WRES Report

Workforce Race Equality Standard

2022 - 2023

The EDI Team
Tavistock and Portman NHS Foundation Trust

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Tavistock and Portman WRES Report 2022-23

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. The WRES technical guidance includes the definitions of "white" and "black and minority ethnic", as used throughout this report and within the narrative for the WRES indicators; the terminology used is therefore reflective of the indicators only and it is acknowledged that they may not be terms our staff prefer to use.

Consequently, this report presents the Tavistock and Portman's 2022-23 WRES data and associated Action Plan. It provides an overview of the Trust's scores on workplace inequalities between Black and Minority Ethnic (BME) staff 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 more work is required, and suggests countermeasures for ameliorating the gaps.

Key findings from the WRES 2022-23 report

The Tavistock and Portman continues to make incremental progress in identifying 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 communities it serves, the number of BME staff has continued to increase gradually over the years. 28.9% of our workforce came from a BME background in 2021/22, in 2022/23 the figure is 30.7%.

Like last year's report, our data shows changeable trends. This year, progress has been made in four of the nine indicators:

- The BME workforce has continued to increase gradually (by an average of 1.3% per annum over the last 5 years). There has been an increase of 2.1% in the non-clinical cohort and an increase of 3% in the clinical cohort). This is positive progress, and we wish to further redress the balance of BME staff remaining overrepresented in low level, non-clinical roles and underrepresented in clinical roles.
- There is a negligible dip of 0.7% in the number of staff stating that they have experienced harassment, bullying or abuse from their colleagues. This is an area we particularly wish to strengthen further this year.
- There is a noteworthy 7.2% increase in the number of BME staff who believe the Trust provides equal opportunities for career progression or promotion. This remains an area that we wish to proactively improve.

- BME staff continue to be underrepresented at Board level, however the deficit has decreased from -7.9% to -4.4%.

The following areas, whilst showing small regression are still a comparatively positive position at this time:

- There has been a slight regression of 0.10 in the relative likelihood of staff being appointed from shortlisting; however, this remains within the non-adverse range at 0.95. (A figure below 1:00 indicates that BME staff are more likely than White staff to be appointed from shortlisting). We wish to continue to improve parity in this area.
- There has been a small increase in the relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff. (1.05 this year compared with 1.00 last year). Whilst our position remains non-adverse, we wish to introduce a more formal CPD process this year.
- There has been a regression of 3% in the number of staff experiencing harassment, bullying or abuse from patients, relatives or the public. Our figure (16.5%) is better than national average (31.5%) but as an organisation we wish to improve this position further.

The following two areas require specific further attention:

- For the first time since 2018, BME staff are more likely than White staff to enter a formal disciplinary process. The figure is above the national average and a significantly different score to previous years; therefore, this requires thoughtful consideration and action.
- BME staff at the Tavistock indicate that they are twice as likely to experience discrimination from either their manager, team leader or colleague in comparison to their White counterparts. We have regressed by 3.2% and this places us among the lowest scoring trusts in this indicator (our score is 24.7% compared with a national average of 16.6%). This is not reflected in reporting of issues to the people function and whilst this is not unusual for NHS trusts, this is something we wish to proactively change.

Indicator 1: Workforce Representation

Workforce Representation by Ethnicity

Table 1 shows that the workforce profile at the Tavistock and Portman is 255 (30.7%) BME and 544 (67.2%) White. This workforce profile is not consistent with trends in NHS Trusts in the London region where the average is 49.9% BME and 45.1% White – see Table 1 and Figure 1 below.

Table 1: BME Representation at the T&P

BME Representation Rate	2019			2020			2021			2022			2023		
	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown
Workforce Representation	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%)	255 **(30.7%)**	544 (65.5%)	31 (3.7%)
Overall Staff Headcount	794			833			856			836			830		

