



The Tavistock and Portman
NHS Foundation Trust

WRES Report

Workforce Race Equality Standard

2023 - 2024

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Tavistock and Portman NHS Foundation Trust

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Tavistock and Portman WRES Report 2023-24

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 2023-24 WRES data and associated Action Plan. It provides an overview of the Trust's scores on workplace inequalities between staff from minoritised ethnic backgrounds 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 representation of people from a global majority background at Board level – see full details of the WRES indicators in the summary of findings on page 4. The report identifies where improvements have been made, where data has stagnated or deteriorated and proposes an action plan / countermeasures for ameliorating the gaps.

Key Findings from the WRES 2023-24 Report

Table 1: WRES 2023-24, Summary of Key Findings

WRES Indicators	Workforce Indicators For each of these four workforce indicators, compare the data for White and staff from a global majority background.	Trend	Summary of Key Findings
Indicator 1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	Improving	Overall representation of ethnic minorities improved by 4.7% to 35.4%. Improvement was also made in Cluster 4 (AfC Bands 8C – VSM) for both Clinical and Non-Clinical Cohorts. However, there is overrepresentation in the non-clinical cohort (Bands 1-7) and underrepresentation at Bands 8a and above. Underrepresentation in the clinical cohort starts at Band 5.
Indicator 2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to minority ethnic applicants	Improving	Improvement made from 0.95 to 0.77. A figure below 1:00 indicates that applicants from racially minoritised groups are more likely than White staff to be appointed from shortlisting. This has been the trend for the past 5 years.
Indicator 3	Relative likelihood of minority ethnic staff entering the formal disciplinary process compared to white staff	Regressing	A figure above 1:00 indicates that minority ethnic staff are more likely than White staff to enter the formal disciplinary process. The Trust's figure is 1.76.
Indicator 4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to minority ethnic staff	Improving	The Trust has been within the non-adverse range of 0.80 to 1.25 for the past 5 years.
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and staff from a global majority background			
Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Improving	A significant reduction (improvement) of 7.3% was achieved this year. Our score (9.2%) is impressive – positions us 22.2% better than national average (31.4%).
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Improving	A slight improvement of 1.6% was realised in 2023-24. However, 28.5% positions us as one of the lowest performers nationally for this indicator.
Indicator 7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	Regressing	There was a slight regression of 0.1%. The Trust's score (26%) is one of the lowest performers nationally.
Indicator 8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	Improving	A huge improvement of 4.7% was made this year. However, our score (20%) places the Trust among lowest performers nationally for this indicator.
Board representation Indicator *For this indicator, compare the difference for White staff and staff from racially minoritised groups			
Indicator 9	Percentage difference between the organisations' Board voting membership and its overall workforce *Note: Only voting members of the Board should be included when considering this indicator	Improving	Staff from minoritised ethnic backgrounds are underrepresented at Board. However, the deficit continues to be addressed - it was slightly reduced by 0.4% in 2023-24.

Indicator 1: Workforce Representation

Workforce Representation by Ethnicity

Figure 1 below shows the workforce profile trends at Tavistock and Portman – there has been a gradual improvement in representation over the last 5 years. In 2023-24, 300 (35.4%) of our workforce came from a global majority background and 527 (62.2%) are White. Our workforce profile is not consistent with trends in NHS Trusts in the London region where the average for staff from minoritised ethnic backgrounds is 52.1% and 43% for White staff – see **Figures 1 and 2** below for details.

