NHS

The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part One

Agenda and papers of a meeting to be held in public

Thursday, 9th December 2021

For timings please refer to the agenda

Meeting held online

COUNCIL OF GOVERNORS – PART ONE
MEETING HELD ON
09 DECEMBER 2021, 2.00pm – 4.15pm
The Tavistock and Portman NHS Foundation Trust
Online via Zoom

AGENDA

		Presenter	Timing	Paper No
1 Administrative Matters				
1.2	Chair's opening remarks and apologies (apologies: Kathy Elliott)	Chair	2.00pm	
1.3	Council members' declarations of interests	Chair		
1.4	Draft minutes of the meeting held on 9 September 2021	Chair		1
1.5	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Report	Chair	2.20pm	Verbal
2.3	Chief Executive's Report	Chief Executive	2.30pm	2
2.4	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.45pm	3
3 Items for discussion				
3.1	Strategic Review Update	Chief Executive	2.55pm	4
3.5	Race Equality – next steps	Interim HR Director Ian Tegerdine	3.25pm	5
4 Any other matters				
4.1	Any other business	Council Members	3.40pm	Verbal
4.2	Questions from the Public	Public	4.00pm	Verbal
5 Date of Next Meeting				
	Thursday, 10 March 2022 – Meeting timings and venue to be confirmed			

Council of Governors Meeting Minutes (Part 1)
9th September 2021, 2.00pm – 4.25pm
Meeting held online via Zoom.

Present:			
Prof Paul Burstow Trust Chair	Maz Afridi Governor - Public	Jessica d'Anglin Christian Governor - Staff	Kathy Elliott Governor- Stakeholder
Noel Hess Governor – Public	Badri Houshidar Governor – Staff	Freda McEwen Governor - Public	Richard Murray Governor - Public
Juliet Singer Governor – Public	George Wilkinson Governor – Public	Kimberley Wilson Governor - Public	
Attendees:			
Reena Bass Executive Assistant (notes)	Sarah Boulton Governance Review Consultant observing	Emily Buttrum Consultant (item 3.1)	Dinesh Bhugra Non-Executive Director
Udey Chowdhury Director of Financial Operations (item 2.4)	Debbie Colson Non-Executive Director	Fiona Fernandes Business Manager Corporate Governance	Paul Jenkins Chief Executive
Terry Noys Deputy Chief Executive	Moosa Patel Governance Review Consultant observing	Helen Robinson Interim Director of Corporate Governance	
Apologies:			
Salma Asokomhe, Governor; John Carrier, Governor; , Terry Noys, Director of Finance; David O'Mahony, Stakeholder Governor; Jane Perry, Stakeholder Governor and Simon Yu Tan, Governor,			

Actions

AP	Item	Action to be taken	Resp	By
1	C/F	Strategic Review to be a standing item on the agenda	FF	Asap
2	2.1.2	Arrange a Joint meeting of the Board of Directors and Council of Governors on the North Central London/Integrated Care System collaborative	FF	When feasible

1.   Administrative Matters

1.1.   Welcome and Apologies

1.1.1.   Prof.Burstow welcomed all of those in attendance.

1.1.2.   Apologies were noted as above.

1.2.   Declarations of Interest

1.2.1.   There were no declarations of interest for matters covered by the agenda.

1.3. **Minutes of the Previous Meeting**

1.3.1. The draft minutes were agreed as an accurate and true record subject to minor amendments.

1.4. **Action Log and Matters Arising Not Covered by the Agenda**

1.4.1. All actions points were noted as complete apart from AP2. Prof Burstow explained that this is an area that is rapidly developing and changing, hence it is a challenge to give an up to date current briefing. Carried over to next meeting.

2. **Operational Matters**

2.1. **Governors' Feedback**

2.1.1. Mr Wilkinson noted Council members' involvement with the NED recruitment process at the Trust.

2.2. **Chair's Report**

2.2.1. Prof. Burstow presented his verbal report to the Governors, highlighting the following:-
- Mr Patel and Ms Boulton were in attendance conducting the independent Governance Review.
- The governance review is ongoing to directly aid the Strategic Review and ensure Governance aligns with the changes of the review
- His attendance the North Central London (NCL) Integrated Care System (ICS) partnership boards and is keeping the Trust and Council apprised regarding any relevant changes.
- The Strategic Review continues to take place with Board involvement. Mr Jenkins and Miss Stacey would give a more detailed update later in the meeting.
- The completion of the Race Equality Review. With detailed action plans being formulated track and action for the future. Mr Jenkins will also report on this later in the meeting.
- The NED recruitment taking place next week.
- Governor Mr Tan's consistent absence from the Council. Mr Tan has been communicated with and has now become non responsive. Prof Burstow has taken extensive guidance on this matter and has proffered articles 15.3.1 and 15.4 of the constitution for the basis of serving notice on Mr Tan with regret and gratitude for his service.

2.2.2. The Council concurred that the appropriate action for Mr Tan by way of a show of hands and or in putting into the chat function of Zoom.

2.2.3. Mr Murray noted the provision of email for Governors. Prof Burstow responded he would raise this with Miss Robinson and Board as this was a facility extended to Mr Tan to aid attendance at the Council. Mr Burstow noted security concerns in furnishing Governors with a Tavistock email. Mr Burstow noted this could be regulated by a code of conduct for Tavistock email accounts.

2.2.4. The Council of Governors agreed and unanimously voted that Mr Tan should be removed from the Council under the constitution articles 15.3.1 and 15.4.and noted the verbal report.

2.3. **Chief Executive's Report**

2.3.1. Mr Jenkins introduced his report and highlighted:-

2.3.2. **Governance Review.** Mr Patel summarised what the Developmental review entails. Mr Patels colleagues will be attending various internal Trust meetings to feed into the review. The review is divided into four sections, observational, board interviews, stakeholder interviews, interviews with service users, students and governors. Final report due at the end of Oct with recommendations. Race Equality Review and Strategic Review will be reflected into the report. Mr Hess questioned the cost of the review, Mr Patel reverted the cost as £29,700 +VAT. Mr Jenkins noted clinical and DET integration into Governance differs. Review to be brought back to the Council in December.

2.3.3. **Covid update:** Mr Jenkins noted gradual increase in numbers to the building. Face to face teaching not returning until next term Mr Jenkins noted nearly 90% staff being vaccinated with Covid 19. Mr Jenkins noted two further rounds of vaccinated this Autumn/Winter, the Flu and Covid booster (a requirement for NHS staff) he also noted operational challenges as not an acute Trust though the Trust does employ some nurses.

2.3.4. Extensive work around the GIDS transformation program ongoing. Mr Jenkins noted CQC likely hold another quality summit during Autumn (end of Oct). Externally the Judicial Review appeal judgement is expected shortly. Published verdict will be relayed to Governors. Mr Jenkins noted The Cass review ongoing. Report not expected until 2022 though an interim report is expected. Miss Cass is in dialogue with the Trust regarding the ongoing findings of her report.

2.3.5. Mr Jenkins gave a further update on Gender law changes around consent for under 16 year olds. On the back of this, an Independent review group, which consists of a multidisciplinary team, will be in place to review GIDS patients requiring endocrine treatment. Mr Jenkins noted that the Trusts processes around GIDS cases would align with the panels decision making expectations.

2.3.6. Mr Jenkins noted the demand on the GIDS service and the stress put on the system due to a significant increase in numbers. NHS/E announced seven national teams for GIDS patients who will be the gateway for referral into the service. Timing/operation of this is unclear though in the process of being commissioned in the Autumn/Winter with view to be up and running in early 2022. In addition, primary care referrals to GIDS will run through a national referral service, this will also aid in alleviating the demand on the service.

2.3.7. Mr Jenkins addressed earlier questions around detransitional patients (Juliet?). Mr Jenkins referred to the Judicial Review and how this will frame GIDS service delivery. With reference to de transitioners with both children and adults Mr Jenkins noted that this can mean a number of things, in terms of social detransition for example and not necessarily refers to treatment regret/remorse. Mr Jenkins noted that research around this subject area is ongoing with clinical interests prevalent at the Trust.

