NHS

The Tavistock and Portman
NHS Foundation Trust

Board of Directors Part One

Agenda and papers of a meeting to be held in public

Tuesday 27th September 2022

Please refer to the agenda for timings.

BOARD OF DIRECTORS – PART ONE
MEETING HELD IN PUBLIC
TUESDAY, 27th September 2022 at 2.00pm-4.00pm, Lecture Theatre, Tavistock Clinic

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies and confirmation of quorum	Inform	Chair	Verbal	2.00 (5)
2.	Declarations of interest	Inform	Chair	Verbal	
3.	Minutes of last meeting: • 26 July 2022	Approve	Chair	Enclosure 1a	
4.	Matters arising and action log	Review	Chair	Enclosure 1b	
5.	Chairs Update	Inform	Chair	Verbal	2.05 (5)
6.	Non-Executive Director Update	Inform	Non-Executives	Verbal	2.10 (5)
7.	Service User Story	Inform	Tim Kent, Divisional Director of Adult and Forensic Services	Verbal	2.15 (20)
8.	Chief Executive's Report	Inform	Chief Executive Officer	Enclosure 2	2.35 (10)
High Quality Clinical Services					
9.	Quality Committee Highlight Report • 21 September 2022	Assurance	Committee Chair	Enclosure 3 to follow	2.45 (10)
Improve the efficiency of what we do and deliver value for money					
10.	Audit Committee Highlight Report • 22 August 2022	Assurance	Committee Chair	Enclosure 4 to follow	2.55 (5)
11.	Performance, Finance and Resources Committee Highlight Report • 27 Sept 2022	Assurance	Committee Chair	Verbal	3.00 (5)
12.	Finance Report	Inform	Chief Financial Officer	Enclosure 5	3.05 (10)
13.	Performance Report	Inform	Clinical Chief Operating Officer	Enclosure 6	3.10 (10)
Meet our ambitions to become a diverse, inclusive and anti-racist organisation					
14.	People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight report • 8 Sept 2022	Assurance	Committee Chair	Enclosure 7 to follow	3.20 (5)

15.	Workforce Race Equality Standard and Workforce Disability Equality Standard – 2021/22 Submission and Action Plan	Inform	Chief People Officer Head of HR: EDI	Enclosure 8a, 8b	3.25 (15)
Deliver High Quality Educational services					
16.	Education and Training Committee Highlight report *No meetings held since the last Board meeting.*				
17.	Board Strategic Objectives 2022/23	Inform	Chief Executive	Enclosure 9, 9a	3.40 (5)
CLOSING ITEMS					
18.	Any other business:	Noting	Chair	Verbal	
19.	Reflections and feedback from the meeting	Discuss	Chair	Verbal	3.45 (10)
20.	Questions from the Public	Discuss	Chair	Verbal	
DATE AND TIME OF NEXT MEETING(S)					

- Tuesday 25th October 2022 at 2.00 – 5.00 pm (Seminar session/Board Away Day)

- Tuesday 29th November 2022 at 2.00 – 4.00 pm

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC

Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

DRAFT Board of Directors Agenda (Part 1) – 27 Sept 2022
Version: 4   **Last Updated**: 22/09/2022   **Last Printed:** 27/09/2022   10:19

Page 3 of 96

NHS
The Tavistock and Portman
NHS Foundation Trust

MEETING OF THE
BOARD OF DIRECTORS

PART ONE: MEETING HELD IN PUBLIC
TUESDAY, 26th JULY 2022
Meeting was held online

PRESENT

Members

John Lawlor	Trust Chair
Deborah Colson	Non-Executive Director
Helen Farrington	Interim Chief People Officer
Helen Farrow	Non-Executive Director
Jenny Goodridge	Interim Chief Nursing Officer
Sally Hodges	Clinical Chief Operating Officer
David Holt	Non-Executive Director
Paul Jenkins	Chief Executive
David Levenson	Non-Executive Director
Caroline McKenna	Interim Medical Director
Aruna Mehta	Non-Executive Director
Terry Noys	Director of Finance

In Attendance

Hector Bayayi	Divisional Director Gender Services
Kirsty Brant	Gloucester House (item 7)
Jenna Davies	Outgoing Interim Director of Corporate Governance
Julie Dawes	Incoming Interim Director of Corporate Governance
Fiona Fernandes	Business Manager Corporate Governance
Will Fitzmaurice	Operations Director, Education & Training
Alastair Hughes	Interim Director of Strategy & Transformation
Rachel James	Divisional Director CYAF
Nell Nicholson	Gloucester House (item 7)
Mike Smith	Head of Communications & Engagement
Laure Thomas	Director of Marketing and Communications
Emma Whicher	Clinical Director for Transformation / Lead for Children, Young People, Neonates and Maternity – North Central London Integrated Care Board

Apologies:

Shalini Sequeira	Non-Executive Director
Elisa Reyes-Simpson	Interim Director of Education & Training
Tim Kent	Divisional Director AFS

	Governance Matters	
1	**Chair's opening remarks and apologies for absence**	
	Mr Lawlor welcomed those attending and noted the apologies. It was confirmed that the meeting was quorate	
2	**Declarations of Interest**	
	There were none declared	
3	**Minutes of the last meeting**	
	Minutes of the meeting held on 24th May 2022 and 5th July 2022 were approved pending minor amendments.	
4	**Matters arising and action log**	
	It was noted that two actions were overdue and three were completed. Mr Jenkins noted that the outstanding ICS briefing action will be done to coincide with the Council of Governors meeting. Service/Patient story – Mr Jenkins noted this action has commenced as Gloucester House will be presenting their report later in the meeting today. Outcome measures – Dr Hodges noted that as quality was a priority, brief discussions were held at the Performance, Finances and Resources committee earlier that morning and that it will be an area of focus for the Trust. **Action:** From the 5th July meeting - Board Committees and sub-committees structure chart to be made available at the next board meeting.	
5	**Chair's Update**	
	Mr Lawlor noted that since being in post he has met with a number of staff, Governors, partners particularly the ICS, NHS England and colleagues. In his meetings with staff, Mr Lawlor noted that although there is still a great commitment and passion across the workforce, it was very clear that the Strategic Review process had had a significant impact on staff. Even though there were a lot of staff now have clarity of their jobs, there were still a significant number of staff who were still waiting to have their 1:1s relating to their jobs. Meetings with ICS, Mr Lawlor noted that both he and Mr Jenkins met with the Chair/CEO recently and had good constructive discussions, and they were interested in what the plans were around the Trust's finances and more generally. It was very clear that Mr Jenkins has a good relationship with them and we need to continue building on this as we move forward.	
6	**Non-Executive Director's update**	
	There were no updates reported	
7	**Service Story – Gloucester House**	
	Ms Nicholson and Ms Brant were both present for this item. Ms Nicholson reported that due to the pandemic they were unable to present their annual reports to the Board as done in the past. The report covers the last three	

years. Ms Nicholson informed the meeting that she was no longer going to be the head teacher as she had secured a new role and, that a new head teacher and deputy head teacher were appointed however will not be starting until January 2023. Ofsted is expected to visit the school in the autumn.

Ms Nicholson gave a brief overview of the remit of Gloucester House that it is a specialist school and outreach service for children with complex social, emotional and mental health needs for over 50 years. Last year there was a lot more outfacing work being done alongside the outreach team with Ms Brant who was acting as the Head of Service.

Covid 19 has significantly affected the service during the last three academic years. Unlike much of the Trust our service has continued largely on site face to face throughout the pandemic, in various configurations. At the start of the pandemic and pre-vaccinations this was a hugely demanding, challenging and anxiety provoking time for our families, staff and for the senior leadership team. Due to this it was difficult to do the outcome measures.

Ms Brant noted that mental health was maintained during this time and had positive outcomes. All the vulnerable young people were supported and, Gloucester House and Gloucester house Outreach continues to positively impact behaviour, mental health, attendance, academic progress and stability in future placements for pupils. Feedback from stakeholders (parents/carers and Local Authorities is very positive) and Gloucester house has a good track record of supporting children to return to mainstream schools or provisions that focus on learning.

Parents/Carers and Local Authorities were also very appreciative of the work we did with the pupils and families during the pandemic.

Ms Nicholson noted that the academic attainment of the pupils has been up and down due to the pandemic, however overall the pupils and staff had managed to cope and adapt with the blended model of learning. Some curriculum areas were particularly impacted by Covid and blended learning. For example, writing but staff around the teaching of writing has enabled progress in this area and engendered more positive attitudes towards writing. This is having a positive impact and pupils are now producing more extended writing and beginning to make more progress, but below the rate we would like or expect for many. Some pupils are progressing at higher than expected rates of however for others progress is variable. We have identified that some curriculum areas need more attention now, as our recent curriculum has focused on addressing the gaps created by the disrupted curriculum. Due to the varied rates of progress we will be using individual academic target setting for all pupils for next academic year and will be increasing our focus on particular curriculum areas where indicated.

Ms Nicholson noted that she was proud of the achievements over the past 3 years that included adapting and responding to the needs through the pandemic, completing the retrospective evaluation, maintenance and growth of the service throughout the pandemic challenges and most importantly, the maintenance of good outcome measures for the pupils ad their families despite the internal and external challenges.

Ms Brant noted that Gloucester House was an independent therapeutic school which have an integrated CAMHS team.

Dr Colson informed the meeting that she is on the Gloucester House Steering Committee and has seen the progress made. Everyone at Gloucester House do a

		great job and the results are impressive and, that the outreach programmes are going well. Dr McKenna noted that she has direct contact with Gloucester House in relation to safeguarding and that there were robust processes in place for the very complex young people. Although safeguarding is a concern, it is managed well. Responding to Mr Holt, Ms Nicholson noted that at present working in partnership with ICB/ICS was not in the work plan but it is something that she would be looking at within her new role as well as working with the Local Authorities and having Service Line Agreements in place. Dr Hodges added that the model was very good and would be looking at the relationships with the Local Authorities and ICB/ICS and how we can develop this working relationship. Mr Jenkins on behalf of the Board thanked Ms Nicholson for all her hard work as head teacher and wished her all the very best as she takes up her new role. The report was noted.
8	**Chief Executive's Report**	
		The Report was taken as read and Mr Jenkins noted that there have been a few personnel changes and that a number of executive appointments were made. • Elisa Reyes-Simpson is the interim Director of Education & Training • Alastair Hughes is the interim Director for Strategy & Transformation • Julie Dawes is the new interim Director of Corporate Governance as Jenna Davies was leaving to join her local Trust in Lincolnshire. Mr Jenkins thanked Ms Davies for all her work and contributions to the Corporate Governance functions and wished her the very best. The report was noted.
	High Quality Clinical Services	
9	**Quality Committee Highlight Report**	
		The Report was taken as read and Dr Colson noted that the first meeting of the committee took place on 05 July 2022 and that the Terms of Reference were approved at the Board meeting that morning. A lot of work will need to be done with the reports that are being received to triangulate so that there is clear oversight on data collecting and outcomes. Dr McKenna reported that there had been an increase in deaths which was a significant issue. In 2021 the Trust was not able to receive the trace report and therefore not able to pick up the death details. This has now been resolved and in Quarter 4 there were a number of deaths that had been picked up going back a number of years and, we are now looking into this. The issue of the NHS Spine has been resolved and we are now able to run reports more regularly. Responding to Mr Holt, Dr McKenna noted that the number of incident reported were mainly Gloucester House incidents. Ms Goodridge added that this will need to be looked at (the level of harm) and need to tighten up the information being reported. Dr Hodges noted that it was not necessarily good to have fewer incidents and, part of the model is that the children can express their views.

		Mr Lawlor noted that having attending the meeting, he could confirm that there were good discussions and was assured that Dr Colson, Ms Goodridge and Dr McKenna had a good handle on things. The report was noted.
10	**Quality Report**	
		The Report was taken as read and noted.
	Improve the efficiency of what we do and deliver value for money	
11	**Performance, Finance and Resources Committee Highlight Report**	
		Ms Mehta noted that the first meeting of the committee was held early that morning and that as a result she was making a verbal report. Ms Mehta highlighted a number of salient points from the meeting: • The 2022/3 budget had now been signed off by the ICS with a target deficit of £3.9million. . Month 3 is above target but the Trust is running high agency costs • The budget includes a 6.5% vacancy rate. CIP is £1.8million however we do have plans to cover for this. Capital has been allocated and prioritised and it has been necessary to drop some projects such as e-roster and a CRM. • On the performance side, there was acknowledgement of the need to have some deeper scrutiny of waiting lists data. • We will also need to further improve our ability to collect ethnicity data. There is a project that is working on this and it will progress through tis committee. • Mr Hughes had provided the committee with an update and talked about the need to align HR with Finance data on ESR. • There was an update on the Estates projects which were all on target. The verbal report was noted.
12	**Finance Report**	
		The Report was noted.
13	**Performance Report**	
		The Report was taken as read and comments were invited.
		The report was noted.
	Meet out ambitions to become a diverse, inclusive and anti-racist organisation	
14	**People, Organisational Development, Equality, Inclusion and Diversity Committee (PODEDI) Highlight report**	
		The Report was taken as read and Ms Farrington highlighted the salient points: • The committee reviewed the draft people strategy agenda • Reviewed the new Freedom to Speak Up Guardian policy • That there has been some slippage on the race equality action plan and agreed to some extensions to the timescales • There was a presentation on workforce performance however more work will

	need to be done on this
	• There was a presentation from the recruitment shared services and assurance was given on the action plan that is in place to improve the service.
	The report was noted.
16	**People Strategy and Plan**
	The paper was taken as read.
	Ms Farrington reported that this report was shared at the People, Organisational Development, Equality, Inclusion and Diversity Committee and now being shared today with the Board who are being asked to review the strategy and to in principle approve the priorities and proposed implementation plan. The strategy is a 5 year plan and it will be looking at strengthening some of the basics. The plan will be a live document and will be subject to some changes along the way. One of the first tasks will be to link up with the communications team and Staff Side to pull together an engagement plan.
	Mr Holt noted that it was an impressive report and that it provided a very helpful starting point for taking forward our work on people issues.
	Ms Mehta concurred with Mr Holt and added that she particularly liked the year one targets and the focus on addressing key areas of concern raised in the staff survey.
	Mr Levenson also echoed his colleagues' sentiments and wanted to know in relation to the workforce demographic, the disability percentage chart, how may staff have registered or disclosed a disability. Ms Farrington responded that a high percentage of employees had not specified, and we need to look more into this to have a baseline. Cleansing work is being done on ESR. From experience a lot of staff do not disclose due to concerns/fear of being treated differently or being judged.
	Responding to Mr Levenson's question about the balance in the organisation between clinical and administrative staff, Dr Hodges noted that a lot of additional administrators had to be put in place for the Gender services and that the total of administrative staff also included corporate services.
	Mr Jenkins thanked Ms Farrington for the work that she had put in in developing the strategy. To do so will need the full corporation from the executives and management.
	The board agreed to approve the priorities.
	The board noted the report and unanimously approved that delegated authority for this be given to the Audit Committee.
	Delivery High Quality Educational services
17	**Education and Training Committee Highlight report**
	The paper was taken as read. Mr Levenson highlighted the salient points:
	• The committee met early July and that that was Mr Rock's last meeting after being the Director of Education and Training for 7 years and, Ms Reyes-Simpson

was appointed as the interim Director of Education and Training. Preparation for recruitment for the appointment of the substantive Executive Director had started.