Figure 1: Global Majority Representation at the T&P

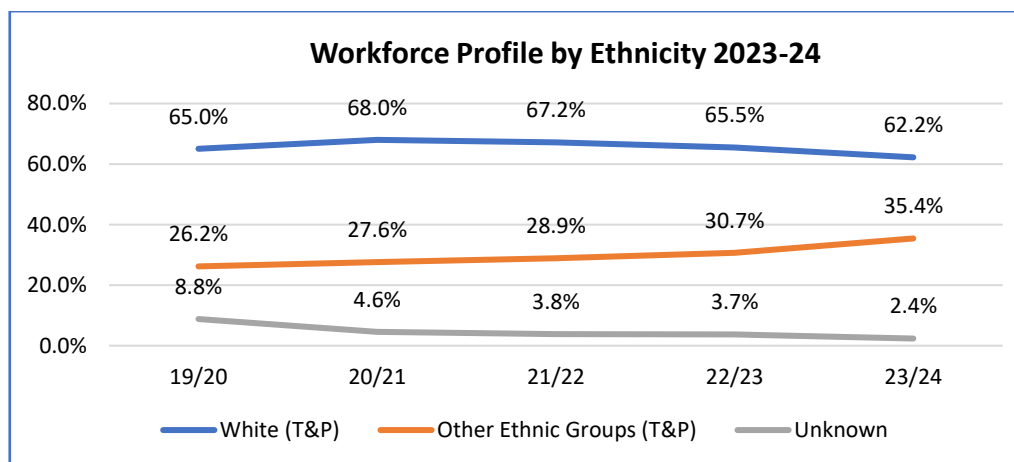
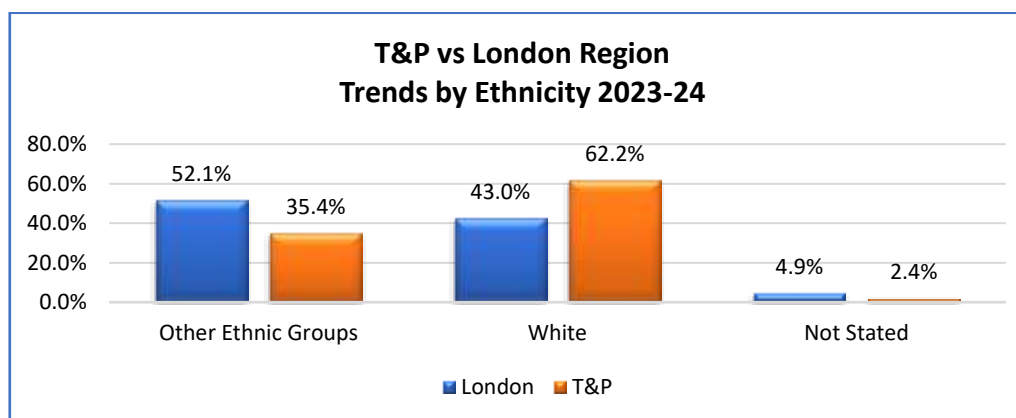


Figure 2: T&P vs London Region Workforce Profile by Ethnicity



Workforce Profile: Non-Clinical Cohort

Table 2: Workforce Profile (Non-clinical Cohort 2019-2024)

Workforce Profile: Non-clinical Cohort 2019-2024															
Pay Band	2019-20			2020-21			2021-22			2022-23			2023-24		
	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown
Cluster 1: AfC Bands < 1 to 4	28 (32.2%)	50 (57.5%)	9 (10.3%)	31 (36.5%)	50 (58.8%)	4 (4.7%)	30 (38.5%)	45 (57.7%)	3 (3.9%)	26 (38.8%)	37 (55.2%)	4 (6.0%)	19 (25.0%)	55 (72.4%)	2 (2.6%)
Cluster 2: AfC Bands 5-7	81 (54.4%)	51 (34.2%)	17 (11.4%)	87 (55.8%)	62 (39.7%)	7 (4.5%)	91 (56.2%)	68 (42.0%)	3 (1.9%)	84 (51.2%)	75 (45.7%)	5 (2.8%)	90 (52.0%)	78 (45.1%)	5 (2.9%)
Cluster 3: AfC Bands 8a-8b	25 (71.4%)	9 (25.7%)	1 (4.0%)	37 (69.8%)	12 (22.6%)	4 (7.5%)	36 (69.2%)	13 (25.0%)	3 (5.8%)	39 (70.9%)	13 (23.6%)	3 (5.5%)	43 (68.3%)	19 (30.2%)	1 (1.6%)
Cluster 4: AfC Bands 8c-VSM	25 (89.3%)	3 (10.7%)	0 (0%)	39 (90.7%)	2 (4.7%)	2 (4.7%)	26 (96.3%)	0 (0%)	1 (3.7%)	26 (76.5%)	8 (23.5%)	0 (0%)	24 (68.6%)	11 (31.4%)	0 (0%)
Total Non-Clinical	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%)	12 (3.4%)	176 (50.7%)	163 (47.0%)	8 (2.3%)