Figure 1:T&P vs London Trends by Ethnicity

T&P WRES Report_Tavistock and Portman_2022-23_Publication
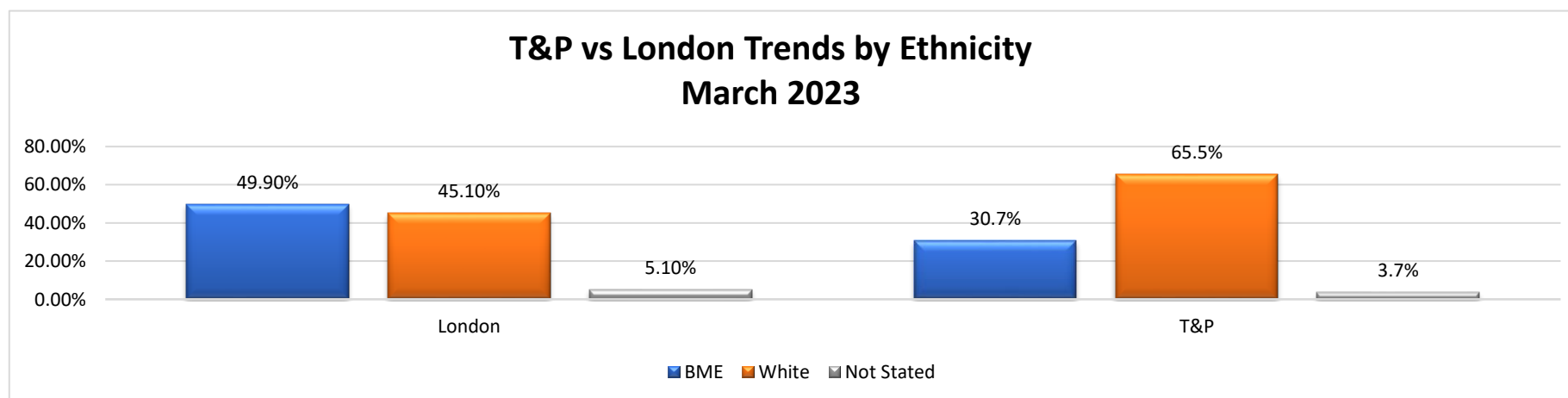
Workforce Profile: Non-Clinical Cohort

Table 2: Workforce Profile: Non-clinical Cohort

	Workforce profile: Non-clinical Cohort 2018-2023														
Pay Band	**2018-2019**			**2019-2020**			**2020-2021**			**2021-2022**			**2022-2023**		
	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown
Under Band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 1	1 (16.7%)	4 (66.7%)	1 (16.7%)	0 (0%)	1 (100%)	0 (0%)	0	0	0	0	0	0	0	0	0
Band 2	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%)	1 (25%)	2 (50%)	1 (25%)
Band 3	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%)	1 (33.3%)	2 (66.7%)	1 (33.3%)
Band 4	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%)	24 (40.7%)	33 (55.9%)	2 (3.4%)
Band 5	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%)	33 (43.4%)	39 (51.3%)	4 (5.3%)
Band 6	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%)	30 (56.6%)	22 (41.5%)	1(1.9%)
Band 7	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%)	21 (60%)	14 (40%)	0 (0%)
Band 8a	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%)	19 (73.8%)	6 (23.1%)	1 (3.8%)
Band 8b	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%)	20 (69.0%)	7 (24.2%)	2 (6.9%)
Band 8c	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%)	14 (77.8%)	4 (22.2%)	0 (0%)
Band 8d	3 (100%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)	3 (75%)	0 (0%)	1 (25%)	3 (75%)	1 (25%)	0 (0%)
Band 9	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	(0%)	1 (100%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)	5 (83.3%)	1 (16.67%)	0 (0%)
VSM	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%)	4 (66.67%)	2 (33.33%)	0 (0%)
Total	153 (50.8%)	102 (33.9%)	46 (16.3%)	159 (53.2%)	113 (37.8%)	27 (9%)	194 (57.6%)	126 (37.4%)	17 (5%)	183 (57.4%)	126 (39.5%)	10 (3.1%)	175 (54.8%)	133 (41.6%)	11 (3.4%)

Table 2 is an overview of the non–clinical workforce cohort over five reporting years 2018-23. According to Table 1, the BME workforce population is 30.7%. This suggests that the 41.6% cohort of the non-clinical workforce in Table 2 that comes from a BME background is an overrepresentation of 10.9% in comparison with the organisation's average. Also, there is overrepresentation of BME staff in lower bands (2-7) and there is underrepresentation in senior roles Band 8a- Band 9.