- Recruitment of students – nearly 500 students had signed up for the academic year and there were 150 more to process. There are a higher number of students dropping out of the process after applying due to the cost of living, and steps are being taken to augment the team with Visiting Lecturers in assessing the applications. Short courses remain popular, however some courses have been merged to retain the students in order that they can get a good experience.

  Mr Fitzmaurice added that the dropouts were due to a high number of deferrals and a lot of the students did not attend last year due to the pandemic and the course being online. There are plans in place to provide face to face teaching. Applications will be progressed and the committee support the need for additional resources to achieve this.

  Mr Lawlor noted that other education providers have experienced similar issues due to the cost of living.

- The Office for Students (OfS) have been notified about SOF3 being downgraded, although not necessary it was appropriate to let them know. A response was received from OfS thanking us for the information and there have been no further enquiries.

- Equality, Diversity and Inclusion – regular reports are received on this by the committee and Mr Dugmore must be commended for this. There is good progress being made overall but there is still work that needs to be done.

In responding to a question from Ms Mehta Mr Jenkins noted that the need to clarify governance oversight for the work of the Workforce Innovation Unit.

The report was noted.

	CLOSING ITEMS
18	**Any other Business**
	Mr Jenkins noted that we were expecting an update shortly on the next stages of the Independent Review being carried out by Dr Hilary Cass about the future of services for young people with issues relating to gender dysphoria.
19	**Reflections and Feedback from the meeting**
	Dr Colson noted that it was a good meeting and that there were good discussions. The only issues are that the papers are very long and difficult to process. There needs to be shorter papers. Ms Mehta noted that there were good discussions and agreed about the length of the papers. If the papers are presented to the sub-committees then there is no need for them to be in the main board papers. We can just have a summary sheet.
20	**Questions from the Public**
	There were no questions raised.

Date, time and venue of next meeting
Tuesday 27th September, 2.00 – 5.00 pm Lecture Theatre/Virtual

Exclusion of the Press and Members of the Public
Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

NHS

The Tavistock and Portman

NHS Foundation Trust

Board of Directors: Action Log

Ref	Meeting Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
AP1	28.9.21	6.2.4	A detailed report on FOIs to better understand the pressure and resourcing implications and how we mitigate the risks to be brought to a board meeting	Director of Finance	March 2022	The item was discussed at the Performance, Finance and resource Committee	Closed
AP1	30.11.21	2.1.2	Information briefing session to be arranged for the whole Board on the relationship with the ICS	CEO	Nov 2022 ~~Sept 2022~~	Once the newly appointed Chief Executive has joins the Trust in November, a development session will be arranged in conjunction with the Council of Governors to address this important topic	Overdue
AP3	25.1.22	2.4.6	Outcome measures to be discussed at the May Board	Medical Director	May 2022	Outcome measures and performance management will be taken forward by the Performance, Finance and Resource Committee	Completed
3/22	29.3.22	6/22	CEO to include items agreed in the meeting to the objectives.	CEO	April 2022	Item considered at July and September board meetings.	Completed
4/22	24.5.22	4	Patient and Student stories to be arranged for all future board meetings	Corporate Governance Team	None stated	Patient story included on Sept agenda.	Completed
13/22	24.5.22	13	Terms of Reference for the People, Organisational Development, Equality, Diversity and Inclusion Committee to be ratified	Board	July 2022	An additional meeting was held on 5th July to agree and approve all the Board committees Terms of Reference	Completed

1

Ref	Meeting Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
	05.07.22		Diagram showing the committee and sub-committee structures	Corporate Governance Team	Sept 2022	This action point was missed out from the July meeting. Committee structure chart updated and will be circulated to board members for information.	Completed

Report to	Date
Board of Directors	27th September 2022

Chief Executive's Report
Executive Summary
This report provides a summary of key issues affecting the Trust.
Recommendation to the Board
The Board of Directors are asked to note and discuss this paper.
Trust strategic objectives supported by this paper
All

Author	Responsible Executive Director
Chief Executive	Chief Executive

Page 3 of 4

Chief Executive's Report

1. CEO appointment

1.1 The Trust has been successful in appointing Dr Michael Holland, currently Medical Director at South London and Maudsley Trust as the Trust's new Chief Executive.   It is anticipated that Michael will start at the Trust in the middle of November. Sally Hodges, the Deputy Chief Executive will act as interim Chief Executive during the period from my retirement at the end of September to Michael's arrival in November.

2. GIDS

2.1 On 28th July NHS England announced their intention to create, in line with a recommendation made by Dr Hilary Cass as part of her Independent Review, a network of regional centres for children and young people affected by gender incongruence and gender dysphoria. Thew new model, once fully operational, is designed, in the wake of a continuing significant growth in referrals, to increase capacity, improve access to care and strengthen links with local services.

2.2 Again in line with a recommendation made by Dr Cass, the new regional centres will be led by experienced providers of tertiary paediatric care (specialist children's hospitals). There will be two early adopters. One will be based in London and will be led by a partnership between Great Ormond Street Hospital and the Evelina London Children's Hospital, with South London and Maudsley NHS Foundation Trust providing specialist CYP mental health support.

2.3 A second Early Adopter service will be based in the Northwest, led by a partnership between Alder Hey Children's NHS Foundation Trust and the Royal Manchester Children's Hospital, where both trusts also provide specialist CYP mental health services.

2.4 The aim is for the Early Adopter services to be operational by Spring 2023 and, in line with this, the current GIDS contract will be brought to a managed

Page 3 of 4

close in 2023.   We are working closely with the early adopters and NHs England to ensure a smooth transition to the new model and to manage the impact for patients and staff.

2.5   At the same time NHS England have announced that they have accepted a recommendation from Dr Cass that, in future, puberty blockers should be prescribed under a research protocol. While this is being set up, patients can still continue, in appropriate cases, to access the medication under existing arrangements with cases of patients under 16 reviewed by a Multi-Professional Review Group.

2.6   The Trust has publicly supported the creation of the regional model recognising, as we have done for some time, that the model of a single national specialist provider is no longer appropriate given the growth in the scale of demand.

2.7   NHS England and the early adopter providers have made clear that they see the expertise that resides within the current GIDS service, and the endocrine services based in Leeds and UCLH as critical to the successful formation of these early adopter services and providing continuity in patient care. The CEOs have, with me, signed a message of support which has been circulated to GIDS staff.

2.8 The media coverage which followed the announcement was harsh and unbalanced and was distressing for staff and patients in GIDS and other parts of the Trust. In the light of this Hilary Cass published a further blog clarifying her position.

"In medicine, when there is controversy or doubt about treatment decisions, the immediate reaction is to blame individuals, and sometimes organisations. However, the most important way to reduce risk, improve decision-making and manage uncertainty is through safe systems. The purpose of my Review is to be forward-looking and define what a safe system of care should look like, and how to support that care with the best evidence."

…

"I have previously said that the care of gender-questioning children and young people needs to be everyone's business, with responsibility taken throughout the health system rather than resting solely with a small expert workforce. The staff working at GIDS have demonstrated compassion and a strong professional commitment towards their patient population. Their experience and continued engagement will be essential in ensuring a smooth progression to the new service model. At the same time, we need to encourage, grow and develop the future workforce that will be key to the delivery of regionalised services."

2.9 John Lawlor and I gave an interview to the HSJ which was published on 2nd September which attempted to correct some of the unhelpful references to the future of the Trust and to highlight the action we are taking to set out a strategy for the future contribution of the Trust and its clinical tradition.

3. Anti-racism statement

3.1 On 21st September we launched the Trust anti-racism statement. This was one of the commitments in the Trust's Race Equality Strategy and Action Plan which the Board agreed in January.

3.2 The statement (final version attached) highlights the importance of this agenda for the Trust and the distance we still need to go to ensure the profile of the Trust's workforce reflects, at all levels, the population we serve and to improve the experience of BAME staff at the Trust. It highlights some of the key early actions we will take to make a difference.

4. Care Notes

4.1   On 4 August 2022, we became aware that CareNotes was unavailable for use. Initially, we were informed that it would be a significant outage but would be back online on Monday 8 August. However, subsequent communications on 5 August and over the weekend of the 7 and 8 of August indicated this was not going to be the case and we did not have a definitive date for the system to be available.

4.2   The Trust declared a major incident on the morning of 5 August 2022, reported to NHS England and invoked the Trusts Business Continuity Plans (BCP's) to continue to provide services to our patients and families.

4.3   On 8 August, we were informed that Advanced (the provider of CareNotes) had been subject to an external ransomware cyber-attack. In response, Advanced isolated all systems and took them offline to mitigate the risk of further impact.

4.4   There has been ongoing dialogue between our organization, NHS England (and NHS digital), the provider (Advanced) and other NHS organisations affected by the electronic patient record system outage.

4.5   Services have responded promptly and efficiently, demonstrating resilience in managing the risk. Service leads have worked closely with the Information Management and Technology (IM&T) team to find a solution to reduce the impact on patient safety and experience.

4.6   Regular 'Gold' Emergency Preparedness, Resilience and Response (EPRR) meetings are held with key attendees from services, IM&T and emergency planning. It is led by 'Gold' command, the Chief Nursing Officer. These meetings discuss updates from key internal and external meetings and offers an opportunity to discuss any emerging risks and/or issues. To date, there have been no significant patient safety risks or issues identified.

Page 3 of 4

4.7 It is envisaged that CareNotes will be reintroduced to our organisation beginning 25 October 2022. IMT will carry necessary system checks before the system is made available for use. We continue to monitor clinical risks and issues, including those that may arise from the reintroduction of CareNotes in October.

5. Board Governance Review and BAF

5.1 We are continuing to work on the implementation of the Board Governance Review including bedding in the new Committee structures.

5.2 As part of this we are in the process of reviewing the BAF including taking key relevant risks through our Committees. We will bring the updated BAF back to Board following review at Audit Committee..

6. Student Recruitment

6.1 We have had a successful recruitment campaign for the 2022 Academic Year Overall we are on a par with last year's recruitment and numbers are holding up. This is a significant achievement given the environment, both internally and externally, in which we have been operating.

6.2 533 students have started or completed their enrolment (not including any Essex or UEL students) and 37 are holding offers or actively progressing in the pipeline. We are following up with these applicants individually. With other applicants we expect a final total of around 600 enrolled students.

7. Return to building and new academic year

7.1 We have been welcoming students back to the Tavistock Centre, at our Welcome Week, 20th to 24th September, and with teaching starting for most courses from Monday 26th September.

7.2 It has taken immense effort to organise the transition back to face-to-face teaching, following two years of mostly online activity. Staff across DET have

Page 3 of 4

worked closely with colleagues in Scheduling, Estates and Facilities, and Informatics to try to deliver a smooth experience for new and returning students.

7.3   This academic year, our teaching rooms have been fitted with new audio-visual equipment, which should provide an enhanced experience for those in the classroom, and for any occasions when some are joining a session online. Following detailed discussions with our IPC leads, we have had agreement to remove the 1 metre social distancing requirements in education spaces and for education activity. This has been immensely helpful for our scheduling; we continue to monitor this approach as the term progresses.

8.   Future Strategy Work

6.1   In line with previous discussions with the Council of Governors we are planning to undertake a programme of work to develop proposals for the future direction of the Trust's clinical and educational and training services. The work which is planned to be completed by March 2023 will involve engagement with staff and stakeholders and will aim to create strategies for the Trust's different areas of work including any opportunities for growth.

6.2   Alastair Hughes, our Interim Director of Strategy and Transformation will co-ordinate the work and this item is included later in the agenda for the meeting

Page 3 of 4

9.   Strategic Review

7.1   We have, since then, been proceeding with implementation. During the next month we hope to complete a significant proportion of the recruitment and selection processes for the new structures with the aim of confirming the position for staff potentially affected by change.

7.2   We are aiming to go live, formally, with the new structures in November/December. A number of the new teams, however, will be able to go live on a shadow basis before then.

7.3   We have been developing a specification for the programme of management and leadership training to support the creation of new structures and to support the development of those taking management roles in the new structures.

Paul Jenkins
Chief Executive
22nd September 2022

Page 3 of 4

Tavistock and Portman NHS Foundation Trust Anti-Racist Statement

The murder of George Floyd on 25 May 2020, affected us all deeply, particularly our Black members of staff. As a Trust we challenged ourselves and reflected on the daunting experiences of Black and other minoritised ethnic groups in society, across the NHS and within our own workforce. So, whilst we disavow all forms of prejudice such as ableism, anti-semitism, classism, homophobia, Islamophobia, sexism and transphobia; we have developed this statement as a public commitment to becoming an anti-racist organisation.

Currently, staff from Black, Asian and other minoritised ethnic groups within the Trust are:

- Significantly underrepresented in more secure senior roles (including our Board) and overrepresented in low level precarious roles.
- More likely to be harassed, bullied or abused by their colleagues compared to White staff.
- More likely to be discriminated against by their colleagues, team leaders or managers compared to White staff.
- Less likely to receive equal opportunities for career progression or promotion compared to White staff.

Therefore, we feel the need to challenge ourselves to step outside our individual and institutional privileges and denounce and dismantle all forms of racism. Anti-racism is a radical project, a struggle for justice, freedom and life – we embrace it. We recognise that the way we recruit, treat and promote our staff needs de-biasing.

We admit that some of our criteria for treatment and care plans are not underpinned by cultural need.

We understand that structural racism is not always obvious or overt, it can be embedded in microaggressions, organisational culture and structures of power and privilege.

So, in line with our mission to fight racism and become a truly anti-racist organisation:

Page 3 of 4

We commit to perpetual learning and reflection at all levels in order to identify actions and tackle structural racism. We commit to ensuring that our Health and Education Services are underpinned by culturally intelligent staff, patient and student-centred approaches.

We are committed to delivering the following actions over the next 12 months:

(a) We will review and improve our recruitment and selection process so that it is transparent and inclusive. This will help us recruit a diverse workforce that represents the communities we serve.

(b) All Board members, Senior Leaders and Managers in the Trust will undergo mandatory inclusive and compassionate leadership training.

(c) Race and other EDI elements will become standard agenda items in all meetings within the Trust.

(d) We will develop a new transparent policy on internal promotions and secondments. This will support the career progression of staff from Black, Asian and UK ethnic minority groups and increase the diversity of the workforce in more senior roles.

(e) We will ensure that all staff undergo Allyship[1] training. This will promote and foster an inclusive culture in which all staff have a sense of belonging.

(f) Services will be supported to analyse their EDI data and develop appropriate action plans to address highlighted issues.

(g) Inspired by a commitment to drive out any systemic racism, we will consistently seek feedback from staff, patients, service users and students from Black, Asian and UK ethnic minority backgrounds on their experiences.

(h) We are committed to ensuring that all our students feel welcome and are able to fully participate in their programme of study with us.

(i) We are committed to developing a more inclusive and diverse curricula so that our courses better equip students to work with the diverse population we serve.

(j) All our staff networks (including the Race Equality Network) will have an Executive Sponsor who will raise the network's profile.

Holding ourselves accountable

To hold ourselves accountable to our principles and ten key commitments towards becoming an anti-racist Trust we:

---

[1] **Allyship:** *a newly coined term used in contemporary social justice activism to describe efforts by individuals or groups of people to advocate for or advance the interests of marginalised groups in society or the workplace.*

(a) Have established an Equality Diversity and Inclusion (EDI) Team, with an EDI Associate Director, EDI Manager, and EDI Champions. The team works with our staff networks (including the Race Equality Staff Network) and the unions and staff side and facilitates a safe space for staff for removing barriers and ensures appropriate support, education and training are available to mitigate any occurrences of discriminatory behaviour.

