



**The Tavistock and Portman**  
NHS Foundation Trust

## **Council of Governors Part One**

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

**Thursday, 10<sup>th</sup>  
March 2022**

**For timings  
please refer to  
the agenda**

**Meeting held  
online**

**COUNCIL OF GOVERNORS – PART ONE**  
**MEETING HELD IN PUBLIC**  
**10 MARCH 2022, 2.00pm – 4.00pm**  
**The Tavistock and Portman NHS Foundation Trust**  
**Online via Zoom**

**AGENDA**

		<b>Presenter</b>	<b>Timing</b>	<b>Paper No</b>
<b>1 Administrative Matters</b>				
1.2	Chair's opening remarks and apologies	Chair	2.00pm	
1.3	Council members' declarations of interests	Chair		
1.4	Draft minutes of the meeting held on 9 December 2021	Chair		1
1.5	Action log and matters arising	Chair		Verbal
<b>2 Operational Items</b>				
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
<b>3 Items for discussion</b>				
3.1	Race Equality Strategy	Interim HR Director	2.55pm	4
3.2	Board Governance Review	Chief Executive	3.10pm	5
3.3	DET International Work	Director of Education & Training	3.25pm	6 - late
3.4	Membership	Communications & Engagement Manager	3.40pm	7
<b>4 Any other matters</b>				
4.1	Any other business	Council Members	3.50pm	Verbal
4.2	Questions from the Public	Public	3.55pm	Verbal
<b>5 Date of Next Meeting</b>				
	Thursday, 09 June 2022 – Meeting timings and venue to be confirmed			

## Council of Governors Meeting (Part 1)

9<sup>th</sup> December 2021, 2.00pm – 4.25pm  
Meeting held online via Zoom

### Draft Minutes

Present:			
<b>Prof Paul Burstow</b> Trust Chair	<b>John Carrier</b> Vice Chair	<b>Jessica Anglin D'Christian</b> Governor - Staff	<b>Michael Arhin-Acquaah</b> Public Governor
<b>Sheena Bolland</b> Public Governor	<b>Badri Houshidar</b> Staff Governor	<b>Paru Jeram</b> Staff Governor	<b>Julian Lousada</b> Public Governor
<b>Freda McEwen</b> Public Governor	<b>Michelle Morais</b> Public Governor	<b>Richard Murray</b> Public Governor	<b>Michael Rustin</b> Public Governor
Attendees:			
<b>Paul Jenkins</b> Chief Executive	<b>Terry Noys</b> Deputy Chief Executive	<b>Fiona Fernandes</b> Business Manager Corporate Governance	<b>Helen Robinson</b> Interim Director of Corporate Governance
<b>Shalini Sequeira</b> Non-Executive Director	<b>Gloria Taplin</b> Interim Business Manage Corporate Governance		
Apologies:			
<b>Kathy Elliott</b> Lead/Stakeholder Governor	<b>Helen Farrow</b> Non-Executive Director	<b>Aruna Mehta</b> Non-Executive Director	

### Actions

AP	Item	Action to be taken	Resp	By
1	1.3.3	Email accounts to be provided for the governors with the distribution of the policy on email and social media use.”	FF	As soon as possible
2	1.4	Arrange a joint meeting for Directors and Governors on the Integrated Care System.	HR	By June 2022

3	2.3.8 Comment 1	Provide an update to the Council on the Trust's international teaching programmes.	BR	Next Governors' meeting
5	2.3.8 Comment 3	Circulate to the Governors:  1. A paper from the last Board which lists the current priorities and milestones 2. Colour Brave Avengers Report	PJ	Next Governors' meeting
6	2.3.8 Comment 4	Brian Rock to report to the Council on the benefits of virtual teaching vs in-face teaching.	BR	Subsequent Governors' meeting
7	4.1.6	Consultation document to be circulated to Governors.	PJ	Launch of consultation

## 1 Administrative Matters

### 1.1 Chair's opening remarks, and Apologies for Absence

1.1.1 Prof Burstow welcomed all of those in attendance. He explained that meetings of the Council of Governors are an opportunity for the Governors to be briefed, and for them to question and challenge the Board of Directors.

1.1.2 Apologies were as noted above.

### 1.2 Council members' declarations of interests

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

### 1.3 Draft minutes of the meeting held on 9 September 2021

1.3.1 Richard Murray Asked for clarification on the reason for the difficulty in providing Governors a Trust email account

Prof Burstow replied that the issue was not security, rather that emails sent using a Trust email address might be thought to represent the opinion of the Trust. This concern could be overcome by including a statement at the end of each email, that the views expressed were not necessarily those of the Trust.

Arrangements to be made for email accounts to be created for Governors **(AP1)**.

1.3.2 The draft minutes were agreed as an accurate and true record, subject to minor corrections of grammar.

## 1.4. Action Log and Matters Arising not covered on the agenda

- |     |                        |   |
|-----|------------------------|---|
| AP1 | Strategic Review       | Prof Burstow said that this will be a standing item on the agenda.                                    |
| AP2 | Integrated Care System | Prof Burstow said that a joint meeting for the Governors and Directors will be arranged. <b>(AP2)</b> |

## 2 Operational Items

### 2.1 Governor Feedback

- 2.1.1 Prof Burstow explained that the Governors normally meet to prepare their feedback to the Council of Governors.
- 2.1.2 Dr Carrier asked if any information was available concerning when new laws on gender change will come into effect. Mr Jenkins said he would cover this in the Chief Executive's Report. Prof Burstow said he would seek this information, and that the current Health and Social Care Bill might be the vehicle for the change.

### 2.2 Chair's Report

- 2.2.1 Prof Burstow explained that he would normally give an account of his activities, meetings and the key issues which have arisen since the previous meeting. He offered to answer any questions on this (there were none).

### 2.3 Chief Executive's Report

- 2.3.1 Mr Jenkins said that it has been a tough time for the Trust, and Covid has been causing an uncertain working environment. The Trust has had to face a complex range of issues at the same time, leading to challenging decisions about where to put time and energy.
- 2.3.2 Covid-19 update
- Since the beginning of the pandemic, the Trust has offered hybrid services (i.e. some face-to-face and others virtually). Currently, quite a lot of clinical services have a strong component of face-to-face meetings, and a considerable number of patients are being seen virtually. This has had benefits for clinical staff and patients.
- 2.3.3 The training which the Trust provides has been mostly virtual since March 2020, and the decision to return to face-to-face meetings will be informed by advice on the impact of the Omicron Covid variant. The change to virtual training has produced benefits in terms of reach and efficiency.
- 2.3.4 Progress towards mandatory vaccination of all staff in patient-facing roles by April 2022.

Mr Jenkins reported that the Trust has done well in ensuring staff have their first and second injections. However, there are significant challenges with the third injection, namely that this booster vaccination is commonly administered by the staff member's GP surgery or other local service (which makes data collection difficult), and there is debate about which roles require mandatory vaccination. An executive sub-group is meeting fortnightly, for managing the response to the pandemic and communicating with staff about it.

### 2.3.5 Strategic Review

The Board has commissioned an independent review its governance systems and Board oversight, to make recommendations on areas of improvement. The timetable is for the results of the review and an action plan to be considered by the Board in January 2022, and by the Governors in March.

### 2.3.6 GIDS (Gender Identity Development Service)

For context, the Trust is a major provider of services for people with issues about gender identity. It is the sole provider for children and young people, and provides one eighth of the treatments for adults. Gender identity has become a source of controversy and debate in society and the Trusts services have become a focal point for the wider debate, this includes a recent legal appeal which the Trust won and which established that young people do have the capacity to consent to treatment, under the long established Gillick principles.

In 2021 the Care Quality Commission delivered a report on the children and young people's gender service, which rated it as 'inadequate.' This rating was mostly attributed to the large number of young people on the waiting list, the length of time they were waiting, and their experiences while waiting.

The Trust is working with Dr Hilary Cass, who was appointed by NHS England and NHS Improvement to chair the Independent Review of Gender Identity Services for children and young people in late 2020, and who is due to make her report in 2022.

Three items of note since the Council of Governors last met are:

1. The Trust has won a legal appeal which establishes that young people do have capacity to consent to gender identity treatment.
2. The NHS has introduced a multi-disciplinary review group, to ensure there is a clear audit trail around how decisions have been reached, and to provide increased assurance that safeguarding has been taken into account in deciding whether to treat. There is work to be done for under-16s, including reviewing past cases.
3. A lot of work has been done to respond to the requirements of the CQC report. A Quality Summit in October 2021 acknowledged how much work had been done on improvements, and the CQC recognised the appropriateness of the Trust's proposed actions for improving the care of gender services for young people. There will be a further Quality Summit in the New Year, and other inspections might also be expected. He anticipates that while the review of GIDS evaluated data, systems and record keeping, the issues in those areas may also be of concern in other services.

### 2.3.7 Race Equality Strategy

The Board takes the its responsibilities very seriously and considers that the Trust is not yet sufficiently diverse, particularly in how different groups are represented (especially at more senior clinical and managerial levels) and whether the services are accessible enough for people from different backgrounds, which will impact how diverse future generations of the workforce will be.

The Trust's performance on race equality has been externally assessed by The Colour Brave Avengers, who made their report in September 2021. The Trust is developing a refreshed Equalities Strategy and an action plan in response to the review findings and recommendations, for the Board to consider and approve in January.

### 2.3.8 Questions on the Chief Executive's Report

- 1) Mr Michael Rustin said that his experience was that virtual delivery of education and clinical services was successful, and he evaluates that virtual or hybrid methods would be suitable for delivering the Trust's services and education overseas. This would make them accessible to more people, and be a source of revenue. He asked for a report on the Trust's international teaching programmes, and what revenue they create.

Mr Jenkins replied that the Trust has a digital platform, and experience of delivering services and education in the UK and overseas. One possible new market is business-to-business (programmes for institutions rather than individuals). In 2021 the Trust gained its registration with the Office for Students (regulator of the Higher Education sector), a large benefit of this being permission to teach overseas students in the UK which could be an attractive source of income. The Trust's assets in this area are its capabilities in remote delivery, its brand, and delivering at scale.

Prof Burstow said he would ask Brian Rock (academic Dean, and Director of Education and Training) to report further to the Council on the Trust's longer term plans for the delivery of teaching. **(AP4)**

- 2) In respect of mandatory vaccination Mr Murray asked for the Executive to ensure that sufficient contingency planning is being developed to ensure service resilience given this requirement.

Mr Jenkins replied that the Trust was in touch with those staff who were likely to be vaccine-hesitant. The first and second vaccines are mandatory, but the booster is not. There is a need to operate in step with the sector, and he expects other people will be setting the rules on what proof of vaccination is required, and on re-deployment, which the Trust may have some scope to interpret.

- 3) Mr Lousada said that, because there are many issues facing the Trust, having a list of them and how they are linked would help provide context. Mr Jenkins agreed to circulate a paper from the last Board which lists the current priorities and milestones

**(AP5)**

- 4) Mr John Carrier said his experience is that while teaching by Zoom had been useful during lockdown, it lacks important feedback for the teacher such as which information the students write down. He would be very concerned if Zoom were to become a major way of delivering what the Tavistock has to offer. As for international services and education, he has no strong leaning for or against delivering them, but he thinks it may be unwise to take it on.

Prof Burstow replied that the matter will be brought back to the Council after consulting Mr Rock. **(AP6)**

- 5) Ms Michelle Morais said that online delivery during lockdown had provided valuable services when the alternative was no service provision, and in her evaluation it should continue to be a method of delivery.

Prof Burstow replied that there were a number of issues to consider, including whether online delivery had exacerbated inequality of access to services, and inequality.

- 6) Ms Michelle Morais asked about the size of the waiting list for GIDS.

Mr Jenkins replied that there were about 5,500 patients on the waiting list, with an average waiting time over two years. The list has grown substantially during lockdown. Prof Burstow added that this is a preoccupation for the Board.

## 2.4 Finance and Performance Report

Mr Noys highlighted from his report:

- 2.4.1 That for the first half of the year the Trust recorded a net deficit of £2.2m, which is slightly higher than the forecast deficit (of £1.8m) previously indicated.

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 of Directors in March - of a deficit of £8.3m.

These figures exclude non-recurring items which are, potentially, significant.

- 2.4.2 The current financial regime is a fluid one and that the forecast is subject to amendments (potentially significant ones) based on ICS (Integrated Care System) direction.

- 2.4.3 Based on the assumptions used within the forecast, cash will reduce from the September position of £13.5m to £4.6m by the end of the financial year. Mr Noys suggested that the actual cash position would most likely be better than the forecast, however, at the current level of deficit, the Trust would run out of cash during 2022/23 and would therefore need to seek support from NHSE/I.



2.4.4 Prof Burstow noted that the North Central London ICS (of which the Trust is a member) has the largest deficit of any ICS. Prof Burstow continued to note that as the pandemic moves to an endemic phase certain covid specific funds will cease.

2.4.6 The financial position was noted.

### 3 Items for Discussion

#### 3.1 Strategic Review Update

3.1.1 Prof Burstow introduced Julia Stacey (Joint Project Lead for the Strategic Review).

3.1.2 Mr Jenkins described the Strategic Review, with reference to his report and a PowerPoint presentation.

#### 3.1.3 Questions on the Strategic Review Update

- 1) Mr Carrier raised his concerns over the proposed blended model of delivery, with reference to Proposal 2 (“Aim to substantiate online delivery for 50-60% of national clinical services”) and Proposal 6 (“Improve the financial viability of our courses”). He said the proposals read as if the plan is to make services financially viable, but he says that there are more important things which may have a cost, namely the content being delivered, and he asked that the consultation consider the quality of content as well as financial viability.

Ms Stacey replied that while finance is only one of the motives for the Strategic Review there were appropriate ways of reducing the cost of delivery while maintaining the quality of teaching and student experience.

- 2) Mr Michael Rustin was concerned about the priority given to content as opposed to the means of delivery. Specifying what the Tavistock is for should be a part of the Strategic Review

He asked how far is the Trust looking after its capacity to generate new kinds of work, which sustain the brand and bring the possibility of income generation? The balance in thinking between people who think of themselves as managers, compared with professional leaders, is problematic. The Strategic Review should see this role enhanced and developed, and the management structure should better reflect that kind of contribution, otherwise you will have an institution which is strong on management but does not have much that is worth managing.

Prof Burstow responded by saying that these were matters the Board was keeping in mind and that the consultation was an opportunity for these points to be raised.

Mr Jenkins added that:

1. He didn't see the strategic review as managers versus clinicians. Both are essential, and there is insufficient management capacity for an operation of this scale and complexity.

2. It was important also to focus on how this institution fits in to a wider system, because the wider system will decide whether this institution has a future, and it will also have a view about which parts of our contribution are valued.
3. The circumstances in which the institution finds itself mean that preserving the status quo is not viable. The Board would welcome and consider any viable alternative proposals as part of the consultation.

Mr Michael Rustin replied that he is not against delivering at scale; Infant Observation and child psychotherapy are two examples of ideas developed at the Tavistock and delivered at scale. The question is how do we develop those kinds of products, and what is the capability which enables that? We need a professional leadership capability which is closely tied to clinical and educational practice and the Institute would be in trouble if it can't incorporate that into the Strategic Review in a serious way.

- 3) Mr Richard Murray said that in his short time on the Council we have come a long way in grasping the strategic decisions that the Trust faces, and he can see the proposals as a huge step in pulling them together. This status quo is shifting, and it's good to see how we evolve as part of it.

He asked how we will measure the toll that the consultation process will have on staff.

Mr Jenkins replied:

1. We have been working with staff-side reps
2. We are looking at proposals to increase support for staff who may be distressed or affected by the changes
3. We have fewer opportunities for people who work across the organisation to solve problems together
4. We will be bringing together leaders to effect that change
5. The next six months will be particularly challenging
6. We are trying to reset our culture which is not a quick process

- 4) Mr John Carrier said he did not see this as a conflict between the status quo and moving forward, because the status quo is not adequate.

The Review must have some clear clinical ambitions which reflect the brand of the Tavi, because unless the brand is established, confirmed and promoted, there is no future for the Trust. Otherwise it's likely to become indistinguishable from a multitude of other services. The uniqueness of the Tavi is its brand.

He agrees that there must be changes in how services are delivered.

If the Strategic Review cannot be seen as having a clinical ambition then I think the consultation is going to be unproductive.

Ms Stacey replied:

1. We ran development workshops last summer, that were designed to be representative of the organisation
2. We have shown that you can have rich, engaging meetings via Zoom
3. Sally Hodges has been talking to clinicians about how they might see more patients, and how to create more space for clinicians to see clients

4. Management has been working with HR about the impact of the consultation on staff.

#### 3.1.4 Prof Burstow summarised:

1. The Strategic Review is fundamentally about how to maintain agency for the Trust to shape its destiny, and remaining relevant to those we work with, and we have communicated that.
2. We need clearly communicate the Trust's Corporate Narrative to express the uniqueness of the organisation, and that it does things which others cannot do or choose not to do
3. There are limits to this organisation's agency, and there is inter-dependency in a system that is becoming more integrated and collaborative, with clear expectations that we should act in this way
4. We will report to the Council of Governors in March, to update on the consultation at that point. The Board will be taking decisions in March.
5. We have already extended the time for consultation, so as not to rush it but get it right.

#### 3.1.5 The Council noted the Strategic Review.

### 3.2 Race Equality – next steps.

Mr Jenkins referred to Paper 04 in the bundle, prepared by Irene Henderson (Associate Director for Equalities), detailing a plan for a refreshed equality strategy, and a plan to implement the Colour Brave Avengers' report. It will go to the Board in January, and then to the Council of Governors. Ms Henderson wished to highlight:

Shalini Sequeira is chairing the Equality Committee.

Areas to be overhauled include:

1. The policies about raising concerns, grievances, and whistle-blowers. The Trust has had some poor experiences, around not dealing with these matters at an early stage.
2. How better to support people who are using the formal processes.
3. How to create a support system for people to raise incidents which might involve race.

Prof Burstow said the Council has a role in holding the Board to account collectively and the Non-executives in particular. At a future meeting, we will discuss the framework we use to help the Council do that.

Mr John Carrier welcomed the proposal to bring this back to the Council, when there is enough time to discuss it.

Ms Shalini Sequeira said she think it is really important that the Council of Governors is holding the Board to account. Her vision of EDI (Equality, Diversity and Inclusion) is that it reflects the Trust's values of equality and inclusion.

The Council noted the report.

## 4 Any other matters

### 4.1 Any other business

Prof Burstow said that as a courtesy it is helpful to inform the Chair of any other business before the meeting.

- 1) Mr Richard Murray asked to have a list of the Council, Executive and NED assignments for all committees, to help tracking when items will be brought to different meetings.

Prof Burstow replied that he will discuss this with the Governance There is also a rota of Governor Observers at Board meetings.

- 2) Ms Jessica Anglin D'Christian referred to the email she had sent asking for replacement of senior colleagues who had left the Fitzjohn's Unit. There are currently more honorary psychotherapists than paid ones.
- 3) Mr Michael Rustin asked that a list be created of those operations which the Trust wants to continue, how much those services are valued, and what commitment is the Trust going to give them. Prof Burstow replied that he would explore with the Chief Executive the best way to provide the Council with relevant information
- 4) The Chair invited Mr Richard Backes (an Honorary Psychotherapist at the Fitzjohn's Unit) to ask his question. He asked if the Trust will be replacing the senior therapists who are leaving.

Mr Jenkins replied that he understands the concerns, and that the Unit does important work and training. There are some actions to replace some of the staff who are leaving. We're having to take some tough decisions. There will be action to relieve some of the pressure that the Trust is under at the moment, but it is not necessarily going to be like for like replacement. There may be grouping together of some services currently relying on one or two specialist clinicians, because those activities are not sustainable on their own.

- 5) Mr Julian Lousada said he is uncomfortable about services depending on free labour.
- 6) Prof Burstow said the Consultation Document will be available to the Council of Governors. He added that the Council's task will be to evaluate whether the Board has discharged its responsibilities in considering the results of the consultation, and it is the Board which is the decisions-making body.  
**(AP7)**

### 4.2 Questions from the Public

- 4.2.1 Mr Richard Backes question is recorded above in §4.1 (Any Other Business) because it related to business raised there by Council members.

## 5 Date of Next Meeting

Thursday, 10 March 2022. Meeting timings and venue to be confirmed.

Report to	Date
Council of Governors	10 <sup>th</sup> March 2022

Chief Executive's Report

**Executive Summary**

This report provides a summary of key issues affecting the Trust.

**Recommendation to the Board**

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

## Chief Executive's Report

### 1. Strategic Review

- 1.1 On 31<sup>st</sup> January we launched a consultation exercise with staff on a set of proposals relating to the Trust's Strategic Review. The consultation lasts for 45 days and will close on 17<sup>th</sup> March. A full analysis of responses to consultation will be prepared to inform decisions by the Board of Directors by the end of April about final proposals. The Strategic Review is on the agenda for the meeting.

### 2. Trust Chair

- 2.1 As Governors will be aware the Trust Chair, Paul Burstow, will be stepping down from the end of April 2022. With the support of the ICS, we are proceeding to appoint a new Chair. We are also taking the opportunity to appoint to two NED vacancies which will occur by the end of the year.
- 2.2 Both appointments are led by the Council of Governors and the process for managing this has been agreed by the Nominations Committee. The exercise is being led by Gatenby Sanderson who have been appointed following a procurement exercise.
- 2.3 The timetable for the process aims to be completed for the new chair in the week commencing 28<sup>th</sup> March.
- 2.4 In looking at both appointments the following objectives have been agreed with the Nominations Committee:
- The importance attached to increasing the diversity of the Board, so it better reflects the population it serves.
  - The significance of partnerships in the building a successful future for the Trust in the new environment of Integrated Care Systems.
  - Specific requirements to increase specific clinical and higher education expertise on the Board.

### 3. Covid19 Update

- 3.1 The Trust continues to follow required measures and guidance in managing its services and staff to minimise the risk of Covid, while ensuring the continuing delivery of high quality clinical and educational services.
- 3.2 While recognising changes in the incidence and impact of cases and in central Government regulations we continue to follow NCL wide IPC (infection prevention and control) guidance including that relating to the wearing of masks, ongoing need for social distancing, use of testing etc. We will be looking to work alongside colleagues in the ICS to take steps to increase our ability to accommodate face to face activities over

the coming months. This has already included a move to increase the maximum group size which can be accommodated in our larger meeting rooms.

- 3.3 DET has continued with its hybrid model for educational services operating to a specific guidance, in line with the overall Trust IPC measures. There is also a plan for a further exploration of the future model of provision of our educational services, including face to face settings over the coming period.

#### **4. Mandatory Vaccination (VCOD)**

- 4.1 Along with other NHS organisations we prepared for the implementation of anticipated legal requirements for vaccination as a condition of deployment (VCOD). In the light of the change of national policy we have stood down these arrangements. We continue to work to ensure high levels of vaccination amongst staff.

