepresentation in more senior roles. The ideal is equalisation of experience and ensuring that there are no disparities associated with race and ethnicity and other protected characteristics.

### Indicator 3: Relative likelihood staff entering the formal disciplinary process

Table 6: Relative likelihood of entering formal capability process

WRES Indicator	Metric Descriptor		2018/19	2019/20	2020/21	2021/22
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Tavistock & Portman	2.63	0.82	0.00	0.00
		NHS Trusts	1.24	1.22	1.16	1.14

The data in Table 6 indicates that BME staff are generally more likely than White staff to enter the formal disciplinary process in NHS trusts. However, this disparity has been eradicated at Tavistock and Portman – equalisation of experience has been achieved and sustained for the last two years.

### Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

Table 7: Relative likelihood of staff accessing non-mandatory training and CPD

WRES Indicator	Metric Descriptor		2018/19	2019/20	2020/21	2021/22
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff	Tavistock & Portman	0.92	1.25	1.49	1.00
		NHS Trusts	1.55	1.15	1.14	1.14



The data in Table 7 illustrates that most Trusts now fall within the non-adverse range of 0.80 to 1.25, based on the four-fifths rule. According to Table 7, White staff at the Tavistock and Portman are no longer more likely to access non mandatory training and continued professional development than BME staff. This improvement and equalisation of experience needs to be sustained.

## Indicator 5: Percentage of staff experiencing harassment, bullying or abuse by patients and public

Table 8: Harassment, bullying or abuse in the last 12 months (patients, relatives & public)

WRES Indicator	Metric Descriptor		BME	White	BME	White	BME	White	BME	White
			2018/19	2018/19	2019/20	2019/20	2020/21	2020/21	2021/22	2021/22
5 Staff Survey Q13a	Percentage of staff experiencing Harassment, Bullying or Abuse from patients, relatives or the public in last 12 months	Tavistock & Portman	24.5%	20.5%	18.8%	20.2%	19.8%	18.6%	13.5%	13.0%
		NHS Trusts	32.8%	27.5%	24.9%	21.0%	25.0%	19.6%	22.9%	18.1%

Table 8 shows that significant improvements have been made in reducing the number of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 4 years: the BME and White statistics have improved by 11% and 7.5% respectively. Notably, the disparity in experience between BME staff and their white counterparts has shrunk to 0.5% - equalisation of experience has almost been achieved. Zero tolerance to abuse of all staff should be sustained.

## Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

Table 9: Harassment, bullying or abuse in the last 12 months (staff)

WRES Indicator	Metric Descriptor		BME	White	BME	White	BME	White	BME	White
			2018/19	2018/19	2019/20	2019/20	2020/21	2020/21	2021/22	2021/22
6 Staff Survey Q13c	Percentage of staff experiencing Harassment, Bullying or Abuse from staff in the last 12 months	Tavistock & Portman	27.8%	19.2%	25.7%	20.5%	23.4%	21.3%	30.8%	19.9%
		NHS Trusts	27.1%	21.2%	24.9%	21%	25%	19.6%	22.9%	18.1%

Juxtaposing the data in Tables 8 and 9, it is daunting to note that while the harassment, bullying and abuse of BME staff by patients is decreasing; the abuse that BME staff receive from their colleagues is continuously increasing. In fact, the harassment, bullying or abuse that BME staff at the Tavistock and Portman currently receive from their own colleagues is more than double the amount that they receive from patients and the public (patients 13.5% and staff 30.8%). This has been the trend since 2018, we are 7.9% worse than an average NHS Trust and have regressed from our position in 2018.

Therefore, the Trust has prioritised tackling harassment, bullying and/or abuse of staff in its new Equality, Diversity and Inclusion Strategy and has reviewed its Freedom to Speak Up Policy to ensure everyone working within the Tavistock feels safe and confident to speak up. Also, a number of initiatives such as the new Equality, Diversity and Inclusion Accountability Group, equalities training programme that focuses on allyship and compassionate and inclusive leadership and an Anti-Racism Statement highlighting the Trust’s commitment to ensuring zero tolerance of racial abuse and discrimination have been launched.

