Board of Directors Part One

Agenda and papers of a meeting to be held in public

Tuesday 28th September 2021

Please refer to the agenda for timings.

Meeting held online

AGENDA

BOARD OF DIRECTORS – PART ONE
MEETING HELD IN PUBLIC
TUESDAY, 28th SEPTEMBER 2021, 2.00pm – 4.00pm
A MEETING HELD ONLINE

		Presenter	Timing	Paper No
1. Administrative Matters				
1.1	Chair's opening remarks and apologies	Chair	2.00pm	Verbal
1.2	Board members' declarations of interests	Chair		Verbal
1.3	Minutes of the meeting held on 27 July 2021	Chair		1
1.4	Action log and matters arising	Chair		Verbal
2. Operational Items				
2.1	Chair and Non-Executives' Reports	Chair and Non-Executive Directors	2.10pm	Verbal
2.2	Chief Executive's Report	Chief Executive	2.20pm	2
2.3	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.30pm	3
3. Items for discussion				
3.1	GIDS current developments - Transformation Programme	Chief Executive Divisional Director Gender Services	2.40pm	4
3.2	Safeguarding Review	Chief Executive	2.55pm	5
4. Items for approval				
4.1	Race External Review and Trust Response	Chief Executive Interim Director of Human Resources	3.10pm	6
5. Items for noting				
5.1	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)	Interim Director of Human Resources	3.30pm	7
6. Board Committee Reports				
6.1	Equality, Diversity & Inclusion Committee	Committee Chair	3.45pm	8
6.2	Integrated Governance Committee	Committee Chair	3.50pm	Verbal

7. Any other matters				
7.1	Any other business	All	3.55pm	
8. Date of Next Meeting				
	30th November 2021, 2.00pm – 4.00pm			

Board of Directors Meeting Minutes (Part 1)
27th July 2021, 2.00pm - 4.20pm, via Zoom

Present:			
Dinesh Bhugra Vice Chair	Chris Caldwell Director of Nursing	Deborah Colson Non-Executive Director	Helen Farrow Non-Executive Director
Sally Hodges Clinical Chief Operating Officer	David Holt Senior Independent Director	Paul Jenkins Chief Executive	Terry Noys Deputy Chief Executive / Finance Director
Brian Rock Director of Education and Training / Dean of Postgraduate Studies	Shalini Sequeira Associate Non-Executive Director	Dinesh Sinha Medical and Quality Director	
Attendees:			
Fiona Fernandes Business Manager Corporate Governance	Matthew Gamble Strategy & Business Development Manager (item 4.2)	Amanda Hawke Complaints Manager (item 5.7)	Badri Houshidar Governor - Staff
Benita Mehra Interim Director of Estates & Facilities (item 4.2)	Helen Robinson Interim Director of Corporate Governance	Tim Kent Divisional Director AFS	Ailsa Swarbrick Director of Gender Services
Apologies:			
Paul Burstow, Chair and Rachel James, Divisional Director			

Action Log

AP	Item	Action to be taken	Resp	By
1.	1.3.1	Amendments to the minutes of the previous meeting	FF	Immed

1. Administrative matters

1.1 Welcome and apologies

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

1.2 Declarations of interest

1.2.1 No declarations of interest were declared.

1.3 Minutes of the previous meeting

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

1.3.2 The minutes of the Extraordinary Board meeting held on 29th June 2021 relating to the Annual Report and Accounts for 202/21 were approved.

1.4 Matters arising and action points

1.4.1 Prof. Bhugra informed the Board that Mr de Sousa, Director of Human Resources and Corporate Governance was leaving the Trust and, on behalf of the Board thanked him for all his contributions and congratulated him on his new role.

1.4.2 All the actions were noted as completed.

2. Operational items

2.1 Vice Chair and non-executives' reports

2.1.1 Prof. Bhugra reported that, at the June Cavendish Square Chairs meeting, David Sloman, NHS Regional Director for London, had raised a number of issues concerning the governance of the Integrated Care System (ICS) and in particular the representation for mental health services.

2.1.2 Prof. Bhugra raised the question of primary care networks and the developing role they might play over time in Integrated Care Systems.

2.1.3 Prof. Bhugra advised that the July Cavendish Square Chairs meeting had been attended by Kevin Cleary, Deputy Chief Inspector (mental health) at the CQC. Dr. Cleary had informed the Chairs that the CQC were developing a new strategy framework on safety and whistleblowing, and had indicated an increase in unannounced visits focused on well-led aspects at ICS level. A health inequalities framework for equality, diversity and inclusion is also under development.

2.1.4 The Board of Directors noted the verbal reports.

2.2 Chief Executive's report

2.2.1 Mr. Jenkins added his thanks and appreciation to Mr de Sousa and wished him well in his new role, and advised that Mr Tegerdine will continue as Interim Director of Human Resources and Ms. Robinson as Interim Director of Corporate Governance.

2.2.2 Mr. Jenkins presented his report and highlighted:

- At the Board Seminar there had been inspiring presentations, both clinical and operational, from the first cohort of the Trust Management Programme and was a mixture of clinical and operational. A clear appreciation of the Programme and learning therefrom had been evident and a positive engagement with management and leadership.
- The Strategic Review continued to be a major focus and a Framework of Change document which set out a series of 'compass points' ahead of producing proposals for formal consultation had been issued. A series of

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workshops had subsequently been held to explore with staff the key issues set out in this document.

- A data census had been issued to all staff to validate data ahead of the formal consultation.
- The outcome of the recent The Gender Identity Development Service (GIDS) appeal hearing on the Judicial Review was awaited.
- Mr. Jenkins referred to the establishment by NHS England and Improvement (NHSEI) of a Regional Professional Support Service to provide a new intermediate layer between referrers and GIDS and which will help improve the quality of referrals to GIDS and the management of local support to patients in respect of co-morbid mental health and other issues.
- NHSEI have already announced referrals from GPs and non-NHS referrers will be managed by a National Referral Management Service. This is in response to the letter sent on behalf of the Board about the issues of capacity in the service, given the current level of referrals.

2.2.3 Dr. Sinha reported that during ongoing Covid restrictions a cautious return to face-to face interactions is being pursued and staff continue to be encouraged to be vaccinated. The Trust has communicated to staff the policy of no change to ongoing IPC protocols. The key strategies for keeping staff and service users' safe during COVID 19 include regular hand hygiene, screening of service users and family/friends prior to their attendance, use of PPE, decontamination of resources after use and separate toy boxes for each child attending.

2.2.4 Dr. Sinha indicated that a return to Trust sites by educational services to Trust building was anticipated in the next quarter for which specific guidance to staff will be produced. Clinical services staff and trainees have continued to plan for a phased return to Trust premises. The benefits of so-doing including improved communication, team working, patient choice and staff wellbeing were recognised.

2.2.5 Dr. Colson suggested that it would be useful for the Board to formally welcome the action taken by NHSEI to address the huge increase in referrals to GIDS.

2.2.6 Responding to Ms Farrow about seeking feedback from patients on returning to face to face appointments, Dr. Hodges referred to the work that had been undertaken with patients through the Quality Improvement (QI) projects yielding mixed views.

2.2.7 Mr. Holt requested a more formal report in the changes to different working practices and how this will align with the Strategic Review. He stressed that sufficient notice needed to be given to Board members of a return to face-to-face meetings.

2.2.8 Dr. Sinha highlighted the requirement for social distancing i.e. 2 metres apart.

2.2.9 The Board of Directors noted the report.

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2.3 Finance and performance report

2.3.1 Mr. Noys noted that the report presented showed the Integrated Care System (ICS) plan on our budget. The Trust had recorded a net deficit for the period of £0.9m which represented a slight improvement on the ‘agreed’ North Central London (NCL) Integrated Care System (ICS) plan figure of £1.1m due to additional ‘top up’ payments from the North Central London (NCL) Integrated Care System (ICS) and against the plan we are out-performing. A more detailed report will be presented on the ICS assumptions at the next Board meeting.

2.3.2 Responding to Ms Farrow on legal costs, Mr Noys indicated that total costs were difficult to ascertain at this stage. Tighter controls were being discussed to address this issue. Most of the legal costs were related to the Judicial Review and recent Employment Tribunals.

2.3.3 The Board of Directors noted the report.

2.4 Quality Dashboard (Q1)

2.4.1 Dr. Sinha presented the report and highlighted the following:-

- Camden CAMHS continued to deliver strong performance for Tier 1 and Tier 2.
- There was an unusually high number of referrals over the past few years and challenging demand nationwide across the directorates (Adults, PCPCS, Children and Adolescents, and Gender Services). Work was continuing to address Waiting Times issues.
- The Did Not Attend (DNA) rates Trust-wide with a compliance rate in Q1 of 7.93% compared to 8.90% in the previous year. The Trust had met this target over the last 3 years.
- A decrease in the number of complaints received during the previous quarter-43 complaints were received in Q4, 2020/21 compared to 35 complaints in Q1 of which 25 remain open. The backlog of complaints is still being addressed following the ‘pause’ in the complaints process in place from the end of March 2020 due to the coronavirus crisis. It is hoped that the situation will improve over the summer and that all outstanding complaints will have been investigated and responded to.
- Department of Education and Training (DET) bookings were above target in April but below target in May and June. The April peak was related to financial year-end and an influx of B2B bookings as organisations sought to use up training budgets. Full deployment of a B2B engagement plan, new referral relationships with partner organisations and a digital lead generation campaign should develop recruitment in this area.

2.4.2 Responding to Mr. Holt, Dr Sinha noted that there were four Quality Priorities which were all central and aligned to the Strategic Review.

2.4.3 Responding to Dr Colson’s question regarding incidents, Dr Sinha noted that the scoring was not necessarily in cohesion with what would be scored at the incident

panel. There was a gap between scoring the incidents and would be reviewing the RAG ratings and feeding back to the scorers.

2.4.4 The Board of Directors noted the report.

3. Items for discussion

3.1 GIDS Transformation Programme

3.1.1 Ms Swarbrick presented the report and noted her thanks to all the GIDS staff who continue to work really hard alongside the Transformation work.

3.1.2 Ms Swarbrick highlighted the progress being made:-

- Work is progressing against the actions agreed in the CQC Action Plan and the CQC Waitlist Action Plan, and ongoing monthly reporting to CQC.
- Completion of the initial piloting of the Multi-Disciplinary Clinical Reviews (MDCRs) of endocrine treatment decisions and rollout to commence in August.
- NHS England and Improvement panel had been established.
- Development of a draft clinical pathway policy document, workforce strategy development.
- Delivery of job planning training to all line managers.
- Development and validation of a GIDS dashboard (built on Power BI).
- Continued monthly PPI Stakeholder Group with young people and parents.
- Smaller staff meetings, with Trust Board members and the development of fortnightly GIDS e-news letter
- Proposal for staff reward and ideas scheme, supported by the Trust charity
- Revision of the Standard Operating Procedures.
- Continued development of communications, engagement and PPI strategies, focused on ensuring we communicate and engage well with GIDS staff and also with young people and families.
- Continued management of the Transformation Programme, in order to realise intended programme benefits.
- Supporting the smooth implementation of the Regional Professional Support Service and the National Referral Management Service being introduced by NHSE/I

3.1.3 Ms Swarbrick noted that the key risks relate to the waiting list; and staff morale, retention and capacity to deliver against an extremely challenging work programme. These are reported as risks on the Trust's Operational Risk Register.

3.1.4 The Board of Directors noted the report.

4. Items for approval

4.1 North London Partners Shared Service (NLPSS)

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4.1.1 Mr. Tegerdine presented the report and highlighted the following:-

- Context of the establishment in May 2020 as part of the North Central London (NCL) corporate services programme with a focus on driving value within corporate services by removing duplication, sharing expertise and benefiting from economies of scale.
- The agreement at the NCL CEO group in January 2021 that the ICS would establish a new shared service (North London Partners Shared Services - NLPSS), which would be hosted on behalf of the partnership by the Royal Free London NHS Foundation Trust.
- The first service to be consolidated into NLPSS in October 2021 will be transactional recruitment services and occupational health services in November 2021.
- Recruitment and occupational health both have separate business cases and service specifications, which articulate the specific costs, benefits and service levels for each respective service. In order to access the benefits articulated in these business cases and establish a shared service that is scalable, there was a need to invest in some key enablers, incremental corporate overheads and management support.

4.1.2 Mr Tegerdine sought the approval of the Board who are being asked to approve this engagement with the shared services.

4.1.3 Responding to Mr Levenson's query, Mr Tegerdine noted that the 2 in-house recruitment staff would benefit from TUPE. Occupational Health was currently outsourced therefore not affected. With e-rostering and legal services there may be benefits from this but there was no impact on the Strategic Review.

4.1.4 The Board of Directors noted the report and approved the participation in the NLPSS.

4.2 Environmental Strategy

4.2.1 Ms Mehra and Mr. Gamble attended for this agenda item.

4.2.2 Ms Mehra explained the context of the Trust's Green Plan as part of the NHS commitment to achieving Net Zero, by 2050. This Green Plan is a new, living document that would help guide the Trust to becoming truly sustainable.

4.2.3 An environmental group had been established to consider other opportunities in relation to the following:-

- Ethical banking
- Reducing waste
- Switching off lights and computers
- Stopping the need for printing
- Recycling
- Green travel to work

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4.2.4 Third parties have been engaged to assist with the Green Plan and contact made with our community and other NHS institutions for advice and ideas.

4.2.5 Mr. Gamble noted that there is a long way to go to impact real changes with a target of 35% green energy.

4.2.6 Dr. Hodges welcomed this initiative and queried how this fitted in with the North Central London plans, and whether the Trust could be a bit more ambitious. In response, Ms Mehra noted that the need to seek ambitious carbon benefits within current relocation plans.

4.2.7 The Board of Directors noted the report and approved the recommendations set out in the Green Plan Paper.

5. Items for noting

5.1 Board Assurance Framework (BAF)

5.1.1 Mr. Jenkins presented the report and noted that one of the red risks had moderated since the previous report with others being addressed by the Strategic Review.

5.1.2 Mr. Holt commented on the large number of risks where there is a significant gap between the current risk rating and the target risk rating. He requested a debate at a subsequent Board meeting to look at this issue.

5.1.3 The Board of Directors noted the report.

5.2 Operational Risk Register

5.2.1 Mr. Jenkins informed the Board that this item had been withdrawn from the agenda due to some errors within the report. An updated version would be circulated to the Board.

5.2.2 The Board of Directors noted this.

5.3 Annual Quality Accounts 2020/21

5.3.1 Dr Sinha noted that the Quality Accounts had been presented to several committees, and at the Extra-Ordinary Audit Committee meeting the Quality Accounts were signed off. The board is being asked to formally note this.

5.3.2 The Board of Directors noted the report.

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5.4 Serious Incident Annual Report (Q1)

5.4.1 Dr Sinha apologised for not providing a written report and presented the verbal summary:-

- There had been 35 recorded incidents, 4 patient deaths logged on STEIS, 2 clinical incidents, including 1 de-escalated by the Commissioners.
- A suicide (GIDS) logged on STEIS and subject of a serious investigation review.
- 23 incidents met the threshold and had been noted at the Incident Panel.
- The learning from lessons events which were provided online will continue and there are more planned for 2021/22.
- A number of learning lessons via the Incident Panel including benefits in terms of the nature of patients, non-clinical members of staff and the management of risk during transitions/endings for patients.