Table 2 is an overview of the non-clinical workforce cohort over five reporting years 2019-24. According to Figure 1, the workforce population consists of 35.4% of staff from minoritised ethnic backgrounds. This suggests that they are overrepresented in the non-clinical cohort. However, over-representation is in lower bands (2-7) - there is underrepresentation in senior roles (Band 8a and above).

Workforce Profile: Clinical Cohort

Table 3: Workforce Profile (Clinical Cohort 2019-2024)

Workforce profile: Clinical Cohort 2019-2024															
Pay Band	2019-20			2020-21			2021-22			2022-23			2023-24		
	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown
Cluster 1: AfC Bands < 1 to 4	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%)	5 (29.4%)	12 (70.6%)	0 (0%)
Cluster 2: AfC Bands 5-7	155 (72.4%)	40 (18.7%)	19 (8.9%)	165 (75.0%)	46 (20.9%)	9 (4.1%)	169 (76.5%)	45 (20.4%)	7 (3.2%)	157 (74.8%)	50 (23.0%)	11 (5.0%)	147 (68.7%)	62 (29.0%)	5 (2.3%)
Cluster 3: AfC Bands 8a-8b	129 (82.2%)	20 (12.7%)	8 (5.1%)	142 (84.0%)	20 (11.8%)	7 (4.1%)	134 (81.2%)	25 (15.1%)	6 (3.9%)	133 (79.2%)	29 (17.3%)	6 (3.8%)	131 (75.7%)	38 (22.0%)	4 (2.3%)
Cluster 4: AfC Bands 8c-VSM	36 (70.6%)	11 (21.6%)	4 (7.8%)	35 (71.4%)	13 (26.5%)	1 (2.0%)	31 (72.1%)	10 (23.3%)	2 (4.7%)	27 (79.4%)	6 (17.6%)	1 (2.9%)	23 (76.7%)	6 (20%)	1 (3.3%)
Total Non-Clinical	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%)	306 (70.5%)	118 (27.2%)	10 (2.3%)

Table 3 shows an improvement of 9.4% in the representation of staff from a global majority background in the clinical cohort over the last 5 years. Bands 1-4 are the lowest AfC pay bands: 12 (70.6%) of that cluster come from minoritised ethnic backgrounds. However, there is underrepresentation at Bands 5 and above.

Table 4: Workforce Profile (Medical / Dental Cohort 2019-2024)

Workforce Profile: Medical / Dental Cohort 2019-2024															
Pay Band	2019-20			2020-21			2021-22			2022-23			2023-24		
	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown	White	Other Ethnic Groups	Ethnicity unknown
Consultants	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%)	24 (66%)	10 (27.8%)	2 (5.6%)
Snr Medical Manager	5 (83.3%)	1 (16.7%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Non-Consultant Career Grade	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%)	6 (85.7%)	1 (14.3%)	0 (0%)
Trainee Grade	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%)	9 (60%)	6 (40.0%)	0 (0%)
Other	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 (0%)	6 (75%)	2 (25%)	0 (0%)
Total	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%)	45 (68.2%)	19 (28.8%)	2 (3%)

According to **Table 4**, the Medical / Dental Cohort was representative of the overall workforce profile from 2019 - 22.

However, the global majority section of the workforce shrunk by 3 members of staff (2.1%) in 2023-24, leading to overall under - representation of 6.6%.