## Indicator 7: Perceptions on equal opportunities for career progression or promotion

Table 10: Opportunities for career progression or promotion

WRES Indicator	Metric Descriptor		BME	White	BME	White	BME	White	BME	White
			2018/19	2018/19	2019/20	2019/20	2020/21	2020/21	2021/22	2021/22
7. Staff Survey Q14	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	Tavistock & Portman	35.4%	54.4%	49.1%	77.7%	16.5%	32.6%	18.9%	31.4%
		NHS Trusts	46.3%	58.3%	45.8%	59%	45.5%	60.9%	46.8%	61%

The data in Table 10 paints a very daunting picture for the Trust – it places us among the worst performing Trusts (at position two). The data indicates that only 18.9% of BME staff believe that there is fairness around opportunities for career progression and promotion in the trust: this means that the majority (81.1%) of them feel there is lack of equity. Also, only 31.4% of White members of staff perceive the Trust as a fair employer – a significant number (68.6%) of them do not. This is well below the national average score. The Trust recently commissioned an independent review that resulted in the launch of a Race Action Plan in an effort to improve the experiences of BME staff. Career progression, internal promotion processes and a Leadership and Management Development programme to equalise experiences and opportunities have been put at the centre of the Race Action Plan. This has also been put at the centre of the Trust’s new Equality, Diversity and Inclusion Strategy as well as the People Strategy.

## Indicator 8: Discrimination at work from manager/colleagues or team leader

Table 11: Experience of discrimination at work from manager/team leader or colleagues

WRES Indicator	Metric Descriptor		BME	White	BME	White	BME	White	BME	White
			2018/19	2018/19	2019/20	2019/20	2020/21	2020/21	2021/22	2021/22
8. Staff Survey Q13b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Tavistock & Portman	15.3%	9.2%	17.0%	7.8%	27.6%	9.7%	21.5%	10.9%
		NHS Trusts	13.6%	5.9%	13.6%	5.8%	15.1%	5.6%	14.4%	6.0%

The data in Table 11 above demonstrates a number of key issues:

- A significant number of BME staff (21.5%) have personally experienced discrimination at work from either their manager, team leader or colleague in comparison to 10.9% of White staff. This means BME staff are twice more likely to experience discrimination at work from manager/team leader or colleague than White staff – data suggest this has been the trend for several years.
- The current reality of BME staff is 6.2% worse than it was four years ago.
- Our data places the Trust at position three among the worst performing Trusts for this indicator.

The Trust is committed to tackling harassment, bullying and/or abuse of staff. It will be rolling out a Leadership and Management programme that aims to foster allyship and inclusive and compassionate leadership behaviours in management teams trust-wide from September. Also, there is a new Equality, Diversity and Inclusion Strategy, a number of initiatives supported by the Trust's Race Action Plan. The Race Equality Network has also been given opportunities to engage with the Board and share their lived experiences to raise awareness and profile of the scale of the challenge.

## Indicator 9: Board Representation

Table 12 shows the percentage difference between BME Board voting membership and the overall BME workforce.

(2) 16.7% of Board members are from BME backgrounds, compared to (242) 28.9% of the Trust's BME staff in the workforce. The data presented in Table 12 indicates that BME staff are underrepresented at Board.

Table 12: Board Representation

Indicator 9: Board Representation and the difference between Board voting membership and its overall workforce												
Board Representation	2018-2019			2019-2020			2020-2021			2021-2022		
	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown
Total Board Members by ethnicity	13.3% (2)	86.7% (13)	(0%) 0	14.3% (2)	85.7% (12)	0% (0)	21.4% (3)	78.6% (11)	0.0% (0)	16.7% (2)	75% (9)	8.3% (1)
Voting Board Members by ethnicity	9.1% (1)	90.9% (10)	(0%) 0	16.7% (2)	83.3% (10)	0% (0)	16.7% (2)	83.3% (10)	0% (0)	18.2% (2)	72.7% (8)	9.1% (1)
Overall Workforce by ethnicity	23.7% (170)	69.4% (498)	7% (50)	24.1% (502)-	63.2% (191)	12.7% (101)	26.3% (219)	64.9% (541)	8.8% (73)	27.5% (235)	68% (582)	4.6% (39)
Difference (Total Board – Overall Workforce)	<b>-10.3%</b>	<b>17.3%</b>	<b>-7%</b>	<b>-9.8%</b>	<b>22.5%</b>	<b>12.7%</b>	<b>-4.9%</b>	<b>13.6%</b>	<b>-8.8%</b>	<b>-10.8%</b>	<b>7.0%</b>	<b>3.8%</b>

## Conclusion and Next Steps

There are two discrete sides to this WRES report. First, the Trust has made significant progress in four key themes that could be a foundation and catalyst for positive transformation if they are sustained:

- The Trust has continued increase its BME workforce for four consecutive years - currently it is at 28.9%. The London average that we should continue journeying towards is 48%.
- Contrary to the reality in most NHS trusts, White applicants at the Tavistock are no longer more likely than BME applicants to be appointed from shortlisting. This achievement places the Trust second among best performing Trusts for this indicator. There is need to build on this success and ensure that it is not only limited to lower pay bands but replicated in more senior roles as well.
- There is no disparity by ethnicity in the relative likelihood of staff entering the formal disciplinary process. Just Culture principles should continue to be embedded and lessons learnt to facilitate continuous improvement.
- Disparity between the number of BME staff and their White counterparts experiencing harassment, bullying or abuse from patients, relatives or the public has shrunk to 0.5%. Zero tolerance should continue to espoused until there is equalisation of experience and no abuse on staff by patients and the public.

