



**The Tavistock and Portman**  
NHS Foundation Trust

# **Board of Directors Part One**

**Agenda and papers of a meeting to be held in public**

**Tuesday 29<sup>th</sup>  
September  
2020**

**Please refer to  
the agenda for  
timings.**

**Meeting held  
online**



## AGENDA

**BOARD OF DIRECTORS – PART ONE**  
**MEETING HELD IN PUBLIC**  
**TUESDAY, 29<sup>th</sup> SEPTEMBER 2020, 3.00pm – 4.30pm**  
**A MEETING HELD ONLINE**

		<b>Presenter</b>	<b>Timing</b>	<b>Paper No</b>
<b>1. Administrative Matters</b>				
1.1	Chair's opening remarks and apologies	Chair	3.00pm	Verbal
1.2	Board members' declarations of interests	Chair		Verbal
1.3	Minutes of the meeting held on 28 <sup>th</sup> July 2020	Chair		1
1.4	Action log and matters arising	Chair		Verbal
<b>2. Operational Items</b>				
2.1	Chair and Non-Executives' Reports	Chair and Non-Executive Directors	3.10pm	Verbal
2.2	Chief Executive's Report	Chief Executive	3.20pm	2 late
2.3	Finance and Performance Report	Deputy Chief Executive / Director of Finance	3.40pm	Verbal
<b>3. Items for discussion</b>				
3.1	Workforce Race Equality Standard (WRES)	Director of Human Resources and Corporate Governance	3.50pm	3
<b>4. Item for decision</b>				
4.1	A Cultural Assessment and Action Approach Proposal	Chief Executive	4.00pm	4
<b>5. Committee Reports</b>				
5.1	Equality, Diversity and Inclusion Committee	Committee Chair	4.20pm	6 late
<b>6. Any other matters</b>				
6.1	Any other business	All	4.25pm	
<b>7. Date of Next Meeting</b>				
	24 <sup>th</sup> November 2020, 2.00pm – 4.00pm – Online / The Board Room, Tavistock Centre, Belsize Lane, London, NW3 5BA			



**Board of Directors Meeting Minutes (Part 1)**  
28<sup>th</sup> July 2020, 2.00pm – 4.55pm, via Zoom

<b>Present:</b>			
Dinesh Bhugra Vice Chair	Paul Jenkins Chief Executive	David Holt Senior Independent Director	Deborah Colson Non-Executive Director
Helen Farrow Non-Executive Director	Celestine Keise Associate Non- Executive Director	David Levenson Non-Executive Director	Terry Noys Deputy Chief Executive / Finance Director
Craig de Sousa Director of Human Resources and Corporate Governance	Sally Hodges Clinical Chief Operating Officer	Dinesh Sinha Medical and Quality Director	Rachel Surtees Director of Strategy
Chris Caldwell Director of Nursing	Brian Rock Director of Education and Training / Dean of Postgraduate Studies	Ailsa Swarbrick Director of Gender Services	Tim Kent Divisional Director AFS
Freda McEwan Governor			
<b>Attendees:</b>			
Fiona Fernandes Business Manager Corporate Governance	Jos Twist LGBTQI+ Diversity Champion (item 3.1)	Amanda Hawke Complaints Manager (item 4.7)	Paul Dugmore Associate Dean Learning and Teaching (item 5.1)
<b>Apologies:</b>			
Paul Burstow, Trust Chair and Rachel James, Divisional Director CYAF			

AP	Item	Action to be taken	Resp	By
1.	1.3.1	Amendments to the minutes of the previous meeting	CdS/FF	Immed
2.	1.4.1	Carried forward from previous meeting Narrative to be provided on mitigation plans for ongoing T1 and T2 delays in TAP	TK	On hold

**1. Administrative matters**

**1.1 Welcome and apologies**

1.1.1 Prof Bhugra welcomed all of those present. Apologies were noted, as above.

**1.2 Declarations of interest**

1.2.1 No declarations of interest were declared.

### **1.3 Minutes of the previous meeting**

1.3.1 The minutes were approved as an accurate record, subject to amendments **[AP1]**.

### **1.4 Matters arising and action points**

1.4.1 All the actions were noted as completed, with the exception of one action which has been put on hold. **[AP2]**

## **2. Operational items**

### **2.1 Vice Chair and non-executives' reports**

2.1.1 Mr Levenson reported that he had met with Mr Rex, Director of Information Management and Technology regarding IT matters and the trust wide scheduling project. He noted that work being undertaken to provide better connectivity for clinicians and patients via virtual desktop interfaces.

2.1.2 The board of directors noted the report.

### **2.2 Chief executive's report**

2.2.1 Mr Jenkins presented the report and highlighted:

- The Trust had been working to build up its level of face to face clinical work as it moved beyond the first phase of the pandemic and as the demand for services increases.
- The decision to increase face to face activity was based on:
  - Review of clinical caseloads to identify patients at risk or for whom remote delivery had not been effective.
  - Risk assessments for working spaces to identify safe working practices including the arrangement of furniture and the number of staff appropriate to occupy the space.
  - Demographic risk assessments for staff to identify those with ongoing vulnerability or for whom some adjustments in working patterns may be appropriate. Staff had been encouraged to have conversations with their managers on their needs. Over 50% of assessments have been completed.
- DET had completed a programme of total remote working for Term 3 which had been well received by the students.
- The BAME Network meeting on 30<sup>th</sup> June was well attended by 180 staff. The meeting together with other conversations across the organisation had highlighted that work that still needs to be done to make the Trust a genuinely diverse and inclusive organisation, eliminating conscious and unconscious bias and acts of racism which disadvantaged staff, patients and students.

- 2.2.2 Mr de Sousa noted that a number of pieces of work were ongoing surrounding Black Lives Matter and he was working with Ms Henderson to co-ordinate a number of activities.
- 2.2.3 Responding to a query from Ms Farrow, Mr Rock noted that Terms 1 and 2 in the coming academic year would be delivered online paying particular attention to developing Moodle to be more accessible. Following a student survey and quality improvement project, there had been a high level of satisfaction about the method of delivery. He emphasised that the level of applications and offers accepted was similar to the previous academic year.
- 2.2.4 Responding to Mr Holt, Dr Hodges noted that staff do have alternative routes to raise concerns this included the heads of disciplines.
- 2.2.5 Responding to Mr Holt, Mr de Sousa noted that the NHS Staff Survey format and content was being reviewed by NHS England and NHS Improvement.
- 2.2.6 Responding to Dr Colson, Dr Sinha noted that there was a degree of anxiety among staff about the delivery of face to face services. He emphasised that work was being undertaken in a planned way. Dr Sinha added that there were 3 areas where work was being implemented for the Tavistock Centre and satellite sites:
- Service level guidance and plans;
  - Infection, prevention and control guidance and plans; and,
  - The demographic risk assessment framework.
- 2.2.7 The board of directors noted the report.

## 2.3 Finance and performance report

- 2.3.1 Mr Noys presented the report and highlighted:
- NHS England and NHS Improvement expect all provider Trusts to break even for 2020/21 and steps would be undertaken, centrally, to achieve this.
  - The Trust was invoicing for named patient agreements and contracts in line with national and local guidance.
  - There were ongoing issues with collection of income where commissioners were not providing purchase orders. He emphasised that the income position for the Trust was uncertain.
  - The increased value in the Gender Identity Clinic (GIC) contract had yet to be contractually approved.
  - There had been overspend on the capital expenditure budget which had resulted in a re-prioritisation of programmes.
- 2.3.2 The board of directors noted the report.