2.3.8. Mr Hess asked Mr Jenkins for clarification around GIDS referral service. Noting that it would run nationally in a similar fashion and in line with other services around the country.

2.3.9. Ms Elliot noted the vaccination rate of 90% at the Trust is a formidable achievement and if lessoned where learned from initiating the Covid vaccination programme. Mr Jenkins noted that the energy around promoting the vaccination programme needed to be increased to gain an improved vaccination rate. Mr Jenkins also noted working alongside other Trusts aided with access for staff. Miss Elliot asked for the Trusts view on mandatory vaccinations. Mr Jenkins noted that all NHS staff are expected to have a Covid 19 booster though it is not mandatory. Mr Jenkins asked Prof Bhugra to comment. Prof Bhugra added that the ambivalence of the younger generation is concerning. Prof Bhugra noted that the Trusts uptake by ethnic groups is better than other Trusts and suggested that persistence is key.

2.3.10. The Council of Governors noted the report.

2.4. **Finance and Performance**

2.4.1.   Mr Chowdhury gave a brief update on behalf of Mr Noys.

2.4.2.   Since July the Trust is slightly behind based on last year's spend.

2.4.3.   Mr Chowdhury noted extra spending on instigating changes raised by the CQC as well as other legal costs that would be effecting the finances of the Trust this year.

2.4.4.   Mr Chowdhury noted that the Trust is due to receive £1.9m in top up funding till the end of December. He noted that due to wider NHS budgetary uncertainties, the budget is a work in progress until the end of the financial year.

2.4.5.   The Council of Governors noted the report.

3. **Items for discussion**

3.1 **Strategic Review**

3.1.1   Ms Stacey joined Mr Jenkins in presenting this report.

3.1.2   Mr Jenkins noted an immense amount has occurred during the summer period. He noted that due to the level of detail required before formal consultation, the Strategic Review has been extended by 3 months into the New Year.

3.1.3   Mr Jenkins noted some level of detail will be shared with Trust staff in the forthcoming weeks.

3.1.4   Prof Burstow and Mr Jenkins have kept the ICS informed. They noted that the ICS support the Trusts undertaking of the Review.

3.1.5   Mr Jenkins noted that some change will be more immediate, other changes may require a more gradual shift.

3.1.6   Miss Stacey shared feedback from staff workshops which have been integral to informing change within the Trust. Miss Stacey noted the findings from the 17 workshops in different areas of the Trust, covering various topics, with relevant representative groups, which have informed the six areas for the framework for change and will go on to form the template for consultation.

3.1.7   Miss Stacey went on to describe the delivery of the workshops.

3.1.8   Mr Hess queried if higher grade staff were under risk, due to their expense. Miss Stacey noted that the review is evidence based and retorted that the reviews were based upon getting the right people in the right place rather than focusing on grade of employee. Further, she noted the patient population should also drive the structure/grade of staff.

3.1.9   Prof Burstow commented that this approach had formed an important part of the discussions at EMT and Board level. In order to dispel speculation around the review, an all staff meeting due to take place on Monday.

3.1.10   Prof Burstow suggested the Council review the SR at next meeting. The Chair also gave thanks to Miss Stacey and team for their work during the pandemic.

3.1.11   The Council of Governors noted the report.

4. **Race Equality Strategy**

4.1. **Overview of Final Report**

4.1.1. Mr Jenkins gave a brief overview of the report presented to the Board. He expressed gratitude and thanks to Miss Bow Wright who was instrumental in this report and the RES Steering group and Ms Anglin D'Christian

4.1.2. Mr Jenkins presented the report highlighting the salient points to address internally:

- The report is based on over 500 responses, qualitative one to one interviews as well as focus groups.
- Points/issues to address include:
  - o BAME staff experience work at the Trust in a different way to white staff. This ranges from smaller micro-aggressions to more serious experiences. Mr Jenkins and Prof Burstow recognise this and are determined to remedy.
  - o The recruitment process requires overhauling to be more inclusive.
  - o There should be safe spaces in which to resolve issues, "discussions not repercussions".
  - o There needs to be increased accountability.
  - o External accountability to oversee changes should be employed, though this does not have to be the "Colour Brave Avengers".

4.1.3. The report will be launched at the next all staff meeting. Mr Jenkins and Prof Burstow will issue a statement accepting the review and issues raised within. Both recognised the importance of the review and gave thanks to the external consultants.

4.1.4. Prof Burstow noted the report communicated a sense of injustice at the Trust that required further acknowledgement and much work to set right. He further noted that the Council of Governors should be vigorous in their holding of the Board to account around race and inequality.

4.1.5. Ms Sequeira noted the report as sobering though unsurprising. Further, she noted that the Board need to help in implementing change and looks forward to the Board being upskilled.

4.1.6. Ms Wilson noted wording in the report that may be perceived as intellect being associated with colour. Mr Jenkins proffered this as the view of the consultants and was intentional. Mr Jenkins noted further that white intellect, in the past, has been more valued than that of the other minorities in the Trust.

4.1.7. Mr Afridi noted other groups, such as disabled members of staff that have also faced discrimination, presenting that a more strategic approach is required. Mr Jenkins noted the review considered current staff and appreciates that service users should be included. Mr Jenkins also noted a gap in the cultural make up of executive members of the board which should be aligned with the rest of the organisation.

4.1.8. Miss Elliot reported gaps of information and views and asked if the leadership Board would bridge such gaps. Prof Burstow responded with the need to report back to the Council with accurate information.

4.1.9. Mr Hess and Ms Sequeira discussed the board lead for this. Ms Sequeira noted that she had discussed this with both Mr Jenkins and Prof Burstow, she noted that equity and belonging as well as space to discuss will aid in assisting change. Prof Burstow, noted two new NEDS would further aid in leading change. He also noted that training and development for the board would being included to be able to hold each other to account.

4.1.10. Dr Singer noted the report as shocking and that the language may be deemed as confusing. She is keen to be kept updated on the progress. Prof Burstow noted that the

reports (strategic review and race equality review) will be in the public domain and contribute to the Trust being more transparent.

4.1.11.   Mr Murray required more information regarding integration of the report findings into the Trust. Prof Burstow noted an Equality Diversity and Inequality (EDI) committee has been set up to report into the Board. He noted the reset of strategy and priorities will aid with integration.

4.1.12.   Ms Houshidar noted it is important to gain feedback from all effected staff. Prof Burstow concurred and assured that the process of change will be monitored and fedback.

4.1.13.   Ms Anglin D'Christian gave gratitude to Prof Burstow and Mr Jenkins and valued their willingness to take this forward, to be reflective and to listen.

4.1.14.   The Council of Governors noted the report.

5.   Any other matters

5.1.   Any other business

5.1.1.   Prof Burstow acknowledged and thanked Prof Bhugra, Mr Wilkinson and Ms Wilson for their service. All three will be leaving the Trust as their terms of office have come to an end. Thanks was received for Prof Burstow for his work as their Chair.

5.2   Questions from the Public

5.2.1   There were no questions raised.

5.2.2   The meeting closed at 15:25.

Report to	Date
Council of Governors	9th December 2021

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

Author	Responsible Executive Director
Chief Executive	Chief Executive

<div align="center">**Chief Executive's Report**</div>

1. Covid19 Update

1.1 The Trust remains vigilant in managing its services and staff around the risk of Covid outbreaks as the incidence and prevalence of community infection has continued to rise. Colleagues will be aware of pressures on health systems from a combination of ongoing pandemic and elective activity, which has impacted both adult and children's pathways.

1.2 We continue to follow NCL wide IPC guidance including that relating to the wearing of masks, ongoing need for social distancing etc and there has been no change in processes since the last update.

1.3 For now, the Trust, its clinical services and all our staff and trainees have continued with a proportionate return to Trust premises. Our aim is to continue to deliver a higher proportion of face-to-face services 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 seeking at this point to return to pre-pandemic patterns of work/ delivery.