(b) Are establishing an Inclusion Subcommittee, which will oversee the delivery of our Race Action Plan.

(c) Have established a new People, Organisational Development, and Equality Diversity and Inclusion (POD EDI) Committee that is chaired by a Non-Executive Director who acts as the Board Champion for race equality. The Committee has oversight of the Trust's EDI agenda and ensures that changes being made improve the lived experiences of all staff, patients, service users and students at the Trust. Reports from the POD EDI Committee form part of our Board agenda.

Also, **we will**

(a) Review our progress in anti-racism annually and publish it in our annual EDI Report.

(b) Re-invite external race equality experts annually to assess our progress against the Workforce Race Equality Standard, the Race Action Plan and objectives mentioned above.

Page 3 of 4

Report to	Date
Board of Directors	27 September 2022

Month 5 Finance Report

Executive Summary
Attached is the Month 5 (period to August 22) Finance Report. This shows that the Trust has incurred a deficit of £1.9m. This is, however, ahead of the Plan / Budget position of a deficit of £2.0m. The report was scrutinised by the Performance, Finance and Resources Committee

Recommendation to the Board
The Board is asked to note the report

Trust strategic objectives supported by this paper
Finance and Governance

Author	Responsible Director
Terry Noys, Chief Financial Officer	Terry Noys, Chief Financial Officer

Page 1 of 3

FINANCE REPORT – MONTH 5: PERIOD ENDED 31 AUGUST 2022

1. OVERVIEW

1.1 For the period ended 31 August 2022, the Trust recorded a deficit of £1.9m, compared with a Planned / Budgeted deficit of £2.0m.

1.2 The positive variance against Plan has reduced from the prior period. This is due, primarily, to a more conservative approach being taken with regard to accrued costs.

1.3 It is expected that, as the year progresses, the positive variance to Plan will, again, increase.

2 INCOME

2.1 Income was £25.2m, £1.8m adverse to Plan income of £27.1m.

2.2 This is due, primarily, to DET income being £0.8m lower than Plan, CYAF income being £0.6m lower than Plan, AFS being £0.3m lower than Plan and Clinical Support being £0.3m lower than Plan.

2.3 DET income shortfall is largely a phasing issue and is expected to be recovered later in the financial year.

2.4 The shortfall on CYAF reflects £0.3m of unidentified income that was Budgeted within CYAF and sundry income – notably named-patient agreements - which requires allocation.

2.5 The shortfall on AFS represents some income which has not yet been invoiced for.

2.6 The shortfall on Clinical Support is research income deferred to a later period.

3 STAFFING COSTS

3.1 Staff costs of £19.9m are £0.9m lower than Plan. This is after taking into account a Plan vacancy factor of £2.7m.

3.2 Lower than Plan staff costs reflect vacancies across all elements of the Trust.

3.3 Agency costs in the period total £1.5m (against a nominal agency cap of £683k).

4 OPERATING NON PAY COSTS

4.1 Operating non pay costs of £6.5m are £0.9m lower than Plan of £7.4m.

4.2 This is primarily due to lower DET costs (reflecting the timing of activity noted in 2.3 above).

5 OTHER COSTS (Depreciation, Interest, PDC)

5.1 Non operating costs are £170k lower than Plan, due primarily to lower depreciation (reflecting the delay in the capital expenditure programme).

6 SERVICE LINE PERFORMANCE

6.1 All services are broadly on or slightly ahead of Plan in terms of surplus and margin.

6.2 Corporate costs are £0.9m adverse to Plan, reflecting additional costs associated with HR and the Strategic Review and the lack of CIP (which is Budgeted in Corporate but will be delivered within services).

7 BALANCE SHEET / CASH FLOW / CAPITAL EXPENDITURE

7.1 Debtors overdue by 90 days continue to be at around the £0.7m level. The Trust has a bad det provision of £0.3m which is considered adequate for the purpose.

7.2 Cash as at 31 August 2022 was £12.4m, compared with a Plan figure of £12.0m. The £0.4m improvement reflects:

Lower than Plan capital expenditure	£1.0m
Changes in working capital	£(0.6)m
	_____
	£0.4m

7.3 Capital expenditure is behind Plan, however, this slippage is expected to be largely caught up during the year.

8 FULL YEAR OUTLOOK

8.1 As previously indicated, based on the position to date it is expected that the Trust will meet or improve upon its Planned full year deficit of £3.8m.

Page 3 of 3

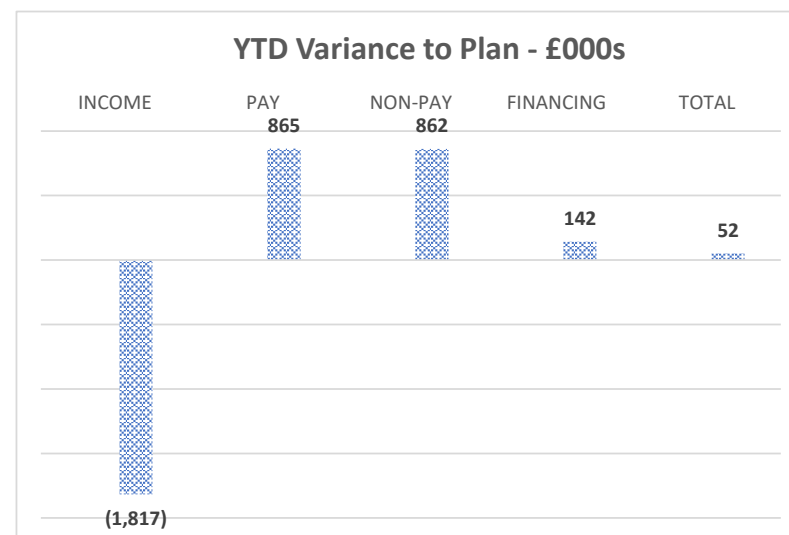# The Tavistock and Portman
NHS Foundation Trust

MONTHLY FINANCE REPORT

Period 5   **5**   **Aug-22**

Section		Page
1	I & E Summary	2
2	Balance Sheet Trend	3
3	Funds - Cash Flow	4

FINANCE REPORT Section 1 I & E Summary 0 **Page 2**
Period 5
Aug-22

£000	Plan	Actual	Variance	Var %
INCOME	27,116	25,299	(1,817)	(7%)
PAY	(20,728)	(19,863)	865	(4%)
NON-PAY	(7,356)	(6,493)	862	(12%)
EBITA	**(967)**	**(1,057)**	**(90)**	**9%**
Interest receivable	5	34	29	
Interest payable	(11)	(10)	1	
Depreciation	(959)	(818)	141	
Dividend	(90)	(90)	0	
Net Surplus /(Deficit)	**(2,023)**	**(1,942)**	**81**	**(4%)**

YTD Variance to Plan - £000s

INCOME	PAY	NON-PAY	FINANCING	TOTAL
	865	862		
			142	52
(1,817)				

Key Issues to be addressed

Block income allocation now reflects allocation based on latest activity.
NWL income now received, NPA income omitted, to investigate
Esnure H2 Forecasts reflect SR structures and staff establishment

Income (1,817) below plan

Shortfall is largely a timing difference - offset by reduced costs, no effect on margin, NPA £200k contacts not paid - to investigate

Pay costs 865 less than plan

Pay costs reflect large numbers of vacancies carried, despite higher agency costs - expected to remain below plan

Non-pay costs 862 less than plan

Non-pay reflects reduced activity and reduced levels of staff, Rates rebate of £300k recevied earlier than plan

	Plan	Act	Var
Projected closing cash	11,953	12,430	477
YTD Cash in/(out) flow - £000s	(2,863)	(2,385)	478
due to :-			
Operating flows - working capital movement			*(599)*
Captial slippage			*1,046*
other			*30*
Capital Expenditure - £000s	1,450	404	(1,046)

Debtors > 90 days	Jun-22	Jul-22	Aug-22
	£'000	£'000	£'000
NHS	71	299	242
Non-NHS	176	115	113
Student	377	284	303
Total	**625**	**698**	**659**

FINANCE AND PERFORMANCE REPORT   **Section 2**   **Balance Sheet**   **Page 3**

Period 5

Aug-22

	Prior Year End £'000	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000
Intangible assets	92	92	92	85	82	80							
Property, Plant & Equipment	25,150	24,368	25,388	24,323	24,810	24,748							
Total non-current assets	25,242	24,460	25,480	24,407	24,892	24,828	0	0	0	0	0	0	0
NHS Receivables	2,410	1,491	1,183	729	315	303							
Non-NHS Receivables	5,245	5,633	5,048	4,242	5,149	6,403							
Cash / equivalents	9,043	6,531	7,821	7,181	8,140	6,157							
Other cash balances	5,773	5,737	5,786	5,986	6,090	6,274							
Total current assets	22,471	19,392	19,838	18,138	19,693	19,136	0	0	0	0	0	0	0
Trade and other payables	(5,671)	(5,491)	(4,623)	(4,637)	(4,141)	(4,020)							
Accruals	(7,861)	(6,015)	(6,086)	(5,360)	(7,129)	(8,455)							
Deferred income	(7,849)	(8,854)	(8,937)	(7,224)	(8,566)	(7,713)							
Long term loans < 1 year	(445)	(445)	(445)	(445)	(445)	(445)							
Provisions	(4,322)	(4,320)	(3,820)	(3,820)	(3,818)	(3,820)							
Other		0	0	0	(8)	(9)							
Total current liabilities	(26,148)	(25,125)	(23,912)	(21,486)	(24,108)	(24,462)	0	0	0	0	0	0	0
Total assets less current liabilities	21,565	18,728	21,406	21,059	20,477	19,502	0	0	0	0	0	0	0
Non-current provisions	(32)	(47)	(517)	(429)	(149)	(134)							
Long term loans > 1 year	(2,221)	(2,221)	(2,221)	(2,221)	(2,221)	(1,998)							
Total assets employed	19,312	16,460	18,668	18,408	18,107	17,370	0	0	0	0	0	0	0
Public dividend capital	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)							
Revaluation reserve	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)							
I&E reserve	470	3,323	1,114	1,373	1,675	2,412							
	0	(0)	(0)	0									
Total taxpayers equity	(19,312)	(16,460)	(18,668)	(18,408)	(18,107)	(17,370)	0	0	0	0	0	0	0

FINANCE AND PERFORMANCE REPORT	Section 3		FUNDS FLOW										Page 4
Period 5	5												
Aug-22													
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	**Act**
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	**£'000**
Net Surplus/(Deficit)	(2,853)	2,208	(259)	(301)	(737)	0	0	0	0	0	0	0	(1,942)
Depreciation / amortisation	0	384	107	164	164	0	0	0	0	0	0	0	**818**
PDC dividend paid	0	36	18	18	18	0	0	0	0	0	0	0	**90**
Net Interest paid	(2)	4	2	2	4	0	0	0	0	0	0	0	**10**
(Increase) / Decrease in receivables	531	893	1,260	(493)	(1,242)								**949**
Increase / (Decrease) in liabilities	(1,021)	(713)	(2,426)	2,623	351								**(1,185)**
Increase / (Decrease) in provisions	14	(30)	(88)	(282)	(14)								**(400)**
Non operational accural movement	851	(1,272)	966	(623)	(21)								**(99)**
Net operating cash flow	**(2,481)**	**1,510**	**(419)**	**1,108**	**(1,477)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(1,759)**
Interest received													**0**
Interest paid													**0**
PDC dividend paid													**0**
PDC Funding received													**0**
Cash flow available for investment	**(2,481)**	**1,510**	**(419)**	**1,108**	**(1,477)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(1,759)**
Purchase of property, plant & equipment	125	20	86	118	64								**414**
Depreciation	(192)	(192)	(107)	(164)	(164)								**(818)**
Capital purchases - cash	**(67)**	**(172)**	**(21)**	**(45)**	**(99)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(404)**
Net cash flow before financing	**(2,548)**	**1,339**	**(440)**	**1,063**	**(1,577)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(2,163)**
Repayment of debt facilities	0	0	0	0	(222)								**(222)**
Net increase / (decrease) in cash	**(2,548)**	**1,339**	**(440)**	**1,063**	**(1,799)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(2,385)**
Opening Cash	14,816	12,268	13,607	13,167	14,230								14,816
Closing cash	**12,268**	**13,607**	**13,167**	**14,230**	**12,430**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**12,430**

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS			
Performance Report		**AGENDA ITEM:** **13**	
Report Author and Job Title:	Amy LeGood, Associate Director of Performance	**Responsible Director:**	Sally Hodges, Chief Clinical Operating Officer
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	This paper highlights the key risks and issues for clinical performance over the last quarter		
Background	This paper summarises the key issues that have been presented in detail to the Performance, Finance and Resources Committee		
Assessment	There are a number of risks to performance, including time taken and morale in relation to implementation of the strategic review, the impact of the cyber attack on carenotes, and the GIDS contract closure. There are significant waits still in GIDs, GIC, adult trauma and ADS assessments. Recovery plans are being implemented in all these areas		
Recommendation	Members of the Trust Board and Performance, Finance and Resources committee are asked to review and note the contents of this report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report relates to BAF risk number 2, demand for services outstrips capacity. Contents are part of the mitigation plan		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper."		
Strategic Objectives	Excellence in patient outcomes and experience ☒		Excellence in employee experience ☐
	Drive operational performance ☒		Long term financial sustainability ☒
	Develop clinical and commercial strategies ☐		

Performance Report Sept 22/23

Key performance issues

- Implementation of SR using significant resources
- Significant morale activities impacting on activity especially in GIDS
- Vacancies have been held back from advert because of possible posts at risk
- Carenotes outage impacting on recording, a separate secure system has been set up, but it does not record everything, there will be a resource issue in transferring back to carenotes when it is repaired
- We still do not have accurate staffing data, but this is currently being worked on.
- Budgets and infrastructure in relation to the new structure not yet in place

Key Developments

- Clinical Services have operationalised top level SR outcomes
- New online reporting dashboard for managers to be able to drill down into team level data including numbers waiting, length of wait, numbers being seen, DNA's
- Performance and contract team working to link workforce data to performance data to improve understanding of trends.
- Job planning tool rolled out, most staff have had initial job plan agreed, process to review regularly being worked up
- New Supervision process trialled with outcome of new process for logging supervision records centrally, the policy was signed off this month

New Internal Monitoring Dashboard

- Overall activity against per team / service
- Referrals by service line
- Patient contacts by service line
- Assessment to treatment
- DNA's overall
- Outcome monitoring completion
- Wait times by service line (or division until we have the capacity)
- Staffing levels per SL
- Sickness rates

Next Iteration of the new dashboard

- Staffing levels per SL
- Sickness rates
- Narrative analysis
- Addition of Surrey Mindworks and Eating Disorder Service
- Link to contractual activity (there is difficulty here do to contracts running across up to 14 teams)
- Data that sits underneath the dashboard from here on only to service line level not team

GIDS

- To address activity, the job planning process has been rolled out
- Data cleansing project has been developed and is underway
- The waiting list continues to grow as referrals outstrip 1st appointments offered.
- Staff morale is very low in light of the announcements by NHSE and the media coverage
- We have agreed with NHSE that the focus will be on open cases, both booked in assessments, open assessments and open treatment cases to enable smooth handover
- New assessments will be offered with any spare capacity after the above