5.4.2 The Board of Directors noted the verbal report.

5.5 Guardian of Safer Working Hours report (Q1)

5.5.1 Dr. Sinha presented the report and noted that they were some trainee issues and delays in fine payments for 3 trainees due to DRS logging on errors.

5.5.2 Trainees were now paid the new locum rate and undertake 1 locum shift/month in addition to their normal working schedules and on call rota.

5.5.3 Responding to Prof. Bhugra, Dr Sinha noted that the number of exception reports were provided to North Central London (NCL) in a detailed report on a monthly basis.

5.5.4 The Board of Directors noted the report.

5.6 Responsible Officer's Revalidation Annual Report

5.6.1 Dr. Sinha presented the report and noted that this was an annual appraisal cycle. The Trust had paused the appraisal and revalidation cycle for a period over the first wave of the pandemic in line with national advice.

5.6.2 All medical staff in the Trust have continued to remain aware of the need for a completed portfolio for recommendation for revalidation and recording on the electronic system of SARD (Strengthened Appraisal and Revalidation Database). The Trust had followed GMC guidance on allowing a degree of flexibility of the kinds and strength of evidence supporting individual portfolios. This included introducing flexibility for those doctors who have had their revalidation dates

changed, allowing Responsible Officers to make revalidation recommendations at any time up to a doctor's new submission date.

5.6.3 Dr. Sinha emphasised the Trust's commitment to continue to improve processes and ensure operation in line with guidance from GMC and HLRO and in light of the changes due to the pandemic.

5.6.4 The Board of Directors noted the report.

5.7 Complaints and Whistleblowing register

5.7.1 Ms Hawke attended for this item and presented the report highlighting:-

- The Ombudsman had paused in dealing with complaints and had asked all Trusts to do the same. Referrals could still be made to the Ombudsman who had a backlog of 3000 complaints and was operating a triage system to determine which would be investigated.
- Due to the pandemic, inset/induction days were not taking place and this was a forum where Ms Hawke would talk to staff about the complaints process. In the interim, Ms Hawke has been attending team meetings to provide the information.
- A total of 112 complaints had been received, 101 related to clinical services- 24 complaints in the Adult and Forensic Directorate, 4 in the Children, Young Adults and Families Directorate, 73 in GIDS-and 11 related to corporate services.
- During 2020/21 information had been requested by the Health Service Ombudsman on two complaints. This has been supplied but no further action has been taken so these cases had been closed. No complaints referred to the Health Service Ombudsman had been upheld within the year.

5.7.2 Ms Hawke noted that she had been meeting with Mr. Kent to put a plan together to tackle the Adult and Forensic complaints, contacting staff allocated to the complaint. Job descriptions have been amended accordingly.

5.7.3 Ms Hawke advised that she had been involved in the complaints framework to standardise complaints across the NHS and to ensure that the complaints policy is in line with that.

5.7.4 Responding to Mr Holt, Ms Hawke noted that the response time for complaints was 25 days and 40 days which is the guideline although the Ombudsman permits Trusts to set their own deadlines.

5.7.5 The Board of Directors thanked Ms Hawke for all her hard work and noted the report.

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6. Board Committee Reports

6.1 Education and Training Committee

6.1.1 Mr. Rock presented the report and noted that the Committee had received an update on the Annual Learning & Teaching Conference which represented an important opportunity to come together, and had been very well attended. It had focused on the EDI agenda, with a keynote from Laverne Antrobus, Geraldine Crehan and Charlotte Williams, who facilitate the student groups on Race, LGBTQI+ and Disabilities.

6.1.2 The Committee had discussed the strategy and looked at the digital academy which was not so prominent in the planning. There were other opportunities in the B2B offer which would feature in the next DET strategy.

6.1.3 The Board of Directors noted the report.

6.2 Equality, Diversity & Inclusion

6.2.1 Prof. Bhugra noted that Ms Henderson was now the Associate Director of Equality, Diversity and Inclusion (EDI) and that a new Diversity Champion would be appointed.

6.2.2 Mr. Tegerdine noted that recruitment would be undertaken for all network champions.

6.2.3 The Board of Directors noted the report.

6.3 Integrated Governance Committee

6.3.1 Dr. Sinha noted that there were 6 sub stream reviews of which 3 of them were RAG rated as green. Data Protection and Estates were amber.

6.3.2 The methodology on scoring the RAG ratings was being reviewed to ensure that the guidance provided is accurate.

6.3.3 The Board of Directors noted the report.

7. Any other matters

7.1.1 There were no other matters raised.

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8. Date of next meeting

8.1 28th September 2021 at 2.00pm

8.1.1 The meeting closed at 4.20pm.

Report to	Date
Board of Directors	28th September 2021

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

Author	Responsible Executive Director
Chief Executive	Chief Executive

Chief Executive's Report

1. GIDS Judicial Review Appeal

1.1 On Friday the judgment of the Court of Appeal was handed down in respect of the Trust's appeal on the JR judgment on GIDS. The judgment made by a panel of some of the most senior judges in the country including the Lord Chief Justice and the Master of the Rolls upheld the Trust's appeal in full.

1.2 The Trust has welcomed the judgment and the categorical manner in which it is upheld established legal principles which respect the ability of our clinicians to engage actively and thoughtfully with our patients in decisions about their care and futures. It affirms that it is for doctors, not judges, to decide on the capacity of under-16s to consent to medical treatment.

1.3 The media coverage in response to the story has generally been positive. I did a range of media interviews on Friday and Saturday.

1.4 It is possible that the claimants will seek permission from the Supreme Court.

1.5 NHS England have indicated that they will continue with the process of getting the Multi Professional Review Group to provide an independent review of decision making in cases of patients aged 16 or under. We are in discussion with them about this.

2. Strategic Review

2.1 The Strategic Review continues to be a major focus for the organisation. A fuller update paper is included later in the agenda.

2.2 Following the Board Seminar on 7th September we communicated to staff the need to put back the start of consultation to the new year. We

recognise the frustration for staff in this delay and the impact of an extended period of uncertainty.

2.3 In addition, we have prepared a update communication to staff which we have shared with the Board

3. Covid19 Update

3.1 The Trust has continued to be vigilant in managing its services and staff around Covid infection given current data on the level of cases and wider NHS guidance.

3.2 We continue NCL wide IPC guidance including that relating to the wearing of masks and ongoing need for social distancing.

3.3 For now, the Trust, its clinical services and all our staff and trainees have continued with the plan for a cautious but higher return to Trust premises. There are significant reasons to return in greater numbers to face-to-face settings in a phased return for improved communication, working within teams, team building, offering patient choice, staff wellbeing, confirming future patterns of working in all our pathways etc. We are not expecting to return to pre-pandemic patterns of work/ delivery, though we expect to use this forthcoming period to trial a more permanent blended model of delivery.

3.4 The new term has commenced with an initial focus on the continuation of online teaching. Over time we expect educational services to return to Trust buildings to some degree and DET will be preparing a specific guidance, which will be in line with overall organisational plans.

3.5 There continue to be concerted efforts to promote the highest possible rates of vaccination for Trust staff, using several opportunities for vaccinations with local partners including RFH, CLCH and C&I.

3.6 We have started to implement the winter flu vaccination programme and are working to implement the requirement for staff to receive a third "booster" jab for Covid 19.

3.7 The Trust EPRR Gold group continues to meet fortnightly to take stock of the changing situation and modify communications to the Trust using a variety of methods including all staff briefings, communication messages etc.

4. Equalities

4.1 The External Review of the Trust's culture in respect of race has been completed and the findings were presented to the Board seminar on 7th September and discussed with staff on 13th September.

4.2 A paper on the Trust's proposed response to the Review is on the agenda later.

Paul Jenkins
Chief Executive
23rd September 2021

Report to	Date
Board of Directors	28 September 2021

Finance and Performance Report – August 2021

Executive Summary

Attached is the Finance and Performance Report for the five months ended August 2021.

This shows the Trust recording a net deficit for the period of £1.8m, against the NCL ICS Plan figure of £1.3m.

It should be noted that the NCL ICS Plan figure included a higher level of vacancy factor than the Trust had included in its draft Budget. The Plan also includes a number of other ICS assumptions around income and expenditure – which makes a Plan versus Actual outcome difficult to describe.

The negative variance against Plan reflects Staffing costs being £401k higher than Plan and non-pay costs being £215k higher than Plan.

The variance on staffing costs primarily reflects higher than Plan / Budget costs for Child Psychotherapy Trainees (£279k) and GIDS CQC Recovery Programme costs (£114k).

The variance on non-pay costs reflects unbudgeted legal costs related to employment tribunals and the Judicial Review.

Both legal costs and GIDS CQC Recovery Programme costs are anticipated to increase further over the coming months.

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, Deputy CEO and Director of Finance	Terry Noys, Deputy CEO and Director of Finance

The Tavistock and Portman NHS
NHS Foundation Trust

MONTHLY FINANCE AND PERFORMANCE REPORT

Period 5 5 **Aug-21**

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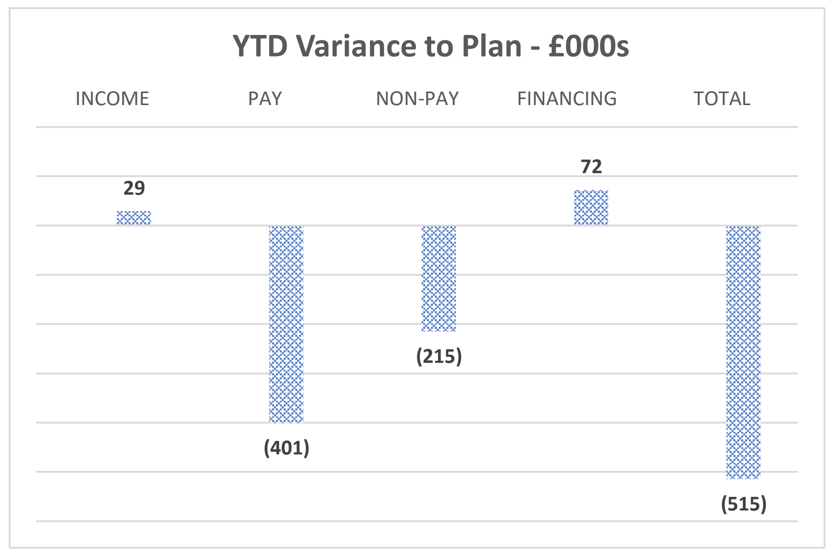
Funds - Cash Flow	4
Capital Expenditure	5

Period 5

Aug-21

£000	Plan	Actual	Variance	Var %
INCOME	24,456	24,485	29	0%
PAY	(19,305)	(19,706)	(401)	(2%)
NON-PAY	(5,395)	(5,611)	(215)	(4%)
EBITA	**(245)**	**(832)**	**(587)**	**(239%)**
Interest receivable	2	0	(2)	
Interest payable	(15)	(15)	0	
Depreciation	(751)	(733)	17	
Dividend	(270)	(215)	55	
Net Surplus /(Deficit)	**(1,279)**	**(1,795)**	**(516)**	**(40%)**



Income **£29k** above plan

Additioanl DET and top up revenue offset by reductions in block payments re SDF funding (CYAF trailblazers)

Pay costs **(£401)k** in excess of plan

Child Psychotherapy trainees in excess of plan and increased spend across relating, in particular, to Strategic Review and Gender

Non-pay costs **(£2)k** less than plan

Legal costs are the main factor driving the overspend.

	Plan	Actual	Var
Staff FTE	673	696	(23)
Cash balance - £000s		**15,478**	
YTD Cash in/(out) flow - £000s		**703**	
Capital Expenditure - £000s		**697**	

Debtors > 90 days	**May-21**	**Jun-21**	**Jul-21**	**Aug-21**
	£'000	£'000	£'000	£'001
NHS	61	51	75	141
Non-NHS	345	369	196	86
Student	297	258	208	230
Total	**703**	**678**	**479**	**457**

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

Period 5
Aug-21

	Prior Year End £'000	Apr-21 £'000	May-21 £'000	Aug-21 £'000	Jul-21 £'000	Aug-21 £'000
Intangible assets	50	46	43	39	36	33
Land and buildings	24,045	24,031	24,039	24,046	24,079	24,026
IT equipment	1,773	1,773	1,773	1,773	1,773	1,773
Property, Plant & Equipment	25,818	25,804	25,812	25,819	25,852	25,799
Total non-current assets	25,868	25,850	25,855	25,858	25,887	25,832
NHS Receivables	6,494	5,331	5,290	5,022	7,458	5,115
Non-NHS Receivables	3,322	2,475	3,172	3,404	2,946	2,683
Cash / equivalents	14,775	17,175	15,659	15,228	13,734	14,348
Other cash balances		(123)	(111)	(167)	(60)	1,130
Total current assets	24,591	24,858	24,009	23,488	24,078	23,276
Trade and other payables	(2,660)	(2,936)	(2,247)	(2,496)	(2,586)	(2,653)
Accruals	(8,090)	(8,406)	(8,471)	(8,114)	(9,172)	(8,852)
Deferred income	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)
Long term loans < 1 year	(445)	(445)	(445)	(445)	(445)	(445)
Provisions	(617)	(617)	(617)	(617)	(617)	(617)
Total current liabilities	(18,623)	(19,215)	(18,590)	(18,482)	(19,631)	(19,377)
Total assets less current liabilities	31,837	31,493	31,274	30,864	30,335	29,732
Non-current provisions	(70)	(65)	(65)	(24)	18	18
Long term loans > 1 year	(2,666)	(2,666)	(2,666)	(2,666)	(2,666)	(2,443)
Total assets employed	29,101	28,763	28,543	28,175	27,688	27,307
Public dividend capital	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)
Revaluation reserve	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)
I&E reserve	(11,546)	(11,207)	(10,987)	(10,619)	(10,132)	(9,751)
Total taxpayers equity	(29,101)	(28,762)	(28,543)	(28,174)	(27,687)	(27,306)
	(0)	*0*	*0*	*0*	*0*	*0*