Workforce Profile: Clinical Cohort

Table 3: Workforce Profile: Clinical Cohort

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
Under Band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Band 3	1 (100%)	0 (0%)	0 (0%)	0	0	0	0	0	0	0	0	0	0	0	0
Band 4	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%)	9 (37.5%)	15 (62.5%)	0(0%)
Band 5	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%)	17 (77.3%)	5(22.7%)	0
Band 6	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%)	67 (68.37%)	26(26.53%)	5(5.1%)
Band 7	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%)	73 (74.49%)	19(19.39%)	6(6.12%)
Band 8a	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%)	76 (73%)	24 (23.1%)	4 (3.8%)
Band 8b	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%)	57 (89.1%)	5 (7.81%)	2 (3.13%)
Band 8c	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%)	20 (74.07%)	6 (22.22%)	1 (3.7%)
Band 8d	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%)	4 (100%)	0 (0%)	0 (0%)
Band 9	0	0	0	0	0	0	0	0	0	0	0	0	1 (100%)	0 (0%)	0 (0%)
VSM	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%)	2 (100%)	0 (0%)	0 (0%)
Total	307 (72.2%)	74 (17.4%)	44 (10.4%)	339 (75.3%)	80 (17.8%)	31 (6.9%)	347 (76.6%)	89 (19.6%)	17 (3.8%)	339 (75.1%)	96 (21.3%)	16 (3.5%)	324 (71.7%)	110 (24.3%)	18 (4%)

Table 3 above presents the Trust's clinical cohort and there are two key issues:

- As was highlighted earlier in Table 1, the overall population of BME staff is 30.7%, 96 (24.3%) of the clinical workforce come from a BME background – whilst this represents an improvement of 14 (3%) this is an underrepresentation of 6.4% in comparison with the organisation's average.
- Within Band 4 staffing levels, the lowest pay band for clinical staff, 15 (62.5%) of the cohort come from a BME background. However, there is underrepresentation across all the other clinical bands.

Table 4: Workforce Profile: Medical / Dental Cohort

Workforce Profile: Medical / Dental Cohort 2018-2022														
Pay Band	**2018-2019**			**2019-2020**			**2020-2021**			**2021-2022**			**2022-2023**		
	White	BME	Ethnicity unknown	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%)	24 (64.9%)	12 (32.4%)	1 (2.7%)
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%)	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%)	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 (23.8%)	10 (62.5%)	5 (31.3%)	1 (6.25%)
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%)	5 (55.6%)	4 (44.4%)	0
Total	**47 (63.4%)**	**15 (20.5%)**	**11 (15.1%)**	**48 (53.3%)**	**27 (30%)**	**15 (16.7%)**	**41 (61.2%)**	**21 (31.3%)**	**5 (7.5%)**	**40 (60.6%)**	**20 (30.3%)**	**6 (9.1%)**	**47 (66%)**	**22 (30.9%)**	**2 (2.8%)**

According to Table 4 above, the Medical / Dental Cohort has consistently been representative of the overall workforce profile since 2019.

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	2022/23
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants *A figure below 1:00 indicates that BME staff are more likely than White staff to be appointed from shortlisting.*	Tavistock & Portman	1.77	0.41	0.73	0.85	0.95
		NHS Trusts	1.45	1.46	1.61	1.61	1.54

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 0.95 this is significantly better than the average in the London region (1.62) and the national average (1.54). It is encouraging to note that we are still in the non-adverse range. However, as there has been incremental regression since significant improvement was made in 2019, we wish to continue to retain positive scores and furthermore ensure that the increase in the recruitment of BME staff is not limited to lower banded and / or non-clinical roles.

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	2022/23
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	1.60
		NHS Trusts	1.24	1.22	1.16	1.14	1.14

The data in Table 6 indicates that there has been a regression in this indicator from the improvements that were made in 2019 and for the first time since 2018, BME staff are more likely than White staff to enter a formal disciplinary process. Generally, BME staff are more likely than White staff to enter the formal disciplinary process in NHS trusts however the figure is above the national average (1.14) and London average (1.47) and a significantly different score to previous years; therefore, this requires thoughtful consideration and action.

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	2022/23
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	1.05
		NHS Trusts	1.55	1.15	1.14	1.14	1.12

The data in Table 7 illustrates three key points:

- Most NHS Trusts now fall within the non-adverse range of 0.80 to 1.25, based on the four-fifths rule: White staff are no longer more likely to access non mandatory training and continued professional development than BME staff.
- There has been continuous improvement for the past five years nationally.
- 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, however whilst our position remains non-adverse, we wish to continue progress in this area and introduce a more formal CPD process this year.