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

GIDS

Staff graph

GIDS Caseload Over Time

Legend: North, South East and London, Midlands, Southwest

GIDS M4 2022/23 Caseload

North 411, South East and London 354, Midlands 268, Southwest 208

GIDS Average Waiting Times in Weeks

Legend: North, South East and London, Midlands, Southwest

GIDS DNA & Cancellation Rates

Legend: DNA, Cancelled by Pt, Cancelled by Trust

GIDS M4 2022/23 Dormant Cases

3-6 Months, 6-12 Months, 12-18 Months, 18-24 Months, 24-36 Months, 36+ Months

GIDS 1st Appointments

Legend: North, South East and London, Midlands, Southwest

GIDS Subsequent Appointments

Legend: North, South East and London, Midlands, Southwest

GIDS Total Appointments

Legend: North, South East and London, Midlands, Southwest

Innovation
in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

GIC

- Job planning has rolled out and next stage is collation for mapping out gaps and service planning
- The active caseload is still very high against a low clinical staffing model
- CX Clinic development (digital arm) has started and will help to support
- The GIC Transformation programme has started and is structured around four main workstreams. These workstreams will become a consistent framework for planning and monitoring the implementation of the programme, and be used across the programme governance to ensure the objectives of the programme are met. These are;

- Activity Management and Recovery Plan
- Clinical Safety, Governance and Practice
- Operational Improvement
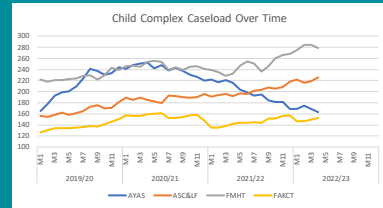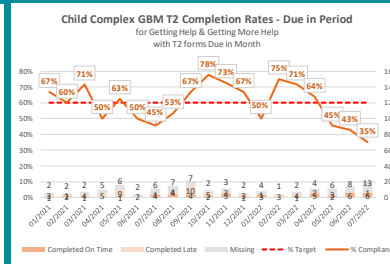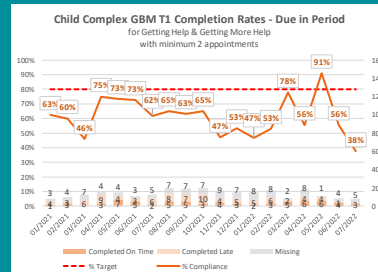- Service Design and Development

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

GIC

GIC Caseload Over Time

Staff graph

GIC Average Waiting Times in Weeks

GIC DNA & Cancellation Rates

GIC M4 2022/23 Dormant Cases

GIC 1st Appointment

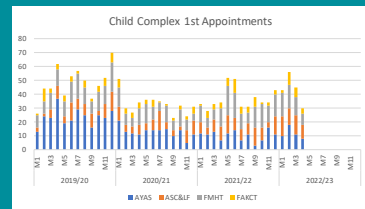GIC Subsequent Appointments
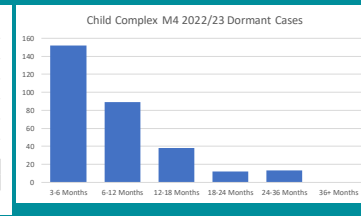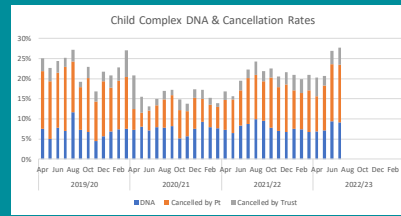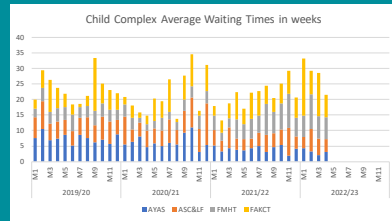

GIC Total Appointments
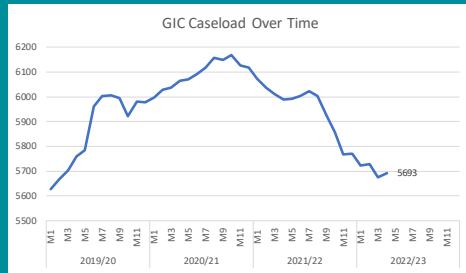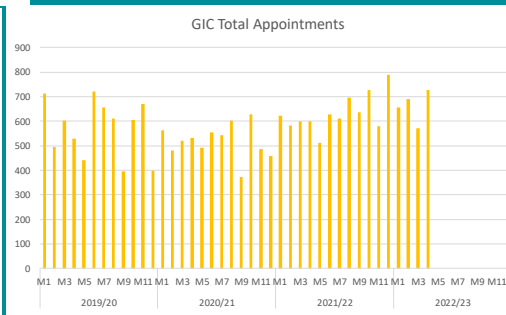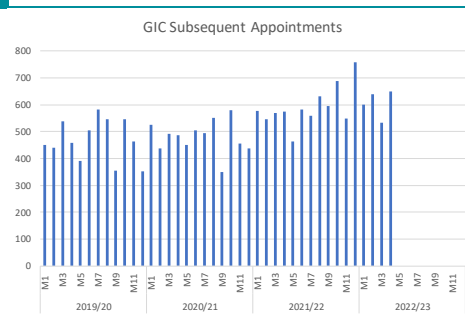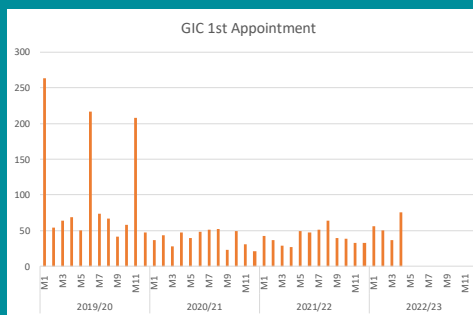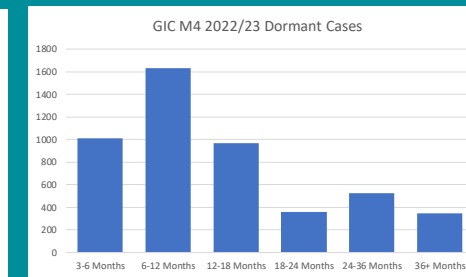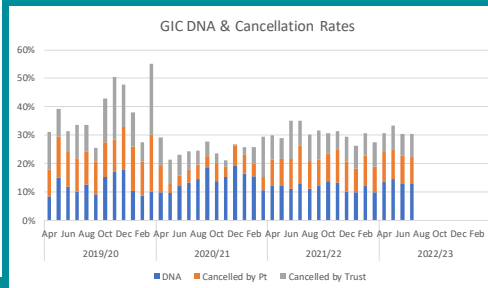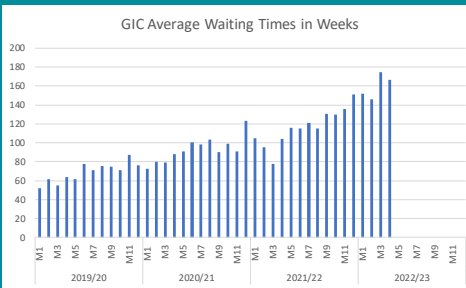
Complex Mental Health – Child Complex Service

- Completion of outcomes had increased but has reduced again and work is being undertaken to understand the key barriers to completion.

- Average waiting times have reduced, with some work still to be done to meet the new 4 week wait targets.

- Work is starting on review of dormant cases.

- An audit on the increase in DNAs and Cancellations will be undertaken, led by the General Manager.

- Work across NCL is being undertaken to address waiting times for ASCLD services.

Child Complex Service

Child Complex Caseload Over Time

Child Complex M4 2022/23 Caseload

Staff graph

Child Complex Average Waiting Times in weeks

Child Complex DNA & Cancellation Rates

Child Complex M4 2022/23 Dormant Cases

Child Complex 1st Appointments

Child Complex Subsequent Appointments

Child Complex Total Appointments

Child Complex GBM T1 Completion Rates - Due in Period
for Getting Help & Getting More Help
with minimum 2 appointments

Child Complex GBM T2 Completion Rates - Due in Period
for Getting Help & Getting More Help
with T2 forms Due in Month

Complex Mental Health – Adult Complex Service

- The Adult Trauma service waiting list is growing exponentially and the General Manager is reviewing the pathway and staffing to address this.

- DNAs and Cancellations have increased over the past year and an audit will need to be undertaken.

- Activity undertaken has been lower than expected.

Innovation
in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

Adult Complex Caseload Over Time

Adult Complex M4 2022/23 Caseload

Staff graph

Adult Complex Average Waiting in weeks

Adult Complex DNA & Cancellation Rates

Adult Complex M4 2022/23 Dormant Cases

Adult Complex 1st Appointments

Adult Complex Subsequent Appointments

Adult Complex Total Appointments
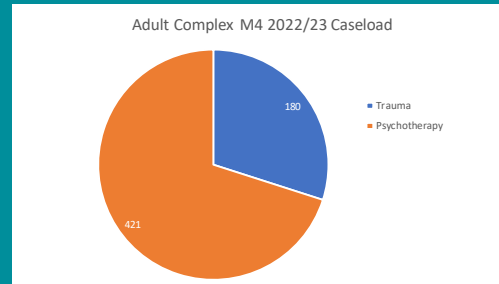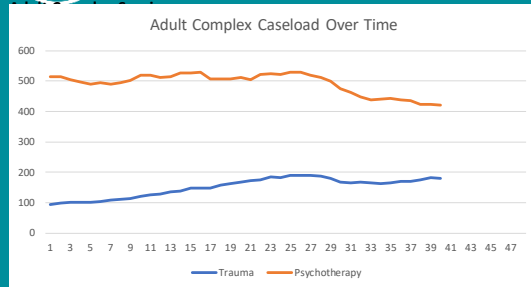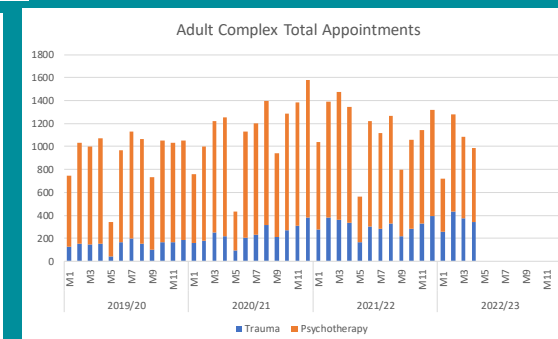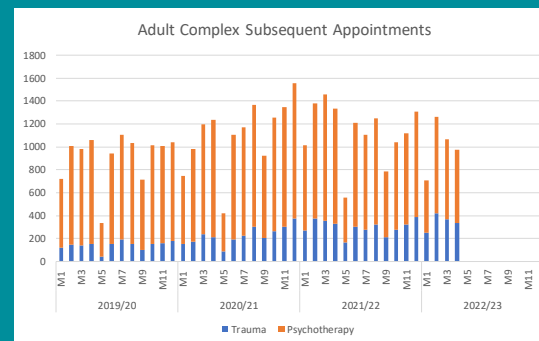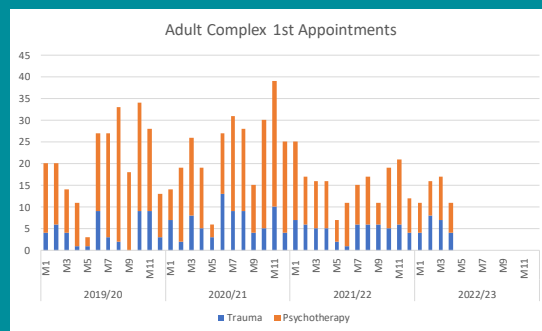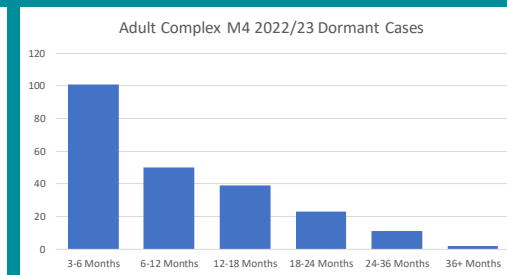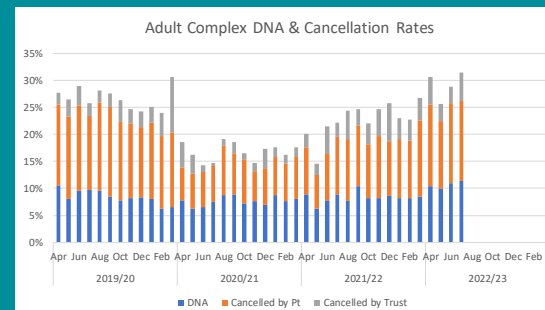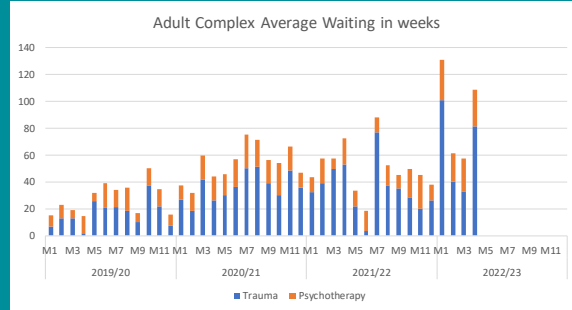
Community & Integrated – NCL Community

- Covering 9 teams:
    - CAT team referrals have paused
    - CWP caseload has doubled, need to ensure new cohorts come through to maintain activity levels
    - Steady slow increase on DNAs and cancellations
    - Lower than expected activity for South CAMHS

- 50% average for outcomes not completed and is a priority with the General Managers for review of processes.

- Activity across the service line needs to increase to meet contractual requirements, Job planning completion will create framework for monitoring.

Innovation in mind

The Tavistock and Portman
NHS Foundation Trust

NCL Community Caseload Over Time

NCL Community M4 2022/23 Caseload

Staff graph

Legend: CAT, Whole Family, WF with Perinatal, LAC, EIS, CWPs, CAISS, North Camden, South Camden

NCL Community Average Waiting Times in weeks

NCL Community DNA & Cancellation Rates

NCL Community M4 2022/23 Dormant Cases

NCL Community 1st Appointments

NCL Community Subsequent Appointment

NCL Community Total Appointments

NCL Community GBM T1 Completion Rates - Due in Period
for Getting Help & Getting More Help
with minimum 2 appointments

NCL Community GBM T2 Completion Rates - Due in Period
for Getting Help & Getting More Help
with T2 forms Due in Month

Community & Integrated – Gloucester House

- Current number of pupils below the minimum of 18, this is a financial risk to the trust, but this was agreed by EMT to enable the service to stablise following a change in leadership
- Large turnover in staff has meant delays in addressing the pupil gap.
- Ofsted are due imminently

Integrated Schools Unit

Gloucester House

Gloucester House Day Unit - Individual Pupils open in quarter

Gloucester House - Outreach Pupils open in quarter

Gloucester House Day Unit DNA & Cancellation Rates

Gloucester House Day Unit Subsequent Appointments

Gloucester House Day Unit Total Appointments

Gloucester House Outreach 1st Appointments

Gloucester House Outreach Subsequent Appointments

Gloucester House Outreach Total Appointments

Than - Report to	Date
Part 1 Board	27th September 2022

Workforce Race Equality Standard (WRES) 2021-22

Executive Summary

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract from April 2015 to ensure employees from Black and Minority Ethnic (BME) backgrounds receive fair treatment and have equal access to career opportunities in the workplace. Therefore, the Tavistock and Portman has a moral and legal obligation under the Equality Act 2010 and the Public Sector Equality Duty (PSED) to facilitate an inclusive, supportive and equitable organisational culture in which all sections of our diverse workforce have a positive working experience and sense of belonging.