Indicator 2: Relative likelihood of staff being appointed from shortlisting

Table 5: Relative likelihood of appointment from shortlisting

WRES Indicator	Metric Descriptor	2019/20	2020/21	2021/22	2022/23	2023/24
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants	0.41	0.73	0.85	0.95	0.77
	<i>*A figure below 1:00 indicates that applicants from a Global Majority background are more likely than White staff to be appointed from shortlisting.</i>	1.46	1.61	1.61	1.54	1.59

Table 5 above shows that in most NHS trusts, White applicants are more likely than applicants from minoritised ethnic backgrounds to be appointed from shortlisting. However, at Tavistock and Portman the relative likelihood of White staff being appointed from shortlisting compared to staff from a global majority background is 0.77 which indicates that applicants from racially minoritised groups are more likely than White staff to be appointed from shortlisting. The average in the London region is 1.47 and the national average is 1.59. It's encouraging to note that after a continuous regression for three consecutive years (2020-23) we have made progress from 0.95 to 0.77 this year. Increasingly, there is awareness that to achieve the desired changes in the workforce profile, the Trust should ensure that the increase in the recruitment of applicants from minoritised ethnic backgrounds is not only limited to lower banded roles.

Indicator 3: Relative likelihood staff entering the formal disciplinary process

Table 6: Relative likelihood of entering formal capability process

WRES Indicator	Metric Descriptor		2019-20	2020-21	2021-22	2022-23	2023-24
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff <i>*A figure above 1:00 indicates that BME staff are more likely than White staff to enter the formal disciplinary process.</i>	Tavistock & Portman	0.82	0.00	0.00	1.60	1.76
		NHS Trusts	1.22	1.16	1.14	1.14	1.03

The data in Table 6 indicates that there has been a regression in this indicator for two consecutive years. In 46% of NHS trusts, staff from minoritised ethnic backgrounds are over 1.25 times more likely than White staff to enter the formal disciplinary process in the NHS. The national average is 1.03 and the London average is 1.41. However, this disparity is larger at the Tavistock and Portman – the figure has regressed from 1.60 to 1.76.

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		2019-20	2020-21	2021-22	2022-23	2023-24
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff <i>*A figure above 1:00 indicates that White staff are more likely than BME staff to access non-mandatory training and CPD .</i>	Tavistock & Portman	1.25	1.49	1.00	1.05	1.02
		NHS Trusts	1.15	1.14	1.14	1.12	1.12

The data in Table 7 illustrates three key points:

- Nationally, White staff are no longer more likely to access non mandatory training and continued professional development than staff from ethnically diverse backgrounds. All regions now fall within the non-adverse range of 0.80 to 1.25. The London average is 0.92 and the national average is 1.12.
- Incremental progress has been made at the Tavistock and Portman: we improved from 1.05 to 1.02 in 2023-24 and have been in the non-adverse range for 5 consecutive years.

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

Figure 3: Harassment, Bullying or Abuse in the last 12 months (patients, relatives & public)