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)

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, relatives or the public in the last 12 months

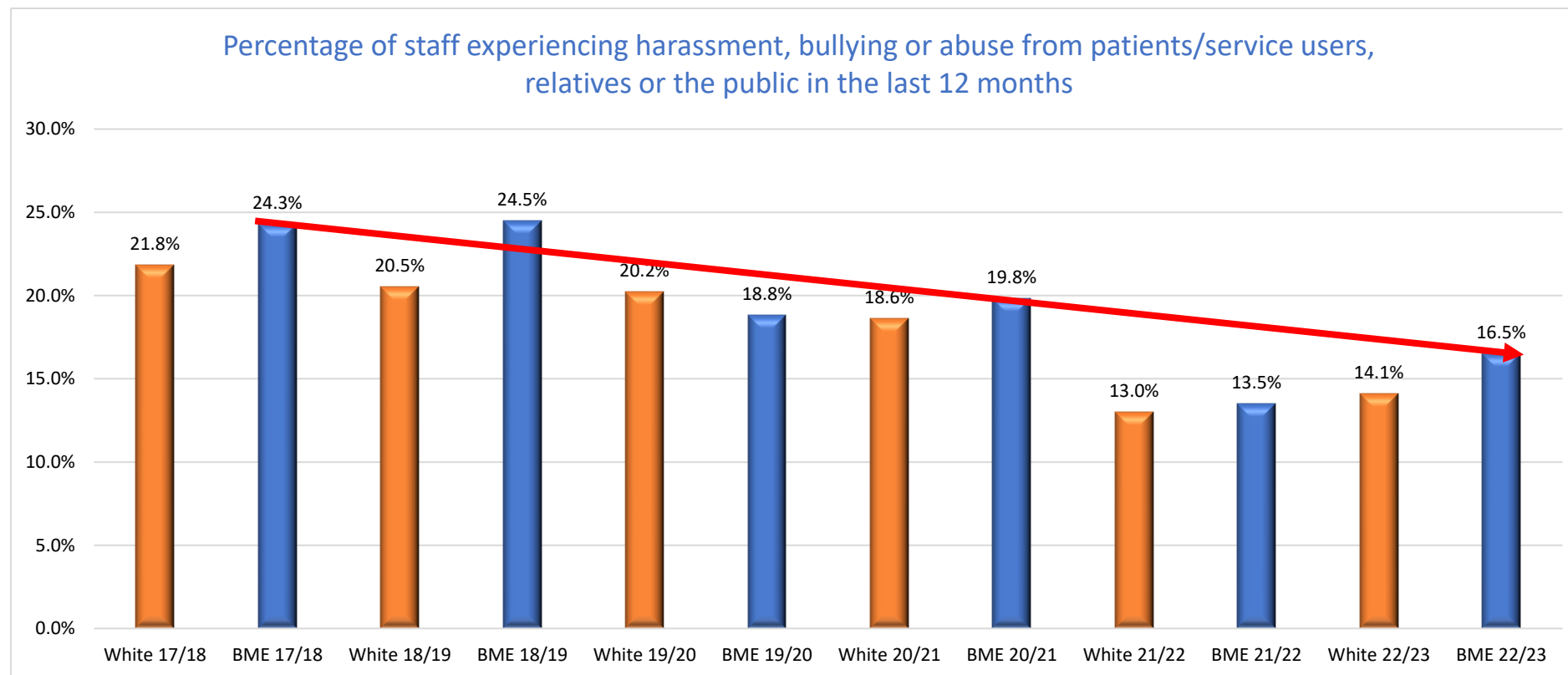| Category	Percentage
White 17/18	21.8%
BME 17/18	24.3%
White 18/19	20.5%
BME 18/19	24.5%
White 19/20	20.2%
BME 19/20	18.8%
White 20/21	18.6%
BME 20/21	19.8%
White 21/22	13.0%
BME 21/22	13.5%
White 22/23	14.1%
BME 22/23	16.5%

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 6 years. Notably, the disparity in experience between BME staff and their white counterparts shrunk to 0.5% last year but has widened to 2.4% this year following a regression of 3%. Our figure (16.5%) is better than national average (31.5%) but this remans an area where proactive, positive focus is required for all staff, including a sustained zero tolerance of harassment, bullying and abuse.