However, the second part of the report chimes with a number of challenges that were highlighted in a recent independent review, CQC evaluation and overall 2021-22 NHS National Staff Survey results that indicate that we are below average in most Equality Diversity and Inclusion key performance indicators and are among the worst performing NHS Foundation Trusts in a number of indices:

- Our Diversity and Equality Score is 7.2 – the best Trusts have a score of 8.7 and the worst 7.2.
- Our Staff Engagement Score is 6.6 – the national average is 7.0 and the worst score is 6.6.
- 40.7% of our staff are thinking of leaving the Trust, this gives us a score of 5.4, placing us among the worst in the sector.

- Only 66.5% of our staff feel safe to raise concerns about unsafe clinical practice and only 48.0% believe the Trust would address their concerns – this places us among the worst organisations in the sector.
- We are in the lowest category nationally for respecting individual differences.

Therefore, by focusing on our managers and team leaders we will make sure that they are equipped to support their teams with inclusive behaviours and support them to take the necessary action to create an organisational culture that enables inclusion, equity and belonging for all.

The following issues that have been highlighted in the report require further attention:

- The Trust's workforce profile does not mirror the communities it serves in the London region.
- The underrepresentation of BME staff in clinical roles. There is need to understand systemic causes including an investigation of routes for career progression, recruitment trends into Band 5 roles and above, and access to career development opportunities at lower bands.
- Overrepresentation of BME staff in non-clinical low band roles. Action should be taken to analyse our recruitment, secondment and internal promotion trends.
- On the surface, data indicates that there is no adverse impact on BME staff being appointed following shortlisting compared to White candidates. However, deeper analysis suggests that whilst this is particularly true for low level bands, it does not reflect the reality in more senior roles.
- Bullying, harassment and abuse of BME staff by their colleagues continues to increase year on year.
- Percentage of BME staff experiencing discrimination at work from manager / team leader or other colleagues is worse than it was 4 years ago.
- Board composition.

### Next Steps

- The WRES data and its analysis will be disseminated trust-wide to facilitated better understanding of the challenges.
- Local understanding and ownership of WRES data will be facilitated in each service.
- The EDI Accountability Group will monitor progress against outcomes and actions with the support of EDI representatives across services. Progress will be reported to the POD EDI Committee and escalated to the Trust Board where necessary.
- Each service to discuss the bullying, harassment and abuse of staff by colleagues and come up with a service plan for ameliorating the challenges.
- Remove barriers to reporting discrimination of BME staff at work by manager/team leader or colleagues.
- Roll out trust-wide Allyship and Compassionate and Inclusive Leadership training.
- Introduce Reverse Mentoring scheme to facilitate better understanding of staff with protected characteristics.
- Strengthen key governance structures for the Race Equality Network and ensure that an Executive Sponsor is recruited.
- Strengthen and diversify the recruitment and selection process: recruiting managers to undergo inclusive recruitment training.
- Ensure there is a record of all internal promotions and that they are open to scrutiny by the EDI Accountability Group.

## Appendix 1

### WRES Indicators

The WRES comprises of nine indicators.

Workforce indicators for each of the four workforce indicators, comparing the data for white and BME staff	
Indicator 1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce
Indicator 2	Relative likelihood of White applicants being appointed from shortlisting compared to Black, Asian and minority ethnic applicants
Indicator 3	Relative likelihood of Black, Asian and minority ethnic staff entering the formal disciplinary process compared to White staff
Indicator 4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to Black, Asian and minority ethnic staff
National NHS Staff Survey indicators for each of the four staff survey indicators, comparing the outcomes of the responses for white and BME staff	
Indicator 5	Percentage of Black, Asian and minority ethnic staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months
Indicator 6	Percentage of Black, Asian and minority ethnic staff experiencing harassment, bullying and abuse from staff in the last 12 months
Indicator 7	Percentage of Black, Asian and minority ethnic staff believing that their trust provides equal opportunities for career progression or promotion
Indicator 8	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues
National NHS Staff Survey indicator for Board representation by ethnicity	
Indicator 9	Percentage difference between the organisation's board voting membership and its overall workforce