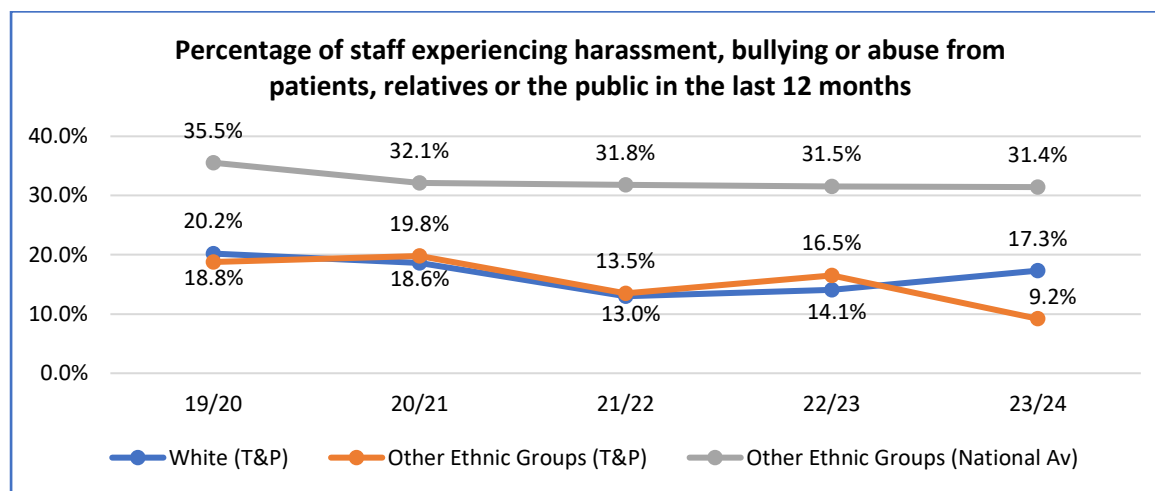


Figure 3 shows that the number of staff from a global majority background experiencing harassment, bullying or abuse from patients, relatives or the public has fallen by 9.6% in the last 5 years. Notably, after a 3% regression in 2021-22 the harassment, bullying and abuse plummeted from 16.5% to 9.2% in 2023-24 – an improvement of 7.3%. Our figure (9.2%) is 22.2% better than the national average (31.4%). The London average is 32.1%. Inversely, the harassment, bullying and abuse of White staff by patients, relatives or the public at the Trust has increased for two consecutive years.

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

Figure 4: Harassment, Bullying or Abuse in the last 12 months (staff)

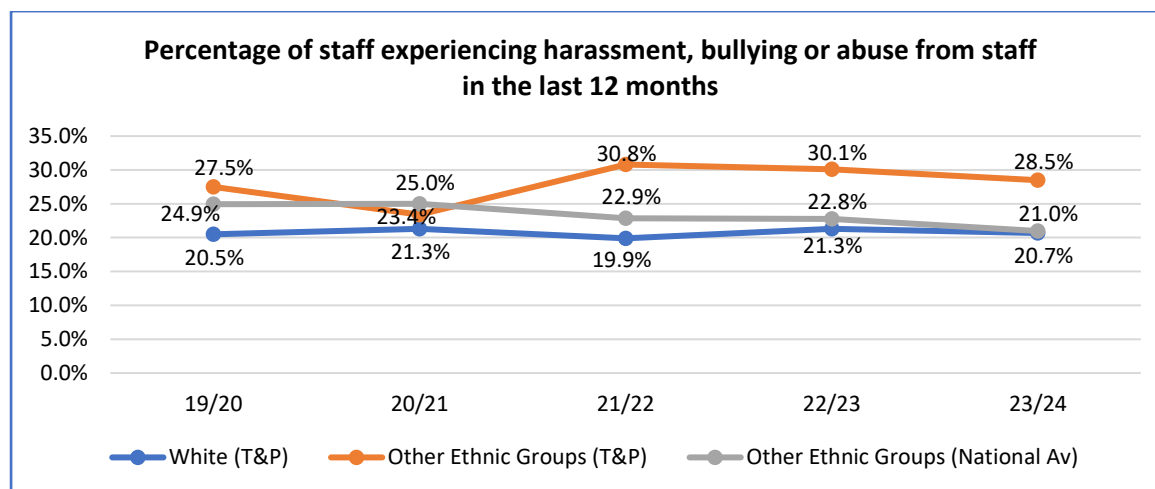
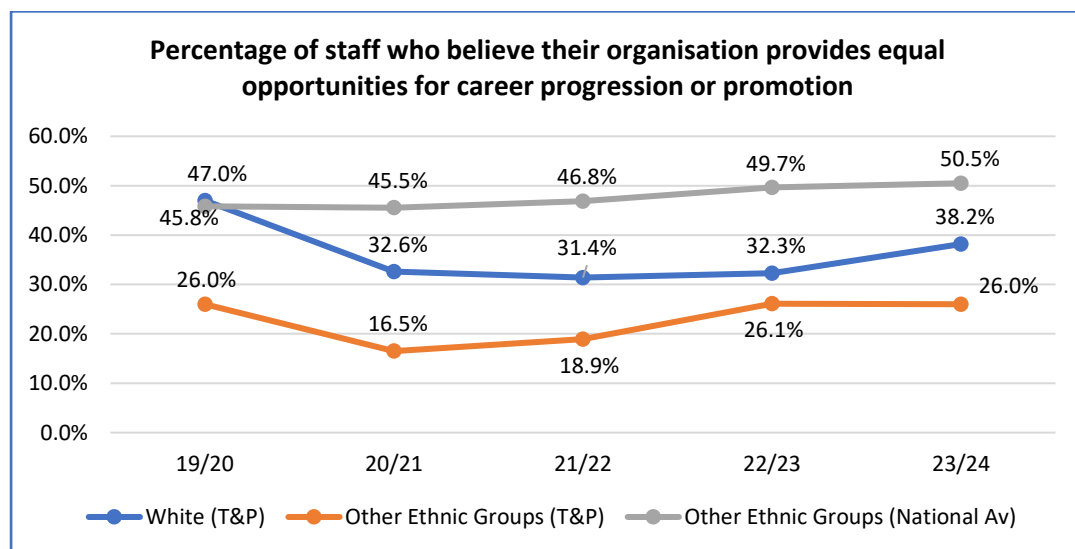


