



The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part One

Agenda and papers of a meeting to be held in public

**Thursday, 9th
September
2021**

**For timings
please refer to
the agenda**

**Meeting held
online**

**COUNCIL OF GOVERNORS – PART ONE
MEETING HELD IN PUBLIC
09 SEPTEMBER 2021, 2.00pm – 4.15pm
Online Meeting**

AGENDA

		Presenter	Timing	Paper No
1 Administrative Matters				
1.2	Chair's opening remarks and apologies	Chair	2.00pm	
1.3	Council member's declarations of interests	Chair		
1.4	Minutes of the meeting held on 10 June 2021	Chair		1
1.5	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Report	Chair and Non-Executive Directors	2.20pm	Verbal
2.3	Chief Executive's Report	Chief Executive	2.30pm	2 late
2.4	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.40pm	3
3 Items for discussion				
3.1	Strategic Review-Update	Chief Executive (Interim Director of HR and Joint Programme Leads in attendance)	2.50pm	4
3.2	Race Equality	Chief Executive	3.00pm	5
3.3	GIDS Transformation	Divisional Director, Gender Services Division	3.30pm	6 late
4 Any other matters				
4.1	Any other business	Council Members	3.50pm	Verbal
4.2	Questions from the Public	Public	4.00pm	Verbal
5 Date of Next Meeting				
	20 October 2021 – Annual Members' Meeting timings & venue to be confirmed			

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

Present:			
Prof Paul Burstow Trust Chair	Maz Afridi Governor - Public	Dr John Carrier Governor – Public	Jessica d’Anglin Christian Governor - Staff
Kathy Elliott Governor- Stakeholder	Noel Hess Governor – Public	Badri Houshidar Governor – Staff	David O’Mahony Governor - Stakeholder
Juliet Singer Governor – Public	George Wilkinson Governor – Public		
Attendees:			
Dinesh Bhugra Non-Executive Director	Debbie Colson Non-Executive Director	Fiona Fernandes Business Manager Corporate Governance (minutes)	Paul Jenkins Chief Executive
David Levenson Non-Executive Director	Terry Noys Deputy Chief Executive		
Apologies:			
James Calmus, Stakeholder Governor; Freda McEwen, Governor; Kimberley Wilson, Governor, Salma Asokomhe, Governor, Simon Carrington, Governor, Simon Yu Tan, Governor, Jane Perry, Stakeholder Governor, Richard Murray, Governor and Helen Robinson, Interim Director of Corporate Governance			

Actions

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

1. Administrative Matters

1.1. Welcome and Apologies

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

1.1.2. Apologies were noted, as above.

1.2. Declarations of Interest

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

1.3. Minutes of the Previous Meeting

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

1.4. Matters Arising Not Covered by the Agenda

- 1.4.1. There were no matters arising.

2. Operational Matters

2.1. Governors' Feedback

- 2.1.1. Responding to Mr. Hess, Prof Burstow advised that the legislation establishing Integrated Care System (ICS) as statutory bodies would have implications for the Trust. These legislation will introduce new duties around collaboration and for Trusts to take account of the impact their decisions have on system partners.

- 2.1.2. Prof. Burstow suggested that it would be beneficial to arrange an seminar Joint meeting of the Board of Directors and Council of Governors to have a more in-depth discussion on the North Central London/Integrated Care System once the legislation had been published and clearer guidance produced on the implications and opportunities for foundation trusts. The Strategic Review was keeping a watching brief on legislative developments alongside the external governance review that the Board was to commission. **[AP2]**

- 2.1.3. Mr. Hess queried the Trust's plans in relation to a return to face-to-face meetings. Prof. Burstow explained that this would be subject to advice from the Medical and Quality Director and/or Director of Nursing concerning Infection, Prevention and Control (IPC) issues to ensure that face to face meetings could be safely conducted; it was hoped that by the Autumn we would be in a position to operate a blended approach.

- 2.1.4. Dr. Carrier advised that he and Mr. Wilkinson had attended the Programme Board Committee meeting and had been updated on the financial aspects and development of the Outline Business case of the relocation project. Assurance had been provided that all identified risks raised were under control. Governors would be kept informed of progress.

2.2. Chair's Report

- 2.2.1. Prof. Burstow presented his verbal report to the Governors, highlighting the following:-
- The final centenary event had been held and had been very well-received.
 - The ongoing importance of the developments within the ICS and recent meetings with CCG/ICS leads concerning relocation and the Strategic Review.
 - The prolongation of the recruitment for two new Non-Executive Directors to ensure the widest possible field of candidates.
 - His participation in May at a Quality Summit following the CQC inspection report of GIDS , to discuss the plans for addressing the requirements.
 - His attendance at a workshop organised by Camden's Health and Wellbeing Board to discuss population health and the priorities where there had been a strong focus on children and Mental Health.
- 2.2.2. Responding to Mr. Afridi, Prof. Burstow indicated that the focus at the workshops had been less about specific services and more about improving population health, childhood immunisations, food poverty, mild to moderate mental health and homelessness.
- 2.2.3. The Council of Governors noted the report.