Correspondingly, this report presents the Trust's 2021-22 Workforce Race Equality Standard (WRES) data. It enables the Trust to visualise workplace inequalities between Black and Minority Ethnic (BME) and White staff through nine key indicators, and then devise counter-measures for ameliorating the highlighted gaps. Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the National NHS Staff Survey (NSS) questions, and one of the indicators focuses on BME representation at Board level.

Overall, the 9 WRES indicators aim to support NHS organisations reflect and address equity issues that span across Board composition, recruitment, bullying and harassment, career progression, and access to non-mandatory training.

Key Messages

- The Trust's BME staff representation has continued to rise gradually over the years. However, this is significantly lower than the trends in NHS Trusts in the London region.
- Statistically, BME staff are significantly overrepresented in low level bands and non-clinical roles and underrepresented in more senior roles: currently, there is no BME representation in non-clinical roles above Band 8b.
- The non-declaration rate for ethnicity has shrunk over the last few years.
- There has been no disparity in the relative likelihood of staff entering the formal disciplinary process by ethnicity for two consecutive years.
- White staff at the Tavistock and Portman are no longer more likely to access non mandatory training and continued professional development than BME staff.
- Significant improvements have been made in reducing the number of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 4 years.
- The harassment, bullying and abuse of BME staff by their colleagues has continued to increase year on year – it is currently more than double that received from patients and the public.
- Over 80% of BME staff perceive their opportunities for career progression or promotion as bleak within the Trust. There is perceived lack of equity: this places the Trust at position two among the worst performing Trusts in this category.
- BME staff are twice as likely to experience discrimination at the Tavistock from either their manager, team leader or colleague in comparison to their White counterparts.
- BME staff are underrepresented at Board.

The results suggest that while the Tavistock and Portman has made gradual progress in closing some of the gaps between White and BME staff's lived experiences as highlighted above, it is below national average and in the category of worst performing trust in key indicators that suggest an organisational culture of (i) bullying, harassment and abuse of BME staff by colleagues, (ii)

T&P WRES Report 2021-22

discrimination of BME staff by colleagues, managers and leaders, and (iii) lack of equity in opportunities for career progression.

Therefore, it is apparent that more effort is required to shift some of the resilient historic challenges that have remained in situ for years. See Appendix 2 (p.17) for Action Plan which is aligned to our Race Action Plan, EDI and People Strategies.

Recommendation to the Committee

The Committee is asked to:
- Note the Trust's performance viz-a-viz its mandate to ensure employees from Black and Minority Ethnic (BME) backgrounds receive fair treatment and have equal access to career opportunities within the Trust.
- Note the approved associated Action Plan for ameliorating the challenges that have been highlighted. This was approved at the PODED&I Committee Meeting on the 8th September 2022

Trust strategic objectives supported by this paper

- Workforce Race Equality Standard 2021-22
- Equality Diversity and Inclusion Strategy 2022-2027
- Race Action Plan

Author(s)	Responsible Executive Director
Alyson Hewitt Interim Equality Diversity & Inclusion Manager Dr Thanda Mhlanga Associate Director Equality Diversity & Inclusion	Helen Farrington Interim Chief People Officer

T&P WRES Report 2021-22

WRES Report

Workforce Race Equality Standard

2021 - 2022

Alyson Hewitt (Interim EDI Manager)
Dr Thanda Mhlanga (Associate Director Equality Diversity & Inclusion)
The Tavistock and Portman NHS Foundation Trust

Table of Contents

Tavistock and Portman WRES Report 2021-22

Workforce Race Equality Standard

Introduction

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

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

Key findings from the 2021-22 report

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

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

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

T&P cfb5ebc1-5f08-49f4-b4a3-ba6c387d98cf-22

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

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

Indicator 1: Workforce Representation

Workforce Representation by Ethnicity

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

Table 1: BME Representation at the T&P

BME Representation Rate	2019			2020			2021			2022		
	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown	BME	White	Unknown
BME 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%)
Overall Staff Headcount	794			833			856			836*		

* As at 13 July 2022

Workforce Profile: Non-Clinical Cohort

Table 2: Workforce Profile: Non-clinical Cohort

Workforce profile: Non-clinical Cohort 2019-2022												
Pay Band	2018-2019			2019-2020			2020-2021			2021-2022		
	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown
Under Band 1	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
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%)
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%)
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%)
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%)
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%)
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%)
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%)
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%)

T&P cfb5ebc1-5f08-49f4-b4a3-ba6c387d98cf-22

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%)
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%)
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%)
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%)
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%)

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

Workforce Profile: Clinical Cohort

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

Table 3: Workforce Profile: Clinical Cohort

Workforce Profile: Clinical Cohort 2019-2022												
Pay Band	**2018-2019**			**2019-2020**			**2020-2021**			**2021-2022**		
	White	**BME**	**Ethnicity unknown**	**White**	**BME**	**Ethnicity unknown**	**White**	**BME**	**Ethnicity unknown**	**White**	**BME**	**Ethnicity unknown**
Under Band 1	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
Band 2	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
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%)
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%)
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%)
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%)
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%)
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%)
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%)

T&P cfb5ebc1-5f08-49f4-b4a3-ba6c387d98cf-22

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%)
Band 9	0	0	0	0	0	0	0	0	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%)
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%)

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

Table 4: Workforce Profile: Medical / Dental Cohort

Workforce Profile: Medical / Dental Cohort 2018-2022												
Pay Band	2018-2019			2019-2020			2020-2021			2021-2022		
	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown	White	BME	Ethnicity unknown
Consultants	28 (62.2%)	11 (24.4%)	6 (13.3%)	25 (59.2%)	10 (23.8%)	7 (16.7%)	23 (60.5%)	11 (28.9%)	4 (10.5%)	24 (63.2%)	13 (34.2%)	1 (2.6%)
Snr Medical Manager	5 (83.3%)	1 (16.7%)	0 (0%)	5 (83.3%)	1 (16.7%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Non-Consultant Career Grade	2 (66.7%)	1 (33.3%)	0 (0%)	3 (27.3%)	7 (63.6%)	1 (9.1%)	4 (80%)	1 (20%)	0 (0%)	4 (80%)	1 (20%)	0 (0%)
Trainee Grade	9 (52.9%)	3 (17.6%)	5 (29.4%)	7 (38.9%)	6 (33.3%)	5 (27.8%)	12 (57.1%)	8 (38.1%)	1 (4.8%)	10 (47.6%)	6 (28.6%)	5
Other	3 (100%)	0 (0%)	0 (0%)	8 (61.5%)	3 (23.1%)	2 (15.4%)	2 (100%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)
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%)

Indicator 2: Relative likelihood of staff being appointed from shortlisting

Table 5: Relative likelihood of appointment from shortlisting

WRES Indicator	Metric Descriptor		2018/19	2019/20	2020/21	2021/22
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants *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
		NHS Trusts	1.45	1.46	1.61	1.61

T&P cfb5ebc1-5f08-49f4-b4a3-ba6c387d98cf-22

Page 9

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

Indicator 3: Relative likelihood staff entering the formal disciplinary process

Table 6: Relative likelihood of entering formal capability process

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

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

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

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

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

T&P cfb5ebc1-5f08-49f4-b4a3-ba6c387d98cf-22

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

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

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

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

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

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

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

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

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

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

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

Table 10: Opportunities for career progression or promotion

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

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

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

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

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

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

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

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

Indicator 9: Board Representation

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

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

Table 12: Board Representation

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

Conclusion and Next Steps

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

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

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

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

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

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

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

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

Next Steps

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

Appendix 1

WRES Indicators

The WRES comprises of nine indicators.

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

Appendix 2

Improvement Action Plan

Action	EDI Strategy Objectives	Progress	Next Steps	Timescale
Board to sign-off a clear signed statement of its commitment to improving racial equality in the Trust Actively promote trust wide	• Anti-Racism Statement to be issued by the Board and uploaded on Trust website **WRES indicators 3, 6, 7 & 8**	Anti-racist statement presented to Board and approved in May.	Communicate statement to all staff - launch scheduled for 19th September 2022.	September 2022
Allyship and Compassionate and Inclusive leadership training for all Board and EMT members and all leaders and managers.	• Extend participation in NHSE Allies Training to 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**	First cohort completed Second cohort being scheduled Design bespoke EDI training	Engage allies in planning workshop content and roll out Schedule second cohort and complete training Roll out EDI Training from September	March 2023 September 2022
Improve culture and leadership framework	Establish the existing culture of the organisation by conducting a gap analysis against the NHS Culture and Leadership framework. **WRES indicators 6, 7, 8 & 9**	Due to changes in the senior leadership and implementation of the Strategic Review it is proposed that this work will be completed in line with the Trust Strategy Completion date to be agreed	Ongoing	June 2022
	All existing management staff to complete culture and leadership training by March 2023 and all new management staff to undertake training as a mandatory requirement. **WRES indicators 6, 7, 8 & 9**	New EDI training programme underpinned by allyship, compassionate and inclusive leadership and cultural intelligence has been designed	Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September	March 2023
Strengthen key governance structures and networks for race equality	• Increase awareness of EDI governance • Recruit Executive Sponsors for staff networks • Cascade race equality responsibility and accountability at all levels and facilitate local ownership via Directors and EDI representatives **WRES indicators 6, 7, 8 & 9**	• Review sponsor role and responsibilities • Approve sponsor JDs with network / EDI leads • Staff network maturity framework	Engage Network Leads and Race Diversity Champion in process	November 2022
Reverse Mentoring	Implement reverse 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 and mentees	December 2022

T&P cfb5ebc1-5f08-49f4-b4a3-ba6c387d98cf-22

Action	EDI Strategy Objectives	Progress	Next Steps	Timescale
Implement examples of good practice at addressing race based bullying and harassment	• Undertake good practice review • Undertake policy review, communication and associated training **WRES indicators 5, 6, 7, 8 & 9**	• Review of policies and practice in progress • New EIA process has been designed Training to be rolled out to all managers in August 2022	Schedule training Scrutiny/review panels Engage Managers and EDI leads in process	March 2023 August 2022
Hold a Race Equality-themed all-staff meeting annually as part of an overarching EDI schedule of events	• 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	October 2022
Revise guidance and procedures for recruitment by taking into account procedures and learning included in good practice guides such as 'No More Tick Boxes' and 'If Your Face Fits'.	Analyse workforce profile by pay band Develop talent pool Recruitment panel members (one third trained diversity reps) Inclusive recruitment training **WRES indicators 1, 2 & 7**	Plan implementation	Review implementation plan Report findings Draft talent pool plan Sign off proposal Source recruitment panel members	April 2023
Remove reporting barriers by completing root to branch review	Create simplified version of grievance and disciplinary procedure Embed Just Culture Approach **WRES indicators 5, 6, 7 & 8**	Collaboration with HR, FTSUG and staff side	Draft simplified version of grievance and disciplinary procedure	December 2022

Report to	Date
Part 1 Board	27th September 2022

Workforce Disability Equality Standard (WDES) 2021-22

Executive Summary

The Workforce Disability Equality Standard (WDES) was mandated through the NHS Standard Contract in 2018; 2022 is its fourth year. The WDES comprises of 10 measures (metrics) that enable NHS organisations to compare the experiences of Disabled and Non-disabled staff. It was designed to improve workplace experience and career opportunities for Disabled people and employees with Long Term Health Conditions (LTHCs) or seeking employment in the NHS. The WDES is underpinned by the Social Model of Disability which argues that people are disabled because of societal barriers, rather than LTHCs.

Therefore, the Tavistock and Portman has a moral and legal obligation under the Equality Act 2010 and the Public Sector Equality Duty (PSED) to facilitate an inclusive, supportive and equitable organisational culture in which all sections of our diverse workforce have a positive working experience and sense of belonging.

This report presents the Trust's 2021-22 Workforce Disability Equality Standard (WDES) results and an Action Plan that will help the organisation to address any gaps in workplace experience between staff with Disabilities and LTHCs and non-disabled staff. This report uses Disability and LTHCs and Long Term Conditions (LTC) and Illness interchangeably.

The WDES' 10 indicators cover areas such as the Trust Board representation, recruitment, bullying and harassment, perceptions on opportunities for career progression, workplace adjustments, engagement, and the voices of staff with Disabilities and LTHCs.

Key Messages

- The number of Disabled staff who are comfortable sharing their Disability on the Trust's ESR has doubled.
- The relative likelihood for Disabled applicants to be appointed from shortlisting has decreased – Non-Disabled applicants are more likely to be appointed from shortlisting than Disabled applicants.
- No Disabled staff have entered into the formal capability process over the last three years.
- There is a notable reduction in the number of Disabled staff experiencing bullying, harassment or abuse from patients.
- There is an improvement in the percentage of staff experiencing harassment, bullying or abuse from managers. However, this is a regression from 4 years ago – staff with a LTC or Illness are more likely to be harassed, bullied or abused by their managers than by patients or the public.
- The percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months has improved slightly. However, this marginal improvement is worse that our position 4 years ago - staff with a LTC or Illness are more likely to be harassed, bullied or abused by their colleagues than by patients or the public.
- There is a slight improvement in the number of Disabled staff believing the Trust provides equal opportunities for career progression or promotion, however this is significantly below national average.

adac0ba4-6fe2-4581-b437-72550a7eac3b

- There is a significant drop in the number of Disabled staff feeling pressured to come to work when not feeling well (presenteeism). However, equalisation of experience between Disabled and Non-disabled staff has not been achieved.
- Trust's lowest score in the number of Disabled staff who feel satisfied with the extent to which the organisation values their work – consistent decline for 4 years.
- A significant increase this year (after a 3 year decline) in the percentage of Disabled staff saying that the Trust has made adequate adjustment(s) to enable them to carry out their work. However, our position is worse than 4 years ago.
- The staff engagement score for Disabled staff has decreased for 4 consecutive years.
- No declaration of disability at Board level for 4 years.

As highlighted above the Tavistock and Portman has made progress in most of the metrics (6 out of 10) to close some of the gaps between Disabled and Non-Disabled staff's lived experiences. However, concerted effort is required to shift some of the resilient challenges captured in 4 of the 10 metrics in order to ensure that staff with Disabilities and LTCs (i) do not continue to be disadvantaged at recruitment, (ii) are valued and rewarded for their contribution at work, (iii) have a sense of belonging and thus improve their engagement, and that (iv) Senior Managers and Leaders (including Board) support the strategic ambition of raising visibility, awareness and normalisation of Disability through sharing their own Disabilities and LTCs.

See Appendix 2 (page 19) for Action Plan which is aligned to our EDI and People Strategies.