Figure 4 shows that while the harassment, bullying and abuse of staff from minoritised ethnic backgrounds by their colleagues has decreased by 2.3% to 28.5% over the last 2 years (by 1.6% this year), our position is 1% worse than it was 5 years ago and 7.5% below national average.

When one juxtapositions data in **Figures 3** and **4**, it is regrettable to note that the harassment, bullying or abuse that ethnic minority staff receive from their own colleagues at Tavistock and Portman is three times the amount that they receive from patients and the public (patients 9.2% and staff 28.5%).

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

Figure 5: Perceptions on opportunities for career progression or promotion

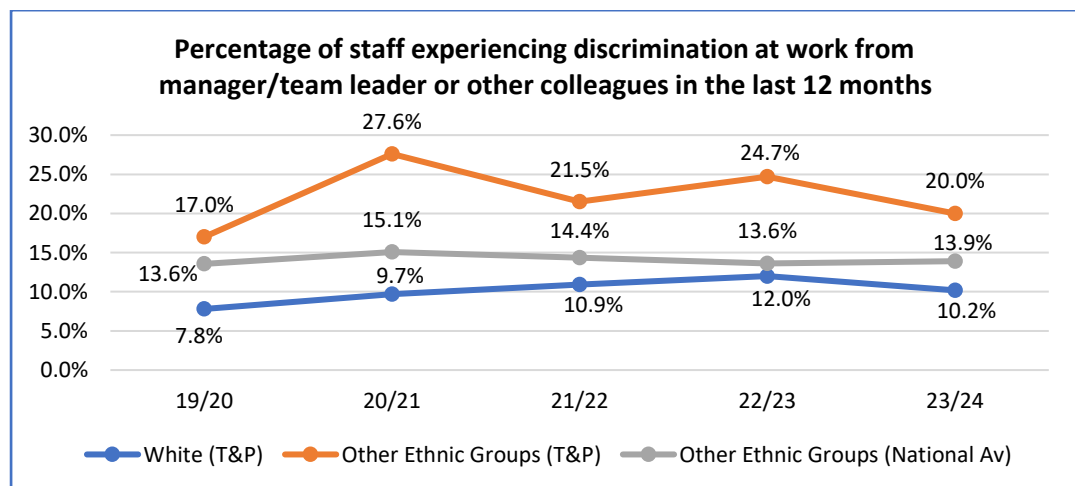


According to **Figure 5**:

- There was a slight dip from 26.1% to 26.0% in the number of staff from minoritised ethnic backgrounds at the Trust who believe that there is fairness in opportunities for career progression and promotion.
- Nationally there was slight improvement from 49.7% to 50.5%.
- The Trust's score of 26% for staff from a global majority background in this indicator was the same 5 years ago.
- This means that most staff from ethnic minority backgrounds (74%) feel there is lack of equity. This is a daunting picture – the score of 26.0% positions the Trust 24.5% below the national average of 50.5% for this indicator.