#### **5. Board Governance Review**

- 5.1 At its January meeting the Board of Directors received the report of an independent review of Board Governance carried out by the Office for Modern Governance together with a draft implementation plan. This on the agenda for later in the meeting.

#### **6. Race Equality Strategy**

- 6.1 At its January meeting the Board of Directors agreed an updated Race Equality Strategy and Race Equality Action Plan. This is on the agenda for later in the meeting.

#### **7. GIDS**

- 7.1 Hector Bayayi has taken over the role as Divisional Director for both GIDS and the adult gender service.

- 7.2 Following our last Quality Summit in October I wrote to CQC highlighting three priorities:

- Continuing to deliver tangible improvements in core processes, governance, workforce engagement and culture,
- Processing outstanding endocrine referrals including agreement from the Multi-Professional Review Group (MPRG) for referrals of patients aged under 16 and
- Maximising the capacity and in particular clinical capacity necessary to achieve sustainable reductions in waiting times. As part of this we have been developing in partnership with our Commissioner, NHS England a Recovery Plan which quantifies these actions.

- 7.3 A third Quality Summit is being held at the end of March. It is likely that, following this, the service will be subject to a reinspection.
- 7.4 We are anticipating, shortly, the publication of an interim report from the review of gender identity services for young people being carried out by Dr Hilary Cass.

## **8. Student letter about remote teaching**

- 8.1 A group of students studying on five clinical programmes across a number of year groups have written to express a range of concerns about the lack of in person teaching and the possible detrimental impact on their learning and development.
- 8.2 DET have been considering and implementing where possible returns to face-to-face teaching, but progress has been slower because of the configuration of most of our teaching spaces in the building and also because of the prevailing social distancing guidelines – and the need to protect all users of the Trust (patients, students, staff and visitors).
- 8.3 Nearly half of our courses have had or are in the process of arranging face-to-face teaching both last term and this year. This has been complicated by COVID, as some events had to be cancelled at short notice for a variety of reasons – students not wanting to attend; COVID isolation; Omicron leading to new restrictions. Course Leads have been and continue to be engaged in conversations about what might be possible whilst there are still social distancing restrictions in place within the Trust. This has included looking at how the timetable can be adapted to allow face to face activities.
- 8.4 Brian Rock has met some of the students and responded, formally, to their letter. This has included the intention to establish a task and finish group to further develop plans to return students over this term and, hopefully, more fundamentally, for the third term. There are a range of complexities to be addressed, including reviewing whether there is any flexibility in relation to the social distancing requirement. Hybrid delivering will continue to be required for the foreseeable future because individual learner and teacher preferences will continue to be a factor in the planning and delivery of activity.

Paul Jenkins  
Chief Executive  
7<sup>th</sup> March 2022



Report to	Date
Council of Governors	10 March 2022

Report on Finances

Executive Summary

This paper provides details of the Trust financial performance for the 10 month period ended January 2022

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

# REPORT ON FINANCES

## 1. INTRODUCTION

- 1.1. This paper provides details of the Trust financial performance for the first 10 months of the financial year (ending 31 January 2022).

## 2. SUMMARY

£m	H1 Act	H2 F'Cast	Var	
Income	48.9	50.0	(1.1)	(2)%
Pay costs	(39.6)	(41.4)	1.8	4%
Non-pay costs	(12.6)	(13.1)	0.5	4%
	----	----	----	
Operating deficit	(3.1)	(4.5)	1.4	31%
Other costs	(1.8)	(1.8)	-	-
	-----	----		
Net deficit	(4.9)	(6.3)	1.4	22%

- 2.1. The Trust continues to perform ahead of the latest Forecast / Plan, due primarily to staff costs being lower than intended. This reflects difficulty in recruiting into certain areas of the Trust.
- 2.2. Partly as a result of this operational out-performance but also reflecting the timing of commissioning payments, the Trust's cash position is ahead of Forecast / Plan.

The Tavistock and Portman   
NHS Foundation Trust

**MONTHLY FINANCE AND PERFORMANCE REPORT**

Period 10    10                    **Jan-22**

I & E Summary

Balance Sheet Trend

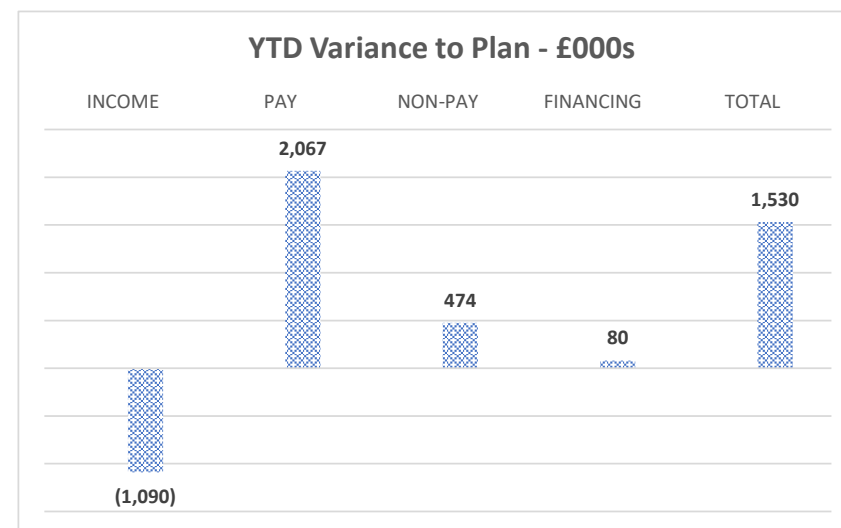
Funds - Cash Flow

Capital Expenditure

Period 10

Jan-22

£000		Plan	Actual	Variance	Var %
INCOME	INCOME	50,002	48,912	(1,090)	(2%)
PAY	PAY	(41,425)	(39,359)	2,067	(5%)
NON-PAY	NON-PAY	(13,117)	(12,643)	474	(4%)
<b>EBITA</b>		<b>(4,540)</b>	<b>(3,090)</b>	<b>1,450</b>	<b>(32%)</b>
Interest receivable		0	1	1	
Interest payable		(20)	(27)	(7)	
Depreciation		(1,501)	(1,505)	(3)	
Dividend		(305)	(338)	(33)	
<b>Net Surplus /(Deficit)</b>		<b>(6,367)</b>	<b>(4,958)</b>	<b>1,408</b>	<b>(22%)</b>



	Plan	Act	Var
<b>Projected closing cash - Mar 22</b>	<b>4,643</b>	<b>10,041</b>	<b>5,397</b>
<b>YTD Cash in/(out) flow - £000s</b>	<b>(7,048)</b>	<b>(1,925)</b>	<b>5,123</b>
due to :-			
<i>Operating flows - reduced costs</i>			<b>1,408</b>
<i>Reduction in debtors</i>			<b>1,893</b>
<i>Deferred income - NHS England / Eating disorders</i>			<b>754</b>
<i>Capital slippage</i>			<b>927</b>
<b>Capital Expenditure - £000s</b>	<b>2,914</b>	<b>1,987</b>	<b>(927)</b>
<b>Debtors &gt; 90 days</b>	<b>Nov-21</b>	<b>Dec-21</b>	<b>Jan-22</b>
	£'000	£'000	£'000
NHS	100	100	56
Non-NHS	102	101	188
Student	255	323	344
<b>Total</b>	<b>456</b>	<b>523</b>	<b>589</b>

**FINANCE AND PERFORMANCE REPORT**  
**Period 10**  
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**Section 3**

**Balance Sheet**

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	Prior Year End £'000	Apr-21 £'000	May-21 £'000	Jan-22 £'000	Jul-21 £'000	Aug-21 £'000	Sep-21 £'000	Oct-21 £'000	Nov-21 £'000	Dec-21 £'000	Jan-22 £'000	Feb-22 £'000	Mar-22 £'000
Intangible assets	50	46	43	39	36	33	30	27	25	24	23		
Land and buildings	24,045	24,031	24,039	24,046	24,079	24,026	24,072	24,267	24,191	24,467	24,555		
IT equipment	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773		
<b>Property, Plant &amp; Equipment</b>	<b>25,818</b>	<b>25,804</b>	<b>25,812</b>	<b>25,819</b>	<b>25,852</b>	<b>25,799</b>	<b>25,845</b>	<b>26,040</b>	<b>25,964</b>	<b>26,240</b>	<b>26,328</b>		
<b>Total non-current assets</b>	<b>25,868</b>	<b>25,850</b>	<b>25,855</b>	<b>25,858</b>	<b>25,887</b>	<b>25,832</b>	<b>25,875</b>	<b>26,067</b>	<b>25,989</b>	<b>26,264</b>	<b>26,351</b>		
NHS Receivables	6,494	5,331	5,290	5,022	7,458	5,115	5,528	5,310	4,982	4,950	4,505		
Non-NHS Receivables	3,322	2,475	3,172	3,404	2,946	2,683	4,154	3,722	4,215	3,379	3,284		
Cash / equivalents	14,775	17,175	15,659	15,228	13,734	14,348	11,846	15,330	13,532	12,086	10,722		
Other cash balances		(123)	(111)	(167)	(60)	1,130	1,606	1,653	1,744	2,061	2,130		
<b>Total current assets</b>	<b>24,591</b>	<b>24,858</b>	<b>24,009</b>	<b>23,488</b>	<b>24,078</b>	<b>23,276</b>	<b>23,134</b>	<b>26,015</b>	<b>24,473</b>	<b>22,476</b>	<b>20,641</b>		
Trade and other payables	(2,660)	(2,936)	(2,247)	(2,496)	(2,586)	(2,653)	(2,591)	(2,353)	(2,738)	(2,675)	(2,816)		
Accruals	(8,090)	(8,406)	(8,471)	(8,114)	(9,172)	(8,852)	(9,211)	(12,278)	(12,021)	(10,539)	(9,739)		
Deferred income	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)		
Long term loans < 1 year	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)		
Provisions	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)		
<b>Total current liabilities</b>	<b>(18,623)</b>	<b>(19,215)</b>	<b>(18,590)</b>	<b>(18,482)</b>	<b>(19,631)</b>	<b>(19,377)</b>	<b>(19,674)</b>	<b>(22,503)</b>	<b>(22,631)</b>	<b>(21,086)</b>	<b>(20,428)</b>		
<b>Total assets less current liabilities</b>	<b>31,837</b>	<b>31,493</b>	<b>31,274</b>	<b>30,864</b>	<b>30,335</b>	<b>29,732</b>	<b>29,334</b>	<b>29,578</b>	<b>27,831</b>	<b>27,653</b>	<b>26,564</b>		
Non-current provisions	(70)	(65)	(65)	(24)	18	18	18	20	20	(53)	22		
Long term loans > 1 year	(2,666)	(2,666)	(2,666)	(2,666)	(2,666)	(2,443)	(2,443)	(2,443)	(2,443)	(2,443)	(2,443)		
<b>Total assets employed</b>	<b>29,101</b>	<b>28,763</b>	<b>28,543</b>	<b>28,175</b>	<b>27,688</b>	<b>27,307</b>	<b>26,910</b>	<b>27,155</b>	<b>25,408</b>	<b>25,157</b>	<b>24,142</b>		
Public dividend capital	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(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)	(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)	(9,354)	(9,599)	(7,852)	(7,601)	(6,586)		
<b>Total taxpayers equity</b>	<b>(29,101)</b>	<b>(28,763)</b>	<b>(28,543)</b>	<b>(28,175)</b>	<b>(27,688)</b>	<b>(27,307)</b>	<b>(26,910)</b>	<b>(27,155)</b>	<b>(25,408)</b>	<b>(25,157)</b>	<b>(24,142)</b>		

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

Page 4

	April Act £'000	May Act £'000	June Act £'000	July Act £'000	Aug Act £'000	Sept Act £'000	Oct Act £'000	Nov Act £'000	Dec Act £'000	Jan Act £'000	Feb Act £'000	Mar Act £'000	YTD Act £'000	YTD Plan £'000	YTD Var £'000
<b>Net Surplus/(Deficit)</b>	<b>(338)</b>	<b>(220)</b>	<b>(368)</b>	<b>(487)</b>	<b>(381)</b>	<b>(397)</b>	<b>245</b>	<b>(1,747)</b>	<b>(251)</b>	<b>(1,015)</b>			<b>(4,959)</b>	<b>(6,492)</b>	<b>1,533</b>
Depreciation / amortisation	135	135	135	135	193	147	146	180	157	142			<b>1,505</b>	<b>1,467</b>	<b>38</b>
PDC dividend paid	41	23	32	76	43	41	82	0	0	0			<b>338</b>	<b>456</b>	<b>(118)</b>
Net Interest paid	2	2	2	2	5	0	5	2	2	2			<b>27</b>	<b>26</b>	<b>0</b>
(Increase) / Decrease in receivables	2,010	(656)	35	(1,978)	2,606	(1,885)	650	(164)	867	540			<b>2,027</b>	<b>134</b>	<b>1,893</b>
Increase / (Decrease) in liabilities	592	(625)	(108)	1,148	(254)	297	2,829	128	(1,545)	(659)			<b>1,805</b>	<b>1,051</b>	<b>754</b>
Increase / (Decrease) in provisions	(5)	0	(41)	(42)	0	0	(2)	0	73	(75)			<b>(92)</b>	<b>(70)</b>	<b>(22)</b>
Non operational accrual movement	(44)	(25)	(34)	(78)	(33)	364	(87)	(2)	(2)	(2)			<b>55</b>	<b>(48)</b>	<b>103</b>
<b>Net operating cash flow</b>	<b>2,393</b>	<b>(1,365)</b>	<b>(347)</b>	<b>(1,224)</b>	<b>2,180</b>	<b>(1,433)</b>	<b>3,869</b>	<b>(1,604)</b>	<b>(699)</b>	<b>(1,066)</b>	<b>0</b>	<b>0</b>	<b>705</b>	<b>(3,476)</b>	<b>4,181</b>
Interest received													<b>0</b>	<b>0</b>	<b>0</b>
Interest paid					(15)								<b>(15)</b>	<b>(26)</b>	<b>11</b>
PDC dividend paid						(405)							<b>(405)</b>	<b>(408)</b>	<b>3</b>
Restructuring															
<b>Cash flow available for investment</b>	<b>2,393</b>	<b>(1,365)</b>	<b>(347)</b>	<b>(1,224)</b>	<b>2,165</b>	<b>(1,838)</b>	<b>3,869</b>	<b>(1,604)</b>	<b>(699)</b>	<b>(1,066)</b>	<b>0</b>	<b>0</b>	<b>285</b>	<b>(3,911)</b>	<b>4,195</b>
Purchase of property, plant & equipment	18	(4)	(4)	(29)	55	(42)	(192)	77	(275)	(87)			<b>(482)</b>	<b>(1,447)</b>	<b>965</b>
Depreciation	(135)	(135)	(135)	(135)	(193)	(147)	(146)	(180)	(157)	(142)			<b>(1,505)</b>	<b>(1,467)</b>	<b>(38)</b>
<b>Capital purchases - cash</b>	<b>(117)</b>	<b>(139)</b>	<b>(139)</b>	<b>(164)</b>	<b>(138)</b>	<b>(189)</b>	<b>(338)</b>	<b>(102)</b>	<b>(431)</b>	<b>(229)</b>	<b>0</b>	<b>0</b>	<b>(1,987)</b>	<b>(2,914)</b>	<b>927</b>
<b>Net cash flow before financing</b>	<b>2,277</b>	<b>(1,505)</b>	<b>(486)</b>	<b>(1,388)</b>	<b>2,027</b>	<b>(2,027)</b>	<b>3,531</b>	<b>(1,706)</b>	<b>(1,130)</b>	<b>(1,295)</b>	<b>0</b>	<b>0</b>	<b>(1,702)</b>	<b>(6,825)</b>	<b>5,123</b>
Repayment of debt facilities	0	0	0	0	(222)	0	0	0	0	0			<b>(222)</b>	<b>(222)</b>	<b>0</b>
<b>Net increase / (decrease) in cash</b>	<b>2,277</b>	<b>(1,505)</b>	<b>(486)</b>	<b>(1,388)</b>	<b>1,805</b>	<b>(2,027)</b>	<b>3,531</b>	<b>(1,706)</b>	<b>(1,130)</b>	<b>(1,295)</b>	<b>0</b>	<b>0</b>	<b>(1,925)</b>	<b>(7,048)</b>	<b>5,123</b>
Opening Cash	14,775	17,052	15,547	15,061	13,674	15,478	13,451	16,982	15,276	14,146		0	14,775	14,775	0
<b>Closing cash</b>	<b>17,052</b>	<b>15,547</b>	<b>15,061</b>	<b>13,674</b>	<b>15,478</b>	<b>13,451</b>	<b>16,982</b>	<b>15,276</b>	<b>14,146</b>	<b>12,851</b>	<b>0</b>	<b>0</b>	<b>12,851</b>	<b>7,728</b>	<b>5,123</b>
check	0	0	0	0	0	0	0	0	0	1	0	0	(0)	0	

Period 10

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Jan-22

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Full Yr	20/21
	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Fcst	Fcst	Fcst	Bud
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PROJECT														
Microsoft Office 365 E-Mail Migration	260	(252)	4	(4)	12	5	1	0	0	0	0	0	27	0
Endpoint Procure/Config/Compliance/Monitor	0	8	8	17	7	5	9	4	9	5	56	3	130	66
Tavistock Centre Data Centres Power Provision	0	0	0	0	0	0	0	0	2	0	27	30	59	32
Remote Working	(260)	260	0	0	0	0	0	0	0	0	0	0	0	0
Cyber Essentials	4	1	4	0	0	0	0	0	0	0	1	0	11	5
Health Information Exchange	0	0	0	0	0	0	2	1	3	1	6	6	19	0
MyTap Annual Upgrade 2019/20	3	0	0	0	0	0	0	0	0	0	0	0	3	0
Health & Social Care Network	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Endpoint Replacement 2018/19	0	0	0	0	0	0	0	(71)	0	0	0	0	(71)	0
DET Record Management System	0	0	0	0	0	0	0	(3)	0	0	0	0	(3)	0
Scheduling & Robotic Process Automation	(0)	0	0	0	0	0	0	0	0	0	0	0	(0)	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)	0	1	1	5	1	13	3	34	63
Network - Upgrade (Wireless)	0	0	0	0	0	0	6	4	34	4	65	5	118	30
Cyber Essentials Plus	0	0	5	4	3	0	7	0	7	0	7	2	35	30
Endpoint Replacement 2021/22	0	0	0	2	34	33	42	0	41	41	98	98	390	200
ICT Cyber Security Compliance 2021/22	0	0	2	5	(4)	0	4	1	79	13	11	5	116	140
API for CareNotes Integration	0	0	0	0	0	0	1	1	1	1	83	23	110	0
Audio Video Upgrade for Remote Working	0	0	0	0	0	0	2	1	2	1	47	102	156	0
Connectivity Upgrade	0	0	0	0	0	0	2	6	3	1	38	35	85	0
Data Warehouse	0	0	0	0	0	0	1	3	15	14	31	10	74	0
Virtual Desktop Interface	0	0	0	0	0	0	1	1	4	2	90	5	102	0
<b>IT</b>	<b>9</b>	<b>18</b>	<b>31</b>	<b>34</b>	<b>43</b>	<b>43</b>	<b>79</b>	<b>(51)</b>	<b>205</b>	<b>85</b>	<b>573</b>	<b>327</b>	<b>1,396</b>	<b>566</b>
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	0	0	0	(0)	(0)	0	0	(0)	30
Electrics	8	(3)	3	8	16	13	68	6	16	95	9	244	482	223
PC Compliance	0	7	1	0	0	0	0	0	0	0	0	0	8	0
TC Compliance	1	9	3	6	(3)	(1)	0	19	(21)	0	0	0	11	0
GH Compliance	2	0	0	0	0	0	0	0	0	4	0	0	6	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	13	3	3	1	14	16	48	107	96
Roofing - GH	0	0	0	0	0	22	0	0	23	5	0	1	51	35
Catering Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	20
Basement Sprinkler System	0	0	0	0	0	0	0	0	19	4	0	0	23	10
Toilets - Anti Ligature / Gender Neutral	0	0	0	0	0	0	0	0	0	0	0	10	10	50
<b>ESTATES</b>	<b>22</b>	<b>23</b>	<b>10</b>	<b>17</b>	<b>15</b>	<b>47</b>	<b>71</b>	<b>27</b>	<b>38</b>	<b>121</b>	<b>25</b>	<b>303</b>	<b>720</b>	<b>464</b>
<b>Relocation</b>	<b>85</b>	<b>99</b>	<b>86</b>	<b>125</b>	<b>80</b>	<b>99</b>	<b>171</b>	<b>104</b>	<b>169</b>	<b>22</b>	<b>63</b>	<b>150</b>	<b>1,255</b>	<b>2,901</b>
<b>Digital Academy</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>5</b>	<b>24</b>	<b>122</b>
<b>Projected Underspend / Contingency</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>752</b>
<b>TOTAL</b>	<b>116</b>	<b>140</b>	<b>127</b>	<b>176</b>	<b>138</b>	<b>189</b>	<b>322</b>	<b>80</b>	<b>413</b>	<b>229</b>	<b>680</b>	<b>785</b>	<b>3,395</b>	<b>4,804</b>

Report to	Date
Council of Governors	10 <sup>th</sup> March 2022

Race Equality Strategy and Action Plan

**Executive Summary**

The Trust Board accepted and signed off the attached Race Equality Strategy and Race Action Plan at its January meeting. The covering Board paper, strategy and plan are attached for information.

The strategy and plan describe seven objectives:

- Creating an inclusive culture
- Strengthening key governance arrangements.
- Increase the diversity of the workforce and support the career progress of BAME staff
- Remove the barriers that discourage reporting and fast track the process of resolving incidents of racial discrimination
- To increase engagement and communicate progress on racial equality.
- To extend the use of EDI data to monitor and improve race equality the Trust.
- To embed responsibility for racial equality at all management and administrative levels of the Trust.

The Board has established a new People, Organisational Development and Equality, Diversity and Inclusion committee, this is NED chaired and will take detailed oversight of this work and report to the BoD on a regular basis.

The Trust is now in the process of developing a wider Equality, Diversity and Inclusion Strategy and Action plan and a Workforce , People and organisational Development strategy and plan (The 'People Plan') all of these important strategies and the associated new governance focus and oversight will put the Trust is a position to scrutinise and improve its People offer to all staff.