2.3. Chief Executive's Report

2.3.1. Mr Jenkins introduced his report and highlighted:-

North Central London (NCL) Mental Health Commissioning

- The NCL CCG would be undertaking a review of the commissioning of mental health services across NCL and an associated review of community health services by Carnall Farrar on behalf of the CCG was also underway.
- It was difficult to ascertain what level of change would result, and concerns existed related to variations in investment between the north and south of the patch.

Covid

- The Trust was managing a steady increased level of activity, including increased face to face clinical work.
- Education would continue with remote delivery of courses for the remainder of the year.
- Guidance had been developed and provided to clinical and education teams concerning working methods. A return to pre-pandemic patterns of work was not anticipated with a more permanent blended model of delivery being trialled.
- Staff vaccinations were just below the 90% target with an ongoing differential between white and ethnic minority staff. It was recognised that this level was significantly better than for 'flu vaccinations targets.

Equalities

- At the all staff meeting on 26th April, the external review of the Trust's culture and inequalities in respect of race, led by Yvonne Thompson, had been launched.
- The first part of the work included promotion of the workplace race survey which had been circulated to all staff and to date completed by 523 staff members. The aim of the survey was to provide quantitative data on attitudes across the Trust towards race equality.
- The next stages of the work would be a series of qualitative one-to-one meetings and focus group interviews. A review of the Trust's policies and governance arrangements in relation to race would also be undertaken. The review would submit a report to the Board in July and to the Council of Governors in September.
- Trust-wide consultation had taken place on the next iteration of our Race Equality Strategy including our public commitment to become a non-racist organisation.
- To address the work of development of the refreshed Race Equality Strategy and other emerging equality issues, Ms Henderson, formerly the Trust's Race Equality Champion, had been appointed as Associate Director for Equalities.
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GIDS

- Work was ongoing with NHS England on the details of their plans for establishing panels to review decisions made to refer patients aged under 16 to endocrine services. This followed a recent Family Court judgement. The panels would review the robustness of the process followed in reaching decisions but not the clinical decisions themselves and would not will consider cases for patients aged 16-17 where it was recognised that a different legal framework applies.
- Preparations were continuing with our legal team for the forthcoming appeal in 2 weeks' time against the Judicial Review judgment.

Graduation

- Due to the pandemic last year, the Graduation ceremony had been cancelled. Subsequently on 24th April and 15th May this year, 2 online ceremonies for students who graduated in 2019 and 2020 had been successfully held. Honorary doctorates had been awarded to the poet Lemn Sissay and to Nicola Byrom, the founder of Student Minds who had spoke about her mental health issues as a student.

2.3.2. Dr. Carrier queried the approach to Covid vaccinations. Mr. Jenkins advised that a range of communications had been sent out to staff and that Prof. Bhugra had also spoken at an all staff meeting about the issues. Dr Sinha, Medical and Quality Director was having one-to-one conversations with staff who were reluctant or had concerns about the vaccination.

2.3.3. In response to Dr. Singer regarding race equality, Mr. Jenkins emphasised the value of an external review to enable a clearer and more objective view of the level of concern amongst the Ethnic Minority staff. Some of the identified cultural issues were specific to race, including a tendency to choose white over ethnic minority staff and a lack of understanding/barriers that made career progression more difficult for ethnic minority staff.

2.3.4. Mr Hess asked about the timescale for the Mental Health Strategic Commissioning review and whether it had yet commenced. Mr Jenkins advised that this review was underway and that it was hoped that a report would be available by July/August.

2.3.5. Responding to a further question from Mr. Hess about addressing the inequalities and what it would mean for the Trust, Mr Jenkins stated that the desired outcome was specialist services being provided more equitably across the NCL.

2.3.6. Ms Elliott commented on the involvement of the voluntary sector in ICS discussions, despite this sector not receiving ICS funding and requested that the planned seminar provide additional information about the provider collaborative and health outcomes.

2.3.7. Prof. Burstow noted that it was vital to have the involvement of the voluntary sector and stressed the importance attached to place based working within the White Paper.

2.3.8. Mr. Jenkins stated that-in common with most other NHS organisations- the Trust lacked diversity at senior level, and opportunities/equalities of progression for Ethnic Minority staff, who felt that if they raised concerns these would not be dealt with appropriately. Student data was improving but still did not reflect Ethnic Minority students.

2.3.9. In response to Dr. Singer, Mr. Jenkins agreed to confirm the Trust's involvement with Stonewall.

2.3.10. The Council of Governors noted the report.

2.4. Finance and Performance

2.4.1. Mr. Noys presented his report and advised that the Trust had achieved a net surplus of £675k, an increase of £475k compared to the previous year following a top-up of £5,927m without which there would be an underlying deficit of £5.25m.

2.4.2. Prof Burstow reminded Governors of the financial rationale within the Strategic Review and stated that the Board would be facing difficult and complex decisions.