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

Figure 6: Experience of discrimination at work from manager/team leader or colleagues



The data in **Figure 6** demonstrates that:

- The number of staff who report to having personally experienced discrimination at work from either their manager, team leader or colleagues fell from 24.7% to 20.0% this year – an improvement of 4.7%.
- The figure for White staff is 10.2%, suggesting that staff from racially minoritised backgrounds are twice more likely to experience discrimination at work from manager/team leader or colleague than their White peers – data suggest that this has been the trend since the introduction of WRES.
- The national average in this indicator is 13.9% and thus our score positions us among lowest performers for this indicator.

Indicator 9: Board Representation

Indicator 9 examines the percentage difference by ethnicity between the organisation's Board voting membership and the overall workforce.

Table 8: Board Representation

Indicator 9: Board Representation and the difference between Board voting membership and its overall workforce															
Pay Band	2019-20			2020-21			2021-22			2022-23			2023-24		
Board Representation	Other Ethnic Groups	White	Ethnicity unknown	Other Ethnic Groups	White	Ethnicity unknown	Other Ethnic Groups	White	Ethnicity unknown	Other Ethnic Groups	White	Ethnicity unknown	Other Ethnic Groups	White	Ethnicity unknown
Total Board Members by ethnicity	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)	31.58% (6)	68.42 (13)	0% (0)
Voting Board Members by ethnicity	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%)	26.67% (4)	73.33 (11)	0% (0)
Overall Workforce by ethnicity	24.1% (191)	63.2% (502)	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)	35.42% (300)	62.22% (527)	2.36% (20)
Difference (Total Board – Overall Workforce)	-9.8%	22.5%	-12.7%	-4.9%	13.6%	-8.8%	-4.70%	10.8%	-3.8%	-4.4%	8.1%	-3.7%	-4%	6%	-2%

Table 8 shows that there has been a gradual increase in the number of Board members from minoritised ethnic backgrounds over the last 5 years. Currently, (4) 26.67% of voting Board members are from racially minoritised groups, compared to 300 (35.4%) of the Trust's workforce that comes from that background. This means that staff from minoritised ethnic backgrounds are underrepresented, but the deficit has been slightly reduced from -4.4% in 2022-23 to -4% in 2023-24.

Conclusion and Next Steps

This WRES report shows that the Trust has made improvements in seven of the nine indicators. However, while some of these improvements are major their impact is minimal because the challenges associated with the Workforce Race Equality Standard remain in situ due to the low starting base – the Trust remains positioned among the lowest performing trusts:

- The size of the global majority workforce in the Trust has increased for five consecutive years – in this reporting year it improved by 4.7% to 35.4%. The Trust remains focused on improving the diversity of its workforce by 5% each year towards the London average of 52.1%.
- The representation of staff from ethnically diverse backgrounds has continued to increase in more senior roles, however underrepresentation starts at Band 5 for clinical roles and at Band 8a for non-clinical roles.
- Applicants from minoritised ethnic backgrounds continue to be more likely than White staff to be appointed from shortlisting. The Trust is committed to ensuring that this trend is not exclusive to lower banded roles and non-clinical roles.

- The relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to staff from a global majority background has remained in the non-adverse range of 0.80 to 1.25 for five consecutive years.
- The number of staff from racially minoritised groups experiencing harassment, bullying or abuse from patients, relatives or the public has fallen by a further 7.3% this year to 9.2% - this excellent score is 22.2% better than the national average score of 31.4%.
- The bullying, harassment or abuse that staff from a global majority background receive from their colleagues at Tavistock and Portman has decreased by 1.6% to 28.5% this year. However, this is three times the amount that they receive from patients and the public and positions the Trust among the lowest performers nationally.
- There was a significant improvement of 4.7% in the number of staff from racially minoritised groups experiencing discrimination from their manager, team leader or colleague. However, with a score of 20%, the Trust remains among lowest performers nationally for this indicator.
- There has been an improvement in the underrepresentation of ethnic minorities at Board - the deficit has been reduced from -4.4% to -4%.