## 2.4 Quality Dashboard (Q1)

2.4.1 Dr Sinha presented the report and highlighted the following:

- Overall the DNA compliance was 8% compared with 7.9% in Q4 with improvement in Adult and Forensic Service (AFS), Portman rates had reduced from 11.2% to 7.8%, Gender services were on or under target. Adolescent service increased from 10% to 11.2% for Q1.
- Children Young Adults and Families (CYAF) Division continued to see 90% of patients for the first appointment within the contracted waiting times.
- The adolescent and young adult service remained below the first attendance target however had increased its compliance from 77% to 80%. He clarified that within the service the differential for those under 18 years of age increased from 53% to 67% and those over 18 years of age dropped back from the target of 82%.
- Referral to second appointments increased across all services with the exception of City and Hackney. Team Around the Practice (TAP) saw 21% of referrals increasing waiting times for first appointment from 19%.
- There was a reduction in staff sickness for Q1 at 1.3%. This was significantly below the NHS Benchmark of 4%. Disclosure Barring Service (DBS) compliance still remains high at 98%.
- Mandatory training compliance had gone up in Q1.
- Complaints in Q1 were 15 compared to 30 in Q4. Gender services complaints dropped from 21 to 12 which was mainly due to the pandemic. All complainants have been informed that there would be possible delays in responses.
- DET had developed a reporting cycle for long and short course activity which will be aligned to the Trust strategic objectives.
- Waiting times for Gender services, Adult Complex Needs and TAP continue to be long.
- The number of referrals received had decreased by 1,170 this quarter. An increase was anticipated as a result of the pandemic.
- There continued to be issues with the collection of outcome measures.

2.4.2 Responding to Dr Caldwell, Dr Hodges noted that there was a delay in the reporting of Gloucester House incidents but there had been some incidents. She emphasised that due to the pandemic there were fewer children onsite and therefore the incidents overall have reduced.

2.4.3 Responding to Mr Holt, Dr Sinha noted that the Q1 figures showed a welcome balance regarding media coverage and that it was specific to Gender Identity Development Service (GIDS). The Quality Portal incident system has been updated with a 'social media' tab to be able to log any media related incidents.



2.4.4 Responding to Dr Colson, Dr Hodges noted that there were no financial penalties for non-delivery of KPIs but there were for CQUINS. She emphasised that Carenotes alerts had been identified as quality priority.

2.4.5 The board of directors noted the report.

### **3. Items for discussion**

#### **3.1 LGBTQI+ Network and Work Programme**

3.1.1 Dr Twist presented the report and highlighted:

- That they had been in the role as LGBTQI+ Diversity Champion role for just over a year and that it was interesting and challenging especially with the pandemic.
- The network had developed a mission and set of values. The 4 key points outlined were:
  - Visibility – to be visible and to pursue the Trust’s commitment to LGBTQI+ inclusion and support
  - Community – to provide welcoming supportive, accessible and inclusive space and to improve wellbeing of LGBTQI+ staff
  - Internal Change – to foster and promote inclusivity and progressive thinking; to affect and inform positive change; to be a force and welcome dynamic accomplices; for people to be able to be themselves without fear of discrimination or harassment
  - Outside world – to improve the outward presentation of the Trust.
- Being a small organisation impacts on the networks ability to take work forward account for resources.
- There would be ongoing promotional work over the summer marking pride. He noted that Mr Jenkins had made a video for pride month.
- There would be an away day for the LGBTQI+ network later in the year where the action plan would be reviewed for the following year.
- The network was in collaboration with the race diversity champion and the BAME network.
- The NHS rainbow badge scheme was launched in February 2020.

3.1.2 Mr Holt noted that he and the other Non-Executive Directors would like to sign up and support the rainbow badge scheme.

- 3.1.3 Responding to Mr Holt, Dr Twist noted that there were 10 people attending the network and that were about 35 on the emailing list.
- 3.1.4 Prof Bhugra thanked Dr Twist and the LGBTQI+ network for all the hard work.
- 3.1.5 Mr Jenkins noted his thanks to Dr Twist for the thoughtful thinking and getting the right engagement with the Trust. He emphasised that it was pleasing to see that visibility of the LGBTQI+ network was increasing.
- 3.1.6 The board of directors noted the report.

### **3.2 Centenary Celebrations update**

3.2.1 Mr Jenkins presented the report on behalf of Ms Lyon, Projects Director and highlighted the key points:

- Due to the pandemic the Trust had to rearrange the priorities for the centenary celebrations. Although many had to be cancelled, some were successfully delivered through the digital platform and were received well.
- The Trust will mark the centenary on 25 September 2020 and this event will be focussed on staff and other stakeholders which will be delivered virtually.
- The planned external facing event that was booked to take place at King's Place had been cancelled and will be replaced by a festival format having a series of shorter events from October to the end of the year all delivered virtually.
- Having the events virtually would provide access to a wider audience.
- Attendees to virtual events would be asked to make a donation to the Tavistock Clinic Foundation.

3.2.2 The board of directors noted the report.

## **4. Items for noting**

### **4.1 Board Assurance Framework (BAF)**

4.1.1 Mr Jenkins presented the report and noted that the framework had been updated to reflect the impact of the pandemic. He particularly note:

- There was a lot of uncertainty in the different domains and the executive would need to focus its attention on the areas of greatest challenge.
- There is uncertainty about the operating environment looking forward for the rest of the year.
- The risk of not delivering on the ambitions of the race equality strategy had increased.

4.1.2 Responding to Mr Holt, Mr Jenkins noted that DET and Corporate services were working remotely. Dr Hodges added that some of the clinical services were able to operate remotely as well.

4.1.3 The board of directors noted the report.

#### **4.2 Operational Risk Register**

4.2.1 The board of directors noted the report.

#### **4.3 Serious Incident Annual Report**

4.3.1 Dr Sinha presented the report and highlighted the key points:

- There were 22 clinical incidents
- 3 patient deaths were all reviewed by panel
- 10 incidents were related to information governance breaches

4.3.2 The board of directors noted the report.

#### **4.4 Guardian of Safer Working**

4.4.1 Dr Sinha presented the report and highlighted the key points:

- There were 11 doctors participating on the on-call rota.
- The new Guardian of Safer Working would be in post in September 2020 following Dr Sheva Habel stepping down.

4.4.2 Dr Sinha thanked Dr Habel for all the work she had done as the first Guardian of Safer Working.

4.4.3 The board of directors noted the report.

#### **4.5 Responsible Officer's Revalidation Annual Report**

4.5.1 Dr Sinha presented the report and highlighted the key points:

- There was positive feedback from the HRLO on the Trust's approach and action plan.
- The Trust continued to benefit from an exceptionally committed medical workforce who had contributed exceptionally well during the period of the pandemic.
- There continued to be improvements and development with the appraisal process.
- The appraisal process which was suspended from March 2020 had now been reactivated to provide support for our medical staff.

- Through the next year there were plans to continue to engage stakeholders internally and externally, while continually improving the processes and experience of appraisal and revalidation.

4.5.2 The board of directors noted the report.

## **4.6 Infection prevention and control (IPC) measures and exceptions**

4.6.1 Dr Sinha presented the report and highlighted the key points:

- Planning for the future use of the Trust's estate was underway.
- Infection, prevention and control guidance continued to evolve and adapt, the Trust at the time was working to the most recent directions.
- An infection, prevention and control framework to support services plan activities was in place.
- The Trust had adequate and appropriate PPE stock.
- There may be circumstances where national guidance is to be adjusted, in light of a local risk assessment, where these changes are proposed the board would be notified.

4.6.2 Responding to Dr Hodges, Dr Sinha noted that PPE stock control was being actively monitored and stock ordered in a timely way.