2.4.3. The Council of Governors noted the report.

3. Items for discussion

3.1 Strategic Review

3.1.1 Mr. Jenkins presented the report and highlighted:-

- The completion of the Discovery phase and the progression to phase 2, the Development phase. The programme was governed through the Programme Board which meets fortnightly. There was also regular reporting and discussions at the Board of Directors Seminars, and identified risks were actively managed through a programme risk log.
- The finalisation of a Vision and Principles document which had been signed off at the April Board meeting.
- Findings from the Discovery phase and the Vision and Principles engagement had been used to establish 20 staff engagement workshops themed around key emerging issues which commenced this week and would run to the end of July. A Framework for Change had been developed to address the five Strategic Review challenges – finance, operational, system, data & impact and diversity-and would be shared with staff in the current week.

3.1.2 Several Governors commented on the complexity of what defined the Tavistock and the fact that the organisation was good at being able to think in complex ways.

3.1.3 Prof Burstow stated that Governors would be kept updated on progress at the September Council meeting.

3.1.4 The Council of Governors noted the report.

3.2 GIDS Transformation Programme

3.2.1 Ms Swarbrick presented the report and highlighted:-

- The breadth and depth of the Transformation Programme which was being undertaken alongside business as usual in the service. She advised that the programme encompassed the development of a new endocrine pathway in response to the Judicial Review outcome alongside clinical management, safety and practice, waiting list management, organisation design and development including staff engagement and data.
- The refreshing of the Patient and Public Involvement (PPI) Stakeholder Group which meets monthly to ensure the integration of patient involvement into the Transformation Programme.
- The respective roles of the GIDS Oversight Committee and the GIDS Interim Management Board and progress against the CQC action plans.
- The completion in April of the initial pilot of the Multi-Disciplinary Clinical Reviews (MDCRs) of endocrine treatment decisions which had involved 24 young people and which were being evaluated prior to roll out. These MDCRs had been established following the judicial review and the NHSE service specification amendment of December 2020.
- Forthcoming activities would include:-
 - Scoping and designing of the workforce strategy
 - Planning Multi-Disciplinary Team (MDT) reviews for all relevant young people
 - Piloting post new structure the initial care assessment
 - Designing care and treatment care pathways in response to the CQC structure of the services. Clinicians had been involved in the design and pilot
 - First stage of implementing the data strategy following the journey of a patient through GIDS
 - Key risks to be identified for the operational risk register

- The identification in the ongoing discovery phase of the vision of the service and what it seeks to achieve.

3.2.2 Mr. Jenkins advised that he and Prof. Burstow had joined Ms Swarbrick in the engagement meetings with staff and acknowledged the significant internal and external challenges facing staff. These challenges had arisen from the ongoing Cass review, the outcome of the Judicial Review and the subsequent discussions around the future of GIDS.

Dr. Singer thanked Ms Swarbrick for an informative report and recognised the challenges faced by the service. Dr. Singer tabled a number of questions in respect of research concerning puberty blockers and de-transitioning and requested that they be either responded to or taken forward in subsequent discussions. Ms Swarbrick thanked Dr. Singer for her questions and noted that she would not be able to answer all of them today. Ms Swarbrick observed that the Trust was a focal point due to it having the largest Gender service. The wider social, cultural and health system issues would be considered within the Cass review with which the Trust was fully engaged.

Ms Swarbrick noted that the change in practice is dependent on what the Commissioners do and what we are commissioned to deliver post the Cass review.

In terms of research, the Trust was studying patients within the current service, their gender and demographic background is and was liaising with other endocrine trusts. Data related to both adults and children was being used.

3.2.3 Prof Burstow noted that in relation to the issue of detransitioning there was need to be clear about the source and scope of data as the data that has been published indicates that the incidence of people wishing to detransition after treatment to be or expressing regret about treatment to be generally very low.

3.2.4 Responding to Mr. Hess, concerning the timing of the report, Mr. Jenkins advised of his understanding regarding an interim letter which would be followed by an initial report in the Autumn and the final report in 2022. Mr. Jenkins commented that, despite the negative media, high numbers of referrals were still being received.

3.2.5 Prof. Burstow confirmed that the Council would continue to be updated on the progress of the transformation programme in the autumn. He thanked Ms Swarbrick and the GIDS team for their very significant work on the Transformation Programme.

3.2.6 The Council of Governors noted the report.

4. Any other matters

4.1. Any other business

4.1.1. There was no further business to discuss.

4.1.2. The meeting closed at 16:27.

Report to	Date
Council of Governors	09 September 2021

Finance and Performance Report – July 2021

Executive Summary

Attached is the Finance and Performance Report for the four months ended July 2021 and was presented to the Board of Directors on 17 August 2021.

This shows the Trust recording a net deficit for the period of £1.4m, against the 'agreed' NCL ICS plan figure of £1.1m.

The key areas of concern are:-

- Controlling legal costs which are currently about £0.3m above plan and substantially explain the Trust's underperformance against plan.
- Controlling expenditure on the Gender CQC recovery programme, where costs are forecast to be substantially above plan.

It should be noted that the Trust is due to receive approximately £1.9m of NCL ICS transfers to reach a planned breakeven point by the end of September 21.

This is in line with NCL level financial planning.