**Recommendation to the Council of Governors**

The Council of Governors is asked to:

- Note the strategy and plan for their information
- Note the decisions of the Board in terms of Governance, Monitoring and reporting
- Note the associated EDI and People' actions in train

**Trust strategic objectives supported by this paper**

People

Author Responsible Executive Director

Chief Executive Acting Director of Human Resources



## Race Equality Strategy and Action Plan

### 1. Introduction

- 1.1 In 2020 the Trust committed to becoming an anti-racist organisation and in April 2021 commissioned the Colour Brave Avengers to carry out an external review of the experiences of Black, Asian and Minority Ethnic (BAME) staff in the Trust. Their report was presented to the Board of Directors in September.
- 1.2 Since then, we have working to produce a refreshed Race Equality Strategy and Race Equality Action Plan which address the issues identified in the Colour Brave Avengers report. We have been supported in doing so by MRL Public Sector Consultants, an independent consultancy working in the area of equalities.
- 1.3 We are now presenting these documents to Board for agreement. The paper also covers the proposed arrangements for accountability and assurance for this work.
- 1.4 The Race Equality Strategy is set within a wider commitment to equalities, and we are planning to bring a wider equalities strategy to the Board in due course. However, given the work of the Colour Brave Avengers and the expectations of change in this area, it is crucial that we progress this strand of activity with some urgency.

### 2. Background

- 2.1 Like many other NHS organisations, the Trust has a long way to go to become a fully diverse and inclusive organisation in respect of race. Specifically, we know from the work undertaken by the Colour Brave Avengers, our staff survey and the WRES data that:
  - The profile of our organisation, especially at more senior levels, does not reflect the population we serve.
  - While WRES data shows some improvement in the ratio of BAME staff appointed at interview, there is a clear perception amongst BAME staff that they are disadvantaged in opportunities for development and promotion compared to white colleagues.
  - A significant number of BAME staff in the Trust feel their ethnicity is a barrier to being themselves at work and too many staff are experiencing microaggressions and other examples of discrimination.
  - The Trust's processes for raising concerns and issues are felt not to be helpful with insufficient opportunities to raise issues at early stage and formal processes which have been perceived as heavy handed.
  - There is a view that the brand and culture of the Trust is insufficiently inclusive.

- A need is identified for greater focus on staff and management training to enable staff and managers to better identify and manage issues relate to race equality.
- 2.2 There was recognition that diversity and inclusion was more on the agenda at the Trust, but this was matched by a desire for more concrete action to address concerns with clear leadership from the top of the organisation and clear accountability for delivery.

### 3. 2017 Strategy

- 3.1 As a first attempt to develop a wholistic approach to ending racial discrimination at the Tavistock and Portman, the Trust published a Race Equality Strategy in 2017. The strategy has delivered some successes, for instance in reducing gaps in student recruitment and attainment in DET and improving the ratio of BAME staff appointed at interview. However, it failed to deliver sufficient momentum to deliver change across the organisation and to shift the dial in terms of the experience of BAME staff.

### 4. Strategy and Action Plan

- 4.1 In considering the Colour Brave Avengers report in September the Board recognised the importance of taking action to address these issues and tasked the Executive with producing an action plan.
- 4.2 Assisted by MRL Public Sector Consultants, a specialist consultancy operating in the field of equalities, work has been undertaken to refresh the Trust’s Race Equality Strategy and develop an action plan to address the issues identified by the Colour Brave Avengers. These documents are attached at **Annex A**.
- 4.3 The Action Plan which includes an allocation of lead responsibility and milestones for completion, focuses on 7 objectives:
- Creating an inclusive culture including a gap analysis against the NHS Culture and Leadership Framework and the commissioning of leadership and management training for all management staff including the Board of Directors and EMT.
  - Strengthening key governance arrangements.
  - Increase the diversity of the work and support the career progress of BAME staff including the implementation of NHS “De Bias” procedures and other changes to the management of recruitment.
  - Remove the barriers that discourage reporting and fast track the process of resolving incidents of racial discrimination including the root and branch review of “employee dispute resolution” procedures and the introduction of a “near miss” procedure for informal reporting and monitoring of racist incidents.

- To increase engagement and communicate progress on racial equality.
  - To extend the use of EDI data to monitor and improve race equality the Trust.
  - To embed responsibility for racial equality at all management and administrative levels of the Trust.
- 4.4 The Action Plan covers Trust wide actions. There will also be a requirement for individual Directorates to produce their own plans for more local action along the lines which has already been demonstrated in DET.

## 5. Accountability and Assurance for delivery

- 5.1 A key reason for the lack of success was the absence of sufficient accountability across the organisation for delivery.
- 5.2 In developing this strategy, we have reviewed arrangements for accountability and assurance for delivery. These are set out in the strategy but are also summarised in the chart at **Annex B**.
- 5.3 As part of these arrangements, we are proposing that:
- The Chief Executive takes accountability for the overall strategy with the Acting Director of HR and Associate Director of Equalities accountable for the day-to-day management of the programme. The Chief Executive will hold a monthly review meeting to ensure key milestones on track including those actions which sit with the HR Directorate.
  - All Executive Directors will have clear objectives for the delivery of this agenda within their Directorates and will designate staff in their structures who can work with the Associate Director of Equalities to support this agenda. DET already provide an effective model for this.
  - The Board of Directors will hold the Executive to account for delivery. In doing so it will be supported by the Equalities, Diversity and Inclusion (EDI) Committee (to become the People and Equalities Committee subject to the approval of changes in the Governance Review). The chair of this Committee will act as the Board's Race Equality Champion.
  - In turn the EDI Committee will seek assurance Race Equality Accountability Group which will include representatives from all Directorates in the Trust and the Race Equality Network and will be chaired by the Associate Director for Equalities.
  - We will develop a standard scorecard through which we will routinely report progress to the Board and other groups.

## 6. Launch

6.1 Subject to its agreement by the Board it is planned to launch the Strategy and Action plan at an all staff meeting on 21<sup>st</sup> February. A communications plan to support this is in development.

## 7. Recommendations

7.1 The Board of Directors is invited:

- To reaffirm the Trust's commitment to become an anti-racist organisation.
- To consider and agree the refreshed Race Equality Strategy and Race Equality Action Plan set out **Annex A**.
- To consider and agree the arrangements for accountability and assurance for delivery set out in the strategy and summarised in the chart at **Annex B**.

Ian Tegerdine  
Interim Director of Human Resources  
06/03/2022



# Race Equality Strategy and Action Plan

2022- 2027

Draft Document

Draft V 1.0

# **Tavistock and Portman NHS Mental Health Foundation Trust**

## **Draft Race Equality Strategy and Action Plan – 2022 - 2027**

### **Foreword by Paul Burstow Chair and Paul Jenkins CEO on behalf of the Board of Directors**

It is fair to say that as a Trust we are collectively perturbed by racism. However, for far too long we have thought that racial inequality would fade without sustained efforts to challenge and eradicate it. To address this inequality, we face in the Trust and more widely, we must all work together to change perceptions, cultures and actions. In many ways we have become conditioned to living with racial inequality. It is a self-perpetuating aspect of reality that has blighted the lives of Black, Asian and Minority Ethnic people in society and within our Trust.

The review of Race Equality led by the Colour Brave Avengers and the development of a Race Equality Strategy and Race Action Plan (RAP) supersedes the previous strategy and plan to reflect recent developments in the fight against racism, our commitment to ensuring action yields a substantial improvement in the experience of our staff and we adopt an active anti-racist approach to engender genuine equality. It builds on previous work undertaken by the Trust and puts in place the governance structures which will ensure the Trust delivers on its ambitions.

The urgency of the Race Action Plan was laid bare by the impact of COVID-19 and felt intensely since the unparalleled visibility and reaction to the murder of George Floyd. The Colour Brave Avengers report clearly highlighted the limited progress made so far by the Trust in addressing racism. This was supported by data from annual NHS Staff Survey and the Workforce Race Equality Standards (WRES) reports which highlighted experiences of racism within the Trust whilst acknowledging progress that has been made over the past five years in this area.

This Strategy and accompanying Race Action Plan builds upon the recommendations made by the Colour Brave Avengers and is underpinned by the values of anti-racism to bring about a change. This means that a common theme that runs across all the chapters of this strategy is the desire to strive for a Trust in which there is zero tolerance for racism in all forms. This is crucial given the clear emotional impact of racism which has persisted because being non-racist is not enough. Negative racial stereotypes of ethnic minority groups can often be activated in ways that influence behaviours unconsciously. Conversely, anti-racism is a conscious position wherein individuals commit to thinking actively and responding to the potential impact of existing structures, processes, policies, and practises on racial and ethnic minorities.

The second factor that distinguishes this strategy and plan is the ability to build on the work we have done in the last year to better understand the views and experiences of staff through the Colour Brave Avengers report and other channels with the aim of creating a strategy and plan that are realistic and implementable.

The final feature that distinguishes this document is the emphasis of closing the implementation gap. In developing it, we were guided by the knowledge that the previous Race Equality Strategy, while full of good ideas and positive intentions, did not result in meaningful improvement in the experience of Black, Asian and Ethnic Minority staff in the Trust. This is why we have dedicated considerable focus to ensuring the resourcing and governance structures attached to this strategy will enable its delivery and actively course correct if planned actions are not having the desired transformational effects.

We believe that the successful implementation of this strategy and plan will benefit all staff now and in the future. In this regard, the imperatives for fully implementing this strategy and plan are derived not just from the moral and legal requirements, but also from the mutually beneficial nature of the outcomes: we all stand to benefit from racial equality and it is all of our jobs.



## Acknowledgements

When the Trust's first formal Race Equality Strategy was created in 2017 we started our journey towards understanding and accepting the impact of racism as a feature of our society and culture in the UK and therefore inevitably a feature of any organisation which reflects society at large, when we created our first formal Race Equality Strategy in 2017.

This has been a difficult journey for this organisation particularly for our people from Black, Asian and other non-UK majority ethnic backgrounds, who have experienced direct and indirect racism from their colleagues and clients, but also for all staff who considered themselves part of a fair, thoughtful reflective and supportive organisation which had to come to terms with new information and evidence which challenges their strongly held beliefs and personal values.

The 2017 strategy expired in 2020 and we have spent 2021 working together to review and critically reflect on the impact and successes of that strategy as well as taking stock on how much there is still to achieve.

It is very important that we recognise the enormous contribution of people from the Trust who have bravely stood up and relived and recounted their stories and experiences of racism in the organisation. These stories, recounted in meetings and committees and through the research we have commissioned, have been emotional, challenging but most importantly impactful in driving change. It is impossible to overstate the importance and impact of these testimonies and we thank everyone involved for sharing the stories with us, even when there was personal impact in having to relive past trauma in order to do so.

We give thanks to the organisations, and the passionate individuals within them, who have helped us explore and understand the issues we jointly face and have helped us find language, structures and processes to address our concerns.

The 'Colour Brave Avengers' organisation undertook a review of the impact and reach of our existing 2017 race strategy and plan and created spaces to listen and hear sympathetically and supportively the stories of our colleagues who had experienced racism during their time at the Trust. This analysis was presented to us in a number of forums and, although challenging to hear, and triggering for those who had experienced racism we felt it important to our new narrative that we listened as an organisation to the findings and insights of these external experts in an unfiltered and unvarnished manner to move our new strategy forward.

We went further with the work of the Colour Brave Avengers and undertook further work with them in commissioning their 'Reporting, Action, Composition and Education 'RACE' code' analysis of our governance structures, functions, activities and impacts, again to help us develop and hone our strategy for the next five years.

In developing this strategy we commissioned MRL Public Sector Consultants to provide us with best practice examples and critical analysis of our work to date and



this strategy is supported by their knowledge and expertise in the field. In particular MRL have:

- Undertaken a review of the Trust's Race Equality Strategy with aims to improve the representation, progression and success of Black, Asian and UK Minority Ethnic staff through the creation of an even more culturally inclusive and diverse Trust's community.
- Engaged with our people, in particular key staff networks, in reviewing the Trust's Race Equality Strategy and developing a Race Action Plan, in particular suggestions as to the priority actions.
- Worked with the Trust's EDI team to develop a Race Action Plan triangulated with the Workforce Race Equality Standard (WRES) and based on the independent review, including all lessons learned, findings, 'must do actions', early actions, and recommendations from an independent review of the Trust's Race Equality Strategy and activity and informed by the findings and learnings from the London Workforce Race Equality Strategy (October 2020).

## Abbreviations

BAME	Black, Asian and UK Minority Ethnic
ED&I	Equality, Diversity and Inclusion
NHS	National Health Service
RECA	Race Equality Code Assessment
RACE	Reporting, Action, Composition and Education
RAP	Race Action Plan
WRES	Workforce Race Equality Standard
REN	Race Equality Network
RES	Race Equality Strategy

## Executive Summary

The issue of race equality is not one the Tavistock and Portman can ignore.

In 2020 the Trust committed to becoming an anti-racist organisation and in April 2021 commissioned the Colour Brave Avengers to carry out an external review of the experiences of Black, Asian and Minority Ethnic (BAME) staff in the Trust. Their report was presented to the Board of Directors and shared with staff in September.

Like many other NHS organisations, the Trust has a long way to go to become a fully diverse and inclusive organisation in respect of race. Specifically, we know from the work undertaken by the Colour Brave Avengers, our staff survey and the WRES data that:

- The profile of our organisation, especially at more senior levels, does not reflect the population we serve.
- While WRES data shows some improvement in the ratio of BAME staff appointed at interview, there is a clear perception amongst BAME staff that they are disadvantaged in opportunities for development and promotion compared to white colleagues.
- A significant number of BAME staff in the Trust feel their ethnicity is a barrier to being themselves at work and too many staff are experiencing microaggressions and other examples of discrimination.
- The Trust's processes for raising concerns and issues are felt to be unhelpful with insufficient opportunities to raise issues at early stage and formal processes which have been perceived as heavy handed.
- There is a view that the brand and culture of the Trust is insufficiently inclusive.
- A need is identified for greater focus on staff and management training to enable staff and managers to better identify and manage issues relate to race equality.
- While there was recognition that diversity and inclusion was more on the agenda at the Trust, but this was matched by a desire for more concrete action to address concerns with clear leadership from the top of the organisation and clear accountability for delivery.

As a first attempt to develop a wholistic approach to ending racial discrimination at the Tavistock and Portman, the Trust published a Race Equality Strategy in 2017. The strategy has delivered some successes, for instance in reducing gaps in student recruitment and attainment in DET and improving the ratio of BAME staff

appointed at interview. However, it failed to deliver sufficient momentum to deliver change across the organisation and to shift the dial in terms of the experience of BAME staff.

In considering the Colour Brave Avengers report in September the Board recognised the importance of taking action to address these issues and tasked the Executive with producing an action plan.

Assisted by MRL Public Sector Consultants, a specialist consultancy operating in the field of equalities, work has been undertaken to refresh the Trust's Race Equality Strategy and develop an action plan to address the issues identified by the Colour Brave Avengers. The Action Plan which includes an allocation of lead responsibility and milestones for completion, focuses on 7 objectives:

- Creating an inclusive culture including a gap analysis against the NHS Culture and Leadership Framework and the commissioning of leadership and management training for all management staff including the Board of Directors and EMT.
- Strengthening key governance arrangements.
- Increase the diversity of the work and support the career progress of BAME staff including the implementation of NHS "De Bias" procedures and other changes to the management of recruitment.
- Remove the barriers that discourage reporting and fast track the process of resolving incidents of racial discrimination including the root and branch review of "employee dispute resolution" procedures and the introduction of a "near miss" procedure for informal reporting and monitoring of racist incidents.
- To increase engagement and communicate progress on racial equality.
- To extend the use of EDI data to monitor and improve race equality the Trust.
- To embed responsibility for racial equality at all management and administrative levels of the Trust.

A key reason for the lack of success was the previous strategy absence of sufficient accountability across the organisation for delivery. In developing this strategy, arrangements for accountability and assurance for delivery have been review and strengthened. In implementing the strategy:

- The Chief Executive will take accountability for the overall strategy with the Acting Director of HR and Associate Director of Equalities accountable for

the day-to-day management of the programme. The Chief Executive will hold a monthly review meeting to ensure key milestones on track including those actions which sit with the HR Directorate.

- All Executive Directors will have clear objectives for the delivery of this agenda within their Directorates and will designate staff in their structures who can work with the Associate Director of Equalities to support this agenda. DET already provide an effective model for this.
- The Board of Directors will hold the Executive to account for delivery. In doing so it will be supported by the Equalities, Diversity and Inclusion (EDI) Committee. The chair of this Committee will act as the Board's Race Equality Champion.
- In turn the EDI Committee will seek assurance Race Equality Accountability Group which will include representatives from all Directorates in the Trust and the Race Equality Network and will be chaired by the Associate Director for Equalities.
- A standard scorecard will be developed through which progress will be reported to the Board and other groups.

The Board of Directors recognises the seriousness of these issues and the need for urgent action and is committed to leading this work within the Trust. Our ambition to become an anti-racist organisation requires the engagement of all staff. In working together on this agenda, we not only address an injustice, but we also take actions which will improve the experiences of staff, students and patients and ensure the Tavistock and Portman is in place to reflect the needs of the 21<sup>st</sup> century communities it serves.

## Section 1 Background, Research and Evidence

### 1.1 The Context

The need for a structured and deliberate approach to addressing issues of racism and discrimination in the workplace has never been more essential than now. Awareness of the nature and impact of racism on individuals and communities is higher than ever, fuelled by the liberal exchange of information across geographical space and facilitated by the internet. Several high-profile incidents of racism and discrimination in recent years (most notably those related to police brutality and violence in the US) and subsequent outrage and protests that have followed have compelled governments and organisations to reaffirm their commitments to action for racial equality.

This has occurred even in societies that had previously demonstrated significant appetite for systematically stamping out racism through laws and conventions that affirmed the identity and equality of marginalised groups.

These scenarios are evidence of the intractability of issues of racism and discrimination so far, despite well-meaning efforts towards their eradication. Nevertheless, continuing changes in the wider policy and service context has meant that as an NHS Trust we continue to review and update our equality and diversity priorities as we strive towards ending racial discrimination and ensuring that our staff, patients and students are confident that they are valued, and will be supported and treated fairly. Our approach is shaped by several national frameworks, which we are also mandated to comply with. These include:

- a. The Equality Act 2010 is the basic UK legislative framework that protects people from discrimination in the workplace and society. More specifically, the Public Sector Equality Duty (PSED), as set out under Section 149 of the Act, requires that public sector organisations like ours adhere to the general equality duty by demonstrating 'due regard' in eliminating discrimination, harassment and victimisation; promoting equal opportunity; and fostering good relations across divides.
- b. The Workforce Race Equality Standard (WRES) was introduced to help NHS organisations implement a data-driven approach for assessing racism within their organisations and producing action plans to eliminate variations in workplace experience between white and Black, Asian and Minority Ethnic (BAME) staff. It requires us to publish data benchmarked against nine indicators of racial equality in the workplace, including ethnic representation of staff and the Board, opportunities for professional development, and the elimination of harassment, abuse and discrimination.

c. The Equality Delivery System 2 (EDS2) aim is

*“To help NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010”*  
(NHS, 2013, pg. 4).

In essence, it is a self-assessment tool for measuring performance and progress towards attaining the requirements of the Equality Act 2010.

Within the Trust, we have adopted several initiatives and processes in the past few years in order to keep up with the obligations highlighted above. Examples include the Race Equality Strategy 2017-2020, appointing Race Equality Champions, encouraging the Race Equality Networks and the Allies Group, and celebrating Black History Month among others.

Our Race Equality Strategy 2017-2020 outlined our organisational approach for: -

‘Localising’ the demands of these national frameworks

Ensuring racial equality among our workforce.

Documenting our commitment to adopt best practices in monitoring and assessing our performance.

Consequently, we regularly issue formal reports of our progress through the annual Equalities Report and maintain an open-door policy for suggestions and improvements. It is in light of this that we commissioned an independent review of the Trust’s anti-racism work by the Colour Brave Avengers to properly understand and address persistent complaints regarding race. The outcome of this review is summarised in Section 1.3 below.

## **1.2 The Colour Brave Avengers Independent Review and Report**

The Colour Brave Avengers were commissioned by the Trust to “undertake research as part of the ongoing Tavistock and Portman NHS Foundation Trust’s Anti-Racist Strategy work”. The organisation was tasked to conduct an Independent Review with the following Terms of Reference:

- “Undertake a comprehensive diagnostic regarding the experiences of diverse and marginalised staff, going further than the NHS Staff Survey, in order to fully understand the issues being faced, involving members of staff at every level.

- Examine the systems and processes of the Foundation Trust (including HR) to ascertain and understand the culture of the Foundation Trust which create difficulties and challenges for diverse and marginalised staff.
- Deliver a written report and make a presentation to the Foundation Trust Board providing an outline of the findings, with an action plan to move forward in becoming anti-racist.
- Work closely with the leadership at strategic and senior operational level to ensure racism is understood and explaining what an anti-racist organisation looks like. In addition, to provide assistance in terms of strategy, action planning and evaluation mechanisms.
- Support and work with the Race Equality Strategy Group to develop/propose suitable mechanisms for holding leaders to account, ensuring the delivery of the commitments made” (The Colour Brave Avengers, 2021, pg. 2).

The organisation subsequently designed and implemented a comprehensive and robust quantitative and qualitative process comprising an all-staff survey with 500+ respondents, three focus group discussions with 22 participants, 22 on-to-one interviews, and a diagnostic document and governance review.

The analysis of the data revealed the existence of significant incidences of racism in the Trust that manifested in the form of several barriers to racial inclusion, a lack of diversity at higher levels, and prevalent racist behaviours that were aggravated by the absence of accountability structures.

Following these revelations, a proprietary Solutions Collaboratory process was deployed to identify relevant solutions and strategies for delivering on them. This was followed by the deployment of the RACE Equality Assessment (RECA) process that strategically assessed the overall governance structure and advanced several recommendations for addressing cultures, policies or practices that result in the underrepresentation and repression of Black, Asian and other ethnic groups in the organisation. These recommendations were further condensed into a series of 26 actions, with 10 of these prioritised as *must-do actions*.

The recommendations are appended to this Race Equality Strategy and the must-do actions are incorporated into the Action Plan 2021 - 2025.



### 1.3 'Must-do' Actions

The 10 must-do actions identified by the Colour Brave Avengers are:

- 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, and Education).
- To continue to educate staff on the importance of reporting and use positive resolution of issues 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 set leaders and managers with a focus on increasing the diversity and inclusivity of services and improving outcomes for patients, students and staff.

- 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.

These actions form the basis of the programme of work set out in this Strategy document and Action Plan.

#### ***1.4 Actions Following the Colour Brave Avengers Report***

In light of the findings and recommendations of the Independent Review, the Trust stated its commitment to implementing the recommendations and building an inclusive and anti-racist culture in the organisation.

This Race Equality Strategy and develop a Race Action Plan, which is one of the 'must-do' actions emerging from the Colour Brave Avengers Independent Review.

#### **1.5 Racism and the Trust**

We acknowledge this is a complex narrative, however it is important, that those who are disadvantaged do not experience institutional discrimination due to their ethnic origin or culture. The promotion and implementation of fair and equitable policies and processes for Black, Asian and Minority Ethnic individuals within the Trust should be actively implemented and achieved, which the Race Equality Strategy and Action Plan aims to do over the next five years.