Recommendation to the Committee

The Committee is asked to:
- Note the Trust's performance viz-a-viz facilitating an inclusive environment for staff who have a disability or are living with long term health conditions.
- Note the approved associated Action Plan for ameliorating the challenges that have been highlighted. This was approved at the PODED&I Committee on the 8th September 2022

Trust strategic objectives supported by this paper

- Workforce Disability Equality Standard 2021-22
- Equality Diversity and Inclusion Strategy 2022-2027

Author(s)	Responsible Executive Director
Alyson Hewitt Interim Equality Diversity & Inclusion Manager Dr Thanda Mhlanga Associate Director Equality Diversity & Inclusion	Helen Farrington Interim Chief People Officer

NHS

The Tavistock and Portman
NHS Foundation Trust

WDES Report

Workforce Disability Equality Standard

2021 - 2022

Alyson Hewitt (Interim EDI Manager)
Dr Thanda Mhlanga (Associate Director Equality Diversity & Inclusion)
The Tavistock and Portman NHS Foundation Trust

adac0ba4-6fe2-4581-b437-72550a7eac3b

Table of Contents

Tavistock and Portman WDES Report 2021-22

Workforce Disability Equality Standard

Introduction

The Workforce Disability Equality Standard (WDES) was mandated via the Standard NHS Contract in April 2018: all NHS organisations are required to publish their performance data and action plans against 10 metrics of the Workforce Disability Equality Standard and make them public.

Correspondingly, this report presents the Tavistock and Portman's 2021-22 WDES data and associated Action Plan. The 10 WDES metrics focus on workforce composition, recruitment, relative likelihood of entering the formal capability process, bullying and harassment, opportunities for career progression or promotion, feeling valued by the organisation, presenteeism, reasonable adjustments, staff engagement, and Board composition. Nationally, the WDES report consistently shows that Disabled staff have poorer experiences at work compared to the experiences of Non-disabled staff - see full details of the WDES indicators in Appendix 1 (Page 18). This report identifies where improvements have been made, where data has stagnated or deteriorated and suggests counter-measures for ameliorating the gaps.

Key findings from the 2021-22 report

The Tavistock and Portman continues to make incremental progress in tackling and removing barriers faced by staff with a Disability or LTHC and individuals seeking employment with the Trust.

It is encouraging to note that progress was made in 6 of the 10 WDES metrics:

- The number of staff comfortable sharing their Disability on the Trust's ESR has doubled from 45 (5.1%) in 2020-21 to 91 (10.7%) in 2021-22.
- According to the national WDES, staff with Disabilities and LTHCs are more likely than Non-disabled staff to enter the formal disciplinary process in most NHS trusts – however, this disparity has been eradicated at the Tavistock and Portman and improvements have been sustained for the last 4 years.
- There has been a decline in the number of staff with a Disability or LTHC experiencing Bullying, Harassment and Abuse, particularly from patients and the public. However, whilst the Harassment, Bullying and Abuse of staff with a Disability and LTHC by colleagues and managers has also improved, one would note that it is still worse than it was 4 years ago. Also, staff with Disabilities and LTHCs are more likely to experience Bullying, Harassment and Abuse than Non-disabled staff.
- There is an increase in the number of Disabled staff believing the Trust provides equal opportunities for career progression or promotion, however this is significantly below national average.

- 2021-22 data shows a huge improvement/reduction in the percentage of Disabled staff saying they have felt pressure from their manager to come to work, despite not feeling well enough. However, our statistics are still above the national average score and there is a disparity between Disabled and Non-disabled staff.
- There has been a notable increase in the number of Disabled staff reporting that the Trust has made adequate reasonable adjustments to enable them to carry out their work. However, in spite of this significant increase our position is below national average for this metric.

Notwithstanding the Tavistock and Portman's efforts and achievements in tackling and removing barriers faced by staff with a Disability or LTHC highlighted above, there is stagnation and/or regression in 4 of the 10 metrics:

- Non-Disabled staff are more likely to be appointed from shortlisting than staff with Disabilities or LTHCs.
- There has been a continuous decline in the number of Disabled staff who feel satisfied with the extent to which the organisation values their work – this is the Trust's lowest score since the introduction of WDES in 2018.
- The staff engagement score for Disabled staff has been plummeting for the last 4 years – it's currently at its lowest and below national average.
- There has been no Disability or LTHC recorded among Board membership for 4 years.

T&P WDES Report 2021-22

Metric 1: Workforce Representation

The data presented in Table 1 indicates that 91 staff (10.7% of the Workforce) have declared a Disability on the Trust's ESR. This represents double the declaration of 45 (5.1%) the previous year. However, it is important to note that 23.2 % of the members of staff who responded to the external NHS Staff Survey were comfortable to declare their disabilities – this is a significant difference. Although high non-declaration rates are a national issue, the Tavistock and Portman continues to work on fostering a culture where employees are comfortable to declare. Our non-declaration rate is currently around 7%. Going forward, all Services within the Trust will be given granular data that will highlight their non-declaration rates. However, rather than place emphasis on encouraging staff to share Disabilities, Services will be encouraged to work on facilitating a Disability Confident Culture through embracing and promoting the new Reasonable Workplace Adjustments Policy that is being facilitated by the EDI Team via a centralised budget to expedite requests for adjustments made by staff. This will encourage declarations.

Table 1: Overall Workforce Profile (Disability Sharing)

Overall Workforce Profile	2018-19		2019-20		2020-21		2021-22	
	Disabled	Non-disabled	Disabled	Non-Disabled	Disabled	Non-disabled	Disabled	Non-disabled
Workforce Disability Representation	4.9% (24)	95.16% (472)	3.30% (27)	5.11% (42)	5.1% (45)	81.6% (719)	10.7% (91)	83.3% (710)
Overall Staff Headcount	496		819		881		852*	

Table 2: Non-Clinical Workforce Profile (Disability Sharing)

WDES: Non-clinical Cohort																
Metric 1	Total staff in cohort	2018-19			Total staff in cohort	2019-20			Total staff in cohort	2020-21			Total staff in cohort	2021-22		
		Non-Clinical				Non-Clinical				Non-Clinical				Non Clinical		
		Disabled	Non-Disabled	Missing/ Unknown		Disabled	Non-Disabled	Missing/ Unknown		Disabled	Non-Disabled	Missing/ Unknown		Disabled	Non-Disabled	Missing/ Unknown
Cluster 1 (Bands 1 - 4)	91	3.0% (3)	62.0% (56)	35.0% (32)	87	5.7% (5)	65.5% (57)	28.7% (25)	85	8.2% (7)	83.5% (71)	8.2% (7)	78	20.5% (16)	71.8% (56)	7.7% (6)
Cluster 2 (Band 5 - 7)	136	3.0% (4)	57.0% (77)	40.0% (55)	148	3.4% (5)	68.9% (102)	27.7% (41)	156	6.4% (10)	85.9% (134)	7.7% (12)	162	14.8% (24)	80.2% (130)	4.9% (8)
Cluster 3 (Bands 8a - 8b)	31	6.0% (2)	55.0% (17)	39.0% (12)	34	5.9% (2)	61.8% (21)	32.4% (11)	49	8.2% (4)	77.6% (38)	14.3% (7)	52	21.2% (11)	73.1% (38)	5.3% (3)
Cluster 4 (Bands 8c - 9 & VSM)	19	5.0% (1)	42.0% (8)	53.0% (10)	21	4.8% (1)	42.9% (9)	52.4% (11)	25	8.0% (2)	80.0% (20)	12.0% (3)	27	7.4% (2)	92.6% (25)	0% (0)

T&P WDES Report 2021-22

Table 2 presents the numbers of Disabled and Non-Disabled staff employed at the Tavistock and Portman at various non-clinical Agenda for Change (AfC) pay-bands. Whilst the increase across all clusters is noted, it is particularly encouraging to that staff in low level bands are also increasingly becoming more comfortable to share their Disabilities.

- Bands 1-4 Disabled staff declarations have increased by 12.3%.
- Band 5-7 Disabled staff declarations have doubled for two consecutive years.
- Band 8a-8b declarations have shot up by 13%.
- Bands 8c-9 and VSM are slightly below Trust average.

Table 3: Clinical Cohort

WDES: Clinical Cohort																			
Metric 1	Total staff in cohort	**2019**			Total staff in cohort	**2020**			Total staff in cohort	**2021**			Total staff in cohort	**2022**		
		Clinical				Clinical				Clinical				Clinical		
		Disabled	Non-Disabled	Missing/ Unknown		Disabled	Non-Disabled	Missing/ Unknown		Disabled	Non-Disabled	Missing/ Unknown		Disabled	Non-Disabled	Missing/ Unknown
Cluster 1 (Bands 1 - 4)	31	6.0% (2)	77% (24)	16.0% (5)	27	3.7% (1)	85.1% (23)	11.1% (3)	17	0.0% (0)	94.1% (16)	5.9% (1)	22	9.1% (2)	86.4% (19)	4.5% (1)
Cluster 2 (Band 5 - 7)	195	3.0% (6)	71% (139)	26.0% (50)	210	3.3% (7)	76.6% (161)	20.0% (42)	219	5.5% (12)	86.8% (190)	7.8% (17)	221	5% (11)	90.5% (200)	4.5% (10)
Cluster 3 (Bands 8a - 8b)	146	3.0% (5)	70% (102)	27.0% (39)	155	3.2% (5)	76.1% (118)	20.6% (32)	160	5.0% (8)	88.1% (141)	6.9% (11)	165	9.7% (16)	85.5% (141)	4.8% (8)
Cluster 4 (Bands 8c - 9 & VSM)	53	0.0% (0)	36% (19)	64.0% (34)	46	0.0% (0)	47.8% (22)	52.1% (24)	45	0.0% (0)	75.6% (34)	24.4% (11)	43	4.7% (2)	88.4% (38)	7% (3)
Cluster 5 (Medical & Consultants)	45	2.0% (1)	44% (20)	53.0% (24)	42	2.3% (1)	40.4% (17)	57.1% (24)	38	2.6% (1)	84.2% (32)	13.2% (5)	38	7.9% (3)	89.5 (34)	26% (1)
Cluster 6 (Medical Dental & Non-Consultants career grade)	3	0.0% (0)	67% (2)	33.0% (1)	5	0.0% (0)	60.0% (3)	40.0% (2)	6	0.0% (0)	100.0% (6)	0.0% (0)	23	4.3% (1)	87% (20)	8.7% (2)
Cluster 7 (Medical Dental and trainee grade)	17	0.0% (0)	47% (8)	53.0% (9)	18	0.0% (0)	33.3% (6)	66.6% (12)	21	0.0% (0)	61.9% (13)	38.1% (8)	21	14.3% (3)	42.9% (9)	42.9% (9)

The clinical cohort data presented in Table 3 above indicates that there were no substantial changes in the clinical cohort – declaration rates are slightly lower than for the non-clinical cohort.

Metric 2: Recruitment - Relative likelihood of being appointed from shortlisting

Table 4: Relative likelihood of being appointed from shortlisting

Metric	Descriptor	2018-19	2019-20	2020-21	2021-22
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being **appointed from shortlisting** across all posts. *A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting*.	0.74	1.03	0.82	1.33

The data in Table 4 indicates that there is no consistency in recruitment trends. There has been a regression of 0.51 in the likelihood of Disabled staff being appointed from shortlisting since 2020-21: Non-Disabled staff are currently 1.33 times more likely to be appointed from shortlisting. However, one would note here that Metric 2 should be used cautiously as it does not capture an accurate picture – not all shortlisted candidates attend their interviews, yet the metric is based on shortlisting figures.

Metric 3: Relative likelihood of entering the formal capability procedure

Table 5: Relative likelihood of entering the formal capability procedure

Metric	Descriptor	2018-19	2019-20	2020-21	2021-22
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the **formal capability process**, as measured by entry into the formal capability procedure. *This metric will be based on data from a two-year rolling average of the current year and the previous year.* * A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.	0.00	0.00	0.00	0.00

The data in **Table 5** shows a very encouraging trend: no Disabled staff have entered into the formal capability process over the last three years. This is a noteworthy achievement.

T&P WDES Report 2021-22

Metric 4: Bullying, Harassment and Abuse

Table 6 shows the proportion of Disabled staff compared to Non-disabled staff experiencing harassment, bullying or abuse from (a) patients, service users, or the public; (b) from managers, and (c) from colleagues in the last 12 months.

Table 6: Bullying, Harassment and Abuse

Metric	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying or abuse in the last 12 months from:	Disabled 2018/19	Non-Disabled 2018/19	Disabled 2019/20	Non-Disabled 2019/20	Disabled 2020/21	Non-Disabled 2020/21	Disabled 2021/22	Non-Disabled 2021/22
4 **Staff Survey** **Q13a-d**	(a) Patients/Service users, their relatives or other members of the public	27.6%	21.9%	30.9%	18.1%	21.2%	18.7%	17.6%	12.5%
	(b) Managers	21.1%	12.3%	21.0%	12.5%	32.1%	10.9%	25.3%	12.8%
	(c) Other Colleagues	14.0%	12.2%	21.0%	11.4%	24.7%	11.2%	24.2%	12.6%
	(d) Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	61.9%	47.8%	50.0%	60.6%	64.1%	63.5%	59.4%	52.2%

Whilst Table 6 paints a very positive picture with an overall decrease in the number of Disabled staff experiencing Bullying, Harassment or Abuse from patients, public, managers and colleagues – there is a persistent disparity in experience between Disabled and Non-disabled staff. Also, one would note that the Bullying, Harassment and Abuse from managers and colleagues is higher than it was at the introduction of WDES in 2018. Also, there is a decline in the number of Disabled staff saying they or a colleague reported their last experience of Bullying, Harassment or Abuse. See clear trends of Bullying, Harassment and Abuse in Figures 1-3 below.