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

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

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
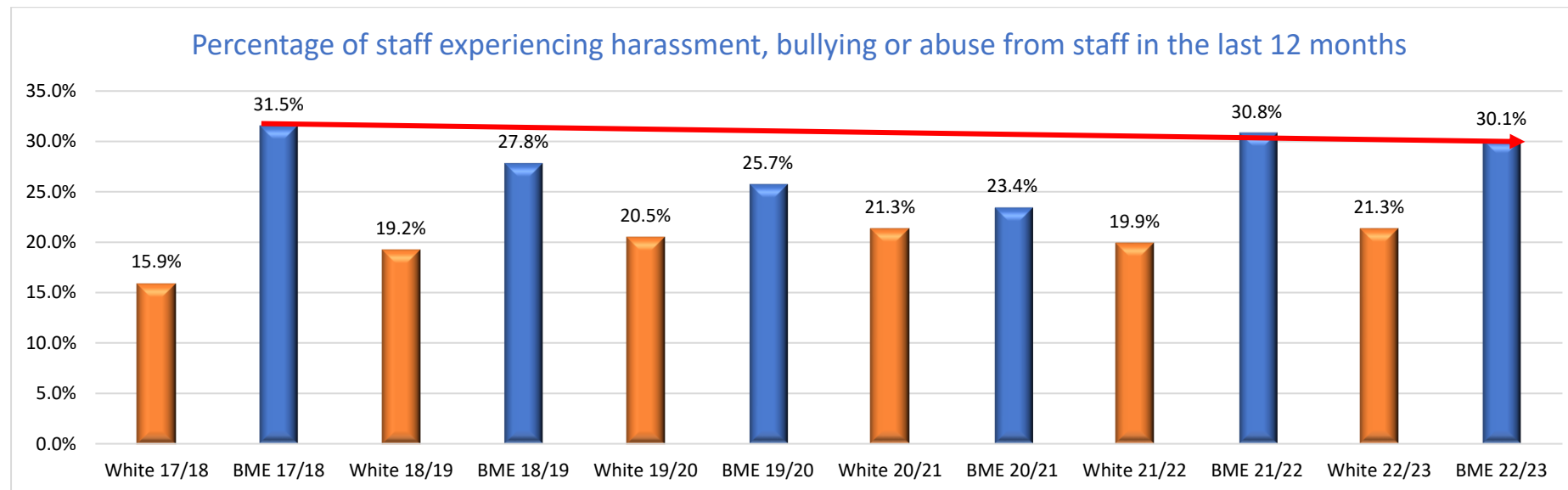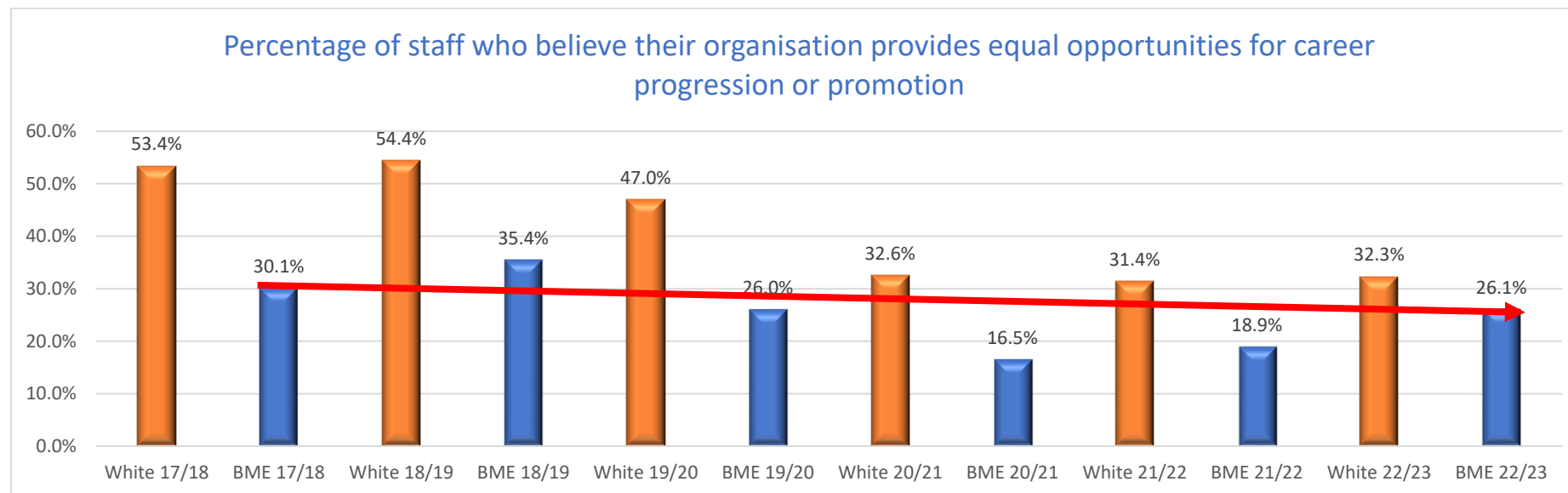
Juxtaposing the data in Tables 8 and 9, it is disappointing to note that while the harassment, bullying and abuse of BME staff by patients has decreased by nearly 8% over the last 6 years and is 15% better than national average, the abuse that BME staff indicate they have received from their colleagues has only decreased by 1.4% over the same period and by 0.7% from last year. Overall, the harassment, bullying or abuse that BME staff at the Tavistock and Portman currently receive from their own colleagues is about double the amount that they receive from patients and the public (patients 16.5% and staff 30.1%). Nationally this is among lower scores for trusts in this indicator with the national average at 27.7%