4.6.3 Responding to Ms Keise, Dr Sinha noted that in line with other NHS providers, the Trust had access to infection prevention and control advice and support

4.6.4 The board of directors noted the report and agreed the recommendations made.

## **4.7 Complaints and Whistleblowing**

4.7.1 Ms Hawke presented the report and highlighted the key points:

- A total of 157 complaints were received for the year which were about the same numbers as the previous year.
- 155 complaints related to clinical services and 2 related to corporate services.
- There was one IG incident in September that led to 31 complaints.
- Overall there were 129 complaints relating to the gender services division of which 113 were for the Gender Identity Clinic (GIC) and 16 were for the Gender Identity Development Service (GIDS).
- Responses issued within 25 days was 41% and complex responses over 40 day was 78%. Due to the pandemic there was a pause in responses and at the time there were 10 outstanding, and the Ombudsman are not accepting any more complaints.

- Due to the pandemic a backlog of 31 complaints had built up but was rapidly being addressed.

4.7.2 Dr Colson noted that it was reassuring and good to see the positive feedback and thanked Ms Hawke for the thorough report.

4.7.3 Dr Sinha noted that the data adds to improvement to clinical services in a positive way.

4.7.4 Mr Rock noted that the annual DET complaints report would be presented at the September meeting.

4.7.5 Prof Bhugra on behalf of the board thanked Ms Hawke and Ms Bromfield for the exemplary work done.

4.7.6 The board of directors noted the report.

#### **4.8 Education and Training Equality Diversity and Inclusion report**

4.8.1 Mr Dugmore presented the report and highlighted the key points:

- There had been significant activity during the year to produce student diversity data against the protected characteristics.
- Initial findings raised concerns on race and ethnicity at the application stage. It showed BAME students were 10% less likely to be offered a place on a course and at the award stage they were 18% less likely to be awarded a distinction or merit.
- The Associate Dean worked with the equality and diversity leads to set up a roadmap for the coming year to identify the areas requiring immediate action and a process for addressing these.
- The directorate had increased the time commitment for both of its equality, diversity and inclusion leads.

4.8.2 Responding to Dr Colson, Mr Dugmore noted that there was data available at course level and it would feed into the local equality action plans.

4.8.3 Mr Rock thanked Mr Dugmore for his leadership in this area. He emphasised that there were two Thinking Space events for students on equality, diversity and inclusion issues.

4.8.4 Responding to Ms Surtees, Mr Rock noted that ongoing oversight and challenge was needed to keep momentum on this work and it would be focused on within the DET executive.

4.8.5 Dr Caldwell noted that the methodology could be used on other aspects across the organisation and that the heatmap was powerful. She added that she would share the Trust's work with Health Education England (HEE) they were facing also.

4.8.6 Dr Sinha noted that benchmark data from other higher education institutions would be helpful.

4.8.7 Prof Bhugra on behalf of the board thanked Mr Dugmore for all the work done thus far.

4.8.8 The board of directors noted the report.

## **5. Board Committee Reports**

### **5.1 Education and Training Committee**

5.1.1 Mr Rock noted the following:

- There were three new reporting lines on the quality dashboard – student numbers, student recruitment and lead time.
- Planning for 2020/2021 academic year had begun.
- The EDI roadmap developed by Mr Dugmore was a working document allowing portfolios to develop their own targets.
- There was ongoing dialogue with the Associate of Family Therapists regarding the requirement to undertake at least 50% face to face activity to fulfil their qualification requirements.
- Significant online developments with FutureLearn, and with our Chinese partner WWYY, was being progressed.
- An update was received on the first fully virtual Trust open day which was well-attended and very engaging.
- Applications submitted were up 5% as against this time last year, and offers accepted were up 9%. Conversion remains important, in light of the current context and prevailing uncertainties
- The redrafted budget which reflects a reduction of 50% across all key areas – long courses, CPD and short courses, and Tavistock Consulting. Long course recruitment was forecast at the level of 90% (student numbers).

5.1.2 Responding to Mr Holt, Mr Rock noted that the digital academy had a well-defined road map and was on track for delivery. He added that a collaborative learning event with Maudsley Learning was implemented and attended well.

5.1.3 There was no other business noted.

### **5.2 Equality, Diversity and Inclusion Committee**

5.2.1 Mr de Sousa noted the committee met and undertook a focused discussion on three areas:

- The impact of the pandemic on service users, staff
- Reflections on events in society relating to race

- The work of the LGBTQI+ network.

5.2.2 He noted that sub-groups were being set up to take forward a number of work areas.

5.2.3 There was no other business noted.

### **5.3 Integrated Governance Committee**

5.3.1 Dr Sinha noted the following:

- The new governance and reporting committee structures was beginning to come into place, reflecting the revisions to the terms of reference.
- The committee had provided assurance of good governance in all areas and there were no specific issues to identify.
- The committee received assurance that the Trust had continued to provide appropriate and safe care to as many patients as possible during the pandemic.
- The IM&T response to the pandemic was exceptional ensuring the continuity of the Trust's clinical services.
- The estates and support services teams were managing to keep sites open and as COVID-safe as possible for all staff, students and patients.

5.3.2 There was no other business noted.

### **5.4 Audit Committee**

5.4.1 Mr Holt noted that the and extra meeting was scheduled for 8<sup>th</sup> June 2020 to sign off the Annual Report and Accounts 2019/20 before it was laid before parliament.

5.4.2 There was no other business noted.

## **6. Any other matters**

### **6.1 Any other business**

6.1.1 Prof Bhugra informed the board that the Trust would be celebrating South Asian history month and that Mr Gosling from the communications team would be doing a piece for this.

6.1.2 Prof Bhugra noted that this was Ms Keise's last board meeting as an Associate Non-Executive Director and on behalf of the board thanked her for her valuable contributions and wisdom.

6.1.3 Ms Keise noted that it was a very interesting and rewarding time, and that she hoped to be continue working with the Trust.

## **7. Date of next meeting**

7.1 29<sup>th</sup> September 2020 at 2.00pm

7.1.1 The meeting closed at 4.25pm.



Report to	Date
Board of Directors	29 <sup>th</sup> September 2020

Chief Executive's Report	
<b>Executive Summary</b>	
<p>This report provides a summary of key issues affecting the Trust including our response to the pandemic</p>	
<b>Recommendation to the Board</b>	
Members of Board of directors are asked to discuss this paper.	
<b>Trust strategic objectives supported by this paper</b>	
All	
<b>Author</b>	<b>Responsible Executive Director</b>
Chief Executive	Chief Executive

# Chief Executive's Report

## 1. Centenary

- 1.1 27<sup>th</sup> September marked the 100<sup>th</sup> anniversary of the first patient being seen at the Tavistock Clinic.
- 1.2 While, as Directors are aware, our plans for the Centenary have had to be modified in the light of the pandemic a range of activities are planned to mark this occasion.
- 1.3 On 25<sup>th</sup> September we held a series of online events to celebrate the work of the Trust which included a focus on historical highlights, a video tour of current services, an event on patient involvement and a celebratory event in the evening. Nearly 300 staff and other stakeholders attended the first event on Friday morning.
- 1.4 Starting on 30<sup>th</sup> September we are planning a "festival" of online events to mark the Centenary. This includes content which would have been part of the conference we had originally planned for 24<sup>th</sup> September. The first event involves an evening with the poet and writer Lemn Sissay.
- 1.5 I would like to offer my thanks to Louise Lyon, Ghazal Tipu, Laure Thomas, Glenn Gosling and a wide range of other staff for their excellent work in organising a very successful celebration.

## 2. Rachel Surtees

- 2.1 As you will be aware Rachel Surtees will, sadly, be leaving us on 9<sup>th</sup> October to take up a Board level post at the LB Haringey.
- 2.2 Rachel has made an outstanding contribution to Trust including, over the last couple of years, as Director of Strategy. She has transformed our systems of business development and contributed to many areas of our development. I am sure colleagues would wish to join me in wishing her well in her new role.

## 3. Covid

- 3.1 As we discussed at the July meeting of the Board, the Trust has been working to build up its level of face to face clinical work as the demand for services increases. This has been a careful process based on assessment of patient need and appropriate measures to protect staff welfare.