The strong case for action on race is positive, and we have set out some key evidence of disparity in experiences and outcomes that demonstrate these challenges within this Trust in Section. Future progress on race discrimination by the Trust is likely to result in better treatment for all disadvantaged groups by making systems fairer and more transparent and the services offered by the Trust more responsive, and person focused. Furthermore, there is also work to do to fully address and ensure the Race Action Plan properly responds to the needs of Black,

Asian and Minority Ethnic including women, people with disabilities, and takes into account other protected characteristics such as sexuality and gender identity to ensure we are addressing areas of intersectionality.

For the purposes of developing this strategy, following discussions and the review of various documents, MRL Public Sector Consultants Ltd have identified five main manifestations of racism in the Trust. These are identified as follows:

- Racist harassment
- Microaggressions
- Discrimination
- Stereotyping
- Institutional (or systemic) racism system

The purpose of the Race Equality Strategy and Action Plan is not to revisit these, but to put forward concrete actions that can address these challenges within the Trust.

## 1.6 Anti-racism

Anti-racism is about institutions and individuals consciously raising their awareness of how negative stereotypes of ethnic minority groups, historically embedded to justify colonialism and slavery still persist. These stereotypes are inevitably deficit-based and see minority groups as '*less than*' and as '*others*'. These stereotypes can become ingrained in societal and organisational cultures in ways that become taken for granted, and guide behaviours in everyday life.

Anti-racism is usually structured around conscious efforts and deliberate actions to provide equitable opportunities for all, on an individual, organisational, and systemic level. It requires individuals to scrutinise the stereotypes they and others hold, and to understand how their actions may impact people of Black, Asian and Ethnic Minorities. Anti-racism at organisational and institutional levels requires a careful audit of policies, practises, functions and processes to uncover whether and how practices and behaviours which may seemingly appear non-threatening may inadvertently discriminate against ethnic minority groups.

## 1.7 Terminology and key concepts

**1.7.1 Terminology** Several terms are used in public policy, and in wider society, to refer to collective ethnic minority populations. These include black, Asian and minority ethnic (BAME), black and minority ethnic (BME), people of colour, and racialised minorities.

During this work, we came across some strong views on the use of terms such as BME and BAME. All of these terms have their limitations, including: Implying that BME/BAME individuals are a homogeneous group, Singling out specific ethnic groups, which can be divisive and exclusionary and Being a label applied from the

outside that limits the ability of people to choose how to identify themselves We recognise that this is a complex and multifaceted debate, For the purpose of this strategy we will be using the term BAME to describe groups of people whose ethnicity or racial background is a key factor in their experience or risk of discrimination at work in the NHS. This is not an endorsement of this term into the future, but an effort to ensure consistency with other NHS workforce race equality publications. We note that for our people they may not be in a minority at all hence we qualify the term BAME to mean Black, Asian and UK Minority Ethnic groups.

**1.7.2 Racism** is often misunderstood as treating someone unfairly or holding prejudiced views. Racism is a combination of racial prejudice plus the power – whether through authority or social structure – and conventions to act on the prejudice. When we think about racism, we tend to consider individual racism, meaning the behaviours (including discrimination) arising from an individual’s racist assumptions or beliefs.

This strategy though, focuses primarily on the eradication of systemic racism, where established policies and practices result in advantage or disadvantage to specific racial groups. This is different from individual racism because there may not be individual intent. Systemic racism can be viewed as Institutional racism. The individuals involved may not themselves have racially prejudiced beliefs or behaviours, but are carrying out policies, processes, or procedures that disadvantage people from specific racial groups. The Macpherson report’s definition of institutional racism is “the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people”

**1.7.3 Structural racism** – inequality rooted across the operation of a system or society that excludes and/or has a significant negative impact on large numbers of a particular racial group and their ability to participate Therefore, it is not enough to simply not be racist as an individual, there is a need for a conscious and deliberate effort to promote racial tolerance and dismantle racist structures, becoming an active agent of change, rather than a passive bystander. This is commonly referred to as being anti-racist and is a fundamental part of being an authentic ally. Equally, it is important that white allies do not fall into the trap of paternalistic racism, whereby the ‘majority race has the right to define what is good for the minority race’. There is a risk that, even when trying to improve the working lives of BAME people or fight discrimination, white leaders impose policy change, as opposed to working alongside BAME people to co-design that change.

**1.7.4 Discrimination** - discrimination happens when someone is treated unfairly or less favourably due to an actual or perceived protected characteristic and is unlawful under the Equality Act 2010. There are four types of discrimination as set out below. Examples given are in the race context:

**1. Direct discrimination** – Treating someone worse than someone else, for example not inviting someone for an interview because you believe them to be from a particular racial background

**2. Indirect discrimination** – Rules, policies, or ways of doing things which have a worse impact on someone with a particular characteristic than someone from another group, for example Friday team meetings taking place in a pub

**3. Harassment** – violating someone’s dignity; creating a hostile, humiliating, degrading or offensive environment. For example, making fun of someone’s name or how it is pronounced

**4. Victimisation** – This is treating someone unfairly if they are taking action under the Equality Act or supporting someone else who is doing so. For example, a white ally can be victimised if they are supporting someone bringing a harassment claim

**1.7.5 White Privilege** Coined by the black civil rights activist William Du Bois in the 1930s and later coming to further prominence in Peggy McIntosh’s 1988 groundbreaking paper *White Privilege: Unpacking the invisible knapsack*, the term white privilege is used to describe how having white skin gives an individual an advantage in life. White privilege does not mean that white people have never struggled, but in Britain they do not experience racial discrimination on an institutional or societal basis. Having white privilege and recognising it is not racist. But white privilege exists because of historic, enduring racism and biases and is the “power of accumulated power”

**1.7.6 White Fragility** The term white fragility was devised by Sociologist Robin DiAngelo after her experiences when facilitating diversity workshops in the US. It’s defined as discomfort and defensiveness on the part of a white person when confronted by information about racial inequality and injustice. In her book, *White Fragility: Why It’s So Hard for White People to Talk About Racism*, she describes in depth the phenomenon and explains that “responses include emotions such as anger, fear, guilt and behaviours such as argumentation, silence and withdrawal from the stress-inducing situation...though white fragility is triggered by discomfort and anxiety, it is born of superiority and entitlement.” Within NHS organisations, it is necessary to explore how white privilege has been exerted in day to day life and the impact on career progression.

**1.7.7 Colourism** Colourism, also known as shadeism, is defined as “prejudice or discrimination against individuals with a dark skin tone, typically among people of the same ethnic or racial group.” This kind of discrimination, based on skin colour, often sees members of the same race treated differently based on the social implications which are attached to their skin colour. In our society, the default for good, well educated, capable and acceptable is white. White people are accepted as the norm when it comes to beauty norms as well cultural norms, thus the further you are away from that norm, the more you are discriminated against, not only by people from white backgrounds but by BME people who have less melanin in their skins and are nearer to the default position of being white. Colourism is a seed that was planted by white

colonists, used to divide and rule black populations, with lighter skinned slaves being used in the big plantation houses to serve and darker skinned people in the fields. Colourism is very much alive today, with sales of skin lightening and bleach creams booming worldwide. Its roots lie in the mainstream idea that the lighter you are the better. This myth is replicated in society every day. Skin tone affects employability rates, promotion prospects, being stopped by the police, and suspension rates from school. With women's worth so heavily tied to appearance, and lighter skin so heavily tied to beauty standards, it is not surprising that it is usually women of colour who are hit hardest. In the NHS, we are not immune from this phenomenon. Many of our most senior BME leaders have lighter skins, however we have no way of quantifying this phenomenon and the impact it has as we do not categorise individuals by skin tone

**1.7.8 Hierarchy of Preference** The 'hierarchy of preference' describes the way our unconscious preferences and biases affect how we relate to people. Stereotypes, and people's beliefs about different groups of people, play a large part in how those groups are perceived and reacted to. For example, we are all aware of the much-used harmful stereotypes of the aggressive black woman and the passive Asian woman. These stereotypes matter and they carry weight. Our beliefs shape our attitudes and ultimately our behaviours. In the NHS, it isn't something that is often spoken about but, in 2015, Professor Michael West and Professor Jeremy Dawson's Document Making the difference brought the issue into popular consciousness. It showed that, by far, the people that reported being discriminated against the most in the NHS were people from black backgrounds, followed by people of Asian origin, though we know that people of Indian descent are discriminated against less than those of Pakistani or Bangladeshi descent. We also recognise within the hierarchy of preference the impact on people of East Asian and Southeast Asian descent of being seen as 'model minorities'. It is important that the complexity of the issue of race is understood by us all, that we understand how it manifests itself in all corners of our daily and work lives, and how it impacts people from all races and all sections of society

**1.7.9 Internalised Racism** Internalised racism is defined as acceptance and belief by members of stigmatised races of negative messages about their race's own abilities and intrinsic worth. Williams & Williams-Morris have also added that it is "the acceptance, by marginalized racial populations, of the negative societal beliefs and stereotypes about themselves.". This is characterised by people not believing in others who look like them and, more importantly, not believing in themselves. It involves accepting limitations to one's own humanity, including one's dreams, one's right to self-determination, and one's range of allowable self-expression. It saps an individual's self-esteem and lowers their confidence in themselves and in their own race. It often manifests as the embracing of "whiteness" as being the ultimate and the best. Self-devaluation is common, and many will use derogatory and deeply offensive terms about themselves and others of their own race. They might disown their own cultures on the basis that the white man's world is better, and aspire to being a part of that world.



Internalised racism often leads to resignation, helplessness, and hopelessness and can lead to people engaging in risky health practices, dropping out of education and not engaging in society. The evidence suggests that internalised racism is more common than we think, with a third of people from BME backgrounds having some level of internalised racism in their makeup. The concept is explored in Camara Jones' 2000 paper entitled *Levels of Racism: A Theoretic Framework and a Gardener's Tale*. Despite this landmark piece of work, the concept is rarely spoken about. Biological Weathering In her work, "Weathering" and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States, Arline Geronimus showed that chronological age doesn't only capture the length of time you have been alive, but also the experiences you have had during that time. She found that black people experienced greater physiological "wear and tear", and were ageing, biologically more rapidly than white people. This effect is driven by the cumulative impact of repeated exposures to psychological, social, physical, and chemical stressors in their residential, occupational and other environments. She found that coping with these stressors, now commonly called microaggressions, meant that, compared to white people, black people had many more negative experiences. The accumulation of these experiences ultimately weakens them physiologically. The impact of discrimination can be physically observed in telomere length. Telomeres are sequences of DNA at the end of chromosomes. Telomere length is viewed as an overall marker of biological ageing. In her study, Arline Geronimus found that black women had shorter telomeres than white women, meaning that at the same chronological age, black women had accelerated biological ageing of about 7.5 years more than their white counterparts. Arline Geronimus called the phenomena "biological weathering" – the wearing out or erosion of an individual physiologically, leading to more susceptibility to illness and death at a much younger age than their white counterparts. Understanding this concept is essential when considering the impact of discrimination and inequality in the NHS.

**1.7.10 Micro aggressions** Derald Wing Sue has defined microaggressions as everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership. It is possible that perpetrators of microaggressions are often not aware that they are engaging in communication that is derogatory to people from the BME communities. Whether intentional or not, microaggression is a form of racism that has negative impact on those impacted and is a significant risk factor for diminishing wellbeing and productivity at work

## 2.0 The Background to this strategy

In the year since the expiry of the last Race Equality Strategy we have we have undertaken a further assessment of key processes and structures within the Trust:

- We have commissioned an independent review of the existing strategy and plan and the current 'state of play' within the organisation by the by the Colour Brave Avengers in order to incorporate its recommendations into the strategy and action plan.
- 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.
- We have reviewed the report and recommendations of the further Colour Brave Avengers 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. The RACE code evaluation resulted in a 102-point action plan, these have helpfully been themed and grouped and combined with the findings of the RES & RAP review.
- Comprehensively review and analyse the Trust's EDI data.
- Identify the gaps and limitations in the existing Race Equality Strategy and Action Plan.
- Put forward recommendations as a precursor to developing the monitoring and evaluation framework for the Race Action Plan.
- Reviewed key documentation on addressing issues of racism in the Trust, including the previously mentioned Colour Brave Avengers' Independent Review Report. We have also consulted several guidance frameworks for developing strategic responses to racism, particularly those developed by the NHS and other Foundation Trusts.



- Collected and analysed primary data through 20 one-on-one interviews with Trust staff in key management positions.
- Reviewed the NHS Staff Survey data for EDI performance related metrics.
- Carried out a Social, Technological, Economic, Environmental, Political, Legal and Ethical 'STEEPLE' analysis to provide context to the ongoing anti-racism strategy work.
- Conducted a Vision, Mission, Objectives, Strategy and Tactics 'VMOST' analysis to assess the fitness of the core aspects of the Trust's Race Equality Strategy 2017-2020.
- Conducted a targeted resource analysis to determine the sufficiency of resource allocation towards achieving the Trust's anti-racism agenda.

## 2.2 Sources of evidence and insight

### 2.2.1 The Race Equality Strategy 2017 - 2020

The Race Equality Strategy 2017 - 2020 represented our first attempt at a wholistic approach to ending racial discrimination in the Trust. The rationale for the strategy was established by credible evidence of racism and discrimination within the Trust based on anecdotal reports and the findings from the NHS Staff Surveys. These we considered to be particularly challenging given the type of services we provide and the diversity of the communities that we serve. Additionally, the well-established benefits of inclusivity in an organisation meant that there were the Trust would realise significant gains from a systematic approach to addressing racism and discrimination.

The aim of the strategy was "to end racial discrimination at the Tavistock and Portman and to do all we can to ensure that all staff are confident that they are valued, that they will be treated fairly and supported to their full potential." In appreciation of our reputation as a respected teaching organisation, it also aimed "to ensure that our students no matter what their background, race, ethnicity, nationality or culture, do not face discrimination. The strategy had eight objectives which were:

- a. To achieve a reduction in bullying and harassment which places the Trust in the top ten NHS organisations as measured by staff survey results.
- b. To achieve an equal proportion of staff appointed following shortlisting for Black, Asian and Minority and white staff across all bands.
- c. To achieve an improved level of confidence amongst Black, Asian and Minority staff and that all staff will be treated fairly, measured through the staff survey.

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- d. To achieve a high level of confidence that all staff, irrespective of grade, will have access to training and development opportunities, measured through the staff survey.
- e. We will invest in developing our more junior staff by determining their needs through robust appraisals, reviewing personal development plans (PDPs), feedback from ongoing discussions and commissioning education and training which will create our future leaders. Each year we will audit our PDPs across all staff levels to ensure that agreed development is implemented and track progress through the annual NHS staff survey.
- f. To increase the proportion of Black, Asian and Minority staff in 8a posts and above, to be one of the ten most representative Trusts in London.
- g. To increase Black, Asian and Minority representation in both executive director and non-executive director roles on the board of directors to be proportionate and representative.
- h. To collect and report on data to identify areas where change is required and/or where it has been achieved. This means having more detailed information available about each area of the Trust and involving each discipline and profession in reporting on the profile of their discipline or profession and any barriers to race equality specific to these areas.

These were supported with a strategic outline of thematic areas for focused intervention and an indicative action plan for meeting the needs that had been identified under each theme.

While we consider the strategy gave us a good start for focused action against racism and discrimination in the Trust, it still contained some fundamental weaknesses that, in hindsight, limited its impact and affected our momentum towards achieving our aims. These include:

1. The strategy has not provided an explicit vision for racial equality in the Trust, which has ramifications for stakeholder support and communications.
2. Ideally, a clearly articulated mission statement that expresses the purpose of the strategy and its benefits for all staff, especially those from Black, Asian and Minority groups, and stakeholders should have been included.
3. Furthermore, the strategy did not clearly distinguish between aims and objectives as it had two sets of aims. This likely affected our capacity to define metrics for monitoring implementation and measuring progress.
4. The rationale for the strategy was based on a limited marginal use of the WRES and NHS Staff Survey data which provided a limited view of the depth of the challenge relating to race equality. This further compounded the challenge of developing a suitable monitoring and evaluation framework.

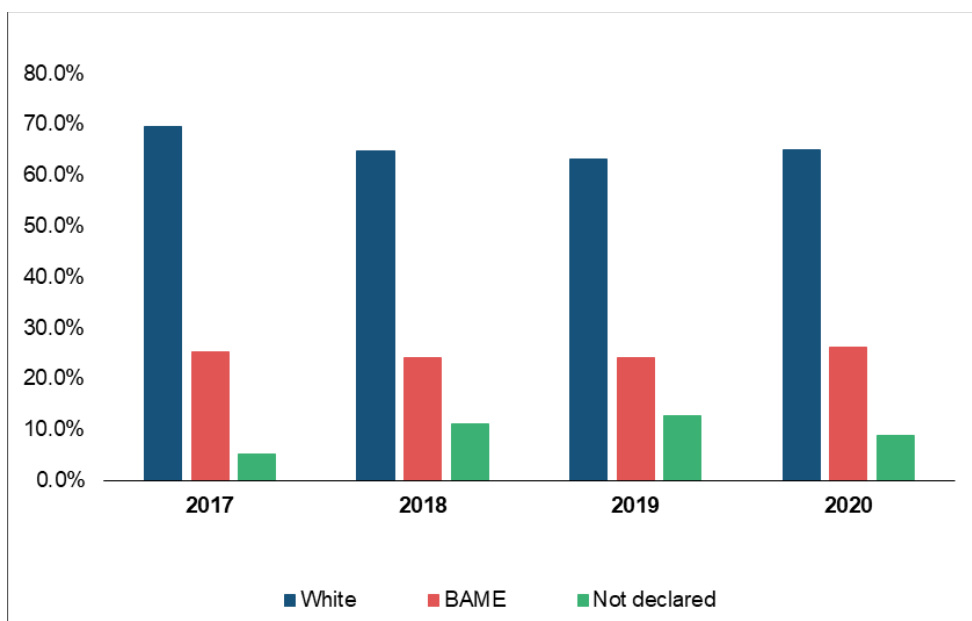
5. The action plan in the strategy was indicative and accompanied by a stated intention to be further developed into a delivery plan. However, this was not implemented and resulted in a strategy that lacked a vehicle for implementation, ownership of actions, associated timelines, and accountability in the form of definitive roles and measurable outcomes.
6. The strategy did not create an opportunity for the culture of the Trust to be developed alongside the changes proposed.

We have subsequently assessed the effectiveness of the strategy by analysing our performance on the WRES indicators and EDS2 goals by extension. The results are presented below.

It should be noted that a significant focus will need to be given to improving and collecting data to support and monitor the 2022 RES and impact measurement of the 2017 RES and RAP is limited by the paucity of data available to date.

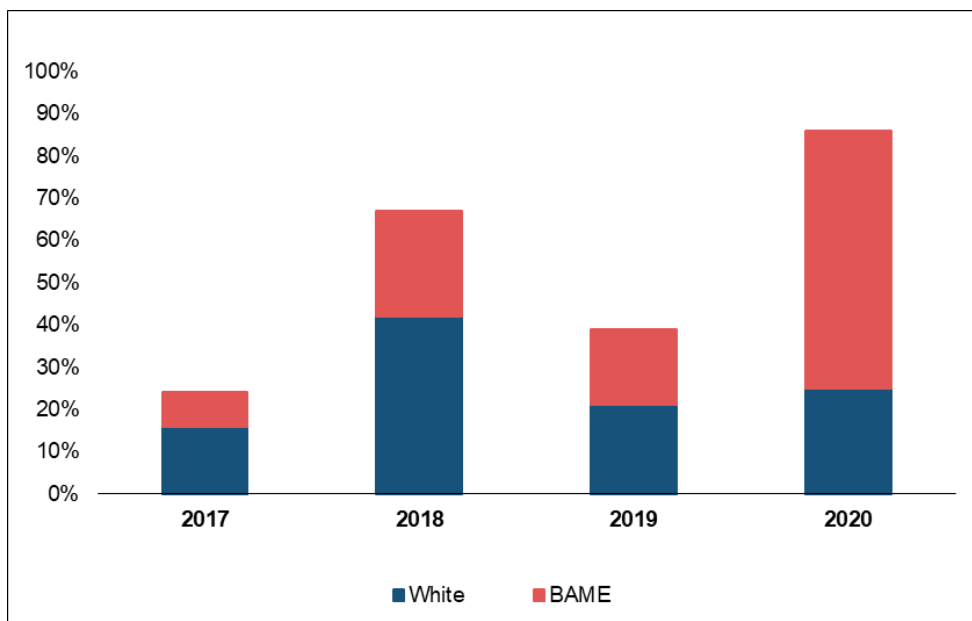
### **2.2.2 Summary of National Staff Survey and Workforce Race Equality Standards (WRES) Data**

Trust data from the NHS Staff Survey and the Workforce Race Equality Standards (WRES) indicate some progress in promoting Black, Asian and Minority representation in the workforce and reducing the level of negative experiences for Black, Asian and Minority staff. In the period between 2017 and 2020, the proportion of Black, Asian and Minority staff increased by 0.9 percent from 25.3 percent to 26.2 percent (Figure 2.1). Thirty-nine Black, Asian and Minority staff were recruited into the Trust within the period resulting in a headcount increase from 179 in 2017 to 218 in 2020. This represented an average annual growth of 7 percent. Furthermore, the proportion of Board Members from a Black, Asian and Minority background increased from 7.1 percent to 21.4 percent during this period.

**Figure 1.1 Percentage of Staff by Ethnicity from 2017 to 2020**

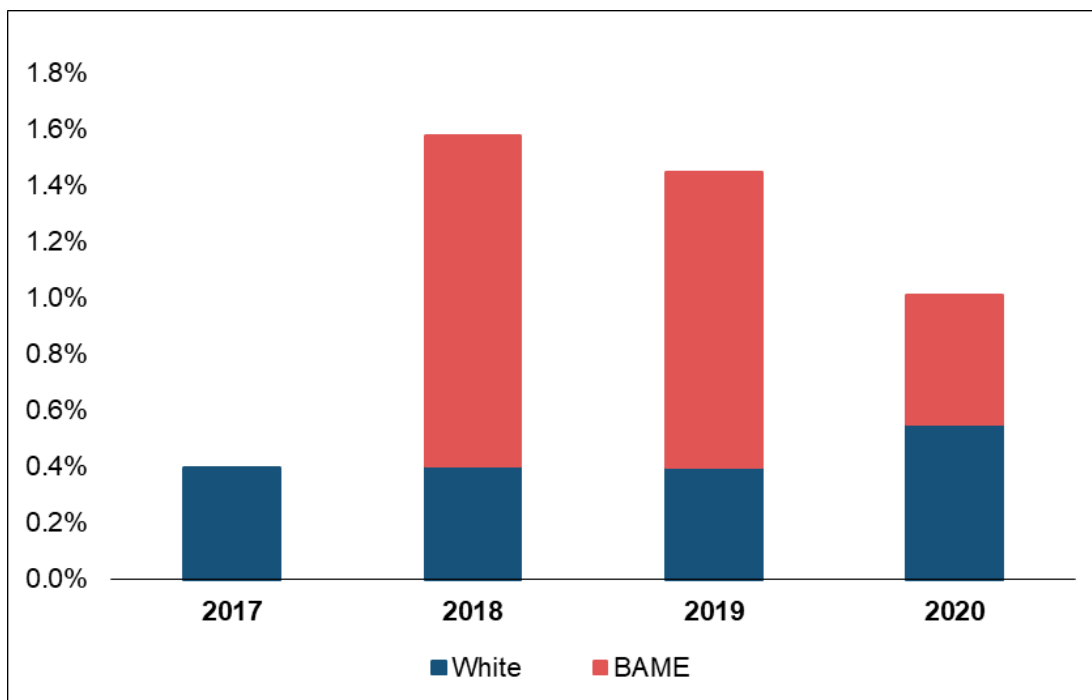
Source: WRES Raw Data, 2017-2020

More information from the WRES reports indicated that the proportion of Black, Asian and Minority applicants that had been appointed following shortlisting increased from just 8 percent in 2017 to 61 percent in 2020 (Figure 2.2). This was a significant as it also showed that the relative likelihood of White applicants being appointed following shortlisting had declined from 2.0 in 2017 to 0.41 in 2020. In other words, whereas the Trust saw the appointment of two new White staff for every Black, Asian and Minority staff appointed, that number had now reduced to less than one. Additionally, compared to White staff, only 0.46 percent of Black, Asian and Minority staff entered the formal disciplinary process in 2020 (Figure 2.3). Though this was an increase from zero in 2017, it still indicated a decline by more than half from 1.2 percent in 2018 and 1.05 percent in 2019. When compared to White staff, the relative likelihood of Black, Asian and Minority staff entering the formal disciplinary also declined in 2020 relative to the value in 2018 and 2019.