Recommendation to the Board

The Council of Governors are asked to note the report

Trust strategic objectives supported by this paper

Finance and Governance

Author

Terry Noys, Deputy CEO and Director of Finance

Responsible Director

Terry Noys, Deputy CEO and Director of Finance

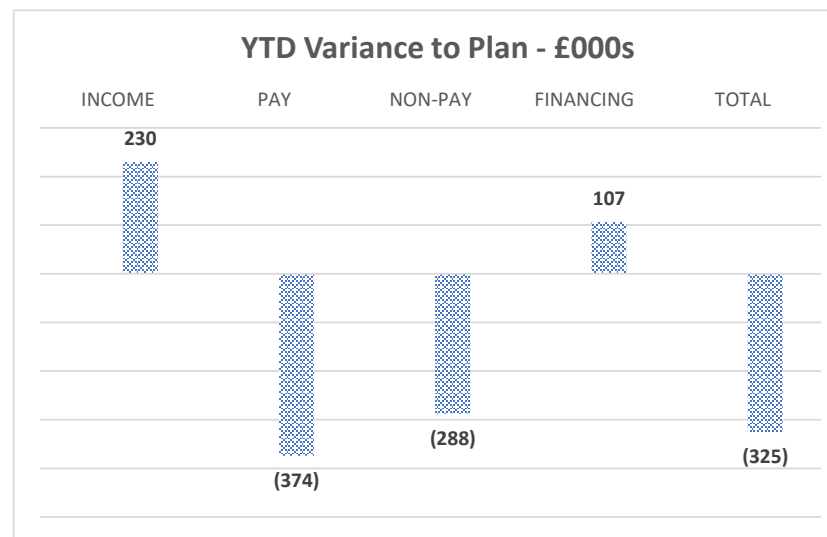
The Tavistock and Portman 
NHS Foundation Trust

MONTHLY FINANCE AND PERFORMANCE REPORT

Period 4 4 **Jul-21**

Section		Page
1	I & E Summary	2
2	Balance Sheet Trend	3
3	Funds - Cash Flow	4
4	Capital Expenditure	5

£000	Plan	Actual	Variance	Var %
INCOME	19,522	19,752	230	1%
PAY	(15,401)	(15,775)	(374)	2%
NON-PAY	(4,382)	(4,669)	(288)	7%
EBITA	(261)	(693)	(432)	166%
Interest receivable	2	0	(2)	
Interest payable	(12)	(9)	3	
Depreciation	(601)	(540)	61	
Dividend	(216)	(172)	44	
Net Surplus /(Deficit)	(1,087)	(1,414)	(326)	30%



Key Issues to be addressed

Gender CQC and legal costs running well ahead of plan. Outturn not known and weak controls on expenditure currently

Review meetings have been set up to ensure greater clarity on outturn spend and internal controls on requisitioning of legal costs

Income £230k above plan

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

Pay costs (£374)k in excess of plan

Child Psychotherapy trainees in excess of plan, and NCL level vacancy factor offset by increased spend across Trust

Non-pay costs £99k less than plan

Legal costs are the main factor driving the overspend

	Plan	Actual	Var
Staff FTE	673	696	(23)

Cash balance - £000s	13,674
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YTD Cash flow - £000s	(1,102)
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YTD Capital Expenditure - £000s	559
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Debtors > 90 days	Apr-21	May-21	Jun-21	Jul-21
	£'000	£'000	£'000	£'000
NHS	60	61	51	75
Non-NHS	182	345	369	196
Student	312	297	258	208
Total	553	703	678	479

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

FINANCE AND PERFORMANCE REPORT Period 4 Jul-21	Section 3		FUNDS FLOW										Commercial: In Confidence	Page 4
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	Act £'000	
Net Surplus/(Deficit)	(338)	(220)	(368)	(487)									(1,414)	
Depreciation / amortisation	135	135	135	135									540	
PDC dividend paid	41	23	32	76									172	
Net Interest paid	2	2	2	2									9	
(Increase) / Decrease in receivables	2,010	(656)	35	(1,978)									(588)	
Increase / (Decrease) in liabilities	592	(625)	(108)	1,148									1,008	
Increase / (Decrease) in provisions	(5)	0	(41)	(42)									(89)	
Non operational accrual movement	(41)	(23)	(32)	(76)									(172)	
Net operating cash flow	2,396	(1,363)	(345)	(1,221)	0	0	0	0	0	0	0	0	(534)	
Interest received												0	0	
Interest paid	(2)	(2)	(2)	(2)									(9)	
PDC dividend paid	0	0	0	0									0	
Restructuring costs														
Cash flow available for investment	2,393	(1,365)	(347)	(1,224)	0	0	0	0	0	0	0	0	(543)	
Purchase of property, plant & equipment	18	(4)	(4)	(29)									(19)	
Depreciation	(135)	(135)	(135)	(135)									(540)	
Capital purchases - cash	(117)	(139)	(139)	(164)	0	0	0	0	0	0	0	0	(559)	
Net cash flow before financing	2,277	(1,505)	(486)	(1,388)	0	0	0	0	0	0	0	0	(1,102)	
Repayment of debt facilities	0	0	0	0									0	
Net increase / (decrease) in cash	2,277	(1,505)	(486)	(1,388)	0	0	0	0	0	0	0	0	(1,102)	
Opening Cash	14,775	17,052	15,547	15,061		0	0	0	0	0	0	0	14,775	
Closing cash	17,052	15,547	15,061	13,674	0	0	0	0	0	0	0	0	13,674	
check	0	0	0	0	0	0	0	0	0	0	0	0	(0)	