3.2 The Trust is now responding to the recent increase in the number of reported infections and changes in national regulations. As part of this:

- We have reinstated the EPRR command structure for the management of our response.
- We have reinforced guidance around IPC.
- We will be proceeding with a programme of online delivery for educational activities for Term 1. We have made a call not to proceed with a small number of face to face group activities which has been planned as part of the programme.
- We are continuing to review the position on clinical services although, at present, are not proposing a shift in our operating model.
- We will be reviewing arrangements for protecting staff wellbeing, building on previous work done on demographic risk assessments and taking account of staff vulnerabilities.
- We are participating in ICA and London wide planning for the impact of a second surge in cases.

3.3 Dinesh Sinha will be able to provide a further update at the Board.

#### **4. Student Recruitment**

4.1 Student recruitment for the 2020-21 academic year has progressed well overall, especially when considering the current situation. Applications for our long courses are now marginally ahead of those received at this point last year. Offers accepted have also stayed on a par with last year, and have now surpassed them for the equivalent point in the cycle. Our enrolment process opened to new students in July, and the majority of students invited to enrol have already done so. We are anticipating achieving approximately 600 Y1 students. This is a very good outcome based on significant focus and effort from the course teams and the marketing and student recruitment team. DET are continuing to monitor closely attrition levels in the next period in the current circumstances especially in relation to clinical placement take up and continuity.

4.2 In progressing our applications through to enrolment, we have needed to take our applicant interviews, open days, and enrolment process, entirely online for the first

time. DET teams have taken feedback from applicants, using QI methodology, to help ensure we have developed our services in a responsive way. During our online delivery of education and training in terms 1 and 2, we will need to be equally responsive to our students to ensure that they receive an excellent training experience with us.

## **5. Honorary posts and equalities**

- 5.1 In the last month we received some negative publicity around the advertisement of an honorary assistant psychology post in the adult Gender Identity Clinic. A number of commentators saw the role as inimical to equality of opportunity, in particular, in a profession where there are already significant issues about the lack of diversity. Part of the issue had been that GIC had advertised the role (which in other organisations are sometimes not offered on an open competition basis).
- 5.2 In response we have withdrawn the advertisement and are rethinking our approach to handling this.
- 5.3 The incident raises a number wider issues for the Trust given the significant number of staff in different services with honorary contracts. There are a variety of different circumstances behind this and we have agreed that we need to do some wider work to understand this better. The conclusions will also be relevant to the outcome of the Strategic Review.

Paul Jenkins  
Chief Executive  
28th September 2020

Report to	Date
Board of Directors	29 September 2020

## Our Workforce Race Equality Standard

### Executive Summary

This report presents the emerging data from the recent workforce race equality standard submission and sets out an analysis over a five year period.

The report identifies that:

- Little has changed in our organisation over the last five years in terms of the statistics and experience.
- Organisationally we have become a bit more diverse, but only for our lowest graded roles.
- BAME staff are more likely to be appointed following shortlisting, but in reality this again is for our non-clinical roles and for positions with the lowest grades.
- Access to continuing professional development for BAME staff has decreased this year.
- Care and attention must continue surrounding use of formal disciplinary processes.
- Perception about fairness in recruitment has not got any better, if anything it is likely to be a truer reflection of feeling.
- Bullying and harassment occurring from staff remains and we need to do more to identify ways that staff can confidently report this for it to be investigated and addressed.
- Finally, more is needed to address the experience of discrimination which is notably higher for BAME staff.

### Recommendation to the Board

Members of the board of directors are asked to discuss this paper.

### Trust strategic objectives supported by this paper

#### People

Author	Responsible Executive Director
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Director of Human Resources and Corporate Governance	Director of Human Resources and Corporate Governance
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## Our Workforce Race Equality Standard

### 1. Introduction

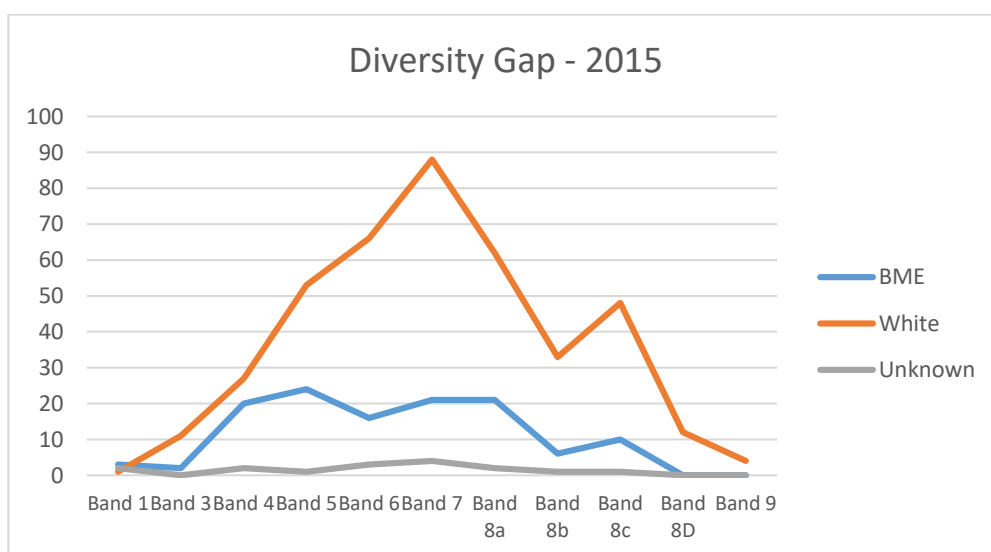
- 1.1. In 2015 NHS England introduced the workforce race equality standard to demonstrate to organisations the differences in composition and experience of staff from ethnic minority backgrounds compared to white.
- 1.2. The statistical collection tool was informed by the report *Snowy White Peaks of the NHS*, a critical report that showed how diversity across the health service had diminished over ten years.
- 1.3. Within our own organisation we have had issues surrounding race diversity for many years. This report provides the data for the most recent WRES submission and sets out the trend over the last five years.

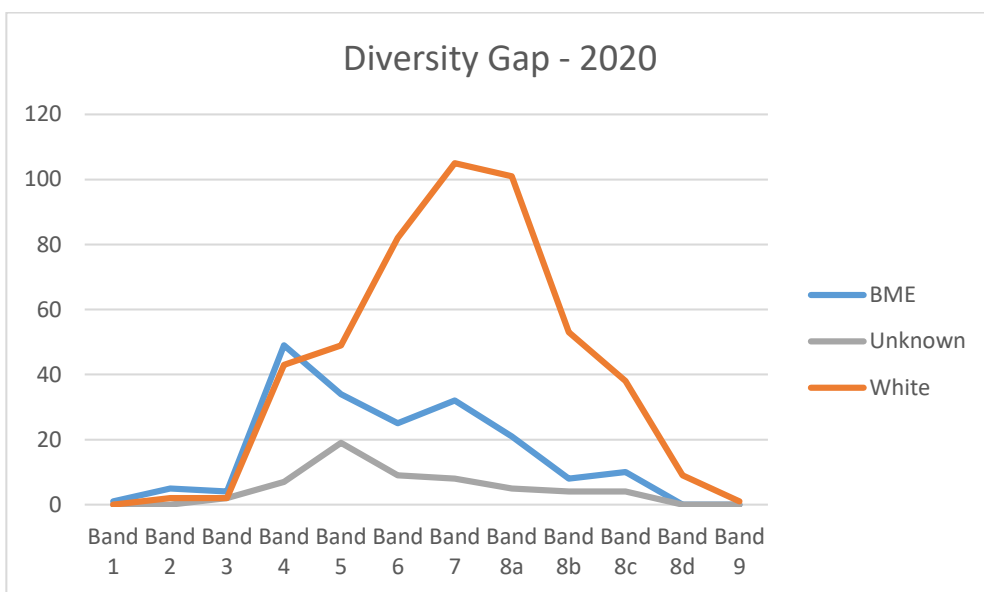
### 2. Understand our diversity gaps

- 2.1. Between 2015 and 2020 there has been an increase in diversity as a whole, in the last five years our black, asian and minority ethnic (BAME) workforce has increased by 3.21%.