Correspondingly, the Trust has revised its Inclusivity Plan and prioritised tackling harassment, bullying and/or abuse of staff. Also, a number of initiatives such the Race Equality Assurance Group and the EDI Programme Board have been launched.

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

Table 10: Opportunities for career progression or promotion

Percentage of staff who believe their organisation provides equal opportunities for career progression or promotion

- White 17/18: 53.4%
- BME 17/18: 30.1%
- White 18/19: 54.4%
- BME 18/19: 35.4%
- White 19/20: 47.0%
- BME 19/20: 26.0%
- White 20/21: 32.6%
- BME 20/21: 16.5%
- White 21/22: 31.4%
- BME 21/22: 18.9%
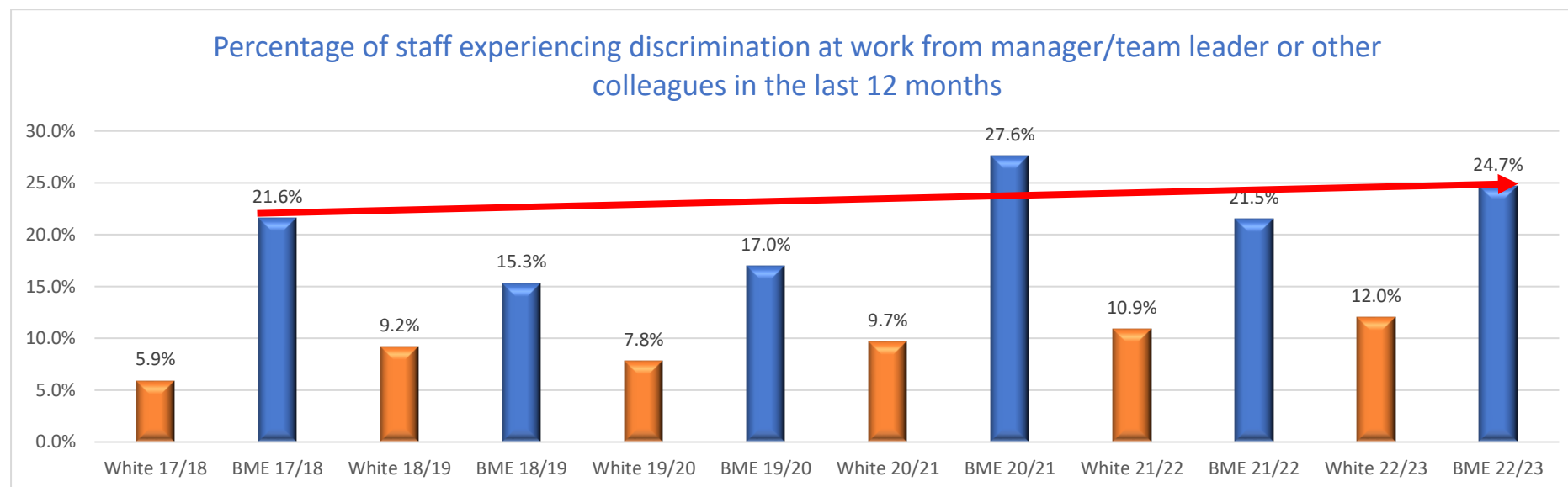- White 22/23: 32.3%
- BME 22/23: 26.1%