1.4 DET has continued with its hybrid model for educational services operating to a specific guidance, in line with the overall Trust IPC measures.

1.5 We continue to use some of our larger spaces for groups with the caveat of continuing IPC measures including in the use of common areas.

1.6 There remains a challenge in the divergence in the removal of virtually all community social restrictions, as versus the need for health care organisations to continue to adhere to IPC.

1.7 There continue to be concerted efforts to promote the highest possible rates of vaccination for Trust staff. The Trust has done

additional communications to staff, including through a recent all staff meeting to ensure accurate knowledge of vaccination status, including take up of booster vaccination through the national programme.

1.8   This is particularly important as the Department of Health and Social Care has formally announced that individuals undertaking CQC regulated activities in England (all of our clinical work) must be fully vaccinated against Covid-19 no later than Friday 1 April 2022. This measure aims to ensure patients and staff are protected against infection.

1.9   Health and social care workers, including volunteers who have face-to-face contact with service users, will need to provide evidence they have been fully vaccinated against COVID19 in order to be deployed. The regulations will apply to health and social care workers who have direct, face-to-face contact with people while providing care – such as doctors, nurses, dentists and domiciliary care workers, unless they are exempt. They will also apply to ancillary staff such as porters or receptionists who may have social contact with patients but are not directly involved in their care. There will be further updates to the organisation based on detailed implementation guidance, as received.

1.10   This means that staff must have their first dose by 3 February 2022, so that they can have their second dose before the April deadline.

1.11   We have implemented the winter flu vaccination programme and are working to ensure high take up of this vaccination due to the dual risks of flu and Covid19 this winter.

1.12   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.

2.   Strategic Review

2.1 We are preparing for a key phase of work in relation to the Strategic Review including the completion of work on structures and financial

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forecasting ahead of the additional Part 2 Board meeting on 15th December. We are aiming to issue a consultation document to staff at the end of January. The Consultation Document will be a substantive item on the Council agenda for the February and we have an item later on the agenda which covers the background of the Review and details of where we have got to with the programme.

3.   Board Governance Review

3.1   The Office for Modern Governance has now completed its Board Governance Review. The Board is in the process of considering its findings with the aim of agreeing final recommendations at its January 2022 meeting. This again will be a substantive item at the February meeting of the Council.

4.   GIDS

4.1   In September the Trust learnt it had been successful in its Appeal against the judgment made by the Divisional Court in December 2020 on the Judicial Review relation to issues about consent and decision making in our GIDS service. The Trust is very pleased at this outcome both in relation to the impact on GIDS but also for its reinforcement of long-established principles in relation to decision making in health care for children and young people.

4.2   NHS England have changed their service specification to reflect the legal judgments. As part of this they have introduced an independent Multi-Professional Review Group (MPRG) to provide an external check that robust decision processes, including issues of consent, have been followed in making referrals to endocrine clinics. The Review Group considers cases of patients aged under 16.

4.3   The Trust welcomes the establishment of the (MPRG) and is working closely with the Group Chair and NHS England to enable the smooth operation of the panels.

4.4   Following the CQC inspection in the autumn of 2020 which led to an inadequate rating for the GIDS service (there was a particular focus in this on the length of the waiting list and the associated management of

risk) the Trust has been working hard to deliver a Transformation Programme for GIDS. As part of this we have developed a CQC Action Plan and the CQC Waitlist Action Plan. We report monthly to CQC against these. Some specific areas of progress, since the last Report shared with the Council include:

- Piloting a new, structured initial consultation for all GIDS patients which will produce an initial consultation summary report (which will include an initial care plan); and will also address a number of CQC actions
- Starting the updating of safeguarding and consent Standard Operating Polcies.
- Introducing record keeping Quality Improvement (QI) collaboratives within regional teams.
- Ongoing roll out of revised clinical review and decision making processes for endocrine treatment, to reflect legal and service specification changes.
- 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 NHS England to support the smooth implementation of the new Regional Professional Support Service and the National Referral Management Service.
- Introduction of new internal governance and accountability arrangements.
- Conducting a focused recruitment and retention drive, to build capacity in the service.
- Continuing use and refinement of the GIDS management information dashboard; including embedding its use within governance meetings.
- Development of internal communications, engagement and PPI strategies, focused on ensuring we communicate and engage well with GIDS staff and also with young people and families.
- Management of Transformation Programme; in order to realise intended programme benefits.

4.5 CQC held a second quality summit for GIDS on 18th October. This recognised the progress the Trust has made against its action plan and the steps we have taken to lay the foundations for delivering the improvements required by CQC. There was also a recognition of the measures which are beginning to be taken to develop the wider care pathway for this group of patients including the proposed launch of a Regional Professional Support Service to provide a more distributed model of support for young people experiencing difficulties in relation to their gender identity.

4.6 It was agreed that a further Quality Summit will be held early in the New Year. It is likely that there will be a reinspection of the service in the New Year.

4.7 Ailsa Swarbrick, the Divisional Director of Gender Services is leaving the Trust at the end of December to take up a new role in the children and young people's mental health team in NHS England. Her place will be taken by Hector Bayayi who has bene acting as the Director of our adult gender services.

5. Equalities

5.1 Work is underway to produce a refreshed Race Equality Strategy and Race Equality Action to address the recommendations made by the Colour Brave Avengers report which we presented at the September Council meeting. The aim will be to complete this work by the end of the year to allow the Board to consider and agree the Strategy and Action Plan at its January meeting. As part of this we are looking at what further work we need to do to ensure a wider sharing and consideration of the key messages coming out of the Colour Brave Avengers work including some of the powerful stories around individual staff experience which were captured in the interviews.

Paul Jenkins
Chief Executive
3rd December 2021

Report to	Date
Council of Governors	09 December 2021

Report on Finances

Executive Summary
This paper provides details of the Trust financial performance in the first half of the year and provides a forecast for the second half / full year.

Recommendation to the Board
The CoG 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

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REPORT ON FINANCES

1. INTRODUCTION

1.1. This paper provides details of the Trust financial performance in the first half of the year and provides a forecast for the second half / full year.

2. SUMMARY

£m	H1 Act	H2 F'Cast	Full Year F'Cast	Change
Income	30.3	29.5	59.8	–
Pay costs	(24.0)	(26.0)	(50.0)	(8)%
Non-pay costs	(7.4)	(8.9)	(16.2)	(20)%
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Operating deficit	(1.1)	(5.4)	(6.5)	–
Other costs	(1.1)	(1.2)	(2.3)	–
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Net deficit	(2.2)	(6.6)	(8.8)	–

2.1. For the first half of the year the Trust recorded a net deficit of £2.2m. This is slightly higher than the forecast deficit (of £1.8m) previously indicated to the Board.

2.2. For the second half the Trust is currently forecasting a deficit of £6.6m making for a full year forecast deficit of £8.8m. This compares with the 'Budget' figure – reported to the Board in March – of a deficit of £8.3m.

2.3. It is important to note that, at the time that this report was produced, the second half forecast had not been approved by the NCL ICS.

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2.4. Based on the forecast, Trust cash reduces to £4.6m by the end of March 2022.

2.5. It should be noted that the current financial regime is a fluid one and that the forecast is subject to amendments (potentially significant ones) based on ICS direction.

3. INCOME

3.1. Clinical income – of £42m for the year – is based on the Trust's current understanding of its block grant from NHS Specialised Commissioning (£16m for the full year) and ICS-directed block grant income (£14m for the full year).

3.2. Together this block income (of £30m) accounts for 71% of total annual clinical income. The balance comes from a range of services such as FDAC, Gloucester House, City and Hackney etc.

3.3. Education and Training income – of £17.8m for the year – reflects HEE monies of around £9m (including NWSDU and child psychotherapist income), £1.5m for short courses and £6.4m for long courses (including OfS grant and Bursary funding).