**Figure 1.2 Percentage Appointed Following Shortlisting**

Source: WRES Raw Data, 2017-2020

Of further interest was the review of performance for WRES Indicators 5 to 8 which measure harassment and discrimination experienced by workers in the Trust (Figure 2.4). Between 2017 and 2020, the proportion of Black, Asian and Minority staff that had experienced harassment, bullying or abuse from other staff (in the 12 months preceding the survey) (Indicator 6) had declined from 27 percent to 25.7 percent. Additionally, during this period, 5 percent fewer Black, Asian and Minority staff had experienced discrimination at work from a manager or colleague(s) (Indicator 8), while those that believed the Trust provided equal opportunities for career progression or promotion increased from 45 percent to 49.10 percent (Indicator 7). Of concern was the result from indicator 5 which showed that 18.80 percent of Black, Asian and Minority staff experienced harassment, bullying or abuse from parents, relatives or the public in the preceding 12 months. However, this could be considered a marginal (though significant) increase from 18 percent in 2017.

**Figure 1.3 Percentage of Staff Entering the Formal Disciplinary Process**

Source: WRES Raw Data, 2017-2020

Thus, the evidence indicates that the Trust has made progress in creating opportunities for and limiting the discrimination of Black, Asian and Minority staff at the macro level.

However, feedback from the interviews and focus groups conducted by the Colour Brave Avengers and the MRL team indicate that significant discrepancies still exist at the micro level that impacts on the experience of Black, Asian and Minority staff in the Trust.

We must also consider our performance in the context of the wider NHS, For instance, while the proportion of Black, Asian and Minority staff has grown on average at a higher rate than others, it has only increased by less than 1 percent since 2017 in the Trust. Meanwhile, for NHS England in general, the proportion of Black, Asian and Minority staff increased by a 2.9 percent margin during the same period.

**Figure 1.4 Percentage of Staff that Experienced Harassment and Discrimination**

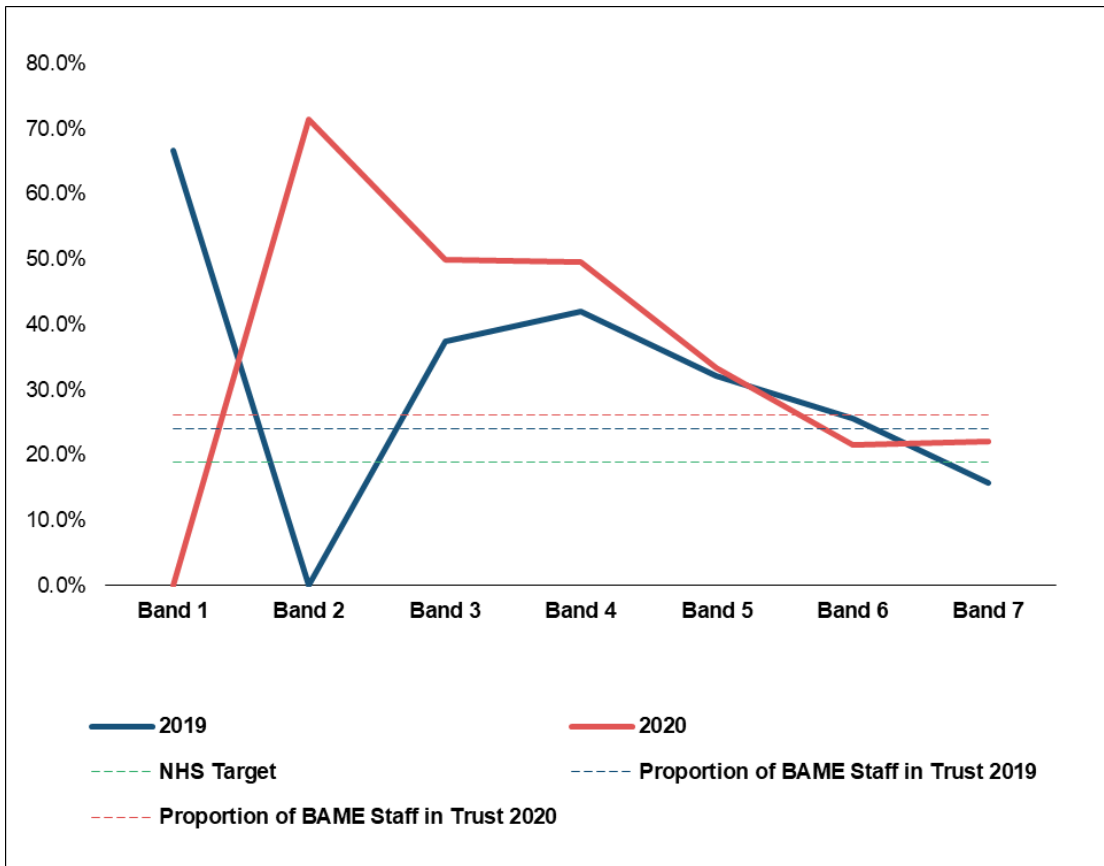
WRES Indicator	Description	2017	2020
Indicator 5	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	18%	18.80%
Indicator 6	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	27%	25.70%
Indicator 7	KF21. Percentage believing that trust provides equal opportunities for career progression or promotion	45%	49.10%
Indicator 8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	22%	17%

Source: Tavistock and Portman NHS Foundation Trust Race Equality Strategy 2017-2020, NHS Staff Survey 2020

In addition, disaggregating the data at Trust level reveals discrepancies in the representation of Black, Asian and Minority staff across the various pay bands and roles.

The Standards recommend a minimum representation of 19 percent across Black, Asian and Minority all pay bands. While this figure is fundamentally aspirational, Trust data shows that in 2020 Black, Asian and Minority representation fell below this benchmark in 5 of 17 pay bands (i.e., including AfC and medical pay bands). Alternatively, when compared to the Trust's average of 26.2 percent representation, as many as 11 pay bands fall below this threshold. We further find that only staff in support (Band 2 - 4) and lower middle (Band 5) bands, and Non-Consultant career grade doctors and trainee grade doctors are above this threshold (Figures 2.5a and 2.5b).

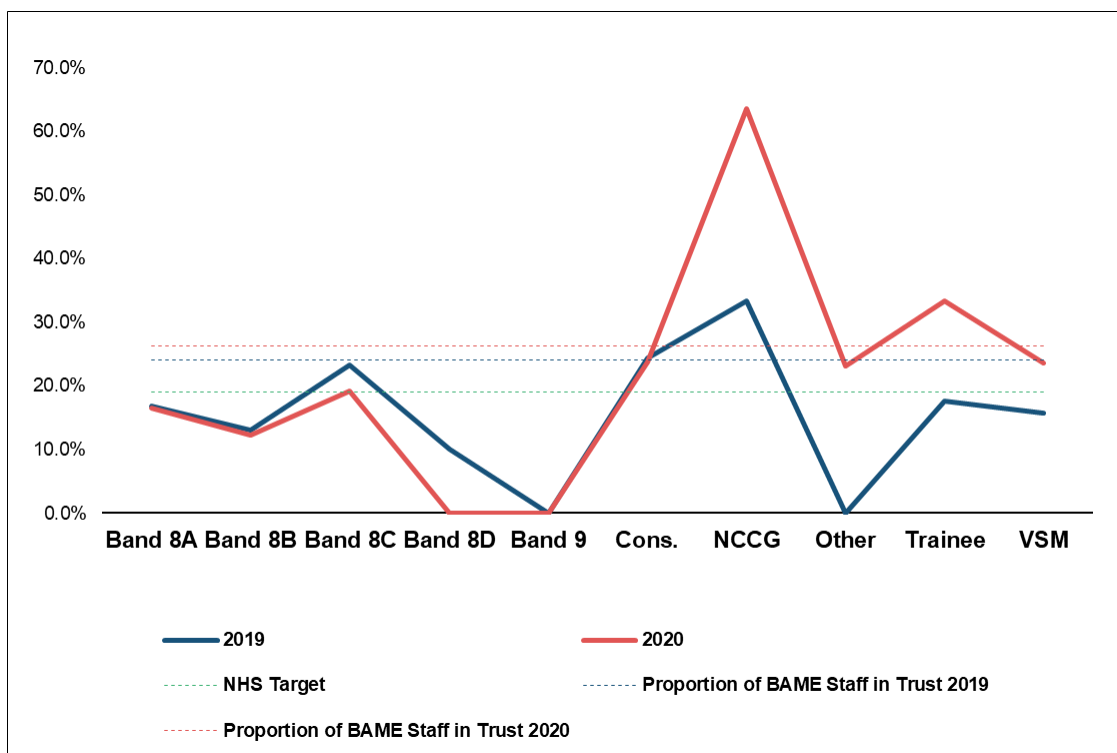
**Figure 1.5a: Black, Asian and Minority Staff Representation across Pay Bands 1 - 7**



Source: WRES Raw Data, 2017-2020



**Figure 1.5b: Black, Asian and Minority Staff Representation across Pay Bands 8a - VSM**



Source: WRES Raw Data, 2017-2020

### 2.2.3 Recruitment

Following the outcomes from the analysis of WRES data, we reviewed the recruitment practices and processes in the organisation. This was also done in light of EDS2 requirements that advocate for the fairness of recruitment and selection processes (Goal 3.1) and prescribe minimum EDI training requirements for line managers and recruitment panel members.

Feedback from the review demonstrated that the Trust has instituted a systematic recruitment and selection process with relevant hardware for eliminating discrimination in hiring choices. EDI references are included in job adverts and descriptions, diversity reps are included in hiring panels, and shortlisting for roles is done without access to personal data thereby eliminating potential discrimination.

However, the output from the data raises concerns with regards to the effectiveness of the recruitment process to not just increase the proportion of Black, Asian and Minority staff in the workforce but also to ensure that their distribution across pay bands is representative of trends in the local populace and overall workforce. It strongly indicates that while significant numbers of Black, Asian and Minority staff are coming into the Trust at the support and middle bands, there is more to do in ensuring representation in senior and Very Senior roles.

## 2.2.4 The findings and recommendations of the Colour Brave Avengers Review of our 2017 RES and RAP

The Colour Brave Avengers summarised their findings in terms of the ‘State of play’ in the organisation under four main themes

### **The presence of Racist Behaviours:**

- Those behaviours reported during the review were categorised: 50% as overt racism 33% as microaggressions
- The perception of how racism and microaggressions are dealt with (or not dealt with)
- The fear to speak up and lack of feeling safe
- The perceived lack of support to speak up and that issues were dismissed

### **The level of Racial Diversity:**

- The levels of Diversity at all levels but especially at senior leadership levels

### **The Barriers to Racial Inclusion:**

- The impact of historic privilege and power in society
- The Perceptions of the Trusts Recruitment processes – Perceived as biased, unfair, unequitable
- The access to personal development opportunities
- The perception of how people are treated and made to feel
- The lack of resource and capacity to tackle race inequality
- The lack of meaningful targets with accountability to tackle race inequality
- The lack of buy-in by middle management to change

### **Understanding the Impact and costs of Racism:**

- On how people are made to feel
- On mental health and wellbeing
- On productivity

### 3.0 Our Vision

This vision reaffirms the Trust's commitment to continuing to change race equality within the Trust for the better, and to make the Trust a place where people can work together regardless of their race or ethnicity.

***Our Race Equality vision is to have a workforce that is reflective of the communities we serve and an environment where the principles of the equality legislation are fully embraced and where everyone feels respected, valued and treated with dignity and respect and where we can actively pursue our commitment to be an anti-racist organisation***

We believe that having a more diverse and representative workforce will enable us to better serve our patients, students and other stakeholders.

The overarching vision of the Trust is to ensure that we create an environment that is free from racism, microaggressions and discrimination at all levels. The Trust therefore becomes a safe and pleasant working environment where staff are happy and fulfilled thus enabling them to deliver excellent patient care.

### 3.1 Our Organisational Values

As an organisation our values are:

- We work with people with lived experience to co-create and improve our services and inform our decision making.
- We are caring and compassionate.
- We are passionate about the quality of our work and committed to openness, the use of evidence and the application of improvement science.
- We value all our staff, are concerned for their wellbeing, and seek to foster leadership, innovation and excellence in our workforce.
- We embrace diversity in our workforce and work to make our services and training as accessible as possible.
- We work with others, in the UK and internationally, who share our values and can enable us to achieve our mission

### 3.2 Guiding Principles to our Strategy and Plan

Based on our values as a Trust, we have defined the following principles to guide the development and implementation of the Race Equality Strategy and Action Plan. These include:

- ***Respect and Appreciation***
- ***Coherence and Coordination***
- ***Communication and Engagement***
- ***Opportunity and Preparation.***

### 3.3 Our Race Equality Purpose

The purpose of our Strategy and plan is to create an urgency for cultural change within the Trust, and to make the organisation more accountable in addressing issues relating to race and delivering on promised actions to reduce inequalities.

The purpose will be achieved through a clearly defined mission statement, aims and objectives, specific goals which can be measured based on a set of success factors which must be in place and the outcomes can be measured based on a definitive set of performance measures over the duration of the strategy and action plan that can be implemented to demonstrate change within the organisation.

As previously highlighted, the new Racial Equality Strategy for 2022 - 2025 takes into account the Colour Brave Avengers recommendations, the Race Code the current Strategic Review taking place within the organisation and the Review of the Governance structures and other changes but retains where applicable and builds on the good aspects of the previous strategy, the action Plan, Race Code, and reflects on the many comments during the interviews to develop the current document.

### 3.4 The Duration of the Race Review Strategy and Race Action Plan

To ensure the proposed actions are actively implemented to achieve the desired organisational and cultural changes in terms of race relations within the trust, the strategy and associated action plan will cover a period of five years, from April 2022 to March 2027. Whilst the commencement of the strategy is in April 2022, we have already begun to implement actions to bring about change within the Trust.

During the life of the strategy, progress towards meeting the overarching aims and objectives will be measured regularly. The Race Action Plan will be reviewed every six months with outcomes measured against progress made, taking into account the outcomes of the annual NHS Staff Survey and WRES Report.

## 4.0 Our Race Equality Mission Statement, Aims and Objectives

### 4.1 Our Race Equality Mission Statement

Our mission statement reflects the overarching vision of the organisation and is: -

*“To be an organisation free of racism.”*

### 4.2 Our Race Equality Aim and Objectives

#### 4.2.1 Our Race Equality Aim

The aim of the strategy is as follows: -

***To build upon progress made within the Trust in eliminating racial inequality and discrimination, and promote opportunities for Black, Asian and UK Minority Ethnic staff with accountability and transparency at all levels.***

While the duration of the strategy is from 2022 - 2027, as a Trust, we aim to see immediate differences within the next six months following the implementation of the plan. Change is a gradual process, but we aim to improve the culture and eliminate racism in the Trust.

We believe that the Strategy provides a framework for the Trust to tackle racial inequalities and to promote and encourage good race relations and social cohesion.

While we do not wish to have a proliferation of strategies or a strategy for every minority ethnic group, we recognise there may be a need to develop and implement specific programmes of work to address particular challenges and vulnerabilities facing particular groups. The Trust Board’s planned People Committee and its Equality, Diversity and Inclusion Committee will consider these strands of work within their programmes of activity.

## 4.2.2 Our Race Equality Objectives

To achieve the aim of the Race Equality Strategy and Action Plan, the following objectives have been defined.

1. *To create an inclusive culture that promotes respect at all levels and fosters a sense of belonging among all staff.*
2. *To strengthen the key governance structures and networks for race equality to provide better leadership, buy-in, advocacy and support and to ensure ongoing external scrutiny of these arrangements.*
3. *To increase the diversity of the workforce and support the career progression of Black, Asian and UK Minority Ethnic staff through the use of Talent management approaches.*
4. *To remove barriers that discourage reporting and fast track the process of resolving incidents of racial discrimination.*
5. *To increase engagement and communicate progress on racial equality across all levels of the Trust and in particular to publicly acknowledge to staff the findings of racial inclusion barriers, racist behaviours, and lack of diversity.*
6. *To extend the use of EDI data to monitor and improve race equality in the Trust in particular to create active statements which clearly identify the current position, the performance and aspirations, to 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).*
7. *To embed responsibility for racial equality at all management and administrative levels of the Trust through training to provide appropriate EDI support, training and guidance to management and staff at all levels*

## 5.0 Governance structures and processes for Implementation

Mainstreaming race equality involves the incorporation of racial equality considerations into all policies, programmes, practises, and decision making, so that at every stage of development and implementation, an analysis is made of the effects of different racial groups and appropriate action taken. Crucially, it involves the Trust and each part of the Trust accepting responsibility for promoting equal opportunity and challenging racism.

If the strategy is to make an appropriate difference to the lives of Black, Asian and UK Ethnic Minorities here it must prompt action across the Trust to tackle racism and racial inequalities on the ground. Full and effective implementation of the Race Equality Strategy will only be achieved by the different directorates working together and, where appropriate, in partnership with NHS England, government and other NHS Health Trusts within the region.

This will not happen unless there are clear lines of responsibility and accountability. In essence, there must also be appropriate structures in place to achieve a joined up targeted approach. This is necessary to achieve change. There must be clear and robust governance structures whilst also recognising the need for a specific focus on racial equality and good race relations within the Trust.

### **5.1 Governance Principles**

Work on race equality will be taken forward in line with the following principles:

- There is clear leadership and focus on this issue from the Board of Directors supported by the Equalities Committee.
- There is clear accountability in the Executive Team for delivery.
- The strategy is appropriately resourced.
- Responsibility for equalities should be clearly visible across the organisation with each Directorate accountable for developing and local plans to support Trust wide aims and objectives.
- The Board of Directors will agree and publish a data set through which it will monitor performance.
- Lived experience of people with protected characteristics whether staff members, patients or students will be central to judging progress.
- All staff will be responsible their part in the delivery of the Trust's objectives on equalities and this will be reflected in individual JDs, objectives and appraisals.



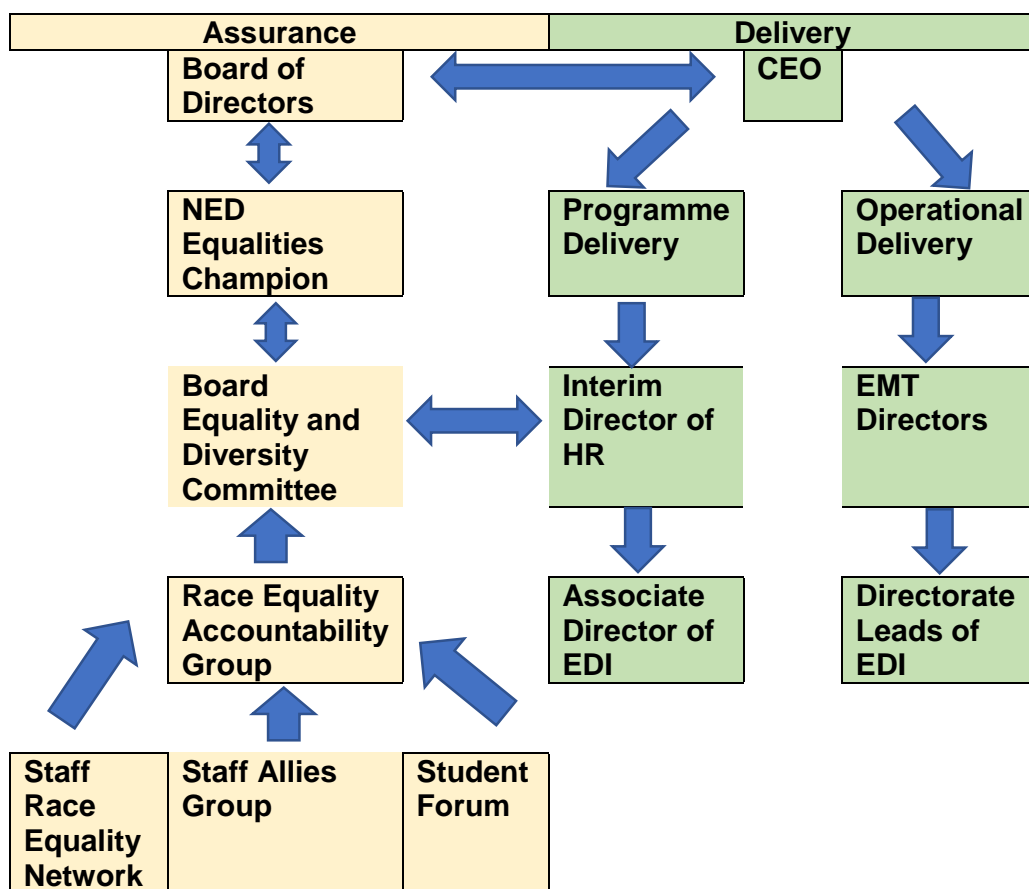


## 5.2 Race equality – a framework for delivery

In line with these principles, the chart below sets out the accountability arrangements for work on race equality. These arrangements reflect the use of a 'RACI' framework to help clarify who is:

- **Responsible** – does the task
- **Accountable** – has to answer for delivery of the task
- **Consulted** – is consulted about the task

Informed – is kept informed about the task



### 5.2.1 Assurance

- The **Board of Directors** has responsibility for agreeing the Trust's strategy on race equality and has overall **accountability** for delivery.
- In doing so it will be supported by the Board Planned **People Committee** and **Equality and Diversity Committee** who, in turn will seek assurance from a (New) **Race Equality Accountability Group** including

representatives from the Directorates in the Trust and the Race Equality Network and will be chaired by the Associate Director for Equalities.