The data in Table 10 captures staff perceptions around equal opportunities for career progression or promotion:

- Nationally, overall the percentage of staff who felt that their trust provides equal opportunities for career progression or promotion has dropped over the past five years, irrespective of ethnicity.
- Whilst our data indicates that there has been a marked increase (7.2%) in the number of BME staff who believe that there is fairness around opportunities for career progression and promotion in the trust, our overall score sits at only 26.1. The national average for BME staff who believe that there is fairness around opportunities for career progression and promotion in their organisations is around 20% higher.
- Additionally, only 32.3% of White members of staff perceive the Trust as a fair employer compared with the national average score of more than 20% higher.
- The Trust recently revised its Race Action Plan and prioritised addressing career progression and facilitating transparency around internal promotions.

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

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

Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months

White 17/18	5.9%
BME 17/18	21.6%
White 18/19	9.2%
BME 18/19	15.3%
White 19/20	7.8%
BME 19/20	17.0%
White 20/21	9.7%
BME 20/21	27.6%
White 21/22	10.9%
BME 21/22	21.5%
White 22/23	12.0%
BME 22/23	24.7%

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

- A significant number of BME staff (24.7%) report to having personally experienced discrimination at work from either their manager, team leader or colleagues in comparison to 12% of White staff. BME staff are therefore continuing to indicate that they feel twice more likely to experience discrimination at work from manager/team leader or colleague than White staff. This is not reflected in reporting to the people function and whilst this is not unusual for NHS trusts, this is something we wish to proactively change.
- The national average sits at 16.6% and therefore our rate is among lowest scores for this indicator, and we pledge to redress this.

The Trust is committed to tackling harassment, bullying and/or abuse of staff. It will be rolling out a trust-wide poster campaign from July to raise awareness. Also, there is a Race Equality Assurance Group that highlights inequalities around race and a new Equality, Diversity and Inclusion Programme Board that is accountable for addressing the issues that have been highlighted and for the implementation of the Trust's Race Action Plan.

Indicator 9: Board Representation

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

(2) 26.32% of Board members are from BME backgrounds, compared to 255 (30.7%) of the Trust's BME staff in the workforce. The data presented in Table 12 indicates that BME staff are underrepresented at Board level but the deficit has been reduced from -10% in 2022 to -4% in 2023.

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			2022-2023		
	BME	White	Unknown	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)	26.32% (5)	73.68% (14)	0% (0)
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)	44.44% (4)	55.56% (5)	0 (0%)
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)	30.7% (255)	65.5% (544)	3.7% (31)
Difference (Total Board – Overall Workforce)	-10.3%	17.3%	-7%	-9.8%	22.5%	-12.7%	-4.9%	13.6%	-8.8%	-10.8%	7.0%	-3.8%	-4.4%	8.1%	-3.7%

Conclusion and Next Steps

This WRES report indicates that we have made some progress in four key themes and that there are a further two themes where we remain within a non-adverse scoring range and one theme within which we score better than the national average. We acknowledge that even where improvements have been made, the organisation is not scoring as highly as we would wish to and as a result our staff are not always afforded the best possible experiences at work; we are committed to changing this.

- The size of the BME workforce in the Trust has continued to increase for five consecutive years - currently it is at 30.7%. We remain focused on improvements towards the London average of 49.9%.
- The harassment, bullying or abuse that BME staff at the Tavistock and Portman indicate receiving from their colleagues has decreased by 1.4% over last six years and by 0.7% from last year. However, it is double the amount that they receive from patients and the public. This is an area we particularly wish to strengthen further this year, particularly as it is not reflected in numbers being reported to the people function.
- There is a noteworthy 7.2% increase in the number of BME who believe the Trust provides equal opportunities for career progression or promotion. This remains an area that we wish to proactively improve.