3.4. The forecast assumes a reduction on second half income of £0.8m, being the claw back of COVID monies.

4. PAY COSTS

4.1. These are forecast at £50m for the full year, with second half spend increasing by £2m (8%) to £26m, compared with £24m in the first half.

5. NON-PAY COSTS (Excluding Depreciation, PDC and Interest)

5.1. These are forecast at £16.2m for the full year, with second half spend increasing by £1.5m (20%) to £8.8m, compared with £7.3m in the first half.

5.2. The increase is due, principally, to the reclassification of Relocation-related costs from capital to revenue expenditure, which reflects the fact that many of the costs incurred in the

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current year relate to work on the disposal of the Belsize Lane site and are not, therefore, deemed capable of being capitalised.

6. CASH FLOW

6.1. Based on the assumptions used within the Forecast, cash is forecast to reduce from the September position of £13.5m to £4.6m by the end of the financial year.

6.2. The actual position is likely to be better than that currently forecast but that does depend upon a number of factors, notably:

- Level of vacancies

- Redistribution of ICS funds

- Additional / unforecast spend on Strategic Review / GIDS Transformation / Legal costs

- Additional fourth quarter funding from Health Education England, NHS England and other bodies utilising year to date "underspend".

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Report to	Date
Council of Governors	09 December 2021

Key items to note
Following on from the update report to the Council of Governors on progress of the Strategic Review presented in September 2021, this report provides an overview of the Strategic Review for new Governors and an update of progress of the Strategic Review from September to November 2021.

Recommendation to the Council of Governors
Members of The Council are asked to note / discuss this paper.

Trust strategic objectives supported by this paper
All Trust objectives

Author	Responsible Executive Director
Paul Jenkins, CEO	Paul Jenkins, Chief Executive

Strategic Review Update September 2021

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1. Introduction

1.1 During 2021 the Trust Council of Governors, have been receiving a summary of progress of the Strategic Review alongside key documentation. Noting that there are some new Governors, this report takes the opportunity to summarise the rationale for the Strategic Review and revisit what has happened to date, as well as providing an update on the progress of the Strategic Review since the last report (September to November 2021).

2. Background

2.1 The Trust embarked in the autumn of 2020 on a strategic review of its activities with the aim of securing the financial and operational sustainability of the organisation including demonstrating its relevance in the contemporary environment.

2.2 In essence the Trust faces five challenges which the Review is trying to address:

- a **financial challenge** – a number of the Trust's traditional sources of income such as the National Training Contract have declined, and the pandemic has had a major impact on our ability to generate additional income through areas such as short courses. At present this points to a financial gap of over £5 million if we are to return to a break even.

- an **operational challenge** – a number of our activities are too fragmented to be operationally viable and in other cases we have struggled to respond to the challenges of operating at greater scale. To address this, we need to have consistent and more sustainable management structures to ensure we can consistently deliver the requirements of commissioners and regulators.

- a **system challenge** – around us the health and care system is moving rapidly to a more integrated model of provision based on an Integrated Care System (ICS). This means we need to work closely with other providers and ensure our activities are relevant to emerging priorities and need.

- a **data and impact challenge** – we are not always able to evidence, internally and externally, the impact of our activities and the distinctive value of our specialist work.

- a **diversity challenge** – our work and the shape of our workforce does not reflect the needs of the populations we serve. We need to become more inclusive and improve the experience of patients, students and staff from black and minority ethnic a other diverse backgrounds.

3. Discovery and Engagement Phases

3.1 The Strategic review has been progressing through a Programme Management Structure, with oversight of the Programme provided by a Programme Board set up for that purpose.

3.2 To manage this significant programme of work the key interfaces with other significant programmes in the Trust have been mapped out and understood in order that programmes can work together where required.

3.3 Completed phases are as follows;

- **Discovery phase**
  Extensive data collection was carried out using a framework covering four key characteristics of sustainability: finance, workforce, operations, and value. The programme management office (PMO) collated, analysed, and presented Findings Reports for the Programme Board on all areas of the Trust.

- **Vision and Principles document**
  A Vision and Principles document (shared with Governors in March) was created and shared with staff, which outlined;

  - The basis for carrying out the Review
  - The overarching findings from the discovery work carried out so far
  - The key principles on which any proposals for change will be based

  Staff were engaged on the document through a series of open meetings and discussions.

Together, the findings from the Discovery work and the Vision and Principles engagement were used to develop two critical steps for the Programme;

- **Staff engagement workshops**
  Firstly, a set of up to 20 staff engagement workshops were held in June and July. These workshops were themed around the key emerging issues, aiming to explore these with staff. Activities included five Update Sessions attended by total 231 attendees (177 individuals) and 17 Development Workshops attended by total 332 attendees (175 individuals). For staff who could not attend the Development Workshops, accompanying surveys were also made available (29 responses received).

  Workshop topics included: Management structures; DET course structures; Clinical admin functions; Portfolio support functions; Clinical productivity; Clinical impact monitoring; Digital education; Remote working; Support services (functions); Support services (remote working); DET staffing; DET and Clinical interfaces; Staffing profile; Systems integration; Development and growth; Central admin; and Waiting lists.

  All outputs were shared with the relevant workstreams and subgroup leads to inform and for consideration in change proposals, and a high-level summary was shared with Governors in June.

- **Framework for Change**

Secondly, six key areas of change were identified to address the challenges we face. Together, these formed the Framework for Change, which was communicated to staff (and Governors) in June.

- **Establishment Census**
  In July, we launched an Establishment Census exercise, led by HR, which all permanent or fixed term staff were required to complete. The purpose of the exercise was to ensure we hold accurate staff data so that we are properly informed to fully assess the impact of proposed changes. This census enabled charting and mapping of all staff individuals into organisational charts and will now be kept up to date until the cut off point for inclusion in the consultation itself which is 10th January.

4. Development phase

4.1 The Development phase of the review set out to develop change proposals in line with Discovery and Engagement findings. It also had to prepare for the creation of a cohesive Trust wide consultation document that is accessible for all staff. As such, the Programme Board has continued to meet regularly to review workstream reports and change proposals. The Development phase is now close to completion, as the Executives and PMO prepare for consultation launch in January.

5. Progress update since September report

5.1 A milestone Communication was sent to staff in September (Copy attached) which built on the Framework for Change, ensuring staff were sighted on the direction of travel of change proposals. Ongoing communication to staff continues including planning for the consultation phase itself and how staff will be able to provide their feedback on the proposals.

5.2 Change proposals have now been developed by each of the Executive team for their own portfolio functions, using a combination of discussion with key management staff and presentation with challenge sessions with the CEO and HR.

5.3 Work is now advanced in terms of mapping of individual staff to the proposed new structures, but validation of this work will continue right up until the deadline of 10th January.

5.4 A long-term financial plan has been developed using the Strategic Review costs as the budget, this plan is being presented to the ICS in December.

5.5 The Management of Change procedure has been agreed and signed off.

5.6 Writing of the consultation document itself is advanced, with a deadline of 22nd December for final drafting.

5.7 New and revised job descriptions are being prepared for job evaluation.

5.8   Outplacement support for staff who may be affected by the change is in place as are other wellbeing offers to support staff during this difficult time.

5.9   Engagement with Union representatives has continued fortnightly throughout the programme, and Unions are preparing to receive drafts of change proposals ahead of consultation launch as per our Management of Change procedure.

6.   Next steps

6.1   The Consultation is planned to be released at the end of January, this is preceded by a mandatory Union and then Staff pre-consultation period.   Once open, the consultation period for staff engagement and comment will be 30days, after which all feedback will be assimilated and discussed by the Programme Board.

6.2   Finalised new structures will be published at the end of March, followed by three months for HR processes, notice periods and outplacement support where needed, to run their course. Go live with the new structures is expected at the start of August.