	2016	2020
<b>BAME Workforce</b>	22.61%	25.82%
<b>White Workforce</b>	74.45%	66.26%

- 2.2. The following charts set out headcount distribution of diversity by pay band when the WRES commenced in 2015 and our most recent data.





2.3. What is particularly notable is where diversity has increased. It's principally within our lowest graded roles – bands 1 – 5. These will all be non-clinical roles often corporate services or clinical administrative positions. Further, if we look at the trend at grades 6 – 9, it is clearly visible the trend has not changed much.

2.4. One of the aims of the WRES was to increase diversity in roles graded band 8a and above, the table below sets out what the statistics are showing us.

	2016	2020
<b>BAME workforce</b>	18.88%	16.18%
<b>White workforce</b>	81.12%	83.82%

2.5. When considering the above data, the vast majority of roles graded at band 8a and above are within our clinical and education services. Based on our organisational design we employ a high proportion of psychological therapy practitioners, with the vast majority being clinical psychologists.

2.6. As an organisation we know that the access pathway to qualifying psychology training programmes are not only highly competitive but they also require individuals to be able to gain work experience, either unpaid or at very low pay rates, for a number of years before they can reasonably be in a position to secure a place. Herein lies a long standing issue about achieving more diversity in our organisation and a prompt for us to think more about how we influence the wider system and secondly how we design our services as we move forward in to the future.

### 3. Diversity within our executive team and board of directors

3.1. The below table sets out the diversity representation of our very senior manager (VSM) position. Our VSMs are individuals whose remuneration is disclosable in the annual report and accounts.

	2016	2020
<b>BAME VSMs</b>	5.88%	27.78%
<b>White VSMs</b>	94.12%	72.22%

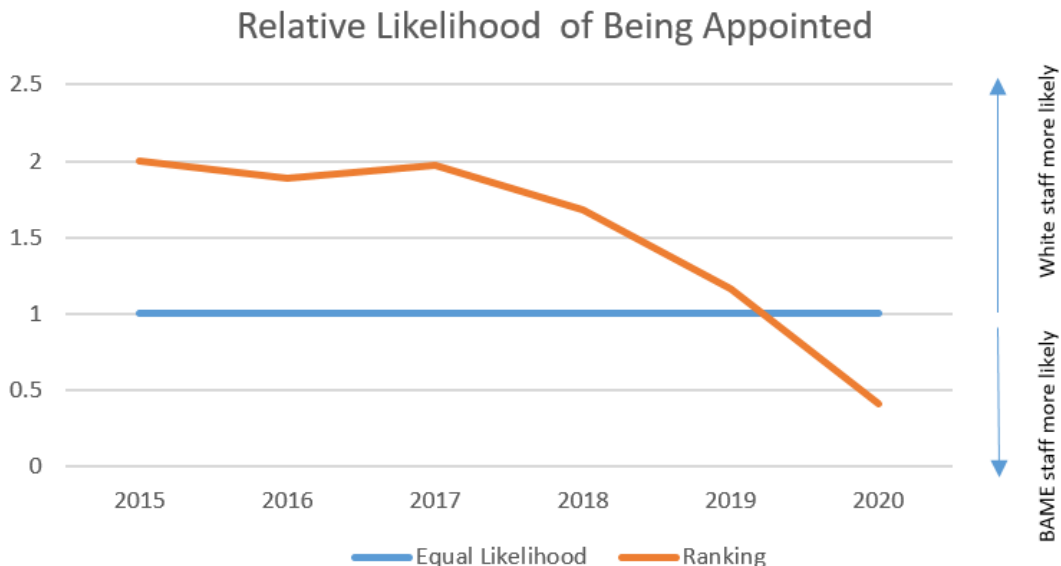
3.2. There has been some positive improvement in diversity across our most senior positions in the organisation which has occurred when vacancies have arisen.

3.3. The Trust for the last three years has engaged with the NHS England and NHS Improvement NExT directors programme which places associate non-executive directors from underrepresented backgrounds on to Trust boards.

#### 4. Recruitment and Promotion

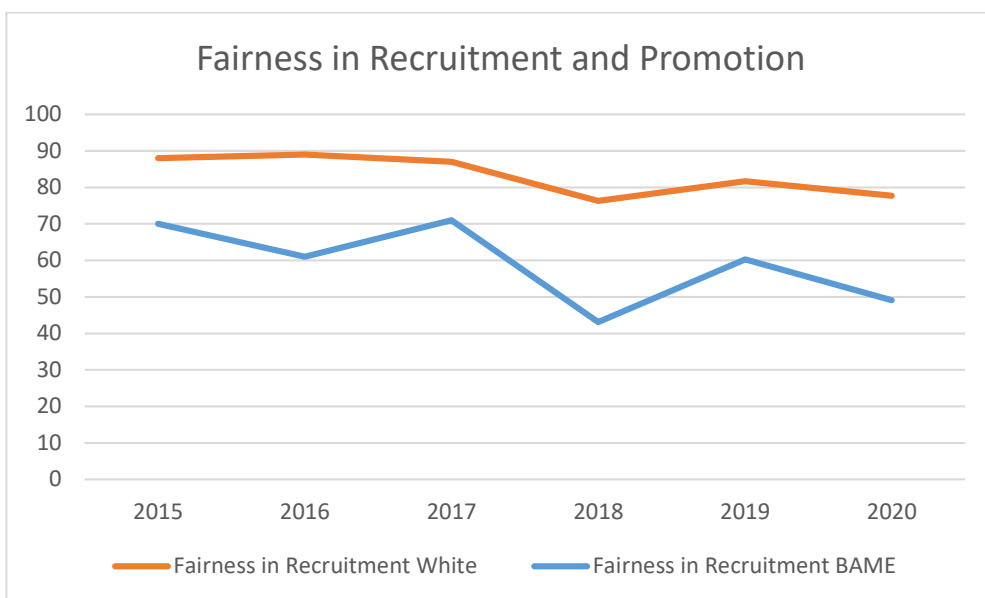
4.1. When the WRES commenced we learned that white people were two times more likely to be appointed, following shortlisting. Now, in 2020 that statistic has changed and BAME staff are more likely than white staff to be appointed.

4.2. When considering this, it is important to look at the diversity change in the organisation. What this metric is being driven by is an increasing level of diversity in our lower graded roles in the organisation, the reality remains that BAME staff remain less likely to get roles in grades 8a and above.



4.3. One of the other indicators surrounding recruitment in the WRES is staff's perception about our recruitment and selection processes being fair. The chart below is an extract from our most recent NHS staff survey.