- The **NED Chair of the Equalities Committee** will act as the Board Champion on race equality and will be responsible for providing the Board with an independent assessment of progress.

### 5.2.2 Delivery

- The **Chief Executive** has **overall accountability** for the delivery of the race equality strategy and action plan and for the Trust's progress towards being an anti-racist organisation.
- The **Interim Director of HR** will be the **accountable Executive Director** for work on race equality and will be **responsible** for delivery. They will be supported in this responsibility by an **Associate Director of Equalities** who will be **responsible** for the overall work programme to deliver the strategy.
- All **Executive Directors** will be **responsible** for performance on race equality within their portfolios and will have accountability for the delivery of Trust wide objectives within their Directorates and will ensure there

### 5.2.3 Managers and staff

- All managers and staff will have an **individual responsibility** for supporting the delivery of the Trust's race equality strategy and its aim to be an anti-racist organisation. This will be reflected in JDs, objectives and appraisals. Our plans for management and leadership training will address the needs of managers for support in how they can better manage issues relating to race and other aspects of diversity.

### 5.2.4 Support for staff

- The Trust's Race Equality Champion will be responsible for championing the needs of BAME staff, patients and students within the Trust.
- The Trust will support networks for BAME staff, students and patients to come together to share experience, identify issues of concern which need to be escalated and provide support. The Trust will also support a Race Equalities Network Allies Group.
- The Race Equality Champion and the staff, student and patient networks should expect to be consulted on all key aspects of work on the Race Equality Strategy and its implementation.

### 5.2.5 Consultation and Information

- Staff will be consulted formally as required via the existing partnership arrangements with Unions. Specific engagement, involvement and consultation on RES and RAP matters will be via the Staff Diversity Race Equality Network and the Race Equality Accountability Group in the first instance. This will be alongside wider consultation and information sharing with the whole staff group.

## 6.0 Our Race Action Plan

Our Race Action Plan has been developed with clear actions that are specific, measurable, action oriented, realistic and can be achieved within the timeframe of the plan, i.e., April 2022 to March 2027.

The plan has been developed following the learning from the review of the 2017 Race Equality Strategy and Action plan, hence it has been developed against the four themes, the eight recommendations and the ten 'must-do' actions of the independent review

We have taken into account the best practice described in the NHSE Race Quality strategy and plan for London and working with the expertise of MRL have distilled all of this information into seven action area themes:

Objective 1: Create an inclusive culture that promotes respect at all levels and fosters a sense of belonging among all staff.							'Due -RAG' 22/23			
Ref	Activity area	Action detail	Lead	Timeframe	Success Measure	Q1	Q2	Q3	Q4	
1.1	Adopt the NHS Culture and Leadership programme as a framework for transforming the culture of the Trust.	1.1.1 Establish the existing culture of the organisation by conducting a gap analysis against the NHS Culture and Leadership framework	HRD/AD	April 2022	The culture of the Trust clearly defined	D				
		1.1.2 Determine the desired culture to foster the changes in Race Equality	EDI	April 2022	The required culture clearly articulated	D				
		1.1.3 Define specific actions to develop the cultural change as part of the overarching Strategic Review Manager Development programme		May 2022	Required actions clearly defined in line with the Strategic Review.	D				
		1.1.4 Commission the required Leadership Programme		June 2022	Tender spec completed and commissioned	D				
		1.1.5 Commence implementation of the Leadership Training programme		July 2022	The NHS Culture and Leadership		D			

		1.1.6 All existing management staff to complete training by March 2023 and all new management staff to undertake training as a mandatory requirement.		End March 2023	programme commences  All management staff are trained				D
1.2	Seek to extend participation in NHSE Allies Training to all Board and EMT members by end March 2023.	1.2.1 Participation in NHSE Scheme investigated	HRD /AD EDI	June 2022	Participation options established	D			
		1.2.2 If possible and appropriate all members attend	CEO	March 2024	All Board & EMT members attend				
1.3	Develop Training and development for all Board and EMT members	1.4.1 In line with NHS Culture and Leadership programme framework to develop Race equality training for all Board and EMT members	HRD / AD EDI	June 2022	Training developed	D			
		1.3.2 All board and EMT members attend	CEO	March 2023	All Board & EMT members attend				D
1.4	Implement examples of good practice at addressing race based bullying and harassment	1.4.1 Undertake good practice review	HRD	Sept 2022	Policy ambitions and headlines described		D		
		1.4.2 Undertake policy overhaul, communication and associated training		March 2023	Policy implemented and enacted				D

1.5	To hold a Race Equality-themed all-staff meeting to be held annually as part of an overarching ED&I schedule of events.	1.5.1 To develop and hold all staff meeting	Dir Coms	March 2023	Meeting held				D
<b>Objective 2: To strengthen the key governance structures and networks for race equality to provide better leadership, buy-in, advocacy and support and to ensure ongoing external scrutiny of these arrangements.</b>									
2.1	The Board should make a clear signed statement of its commitment towards improving racial equality in the Trust, which should be actively promoted within the organisation	2.1.1 Board agenda time give to this work in Q1 22/23.	Chair / CEO	Feb 2022	Agenda time given	D			
		2.1.2 The statement to be approved by the Board in March 2022.	Chair/ CEO	March 2022	Statement approved	D			
		2.1.3 The statement to be communicated to all staff as part of the launch of the Race Equality Strategy and Action Plan.	Dir Coms	April 2022	Statement and strategy communicated	D			
		2.1.4 A copy of the statement should be placed on the Trust's website and Intranet	Dir Coms	April 2022	Statement on Website / intranet	D			
2.2	Establish and authorise the Race Equality Assurance Group (REAG) to review progress against the delivery of the Race Equality Strategy and Action Plan.	2.2.1 Meetings of the REAG to be held quarterly with clearly defined remit to review progress against the implementation of the Strategy and Action Plan, report and the authority to raise issues and concerns with the Board EDI committee and Board Equalities Champion.	CEO	June 2022	Quarterly meetings held, reports developed	D			

2.3	Cascade race equality responsibility through all levels and departments of the Trust by mandating Directors to appoint an EDI representative for each service / team under them,	2.3.1 to undertake a review of all existing ‘EDI representatives / leads’ across the Trust	HRD / AD EDI	Sept 2022	Review completed		D		
		2.3.2 To develop and propose a new standardised role, responsibility and reward description for all EDI leads/ representatives		Oct 2022	New role, responsibility and reward description developed			D	
		2.3.3 To develop and implement and new EDI lead arrangements		Dec 2022	New arrangements in place			D	
2.5	Establish formal channels for receiving input from the Race Equality Network (REN), REN Allies group and REAG at executive and non executive levels in the Trust	2.5.1 Communication channels agreed and put in place	HRD / AD EDI	Aug 2022	Channels agreed and in place		D		
2.6	Develop Terms of Reference for Race Champions and EDI Reps with clearly stated reporting lines to the Associate Director Equalities.	2.6.1 Terms of reference developed in line with wider EDI rep and champions activity	/HRD AD EDI	Aug 2022	New TOR agreed and signed off		D		
2.7	Increase awareness of EDI governance	Develop, document, and share the accountability framework (organogram) for race equality governance and demonstrate its linkages to the Trust's overall governance structure.	HRD/ Dir Corp Gov	June 2022	Organogram widely understood	D			

2.8	Provide a budget and support staff for the Assistant Director Equalities.	2.8.1 EDI network / Champion budgets established	CEO	April 2022	Budget agreed	D			
		2.8.2 AD EDI support structure agreed	HRD	April 2022	Structure included in SR proposals	D			
		2.8.3 Other areas for EDI investment identified and budgets proposed	AD EDI	Sept 2022	Investment identified and agreed		D		
2.9	To ensure there is external accountability to complement the current governance framework and support for the implementation of the recommendations and action plan.	2.9.1 To identify peer review or to procure external support to review the Race Action Plan	CEO	March 2023	External review commissioned				D
2.10	To develop a comprehensive organisation wide equality Impact Assessment Process	2.10.1 To develop a structure and process for EQIA supported by advice and information from staff networks	HRD / AD EDI	March 2023	EQIA process developed				D
<b>Objective 3: Increase the diversity of the workforce and support the career progression of Black, Asian and UK Ethnic Minority staff.</b>									
3.1	Revise guidance and procedures for recruitment by taking into account procedures and learning included in good	3.1.1 Implement the NHSE 'De Bias recruitment procedures	HRD	Sept 2022	Debias standard adopted		D		



	practice guides like 'No More Tick Boxes' and 'If Your Face Fits'.				Checked against other good practice guides				
3.2	Develop plans to increase the proportion of underrepresented BAME staff in all pay bands to represent London census levels	3.2.1 Analysis if staff by pay band competed on quarterly basis	HRD / AD EDI	June 2022	Analysis complete	D			
		3.2.2 Plans to identify and support BAME candidates in underrepresented pay bands developed		Dec 2022	Plans developed and agreed			D	
		3.2.3 Plans implementation commenced		March 2023	Implementation commenced				D
3.3	Increase the proportion of BAME applicants to jobs.	3.3.1 To consider and report candidate progression EDI data from application, to shortlisting to appointment	HRD / AD EDI	June 2022	Reports developed	D			
		3.3.2 To review job descriptions and adverts to eliminate any language that implicitly conveys bias		Sept 2022	JD and advert review process developed		D		

		3.3.3 To review social media advertising, local school careers information and community engagement to promote jobs at the Trust		Sept 2023	Review and actions developed				
		3.3.4 To explore collaborations with local councils and community hubs to better target job adverts to the local BAME community.		Sept 2023	Collaborations explored and actioned				
3.5	To develop a talent management approach for the Trust with a focus on EDI	3.5.1 Asses the benefit of a mentorship / coaching scheme to facilitate mobility of BAME staff internally	HRD / ADI EDI	Dec 2022	Scheme assessed and action planned as appropriate			D	
3.6	Ensure a minimum required recruitment panel members of three with at least one-third of panel members required to be a trained diversity rep	3.6.1 To develop the role description and associated training for Trust recruitment diversity reps	HRD/ AD EDI	April 2023	Rep role defined, training developed and delivered, data produced				
		3.6.2 To report on recruitment panel membership on quarterly basis		Sept 2022			D		
3.7	Ensure all managers and staff involved in shortlisting, recruitment, and pay progression reviews receive diversity recruitment training.	3.7.1 Training developed and delivered as part of line manager training programme	HRD / AD EDI	April 2023	Training developed and delivered				
3.8	Conduct annual reviews of recruitment activity focused the application of good diversity recruitment practices.	3.8.1 Develop review process and targets	HRD / AD	April 2023	Process developed				

		3.8.2 Provide feedback to line managers on whether the Trust attained its diversity recruitment targets for the year.	EDI		Feedback given				
3.9	Ensure visibility of BAME role models in senior management positions to boost morale and encourage others to aspire to such levels.	3.9.1 Communication plan regarding aspirational role models to be developed	HRD / AD EDI	April 2023	Communication plan and delivery				
3.10	Evaluate BAME candidates experience of recruitment and selection processes	3.10.1 Develop a template and pilot a post-interview survey for applicants to better understand their experience of the application process and generate insights for improving the process for BAME applicants.	HRD / AD EDI	Dec 2022	Process and reports completed on quarterly basis			D	
<b>Objective 4: Remove barriers that discourage reporting and fast track the process of resolving incidents of racial discrimination.</b>									
4.1	To 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.	4.1.1 specify the length of time from when a grievance is reported to when it should be resolved.	HRD / AD EDI	Dec 2022	Timescales specified			D	
		4.1.2 Create and distribute a simplified version of the grievance and disciplinary procedure. Ensure it is made available to all staff and included in induction packs.		Dec 2022	Procedures overhauled and communicated			D	
4.2	Ensure that staff feel more comfortable to report instances of racist behaviour.	4.2.1 Develop a 'near miss' procedure for informal reporting and monitoring of racist incidents	HRD / AD EDI	Dec 2022	Procedure developed			D	
		4.2.2 Explore the development the informal dispute resolution processes and courageous conversations across all of our policy and procedures.		June 2022	Informal procedures evaluated	D			

		4.2.2 Develop communications and feedback to support reporting		June 2022	Communications developed	D			
		4.2.3 Maintain a log for incidents of racism categorised by origin (department where incident occurred), type, impact, and initial action taken. Provide monthly progress updates on the progress of resolution of these incidents and disciplinary outcomes.		Sept 2022	Log created and reports developed		D		
<b>Objective 5: I To increase engagement and communicate progress on racial equality across all levels of the Trust and in particular to publicly acknowledge to staff the findings of racial inclusion barriers, racist behaviours, and lack of diversity.</b>									
5.1	To develop a Race Equality Communications and Engagement Strategy and support its implementation across the Trust.	5.1.1 All staff and stakeholder groups within and external to the Trust for the purposes of the Race Equality Communications and Engagement Strategy identified	HRD AD EDI DCM	April 2022	Groups identified	D			
		5.1.2 The appropriate messages and communication mediums for those in 5.1.1 above to be defined	ED	April 2022	Coms plan developed	D			

		5.1.3 The timeframe for messages to be defined.		April 2022	Forward timeframe defined	D			
		5.1.4 The impact of the messages should measured and evaluated.		June 2022	Impact measurement and reported developed	D			
		5.1.5 Launch the Race Equality Communications and Engagement Strategy following the release of the Race Equality Strategy and Action Plan to all staff.	DCM AD EDI	April 2022	Communications strategy launched	D			
5.2	Create a forum for collaboration and learning between the Race Equality Network (REN) and the Race Equality Network Allies (REN Allies) groups.	5.2.1 Forum Created	HRD / AD	Sept 2022	Forum in place		D		
		5.2.2 Establish regular and formal opportunities for both network groups to share their learning and insight with the rest of the organisation	AD EDI DCM	Sept 2022	Sharing opportunities created		D		
<b>Objective 6 To extend the use of EDI data to monitor and improve race equality in the Trust in particular to create active statements which clearly identify the current position, the performance and aspirations, to 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).</b>									
6.1	To develop comprehensive Race equality and EDI performance monitoring report and process to be managed by the Assistant Director Equalities.	6.1.1 Comprehensive regular report formats developed	HRD / AD	July 2022	Reports developed		D		
		6.1.2 Create a dashboard for monitoring the Trust's performance on race equality based on the EDS2 goals, outcomes and grading; provide monthly performance updates to the Board	EDI	Sept 2022	Dashboard developed		D		

		6.1.3 Standardise the Equalities Annual Report template to ensure consistency in the use and presentation of indicators and metrics. In addition to existing levels of granularity, race equalities data should also be disaggregated by service units when presented in monthly and annual reports		March 2023	Report standardised				
		6.1.4 Ensure read across from WRES, Staff Survey and other sources of EDI data		March 2023	Comprehensive read across developed				
<b>Objective 7 To embed responsibility for racial equality at all management and administrative levels of the Trust through training to provide appropriate EDI support, training and guidance to management and staff at all levels</b>									
7.1	Conduct a training audit to determine the Trust's EDI training, development and awareness needs. disaggregated by department and ethnicity.	7.1.1 The audit should identify how many staff have accessed mandatory EDI training with the results	HRD / AD EDI	Sept 2022	Audit completed report received		D		

Key

CEO Chief Executive

HRD – Interim Director of HR

AD EDI – Associate Director for Equalities

DCM – Director of Communications and Marketing



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## Appendices and Annexes

### Appendix A Relevant Legislation

The timeline below shows the main pieces of legislation combined in the Equality Act 2010

Legislation	Overview
The Equal Pay Act 1970	The less favourable treatment of men and women in terms of pay and conditions of employment was prohibited.
The Sex Discrimination Act 1975	Men and women were protected from discrimination on the grounds of sex or marital status, with regard to employment, training, education, harassment, the provision of goods and services, and the disposal of premises.
The Race Relations Act 1976	This legislation made it illegal to discriminate against a person because of their nationality, ethnic background or colour of their skin. It applies to housing, the provision of goods and services, education, employment and job seeking.
The Disability Discrimination Act 1995	This Act made it illegal for service providers to discriminate against service users with disabilities, and for employers to discriminate against job-seekers and employees with disabilities.
Race equality duty	<p>This came from the Macpherson Report on the murder of the black teenager, Stephen Lawrence. Following failures of the investigation into Lawrence's murder, the report revealed institutional racism in the Metropolitan Police. It was clear that a radical rethink was needed in the approach that public sector organisations were taking towards addressing discrimination and racism.</p> <p>Prior to the race equality duty, the emphasis of equality legislation was on rectifying cases of discrimination and harassment after they occurred, not preventing them happening in the first. The race equality duty was designed to shift the onus from individuals to organisations, placing an obligation on public</p>

Legislation	Overview
	authorities to positively promote equality, not merely avoid discrimination.
The Employment Equality (Religion or Belief) Regulations 2003	This legislation prohibits the discrimination of employees due to their religion or beliefs, including in the context of vocational training, employment agencies and careers advice.
The Employment Equality (Sexual Orientation) Regulations 2003	The unreasonable discrimination against employees based on their sexual orientation, or perceived sexual orientation, was prohibited.
The Employment Equality (Age) Regulations 2006	This prohibited the unreasonable discrimination against employees on the basis of their age. It included a default national retirement age and enabled employees to request to work beyond the retirement age.
The Equality Act 2006, Part 2	<p>This placed a duty on public authorities to promote equality for men and women, and outlawed discrimination based on religion, beliefs or sexual orientation with regard to the provision of goods and services.</p> <p>This Act also established the Equality and Human Rights Commission. This is a statutory, non-departmental body that is Britain's national equality body. It works with organisations to challenge discrimination, promote equality of opportunity, and protect human rights.</p>
The Equality Act (Sexual Orientation) Regulations 2007	This Act made it illegal to discriminate on the grounds of sexual orientation in the provision of goods, facilities, services, education and public functions.
Public Sector Equality Duty	On 5 April 2011, the public sector equality duty (the equality duty) came into force. The equality duty was developed in order to harmonise the equality duties and to extend the Equality Act across nine protected

Legislation	Overview
	<p>characteristics. It consists of a general equality duty, supported by specific duties which are imposed by secondary legislation, and replaces the race, disability, and gender equality duties.</p>

## Appendix B Board RS and RAP Terms of Reference

### Board of Directors

The Board of Directors has ultimate responsibility for setting the Trust's strategy on equalities and overseeing delivery. As part of this it will:

- Consider and agree in January 2022 a refreshed Trust wide race equality strategy and action plan. It will agree updates to the plan as required.
- Review progress against delivery three times a year including reviewing performance against agreed key metrics and hearing from the lived experience of staff, patients and students.
- Publish an annual report on progress towards its ambition to be an anti-racist organisation.
- Building on the work of the Colour Brave Avengers the Board of Directors will commit in 2023/4 to commissioning external assurance on the progress the Trust is making as an anti-racist organisation.
- Commit to an ongoing programme of training and development on race equality.
- Agree and delivery a succession plan to strengthen diverse representation on the Board.

## Appendix C Equality Diversity and Inclusion (EDI) Committee

### Equalities Committee

The Board will look to the Equalities Committee to provide detailed assurance of progress against the strategy and action plan. As part of this the Committee will:

- review progress at each meeting against key milestones and metrics and agree a rating of performance to be submitted to the Board of Directors.
  - consider a “deep dive” once a year on the performance of Clinical Services, DET and Corporate Services.
  - escalate to the Board and the Chief Executive any areas of concern.
1. The NED Chair of the Equalities Committee will act as the Board Champion for race equality and will provide the Board with their assessment of the progress the Trust is making towards its ambition to be an antiracist organisation.

## **Appendix D Race Equality Accountability Group Terms of Reference**

The Race Equality Accountability Group will be a new group building on the work of the Race Equality Strategy Group.

The Group will be chaired by the Associate Director for Equalities and will include representatives from each Directorate, the Race Equality Network and the REN White Allies Group. It will meet quarterly and provide feedback on performance against the delivery of the Strategy including any areas of concern to the Equalities Committee.

## **Appendix E Staff Network Champions**

### **Race Equality Network Champion**

The Trust's Race Equality Champion will be responsible for championing the needs of BAME staff, patients and students within the Trust. They will chair the Race Equality Network. They will be a member of the Equalities Committee and the Race Equality Accountability Group and should be consulted on all significant developments around the Race Equality Strategy and its implementation.

## **Appendix F Executive responsibilities for delivery**

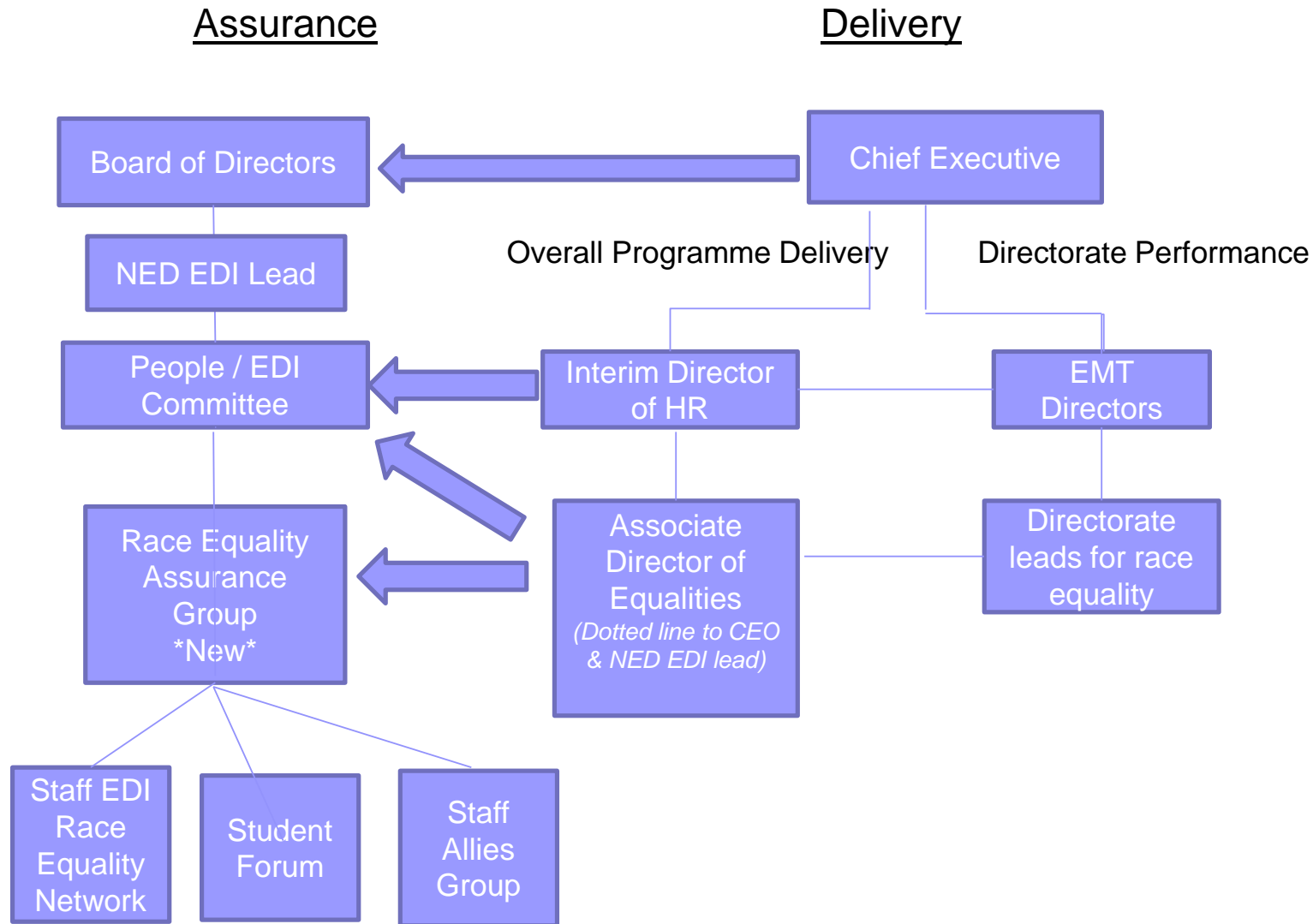
1. The Chief Executive has overall accountability for the delivery of the Trust's Race Equality Strategy and Action Plan and its ambition to become a non-racist organisation. They will be responsible for holding the Executive Management Team to account for their performance in delivering the strategy and ensuring that the necessary resources are available to deliver the strategy.
2. The Interim Director of HR is the accountable Executive Director responsible for work on race equality. They will be responsible for:
  - Leading the production of the Trust's strategy and presenting to the Board of Directors for approval.
  - Presenting reports to the Board of Directors and Equalities Committee on progress.
  - Co-ordinating actions across the Executive Team to meet the Trust's objectives on race equality.
  - As Interim Director of HR delivering objectives in the strategy relating to HR policies, practice and procedures.
  - Supporting the work of the Associate Director for Equalities and ensuring they have access to the necessary resources to support implementation of the strategy.