FINANCE AND PERFORMANCE REPORT **FUNDS FLOW** **Page 4**

Period 5

Aug-21

	April	May	June	July	Aug	**YTD**
	Act	Act	Act	Act	Act	**Act**
	£'000	£'000	£'000	£'000	£'000	**£'000**
Net Surplus/(Deficit)	**(338)**	**(220)**	**(368)**	**(487)**	**(381)**	**(1,795)**
Depreciation / amortisation	135	135	135	135	193	**733**
PDC dividend paid	41	23	32	76	43	**215**
Net Interest paid	2	2	2	2	5	**15**
(Increase) / Decrease in receivables	2,010	(656)	35	(1,978)	2,606	**2,018**
Increase / (Decrease) in liabilities	592	(625)	(108)	1,148	(254)	**754**
Increase / (Decrease) in provisions	(5)	0	(41)	(42)	0	**(89)**
Non operational accural movement	(41)	(23)	(32)	(76)	(43)	**(215)**
Net operating cash flow	**2,396**	**(1,363)**	**(345)**	**(1,221)**	**2,171**	**1,637**
Interest received						**0**
Interest paid	(2)	(2)	(2)	(2)	(5)	**(15)**
PDC dividend paid	0	0	0	0	0	**0**
Restructuring						
Cash flow available for investment	**2,393**	**(1,365)**	**(347)**	**(1,224)**	**2,165**	**1,622**
Purchase of property, plant & equipment	18	(4)	(4)	(29)	55	**36**
Depreciation	(135)	(135)	(135)	(135)	(193)	**(733)**
Capital purchases - cash	**(117)**	**(139)**	**(139)**	**(164)**	**(138)**	**(697)**
Net cash flow before financing	**2,277**	**(1,505)**	**(486)**	**(1,388)**	**2,027**	**925**
Repayment of debt facilities	0	0	0	0	(222)	**(222)**
Net increase / (decrease) in cash	**2,277**	**(1,505)**	**(486)**	**(1,388)**	**1,805**	**703**
Opening Cash	14,775	17,052	15,547	15,061	13,674	14,775
Closing cash	**17,052**	**15,547**	**15,061**	**13,674**	**15,478**	**15,478**

FINANCE AND PERFORMANCE REPORT		Capital Expenditure					Aug-21				Page 5			
	April Act £'000	May Act £'000	June Act £'000	July Act £'000	Aug Act £'000	Sept Fcst £'000	Oct Fcst £'000	Nov Fcst £'000	Dec Fcst £'000	Jan Fcst £'000	Feb Fcst £'000	Mar Fcst £'000	**Full Yr Fcst £'000**	20/21 Bud £'000
Microsoft Office 365 E-Mail Migration	260	(252)	4	(4)	12	5	0	0	0	0	0	0	**26**	0
Endpoint Procurement	0	8	8	17	7	8	8	26	8	5	0	0	**94**	66
Tavistock Centre Data Centres Power	0	0	0	0	0	0	8	8	8	8	0	0	**32**	32
Cyber Essentials	4	1	4	0	0	1	0	0	0	0	0	0	**11**	5
MyTap Annual Upgrade 2019/20	3	0	0	0	0	0	0	0	0	0	0	0	**3**	0
ICT Cyber Security Compliance 2020/21	1	0	0	0	0	0	0	0	0	0	0	0	**1**	0
Core Infrastructure Update	0	0	8	10	(8)	9	4	5	8	7	4	2	**48**	63
Network - Upgrade (Wireless)	0	0	0	0	0	0	0	0	30	0	0	0	**30**	30
Cyber Essentials Plus	0	0	5	4	3	4	7	0	0	0	0	0	**23**	30
Endpoint Replacement 2021/22	0	0	0	2	34	2	47	2	52	2	2	52	**194**	200
ICT Cyber Security Compliance 2021/22	0	0	2	5	(4)	35	31	11	6	16	10	9	**121**	140
API for CareNotes Integration						0	2	2	62	2	2	2	**71**	0
AV Upgrade for Remote Working						0	52	7	7	7	7	7	**90**	0
Connectivity Upgrade						0	3	8	8	83	8	8	**120**	0
Data Warehouse						0	6	6	6	26	6	26	**79**	0
Virtual Desktop Interface						0	87	4	4	4	4	4	**108**	0
IT	**9**	**18**	**31**	**34**	**43**	**64**	**256**	**80**	**200**	**162**	**44**	**111**	**1,052**	**566**
Ventilation	10	0	0	0	0	0	0	0	0	0	0	0	**10**	0
Pumps	0	9	2	0	0	0	0	0	0	0	0	0	**10**	0
Water	0	0	0	0	0	15	15	0	0	0	0	0	**30**	30
Electrics	8	(3)	3	8	16	38	87	32	29	4	3	0	**223**	223
PC Compliance	0	7	1	0	0	0	0	0	0	0	0	0	**8**	0
TC Compliance	1	9	3	6	(3)	0	0	0	0	0	0	0	**15**	0
GH Compliance	2	0	0	0	0	0	0	0	0	0	0	0	**2**	0
Finchley Road	1	0	0	0	0	0	0	0	0	0	0	0	**1**	0
Fire Safety & Compliance	0	2	2	3	3	8	33	18	15	10	0	0	**93**	96
Roofing - GH	0	0	0	0	0	21	21	0	0	0	0	0	**41**	35
Catering Equipment	0	0	0	0	0	5	5	5	5	0	0	0	**20**	20
Basement Sprinkler System	0	0	0	0	0	5	3	2	0	0	0	0	**10**	10
Toilets - Anti Ligature / Gender Neutral	0	0	0	0	0	10	20	20	0	0	0	0	**50**	50
ESTATES	**22**	**23**	**10**	**17**	**15**	**101**	**183**	**77**	**49**	**14**	**3**	**0**	**513**	**464**
Relocation	**85**	**99**	**86**	**125**	**80**	**378**	**429**	**437**	**451**	**354**	**457**	**179**	**3,160**	**2,901**
Digital Academy	**1**	**(1)**	**12**	**(12)**	**0**	**10**	**29**	**17**	**17**	**17**	**0**	**25**	**114**	**122**
Contingency / Future Projects for Approval					**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(34)**	**(34)**	**752**
TOTAL	**117**	**139**	**139**	**164**	**138**	**553**	**897**	**611**	**716**	**546**	**504**	**281**	**4,805**	**4,804**

Report to	Date
Board of Directors	21 September 2021

GIDS Transformation Programme: Update
Executive Summary
This report summarises GIDS Transformation Programme progress, forthcoming activity and key risks and issues.
Recommendation to the Board
Members of Board of Directors are asked to note and discuss this paper.
Trust strategic objectives supported by this paper
All

Author	Responsible Executive Director
Divisional Director, Gender Services	Chief Executive

GIDS Transformation Programme: Update

1. Introduction

1.1 This paper provides an update on the Gender Identity Development Service (GIDS) Transformation Programme, to September 2021.

2. Background

2.1 The GIDS Transformation Programme started in January 2021. It encompasses projects to develop a new endocrine pathway following various legal rulings (now including the judicial review appeal judgement of 17 September 2021); waiting list management; clinical governance, safety and practice; organisational design and development, including staff engagement; and data. The programme also established a refreshed Patient and Public Involvement (PPI) Stakeholder Group, which meets monthly to ensure that patient involvement is integrated into the Transformation Programme.

2.2 Monitoring is via the GIDS Oversight Committee, which meets fortnightly and is chaired by the Trust Chief Executive; and the weekly GIDS Interim Management Board (IMB). The IMB has oversight of GIDS service delivery, the GIDS Transformation Programme, and CQC Action Plan reporting. All the Project Boards within the programme meet regularly as they develop and implement their plans.

3 Progress

3.1 All staff in GIDS continue to work extremely hard in very challenging circumstances to care for patients, alongside the transformation programme. I am very grateful to them.

3.2 Work is progressing satisfactorily against the actions agreed in the CQC Action Plan and the CQC Waitlist Action Plan. We report monthly to CQC against these. Some specific areas of progress include:

- Planning and commencing roll out of Multi-Disciplinary Clinical Reviews (MDCRs) endocrine treatment decisions, following initial pilots.
- Starting to pilot a proposed new, structured initial consultation for all GIDS patients, due to complete by the end of 2021.

- Introduction of weekly patient tracking list (PTL) meetings in each GIDS team, to address and move forward the longest waiting patients.
- Introduction of a new, more streamlined referral form to ensure better completion.
- Agreement of a GIDS workforce strategy (focused on both short term and long-term capacity needs) and recruitment and retention resourcing.
- Delivering job planning training to all line managers, and submission of 100% of first draft job plans.
- Implementing new GIDS governance arrangements via a new fortnightly Service Management Group (SMG), responsible for monitoring and overseeing service resourcing and performance through KPIs (clinical risk, PTL (patient tracker list), patient experience, finance and HR).
- Agreement to a proposal on new clinical leadership roles and accountabilities, .
- Completion and validation of a GIDS dashboard (built on Power BI).
- Consulting with staff on a staff engagement and internal communications strategy, to be signed off in the autumn.
- Continued monthly PPI Stakeholder Group with young people and parents.

3.3 Forthcoming activity includes:

- Continued development and implementation of actions in the CQC Action Plan and the Wait List Action Plan, and monthly reporting against these.
- Planning and piloting structured care and treatment pathways for all GIDS patients, following the initial consultation (see para 3.2).
- Revision of safeguarding and consent SOPs.
- Roll out of MDCRs and the full endocrine pathway which also includes confirmation of the decision making process by an independent multi-disciplinary professional review group.
- Finalising work to bring together separate regional waitlists, to ensure more consistent processes and practice, and to reduce the potential for inequities in access.
- Working with NHSE/I to ensure the smooth implementation of the new Regional Professional Support Service and the National Referral Management Service.
- Next stage of clinical job planning, including data collection which will inform longer term capacity and safe caseload planning.
- Initiating a focused recruitment and retention drive, to build capacity in the service.
- Implementation of new clinical leadership roles and accountabilities.
- Rollout, and continued refinement of the GIDS management information dashboard; including embedding its use within SMG meetings.

- Development of communications, engagement and PPI strategies, focused on ensuring we communicate and engage well with GIDS staff and also with young people and families.
- Preparation for the next CQC Quality Summit. This 2nd Summit is due to be held in October 2021.
- Management of Transformation Programme; in order to realise intended programme benefits.

4 Key risks

4.1 Key risks relate to the waiting list, and workforce capacity to ensure good clinical care and to address demand. These are reflected in the Trust's Operational Risk Register.

5 Conclusion

5.1 The Board are asked to consider and note this update.

Ailsa Swarbrick
Divisional Director of Gender Services
21 September 2021

Report to	Date
Board of Directors	28 September 2021

Safeguarding Review	
Executive Summary	
This report provides covers a proposal for the Trust to commission an independent review of its safeguarding arrangements.	
Recommendation to the Board	
Members of the board of directors are asked to note, discuss and agree the recommendations.	
Trust strategic objectives supported by this paper	
All Trust strategic objectives	
Author	**Responsible Executive Director**
Chief Executive	Chief Executive

Safeguarding Review

1. Background

1.1 Good quality arrangements for safeguarding for both adults and children and young people are central to the work of the Trust as a provider of clinical services children and adults who come into contact with our services.

1.2 The arrangements for managing and supporting safeguarding are being considered as part of the Strategic Review as part of a wider review of executive functions in the Trust.

1.3 At the same time the Board time has undertaken to learn lessons from a recent Employment Tribunal relating to the handling of protected disclosures.

1.4 To address these issues and to inform decisions about future organisation, leadership and resourcing of safeguarding functions in the Trust, the Board is asked to agree the commissioning of an independent external review.

2. Aims, scope and timing of the Review

2.1 The aims of the review are to:

- Provide the Trust's Board with the assurance about the sufficiency and effectiveness of its current arrangements for safeguarding
- Benchmark the Trust's arrangements against "best of class" arrangements in other health and care provider working with children and young people.
- Support the Board in reviewing the best future arrangements for safeguarding within the context of the Trust's Strategic Review and looking ahead at requirements for safeguarding within new integrated arrangements for safeguarding.

2.2 A draft term of reference for the review are attached at **Annex A**.

2.3 We are proposing that the review should cover both adult and children and young people's safeguarding while ensuring sufficient granularity to address any specific issues in specific areas of practice.

2.4 We are currently investigating potential reviewers who have the relevant skills and independence to carry out the review. As part of this we are seeking the advice of colleagues in NHS England.

2.5 The aim is that the External Review will be completed by the end of the calendar year with a report with agreed recommendations to the January 2022 meeting of the Board.

Recommendation

2.6 The Board is invited to agree the commissioning of an external review of safeguarding arrangements in the Trust and the terms of reference at **Annex A.**

Paul Jenkins
Chief Executive
September2021

ANNEXE A

Tavistock and Portman NHS Foundation Trust

External review of safeguarding

Draft Terms of reference

Introduction

1. The Tavistock and Portman NHS Foundation Trust wishes to undertake an external review of its arrangements for safeguarding in all its clinical settings and interventions.

2. The aims of the review are:

    - Provide the Trust's Board with the assurance about the sufficiency and effectiveness of its current arrangements for safeguarding

    - Benchmark the Trust's arrangements against "best of class" arrangements in other health and care providers.

    - Support the Board in reviewing the best future arrangements for safeguarding within the context of the Trust's Strategic Review and the changing structural landscape for health and care in England.

Background

3. The Trust is a specialist mental health provider providing services for both young people and adults. The Trust is a major provider of services for those affected by gender dysphoria or other issues with gender identity. The Trust is a significant provider of clinical education, and a significant proportion of its clinical services are provided by trainees.

4. The Trust is currently undertaking a Strategic Review of all its activities to identify the actions required to secure the future sustainability of the organisation and its distinctive approach to understanding mental health and wellbeing.

Requirement

5. The Trust is seeking to commission an independent, external review of the performance and structure of its safeguarding arrangements.

6. The reviewers will use the following sources to evidence in forming their conclusions and recommendations:

    - A review of relevant policies and procedures.
    - Interviews with the key staff involved in safeguarding in the central team and clinical divisions.
    - A review of the Trust's performance for safeguarding training, reporting and supervision.
    - A review of recent safeguarding incidents taking account of service context and arrangements for raising concerns and speaking up.
    - A review of capability, capacity and culture in respect of safeguarding
    - A review of professional practice, management and administrative arrangements, both centrally and within clinical and educational services, for overseeing and supporting safeguarding.
    - Identification of areas of good practice internally which can be spread together with best practice from other providers.
    - Interviews with key external staff with a view of the Trusts safeguarding performance

Reporting

7. The External Review will make its report and recommendations to the Trust Board through the Chief Executive.

8. The report should address the following headings:

    - Structures and Processes
    - Policies and procedures
    - Governance and reporting
    - People (Competence, capacity, capability, training & development, supervision, management and support)
    - Collaboration and Partnerships
    - Best practice findings
    - Recommendations

Timeframe

9. The Review should be completed by the end of December 2021 with the aim of presenting a report with agreed recommendations to the January meeting of the Board of Directors along with an action plan developed by the Trust in response.

10. To support rapid development and implementation of an action plan to implement recommendations, the review will be managed through three phases:

    - Phase 1: Evidence gathering
    - Phase 2: Analysis and generation of initial conclusions and recommendations
    - Phase 3: Report writing and submission of final report

11. The reviewers will meet with the CEO at the beginning of each phase to establish approach and review progress.

12. The Review should be completed by the end of December 2021 with the aim of presenting a report with agreed recommendations to the January meeting of the Board of Directors.

September 2021

Report to	Date
Board of Directors	28 September 2021

Diversity and Inclusion Independent Review

Executive Summary

At its last Board Seminar, the Board received and explored the summary report and presentation from the 'Colour Brave Avengers' the organisation commissioned to undertake the independent review following a tender process.

This paper summarises the findings, recommendations, 'must do' actions and early actions and the draft Race Action Plan that has been produced by the review and suggests the next steps for action by the organisation.