6.3   There will be the chance to discuss the consultation document at the March meeting of CoG.

7.   Conclusion

7.1   The Council of Governors are invited to consider the report.

Paul Jenkins
Chief Executive
November 2021

Trust Strategic Review
Update: September 2021

Introduction

1. The Tavistock and Portman NHS Foundation Trust is a centre of excellence in clinical practice, training and innovation in mental health, emotional wellbeing, and gender identity. It has pioneered the theories, trainings and interventions behind many community-based approaches to improving mental health. Our approach seeks a deep understanding of people's experiences and relationships, encourages reflection, focuses on strengths, and builds hope.

2. We work innovatively across the boundary between mental and physical health. Our local interventions and partnerships are recognised as best practice in relational work. In working with other agencies to manage complexity, our interventions minimise the risk of harm and mental health crisis, avoid breakdowns in care placements, and reduce burdens in other parts of the system.

3. We have a clear commitment to being an anti-racist organisation. We want to hardwire building diversity, inclusion, and equity into everything we do.

4. The Strategic Review's purpose is to identify the actions we need to take over the next couple of years to secure the future sustainability of the Tavistock and Portman and its distinctive approach to understanding mental health and wellbeing.

5. In particular the Strategic Review has been trying to address five specific challenges:

    *   **system challenge** – around us the health and care system is moving rapidly to a more integrated model of provision based on an Integrated Care System (ICS). This means we need to work closely with other providers and ensure our activities are relevant to emerging priorities and need as care pathways are reviewed across the sector.

    *   a **financial challenge** – a number of the Trust's traditional sources of income such as the National Training Contract have declined significantly, and the pandemic has had a major impact on our ability to generate additional income. At present this points to a current financial deficit of over £5 million against a turnover of £57 million.

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- a **diversity challenge** – our work and the shape of our workforce does not reflect the needs of the populations we serve. We need to become more inclusive and improve the experience of patients, students and staff from black, minority ethnic and other diverse backgrounds.

- an **operational challenge** – our activities are too fragmented to be operationally viable while paradoxically we have struggled to respond to the challenges of operating at greater scale. To address this, we need to have consistent and more sustainable management structures.

- a **data and impact challenge** – we are not always able to evidence, internally and externally, the impact of our activities and the distinctive value of our specialist work.

6. Through the Strategic Review we aim to position the Trust as an integral part of the health care in North Central London and beyond and make the most of our role as a centre of excellence which has a key role in addressing the needs of patients with complex needs.

7. We will maximise the synergies between our work as clinicians and educators and our ability to train and supervise others to manage complexity in health care practice and in organisational life. We will capitalise on our expertise in workplace wellbeing and contemporary workforce policy and practice. We aim to be at the heart of the NHS's ambitions for a more integrated and multidisciplinary approach to meeting the needs of the people it serves.

Progress so far

8. In June, we published the Framework for Change document which identified six key areas of change to address the challenges we face.

9. Earlier this month, we let you know the consultation document would now be published early in 2022, rather than September 2021 as originally timetabled. This decision was taken in recognition of the importance of ensuring the best possible structure and skill mix for the Trust to deliver its mission and the need to ensure that the information on which detailed decisions will be based is accurate. The consequence, in terms of an extended period of uncertainty for staff, is very much recognised. The revised programme timescales can be found in Appendix 1.

10. During June and July, following publication of the Framework for Change, we delivered a series of engagement activities with staff to help develop solutions to the challenges we face. The outputs from workshops were shared with the Programme Board and

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relevant Organisational Development workstream and subgroup leads to inform further work towards our change proposals.

11. This document aims to share with staff our thinking at this stage of the Development Phase. Work is ongoing to arrive at the detailed proposals needed for the formal consultation. In line with the six key areas of change, we are now able to share an general view of how we aim to tackle these areas.

12. We are committed to ensuring there are no surprises for staff about the direction of travel which will underpin the formal consultation document when it is launched. Over the coming weeks and months, in the lead up to this time, we will continue to work closely with Staff Side and share more details with you as plans emerge, through the Strategic Review Bulletins and by attending team/service meetings across the Trust.

Outline proposals – six key areas

In each of the sections below the text in the boxes is a reference back to the information shared with staff in the Framework for Change in June.

An affordable and effective management structure

Trust wide management restructure; Increased average span of management to between 8-10 staff per manager; Fewer, bigger managerial roles, with improved training and support for managers; Integrated structure of effective professional leadership; Consider issues around staff development and progression with a critical focus on addressing diversity.

13. We received consistent feedback through the development workshops that many of our current management structures are not functional and there was strong support for developing management structures with fewer layers, clearer lines of responsibility and authority to increase consistency, and appropriate delegating of authority.

14. Across the Trust, we are considering changes to all levels of management and a significant focus has been on work to ensure more consistency and equity.

15. Within **Clinical services,** we are considering taking a similar approach to other Mental Health trusts where in line with our size, we would consider clinical services as a single division, enabling us to be fair and consistent in our approach across all clinical services.

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16. In line with this, we are exploring bringing existing services from across the Tavistock and Portman closer together through a reduction to four service lines (down from eight currently) – GIDS, GIC, Complex Mental Health Services, and Community and Integrated Services – with larger services and teams as appropriate. This will provide more balance in our structure.

17. We are envisioning paired leadership (clinical and operational) for each service line and service, which we believe would strengthen the operational management of clinical services. Clinical supervision would continue to be central to the effectiveness and safety of our services. Clinical multidisciplinary structures would enable our staff to work together in smaller teams.

18. Within clinical administrative teams, moving to a structure that brings together teams around a specific function or task, e.g. appointments, could develop more consistency across service lines.

19. Within **Education and Training**, we are considering consolidating management roles and the current portfolios to give greater clarity, but with an increase in management time in each post.

20. Course leadership could be established as a management role and we are considering a rationalisation of our courses, where course lead roles could be less fragmented with greater capacity and consistency.

21. Alongside this, there is a case to review and repurpose DET portfolio support and team structures with a view to better supporting students across their time with us.

22. Within **Corporate services**, we are considering streamlining Executive portfolios enabling relevant functions and teams to develop closer links or merge where appropriate.

23. With regards to professional leadership, we will ensure that there is strategic direction and representation at Board level.

24. We believe that we need to strengthen our system of team and service performance management and accountability across the Trust and are considering how best to deliver these improvements.

A blended model of delivery

Aim to substantiate online delivery for 50-60% of national clinical services, 20-30% of local clinical services, 30% of long courses with asynchronous lecture delivery, and short courses; Hybrid ways of working for staff where possible, according to service demands; Shared and bookable spaces at the Tavistock Centre; Reduce accommodation footprint.

25. We have learned a lot through our enforced move to online delivery through the pandemic of both our trainings and clinical work and know that whilst being online has some limitations, it also offers many of our patients and students many benefits, particularly those we serve who are not situated in Central London.

26. We also know that even in areas where we have had to continue to see patients face-to-face even in the peaks of the pandemic, there have been benefits to virtual consultations with other professionals.

27. We have already indicated in the Framework for Change our intent to continue with online delivery to the levels previously stated and are exploring the necessary system and process improvements required to enable this.

28. Within DET, we are reviewing how to better support staff and students as part of a modern and efficient structure with a focus on our digital ambitions.

29. Across the Trust, our aim remains to reduce our physical accommodation footprint to help manage our costs, and we have explored savings in all non-pay areas including estates.

30. We are considering options to reduce our current footprint in Camden by withdrawing from a number of leases, and within the plans which we are developing for an Outline Business Case for relocation have reduced our space requirements to make the proposal more affordable. We are also looking to build both financial and environmental sustainability into our plans with a building that is both greener and cheaper to run.

5

Increasing clinical productivity

Increasing the number of patients seen per WTE clinician; Roll-out of job planning process; Service restructure where needed to support improving clinical productivity.

31. Using modelling from the discovery and development phases of the Strategic Review, we believe if we can increase the number of clinical appointments per Whole Time Equivalent (WTE) clinician, it could be possible to deliver increased activity with a reduction in the number of staff. We know that this must be balanced with clinical complexity, risk, and system and process improvements, and therefore could not happen immediately.