FINANCE AND PERFORMANCE REPORT Period 4 Jul-21	Section 4		Capital Expenditure										Commercial: In Confidence		Page 5
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Full Yr	20/21	
	Act £'000	Act £'000	Act £'000	Act £'000	Fcst £'000	Fcst £'000	Fcst £'000	Fcst £'000	Fcst £'000	Fcst £'000	Fcst £'000	Fcst £'000	Fcst £'000	Bud £'000	
PROJECT															
Microsoft Office 365 E-Mail Migration	260	(252)	4	(4)	4	4	0	0	0	0	0	0	17	0	
Endpoint Procure/Config/Compliance/Monitor	0	8	8	17	30	10	10	9	10	0	0	0	101	66	
Tavistock Centre Data Centres Power Provision	0	0	0	0	0	8	8	8	8	0	0	0	32	32	
Cyber Essentials	4	1	4	0	0	1	0	0	0	0	0	0	11	5	
MyTap Annual Upgrade 2019/20	3	0	0	0	0	0	0	0	0	0	0	0	3	0	
ICT Cyber Security Compliance 2020/21	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
Core Infrastructure Update	0	0	8	10	3	8	4	5	8	7	4	2	57	63	
Network - Upgrade (Wireless)	0	0	0	0	0	0	30	0	0	0	0	0	30	30	
Cyber Essentials Plus	0	0	5	4	5	5	8	0	0	0	0	0	27	30	
Endpoint Replacement 2021/22	0	0	0	2	3	32	53	2	52	2	2	52	199	200	
ICT Cyber Security Compliance 2021/22	0	0	2	5	7	46	27	7	6	17	10	10	135	140	
IT	9	18	31	34	51	114	139	30	84	26	16	63	613	566	
Ventilation	10	0	0	0	0	0	0	0	0	0	0	0	10	0	
Pumps	0	9	2	0	0	0	0	0	0	0	0	0	10	0	
Water	0	0	0	0	0	15	15	0	0	0	0	0	30	30	
Electrics	8	(3)	3	8	27	58	52	32	28	3	0	0	216	223	
PC Compliance	0	7	1	0	0	0	0	0	0	0	0	0	8	0	
TC Compliance	1	9	3	6	0	0	0	0	0	0	0	0	18	0	
GH Compliance	2	0	0	0	0	0	0	0	0	0	0	0	2	0	
Finchley Road	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
Fire Safety & Compliance	0	2	2	3	3	8	33	18	15	10	0	0	93	96	
Roofing - GH	0	0	0	0	21	21	0	0	0	0	0	0	41	35	
Catering Equipment	0	0	0	0	0	5	5	5	5	0	0	0	20	20	
Basement Sprinkler System	0	0	0	0	5	3	2	0	0	0	0	0	10	10	
Toilets - Anti Ligature / Gender Neutral	0	0	0	0	0	10	20	20	0	0	0	0	50	50	
ESTATES	22	23	10	17	55	119	127	75	48	13	0	0	509	464	
Relocation	85	99	86	125	220	414	354	364	421	354	457	179	3,160	2,901	
Digital Academy	1	(1)	12	(12)	2	10	29	17	17	17	0	25	116	122	
Contingency / Future Projects for Approval					0	0	0	81	81	81	81	80	404	752	
TOTAL	117	139	139	164	329	658	648	566	651	490	554	347	4,801	4,804	

Report to	Date
Council of Governors	Sept 2021

Key items to note

Following on from the update report to the Council of Governors on progress of the Strategic Review presented in June 2021, this report provides an update of progress of the Strategic Review from June to September 2021.

Recommendation to the Council of Governors

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

Trust strategic objectives supported by this paper

All Trust objectives

Author **Responsible Executive Director**

Paul Jenkins, CEO

Paul Jenkins, Chief Executive

Strategic Review Update September 2021

1. Introduction

- 1.1 At the June Trust Council of Governors, a summary of progress of the Strategic Review to date was presented, alongside the Framework for Change Document which was then shared with staff week commencing 7th June. This report provides an update on the progress of the Strategic Review during June to September 2021.