Recommendation to the Board

Members of the Board of Directors are asked to:

- Formally accept the Diversity and Inclusion Independent Review August 2021 and the RACE Equality Code Assessment Report
- Note the findings of the independent review (Summary in Section 2 below)
- Accept and adopt the eight recommendations from the independent review (In Section 3 below)
- Commit to commissioning a further external review in in 18 months to 2 years (as per Recommendation 1 in Appendix 1)
- Accept and adopt for action the ten 'must do' actions from the RACE Code Assessment and independent review. (In section 4 below)
- Note the six local early actions identified (in section 7 below)
- Note the Action tracker for the recommendations, must do actions and early actions
- Note and agree the Executive and non-executive leadership and oversight of this work (section 8)
- Note and agree the engagement, governance and reporting arrangements described (Section 8)
- Recommend that the CEO is charged with reviewing the short and long term resources allocated to this work, including investment in staff network activity, to ensure that the board is assured that the capacity and capability is in place across the organisation to deliver the required improvements
- Agree to receive an update on progress at the November Board and at 6 monthly intervals after that.'

Trust strategic objectives supported by this paper

People

Author	Responsible Executive Director
Acting Director of Human Resource	Acting Director of Human Resource

Diversity and Inclusion Independent Review

1. Introduction

1.1. The Trust commissioned via a tender process the ‘Colour Brave Avengers’ to undertake an independent review of its Race Equality Strategy and activity.

1.2. The Trust received the summary report and a presentation at its last meeting. This presentation has also been given to the Race Equality Steering Group and to an all-staff forum meeting. A full report and an evaluation against the RACE code were also developed and the outputs of both are contained in the summary report.

1.3. It is important to note and acknowledge the bravery of staff in speaking out and sharing their stories, the RES steering group, the Executive team, the Board and the staff at the all-staff meeting found the stories emotional and impactful. In all of this work we will return to those stories and testimonials to support, inform and direct our work.

1.4. The Trust commissioned some further work to take the analysis and action to a deeper level, this was an assessment against the ‘RACE code’. (Reporting, Action, Composition, Education). The RACE code draws together over 200 recommendations outlined in reports, charters and pledges which aim to tackle diversity and inclusion challenges the RACE code evaluation process measures the organisation against these 200 recommendations.

1.5. The Colour Brave Avengers undertook staff engagement activities and using their framework and their research and experience from other organisations, explored a series of ideas and possible actions to which the Trust staff involved then gave a priority score. The engagement work also included the ‘solutions collaboratory’ approach which identified and prioritised a number of actions against each of the key findings of the review.

1.6. From this staff engagement work above (and combining the actions of the RACE code evaluation findings – see below) the reviewers developed a 36 point draft Race Action Plan.

1.7. The RACE code evaluation resulted in a 102 point action plan, there have helpfully been themed and grouped and are expressed under the 36 point Race Action Plan.

2. The key findings of the independent review

2.1. The review grouped its findings against four key themes summarised below:

- **Racist Behaviours:**
  Those reported during the review were categorised: 50% racism 33% microaggressions
  How racism and microaggressions are dealt/not dealt with
  Fear to speak and lack of feeling safe
  Lack of support (Issues dismissed)
  Calling it out /not calling it out

- **Racial Diversity:**
  Lack of Diversity at higher levels

- **Barriers to Racial Inclusion:**
  Privilege and Power
  Recruitment process – Perceived as biased, unfair, unequitable
  Personal Development
  How people are treated and made to feel
  Lack of resource and capacity to tackle race inequality
  Lack of meaningful targets with accountability to tackle race inequality
  Lack of buy-in by middle management

- **Impact of Racism:**
  On how people are made to feel
  On mental health and wellbeing
  On productivity

3. The Recommendations of the independent Review

3.1. The Independent review makes eight recommendations:

- To ensure there is external accountability to complement the current governance framework and support for the implementation of the recommendations and action plan.

- To revisit and update the vision for the Trust Race Equality Strategy and overall aim.

- To set out between three and six clear race strategic objectives and explore how the Trust will engage all stakeholders in achieving them.

- To make a clear statement from the board with a commitment to bold actions and sustainable change.

- To undertake to adopt the ten 'Must' actions from the RACE Equality Assessment and report on their progress until achieved.

- To ensure all race actions are included in the RACE Action Plan and then develop the accountability framework for its monitoring.

- To publicly acknowledge to staff the findings of racial inclusion barriers, racist behaviours, and lack of diversity.

- To provide support, training and guidance to the senior management and those responsible for following through on the day-to-day activities of the race action plan.

4. The 'Must Do' actions from the review

4.1. The review describes the ten 'must do' actions as below:

- To create an active statement of which clearly identifies the current position, the performance and aspirations, identifying progress against targets and including criteria on race including ethnicity pay gap using the four principles of the RACE Equality Code (Reporting, Action, Composition, Education).

- To continue to educate staff on the importance of reporting and use positive outcomes to improve the reporting rates for staff and patients by also providing examples of what the data is used for.

- To document the roles of the board and executive level sponsors on EDI and race, create a robust evaluation framework against the responsibilities of both roles and ensure the roles are integrated in the overall governance framework.

- To explore what objectives should be used to evaluate board performance in the area of improving race equality and be more intentional about using the data that is being collated.

- To examine the processes for job evaluation and re-branding in regard to race and review opportunities for career development for underrepresented groups in the higher levels ensuring it is fair for all. To be open and transparent about any barriers and how the work carried out will eliminate them.

- To use the information derived from an end-to-end review of talent management activities to design activities that will lead to an improvement in the outcomes for those underrepresented groups with positive action and support for managers.

- To ensure there is a consistent approach across the organisation that satisfies Equality Act 2010 obligations and encourages employees to comply with reporting initiatives by educating everyone as to the purposes and benefits of inclusion and belonging and encouraging a culture that goes beyond the law.

- To create brave, ambitious targets and a culture of gathering and diligently monitoring the required data in order to create meaningful, measurable outcomes. Key performance indicators should be introduced and performance objectives for leaders and managers.

- To build new structures for communicating, educating and ensuring staff feel safe across the whole organisation, this is to help in the objective of an anti-racist, inclusive and safe culture and will involve revising how the Trust values are embedded and consistently monitored and invest in ensuring all employees have a deeper understanding and appreciation of the topic of race and the link between overall performance and inclusivity and belonging.

- To the data collection as a tool to tackle the areas that demonstrate systemic racism by collecting enough relevant data across a comprehensive data set which includes ethnicity pay.

5. The ‘Solutions Collaboratory’ outcomes

5.1 The reviewers used a ‘solutions Collaboratory’ approach to gain staff views and prioritisation of agreed actions against the key findings described above at 2.

6. The Race Action Plan (RAP)

6.1. All the key actions proposed by the Review are brought together in the table at Appendix 1 against the following seven action area themes:

- Recruitment, Induction and Retention Actions
- Equality Diversity and Inclusion Actions
- Policy, Politics and Governance Actions
- Awareness, Education and Training Actions
- Information, Data Gathering and Publishing Actions
- Rewards, Recognition and Evaluation Actions
- Sponsoring, Support and Progression Actions

6.2 It is recommended that the Board accept these actions while recognising the need for prioritisation and a robust resourcing plan to ensure delivery.

7. Early Actions

7.1 At the same time it is recognised that there some areas where there will be a clear benefit in progressing a number of early actions:

- Quickly complete the root and branch review already underway of our 'employee dispute resolution' policies such as grievance, bully and harassment and freedom to speak up with a view to their race equality impact.

- Explore the development the informal dispute resolution processes and courageous conversations across all of our policy and procedures.

- Develop 'safe spaces' which are times and places where people can raise, discuss and report any issues relating to race and other protected characteristics in a confidential and supportive manner.

- Develop training and development for all staff on recognising and dealing with microaggression related to race and other protected characteristics.

- Develop impactful training for HR staff and line managers to develop confidence in the appropriate management of employment issues relating to race and other protected characteristics.

- Undertake a review of recruitment processes using the 'debiasing' toolkit.

8. Next Steps

8.1. Under the overall sponsorship of the Chief Executive the Director of Human Resources (HRD) is the designated executive lead for the Trusts EDI work, they are supported by the new Associate Director of EDI who links in with the staff diversity networks and their champions and the other staff groups with experience and knowledge to share, such as the Race Allies group. The HRD is charged with taking this work forward. There is a short term need for additional resources to drive this work.

8.2. The actions set out in Appendix 1 will be incorporated into the wider Race Equality Strategy and Plan by the end of Quarter 3 and will provide the Board and committees with a single action tracker for all activity related to the RES/RAP.Actions will be prioritised with a resourcing plan to support delivery.

8.3. The HRD will ensure that the Race Action plan is triangulated with the WRES report and that the WRES action plan is incorporated in the overall Race Action Plan (RAP).

8.4. The HRD will ensure that the Race Action Plan (RAP) takes account of the findings and learning from the London Workforce Race Equality Strategy (Oct 2020).

8.5. The HRD will ensure that the full report and the developing strategy and action plan are shared with key staff networks to enable them to develop a view on the conclusions and make suggestions as to the priority actions.

8.6. The HRD will ensure that the RAP is incorporated into the wider 'People Plan' (the people and organisational Development strategy and plan for the Trust) and that it is reported via the governance, assurance and oversight structures of the IGC People subcommittee, the Board EDI Committee and hence the Board.

8.7. The Board Non-Executive with responsibility for chairing the Trust Board EDI committee will be identified by the end of quarter 4 and will provide Board oversight and sponsorship of this work.

8.8. The Work will be reported regularly at the Board EDI committee and subsequently reported to Board as a matter of normal governance process.

8.9. The work will also be reported to the Integrated Governance Committee via the report of the IGC 'People' sub-committee.

8.10. The work will be developed with the Staff Race Diversity network group and shared with all of the staff diversity groups, (LGBTQI+, Disability and long-term conditions in the basis that many of the changes will have 'read across' and benefits to all staff, and in particular staff with protected characteristics).

8.11. The draft RAP (as provided as a product developed from the work of the independent review and the RACE code evaluation (Appendix) will be reviewed and populated

8.12. The Board will receive a six-monthly report on actions against the RAP.

Ian Tegerdine
Acting Director Human Resources

APPENDIX 1 - Independent Race Review Recommendations / 'Must do' actions / 'Early Actions' - Tracker

No.	Recommendation	Action	Lead		
R1	To ensure there is external accountability to complement the current governance framework and support for the implementation of the recommendations and action plan.	To identify peer review or to procure external support to review the Race Action Plan	CEO		
R2	To revisit and update the vision for the Trust Race Equality Strategy and overall aim.	To develop a refreshed Trust Race Equality Strategy and plan to incorporate	HRD		
R3	To set out between three and six clear race strategic objectives and explore how the Trust will engage all stakeholders in achieving them.	To incorporate in next iteration of Trust strategic objectives due Spring 2021	CEO / Comp Sec		
R4	To make a clear statement from the board with a commitment to bold actions and sustainable change.	To draft a Board statement for Board sign off	Comp Sec / HRD		
R5	To undertake to adopt the ten 'Must' actions from the RACE Equality Assessment and report on their progress until achieved.	Board sign off of recommendation of this paper	Chair		
R6	To ensure all RACE code actions are included in the Race Action Plan and then develop the accountability framework for its monitoring.	To develop the comprehensive Race action plan	HRD		
R7	To publicly acknowledge to staff the findings of racial inclusion barriers, racist behaviours, and lack of diversity.	To develop further staff coms relating to the independent review and its findings, to develop a coms and engagement plan for the next 18 months of work on the RAP	Dir Coms & Engagement		
R8	To provide support, training and guidance to the senior management and those responsible for following through on the day-to-day activities of the race action plan.	To develop training plans as part of the RAP delivery *****Identified for early early action******	HRD		
No.	**'Must Do' Action**	**Response**	**Lead**		

MD1	To create an active statement of which clearly identifies the current position, the performance and aspirations, identifying progress against targets and including criteria on race including ethnicity pay gap using the four principles of the RACE Equality Code (Reporting, Action, Composition, Education).	To put in preface to RES and RAP	HRD		
MD2	To continue to educate staff on the importance of reporting and use positive outcomes to improve the reporting rates for staff and patients by also providing examples of what the data is used for.	To address in RES / RAP coms and engagement strategy	Dir Coms & Engagement		
MD3	To document the roles of the board and executive level sponsors on EDI and race, create a robust evaluation framework against the responsibilities of both roles and ensure the roles are integrated in the overall governance framework.	To address in Board governance review To publish on intranet / website	Comp Sec Dir Coms and engagement		
MD4	To explore what objectives should be used to evaluate board performance in the area of improving race equality and be more intentional about using the data that is being collated	To incorporate in next iteration of Trust strategic objectives due Spring 2021	CEO / Comp Sec		
MD5	To examine the processes for job evaluation and re-branding in regards to race and review opportunities for career development for underrepresented groups in the higher levels ensuring it is fair for all. To be open and transparent about any barriers and how the work carried out will eliminate them.	To include in RAP / People plan	HRD		
MD6	To use the information derived from an end-to-end review of talent management activities to design activities that will lead to an improvement in the outcomes for those underrepresented groups with positive action and support for managers.	To include in RAP / People plan	HRD		
MD7	To ensure there is a consistent approach across the organisation that satisfies Equality Act 2010 obligations and encourages employees to comply with reporting initiatives by educating everyone as to the purposes	To include in RAP	HRD		

	and benefits of inclusion and belonging and encouraging a culture that goes beyond the law.				
MD8	To create brave, ambitious targets and a culture of gathering and diligently monitoring the required data in order to create meaningful, measurable outcomes. Key performance indicators should be introduced and performance objectives for leaders and managers	To include in RAP	HRD		
MD9	To build new structures for communicating, educating and ensuring staff feel safe across the whole organisation, this is to help in the objective of an anti-racist, inclusive and safe culture and will involve revising how the Trust values are embedded and consistently monitored and invest in ensuring all employees have a deeper understanding and appreciation of the topic of race and the link between overall performance and inclusivity and belonging.	To Include in RAP / People plan *****Identified for early early action******	HRD		
MD10	To the data collection as a tool to tackle the areas that demonstrate systemic racism by collecting enough relevant data across a comprehensive data set which includes ethnicity pay.	To include in RAP	HRD		
	Early Actions identified but not noted above	**Response**	**Lead**		
EA1.	Quickly complete the root and branch review already underway of our 'employee dispute resolution' policies such as grievance, bully and harassment and freedom to speak up with a view to their race equality impact. Explore the development the informal dispute resolution processes and courageous conversations across all of our policy and procedures.	HRD to develop for people plan and RAP but delivery to commence before the end of Quarter 4	HRD		

EA2.	Undertake a review of recruitment processes using the ‘debiasing’ toolkit.	HRD to develop for people plan and RAP but delivery to commence before the end of Quarter 4	HRD		

Report to	Date
Board of Directors	28 September 2021

Workforce Race Equality Standard

Executive Summary

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

The report identifies that:

- Little has changed in the organisation over the last six years in terms of the statistics and experience.
- The organisation is becoming more diverse, but only for the lowest banded roles.
- Access to continuing professional development for ethnic minorities staff has decreased this year.
- Fairness in recruitment requires significant work if the perception is to be improved.