32. We envisage that with larger teams for operations management, centralised intake processes and well-functioning job planning, each team could be more robust and better able to tolerate staff turnover and still maintain activity, which is not possible with our current structures.

33. The driving force behind our thinking is to improve patient experience and reduce admin requirements and this could be supported by moving to more clinic-based provision and electronic mail systems.

34. We are also looking at job descriptions for all clinicians to better reflect Trust expectations, setting parameters for CPD/supervision/meetings, implementation of the THRIVE Framework and using evidence-based waiting list management techniques.

35. Our hope is that moving to job planning for all staff will be containing, setting clearer expectations, protecting clinical time, curbing the overworking, which is often cited in staff surveys, hopefully better managing staff wellbeing in line with the NHS People Plan.

36. We are supporting this work using the Attain modelling tool for mental health services which aims to remove barriers to more seamless integrated care.

37. Using these tools, we are working out what the Trust believes would be a safe level of staffing, including the activity and productivity assumptions which underpin the modelling, alongside the timeframe within which we will aim to deliver this change. Where changes to front line clinical staffing levels might be indicated by this process, we are looking at the potential for implementing incremental change over time through a process of natural staff turnover and vacancy management where possible to minimise the impact on existing staff and to provide continuity.

6

Improving the financial viability of our courses

Review course structures to reduce fractionality and increase ability to scale; Move towards greater online delivery; Create more substantive staff roles to support a reduction in use of VLs; Enhance the new ways of remote working.

38. Each year we make a series of decisions about our courses, from small adjustments to entry criteria, to making a call not to run courses which have under-recruited and are not financially viable or able to offer students a quality experience. Following the Discovery Phase of the Strategic Review, we explored in the Development Phase how course consolidations and discontinuations could help us focus resource on those aspects of our teaching which add the most value to our students.

39. For long courses, we anticipate that we could move to a primarily blended model of delivery, with elements of asynchronous learning and rationalising our regional offer to fit with nationally delivered blended courses. We may also increase the number and range of our digital-only programmes.

40. For some long courses, we are considering reducing the length of the courses to provide a more attractive and competitive offer for students within the parameters set out by our accrediting partners. This would sit alongside, wherever possible, increasing the group size of participants in seminars and other learning provision to optimise student experience.

41. All changes would be supported by a full review of our teaching activity to ensure that it remains relevant, accessible and delivers to the required learning outcomes as well as validation/accreditation requirements. This may also lead to the removal of elements that are identified as additional to those required.

42. Within our teaching faculty, we are considering consolidating our staff group with less reliance on visiting lecturers and a shift towards greater use of associate lecturers, and by encouraging planned contracted activity, as opposed to ad-hoc pool claims. Revised job descriptions would support staff working across courses and portfolios.

7

Strengthening the collection and use of data

Systems to become enablers for the delivery of improved data management and reporting; Investment in specialist resources to maximise existing systems; Improve how we measure impact, in particular patient outcomes; Reduce manual processes for staff; Introduce clear lines of accountability for the collection and quality of data.

43. Many staff from across the Trust expressed frustration with Trust systems through the development workshops. We are identifying what systems and areas for improvements will be prioritised through our annual capital planning programme, in recognition there is the need for investment.

44. To ensure there is better accountability for data across the Trust, we are looking at how to include Performance and Assurance as a dedicated element in our structure.

45. Within clinical services, we believe strengthening operational management through paired leadership at all levels could better support our clinical leads and clinicians and allow for some of the pressure linked to data and outcomes to be alleviated.

46. Alongside greater accountability at the unit level, we propose there will be a Senior Operational Group across clinical services which would be responsible for data, resources, consistency, governance, safeguarding, service user involvement etc.

47. Within DET, we are considering a programme of process audits and reviews of key systems. This programme would involve working with key staff from Informatics and any other Trust services, as appropriate, and capitalising on the new Power BI reporting tool.

Corporate and other support services

Strengthen the crucial role corporate and support functions play in delivering our organisational objectives; Adjust alignment of functions; Consolidate similar functions together; Streamline processes to reduce re-work and duplication; Support improved career progression opportunities.

48. The Corporate directorate currently houses the majority of non-pay spend for the Trust. We are looking across all miscellaneous areas of non-pay to identify areas for potential cost saving, for example mobile phones, postage, vending machines, fees and subscriptions.
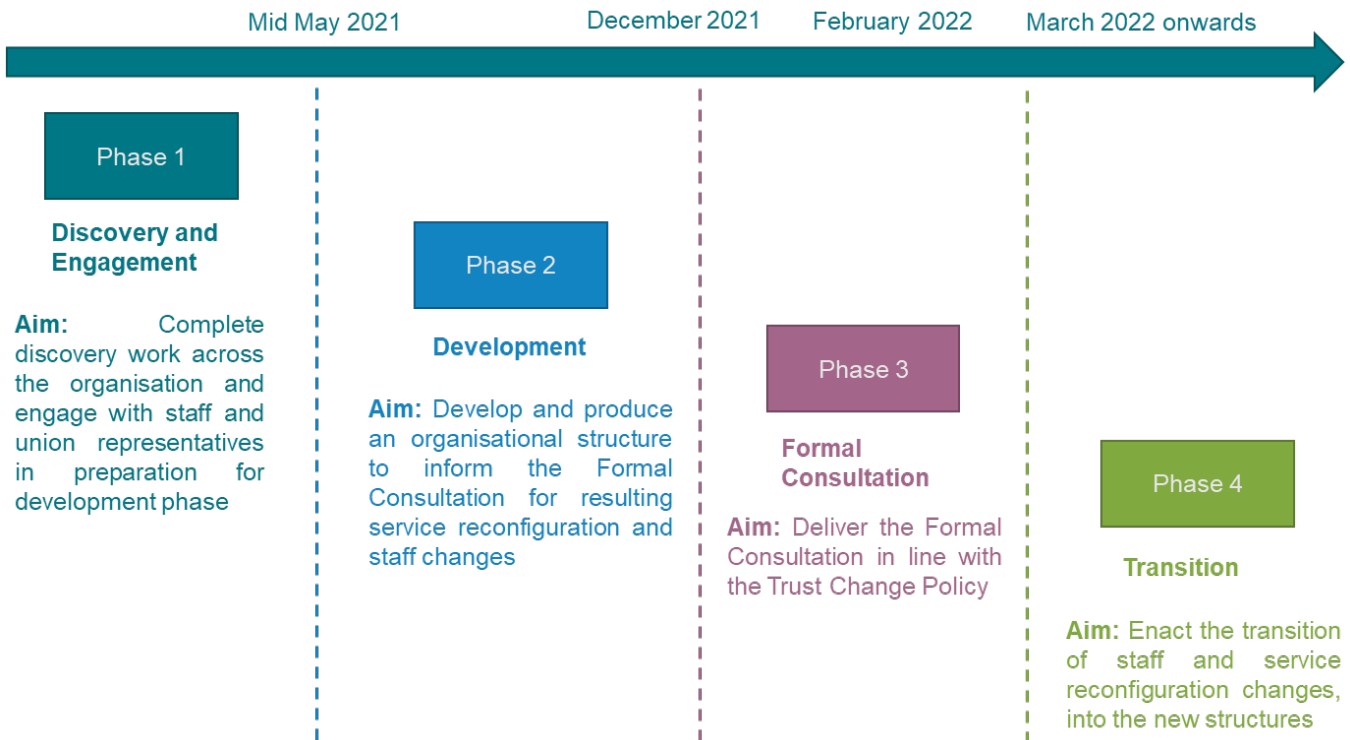
49. We believe all functions and teams should be aligned to a rationalised Executive portfolio, with increased capacity to deliver on strategic objectives. This could be achieved by rebalancing portfolios and strengthening first level support to some Executive Directors.

50. For the external facing business units within the Trust, where there is currently an overlap in the scope of work, we are considering a consolidation of the units and teams into a single delivery unit.