3. The Associate Director for Equalities has to day responsibility for progressing the strategy. This will include:
  - Co-ordinating the development and updating of the Trust's strategy and action plan on race equality.
  - Supporting other Executive Directors on developing action plans for their Directorates.
  - Producing reports to the Board of Directors and Equalities Committee on progress in delivering the strategy and action plan.
  - Co-ordinating the Trust data set for monitoring performance.
  - Supporting the Chief Executive and Chair of the Equalities Committee in their assessment of Executive performance in delivering the strategy.
  - Chairing the Race Equalities Accountability group.
  - Working with representatives in other Directorates to take forward work on race equality.
  - Engaging staff, student and patient and allies networks to seek their input on work on race equality and the progress being made by the Trust in becoming an anti-racist organisation.

### **Other Executive Directors**

All Executive Directors will be responsible for producing strategies and action plans for progressing race equality in their Directorates including their contribution to the delivery of Trust wide objectives. They will be accountable for ensuring this work is adequately resourced in their areas of responsibility and there are representatives designated to lead this work.

## Annex B - Race Equality, Governance and Management Arrangements





Report to	Date
Council of Governors	10 <sup>th</sup> March 2022

Board Governance Review and Implementation Plan

Executive Summary

This report provides presents for information the report of the independent Board Governance Review prepared by the Office of Modern Governance (OMG and) an outline Implementation Plan as agreed by the Board of Directors at its meeting in January.

Recommendation

The Council of Governors is invited to consider and note the report.

Trust strategic objectives supported by this paper

All

Author Responsible Executive Director

Chief Executive	Chief Executive
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## Board Governance Review and Implementation Plan

### 1. Introduction

- 1.1 Alongside the Strategic Review and in line with corporate governance good practice, the Board of Directors commissioned in 2021 an external Board Governance Review. Following an external procurement, this was carried out by the Office for Modern Governance (OMG).
- 1.2 Beyond a general desire to review corporate governance against wider best practice a key objective of the Review was to ensure that the Trust's governance arrangements are effectively aligned with the objectives and changes the Trust is seeking to achieve through the Strategic Review.

### 2. Governance Review

- 2.1 OMG completed their work in the autumn of 2021 and report was considered with a draft implementation plan at the Board of Directors meeting on 25<sup>th</sup> January.
- 2.2 Their final report is attached at **Annex A**.
- 2.3 Their key conclusions are:
  - In line with the boards of all NHS providers the Tavistock and Portman has a substantial and challenging agenda to address over the next few years.
  - Alongside a range of Trust specific issues, there are external challenges around addressing the regulatory landscape, operating in a post pandemic world, and operating within the ICS.
  - For the Trust Board to successfully address this agenda will require effective and sustained Board leadership.
  - The review has identified a number of important development areas, but also identified many positive examples to demonstrate that there is a

very exciting agenda available to the Trust Board if it focuses on the right things.

- The Trust Board has all the constituent elements to be effective and is serious about board leadership, board processes and effective governance.
- The review presents a unique opportunity to further renew and reinvigorate the governance arrangements within the Trust based on the recommendations in the concluding section of the report.
- By addressing the areas for development identified as part of the review in a systematic manner, building on progress to date and drawing on learning from other sectors the Trust can noticeably accelerate Board leadership and governance arrangements at the Trust.

2.4 The Review made 22 recommendations (pages 16–17) set out against the CQCs 8 KLOEs for the well led domain.

2.5 At its January meeting the Board of Directors concluded that the analysis presented by OMG was fair and that the Trust should accept their recommendations in full. In particular a number of themes were highlighted:

- The value of resetting Board Committees (Recommendation 8) to help address the areas of development set out in the Review. This would include giving a greater focus on workforce through the creation of a People and Equalities Committee and performance management through the creation of a Quality, Performance Management and Finance Committee.
- The importance of investing in a structured programme of Board Development (Recommendations 1a,1b,1c and 4)
- The need, alongside the resetting Board Committees, to develop an overarching Trust wide accountability and performance framework (Recommendation 11) and revisit the reporting requirements to support this (Recommendation 12) with the aim of ensuring a consistent approach to performance and risk management across the Trust.
- Reinforce through Board leadership, action and behaviours changes in Trust culture, aligned to the objectives of the Strategic Review.
- The need to strengthen the resources committed to corporate governance.

### 3. Implementation Plan

3.1 Work has started to develop an implementation plan to take forward the delivery of the Review's recommendations. An outline implementation plan with target dates and lead accountability as set out in **Annex B** was agreed by the Board of Directors.

3.2 It is proposed taking forward the recommendations grouped in four workstreams. These are:

- Resetting our decision making and assurance arrangements.
- Resourcing implementation and new BAU
- Board and Council of Governors development
- Creating a Cohesive Trust Culture

### *Oversight of implementation*

3.4 A time limited task and finish group to support implementation. Its members will be:

- Trust Chair.
- Trust Deputy Chair.
- Chief Executive.
- Committee Chairs including designated leads for People and Equalities and Quality, Performance Management and Finance.
- Executive leads for each Committee.
- Interim Director of Corporate Governance.

### *Longer term resourcing*

3.5 The Strategic Review is identifying steps to strengthen the resources to support corporate Governance across the Trust. These proposals were included in the consultation document issued to staff on 31<sup>st</sup> January.

## 4 Recommendations

### 4.1 The Council of Governors are invited:

- To consider and note the Board Governance Review and outline Implementation Plan.

Paul Jenkins  
Chief Executive  
4<sup>th</sup> March 2022



**Office of Modern Governance**

**Tavistock and Portman NHS Foundation Trust**

**Well Led Review**

**Final Draft Report**

**3 December 2021**

# 1. Context

- 1.1** The Trust is a specialist mental health trust with a focus on training and education alongside a full range of mental health services and psychological therapies for children and their families, young people and adults.
- 1.2** With 700 plus staff across a number of sites, the Trust is committed to improving mental health and emotional wellbeing, believing that high quality mental health services should be available for all who need them.
- 1.3** For 100 years, the T&P clinics have embodied a distinctive way of thinking about and understanding mental distress, mental health and emotional wellbeing. Working with children, families, and adults, the approach of the Trust brings together psychoanalytic, psychodynamic and systemic theory and practice and other approaches and seeks to understand the unconscious as well as conscious aspects of a person's experience and places the person, their relationships and social context at the centre of its practice.

<p><b>The Trust has five stated aims:</b></p> <ol style="list-style-type: none"> <li>1. Continue to deliver and develop high quality and high impact patient services</li> <li>2. Offer training and education which meets the evolving needs of individuals and employers and helps transform the workforce in health, care and other sectors</li> <li>3. Develop its presence as a centre of excellence in research</li> <li>4. Lead the development and evaluation of new models of care and innovative approaches to addressing systemic issues in the delivery of care and other services</li> <li>5. Use its insights and expertise to contribute to the development of national debate and public policy</li> </ol>	<p><b>The Trust has six stated values:</b></p> <ol style="list-style-type: none"> <li>1. We work with people with lived experience to co-create and improve our services and inform our decision making</li> <li>2. We are caring and compassionate</li> <li>3. We are passionate about the quality of our work and committed to openness, the use of evidence and the application of improvement science</li> <li>4. We value all our staff, are concerned for their wellbeing and seek to foster leadership, innovation and excellence in our workforce</li> <li>5. We embrace diversity in our workforce and work to make our services and training as accessible as possible</li> <li>6. We work with others, in the UK and internationally, who share our values and can enable us to achieve our mission</li> </ol>
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- 1.4** The last full Care Quality Commission (CQC) inspection of the Trust took place in 2016 when the Trust was rated as "good" overall. The domains of effective, caring, responsive and well-led were rated as good.



- 1.5** The Trust has a sizeable agenda to deliver. Alongside the priorities all NHS organisations face around delivering safe and high-quality services within a challenging financial climate against the backdrop of the Covid-19 pandemic, the Board alongside that, and in part in response to that, created its own ambition in several areas. So in addition to the governance review we are undertaking, there have been a number of key developments including the Trust's Strategic review and its commissioning of an independent review of race equality in the Trust, which have collectively provided an important backdrop to our review.
- 1.6** The nature and breadth of the Trust services and its education and training provision means that in addition to the CQC, the Trust has additional regulatory bodies and assessments it has to undergo. This additional contextual piece and the work it entails at the Trust needs to also be acknowledged.
- 1.7** The Strategic Review takes account of the changing financial and operational circumstances in which the Trust finds itself. It will address every aspect of the Trust's work: clinical services; training and education; and corporate services, including the Board of Directors and senior management.
- 1.8** The Strategic Review recognises that the Trust faces five specific challenges - financial, operational, system, data, and diversity. The Programme has published the vision and principles guiding the Strategic Review. The Programme's objectives are framed around these five challenges, with a hard deadline of bringing the Trust to a breakeven financial position by April 2023.
- 1.9** The Programme is the first step in a longer journey to transform the Trust. Its aim is to understand the Trust's strategic goals and its managerial and operational structures and to reconfigure these structures in such a way that start to address the five identified challenges and facilitates future changes to address them further through the development of a wider programme of transformation.
- 1.10** This transformation programme will take over from the SR programme once the new structures are implemented in August 2022, though initially this was due to be in December 2021.

### **Race equality**

- 1.11** The Trust commissioned in 2021 an external consultancy, Colour Brave Avengers, to undertake a comprehensive diagnostic piece of work about the experiences of BAME staff at the Trust which goes further than the NHS staff survey and other informal approaches which have been used to date, to understand such issues. This work involved staff at every level of the organisation to understand their lived experiences and consider the impact of the Covid-19 pandemic on this group.
- 1.12** This report by Colour Brave Avengers' identifies a series of recommendations and actions for the Trust to follow in order to fulfil its journey of becoming an anti-racist organisation. It is complemented by a Race Action Plan that combines the actions from the overall audit process.

### **Provision of high-quality education and training**

- 1.13** The Trust is a substantial provider of postgraduate teaching and education across a range of therapies and is the only NHS provider in England registered with the Office of Students and which provides regulatory oversight in this area.

## Relocation

- 1.14** The Trust is one of a number of NHS trusts seeking to access national monies for long-standing capital development/new build plans which would see it move to new purpose-built facilities.

## Gender identity services

- 1.15** The Gender Identity Service (GIDS) is commissioned by NHS England. The service is commissioned to provide assessments of young people, refer young people for medical treatment when appropriate and provide some continuing support when this is required. It is a national specialist service and is the only service available in England for children and young people with gender dysphoria. The service also treats children and young people from Wales.
- 1.16** The CQC undertook a focused inspection of the service in October 2020 and the report, published in January 2021, rated the service "inadequate", driven by "inadequate" ratings for the 'responsive' and 'well led' CQC domains.
- 1.17** The GIDS Judicial Review around capacity and consent of children receiving hormone intervention for gender dysphoria has furthermore been a significant focus for the Trust and has resulted in significant media scrutiny on the Trust. The Trust successfully appealed a High Court ruling at the Court of Appeal in September 2021.
- 1.18** The Trust is also working closely with the NHS England commissioned Independent Review being led by Dr Hilary Cass, former President of the Royal College of Paediatrics and Child Health which is looking at the wider care pathway for young people with issues about gender identity.

## Financial health

- 1.19** Whilst the Strategic Review is a response in part to the financial challenges facing the Trust, financial sustainability and viability represents a specific contextual matter for the Trust.

## 2. Methodology

### Our review

- 2.1 Our review was predominantly undertaken remotely because of the Covid-19 pandemic and comprised the following key stages:

### Background documentation

- 2.2 We reviewed a range of background documentation which we requested of the Trust and which included past Board and Committee papers, terms of reference, work programmes, standing orders, relevant risk and strategy documents.

### Meeting observations

- 2.3 We observed two meetings of the Board of Directors on the following dates:

Board of Directors, 7 September 2021	Board of Directors, 28 September 2021
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- 2.4 We also observed the following Committees of the Board:

Equality Diversity and Inclusion Committee, 9 September 2021	Education and Training Committee, 7 October 2021
Integrated Governance Committee, 15 September 2021	Audit Committee, 14 October 2021

- 2.5 We were scheduled to observe a Strategic and Commercial Committee on the 14 October 2021 but this meeting was subsequently cancelled.

- 2.6 We also observed the Trust Wide Forum on the 9 September 2021 (which is a mechanism for the Trust to formally engage and hear the views of service users) and the meeting of the CoG on the 9 September 2021. We also observed two operational management meetings:

Operations Delivery Board, 14 September 2021	Executive Management Team (EMT), 21 September 2021
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- 2.7 All our observation of meetings were undertaken virtually, other than the EMT meeting we observed. We recognise that virtual meetings have stifled the natural flow of conversation - and deprived Board members and attendees of visual cues that are a key feature of Board and Committee meetings. Our observation of Board and Committee meetings and the conclusions we have drawn need to be read within that context.

## Focus groups

- 2.8 We undertook a series of focus groups to gain a further granular understanding of the Trust. These are listed below:

Group	Date
Students - Focus Group 1	05/10/21
Students - Focus Group 2	05/10/21
Service Users - Focus Group	05/10/21
CoG - Drop-in Session	20/10/21

- 2.9 We did not undertake focus groups with staff given that extensive staff engagement work had already been undertaken recently by the Trust as part of the SR. We drew upon that work and the most recent NHS Staff Survey (2020) results as part of our review.

### Board member interviews

- 2.10 We undertook 1.5-hour confidential non-attributable interviews with all Board Members and a number of senior managers in the Trust.

### Stakeholder interviews

- 2.11 We undertook confidential and non-attributable interviews lasting up to 1 hour with a range of external stakeholders which were identified by ourselves in conjunction with the Trust.

### Board member questionnaires

- 2.12 Board members or attendees completed a confidential questionnaire to which we received fifteen responses. The survey focused on Board member perceptions of each of the eight KLOEs within the Well Led Review Framework.

## 3. Key Findings

- 3.1 Our developmental review of the leadership and governance of the Tavistock and Portman NHS Foundation Trust (referred to hereafter as the Trust or T&P) was undertaken using the Well-Led Governance Framework produced by NHS England, which is focused on the following eight key lines of enquiry (KLOE):

<p><b>KLOE 1: Leadership Capacity and Capability</b></p> <p>Is there the leadership capacity and capability to deliver high quality, sustainable care?</p>	<p><b>KLOE 2: Vision and Strategy</b></p> <p>Is there a clear vision and a credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p>	<p><b>KLOE 3: Culture</b></p> <p>Is there a culture of high quality, sustainable care?</p>	<p><b>KLOE 4: Roles and Governance</b></p> <p>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>
<p><b>KLOE 5: Risks and Performance</b></p> <p>Are there clear and effective processes for managing risks, issues and performance?</p>	<p><b>KLOE 6: Information</b></p> <p>Is appropriate and accurate information being effectively processed, challenged and acted on?</p>	<p><b>KLOE 7: Staff, External Partners Engaged</b></p> <p>Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p>	<p><b>KLOE 8: Learning, Improvement and Innovation</b></p> <p>Are there robust systems and processes for learning, continuous improvement and innovation?</p>

Source:

([https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led\\_guidance\\_June\\_2017.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led_guidance_June_2017.pdf))

- 3.2 We want to thank the Trust for commissioning ourselves to undertake this review and we thank the Trust, the Board senior management team, and particularly the Chairman, Chief Executive and Corporate Governance Team for their support throughout our review, as well as to service users and their families, members of the Council of Governors (CoG), students and stakeholder organisations for taking the time to participate in our review.

## 3.3

We have during our review observed several areas of good practice at the Trust. For example:

<p>KLOE 1: Leadership, Capacity and Capability</p>	<ul style="list-style-type: none"> <li>▪ The desire and resilience of the Board collectively and in particular of the executive leadership team to continue to progress a sizeable agenda during a period of considerable public scrutiny of the Trust and its decision making is to be commended</li> <li>▪ Overall the Board is cohesive and displays a consistent focus on the delivery of high quality care and the provision of education and training. The desire and resilience of the Board collectively and in particular of the executive leadership team to continue to progress a sizeable agenda during a period of considerable public scrutiny of the Trust and its decision making is to be commended</li> <li>▪ NEDs are knowledgeable and well-motivated and the EMT have a good understanding of the Trust's risks and issues and have performed well in keeping on top of their responsibilities when under severe capacity pressure. The Executive Team has also played an active and engaged role within the ICS, strengthening the profile and reputation of the Trust. Within the Trust EDs have been highly visible and approachable through the pandemic and are viewed as compassionate leaders by their teams. The Chief Executive runs regular all staff webinars which are well regarded and well attended</li> </ul>
<p>KLOE 2: Vision and Strategy</p>	<ul style="list-style-type: none"> <li>▪ The desire of the Trust to use the Strategic Review (SR) to address long standing and deep-seated issues within the Trust</li> <li>▪ The depth of the work commissioned by the Trust to create a clear baseline understanding around race equality in the Trust and the experiences of Black and Minority Ethnic (BAME) staff is to be commended</li> </ul>
<p>KLOE 3: Culture</p>	<ul style="list-style-type: none"> <li>▪ An inclusive leadership style modelled by the Board</li> <li>▪ The Board is to be commended on the rigorous and high-profile commitment it has made to be an anti-racist Trust and the openness it has shown to address the concerns of staff in relation to workforce inequalities</li> </ul>
<p>KLOE 4: Roles and Governance</p>	<ul style="list-style-type: none"> <li>▪ The positive and inclusive way in which Board meetings are chaired</li> <li>▪ The accessibility of the Trust executive leadership to the divisional leadership team</li> </ul>
<p>KLOE 5: Risks and Performance</p>	<ul style="list-style-type: none"> <li>▪ Board focus on risks is good and the overall Trust approach to risk management is sound, as is the construction of the Board Assurance Framework (BAF) and Operational Risk Register (ORR)</li> <li>▪ Good evidence of engagement by the Trust in the internal audit programme and ownership of findings with no evidence of action drift</li> <li>▪ The Trust has an established and impactful clinical audit programme</li> </ul>

<p>KLOE 6: Information</p>	<ul style="list-style-type: none"> <li>▪ There is good evidence of engagement by the Trust in the internal audit programme and ownership of findings with no evidence of action drift. The contributions and input of the Director of Finance has been particularly instrumental in creating this positive climate. The Trust is to be commended for this as they are not features we always see in other parts of the NHS with whom we have worked</li> <li>▪ Patient and staff stories to the Board (pre Covid-19) valued by all Board members</li> </ul>
<p>KLOE 7: External Partners Engaged</p>	<ul style="list-style-type: none"> <li>▪ Strong engagement with the Integrated Care System (ICS) which is reflected in positive ICS stakeholder views of the Trust and in particular of the Chief Executive and other members of the Executive Team, with a recognition amongst ICS stakeholders of the need to value and protect the uniqueness of T&amp;P within an ICS</li> <li>▪ The process of engagement under the leadership of the Board, of staff, of service users, of the CoG, and of stakeholders has been very good during a period when the Trust has been addressing a sizeable strategic and operational agenda</li> <li>▪ Strong and positive relationships with the CoG</li> <li>▪ Positive views of the Trust, the way it which engages and the services it provides expressed by service users and their families who we spoke to</li> <li>▪ The scope and depth of the Patient &amp; Public Engagement Strategy 2021-23</li> </ul>
<p>KLOE 8: Learning, Improvement and Innovation</p>	<ul style="list-style-type: none"> <li>▪ The Trust remains committed to improving mental health and emotional wellbeing, believing that high quality mental health services should be available for all who need them. The Trust brings a distinctive contribution based on the importance it attaches to social experience at all stages of people's lives, and its focus on psychological and developmental approaches to the promotion of health and the prevention and treatment of mental ill health</li> <li>▪ We heard during the course of our interviews with ICS stakeholders in particular that this unique blend of services and leading-edge thinking is valued. We also heard that it is one of the reasons that the Trust continues to attract students to its training and education provision</li> <li>▪ During the course of our review we have been signposted to many examples of good practice. The above examples show that the Trust continues to take a proactive approach to innovation and improvement and the creation of best practice where it does not exist, and that senior leaders have created a safe and hospitable environment for experimentation and learning</li> <li>▪ The Trust record of delivery and ongoing ambition around education and training</li> </ul>

<p>KLOE 8: Learning, Improvement and Innovation</p> <p>continued</p>	<ul style="list-style-type: none"> <li>▪ The uptake by Trust staff of the Covid-19 vaccinations is high when compared to other parts of the NHS and this is in no small part due to a really effective campaign to promote vaccine uptake and which one of the Non-Executive Director (NED) has heavily been involved in</li> </ul>
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**3.4** In any review there are always areas for development and we have set out below the principal ones:

<p>KLOE 1: Leadership, Capacity and Capability</p>	<ul style="list-style-type: none"> <li>▪ The Board does not have a structured development programme in place focused on developing its collective skill set</li> <li>▪ Current Board seminar time has been used to focus on operational issues and not on more strategic content</li> <li>▪ Board induction programmes are poor and do not enable an effective on-boarding process for new NEDs joining the Board</li> <li>▪ Current Board skill set lacks higher education and clinical experience</li> <li>▪ Absence of a Board Skills Framework</li> <li>▪ Chief Executive and Executive Directors (ED) are often dragged into operational activities and which is impacting on their overall effectiveness</li> <li>▪ Lack of substantive senior HR and corporate governance support</li> <li>▪ Tensions between some clinicians and senior management at the Trust and which has not always been addressed</li> <li>▪ We observed a lack of challenge and effective scrutiny of the executives by NEDs, and not enough evidence of holding to account. NEDs are skilful and knowledgeable about the Trust but often very ready to accept positive assurances without always fully testing and probing. This point was made to us on a number of occasions and we were able to directly observe that ourselves in meetings</li> </ul>
<p>KLOE 2: Vision and Strategy</p>	<ul style="list-style-type: none"> <li>▪ Lack of a clear shared understanding amongst the Board of the Trust strategy</li> <li>▪ Lack of clear understanding amongst external partners of the Trust strategy or vision</li> <li>▪ Board understanding of the ICS needs to be enhanced</li> <li>▪ The Board needs to receive assurance on risks to quality arising from costs reduction and transformation schemes in the SR and once the SR has been approved, the Board will need to receive qualitative as well as quantitative reporting on progress against costs reduction and transformation schemes and establish clear assurance quality impact assessment routes</li> </ul>



<p>KLOE 3: Culture</p>	<ul style="list-style-type: none"> <li>▪ Chair and NED visibility with staff and service users has been particularly impacted by the Covid-19 pandemic</li> <li>▪ Concerns that the recent safeguarding Employment Tribunal has impacted the ability of staff to be able speak up if they have concerns</li> <li>▪ Review the Freedom to Speak Up (FTSU): Raising Concerns and Whistleblowing Procedure in the light of the recent Employment Tribunal and use this as an opportunity to ensure the new process is communicated to staff across the Trust</li> <li>▪ A considerable amount of the SR is about addressing deep seated cultural issues and given its scale and ambition in this regard, this will need significant investment in capacity and capability, particularly in relation to Human Resources (HR) and Organisational Development (OD)</li> <li>▪ Board oversight processes and mechanisms for providing insight and assurance on people and culture could be strengthened</li> <li>▪ The external review of race equality has yielded an outpouring of emotion that suggests many BAME staff do not feel consistently supported, respected or valued. There is now a key question about how the Board responds with pace to the deliverability of that change</li> </ul>
<p>KLOE 4: Roles and Governance</p>	<ul style="list-style-type: none"> <li>▪ A number of Board Committees have a number of features that are not consistent with governance good practice, particularly in relation to the role of NEDs. and the rigour with which these Committees conduct their business. As configured they are not providing a robust assurance route to the Board</li> <li>▪ While recognising some current gaps in resources supporting these Committees several aspects of the way the current Committees operate - limited papers at several of the Committee meetings we observed, a heavy reliance on verbal assurance, lack of oversight and scrutiny, lack of focus on risk, limited evidence of linkage between Committees, poor reporting to the Board, is not consistent with governance good practice or what we have observed elsewhere in the NHS</li> <li>▪ Committee reporting to the Board is in our view weak as currently established and fails to provide the level of assurance they should</li> <li>▪ Consideration should be given to the sequence of Committee and Board meetings to promote more timely reporting and upwards assurance to the Board</li> <li>▪ Our review of the current terms of reference of all Board Committees suggests that they need further review and enhancement</li> <li>▪ The Committee structure in our view needs to be reconfigured so that it can better provide effective oversight of the key themes emerging from the SR</li> </ul>

<p>KLOE 4: Roles and Governance</p> <p>Continued</p>	<ul style="list-style-type: none"> <li>▪ The scale of the corporate governance issues we have identified across the Trust are multiple and suggest that the Trust needs to strengthen the corporate governance function and that this cannot await conclusion of the SR</li> <li>▪ Furthermore, governance support and advice to the Board and its Committees needs to be delivered to a consistent high set of standards by a single central well-resourced corporate governance function</li> <li>▪ Some NEDs are currently involved in activity that supports the work of the Committees but is far more operational than we would have expected to see</li> <li>▪ EMT meetings to ensure all key programmes of work are effectively managed in a structured way take place for less time at the Trust than we have observed elsewhere in the NHS</li> <li>▪ Meetings to hold divisional leadership to account for delivery across all key work streams need to be strengthened</li> </ul>
<p>KLOE 5: Risks and Performance</p>	<ul style="list-style-type: none"> <li>▪ Committee focus on risks are weak</li> <li>▪ Executive and divisional focus on risk would benefit from a more consistent rhythm</li> <li>▪ Board understanding of the key risks issues facing the Trust are variable and more could be done to use risks in a more dynamic way to drive Board and Committee business</li> <li>▪ A number of improvements that could be made to the compilation of both the BAF and ORR</li> <li>▪ As recognised in the SR, there is not a sufficiently well embedded performance management and accountability culture at multiple levels within the Trust. This needs to start from the Board holding EDs and senior management to account for delivery and then flowing through the EDs to senior management and the divisional structures to ensure an effective accountability within each division for performance and delivery</li> </ul>
<p>KLOE 6: Information</p>	<ul style="list-style-type: none"> <li>▪ While the Board does have a performance dashboard this could be better developed to enable the Board to better drive action to improve the quality and performance of services provided</li> <li>▪ Patient and staff stories to the Board have halted during the Covid-19 pandemic</li> <li>▪ A material and recurring theme across the reports we reviewed is that they need to adopt an 'exception-based reporting approach' and would benefit from shifting the emphasis from 'what has happened' to 'what is being done', to include greater focus on 'action planning and monitoring' as well as a more 'forward-looking perspective'</li> <li>▪ The size of papers at Committee meetings (other than at the Audit Committee) is very low but to the point where we believe full and detailed reporting is arguably being sacrificed in favour of brevity</li> </ul>

<p>KLOE 7: External Partners Engaged</p>	<ul style="list-style-type: none"> <li>▪ The Trust has not leveraged the support potentially available within its ICS partners to address a range of areas where the skill set in a small specialist trust is always going to be limited (for example, demand management, waiting lists modelling, data quality) or to help with back-office functions (for example, HR, corporate governance) that could enable the Trust to draw on the expertise and depth that will exist across its ICS partners and which could help to deliver these functions in a more cost-effective way</li> <li>▪ There is a perception amongst some stakeholder organisations that the Trust in their dialogue can seek to accentuate the positive and not necessarily draw out key risks issues</li> <li>▪ The lack of a structured development programme for the CoG and limited member engagement are also further gaps that need focus, particularly given key knowledgeable and hard-working individuals on the CoG will leave shortly as their terms of office end</li> <li>▪ Staff engagement is a double-edged sword. There has been extensive staff engagement as part of the SR and in work undertaken by the external consultancy on race equality. The extent and breadth of these discussions is to be commended but they raise significant issues around staff perceptions and concerns. Alongside the feedback from the Staff Survey 2020, the people agenda represents a sizeable challenge for the Trust to address</li> <li>▪ Member engagement is limited</li> </ul>
<p>KLOE 8: Learning, Improvement and Innovation</p>	<ul style="list-style-type: none"> <li>▪ For the SR to succeed though, the Trust and the Board in particular need to ensure that the SR is not only now completed in a timely manner but that it is accompanied by a prioritised implementation plan</li> <li>▪ Students we spoke to as part of this review were far more negative than reported in students surveys and this needs better understanding</li> <li>▪ Education and training - need greater visibility at the Board and at the Audit Committee and in the internal audit programme</li> <li>▪ The student voice/experience needs directly feeding into the Education and Training Committee</li> <li>▪ Ambitions around Degree Awarding Powers needs a detailed gap analysis, drawing on the experience of the Trust's higher education partners</li> </ul>

**3.5** We anticipate the Board will want overall visibility of progress against the action plan. Furthermore, we expect that the Board will want to assure itself that the recommendations we have set out in this review are implemented.

**3.6** We recognise these recommendations will take time to implement, as it will take time to embed effective governance structures and processes and a change in culture will not happen overnight.

**3.7** The actions have a 'priority' rating. This reflects the degree of urgency with which we believe the actions need addressing. We have not allocated owners to actions but this is an essential first task for the Board to oversee in order to ensure delivery of the actions.

- 3.8** As the Trust makes progress on the actions we have set out, then in twelve months' time, the Trust should be looking to progress a further programme of work which we believe will enable the Trust to replicate not only governance best practice but create a high performing board and reap the benefits that will flow thereafter.

## 4. Concluding Remarks and Recommendations

### Concluding remarks

- 4.1 The boards of all NHS providers have a substantial and challenging agenda to address over the next few years.
- 4.2 Alongside a range of Trust specific issues, there are external challenges around addressing the regulatory landscape, operating in a post pandemic world, and operating within the ICS.
- 4.3 For the Trust Board to successfully address this agenda will require effective and sustained Board leadership, using the recommendations we have made as the primary focus for that.
- 4.4 Whilst our review has identified a number of development areas, we also observed and heard many positive examples to demonstrate that there is a very exciting agenda available to the Trust Board if they focus on the right things.
- 4.5 We also strongly believe that the Trust Board has all the constituent elements to be effective and is serious about board leadership, board processes and effective governance.
- 4.6 In that sense, this review presents a unique opportunity to further renew and reinvigorate the governance arrangements within the Trust and our recommendations in this concluding section of this report seek to do that.
- 4.7 Addressing the areas for development that we have identified as part of this review in a systematic manner, building on progress to date and drawing on learning from other sectors will, we have no doubt, noticeably accelerate Board leadership and governance arrangements at the Trust.

### Recommendations

- 4.8 In taking the issues we have identified in our report forward, the Trust the Board should take the following recommendations we have set out below forward.
- 4.9 We suggest that the Chairman and Chief Executive, consider the findings outlined within this report and support the Governance Team to develop an implementation plan to take our recommendations forward for final approval by the Board.
- 4.10 This should also set out how the Audit Committee will on behalf of the Board monitor on-going progress and embeddedness.
- 4.11 We have given each recommendation a priority and a suggested timescale for implementation, but recognise that the Board will wish to review these carefully to ensure that the subsequent implementation plan is owned and deliverable.

	Actions to be implemented within 4 months of this review	Actions to be implemented within 8 months of this review	Actions to be implemented within 12 months of this review
KLOE 1: Leadership, Capacity and Capability	<p><b>Recommendation 1a:</b> The Chair should oversee the design and commence the early stages of implementation of a structured Board development programme aimed at improving Board impact and effectiveness. This should reflect the development areas identified throughout this report, including those related to increasing Board impact and providing effective scrutiny and challenge; and improving the effectiveness of Board member contributions</p> <p><b>Recommendation 2:</b> The CoG should consider, in consultation with the Chair, the possibility of co-opting on to the Board NEDs with clinical and higher education backgrounds. This should include engagement with ICS partners around drawing on skills that may exist in the ICS already in these areas and should be a precursor to recruiting NEDs with these skills substantively, informed by a Board Skills Framework</p> <p><b>Recommendation 3:</b> The Chief Executive should consider ahead of completion of the SR, the appointment of a substantive Director of HR, which needs to be accompanied by a clear focus on OD and bring forward proposals to enhance the corporate governance function, including the appointment of a substantive Director of Corporate Governance (drawing on skills that may exist in the ICS)</p> <p><b>Recommendation 4:</b> The Chair, working closely with the Corporate Governance Team should lead the development of a robust NED induction programme</p>	<p><b>Recommendation 15:</b> The Chief Executive should reflect on ongoing actions and behaviours aimed at promoting team building and influencing multi-disciplinary executive working, with a view to incorporating this within a formal programme of development</p>	
KLOE 2: Vision and Strategy	<p><b>Recommendation 5:</b> The Chair should consider what further work needs to be undertaken by the Board as part of a structured programme of Board development to agree a common understanding of the vision and long-term strategy for the Trust to provide direction and further meaning to the SR</p> <p><b>Recommendation 6:</b> The Board should ensure that the SR is accompanied by a clear investment and implementation plan and the development of a quality impact process to assess costs reduction and transformation schemes in the SR and which has clear Board visibility</p>	<p><b>Recommendation 16:</b> The Board should ensure that ICS partners are actively engaged to understand the Trust strategy, vision and how it fits within the overall ICS</p>	
KLOE 3: Culture	<p><b>Recommendation 7:</b> The Board should consider developing an engagement plan aimed at improving perceptions regarding the level of organisational engagement and visibility. This should give consideration to improve physical presence as well as refinements to the Trust approach to digital media and corporate communications</p>	<p><b>Recommendation 17:</b> The Board should ensure a review of the FTSU: Raising Concerns and Whistleblowing Procedure in the light of the recent Employment Tribunal and use this as an opportunity to ensure the new policy is communicated to staff across the Trust</p>	<p><b>Recommendation 21:</b> The Board should commence as part of the SR a piece of work to develop a cohesive Trust culture. This should include programme of work that address clinical and management relationships within the organisation</p>

	Actions to be implemented within 4 months of this review	Actions to be implemented within 8 months of this review	Actions to be implemented within 12 months of this review
KLOE 4: Roles and Governance	<p><b>Recommendation 8:</b> The Board should more closely align its Committee structure with its strategic priorities, potentially to include a refocused Audit and Governance Committee and a new Quality, Finance and Performance &amp; People Committees. Alongside this work, plans need developing to address gaps and issues we have already identified around the Committee structure at the Trust as a whole</p> <p><b>Recommendation 9:</b> The Board should seek to revisit the structure and format of the EMT, Operations Delivery Board and divisional accountability arrangements in light of our findings</p>		
KLOE 5: Risks and Performance	<p><b>Recommendation 10:</b> The Board should consider the various observations made within our review regarding refinements to the BAF and ORR and that there is greater consistency in practices across the Trust, including frequency of reviewing the BAF and ORR at Board, Committee and at the operational management level</p> <p><b>Recommendation 11:</b> The Board should consider accelerating work underway to implement the Trust wide accountability and performance frameworks and increase executive focus on this area. This recommendation should be implemented in conjunction with the roll-out of a consistent suite of performance reports across the Trust</p> <p><b>Recommendation 1b:</b> The Board should explore as part of a structured development session how it could make far more effective and meaningful use of the BAF/ORR to drive debate, provide assurance, and ensure a clear and consistent understanding of the key risks issues facing the Trust</p>		
KLOE 6: Information	<p><b>Recommendation 12:</b> The Board should fundamentally revisit its approach to reporting throughout the organisation to promote a more integrated, focused, consistent, less fragmented and streamlined format of reporting at all levels of the organisation. The current Quality Dashboard should be used as the 'anchor point' from which to design, develop and ultimately roll out a consistent suite of reports across the Trust</p>	<p><b>Recommendation 18:</b> The Board should reintroduce service user and staff stories to the Board, and consider widening this to include Student Stories</p>	
KLOE 7: External Partners Engaged	<p><b>Recommendation 13:</b> The Board should explore a programme of support to the Trust from ICS partners for a range of back office and support functions and draw on intensive support around demand management and capacity modelling from NHS England for GIDS</p>	<p><b>Recommendation 1c:</b> The Board should explore as part of a structured development programme stakeholder perceptions of the Trust and how comments and feedback in our review can be built upon positively</p> <p><b>Recommendation 19:</b> The Board should in collaboration with the CoG, commission a programme of development for the CoG</p>	<p><b>Recommendation 22:</b> The Board should develop a plan for member engagement, in conjunction with the CoG</p>

	Actions to be implemented within 4 months of this review	Actions to be implemented within 8 months of this review	Actions to be implemented within 12 months of this review
KLOE 8: Learning, Improvement and Innovation	<b>Recommendation 14:</b> The Board should establish as a sub-committee of the Education and Training Committee a student experience group that enables the Committee to directly hear the experience and voice of students	<b>Recommendation 20:</b> The Board should enhance the 2022/23 internal audit programme and within that include a substantial element of audit activity focused on independent assurance around education and training	<b>Recommendation 23:</b> The Board should undertake a detailed gap analysis around the Trust attaining Degree Awarding Powers, draw on the experience of external education partners





## Annex B - Board Governance Review – Implementation Plan

Review Recommendations	Workstreams			
	Resetting our decision making and assurance arrangements	Resourcing Implementation and New BAU	Board and Council Development	Cohesive Trust Culture
	<p><b>Recommendation 8</b></p> <p>Introduce new Board Committee structure (Chair)</p> <p><b>April 2022</b></p>	<p><b>Recommendation 3</b></p> <p>Develop proposals to enhance corporate governance function including appointment of a substantive Director of Corporate Governance. (Chief Executive)</p> <p><b>January 2022</b></p>	<p><b>Recommendation 2</b></p> <p>Consider co-opting NEDS with clinical and higher education backgrounds as precursor to recruiting NEDS substantively informed by a Board Skills Framework. (Chair/Interim Director HR)</p> <p><b>February 2022</b></p>	<p><b>Recommendation 7</b></p> <p>Agree an organisational engagement plan. (Director of Communications and Marketing)</p> <p><b>March 2022</b></p>

	<p><b>Recommendation 9</b></p> <p>Review structure and format of EMT and other Executive Groups (Chief Executive)</p> <p><b>April 2022</b></p>		<p><b>Recommendations 1a,b,c and 4</b></p> <p>Design and commence implementation of structured Board development programme. (Chair/Interim Director of HR)</p> <p><b>March 2022</b></p>	<p><b>Recommendation 18</b></p> <p>Reintroduce service user, staff and student stories (Chief Executive)</p> <p><b>March 2022</b></p>
	<p><b>Recommendation 10</b></p> <p>Refine BAF and ORR framework including frequency of review at Board, Committee and in operational management groups. (Chief Executive)</p> <p><b>March 2022</b></p>		<p><b>Recommendation 5</b></p> <p>Design robust NED induction programme. (Chair/Interim Director of Corporate Governance)</p> <p><b>March 2022</b></p>	<p><b>Recommendation 21</b></p> <p>Take forward work to develop a cohesive Trust culture. (Chief Executive)</p> <p><b>April 2022</b></p>

	<p><b>Recommendation 11</b></p> <p>Develop Trust wide accountability and performance framework</p> <p>(Medical Director and Director of Quality)</p> <p><b>April 2022</b></p> <p><b>Recommendation 12</b></p> <p>Revisit approach to reporting and develop consistent suite of reports.</p> <p>(Medical Director and Director of Quality)</p> <p><b>July 2022</b></p>		<p><b>Recommendation 15</b></p> <p>Develop EMT development programme focused on team building and multi-disciplinary working in context of new SR structures.</p> <p>(Chief Executive)</p> <p><b>March 2022</b></p>	<p><b>Recommendation 22</b></p> <p>Develop a plan for member engagement.</p> <p>(Director of Corporate Governance)</p> <p><b>September 2022</b></p>
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	<p><b>Recommendation 14</b></p> <p>Consider establishment of a student experience as a sub-committee of the Education and Training Committee</p> <p>(Chair of Education and Training Committee/Director of Education and Training)</p> <p><b>April 2022</b></p> <p><b>Recommendation 20</b></p> <p>Enhance Internal Audit Plan to reflect greater priority on education and training.</p> <p>(Director of Finance/Director of Education and Training)</p> <p><b>February 2022</b></p>		<p><b>Recommendation 19</b></p> <p>Commission a programme of development for the CoG.</p> <p>(Director of Corporate Governance)</p> <p><b>September 2022</b></p>	
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## Recommendations addressed elsewhere

Recommendation 6 Strategic Review to be accompanied by an investment and implementation plan – **Strategic Review implementation**

Recommendation 13 Seek Back Office Support from ICS partners – **NHS Provider Alliance**

Recommendation 16 Ensure ICS are actively engaged to understand the Trust strategy and vision - **Ongoing**

Recommendation 17 Review FTSU, Raising Concerns and Whistleblowing Procedures – **Being taken forward as part of work on People Strategy and link to the Race Equality Action Plan**

Recommendation 23 Undertake a detailed gap analysis around the Trust attaining Degree Awarding Powers – **ETC work programme**

# Plan for the Development of a new Membership Strategy

Paper for the March 2022 Council of Governors Meeting

## Background

- In response to recommendation 22 of the Board Governance Review Workstream on developing a cohesive Trust culture, the Trust is planning to develop a plan for member engagement.
- Communications Manager Kate Bermingham, membership communications lead for the Trust, is leading the development of a new membership strategy.
- Historically the Trust has not had a coherent membership strategy. The membership newsletter was printed and posted to members, and the membership database was managed externally. In 2016-17 the database was taken back 'in house' and membership communications switched to digital, however the communications team lacked the capacity to create and implement a membership strategy.
- An active and engaged membership can provide vital feedback, local knowledge and support for Foundation Trusts. Members can support the work of Governors in holding the Board to account and ensuring the Trust acts in the best interests of the communities it serves.

## Current membership

Camden membership	794
Rest of London membership	2,825
Rest of England and Wales membership	3,198
<b>Total membership</b>	<b>6,817</b>

## Approach

- The membership strategy will be created following consultation with key internal stakeholders (including senior staff with responsibility for corporate governance; patient and public involvement; quality and communications), the Council of Governors and the membership. The final draft will be approved by the Board of Directors.
- Direct consultation with our members will form a crucial part of this process. Communications Manager Kate Bermingham will create a survey for all members to complete. The survey results will help us to understand who our membership are (i.e. demographics and EDI characteristics), what their priorities are, and how they wish to engage with the Trust.

- On the basis of the internal stakeholder consultation and the membership survey results, bearing in mind competitor membership strategies and relevant Trust-wide strategies (e.g. the draft PPI strategy), Kate Bermingham will create a first draft of the membership strategy. Governors will have an opportunity to feed into the strategy.
- To assist with the delivery of the membership strategy, a membership group will be set up. The group will meet on a quarterly basis to review membership communications and engagement, and plan future activity.
- The quarterly members’ newsletter was relaunched in February 2022. The membership strategy will also incorporate a content plan for ensuring that the members’ newsletter contains relevant, engaging content, in line with the interests of our members (the membership survey will also inform the development of this content plan).
- The membership strategy will also incorporate known issues within current membership communications, e.g. issues with the membership recruitment process, the membership website pages, management of the membership database, etc.

### Draft timeline

February / March 2022	Internal stakeholder engagement
March 2022	Council of Governors meeting
April 2022	Membership survey
May 2022	First draft of the membership strategy
June 2022	Setting up the membership group
July 2022	Final draft of the membership strategy
August 2022	Launch of the new membership strategy via the quarterly members’ newsletter (and other communication channels)
September 2022	First meeting of the membership group

### How can Governors engage with this process?

March 2022	Respond to this plan by contacting Kate Bermingham to arrange a Teams meeting or offer feedback via email: <a href="mailto:kbermingham@tavi-port.nhs.uk">kbermingham@tavi-port.nhs.uk</a>
May 2022	Review and offer feedback on the first draft of the membership strategy
June 2022	Join the membership group
August 2022	Promote the new membership strategy throughout your networks.