Recommendation to the Board

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

Trust strategic objectives supported by this paper

People

Author	Responsible Executive Director
Associate Director – HR Business Services	Interim Director of Human Resource

Workforce Race Equality Standard

1. Introduction

1.1. In 2015 NHS England introduced the workforce race equality standard (WRES) to demonstrate to organisations the differences in composition and experience of staff from ethnic minority backgrounds compared to those from white backgrounds.

1.2. The statistical collection tool was informed by the report Snowy White Peaks of the NHS, a critical report that showed how diversity across the health service had diminished over ten years.

1.3. Within the organisation there have been issues surrounding race diversity for many years. This report provides the data for the most recent WRES submission and sets out the trend over the last six years.

1.4. Given the Trust's small size, minor shifts in data can significantly change the position on diversity issues. Therefore, it is more important to review trends, rather than specific numbers.

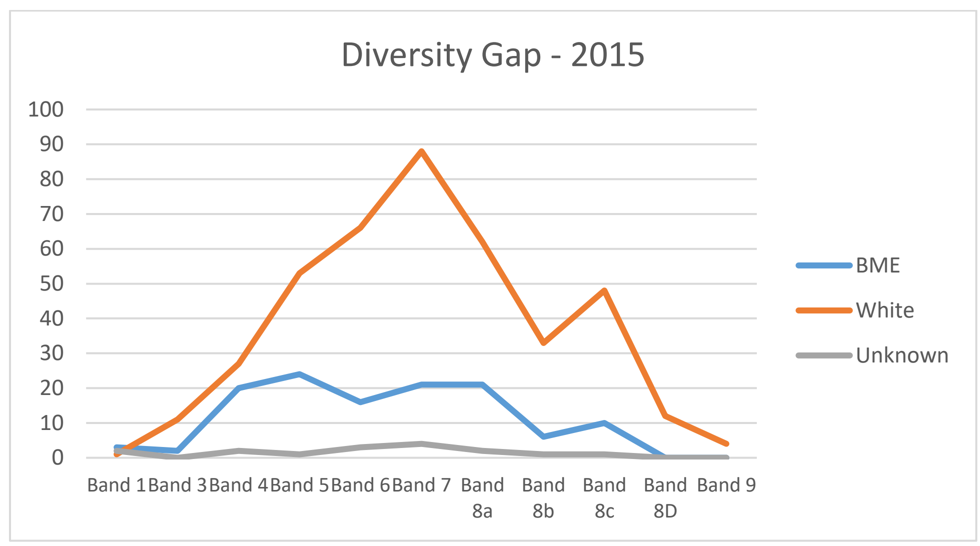
1.5. During 2020, a significant amount of work was done by the HR team to ensure that ethnicity data was accurately recorded for all employees. The 2021 census being carried out as part of the strategic review will contribute to this for future WRES reporting. This does however mean that some changes in this report can be attributed to data cleansing, rather than a physical shift in staffing profile.

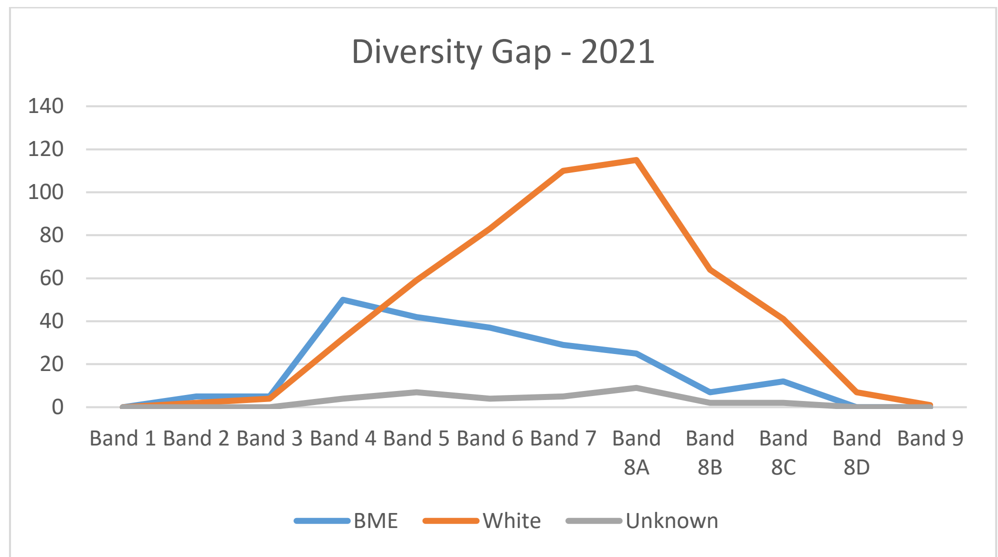
2. Understanding the diversity gaps

2.1. Between 2016 and 2021 there has been an increase in diversity as a whole. Since 2106, the ethnic minorities workforce has increased by 4.96%, with an increase of 1.75% between 2020 and 2021. However, see note 1.4 above.

	2016	2020	2021
Ethnic minorities workforce	22.61%	25.82%	27.57%
White workforce	74.45%	66.26%	67.09%

2.2. The following charts set out headcount distribution of diversity by pay band when the WRES commenced in 2015 and in 2021.





2.3. Diversity has increased in the lower banded roles (bands 2-4). These roles are non-clinical roles, often in corporate services or clinical administrative positions. Band 8A is now the band with the highest disparity between white staff and ethnic minorities staff.

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

	2016	2020	2021*
Ethnic minorities workforce	18.88%	16.18%	16.70%
White workforce	81.12%	83.82%	66.70%

*The remaining 16.6% is those staff for whom there is no ethnicity recorded (either staff have chosen not to provide details of their ethnicity or, historically, this has not been recorded.)

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

2.6. The Trust is aware that the access pathway to qualifying psychology training programmes are not only highly competitive, but they also require individuals to be able to gain work experience, either unpaid or at very low pay rates, for a number of years before they can reasonably be in a position to secure a place. This impacts on the ability to achieve a more diverse workforce. Previously, this has prompted the organisation to think more about how to influence the wider system and secondly how to design services for the future.

3. Diversity within the executive team and board of directors

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

	2016	2020	2021
Ethnic minorities VSMs	5.88%	27.78%	16.7%
White VSMs	94.12%	72.22%	83.3%

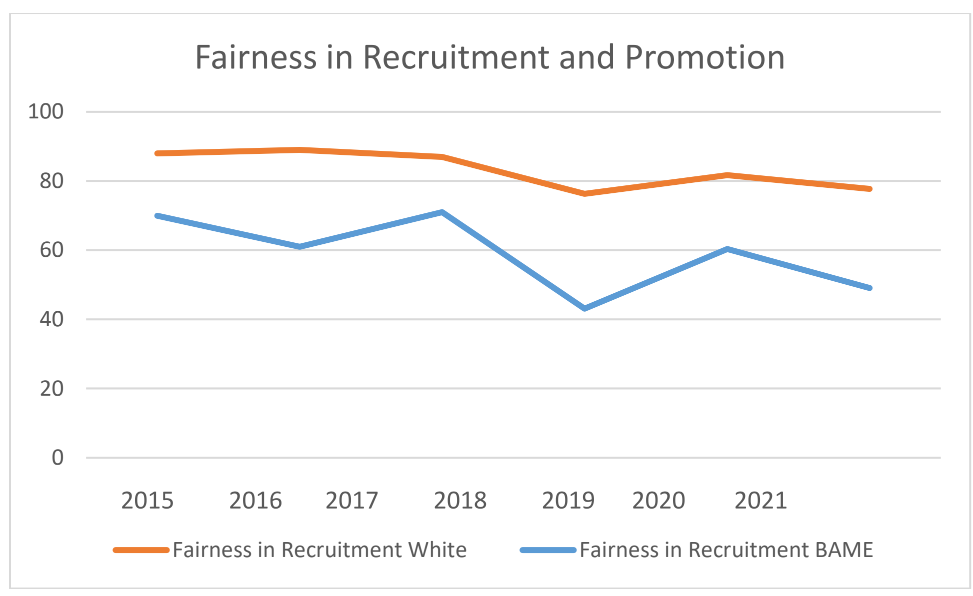
3.2. There was a very positive improvement on this indicator for ethnic minorities staff between 2016 and 2020. However, in 2021, this indicator has declined with an 11.08% reduction in the number of ethnic minorities VSMs.

4. Recruitment and promotion

4.1. When the WRES commenced it was clear that white people were two times more likely to be appointed, following shortlisting. This metric has shifted for the last few years and, in 2020, those from ethnic minorities were significant more likely to be appointed following shortlisting than white individuals. However, in 2021, this trend is reversing, although, at present, those from ethnic minorities are still more likely to be appointed following shortlisting.

4.2. In 2020, 60.55% of those from ethnic minorities were appointed following shortlisting, compared with 24.53% for white individuals. In 2021, 24.37% of those from ethnic minorities were appointed following shortlisting, compared with 17.89% for white individuals.

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



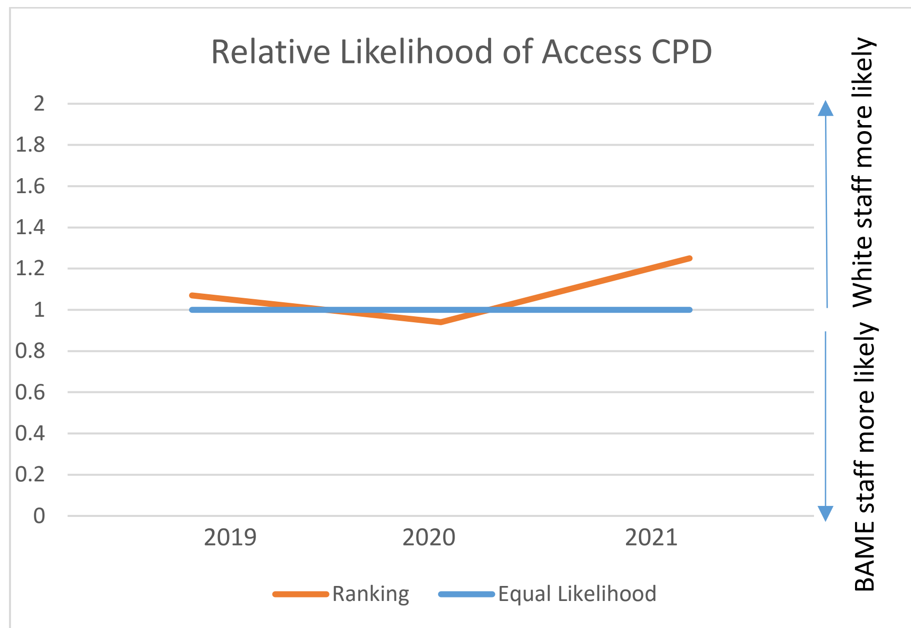
4.4. Whilst the perception of fairness in recruitment and promotion increased in ethnic minorities staff in 2020, this has dropped in 2021.

4.5. Prior to 2017 the Trust had low response rates to the annual survey. Participation has been increasing year on year and 2020 gave the Trust its highest ever participation rate of 63% (up from 60% in 2019). The median response rate for mental health, learning disability and community trusts was 49%.

5. Development

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

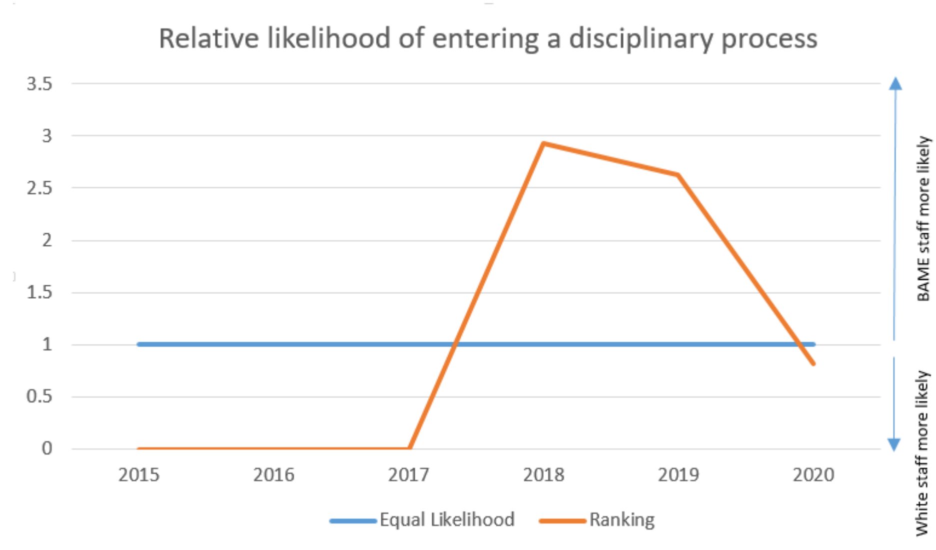
5.2. The chart below provides the data of relative likelihood for ethnic minorities staff access non-mandatory training development during the periods where there is reliable data.



5.3. Whilst ethnic minorities staff were more likely to access CPD in 2020, this metric has reversed significantly in 2021.

6. Likelihood of entering a formal disciplinary

6.1. The likelihood of ethnic minorities staff being involved in a formal disciplinary process. Formal is where a matter is referred to formal investigation because there is initial evidence that suggests misconduct has happened.



6.2. The board will clearly notice that prior to 2017 there were no instances of formal disciplinary action having taken place. This was the case for both white and ethnic minorities staff.

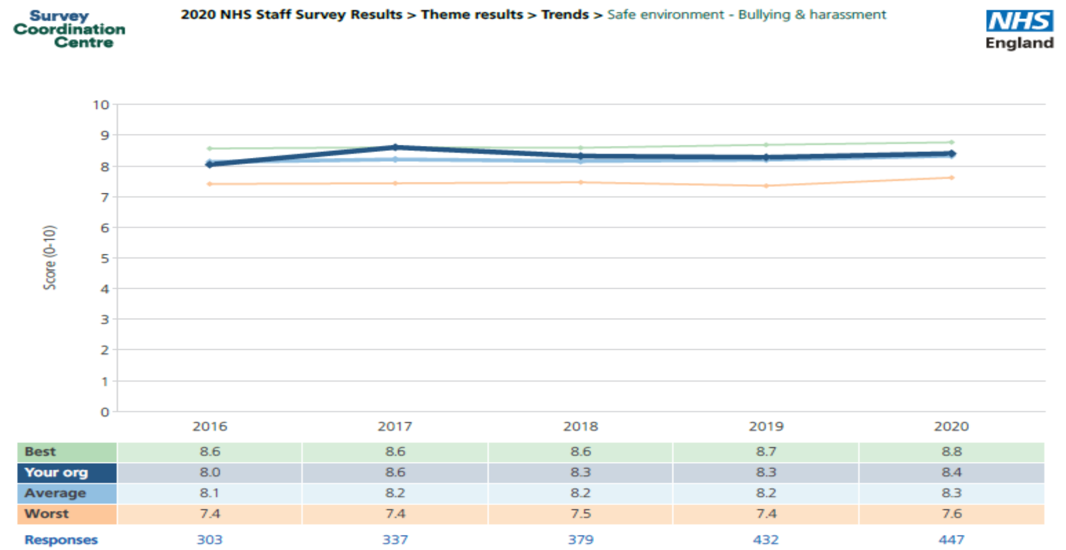
6.3. In 2018 and 2019 there was a very noticeable increase in the likelihood of ethnic minorities staff entering formal disciplinary processes and when this became apparent a case review was undertaken by the director of human resources and

corporate governance, the chair of staff side and the race diversity champion. Through that review it was noted that for all of the conduct cases, the route pursued was for the right reasons.