51. The shape of our proposed corporate and support services will be informed by the clinical and DET structures, to ensure they are fit for purpose, as well as taking into consideration any system-wide initiatives which we may need to be part of (e.g. shared services).

Conclusion

52. Further thinking and modelling is ongoing, with a comprehensive programme of work required to ensure we can deliver the Formal Staff Consultation early in the new year. Information will continue to be shared with staff when it becomes available. We hope this initial insight into our planning will bridge the gap in knowledge around what our proposals might involve and start to paint a picture of what a sustainable future for the Trust might look like.

53. The recently published findings and recommendations from the Race Equality Review and these will also be taken into consideration to ensure we address as many areas as we can within our final proposals, as well as the People Plan.

54. We encourage staff to continue to engage with the Strategic Review programme. Nothing within this document is set in stone and together with Staff Side colleagues we would like to remind staff that even when we reach the point of publishing the Formal Staff Consultation, that document will still represent a proposed way forward, for your comment and consideration. Please use all opportunities to ensure your voice is heard. You can do this through Staff Side, your line manager or directly to strategicreviewPMO@tavi-port.nhs.uk.

September 2021

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Appendix 1 – Programme Timeline

Mid May 2021   December 2021   February 2022   March 2022 onwards

Phase 1

Discovery and Engagement

Aim: Complete discovery work across the organisation and engage with staff and union representatives in preparation for development phase

Phase 2

Development

Aim: Develop and produce an organisational structure to inform the Formal Consultation for resulting service reconfiguration and staff changes

Phase 3

Formal Consultation

Aim: Deliver the Formal Consultation in line with the Trust Change Policy

Phase 4

Transition

Aim: Enact the transition of staff and service reconfiguration changes, into the new structures

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Report to	Date
Council of Governors	09 December 2021

EDI Activity – November Update
Executive Summary

This report lists out the EDI activity completed to date and planned for the remainder of Q3 and Q4 of 2021-22. The following update includes the Trust's current response to the findings and initial action plan on Race Equality from the 'Colour Brave Avengers' report and the CQC requirements and provides a projected timescale for completion for each area of work.

Staff across the Trust are naturally concerned to know what we are doing in response to these recent reports and recommendations, and it is proposed that we use this EDI activity plan to keep staff updated via our internal comms updates and enable them to ask questions around each area and become involved in bringing about the required changes this work is designed to achieve.

As noted in the external review it is also proposed that a further external review in in 18 months to 2 years is required to check on our progress in all areas, at which time we would hope that the desired changes will have impacted positively on staff across all directorates and services in the organisation and will take the Trust closer to the Trust objective of becoming an anti-racist organisation.

As we move to the developed RES and RAP and overall EDI strategy and plan, as part of the People Plan, we will be able to better demonstrate and report our actions against key EDI strategic objectives and themes.

In the meantime the report lists key actions as follows
- NED Recruitment outcome & NED Workforce Race Equality Standards (WRES) Training Opportunity
- Developing the Trust Race Equality Strategy 2021 onwards
- Colour Brave Avengers Report
- White Allies Programme
- CYAF Quality Improvement Pilot using 'Inclusive Employers' Toolkit

- Work with Staff Networks –Action Plan
- Trust wide Diversity Champion appointments
- Staff Training – Training proposal to support Race Equality Action Plan (RAP)
- New Reporting System for Incidents of discrimination
- Review of Exiting staff – managing exit Interviews
- Workforce Race Equality Standards (WRES)
- EDI Communications for all staff

Ongoing and planned immediate work in other areas of the EDI agenda includes the below:
- Development of the Trust People Plan
- New Line Manager's Forum & Handbook
- Recruitment – New Recruitment & Selection Training
- Mediation & Dispute Resolution Plans
- Mentoring & Coaching Plans
- Safe Psychological Spaces for Staff
- Plans to increase disability awareness across the Trust
- Workforce Disability Equality Standards (WDES)
- Review of policy and procedure management

Please see Activity detail in Appendix A

Recommendation to the Board
Members of Board of directors are asked to note this paper.

Trust strategic objectives supported by this paper
All Trust Strategic Objectives

Author	Responsible Executive Director
Associate Director of Equality, Diversity & Inclusion	Interim Director of Human Resources

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APPENDIX A

EDI ACTIVITY 2021-22

1. NED Recruitment outcome & NED WRES Training Opportunity
2. Developing the Trust Race Equality Strategy 2021 onwards
3. Colour Brave Avengers Report
4. White Allies Programme
5. CYAF Quality Improvement Pilot using 'Inclusive Employers' Toolkit
6. Work with Staff Networks – Action Plan
7. Trust wide Diversity Champion appointments
8. Staff Training – Training proposal to support Race Equality Action Plan (RAP)
9. New Reporting System for Incidents of discrimination
10. Review of Exiting staff (staff leavers) – managing exit Interviews
11. Workforce Race Equality Standards (WRES)
12. EDI Communications for all staff

1. NED Recruitment

Following a recruitment process and strategy to actively outreach to a more diverse candidate pool we are delighted that the appointments of the two NEDs to the Board will help to meet our ambition of becoming an ethnically more representative organisation as both appointees identify as from ethnically diverse backgrounds.

2. EDI Development opportunity for NEDS

We look forward to the next opportunity to nominate a Non- Executive Director, (NED) to attend a 3-day Workforce Race Equality Standard, (WRES) Advisors programme, one of many interventions which culminate into an ambition to shift race inequality across the NHS in London as set out in the vision in the London Workforce Race Strategy.

3. Trust Race Equality Strategy 2021 onwards

With the support from the National Workforce Skills Development Unit we have now successfully commissioned the consultant firm MRL Consultants,

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who will be joining the Trust on a short term basis to assist in creating the Trusts' next Race Equality Strategy due to be delivered to the Board at the end of January 2022.

This work has now begun re next Race Equality Strategy and regular weekly meetings are in place with the Associate Director of EDI. These meetings focus on the previously completed work of Colour Brave Avengers report including reviewing the thematic responses from individuals who took part in the interviews over the summer. They are also looking at the identified race action plan (RAP) and CQC recommendations. We plan to have a draft strategy ready for by 10th December for Board input/approval.

To date MRL have conducted 30 minute interviews arranged with a variety of relevant stakeholders as listed below with a few remaining this week. Some initial feedback from both interviewees and the interviewers have reported that they found it useful and insightful and were able to provide input which they feel will be invaluable within the new strategy.

Shalini Sequeira	Emily Lee	Brian Rock	Katie Argent	Laverne Antrobus
Steve Bambrough	Nsimire Bisimwa	Sarah Stenlake	Hannah Poupart	Geraldine Creehan
Laure Thomas	Mike Smith	Judy Blackwood	Pauline Williams	Paul Dugmore
Tosin Bowen-Wright	Sally Hodges	Dinesh Sinha	Paul Jenkins	

4. White Allies Programme

The Trust was invited to apply for places on this NHS London programme for white allies. After sharing with staff via comms, we received 11 applications in total for this training and were able to identify the 6 staff below to complete this training from the Trust.

We hope this training will provide this level of leadership with the required skills and awareness to help the Trust navigate the journey to becoming an

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anti-racist, more inclusive organisation in relation to staff, patients and students.

The participants will be asked to provide feedback for any Trust wide learning from the course via relevant forums.

Participating Staff	2021 Dates	2022 Dates
Sally Hodges Terry Noys Paul Dugmore Nell Nicholson Tim Kent Lydia Hartland-Rowe	6th October 2021 10th November 2021 8th ~December 2021	12th January 2022 9th February 2022 9th March 2022

5. CYAF Q1 Pilot using Inclusive Employers Toolkit

Staff across the organisation have an appetite for change and not only want to know what we are doing as an organisation, they want to be more involved, which of course is essential. An EDI rep from within the CYAF admin teams, Anna Sava, raised the request for us to consider implementing an NHS Inclusive Employers toolkit enabling staff to implement best practice and suggestions for how to work towards reducing racism perceived or otherwise within NHS organisations. This suggestion has been approved by Rachel James and HR has agreed to fund the toolkit, which we are in the process of ordering

A small working group is being identified to take this work forward across CYAF with a view to getting it approved at directorate level for roll out early in 2022. Depending on the outcome from this work, it could then be cascaded to other directorates.