2. Progress update

- 2.1 The Programme is governed through a fortnightly Programme Board, currently meeting monthly during August and September, with regular reporting to, and discussion at, the Trust Board of Directors. Risks are being actively managed through a programme risk log.
- 2.2 To manage this significant programme of work the key interfaces with other key programmes in the Trust have been mapped out and understood in order that programmes can work together where required. The key current interfaces are: the GIDS review; the Relocation programme; the Race Equality Strategy Review; and the Board Governance Review.
- 2.3 The Framework for Change document, shared last time, was shared with staff in June and along with the Discovery work and Vision and Principles document (both shared in March) these were used to inform the Development phase of the review.
- 2.4 A series of engagement activities were delivered for staff. During June and July, this included five Update Sessions attended by total 231 attendees (177 individuals) and 17 Development Workshops attended by total 332 attendees (175 individuals). For staff who could not attend the Development Workshops, accompanying surveys were also made available (29 responses received).
- 2.5 Workshop topics included: Management structures; DET course structures; Clinical admin functions; Portfolio support functions; Clinical productivity; Clinical impact monitoring; Digital education; Remote working; Support services (functions); Support services (remote working); DET staffing; DET and Clinical interfaces; Staffing profile; Systems integration; Development and growth; Central admin; and Waiting lists.
- 2.6 For update sessions, we used a survey after the sessions to capture views from attendees. For workshops, we analysed the rich outputs from the online whiteboards used during each session. All outputs were shared with the Organisational Development workstream / subgroup leads to inform and for consideration in change proposals, and a high level summary has been shared in Appendix 1.
- 2.7 The Organisational Development workstream was structured into six different subgroups with an agreed EMT Lead and Critical Friend. Change proposals are being developed within each group, for discussion at Programme Board. Any decisions on proposals to take forward are formalised in a decision log and ratified through Trust Board; these proposals will then form the basis of the Formal Staff Consultation in due course.

Subgroup	Lead	Critical Friend
Corporate	Ian Tegerdine	Terry Noys
Management	Ian Tegerdine	Chris Caldwell
Income Generation	Chris Caldwell	Dinesh Sinha
DET	Brian Rock	Chris Caldwell
Clinical	Sally Hodges	Dinesh Sinha
Estates and non-pay	Terry Noys	Ian Tegerdine

- 2.8 In July, we launched an Establishment Census exercise, led by HR, which all permanent or fixed term staff were required to complete. The purpose of the exercise was to ensure we hold accurate staff data so that we are properly informed to fully assess the impact of proposed changes. We are currently at 85% completion.
- 2.9 Preparation of the Formal Staff Consultation document has commenced, including development of a template document and annexes. The updated Management of Change procedure is due for sign-off in early September by the Policy Group. This is a complex programme of change with a number of emerging HR considerations and we are therefore currently reviewing timescales for the consultation to ensure appropriate time for due diligence, oversight and sign-off.
- 2.10 A weekly Strategic Review Bulletin email has been developed and was rolled out in mid-July, providing all staff with key information about the review from the Programme Management Office. The Intranet has also been revamped. A “milestone communication” is planned for mid-September, building on the Framework for Change, to ensure staff are sighted on the direction of travel of change proposals. We will continue to use different mediums of communication over the coming period to ensure there are no surprises for staff when the consultation launches.
- 2.11 The commissioning of outplacement support for staff who may be affected by the change has commenced and will be in place prior to consultation. This will form part of a holistic wellbeing strategy to support staff during this difficult time and will include help with writing CVs and interview techniques for staff who may be displaced through the programme.

3. Conclusion

- 3.1 The Council of Governors are invited to consider the report.

Paul Jenkins
Chief Executive
September 2021

Trust Strategic Review – Workshop Outputs

Trust Council of Governors – 9th September 2021

Workshop progress

- We have successfully completed delivery of 17 development workshops and 5 update sessions
- Outputs have been processed from both
- For update sessions, we used a survey after the sessions to capture views from attendees
- For workshops, we analysed the rich outputs from the Miro boards
- We have categorised the outputs as follows:
 - Confirmations and corroborations – supporting what we found in discovery or aligned with the proposed changes
 - Risks and considerations of the proposed changes
 - Opportunities and support for change
 - Surprises – new information/comments for further exploration
 - General themes around systems, specific staff groups, wellbeing, development and estates/relocation

Framework for change



A blended model of delivery



Increasing Clinical Productivity



An affordable and effective management structure



Improving the financial viability of our courses



Strengthening the collection and use of data



Corporate and other Support services

Management structures



Framework for Change – Proposed Changes

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

Key themes and points from workshops

- Feedback that current structures are not functional – lack of clarity of expectations, responsibilities or decision making – and that management roles are inconsistent (e.g. grades/levels)
- Also felt to be a lack of clarity about the Head of Discipline role and some perceived duplication, want for greater accountability to enable the role / function to operate more effectively
- Support for clear management structures with less layers, clearer lines of responsibility and authority, and appropriate delegating of authority. Management to be recognised and developed as a valuable skill set, with appropriate training/support
- Larger teams can support thinking more about the organisational position and larger management roles can ensure managers have more time, which is currently felt not to be sufficient to even undertake basic management tasks
- Considerations about bringing teams together solely to meet the management span requirements as we might lose specialist skills required to hold and manage complexity, and challenge to only thinking about management in terms of direct line management span
- Forms, processes and guidance to be consistent for managers across the Trust and streamlined