Figure 1: Percentage of staff experiencing harassment, bullying or abuse from patients or public

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

Figure 2: Percentage of staff experiencing harassment, bullying or abuse from managers

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months
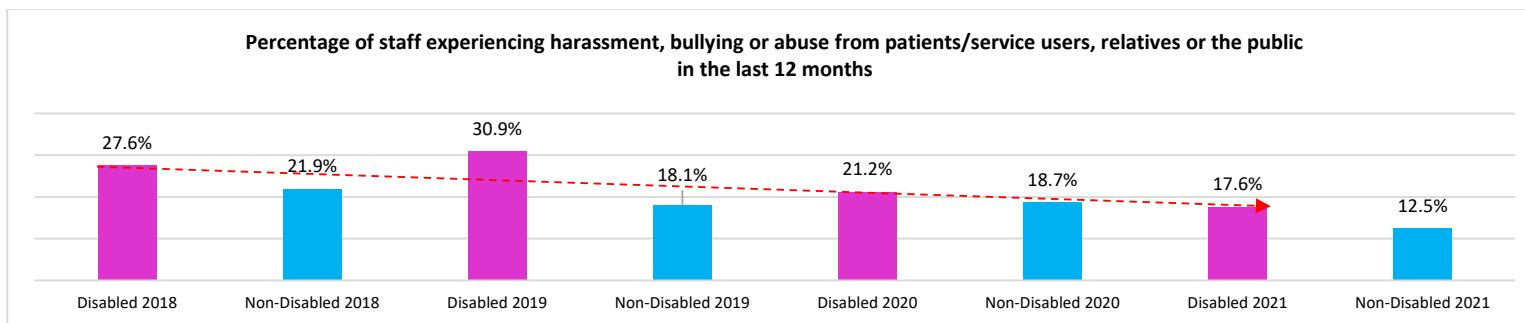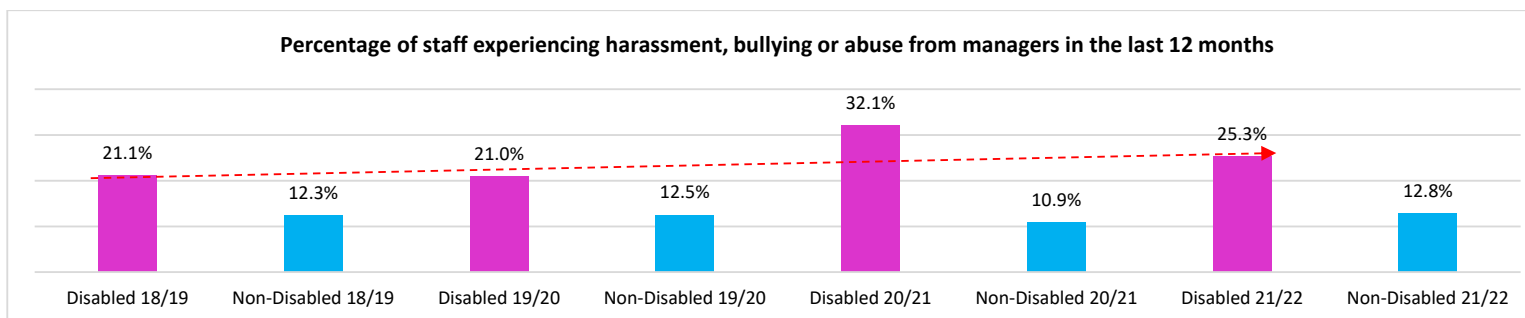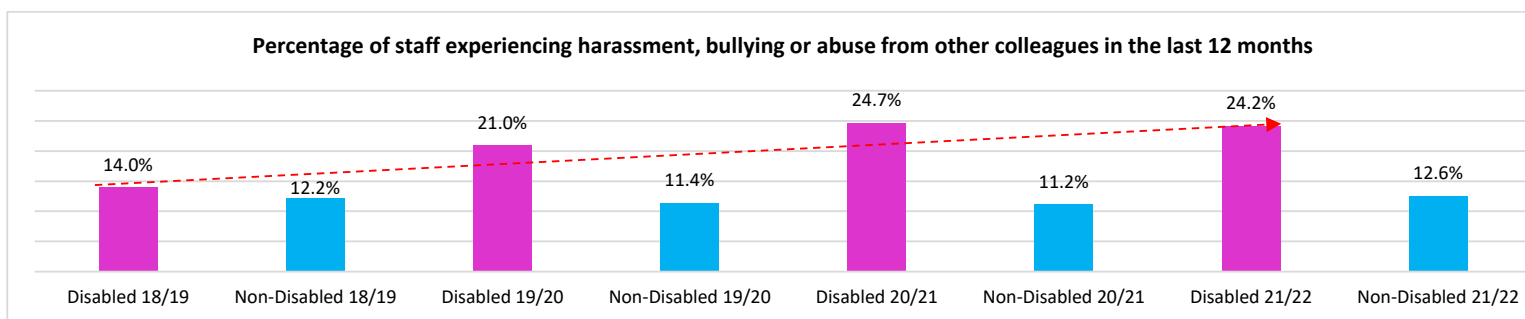

Figure 3: Percentage of staff experiencing harassment, bullying or abuse from other colleagues

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

T&P WDES Report 2021-22

Page 11

(a) There is a notable 10% reduction in the number of Disabled staff experiencing bullying, harassment or abuse from patients to 17.6% - the national average for staff with a LTC or Illness is 32.2% (Figure 1).

(b) There is an improvement of 6.8% from the previous year in the percentage of staff experiencing harassment, bullying or abuse from managers. However, this is a regression from 4 years ago. The national average for this cohort is 11.9% better (Figure 2).

(c) The percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months has improve by 0.5%. However, this marginal improvement is 10.2% worse that our position 4 years ago (Figure 3).

Data presented in Figures 1-3 suggests that we need to address the lack of consistency in improvements and gains being made and equalise the experience between staff with LTC and Illness and staff without LTC and Illness.

Metric 5: Equal Opportunities for Career Progression or Promotion

Table 7: Opportunities for career progression or promotion

Metric	Equal opportunities for career progression or promotion	Disabled 2018/19	Non-Disabled 2018/19	Disabled 2019/20	Non-Disabled 2019/20	Disabled 2020/21	Non-Disabled 2020/21	Disabled 2021/22	Non-Disabled 2021/22
5 Staff Survey Q14	Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	36.2%	52.1%	32.1%	43.4%	22.5%	30.6%	27.7%	27.5%

Table 7 shows that there was an increase of 5.2% in 2021-22 in the number of Disabled staff believing the Trust provides equal opportunities for career progression or promotion. The disparity between Disabled and Non-Disabled staff is negligible (0.2%). However, overall there is a decreasing trend in staff confidence for this metric: the national average for Disabled staff is 54.4% - thus suggesting the Trust is 26.2% below national average. For Non-disabled staff, we are 32.7% worse than national average – see trend in Figure 4 below. This raises questions about notions of equity in the organisation.

Figure 4: Staff perceptions of equal opportunities for career progression or promotion

Percentage of staff who believe their organisation provides equal opportunities for career progression or promotion
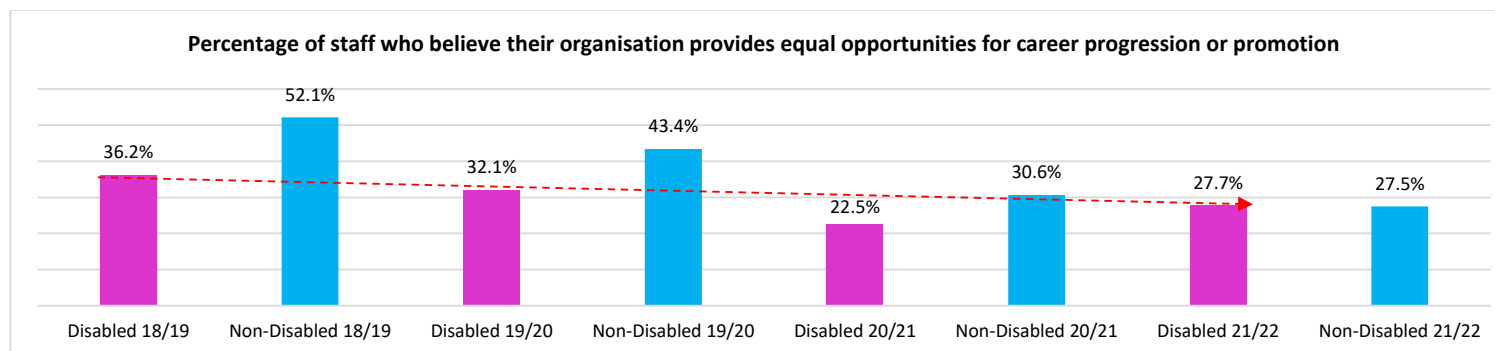
Metric 6: Presenteeism

Table 8: Presenteeism

Metric	Presenteeism	Disabled 2018/19	Non-Disabled 2018/19	Disabled 2019/20	Non-Disabled 2019/20	Disabled 2020/21	Non-Disabled 2020/21	Disabled 2021/22	Non-Disabled 2021/22
6 Staff Survey Q11e	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	31.8%	16.5%	25.8%	14.8%	35.1%	18.7%	22.9%	19.9%

Table 9 demonstrates that there is a 12.2% improvement/reduction in the percentage of Disabled staff saying they have felt pressure from their manager to come to work, despite not feeling well enough. This is a notable improvement, but we are still 5.2% above the national average score of 14.7% for Disabled staff. Also, there is a gap of 2% between Disabled and Non-disabled staff – we need to continue working towards equalisation of experience between Disabled and Non-disabled staff – see Figure 5 below for the 4 year trend.
.

T&P WDES Report 2021-22

Figure 5: Staff who have felt pressure from their manager to come to work despite not feeling well

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

- Disabled 18/19: 31.8%
- Non-Disabled 18/19: 16.5%
- Disabled 19/20: 25.8%
- Non-Disabled 19/20: 14.8%
- Disabled 20/21: 35.1%
- Non-Disabled 20/21: 18.7%
- Disabled 21/22: 22.9%
- Non-Disabled 21/22: 19.9%
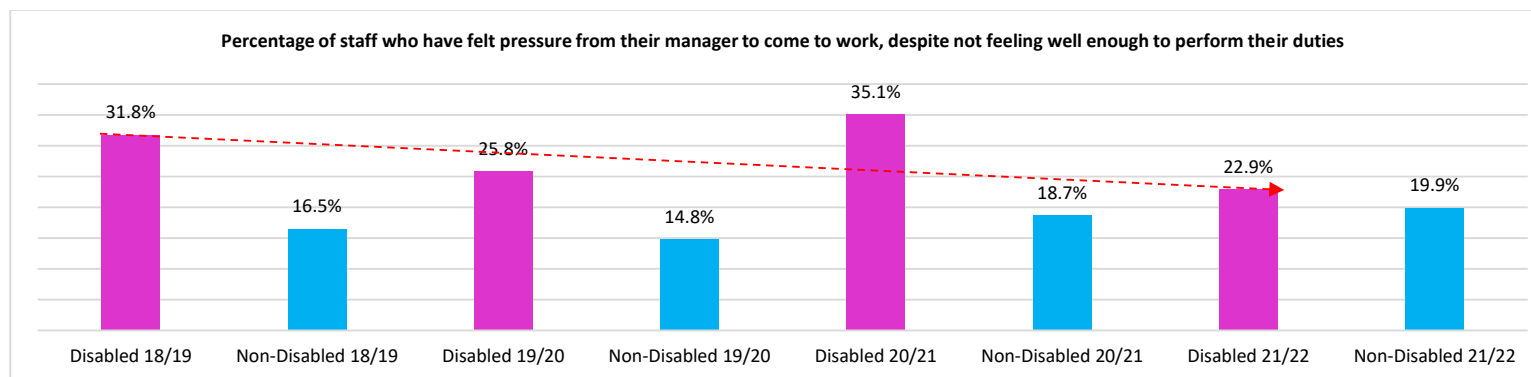
Metric 7: Feeling valued by the organisation

Table 9: Perceptions on how staff feel valued by the organisation

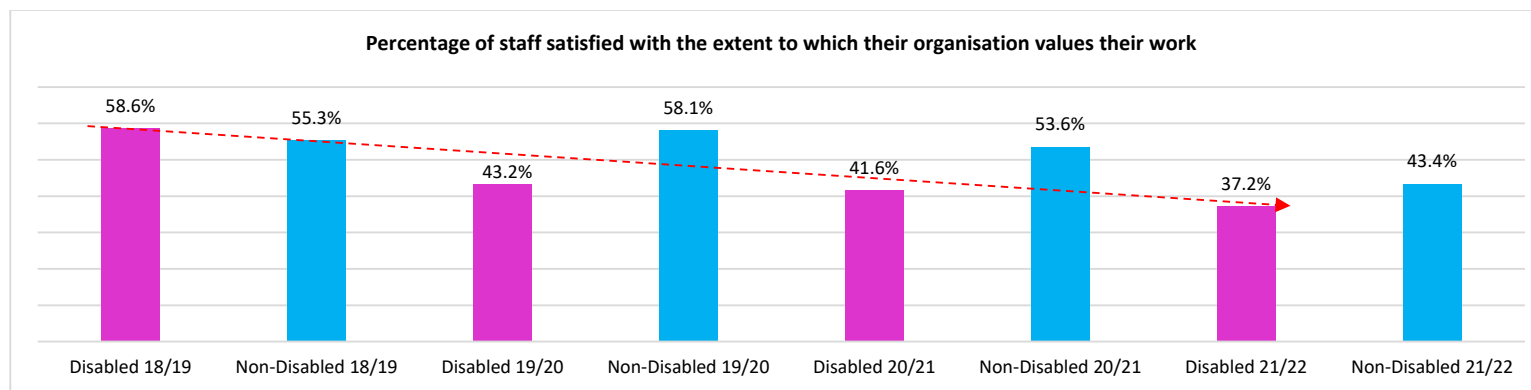| Metric	Disabled staff's views / satisfaction with the extent to which their organisation values their work.	Disabled 2018/19	Non-Disabled 2018/19	Disabled 2019/20	Non-Disabled 2019/20	Disabled 2020/21	Non-Disabled 2020/21	Disabled 2021/22	Non-Disabled 2021/22
7 **Staff Survey** **Q5f**	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	**58.6%**	**55.3%**	**43.2%**	**58.1%**	**41.6%**	**53.6%**	**37.2%**	**43.4%**

Table 9 shows a consistent decline in the number of Disabled staff who feel satisfied with the extent to which the organisation values their work. From the launch of the WRES in 2018 the trust's score was 58.6%, 4 years later it has shrunk by 21.4% to 37.2% (6.4% below the national average for this cohort). The 4 year decline is captured in Figure 6 below.

T&P WDES Report 2021-22

Page 14

Figure 6: Trends on how staff feel valued by the organisation

Percentage of staff satisfied with the extent to which their organisation values their work

- Disabled 18/19: 58.6%
- Non-Disabled 18/19: 55.3%
- Disabled 19/20: 43.2%
- Non-Disabled 19/20: 58.1%
- Disabled 20/21: 41.6%
- Non-Disabled 20/21: 53.6%
- Disabled 21/22: 37.2%
- Non-Disabled 21/22: 43.4%

Metric 8: Workplace Adjustments for Disabled Staff

Table 10: Reasonable Adjustments for Disabled Staff

Metric	Reasonable Adjustments for Disabilities and Long Term Health Conditions	2018/19	2019/20	2020/21	2021/22
8 Staff Survey Q26b	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	82.4%	61.2%	57.7%	78.2%

Table 10 shows an increase of 20.5% in 2021-22 in the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work – this jump comes after a consistent decline for three consecutive years. However, this improvement places the Trust 0.6 percentage points below the national average (78.8%) and suggests that the reasonable adjustment needs of approximately 21.8% members of staff with a disability or LTHC have not been met.

T&P WDES Report 2021-22

Metric 9: Staff Engagement Score

Table 11: Staff Engagement Score

Metric	NHS Staff Survey and the engagement of Disabled staff	Disabled 2018/19	Non-Disabled 2018/19	Disabled 2019/20	Non-Disabled 2019/20	Disabled 2020/21	Non-Disabled 2020/21	Disabled 2021/22	Non-Disabled 2021/22
9 **National Survey Staff Engagement Score (0-10)**	(a) The staff engagement scores for Disabled and Non-Disabled staff	7.3	7.4	6.5	7.3	6.4	7.1	**6.3**	6.7
	(b) Has Tavistock and Portman taken action to facilitate the voices of Disabled staff in your organisation to be heard?	No		Yes		Yes		Yes	

Table 11 shows that the staff engagement score for Disabled staff has decreased for the last 4 years from 7.3 in 2018/19 to 6.3 in 2021-22. This is the lowest workforce engagement score for the Trust and is slightly below national average (6.7).