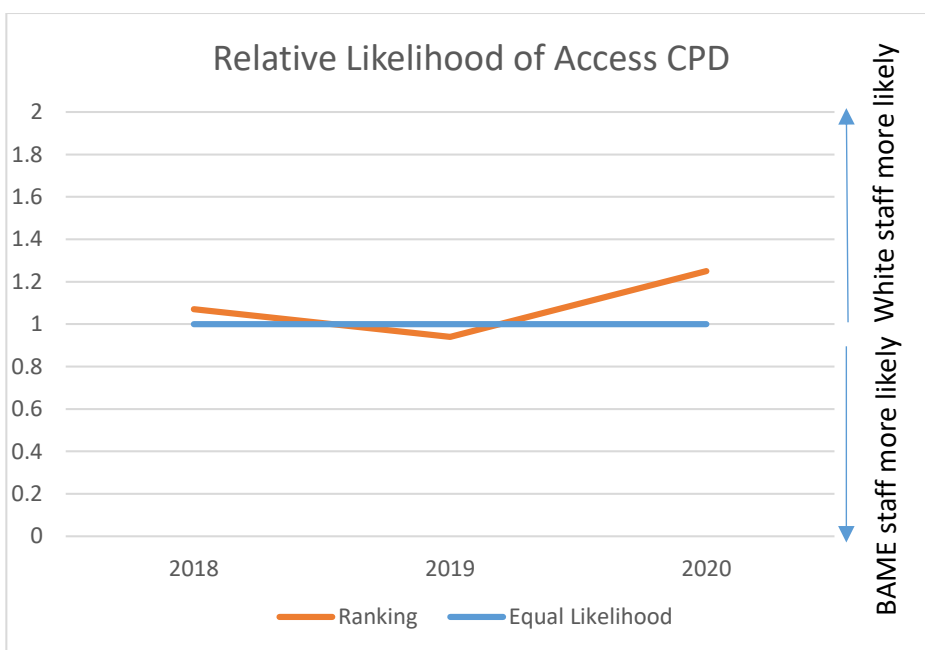


4.4. Prior to 2017 the Trust did have low response rates to the annual survey. What we have seen in the last four years is an increasing level of honesty from our workforce and overall this indicator has got worse and has shown little signs of changing.

**5. Development**

5.1. Members of the board of directors will be aware that prior to 2018 the Trust’s education, learning and development data for staff was managed via manual systems and thus present us with a challenge in reporting.

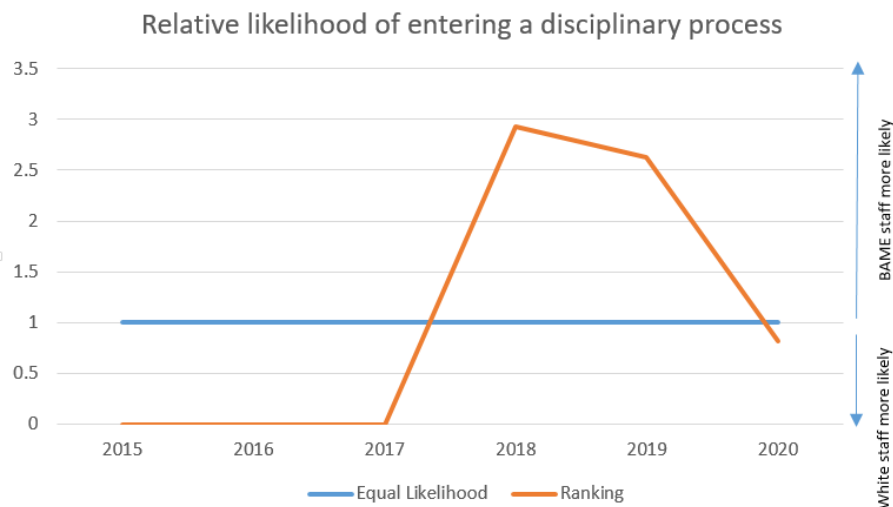
5.2. The chart below provides the data of relative likelihood for BAME staff access non-mandatory training development during the periods where we have reliable data.



5.3. In 2018 we made a significant investment in development, what is concerning is that the likelihood of BAME staff accessing development has decreased in the most recent year.

## 6. Likelihood of entering a formal disciplinary

6.1. The below table shows the relative likelihood of BAME staff being involved in a formal disciplinary process. Formal is where a matter is referred to formal investigation because there is initial evidence that suggests misconduct has happened.



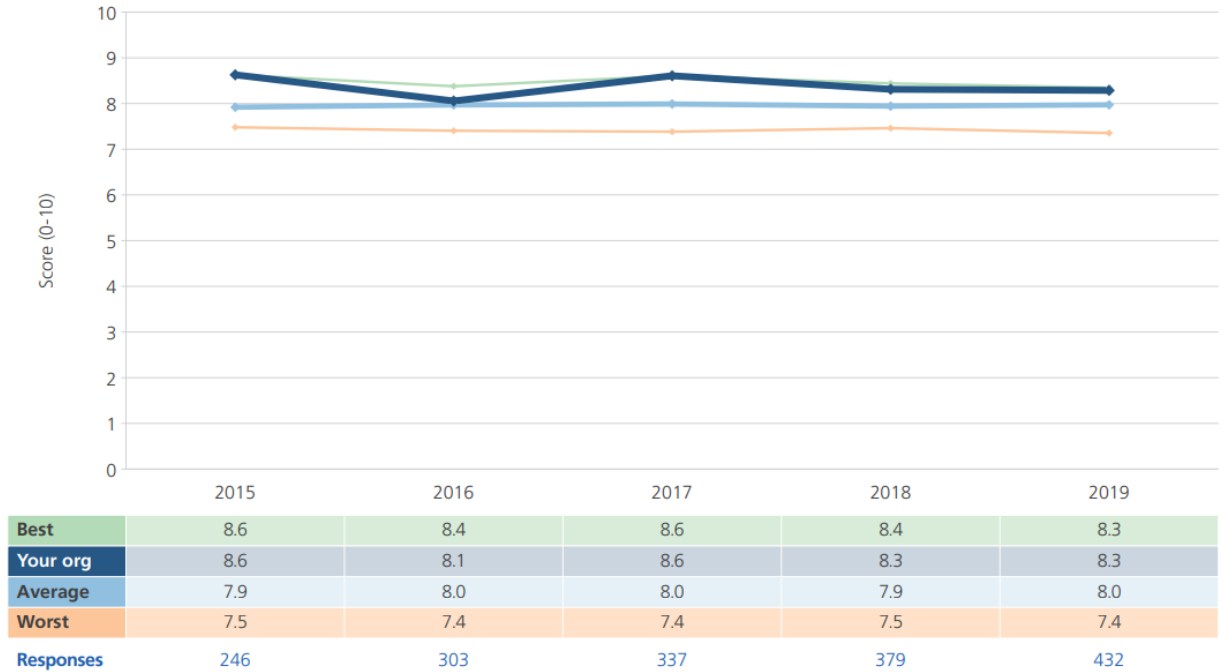
6.2. The board will clearly notice that prior to 2018 there were no instances of formal disciplinary action having taken place. This was the case for both white and BAME staff.

6.3. In 2018 and 2019 there was a very noticeable increase in the likelihood of BAME staff entering formal disciplinary processes and when this became apparent a case review was undertaken by the director of human resources and corporate governance, the chair of staff side and the race diversity champion. Through that review it was noted that for all of the conduct cases, the route pursued was for the right reasons.

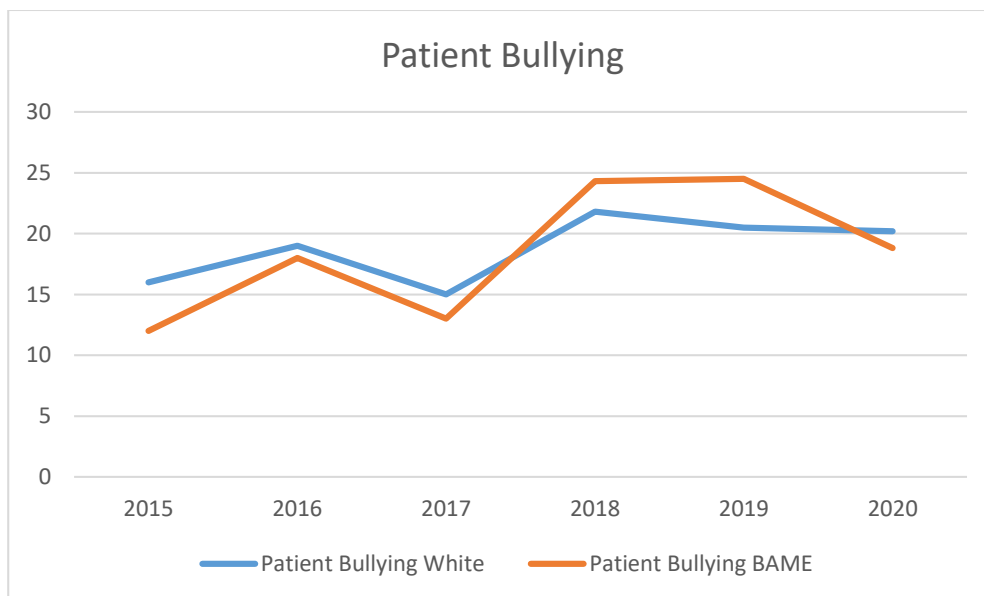
6.4. The trend has abated in 2020 but this will continue to be an area of focus to ensure that decisions to enter into formal processes are only done so where informal routes of raising the issues have been used and resulted in no improvement or where they are of a gross and serious nature that warrants it. In all cases, employee relations activity is discussed with the director of human resources and corporate governance and also the chair of staff side before processes are started.