- There has been improvement in the underrepresentation of BME staff at Board - the deficit has been reduced from -10% in 2022 to -4% in 2023.
- There has been a slight regression of 0.10 in the relative likelihood of staff being appointed from shortlisting; however, this remains within the non-adverse range at 0.95. (A figure below 1:00 indicates that BME staff are more likely than White staff to be appointed from shortlisting). We wish to continue to improve parity in this area.
- There has been a small increase in the relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff. (1.05 this year compared with 1.00 last year). Whilst our position remains non-adverse, we wish to introduce a more formal CPD process this year.
- There has been a regression of 3% in the number of staff experiencing harassment, bullying or abuse from patients, relatives or the public. Our figure (16.5%) is better than national average (31.5%) but as an organisation we wish to improve this position further.

In response to the data presented, the following areas have been prioritised:

- Ensuring that the Trust's BME workforce continues to grow towards a position where it mirrors the communities it serves in the London region. This includes tackling the disparities in representation in higher bands and clinical roles.
- Creating career progression opportunities and access to career development opportunities at lower bands.
- Reducing the numbers of BME staff experiencing discrimination at work from manager / team leader or other colleagues.
- Continuing to improve the demographic composition of the Board.

Next Steps

- The WRES data and its analysis will be disseminated trust-wide to facilitate better understanding of the challenges.
- Local understanding and ownership of WRES data will be facilitated in each service.
- The EDI Programme Board and POD EDI Committee will monitor progress against outcomes and actions with the support of the Race Equality Assurance Group and EDI representatives across services.
- 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 Leadership and Management Training.
- Introduce Reciprocal Mentoring scheme to facilitate better understanding of difference and staff with protected characteristics.
- Relaunch Race Equality Network and strengthen its governance structures and facilitate Executive Sponsor support.
- Embed inclusive recruitment ethos across the Trust.
- Embed just and learning policies within the Trust.
- Ensure there is a record of all internal promotions and that are open to scrutiny by the Race Equality Assurance 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	Lead & Exec Owner	Timescale
Inclusive Recruitment Training	• Train all recruiting managers and EDI representatives **WRES indicators 1, 2 & 7**	• All interviews have a trained manager and inclusion representative	Roll out training from June 2023	Associate Director of EDI CPO	Ongoing
Bullying, Harassment and Abuse	• Design posters to raise awareness about BHA **WRES indicators 5, 6, 7 & 8**	• Trust wide visibility	Design posters with Communications Team	Associate Director of EDI / HR CPO	July 2023
Equalities training for all Board and ELT members and all leaders and managers.	• Training of all Board and EMT members • Develop Training and Development for all Board and EMT members • Embed EDI literacy in all Leadership training **WRES indicators 6, 7, 8 & 9**	• Design bespoke EDI training	Roll out EDI Training from September	Associate Director of EDI Head of HR (OD, Culture & Engagement) CPO	September 2023
Strengthen key governance structures and networks for race equality	• Increase awareness of EDI governance • Develop relationship between Executive Sponsors and staff networks • Cascade race equality responsibility and accountability at all levels and facilitate local ownership • **WRES indicators 6, 7, 8 & 9**	• Relaunch Staff Networks • Review Executive Sponsor role and responsibilities • Approve sponsor JDs with network / EDI leads • Staff network maturity framework	Engage Network Leads	Associate Director of EDI CPO	May 2023
Reciprocal Mentoring	Implement Reciprocal mentoring programme **WRES indicators 1, 2, 3, 4, 5, 6, 7, 8 & 9**	Planning, selection and allocation of first cohort of mentors and mentees	Engage senior leaders to facilitate buy in Recruit mentors & mentees	Associate Director of EDI CPO	June 2023
Hold a Race Equality-themed all-staff meeting annually as part of an overarching EDI schedule of events	• Staff engagement/promote annual Race Equality-themed all-staff meetings (to be held annually). • Trust Diversity Calendar and annual feature in Black History Month **WRES indicators 6, 7 & 8**	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	Associate Director of EDI CPO	October 2023
Remove reporting barriers by completing root to branch review	Create simplified version of grievance and disciplinary procedure Embed Just Culture Approach **WRES indicators 5, 6, 7 & 8**	Collaboration with HR, FTSUG and staff side	Simplified version of grievance and disciplinary procedure	Associate Director of EDI / HR CPO	December 2023