6.4. In 2020, there was a shift with white staff being more likely to enter a formal disciplinary process than ethnic minorities staff. This trend has continued into 2021, with, at the point of submitting the WRES data, only one white member of staff entering a formal process.

7. Bullying, harassment and discrimination

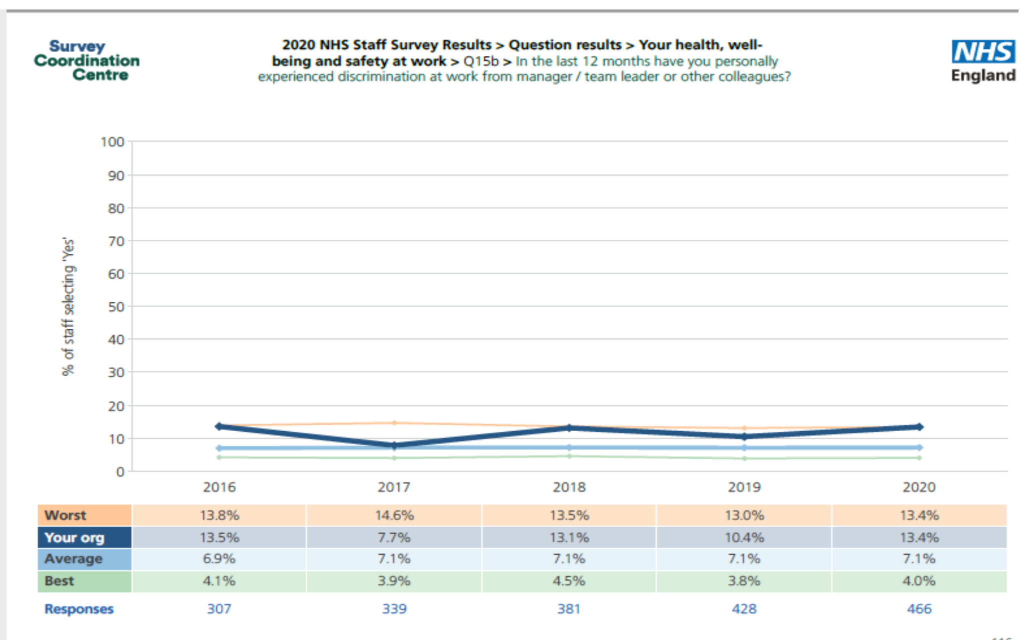
7.1. Bullying and harassment at the Trust is at the average level compared with other NHS organisations and this is not acceptable.



	2016	2017	2018	2019	2020
Best	8.6	8.6	8.6	8.7	8.8
Your org	8.0	8.6	8.3	8.3	8.4
Average	8.1	8.2	8.2	8.2	8.3
Worst	7.4	7.4	7.5	7.4	7.6
Responses	303	337	379	432	447

7.2. Any member of staff experiencing bullying or harassment is not acceptable and will need to be a continuing focus for the Trust in terms of how these issues can be raised and dealt with. The Trust is currently working with staff-side and the freedom to speak up guardian to develop a comprehensive speaking up procedure.

7.3. Lastly, the other indicator that the staff survey focuses on is around the experience of discrimination. The chart below shows the trend since 2016 where the method of recording this data has been consistent.



	2016	2017	2018	2019	2020
Worst	13.8%	14.6%	13.5%	13.0%	13.4%
Your org	13.5%	7.7%	13.1%	10.4%	13.4%
Average	6.9%	7.1%	7.1%	7.1%	7.1%
Best	4.1%	3.9%	4.5%	3.8%	4.0%
Responses	307	339	381	428	466

7.4. What is notable here is that the experience of discrimination within the organisation did decline in 2019 but it is showing signs of going back up.

8. Analysis

8.1. From the data, the key themes are:

- Little has changed in the organisation over the last six years in terms of the statistics and experience.
- The organisation is becoming more diverse, but only for the lowest banded roles.
- Access to continuing professional development for ethnic minorities staff has decreased this year.
- Fairness in recruitment requires significant work if the perception is to be improved.

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

9. Next steps

9.1. The Trust must publish the WRES annual report, metrics report and WRES action plan on the Trust's website by 30 September 2021. This will be done after the Board of Directors has reviewed and discussed this paper.

9.2. WRES actions will be included in the People Plan which is currently being prepared and will include the following:

- Work on de-biasing recruitment utilising the de-biasing recruitment tool which was published recently – this work will be done in conjunction with NCL
- Identifying lessons learned from employee relations issues

- Developing a report (at least quarterly) which will highlight the link between race and the impact of employee relations cases

10. Conclusions and recommendations

10.1. Members of the board of directors are asked to note and discuss this paper, specifically focusing on the messaging from the analysis and to identify the key priorities for the Trust’s race equality strategy and the WRES action plan.

Karen Merchant
Associate Director – HR Business Services

Workforce Race Equality Standards Annual Collection

as at March 2021

For any technical clarification relating to the collection, please contact -
england.wres@nhs.net

For any queries or additional clarification relating to the SDCS and the submission
data.collections@nhs.net

Workforce

Please correct all issues listed within the table below. If th

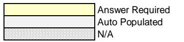
: Race Equality Standards

Validations
e issues are not corrected then the pro forma will fail the validation stage in SDCS.

Trust - Frontsheet

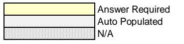
Item 5.1 - WRES 2021 Template

SubmissionTemplate
Workforce Race Equality Standards 2020/21 template



	INDICATOR	DATA ITEM		MEASURE	2020 WHITE	2020 BME	2020 ETHNICITY UNKNOWN/NULL	2021 WHITE	2021 BME	2021 ETHNICITY UNKNOWN/NULL	Notes
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce		**1a) Non Clinical workforce**		**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	
		1	Under Band 1	Headcount	0	0	0	0	0	0	
		2	Band 1	Headcount	0	1	0	0	0	0	
		3	Band 2	Headcount	2	5	0	2	5	0	
		4	Band 3	Headcount	2	4	2	4	5	0	
		5	Band 4	Headcount	24	40	7	25	40	4	
		6	Band 5	Headcount	35	26	11	41	32	6	
		7	Band 6	Headcount	27	17	4	25	20	1	
		8	Band 7	Headcount	19	8	2	21	10	0	
		9	Band 8A	Headcount	18	6	0	27	7	2	
		10	Band 8B	Headcount	7	3	1	10	5	2	
		11	Band 8C	Headcount	9	0	0	13	0	1	
		12	Band 8D	Headcount	4	0	0	2	0	0	
		13	Band 9	Headcount	1	0	0	1	0	0	
		14	VSM	Headcount	11	3	0	23	2	1	
			1b) Clinical workforce of which Non Medical								
		15	Under Band 1	Headcount	0	0	0	0	0	0	
		16	Band 1	Headcount	0	0	0	0	0	0	
		17	Band 2	Headcount	0	0	0	0	0	0	
		18	Band 3	Headcount	0	0	0	0	0	0	
		19	Band 4	Headcount	19	9	0	7	10	0	
		20	Band 5	Headcount	14	8	8	18	10	1	
		21	Band 6	Headcount	55	8	5	58	17	3	
		22	Band 7	Headcount	86	24	6	89	19	5	
		23	Band 8A	Headcount	83	15	5	88	18	7	
		24	Band 8B	Headcount	46	5	3	54	2	0	
		25	Band 8C	Headcount	29	10	4	28	12	1	
		26	Band 8D	Headcount	5	0	0	5	0	0	
		27	Band 9	Headcount	0	0	0	0	0	0	
		28	VSM	Headcount	2	1	0	0	1	0	
			Of which Medical & Dental								
		29	Consultants	Headcount	25	10	7	23	11	4	
		30	*of which Senior medical manager*	Headcount	5	1	0	0	1	0	
		31	Non-consultant career grade	Headcount	3	7	1	4	1	0	
		32	Trainee grades	Headcount	7	6	5	12	8	1	
		33	Other	Headcount	8	3	2	2	0	0	
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount	481	109	46	341	119	27	
		35	Number appointed from shortlisting	Headcount	118	66	13	61	29	10	
		36	Relative likelihood of appointment from shortlisting	Auto calculated	24.53%	60.55%	28.26%	17.89%	24.37%	37.04%	
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	0.41			0.73			
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce	Auto calculated	541	219	73	582	235	39	
		39	Number of staff entering the formal disciplinary process	Headcount	3	1	0	1	0	0	
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.55%	0.46%	0.00%	0.17%	0.00%	0.00%	
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		0.82			0.00		

SubmissionTemplate
Workforce Race Equality Standards 2020/21 template



Answer Required
Auto Populated
N/A

	INDICATOR	DATA ITEM		MEASURE	2020 WHITE	2020 BME	2020 ETHNICITY UNKNOWN/NULL	2021 WHITE	2021 BME	2021 ETHNICITY UNKNOWN/NULL	Notes
4	**Relative likelihood of staff accessing non-mandatory training and CPD**	42	Number of staff in workforce	Auto calculated	541	219	73	582	235	39	
		43	Number of staff accessing non-mandatory training and CPD:	Headcount	297	96	23	74	20	4	
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	54.90%	43.84%	31.51%	12.71%	8.51%	10.26%	
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.25			1.49			
9	**Percentage difference between the organisations' Board voting membership and its overall workforce** **Note: Only voting members of the Board should be included when considering this indicator**	46	Total Board members	Headcount	11	3	0	9	2	1	
		47	*of which: Voting Board members*	Headcount	10	2	0	8	2	1	
		48	*: Non Voting Board members*	Auto calculated	1	1	0	1	0	0	
		49	Total Board members	Auto calculated	11	3	0	9	2	1	
		50	*of which: Exec Board members*	Headcount	6	2	0	5	1	0	
		51	*: Non Executive Board members*	Auto calculated	5	1	0	4	1	1	
		52	Number of staff in overall workforce	Auto calculated	541	219	73	582	235	39	
		53	Total Board members - % by Ethnicity	Auto calculated	78.6%	21.4%	0.0%	75.0%	16.7%	8.3%	
		54	Voting Board Member - % by Ethnicity	Auto calculated	83.3%	16.7%	0.0%	72.7%	18.2%	9.1%	
		55	Non Voting Board Member - % by Ethnicity	Auto calculated	50.0%	50.0%	0.0%	100.0%	0.0%	0.0%	
		56	Executive Board Member - % by Ethnicity	Auto calculated	75.0%	25.0%	0.0%	83.3%	16.7%	0.0%	
		57	Non Executive Board Member - % by Ethnicity	Auto calculated	83.3%	16.7%	0.0%	66.7%	16.7%	16.7%	
		58	Overall workforce - % by Ethnicity	Auto calculated	64.9%	26.3%	8.8%	68.0%	27.5%	4.6%	
		59	Difference (Total Board -Overall workforce)	Auto calculated	13.6%	-4.9%	-8.8%	7.0%	-10.8%	3.8%	

SubmissionTemplate
Workforce Race Equality Standards 2020/21 template

INDICATOR		DATA ITEM		MEASURE	2020 WHITE	2020 BME	2020 ETHNICITY UNKNOWN/NULL	2021 WHITE	2021 BME	2021 ETHNICITY UNKNOWN/NULL	Notes
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce		**1a) Non Clinical workforce**		**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	
		1	Under Band 1	Headcount	OK	OK	OK	OK	OK	OK	
		2	Band 1	Headcount	OK	OK	OK	OK	OK	OK	
		3	Band 2	Headcount	OK	OK	OK	OK	OK	OK	
		4	Band 3	Headcount	OK	OK	OK	OK	OK	OK	
		5	Band 4	Headcount	OK	OK	OK	OK	OK	OK	
		6	Band 5	Headcount	OK	OK	OK	OK	OK	OK	
		7	Band 6	Headcount	OK	OK	OK	OK	OK	OK	
		8	Band 7	Headcount	OK	OK	OK	OK	OK	OK	
		9	Band 8A	Headcount	OK	OK	OK	OK	OK	OK	
		10	Band 8B	Headcount	OK	OK	OK	OK	OK	OK	
		11	Band 8C	Headcount	OK	OK	OK	OK	OK	OK	
		12	Band 8D	Headcount	OK	OK	OK	OK	OK	OK	
		13	Band 9	Headcount	OK	OK	OK	OK	OK	OK	
		14	VSM	Headcount	OK	OK	OK	OK	OK	OK	
			1b) Clinical workforce								
			of which Non Medical								
		15	Under Band 1	Headcount	OK	OK	OK	OK	OK	OK	
		16	Band 1	Headcount	OK	OK	OK	OK	OK	OK	
		17	Band 2	Headcount	OK	OK	OK	OK	OK	OK	
		18	Band 3	Headcount	OK	OK	OK	OK	OK	OK	
		19	Band 4	Headcount	OK	OK	OK	OK	OK	OK	
		20	Band 5	Headcount	OK	OK	OK	OK	OK	OK	
		21	Band 6	Headcount	OK	OK	OK	OK	OK	OK	
		22	Band 7	Headcount	OK	OK	OK	OK	OK	OK	
		23	Band 8A	Headcount	OK	OK	OK	OK	OK	OK	
		24	Band 8B	Headcount	OK	OK	OK	OK	OK	OK	
		25	Band 8C	Headcount	OK	OK	OK	OK	OK	OK	
		26	Band 8D	Headcount	OK	OK	OK	OK	OK	OK	
		27	Band 9	Headcount	OK	OK	OK	OK	OK	OK	
		28	VSM	Headcount	OK	OK	OK	OK	OK	OK	
			Of which Medical & Dental								
		29	Consultants	Headcount	OK	OK	OK	OK	OK	OK	
		30	*of which Senior medical manager*	Headcount							
		31	Non-consultant career grade	Headcount	OK	OK	OK	OK	OK	OK	
		32	Trainee grades	Headcount	OK	OK	OK	OK	OK	OK	
		33	Other	Headcount	OK	OK	OK	OK	OK	OK	
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants:	Headcount	OK	OK	OK	OK	OK	OK	
		35	Number appointed from shortlisting:	Headcount	OK	OK	OK	OK	OK	OK	
		36	Relative likelihood of shortlisting/appointed:	Auto calculated							
		37	**Relative likelihood of White staff being appointed from shortlisting compared to BME staff:**	Auto calculated							
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce:	Headcount	OK	OK	OK	OK	OK	OK	
		39	Number of staff entering the formal disciplinary process:	Headcount	OK	OK	OK	OK	OK	OK	
		40	Likelihood of staff entering the formal disciplinary process:	Auto calculated							
		41	**Relative likelihood of BME staff entering the formal disciplinary process compared to White staff:**	Auto calculated							

SubmissionTemplate

Workforce Race Equality Standards 2020/21 template

INDICATOR		DATA ITEM		MEASURE	2020			2021			Notes
					WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL	
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce:	Headcount	OK	OK	OK	OK	OK	OK	
		43	Number of staff accessing non-mandatory training and CPD:	Headcount	OK	OK	OK	OK	OK	OK	
		44	Likelihood of staff accessing non-mandatory training and CPD:	Auto calculated							
		45	**Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff:**	Auto calculated							
9	Percentage difference between the organisations' Board voting membership and its overall workforce	46	Total Board members	Headcount	OK	OK	OK	OK	OK	OK	
		47	*of which: Voting Board members*	Headcount	OK	OK	OK	OK	OK	OK	
		48	*: Non Voting Board members*	Autocalculated							
		49	Total Board members	Headcount	OK	OK	OK	OK	OK	OK	
		50	*of which: Exec Board members*	Headcount	OK	OK	OK	OK	OK	OK	
		51	*: Non Executive Board members*	Autocalculated							
		52	Number of staff in overall workforce	Headcount	OK	OK	OK	OK	OK	OK	
		53	**Total Board members - % by Ethnicity**	Auto calculated							
		54	**Voting Board Member - % by Ethnicity**	Auto calculated							
		55	**Non Voting Board Member - % by Ethnicity**	Auto calculated							
		56	**Executive Board Member - % by Ethnicity**	Auto calculated							
		57	**Non Executive Board Member - % by Ethnicity**	Auto calculated							
		58	**Overall workforce - % by Ethnicity**	Auto calculated							
		59	**Difference (Total Board -Overall workforce)**	Auto calculated							

Report to	Date
Board of Directors	28 September 2021

Workforce Disability Equality Standard

Executive Summary

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

The report identifies that:

- Little has changed in the organisation over the last three years in terms of statistics and experience.
- Fairness in recruitment requires significant work if the perception is to be improved.
- Reasonable adjustments for disabled staff requires significant work to recover lost ground in relation to this metric.