Clinical productivity



Framework for Change – Proposed Changes

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

Key themes and points from workshops

- Positive support for creating more capacity for clinicians to see patients, with a recognition this will require 'stopping' doing some things – sense of difficulty in prioritising work, constantly having to be reactive with limited time to plan
- Concerns regarding understanding of clinical complexity and ensuring this is taken into consideration
- Lack of consistency in processes and local processes being developed as workarounds was highlighted as a key frustration and something that takes up a lot of time, could be mitigated with having central processes and ensuring adherence to these
- Adding and out-coming appointments rated as highly demanding of clinician time yet of limited value to patients – exacerbated by the above – suggestion around exploring a central function
- Attendance at meetings (Trustwide, divisional and team level) highlighted as an area of inconsistency, support for defining attendance requirements and pro-rata this for part-time staff
- Sense that some work currently being undertaken by higher banded staff could be undertaken by lower banded staff – support to look at pathways and processes to ensure the right person is undertaking each task to maximise effectiveness
- Multiple layers of supervision highlighted as inconsistent and unsustainable
- Consideration that systems will need to be improved / streamlined to free up clinical and admin time

Course viability



Framework for Change – Proposed Changes

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

Key themes and points from workshops

- Different teaching structures on different courses creating inconsistencies, also impacts student experience. Support for having more substantive staff for long course delivery, and a sense this would reduce some administrative burden
- On long courses, there was acknowledgement there are improvements needed in efficiency of how we deliver our courses and whilst it has improved, we need to continue to get leaner. Also support for increasing group sizes
- Move to digital has enable us to meet some frustrations that students previously had e.g. accessibility, flexibility – but it was felt that students will want a choice of digital or F2F
- Whilst hypothetically possible, as shown during the pandemic, to deliver all/most of our provision online, need to ensure we retain the ‘Tavi experience’ of connecting with peers and staff and that our provision is designed specifically for digital delivery
- Significant diversity considerations which need to be addressed
- International students mentioned throughout as an area for expansion, but sense our current offer for them is not where it needs to be
- Faculty staff require increased support and training for blended learning and want time for development factored in to their roles

Data



Framework for Change – Proposed Changes

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

Key themes and points from workshops

- Frustrations in how systems are currently rolled out and embedded – reactive, often rushed and concerns this means we are not using systems to their optimal effectiveness
- Clear sense the Trust needs to prioritise investment in systems to deliver on what it hopes to achieve and support some of the other changes within the programme
- Systems are fragmented and do not support streamlined data collection
- For clinical OM:
 - Support to fully centralise OM work and want to have staff focused only on OM e.g. research assistants or assistant psychologists
 - Wider range of measures required, highlighted that some are not clinically appropriate – need to engage and educate our commissioners
 - Disconnect between why we collect data, what commissioners see and do with OM data
 - Support for patients to complete their forms on a system, would be ideal if this could integrate with CareNotes

Corporate services



Framework for Change – Proposed Changes

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

Workshop discussion

- Corporate and support services feel 'unseen', seen more as tasks than people
- Managers need training to understand corporate systems, want better and more comprehensive training from induction and throughout time at the Trust
- All staff need to have a better understanding of how processes work, with updated SOPs
- Want corporate services to operate as a directorate, with regular meetings between teams
- Functions / teams identified where closer links or integration might be possible, with support for this

Blended delivery model



Proposed changes

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

Workshop discussion

- Difficult to separate the notion of staff working remotely (i.e. from home) and patient/student activity being delivered virtually – not the same issue and need to be considered separately
- Desks at the Tavistock Centre need to be configured for flexible working e.g. two screens, docks (will require all staff to have the same laptops, not currently the case) and support to move to a desk-booking system rather than individual offices
- Sense some key conversations will always be better in person and a need to ensure that new starters have F2F as felt this enhances their experience
- Some clinical services highlighted their preference to see majority of patients remotely
- Student enquiries managed better remotely and large lectures can be delivered more efficiently
- Concern about a culture of over-working which has been exacerbated by remote working, want to have more protocols and governance around remote working e.g. Zoom 'rules', wellbeing breaks
- Hybrid working (some staff in the building, others from home) highlighted as a significant operational and technical challenge



RACE EQUALITY REVIEW

INDEPENDENT REVIEW SUMMARY REPORT



The **RACE**
Equality Code
2020

YouGov

WinTRADE
GLOBAL

Flair

 **the
Collaboratory**


**TRAITS LEADERSHIP LEARNING
LIMITED**
16 TRINITY GARDENS
LONDON SW9 8DP UK

tgf | the
governance
forum

AUGUST 2021

1. INTRODUCTION

This report has been written to summarise the detailed and comprehensive reports carried out whilst working on the overall Colour Brave Avengers' diagnostic and the RACE Equality Code 2020 Assessment.

This report identifies eight recommendations and 10 'Must' actions for the Trust to follow in order to fulfil its journey of becoming an anti-racist organisation. It is complimented by a Race Action Plan (RAP) that combines the actions from the overall audit process.

The Colour Brave Avengers' Report and the RACE Equality Code Report are held by the Trust and have been reviewed by the Race Equality Strategy Steering Group.

The Colour Brave Avengers (CBA) are subject expert consultants brought together by Dr Yvonne Thompson OBE and Dr Karl George MBE.

2. SUMMARY OF TENDER BRIEF AND RESPONSES

The tender brief has been highlighted below and the Colour Brave Avengers' responses are provided in the orange boxes.