Metric 10: Board Representation

Table 12: Board Representation

Metric 10: Board Representation and the difference for Disabled and Non-Disabled staff												
Board Representation	2018-2019			2019-2020			2020-2021			2021-2022		
	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown
Total Board Members	0%	100%	0%	7%	57%	36%	0.0%	0.0%	0.0%	0.0%	89.5%	10.5%
Overall Workforce by Disability	3%	60%	37%	3%	67%	30%	5.11%	81.61%	13.28%	10.7%	83.3%	6.0%
10.b) Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: (a) By voting membership of the Board (b) By Executive membership of the Board	0% 0%	-60% -60%	-63% -63%	-3% 9%	33% 20%	-30% -30%	-5.11% -5.11%	81.61% 81.61%	86.72% 86.72%	0% 0%	0% -6.2%	0% 0%

Table 12 highlights a continuing trend of no declarations of disability at Board level. One would note here that while there is a trend of no declaration at Senior Leadership, it is possible that none of the Board members or Senior Leaders in the Trust have neither Disability nor LTHC.

Conclusion and Next Steps

There are two distinct parts to this WDES report. First, the Trust has advanced considerably in six key metrics - they have to be monitored over a number of years to ensure continuous progress is sustained:

- Staff are increasingly becoming more confident to share their Disabilities and LTHC. This has seen the declaration rate double from 45 (5.1%) staff in 2020-21 to 91 (10.7%) in 2021-22. The Trust has to continue creating an environment that is conducive to share one's Disability or LTHC, expedite the Reasonable Adjustments process and support and grow the Disability and LTHC Staff Network.
- Continue to embed Just Culture principles in the formal disciplinary process to ensure that there is no disparity in the experiences of Disabled and Non-disabled staff.
- The Trust has done well to realise a decline in the number of staff with a Disability or LTHC experiencing Bullying, Harassment and Abuse, particularly from patients. However, the Harassment, Bullying and Abuse of staff with a Disability and LTHC by colleagues and managers is still worse than it was 4 years ago. Also, staff with Disabilities and LTHCs are more likely to experience Bullying, Harassment and Abuse than Non-disabled staff. The Zero Tolerance policy should be espoused trust wide until there is equalisation of experience and no Bullying, Harassment and Abuse on staff.
- To sustain the increase in the number of Disabled staff believing the Trust provides equal opportunities for career progression or promotion, the Trust should continue to strengthen its structures of governance and ensure that there is transparency around internal promotions, secondments and staff development opportunities such as access to non-mandatory training.
- To buttress the huge improvements/gains made in reducing presenteeism among staff with Disabilities and LTHC, the Trust should invest in Equalities Training to ensure that it's Leadership and Management curricular is underpinned by an inclusive and compassionate leadership ethos.
- The Trust should build on the remarkable increase in the number of Disabled staff reporting that the Trust has made adequate reasonable adjustments to enable them to carry out their work and facilitate a centralised EDI budget to expedite the process as adjustment requests can currently take up to a year.

In the second part of the WDES report, the following 4 metrics have been identified as areas of concern that the Trust must focus on to ameliorate the disparities:

- Currently, Non-Disabled staff are more likely to be appointed from shortlisting than staff with Disabilities or LTHCs. There is need for the Trust to invest in de-biasing and 'inclusivising' the three stages of the recruitment and selection process.
- The Trust scored its lowest score since the introduction of WDES for Disabled staff who feel satisfied with the extent to which the organisation values their work. This highlights the need for a Compassionate Leadership programme in the Trust.
- The engagement score for Disabled staff is at its lowest since the introduction of WDES 4 years ago and is below national average. The Trust should engage with the Disability and LTHC Staff Network, allocate it an Executive Sponsor, and support its growth and maturity. This engagement will provide the Trust with the opportunity to ensure that Disabled staff feel valued, included and respected for the outstanding contribution that they make.

T&P WDES Report 2021-22

- There has been no Disability or LTHCs recorded among Board membership for 4 years. If any of the Board members or SLT have Disabilities or LTHCs they should consider the power, impact or influence that the sharing of their lived experiences will have on staff who may be reluctant to share their own Disabilities or LTHCs. Such stories could be shared via the EDI Newsletter – they would inspire and encourage more to share their own Disabilities and also contribute to the education and normalisation of Disability within the Trust.

Appendix 1

WDES Metrics

The WDES comprises of ten metrics.

Metric 1	Workforce representation of Disabled staff. A snapshot as at 31st March 2022*
Metric 2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff as at 1st April 2021 – 31st March 2022**
Metric 3	Relative likelihood of Disabled staff entering the performance management capability process compared to non-disabled staff, based on data from a two year rolling average of the current and previous year.
Metric 4a,b,c and d Metric 5,6,7 and 8	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months. Percentage of staff believing the Trust provides equal opportunities for career progression or promotion Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. Percentage of staff saying they are satisfied with the extent to which the organisation values their work. Percentage of Disabled staff saying their employer has made adequate adjustments to enable them to carry out their work.
Metric 9a and 9b	a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) The percentage to which the Trust facilitates the voices of Disabled staff to be heard within the organisation.***
Metric 10	Board membership Voting and Executive - a snapshot as at 31st March 2022

T&P WDES Report 2021-22

Page 18

Appendix 2

Improvement Action Plan

Action	EDI Strategy Objective	Target	Next steps	Timescale
Increase disability declaration rates on ESR	Staff engagement scores for disabled staff Declaration rates **Metrics 1, 8 & 10**	Promote Reasonable adjustments/Access to work Review communications strategy to include raising awareness of functions in ESR Explore accuracy of divisional data with EDI leads	Continue to promote Reasonable Adjustments Policy Share regular reminders on importance of declarations (trust wide) at all levels. Provide drop-in sessions on RA	March 2023
Increase the likelihood of disabled staff being appointed through shortlisting	Improve recruitment procedures though inclusive recruitment processes Guaranteed interview scheme De-bias Toolkit **Metrics 2 & 5**	Embed inclusion in all recruitment practice Monitor and assess candidate profiles at all stages of recruitment Ensure proactive EDI representation on recruitment panels/interviews and shortlisting processes Support the career development and aspirations of Disabled staff	Inclusive recruitment training Deliver Bias awareness training Deliver Disability awareness training Recruitment and selection training Review De-bias Toolkit	Ongoing
Reduce the number of Disabled staff who experience harassment bullying or abuse from patients and public	Eliminate the differential between Disabled and non-disabled staff **Metrics 4**	Embed Just Culture approach Inclusive and Compassionate Leadership Embed EDI literacy in all Leadership training	Review and assess Leadership and management programmes – embed EDI Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September	Oct 2022
Address the poorer experiences of disabled staff reporting through the National Staff Survey on harassment bullying and abuse from colleagues and managers	Difference and inequalities. Embed Just Culture Bullying and Harassment Bias and awareness **Metrics 3 & 4**	Raise awareness of Ableism Promote Zero Tolerance policy for HBA Promote Reasonable Adjustments policy and support resources / availability	Roll out ongoing RA training for managers and staff groups Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September	March 2023
Reduce the number of Disabled staff who come to work even when they are unwell (Presenteeism)	Eliminate the differential between Disabled and non-disabled staff **Metrics 6**	Embed Just Culture approach Introduce inclusive and compassionate leadership	Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September by end of September	Oct 2022
Improve culture and leadership framework	Establish the existing culture of the organisation by conducting a gap analysis against the NHS	Due to changes in the senior leadership and implementation of the Strategic Review it is proposed	Ongoing	Sept 2022

T&P WDES Report 2021-22

	Culture and Leadership framework. **Metrics 1, 2, 3, 4, 5, 6, 7, 8, 9, 10**	that this work will be completed in line with the Trust Strategy Completion date to be agreed		
	All existing management staff to complete culture and leadership training by March 2023 and all new management staff to undertake training as a mandatory requirement. **Metrics 1, 2, 3, 4, 5, 6, 7, 8, 9, 10**	New EDI training programme underpinned by allyship, compassionate and inclusive leadership and cultural intelligence has been designed	Roll out new allyship, compassionate and inclusive leadership EDI training programme by end of September	March 2023
Provide inclusive career progression and/or promotion opportunities	Improve inequalities and differences in experiences Guaranteed Interview Scheme **Metrics 5**	Access and utilise reliable accurate data to understand the experiences of disabled staff. Use accurate data to address areas of concern Utilise soft intelligence processes and resources incl. FTSU and HR to inform on experiences.	Inclusive Talent – implement and embed the management system to support development of talent pipeline. Identify any gaps requiring attention Inclusive access to training, learning development opportunities at all levels Embed proactive career conversations during appraisal process	Sept 2022
Strengthen key governance structures and networks for Disability and LTHC	• Increase awareness of EDI governance • Recruit Executive Sponsors for staff networks • Cascade EDI responsibility and accountability at all levels and facilitate local ownership via Directors and EDI representatives **Metrics 7 & 9**	• Review sponsor role and responsibilities • Approve sponsor JDs with network / EDI leads Staff network maturity framework	Engage Network Leads and Disability Diversity Champion in process	November 2022
Reverse Mentoring	Implement reverse mentoring programme **Metrics 1, 2, 3, 4, 5, 6, 7, 8, 9, 10**	Planning, selection and allocation of first cohort of mentors and mentees	Engage senior leaders to facilitate buy in Recruit mentors and mentees	December 2022

Report to	Board of Directors	Date: Sept. 27th 2022
	Board Strategic Objectives 2022/23 – Final	

Key items to note

This paper provides the finalised set of Board Strategic Objectives along with plans for monitoring of delivery by the Board's Performance, Finance and Resources (PFR) Sub-Committee.

Actions required of the Board of Directors

This paper is provided for information. The Board are asked to note / discuss the paper.

Report from	Paul Jenkins, CEO
Report author	Alastair Hughes, Interim Director of Strategy & Transformation
Date of next meeting	

Board Strategic Objectives for 2022/23 - Final

1.   Introduction

1.1.   This paper provides the finalised set of Board Strategic Objectives along with plans for monitoring of delivery.

2.   Trust Objectives

2.1.   The Board has agreed a preliminary set of high-level Trust objectives for 2022/3

- **Objective 1** - Deliver high quality clinical and educational services which align with the needs of the wider health and care system.
- **Objective 2** - Strengthen our organisational effectiveness and provide assurance on ability to deliver regulatory and other requirements.
- **Objective 3** - Meet our ambitions to become a diverse, inclusive and anti-racist organisation.
- **Objective 4** - Improve the quality of data available to drive better decision making and better demonstrate the impact of our work.

3.   Board Strategic Objectives for 2022/3

3.1.   Linked to these Trust Objectives the Board has also agreed a preliminary set of Board Strategic Objectives. It agreed to review these in light of progress on the Strategic Review and clarity regarding the key milestones which the Trust will need to meet as part of the exit criteria for SOF 3.

3.2.   At the last Board meeting (26th July 2022) the Board agreed a revised set of Board Strategic Objectives and invited any further feedback following the meeting. The Board also noted our plans for work to develop a longer-term strategy for the future of the Trust.

3.3.   A finalised set of Board Strategic Objectives, incorporating all feedback received, is included in Annex A.

3.4.   Please note that if our SOF3 Exit criteria change or develop further, this might require amendment of our Board Strategic Objectives.

4.   Monitoring of Delivery

4.1.   All the Board objectives relate to the delivery of the change and improvement priorities of the Trust (including implementation of the Strategic Review) along with delivery of our FY 22/23 financial targets and development of the Trust's future strategy.

4.2.   We consider that the monitoring of delivery priorities is best managed through a development of the Change Board and accountable to the Performance, Finance and Resource (PFR) sub-committee of the Board. This is for the following reasons:

1.   The delivery of our change and improvement priorities requires the alignment of three key organisational processes:
   - Strategic planning,
   - Delivery management and
   - Resource management: financial (capital and revenue investment) and personnel.

   These three requirements align strongly with the Terms of Reference of the PFR Committee.

2.   The delivery of our change and improvement priorities must deliver against our strategic objectives which include impact on our organisational business as usual (BAU) performance - including service performance and our use of resources. The PFR Committee is best placed to monitor and oversee the impact of our overall change and improvement activities alongside our BAU performance.
   - Please note that certain delivery priorities will have much greater focus at other Board sub-committees, e.g. the Quality and PODEDI Committees. The purpose at this (PFR) Board sub-committee is not to duplicate but to ensure an effective review of delivery across all Board Strategic Objectives and to ensure appropriate focus and alignment.

3.   The Change Board currently focuses on the delivery of our IMT and estates portfolios of development projects, the vast majority of which require capital investment (please note that this will continue but will focus more on strategic oversight and discussion by exception).
   The expanded remit of the Change Board will enable effective resource management decision-making to support delivery of the Trust's overall priorities for change and improvement (including IMT and estates). This will include financial investment decisions (capital and revenue) along with project-based personnel resourcing decisions.

4.3.   We will develop a revised Terms of Reference for the Change Board, to reflect the above Changes, for agreement and approval with the PFR Committee.

Annex A

Board Strategic Objectives 2022/3

Board Objective	Milestone Q2	Milestone Q3	Milestone Q4	Supporting Trust Objectives
Support ongoing delivery of high quality clinical and educational and training Services.	Maximise AY22 recruitment.	Agreement of updated Trust Quality framework.		Objective 1 Objective 2
Implement Strategic Review and agree robust deliverable plan for benefits realisation.	Completion of initial HR processes. Agreement of plans for system alignment around new structure.	New structures in place Initial system alignment around new structures complete. Launch of management and leadership training Benefits realisation plan agreed.	Plans in place for realisation of clinical and educational productivity.	Objective 1 Objective 2 Objective 3 Objective 4
Develop strategy for future role of the Trust, addressing potential areas for growth and options for organisational configuration.	Launch of strategy exercise	Engagement with staff, governors and other stakeholders on strategy. Work closely with ICB and other local and national partners to ensure system	Completion of strategy and organisational options.	Objective 1 Objective 2 Objective 3 Objective 4

		alignment of strategy and organisational options. Establishment of robust Public Relations plan to re-establish, protect and enhance the reputation of the Trust.		
Manage our exit from SOF 3 status.	Agree a finalised framework of SOF 3 exit criteria and indicative timetable, with the ICB and national stakeholders.			
Deliver 2022/3 financial target and agree longer term plan for financial recovery which demonstrates ongoing financial viability.		Internal audit review of systems of financial control and governance.	Delivery of 2022/3 financial target. Agreement of financial plan alongside strategy and organisational options.	Objective 1 Objective 2
Support transition to new model of services for gender identity for children and young people. Maintain delivery of existing services.	Clinical Harm Review policy and workplan agreed. Contribute to agreement of interim service spec. Agree process for staff to move to new services.			Objective 1 Objective 2

Strengthened leadership and governance at Board level in place	Revised BAF in place Appointment of new NEDS Appointment of new CEO	Further Executive recruitment		Objective 1 Objective 2 Objective 3
Deliver strengthened approach to people management including demonstrable progress on equalities.	People Strategy agreed Launch of Trust anti-racism statement and ongoing monitoring of Race Equality Strategy and Race Action Plan. Equality, Diversity and Inclusion objectives and monitoring arrangements established (covering staff, patients and students).	Revised Freedom to Speak up policy in place. Ongoing engagement with staff on equality, diversity an inclusion.		Objective 1 Objective 2 Objective 3

Estates strategy in place signed off by the Board and agreed with the ICS with robust deliverable plan for implementation.	Agree high level requirements of space for any services moving to St Pancras. Agree proposals from Royal Free for delivering estates Strategy.	Agreement by Trust, Candi and ICS regarding move of services to St Pancras.		Objective 1