## Appendix 2

### Improvement Action Plan

Action	EDI Strategy Objectives	Progress	Next Steps	Timescale
Board to sign-off a clear signed statement of its commitment to improving racial equality in the Trust Actively promote trust wide	<ul style="list-style-type: none"> <li>Anti-Racism Statement to be issued by the Board and uploaded on Trust website</li> </ul> <b>WRES indicators 3, 6, 7 &amp; 8</b>	Anti-racist statement presented to Board and approved in May.	Communicate statement to all staff - launch scheduled for 19 <sup>th</sup> September 2022.	September 2022
Allyship and Compassionate and Inclusive leadership training for all Board and EMT members and all leaders and managers.	<ul style="list-style-type: none"> <li>Extend participation in NHSE Allies Training to all Board and EMT members</li> <li>Develop Training and Development for all Board and EMT members</li> <li>Embed EDI literacy in all Leadership training</li> </ul> <b>WRES indicators 6, 7, 8 &amp; 9</b>	First cohort completed Second cohort being scheduled Design bespoke EDI training	Engage allies in planning workshop content and roll out Schedule second cohort and complete training Roll out EDI Training from September	March 2023  September 2022
Improve culture and leadership framework	Establish the existing culture of the organisation by conducting a gap analysis against the NHS Culture and Leadership framework. <b>WRES indicators 6, 7, 8 &amp; 9</b>	Due to changes in the senior leadership and implementation of the Strategic Review it is proposed that this work will be completed in line with the Trust Strategy Completion date to be agreed	Ongoing	June 2022
	All existing management staff to complete culture and leadership training by March 2023 and all new management staff to undertake training as a mandatory requirement. <b>WRES indicators 6, 7, 8 &amp; 9</b>	New EDI training programme underpinned by allyship, compassionate and inclusive leadership and cultural intelligence has been designed	Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September	March 2023
Strengthen key governance structures and networks for race equality	<ul style="list-style-type: none"> <li>Increase awareness of EDI governance</li> <li>Recruit Executive Sponsors for staff networks</li> <li>Cascade race equality responsibility and accountability at all levels and facilitate local ownership via Directors and EDI representatives</li> </ul> <b>WRES indicators 6, 7, 8 &amp; 9</b>	<ul style="list-style-type: none"> <li>Review sponsor role and responsibilities</li> <li>Approve sponsor JDs with network / EDI leads</li> <li>Staff network maturity framework</li> </ul>	Engage Network Leads and Race Diversity Champion in process	November 2022
Reverse Mentoring	Implement reverse mentoring programme <b>WRES indicators 1, 2, 3, 4, 5, 6, 7, 8 &amp; 9</b>	Planning, selection and allocation of first cohort of mentors and mentees	Engage senior leaders to facilitate buy in Recruit mentors and mentees	December 2022

Action	EDI Strategy Objectives	Progress	Next Steps	Timescale
Implement examples of good practice at addressing race based bullying and harassment	<ul style="list-style-type: none"> <li>Undertake good practice review</li> <li>Undertake policy review, communication and associated training</li> </ul> <b>WRES indicators 5, 6, 7, 8 &amp; 9</b>	<ul style="list-style-type: none"> <li>Review of policies and practice in progress</li> <li>New EIA process has been designed Training to be rolled out to all managers in August 2022</li> </ul>	Schedule training Scrutiny/review panels Engage Managers and EDI leads in process	March 2023  August 2022
Hold a Race Equality-themed all-staff meeting annually as part of an overarching EDI schedule of events	<ul style="list-style-type: none"> <li>Staff engagement/promote annual Race Equality-themed all-staff meetings (to be held annually).</li> <li>Trust Diversity Calendar and annual feature in Black History Month</li> </ul> <b>WRES indicators 6, 7 &amp; 8</b>	Develop and hold all staff meeting Produce an ED&I schedule of events	Meeting held with REN lead and Diversity Champion to scope relevant activities Engage networks and EDI leads in planning	October 2022
Revise guidance and procedures for recruitment by taking into account procedures and learning included in good practice guides such as 'No More Tick Boxes' and 'If Your Face Fits'.	Analyse workforce profile by pay band Develop talent pool Recruitment panel members (one third trained diversity reps) Inclusive recruitment training <b>WRES indicators 1, 2 &amp; 7</b>	Plan implementation	Review implementation plan Report findings Draft talent pool plan Sign off proposal Source recruitment panel members	April 2023
Remove reporting barriers by completing root to branch review	Create simplified version of grievance and disciplinary procedure Embed Just Culture Approach <b>WRES indicators 5, 6, 7 &amp; 8</b>	Collaboration with HR, FTSUG and staff side	Draft simplified version of grievance and disciplinary procedure	December 2022