There was regression in the following areas:

- Staff from minoritised ethnic backgrounds are 1.76 times more likely than White staff to enter the formal disciplinary process. This disparity has worsened for two consecutive years.
- There was a negligible regression from 26.1% to 26.0% in the number of staff from racially minoritised backgrounds at the Trust who believe that there is fairness in opportunities for career progression and promotion. This score places the Trust in the lowest performing category.

In response to the data presented in this WRES report, the following areas have been prioritised:

- Embedding Just and Learning Culture principles in our systems.
- Reviewing and strengthening the inclusive recruitment ethos launched last year to ensure that the Trust's workforce continues to journey 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 an internal promotion panel to facilitate transparency around promotions and career progression opportunities.
- Reducing the numbers of ethnic minority staff from experiencing discrimination at work from manager / team leader or other colleagues.
- Reducing the numbers of ethnic minority staff from experiencing bullying, harassment or abuse at work from 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 challenges associated with colourism.
- 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.
- Each service to discuss the bullying, harassment and abuse of staff by colleagues and come up with a service plan for ameliorating the challenges.
- Accelerate efforts to remove barriers to reporting discrimination of global majority staff at work by manager/team leader or colleagues.

- Review Reciprocal Mentoring scheme launched for Execs last year and roll it out trust wide to facilitate better understanding of difference and staff with protected characteristics.
- Ensure inclusive recruitment ethos is embedded across the Trust.
- Embed Just and Learning Culture principles within the Trust.
- Ensure there is a committee that looks at all internal promotions.

Appendix 1

Improvement Action Plan

Action	EDI Strategy Objectives	Progress	Next Steps	Executive Lead(s)	Timescale
Review and strengthen Inclusive Recruitment Process introduced last year	Develop a representative workforce Equip all recruiting managers and EDI representatives with inclusive recruitment principles, tools and ethos WRES indicators 1, 2 & 7	All interviews have a trained manager and inclusion representative Improvement in representativeness of the workforce	Comprehensive review of Inclusive Recruitment Process Design and launch an inclusive recruitment toolkit Embed Inclusive Recruitment training in current Leadership and Management training.	Chief People Officer	
Carry out a deep dive into Bullying, Harassment and Abuse	Raise awareness about BHA Reduce BHA experienced by staff from minoritised ethnic backgrounds WRES indicators 5, 6, 7 & 8	Better understanding of BHA by staff Reduction in BHA	Carry out a deep dive and share findings with all staff to build trust	Director of Corporate Governance	
Remove reporting barriers by completing root to branch review	Create simplified version of grievance and disciplinary procedure and support it by policy Embed Just Culture Approach WRES indicators 5, 6, 7 & 8	Collaboration between People Team, FTSUG, EDI and staff side	Expand / diversify FTSUG role Simplified version of grievance and disciplinary procedure Review previous cases and share themes of outcomes to develop trust and confidence	Director of Corporate Governance	
Address concerns on lack of Equal Opportunities for career progression or promotion	Develop a transparent and equitable internal promotion process WRES indicators 7 and 8	Transparency and scrutiny of all internal promotions	Create an internal promotions panel with clear Terms of Reference	Chief People Officer	
Reduce relative likelihood of global majority staff entering the formal disciplinary process	Address overrepresentation of staff from minoritised ethnic backgrounds in the formal disciplinary process WRES indicators 3 and 8	Embed Just Culture Approach Implementation of new early resolutions policy	Carry out a deep dive into previous cases, share lessons learnt and facilitate just and learning culture training.	Chief People Officer Chief Nursing Officer	