6. Work with Staff Networks Action Plan

The following table outlines the work currently underway in relation to strengthening our staff networks. These networks are an excellent offering for staff to be able to get together with their peers, voice concerns and

suggest ways forward. There is still much work to do in relation to some of the younger networks but we have committed staff teams, who give up their spare time to enable and push the network forward. This work has been greatly enhanced by the introduction of the Diversity Champion roles.

Each network has a Terms of Reference (TOR)	By DEC
Each network has a Board Sponsor to increase their profile and keep the Board apprised of their work. This could also be enhanced by the work of the senior staff on the White Allies programme.	By DEC
Each network has a champion and their role description is updated with training and support options **CQC REQUIREMENT** 2.5N_TWSHOULD Clarify and review the role of equality champions within each directorate.	By DEC
Work with comms so each network has an intranet page	By DEC
Each network has a budget, suggest minimum of £500pa	By DEC
Each network has a management team – align across networks	By DEC
Organise bi-monthly network chair & champion & AD of EDI for planning purposes	By DEC
Ensure up to date EDI page on intranet and website	By DEC
Invite champion and network chairs to present to EDI committee	By DEC
Build calendar of important dates – already started work with NCL re sharing calendars	By DEC
Introduce Managers Forum – this will provide managers with an opportunity to share best practice, issues that are at play across many teams, and to find the support they require in their work, which is often very difficult. **HR have sourced mandatory training which we hope will also aid their work.**	By JAN

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Work with networks, champions and staff across the Trust, to increase diversity reps on interview panels **CQC REQUIREMENT** 2.5k_TWSHOULD Undertake an audit of recruitment processes to assess compliance and adherence to the set out processes. This will include reviewing outcomes and monitoring compliance with diversity reps on panels.	By FEB
Create Managers Handbook – to support their work and increase consistency of approach across directors	By FEB
Link networks externally via NCL to share the work we are doing, but also to learn from others across the ICS	By FEB

7. Trust wide Staff Diversity Champions

The Trust now has 3 of the 4 roles recruited to for our Trust wide diversity champions. The final role for the Race Diversity Champion will be going out to all staff for expressions of interest this week and we hope they will be in post very shortly.

- Disability/LT Conditions – Rupert Armitstead
- LGBTQI+ – Natasha Nelson
- Trans – Taylor Serban
- REN – recruitment pending

These roles will not only support the work of the relevant networks but will also provide an essential conduit to the revised EDI reporting structures. For those that did not see the piece from the two newly appointed Gender champions in the In Mind magazine, I strongly recommend you looking at that, and you will get a flavour of the commitment and passion they have in taking these roles forward.

8. Staff Training – Training proposal to support Race Equality Action Plan (RAP)

In the past the Trust has provided Safer Recruitment training and this remains a mandatory element on ESR and includes a basic overview of EDI and the protected characteristics,

We have reinstated this training and booked 3 initial sessions for 23rd November, 16th December and 22nd January. The HR team will be evaluating the feedback from these sessions before decided on further wider roll out.

The HR team are working with the charity 'BRAP', which is a charity who have developed a recognised and widely used training programme to support real change in the area of EDI in relation to recruitment and selection training. We are using the intelligence gathered in the external race review held over the summer to inform the areas we most need to concentrate our training efforts on.

We understand the need to go further from the basics with our future trainings and BRAP will enable that, and is being used by other organisations within our ICS.

9. New Reporting System for Incidents of discrimination

At present, we have limited data regarding how racism or perceived racism and other elements of discrimination are happening across the Trust. To increase our data around this area to help inform work going forward, we are proposing to introduce a new anonymous reporting tool for all staff so they can begin to report on a centralised system and enable us to firstly address their concerns, but also to be able to identify where we are going wrong and work to address that. This form will not only address race but will apply to all elements of discrimination.

Please find below a link to an example form around incident related to protected characteristics.

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https://forms.office.com/Pages/ResponsePage.aspx?id=m9DFCU-Xwk2gSdX49sUox7zmFqzhr7NKv_yGlZVT5eBUMU1HRFhIOVo3QkI5RjlEWUEzNDBTQzc3SS4u

Information submitted would be stored in the Microsoft Office platform of the Associate Director of EDI. It is proposed to embed the form on a page on the intranet, as well as having a button on the homepage and the staff network landing pages.

On the same page as the form is embedded, we can include links to the freedom to speak up/raising concerns pages. Once the new safe spaces and mediation systems are up and running, we can include those too.

Each incident form would be reviewed by the AD of EDI and a meeting arranged with the reporter, if requested, and onward appropriate action taken in relation to the incident.

Monthly thematic stats would be made available to divisional directors for information and action within their areas of responsibility.

10.   Review of staff leavers – managing exit interviews

The below break down of leavers by job role and ethnicity and consider leavers in the last year (up to 31/10/21)

- Our staff ethnicity mix at 1/11/21 is 69% identifying as from white backgrounds and 31% identifying as from Black and Minority Ethnic backgrounds.

- Our leaver profile during the last year to 31/10/21 is that 69% of leavers were white and 31% from Black and Minority Ethnic backgrounds.

This data suggests that people are leaving the Trust in proportion to the ethnic profile of the Trust which is what we would hope would be the case and is reassuring that there does not appear to be any race bias to the leaver profile.

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This of course does not discount the clear evidence we have from multiple other sources that our black and Minority Ethnic staff report worse experiences of work at the Trust when compared with their White colleagues which form the key drivers of our RES and RAP.

So it is key we gather all the data we need to ensure we are able to provide an overall assessment of how staff are experiencing working at the Trust.

Exit Interviews

HR are developing plans to measure staff experience at multiple points in the employee lifecycle as part of this there will be an overhaul of the exit interview procedure and the potential use of ESR to log and manage exit interviews.

11. Workforce Race Equality Standards (WRES) including the RAP

There are many plans in place to support the Race Equality Action Plan (RAP) and the CQC "should do" recommendations including the following:

- Introducing a managers' handbook to increase consistency and eliminate inequality when dealing with basic staff management issues
- As previously mentioned, providing a forum for managers to meet and network regularly to increase the level of consistency in management experienced by staff across the organisation.
- Looking at our policies and procedures in relation to EDI and ensuring they are adequate, this is also being done in line with sharing policies and good practice across our NCL patch.
- Work with HR colleagues & staff side re Job banding/monitoring etc
- Reviewing our use of ESR re skills audit linked to talent management and staff advancement and retention
- There is lots of work planned around the basic recruitment processes followed including ensuring our role descriptions & job adverts are updated and fit for purpose, which is happening now to ensure they are ready for use within the Strategic Review process.
- Re-introducing and supporting diversity on our interview panels, providing staff with the appropriate training and also ensuring mandatory relevant training for all hiring managers and panel chairs.

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- Increasing the pool of patient reps on panels is also on the agenda and there is work planned with clinicians to see how we can identify and reach more patients who may be able to assist with this work.
- As previously mentioned looking at exit interviews – we are investigating what outsourcing this process would look like and will review the benefits against in-house provision and how the information is gathered and used.

We are also looking at the research recently produced in the "No More Tick Boxes" by Roger Klein among others, which includes considering positive action during the recruitment and selection process and clear strategies around staff advancement and retention.

12. EDI Communications for all staff

This is a vital element of all our planning, because if staff are not kept regularly updated with our current and future plans, they naturally feel little is going to change as little is being done, which is far from the reality.

The communications team are instrumental in enabling us to get this information to staff on a regular basis and their work in this areas is much appreciated. However, we need to ensure we are giving them full and regular updates on the activity around all elements of our EDI work so they can find areas in which they can contribute, as we cannot do this work without taking the entire workforce with us.