Recommendation to the Board

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

Trust strategic objectives supported by this paper

People

Author	Responsible Executive Director
Associate Director – HR Business Services	Interim Director of Human Resource

Workforce Disability Equality Standard

1. Introduction

1.1. In 2019 NHS England introduced the workforce disability equality standard (WDES) to demonstrate to organisations the differences in composition and experience of staff identifying as disabled compared to those identifying as non-disabled.

1.2. This report provides the data for the most recent WDES submission and sets out the trends over the last three years.

1.3. Given the Trust's small size, minor shifts in data can significantly change the position on diversity issues. Therefore, it is more important to review trends, rather than specific numbers.

1.4. During 2020, a significant amount of work was done by the HR team to ensure that disability data was accurately recorded for all employees. The 2021 census being carried out as part of the strategic review will contribute to this for future WDES reporting. This does however mean that some changes in this report can be attributed to data cleansing, rather than a physical shift in staffing profile.

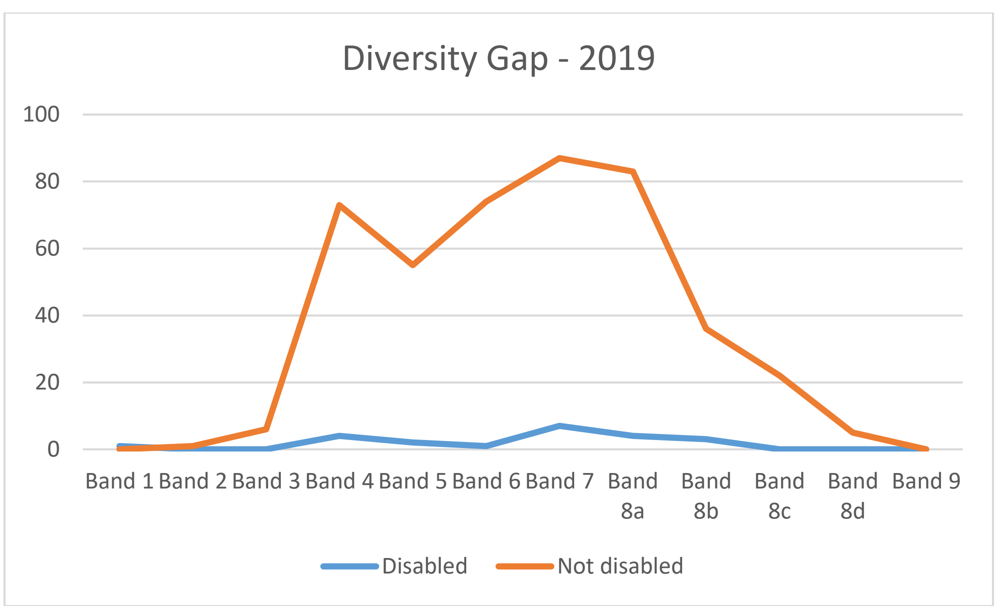
2. Understanding the diversity gaps

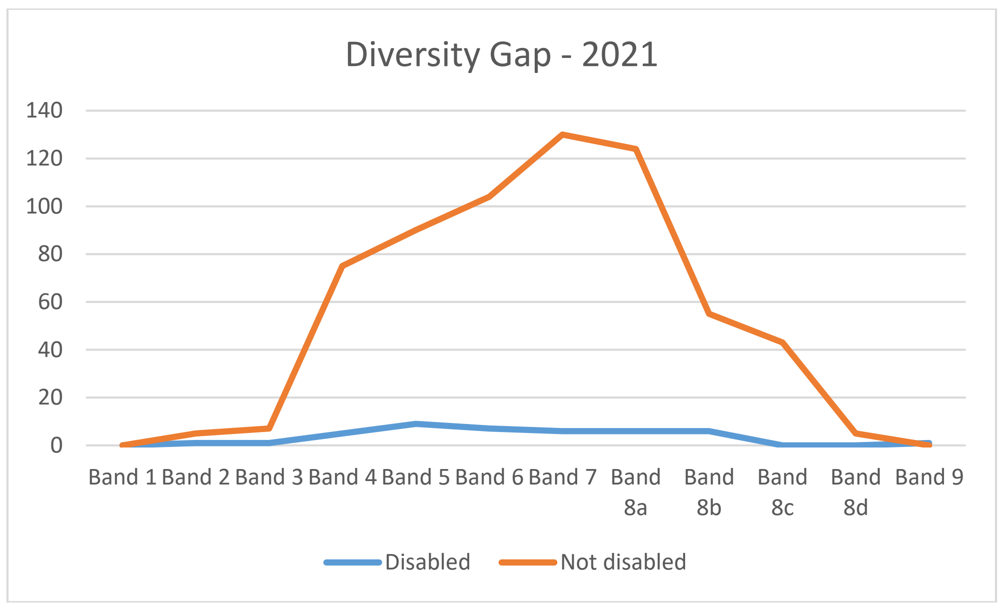
2.1. Between 2019 and 2021 there has been an increase in diversity as a whole. Since 2019, the disabled workforce has increased by 1.98%, with an increase of 1.82% between 2020 and 2021. However, see note 1.4 above.

	2019	2020	2021*
Disabled workforce	3.13%	3.29%	5.11%
Non-disabled workforce	61.54%	69.02%	81.61%

*The remaining 13.28% accounts for those staff for whom there is no disability status recorded (either staff have chosen not to provide details of their disability status or, historically, this has not been recorded.)

2.2. The following charts set out headcount distribution of diversity by pay band when the WDES commenced in 2019 and in 2021.





2.3. There has been little change in the diversity gap between 2019 and 2021, although the position for band 4 and band 8D disabled staff has worsened in this period.

3. Diversity within the executive team and board of directors

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

	2020	2021
Disabled VSMs	14.28%	14.28%

Non-disabled VSMs	28.57%	85.71%

3.2. There has been no movement in relation to disabled VSMs between 2020 and 2021.

4. Recruitment and promotion

4.1. In the WDES metric on the relative likelihood that disabled applicants are appointed from shortlisting as compared to non-disabled applicants, there has been a positive shift. A figure below 1:00 indicates that disabled applicants are more likely than non-disabled applicants to be appointed from shortlisting. In 2020, this figure was 1:03. In 2021, this has improved to 0:82.

4.2. One of the other indicators surrounding recruitment is the perception about whether the organisation's recruitment and selection processes are fair. In data from the Trust's 2020 NHS staff survey, only 41% of disabled staff perceived that the processes were fair compared to 56% of non-disabled staff.

4.3. Prior to 2017 the Trust had low response rates to the annual survey. Participation has been increasing year on year and 2020 gave the Trust its highest ever participation rate of 63% (up from 60% in 2019). The median response rate for mental health, learning disability and community trusts was 49%.

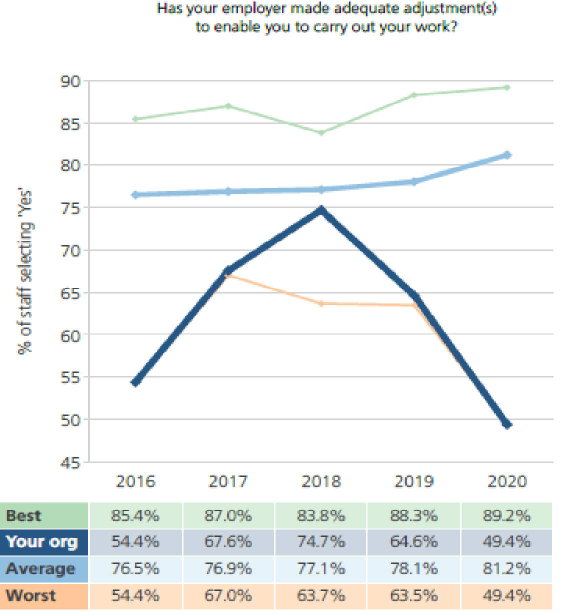
5. Likelihood of entering a formal capability process

5.1. The likelihood of disabled staff being involved in a formal capability process is the same as non-disabled staff. Between 1 April 2020 and 31 March 2021, no Trust staff entered a formal capability process.

6. Reasonable adjustments

In the NHS staff survey, there is one metric which specifically relates to disabled staff (Q26b: Disability: my organisation made adequate adjustment(s) to enable me to carry out work).

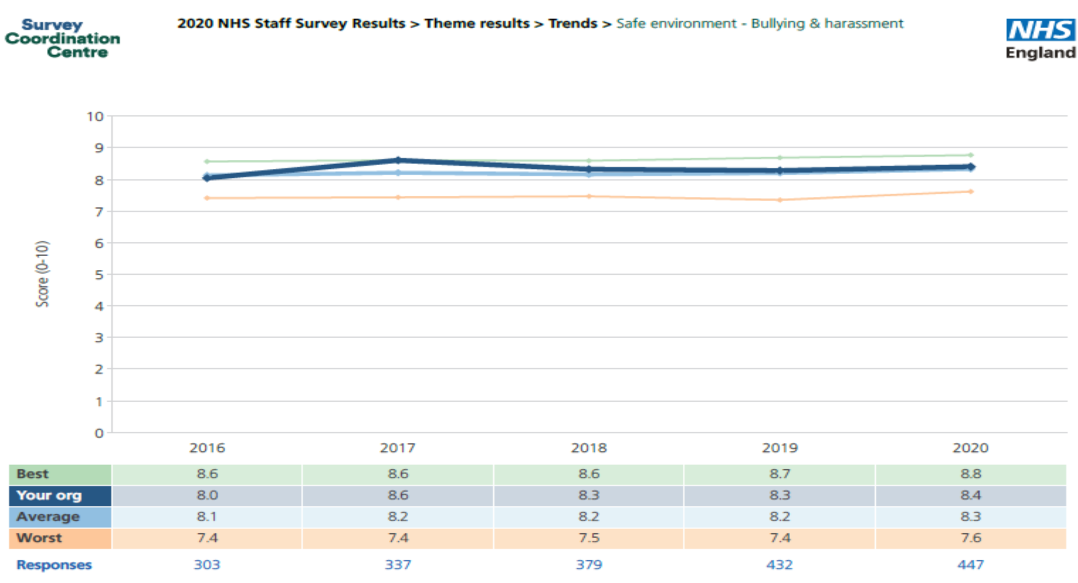
Whilst the Trust had previously had a good response to this question, this declined in 2019 and further declined in 2020, with the position now being worse than in 2016. This is particularly disappointing, given the many adjustments that were made throughout 2020 to account for different ways of working due to the Covid pandemic. Through the Trust's disability and long-term health conditions staff network, there was evidence that where disabled staff had to work from home, there were occasions of reluctance to provide the equipment required to allow disabled staff to work safely from home. This may have contributed to the poor response to this question in the 2020 NHS staff survey.



	2016	2017	2018	2019	2020
Best	85.4%	87.0%	83.8%	88.3%	89.2%
Your org	54.4%	67.6%	74.7%	64.6%	49.4%
Average	76.5%	76.9%	77.1%	78.1%	81.2%
Worst	54.4%	67.0%	63.7%	63.5%	49.4%

7. Bullying, harassment and discrimination

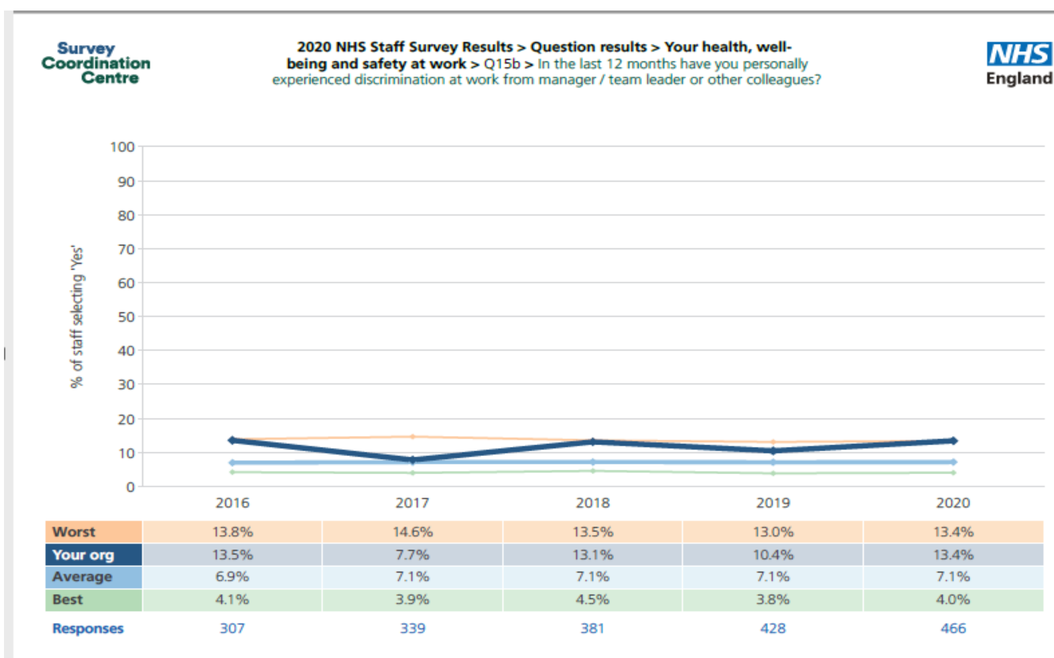
7.1. Bullying and harassment at the Trust is at the average level compared with other NHS organisations and this is not acceptable.