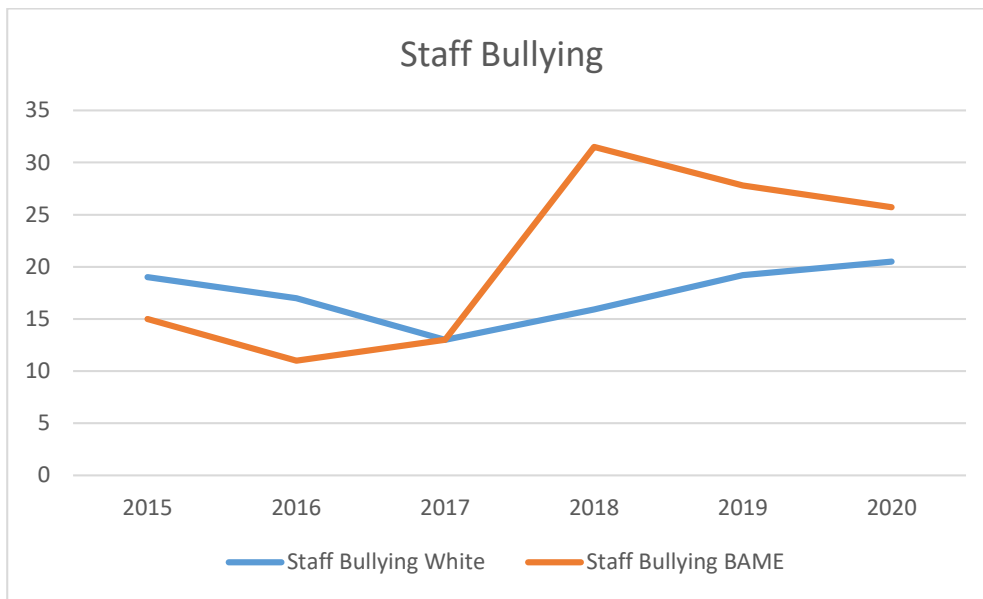
## 7. Bullying, harassment and discrimination

7.1. Bullying and harassment within our Trust is significantly lower than other NHS organisations. But it still happens and that, as all agree, is not acceptable.

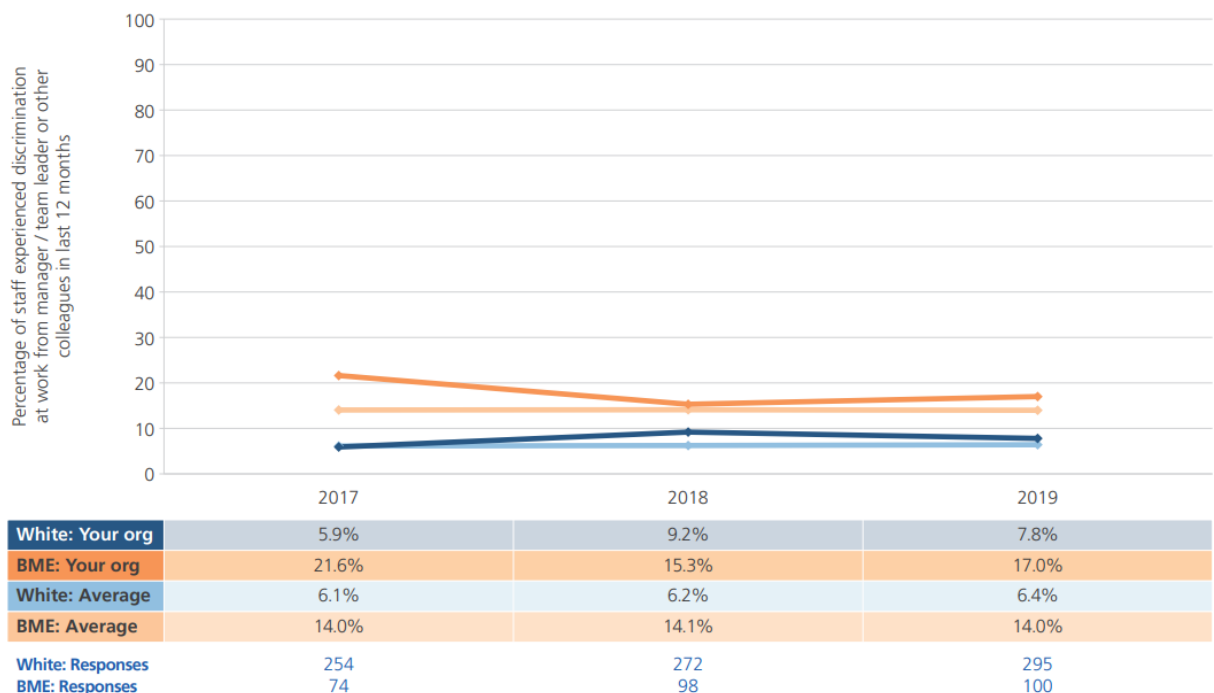


7.2. When we look more carefully at the WRES data we see a picture that is less positive. The charts below break down the experiences of bullying when split by BAME staff and white staff.





- 7.3. Any member of staff experiencing bullying or harassment is not acceptable and will need to be a continuing focus for the Trust in terms of how these issues can be raised and dealt with.
- 7.4. Lastly, the other indicator that staff survey focuses on is around the experience of discrimination. The chart below shows a three year trend where the method of recording this data has been consistent.



- 7.5. What is notable here is that the experience of discrimination within the organisation did decline in 2018 but it is showing signs of going back up.

## 8. Analysis

8.1. Having now had the opportunity to reflect on the data, the key themes are that:

- Little has changed in our organisation over the last five years in terms of the statistics and experience.
- Organisationally we have become a bit more diverse, but only for our lowest graded roles.
- BAME staff are more likely to be appointed following shortlisting, but in reality this again is for our non-clinical roles and for positions with the lowest grades.
- Access to continuing professional development for BAME staff has decreased this year.
- Care and attention must continue surrounding use of formal disciplinary processes.
- Perception about fairness in recruitment has not got any better, if anything it is likely to be a truer reflection of feeling.
- Bullying and harassment occurring from staff remains and we need to do more to identify ways that staff can confidently report this for it to be investigated and addressed.
- Finally, more is needed to address the experience of discrimination which is notably higher for BAME staff.

8.2. The above messages are disappointing and a further call for us as a board and every individual within the organisation to act to address this.

## 9. Conclusions and Recommendations

9.1.1. Members of the board of directors are asked to note and discuss this paper, specifically focusing on the messaging from the analysis and to identify the key priorities for our upcoming race equality strategy which will be debated in seminar in October and brought forward for ratification in November.