	2016	2017	2018	2019	2020
Best	8.6	8.6	8.6	8.7	8.8
Your org	8.0	8.6	8.3	8.3	8.4
Average	8.1	8.2	8.2	8.2	8.3
Worst	7.4	7.4	7.5	7.4	7.6
Responses	303	337	379	432	447

7.2. Any member of staff experiencing bullying or harassment is not acceptable and will need to be a continuing focus for the Trust in terms of how these issues can be raised and dealt with. The Trust is currently working with staff-side and the freedom to speak up guardian to develop a comprehensive speaking up procedure.

7.3. Lastly, the other indicator that the staff survey focuses on is around the experience of discrimination. The chart below shows the trend since 2016 where the method of recording this data has been consistent.



	2016	2017	2018	2019	2020
Worst	13.8%	14.6%	13.5%	13.0%	13.4%
Your org	13.5%	7.7%	13.1%	10.4%	13.4%
Average	6.9%	7.1%	7.1%	7.1%	7.1%
Best	4.1%	3.9%	4.5%	3.8%	4.0%
Responses	307	339	381	428	466

7.4. What is notable here is that the experience of discrimination within the organisation did decline in 2019, but it is showing signs of going back up.

8. Developments

8.1. In February 2021, the Trust established a disability and long-term health conditions staff network, which now sits alongside the race equality staff network and LGBTQI+ staff network, to support staff. This network meets monthly and has in the region of 30 members.

9. Analysis

9.1. From the data, the key themes are:

- Little has changed in the organisation over the last three years in terms of the statistics and experience.
- Fairness in recruitment requires significant work if the perception is to be improved.
- Reasonable adjustments for disabled staff requires significant work to recover lost ground in relation to this metric.

9.2. The above messages are a further call for the board and every individual within the organisation to act to address the issues.

10. Next steps

10.1. The Trust must publish the WDES annual report, metrics report and WRES action plan on the Trust's website by 31 October 2021. This will be done after the Board of Directors has reviewed and discussed this paper.

10.2. WDES actions will be included in the People Plan which is currently being prepared and will include the following:

- Working towards becoming a Disability Confident employer
- Through the disability and long-term health conditions staff network, develop a disability equality strategy
- Identifying lessons learned from employee relations issues
- Developing a report (at least quarterly) which will highlight the link between race and the impact of employee relations cases
- Developing a reasonable adjustments procedure

11. Conclusions and recommendations

11.1. Members of the board of directors are asked to note and discuss this paper, specifically focusing on the messaging from the analysis and to identify the key priorities for the Trust's disability equality strategy and the WDES action plan.

Karen Merchant
Associate Director – HR Business Services

Workforce Disability Equality St
Annual Collection for NHS trust

July and August 2021

This spreadsheet is an optional way to collate information before it is entered into the Dat
The DCF is a new system to record all data needed for the WDES, and this is how data must
Please refer to the **Technical Guidance Document** before filling this in.

For any queries relating to the WDES data, please contact: england.wc

	Data that is mandatory in the DCF - to be populated by each organisation. (Ente
	Optional - Populated by Organisation
	Auto-Calculated
	No data required

tandard
s and NHS Foundation trusts

ta Collection Framework (DCF) system.
be entered.

les-datahelpdesk@nhs.net

er a value of '0' if value is unknown or blank.)

This spreadsheet is designed to capture dat

Data should be recorded in the yell
Green cells are automatically ca

Metric	Indicator
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

2	**Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.** Note: i) This refers to both external and internal posts. ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES Online Survey to ensure comparability between organisations.
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.** Note: This Metric will be based on data from a two-year rolling average of the current year and the previous year (April 2019 to March 2020 and April 2020 to March 2021).
	Please note, metrics 4 to 9a are sourced **The follow section is therefore included**
	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: **i. Patients/service users, their relatives or other members of the public**

4	**public** **ii. Managers** **iii. Other colleagues** **b) 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. The data for this Metric should be a snapshot as at 31 March 2020.**
5	**Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.**
6	**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.**
7	**Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.**
8	**Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**
9	**a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation**
9b	**b) Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)** Note: For your response to b): If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples can be found in the WDES 2019 Annual Report.
10	**Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:** • By Voting membership of the Board • By Executive membership of the Board This is a snapshot as of at 31st March 2020.

WDES Data Collecti

Data for 2021 needs to be entered into the
a so it can be used as a template to enter the information into the DCF, and

ow cells which turn white when filled.
alculated. Blue cells are for notes.

	Measure
1a) Non Clinical Staff	
Under Band 1	Headcount
Bands 1	Headcount
Bands 2	Headcount
Bands 3	Headcount
Bands 4	Headcount
Bands 5	Headcount
Bands 6	Headcount
Bands 7	Headcount
Bands 8a	Headcount
Bands 8b	Headcount
Bands 8c	Headcount
Bands 8d	Headcount
Bands 9	Headcount
VSM	Headcount
Other (e.g. Bank or Agency) Please specify in notes.	Headcount
Cluster 1: AfC Bands <1 to 4	Auto-Calculated
Cluster 2: AfC bands 5 to 7	Auto-Calculated
Cluster 3: AfC bands 8a and 8b	Auto-Calculated
Cluster 4: AfC bands 8c to VSM	Auto-Calculated
Total Non-Clinical	Auto-Calculated
1b) Clinical Staff	
Under Band 1	Headcount
Bands 1	Headcount
Bands 2	Headcount
Bands 3	Headcount
Bands 4	Headcount
Bands 5	Headcount
Bands 6	Headcount

Bands 7	Headcount
Bands 8a	Headcount
Bands 8b	Headcount
Bands 8c	Headcount
Bands 8d	Headcount
Bands 9	Headcount
VSM	Headcount
Other (e.g. Bank or Agency) Please specify in notes.	Headcount
Cluster 1: AfC Bands <1 to 4	Auto-Calculated
Cluster 2: AfC bands 5 to 7	Auto-Calculated
Cluster 3: AfC bands 8a and 8b	Auto-Calculated
Cluster 4: AfC bands 8c to VSM	Auto-Calculated
Total Non-Clinical	Auto-Calculated
Medical & Dental Staff, Consultants	Headcount
Medical & Dental Staff, Non-Consultants career grade	Headcount
Medical & Dental Staff, Medical and dental trainee grades	Headcount
Total Medical and Dental	Auto-Calculated
Number of staff in workforce	Auto-Calculated
Number of shortlisted applicants	Headcount
Number appointed from shortlisting	Headcount
Likelihood of shortlisting/appointed	Auto-Calculated
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	Auto-Calculated
Average number of staff entering the formal capability process over the last 2 years. (i.e. Total divided by 2.)	Headcount
Likelihood of staff entering the formal capability process	Auto-Calculated
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto-Calculated

d from the NHS Staff Survey. The WDES team can a
for any trust that wants to have all the information

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

% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Percentage
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Percentage
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Percentage
% of staff believing that their organisation 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
% staff saying that they are satisfied with the extent to which their organisation values their work.	Percentage
% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Percentage
The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	Score
Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no)	(yes) or (no)
Total Board members	Headcount
of which: Voting Board members	Headcount
: Non Voting Board members	Auto-Calculated
of which: Exec Board members	Headcount
: Non Executive Board members	Auto-Calculated
Difference (Total Board - Overall workforce)	Auto-Calculated
Difference (Voting membership - Overall Workforce)	Auto-Calculated
Difference (Executive membership - Overall Workforce)	Auto-Calculated

ion 2021 Template

Data Collection Framework (DCF) system.
d to use subtotals and totals to ensure the data has been entered correctly. (T

Snapshot of data as at 31st MARCH 2021					
Disabled staff		Non-disabled staff		Disability Unknown or Null	
# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null
0	0.0%	0	0.0%	0	0.0%
0	0.0%	0	0.0%	0	0.0%
1	14.3%	5	71.4%	1	14.3%
1	11.1%	7	77.8%	1	11.1%
5	7.2%	59	85.5%	5	7.2%
7	8.9%	64	81.0%	8	10.1%
2	4.3%	43	93.5%	1	2.2%
1	3.2%	27	87.1%	3	9.7%
0	0.0%	31	88.6%	4	11.4%
4	28.6%	7	50.0%	3	21.4%
0	0.0%	12	85.7%	2	14.3%
0	0.0%	2	100.0%	0	0.0%
1	50.0%	0	0.0%	1	50.0%
1	14.3%	6	85.7%	0	0.0%
1	8.3%	9	75.0%	2	16.7%
7	8.2%	71	83.5%	7	8.2%
10	6.4%	134	85.9%	12	7.7%
4	8.2%	38	77.6%	7	14.3%
2	8.0%	20	80.0%	3	12.0%
24	7.3%	272	83.2%	31	9.5%
0		0		0	
0		0		0	
0		0		0	
0		0		0	
0	0.00%	16	94.12%	1	5.88%
2	6.90%	26	89.66%	1	3.45%
5	6.41%	61	78.21%	12	15.38%

5	4.46%	103	91.96%	4	3.57%
6	5.61%	93	86.92%	8	7.48%
2	3.77%	48	90.57%	3	5.66%
0	0.00%	31	77.50%	9	22.50%
0	0.00%	3	60.00%	2	40.00%
0		0		0	
0		0		0	
0	0.0%	15	31.3%	33	68.8%
0	0.0%	16	94.1%	1	5.9%
12	5.5%	190	86.8%	17	7.8%
8	5.0%	141	88.1%	11	6.9%
0	0.0%	34	75.6%	11	24.4%
20	4.1%	396	81.0%	73	14.9%
1	2.63%	32	84.21%	5	13.16%
0	0.00%	6	100.00%	0	0.00%
0	0.00%	13	61.90%	8	38.10%
1	1.54%	51	78.46%	13	20.00%
45	5.11%	719	81.61%	117	13.28%
31		357		99	
9		85		6	
0.29		0.24		0.06	
0.82					
0		0		0	
0.00		0.00		0.00	
#DIV/0!					

ccess this information directly, so are not asking tru
stored in one place.

Yes					
0	0.00%	0	0.00%	12	100.00%
0	0.00%	0	0.00%	11	100.00%
0	0.00%	0	0.00%	1	100.00%
0	0.00%	0	0.00%	6	100.00%
0	0.00%	0	0.00%	6	100.00%
	-5%		-82%		87%
	-5%		-82%		87%
	-5%		-82%		87%

his has been requested by some trusts.)

Overall	
Total	Notes
0	
0	
7	
9	
69	
79	
46	
31	
35	
14	
14	
2	
2	
7	
12	Staff on local pay bands (eg teachers, spot salaries)
85	
156	
49	
25	
327	
0	
0	
0	
0	
17	
29	
78	

112	
107	
53	
40	
5	
0	
0	
48	Staff on local pay bands (eg teachers, spot salaries)
17	
219	
160	
45	
489	
38	
6	
21	
65	
881	
	A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.
	A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.

sts to submit this data separately in 2021.

	Disability and long-term health conditions staff network established in February 2021
12	
11	
1	
6	
6	

Data Errors
This column will highlight potential problems with the data

Report to	Board of Directors
Report from	Equality, Diversity and Inclusion Committee – 8 July 2021

Key items to note

The committee met and had good attendance at this meeting.

As part of the agenda the following items are highlights for the board of directors:

Chair's Report

Dinesh Bhugra advised that he is on the race and health observatories academic reference group, established by Simon Stephens which looks collectively at information and research on race and health inequalities.

AFS

Tim Kent reported he is picking up on working with individuals who identify as trans and is a trustee of the British Psychoanalytic Council which has a new CEO and some new members.

Tim reported the above have put more time and effort into working on equalities and diversity issues so Tim will meet with them to have talks on revising guidance and practices working with individuals who identify as trans which is quite significant in a psychoanalytic organisation as there have been significantly unhelpful and divisive influences.

CYAF

Dinesh Bhugra noted that the committee needs to look both staff and patients facing challenges with long Covid.

Intisar Abdul reported on her recent work on ethnic diversity projects with a group of young families who utilise Zoom. Intisar has identified feedback on their Zoom experiences, sharing the learning with Camden Councils and young people. Dinesh mentioned that his conversations with older psychotherapists stated that they could not demonstrate or share empathy on Zoom whereas younger therapists can, so it will be interesting to see where Intisar's research can help.

DET

In Paul Dugmore's absence, Dinesh Bhugra mentioned Paul's report showing that bursaries and much needed mentoring have been set up.

Race equality network

Ian Tegerdine reported that the race equality network champion role is currently vacant. This role will be identified shortly.

Irene Henderson reported that it is crucial to factor time into the network to ensure that it keeps going.

Irene reported that the allies group now has 98 members are handed. The group has identified that they cannot do all the work required of them without some form of support, either financial or time.

Ian reported that health inequality will form part of Irene Henderson's of Irene's new role as Associate Director – EDI.

LGBTQI+ staff network

Ian Tegerdine reported that the LGBTQI+ champion role is currently vacant. This role will be advertised shortly.

Disability and long-term health conditions staff network

This network continues to meet on a monthly basis and the proposed disability strategy is being kept as a standing item on the agenda.

Lisa Tucker reported that there is a need to have a disability assessment of all buildings to identify any changes required.

Lisa reported that she is in talks regarding obtaining a room on the ground floor for patients with physical disabilities to reduce the need for them to go up to the 4th floor.

Actions required of the Board of Directors

None

Report from	Prof Dinesh Bhugra, Committee Chair
Report author	Karen Merchant, Associate Director – HR Business Services
Date of next meeting	8 September 2021

AGENDA

BOARD OF DIRECTORS – PART ONE
MEETING HELD IN PUBLIC
TUESDAY, 28th SEPTEMBER 2021, 2.00pm – 4.00pm
A MEETING HELD ONLINE

		Presenter	Timing	Paper No
1. Administrative Matters				
1.1	Chair's opening remarks and apologies	Chair	2.00pm	Verbal
1.2	Board members' declarations of interests	Chair		Verbal
1.3	Minutes of the meeting held on 27 July 2021	Chair		1
1.4	Action log and matters arising	Chair		Verbal
2. Operational Items				
2.1	Chair and Non-Executives' Reports	Chair and Non-Executive Directors	2.10pm	Verbal
2.2	Chief Executive's Report	Chief Executive	2.20pm	2
2.3	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.30pm	3
3. Items for discussion				
3.1	GIDS current developments - Transformation Programme	Chief Executive Divisional Director Gender Services	2.40pm	4
3.2	Safeguarding Review	Chief Executive	2.55pm	5
4. Items for approval				
4.1	Race External Review and Trust Response	Chief Executive Interim Director of Human Resources	3.10pm	6
5. Items for noting				
5.1	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)	Interim Director of Human Resources	3.30pm	7
6. Board Committee Reports				
6.1	Equality, Diversity & Inclusion Committee	Committee Chair	3.45pm	8
6.2	Integrated Governance Committee	Committee Chair	3.50pm	Verbal

7. Any other matters				
7.1	Any other business	All	3.55pm	
8. Date of Next Meeting				
	30th November 2021, 2.00pm – 4.00pm			