Craig de Sousa  
**Director of Human Resources and  
Corporate Governance**



Report to	Date
Board of Directors	29 September 2020

## Our Race Equality Journey: A Cultural Assessment and Challenge Approach

### Executive Summary

The Trust launched its race equality strategy in 2017. While progress has been made in some areas it is recognised that this has not gone far enough to improving the representation of staff from BAME backgrounds in more senior positions within the trust or shifting the dial on their experiences of working in the trust. The experiences of BAME staff experiencing racism in their daily working life has increasingly come to light. Negative experiences of BAME staff in the Trust have not been understood or adequately addressed by the organisation with a range of consequences for individuals and the organisation.

We recognise the need for external input that will hold a mirror up to the organisation and challenge us about the work that needs to take place to become an antiracist organisation, acknowledging that this will be a difficult but necessary task.

This paper proposes the commissioning of external facilitation to work with the Trust to conduct a review into the culture of the Trust and experiences of BAME staff. The proposal is for facilitators that will not only conduct a review that goes beyond our existing approaches of understanding BAME staff experiences, but also work with the organisation to come up with a strategy to change the culture of the organisation as well as hold us to account. Improving experiences of BAME staff and becoming an organisation that is actively anti-racist trust will improve the quality of the work we deliver and ultimately ensure quality and excellent patient care.

It is proposed that the above is appointed via open tendering and that the review process will start from January 2021.

### Recommendation to the board

Members of board of directors are asked to note and discuss this paper.

### Trust strategic objectives supported by this paper

#### People

#### Author

Director of human resources and corporate governance

#### Responsible Executive Director

Director of human resources and corporate governance

## **Our Race Equality Journey: A Cultural Assessment and Challenge Approach**

### **1. Introduction**

- 1.1. In 2017 the Trust launched its race equality strategy. As we have discussed previously at Board, we recognise that, while we have made steps forward in some areas the work has not gone far enough to shifting the dial in the experience of BAME staff.
- 1.2. Recent events in society as a result of the COVID-19, as well as the tragic killing of George Floyd in the United States have exposed the depth of systemic racism across our society and the institutions within it. These events have enabled recent conversations which highlight the issues that we as an organisation need to face up to and address. We need to actively become antiracist in our stance as an organisation. We have already set a public commitment to undertake a fundamental review and relaunch of the strategy.
- 1.3. A number of staff members have expressed views and concerns directly and indirectly to senior management in the Trust in the form of letters, in BAME network meetings, with the freedom to speak up guardian, chair of staff side, race diversity champion and through other communications such as staff surveys expressing the view that as a Trust we are not doing enough to improve the experience of BAME staff and patients. Some of these communications set out a number of different ways staff thought the Trust could move towards becoming an anti-racist Trust and actively improve the lives of BAME staff and people who access their services.
- 1.4. This paper sets out a proposal, put forward initially by Tosin Bowen-Wright, a clinical psychologist in the Trust, to commission an external review of staff experience and the actions required to provide a framework of how we will continue to hold ourselves to account for doing what we say we will do. The proposal aims not only to improve the experiences of BAME staff, but the culture of the organisation and ultimately improve patient care. The proposal will form an important strand of our refresh of the race equality strategy.

### **2. Exploring how we can achieve real scrutiny and challenge**

- 2.1. In August 2020, a meeting took place initiated by a member of staff in the trust who put forward a proposal to the chief executive, clinical chief operating officer and director of human resources and corporate governance for the Trust to engage in an externally facilitated review. In this meeting, which was also attended by the Trust's race diversity champion and BAME network lead and the freedom to speak up Guardian, a discussion was had about what the organisation needed to do to provoke demonstrable action and cultural change. The group agreed a recommendation that the Trust should commission an externally facilitated resource which would:
  - Undertake a comprehensive diagnostic piece of work about the experience of BAME staff which goes further than the NHS staff survey and other informal approaches we use to understand such issues. This will involve exploring every level of the organisation to understand the lived experience of BAME staff.
  - Look into the systemic and systematic issues (including human resources process and how these are enacted by managers and general



organisational/structural processes) in the Trust, to help us understand better the ways in which culture and behaviour in the organisation has either reinforced or counteracted difficulties and challenges that BAME staff are facing.

- Work with a range of groups across the organisation, starting with the Board and executive management team as the leaders of the organisation, to develop better understanding of what an antiracist trust looks like and develop a strategy towards culture change.

2.2. The change needed, is not a task solely for the Board. Becoming an antiracist trust is everyone in the organisation's responsibility, and that message and tone will follow as we move forward with this work.

### 3. Next steps

3.1. A small steering group will be established to help shape this work to form the basis for ongoing oversight and ensuring delivery. This might include the:

- chief executive;
- clinical chief operating officer;
- director of education and training / dean of postgraduate studies
- director of human resources and corporate governance and executive lead for equality, diversity and inclusion
- race diversity champion;
- clinical psychologist - who proposed the idea of the externally facilitated review; and,
- freedom to speak up guardian.

3.2. The group will report into the executive management team and to the board via the equality, diversity and inclusion committee.

### 4. Delivering on this proposal

4.1. To do the above well, the organisation needs external input. We have tried for many years to make the change happen ourselves and it has not achieved what we would like.

4.2. It is proposed that the organisation sets out an invitation to tender for external facilitators with a brief that details what we want to achieve as a Trust with meaningful outputs.

4.3. To deliver on the proposal the organisation will need to commit money, time and effort. This will first need a set of services to be tendered and procured in open competition. Second, it will then need traction and pace to get underway.

4.4. The below sets out an indicative timetable of events that are proposed:

<b>Task</b>	<b>Date</b>	<b>Who</b>
Consult with executive management team on the proposed approach	22 September 2020	Director of Human Resources and Corporate Governance
Seek endorsement from the board of directors	29 September 2020	Chief Executive
Finalise a specification for tender	16 October 2020	Steering group
Issue the tender for services to the market	19 October 2020	Procurement consultant
Evaluate tender responses complete	27 November 2020	Steering group
Supplier presentations	w/c 07 December 2020	Steering group
Contract award	14 December 2020	Steering group
Work commencement	04 January 2021	Appointed consultative provider

## **5. Conclusions and Recommendations**

- 5.1. Members of the board of directors are asked to note and discuss the contents of this paper.

Craig de Sousa  
**Director of human resources and corporate governance**

September 2020

## AGENDA

**BOARD OF DIRECTORS – PART ONE**  
**MEETING HELD IN PUBLIC**  
**TUESDAY, 29<sup>th</sup> SEPTEMBER 2020, 3.00pm – 4.30pm**  
**A MEETING HELD ONLINE**

		Presenter	Timing	Paper No
<b>1. Administrative Matters</b>				
1.1	Chair's opening remarks and apologies	Chair		Verbal
1.2	Board members' declarations of interests	Chair	3.00pm	Verbal
1.3	Minutes of the meeting held on 28 <sup>th</sup> July 2020	Chair		1
1.4	Action log and matters arising	Chair		Verbal
<b>2. Operational Items</b>				
2.1	Chair and Non-Executives' Reports	Chair and Non-Executive Directors	3.10pm	Verbal
2.2	Chief Executive's Report	Chief Executive	3.20pm	2 late
2.3	Finance and Performance Report	Deputy Chief Executive / Director of Finance	3.40pm	Verbal
<b>3. Items for discussion</b>				
3.1	Workforce Race Equality Standard (WRES)	Director of Human Resources and Corporate Governance	3.50pm	3
<b>4. Item for decision</b>				
4.1	A Cultural Assessment and Action Approach Proposal	Chief Executive	4.00pm	4
<b>5. Committee Reports</b>				
5.1	Equality, Diversity and Inclusion Committee	Committee Chair	4.20pm	6 late
<b>6. Any other matters</b>				
6.1	Any other business	All	4.25pm	
<b>7. Date of Next Meeting</b>				
	24 <sup>th</sup> November 2020, 2.00pm – 4.00pm – Online / The Board Room, Tavistock Centre, Belsize Lane, London, NW3 5BA			