The brief was to undertake a comprehensive diagnostic piece of work about the experiences of Black, Asian and ethnically diverse staff which goes further than the NHS staff survey and other informal approaches which have been used to date, to understand such issues. This should involve staff at every level of the organisation to understand their lived experiences and consider the impact of the COVID19 pandemic on this group.

METHODOLOGY

"The information available from the WRES data, staff surveys and other documentation was limited. We therefore carried out a deep dive diagnostic process, with a whole company questionnaire, followed up by three focus groups, 22 in-depth interviews and four solutions workshops with 38 individuals. This work provided an in-depth insight into the lived experiences of Black, Asian, and ethnically diverse staff. The process clearly identified racial inclusion barriers, racist behaviours and lack of diversity in senior positions"



Examine the systemic and systematic processes of the Trust (to include HR and other organisational structural policies and procedures), to help us understand the ways in which the culture of the Trust reinforces or counteracts difficulties and challenges that Black, Asian and Minority Ethnic staff are facing.

“A robust document review was carried out and the interviews and focus groups were also used to get a view of the culture of the Trust. The review of the documentation and processes has identified gaps in accountability and documenting responsibility for tackling inequality. Although the generic and sometimes outdated policies wouldn’t solve cultural issues, addressing the gaps are a necessary part of developing the solutions.”

Deliver a report to be presented to the Trust Board which outlines the findings and sets out the further action we need to take to become an anti-racist organisation.

“This Summary Report has been produced for presentation to the Trust Board which is informed by the Colour Brave Avengers’ report and the RACE Equality Code report.”

Work closely with Trust leadership at Board and EMT level to ensure they develop a better understanding of racism and what an anti-racist Trust looks like. Assist the Board and EMT to develop a strategy, action plan and evaluation mechanism to achieve this change. Work with the Race Equality Strategy Steering Group to propose mechanisms for holding us to account and ensure we deliver on our commitment to become an anti-racist organisation.

“The Trust have been kept informed of the issues faced throughout the process by reporting to a project planning group and the Race Equality Strategy Steering Group. Elements of those sessions have been about awareness raising and providing advice around proposed courses of action.”

RECOMMENDATION 1

CBA recommend that the Trust commit to a review of the work carried out on this assignment in 12-18 months’ time to check progress. In addition to that, to ensure momentum is not lost, that the Steering Group meetings are attended periodically by an external accountability partner. The Trust should outline clear measures and/or consequences for not achieving stated outcomes at those accountability meetings. The Trust should provide support to staff members who have requested support and be open to doing the survey and focus groups again in order to determine the progress.

3. ABOUT THE TAVISTOCK RACE EQUALITY JOURNEY

Aim as identified in the 2017-2020 Equality Action Plan - The aim is to end racial discrimination at Tavistock and Portman NHS Foundation Trust 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 fulfil their potential. Furthermore, as a respected teaching organisation, we have a major responsibility to ensure that our students, no matter what their background, race, ethnicity, nationality, or culture, do not face discrimination.

“The aim demonstrates clear and ambitious aspirations and as it suggests, students as well as all other staff, shouldn’t face discrimination, perhaps consider making it more explicit that all should be allowed to achieve their full potential. The aim should have clear alignment with the people and overall strategy and the overall inclusion focus.”

RECOMMENDATION 2

Revisit and update the overall aim, demonstrating how the vision for equality, diversity and inclusion interacts with the overall vision and the Race Equality Strategy. This vision statement for race equality should be designed with a view to getting as much buy-in as possible, therefore creating authenticity through language and uniqueness to the Trust and how stakeholders are engaged.

Actions identified over the three years (2017- 2020)

- To achieve a reduction in bullying and harassment which places the Trust in the top 10 NHS organisations as measured by staff survey results.
- To achieve an equal proportion of staff appointed following shortlisting for BAME and white staff across all bands.
- To achieve an improved level of confidence amongst BAME staff that all staff will be treated fairly, measured through the staff survey.
- 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.
- To increase the proportion of BAME staff in Band 8a posts and above, to be one of the ten most representative Trusts in London.
- To increase BAME representation in both executive director and non-executive director roles on the board of directors to be proportionate and representative.
- 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
- 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.
- Further work will be required to translate this into a detailed action plan with clear accountability, responsibility, milestones and to establish the most effective ways of communicating progress throughout the Trust.

“There are seven key aspirations and some thoughts around key activities, however the further work on developing the detailed action plan and accountability framework was not evident. In the actions identified there were items to do with representation, data collection and discrimination, by highlighting the broader strategic categories and overall strategic focus, the actions and outcomes can be better understood and easier aligned across leadership responsibilities rather than be siloed as an EDI objective.”

RECOMMENDATION 3

In order to create sustainable change, the Trust should focus on how to communicate and get buy-in from all stakeholders. A specific Communications and Engagement Strategy should be employed to achieve this. CBA suggest defining between 3 and 6 easy to remember and easy to communicate strategic race objectives. These strategic objectives can then drive communication to all stakeholders, provide focus for the annual detailed objectives and actions, with the important measures forming part of the performance framework.

The launch of the Race Equality Strategy in 2017 has seen some steps forward whilst it is recognised that progress has not been made in other areas:

- especially in relation to improving representation across the senior staffing structure from marginalised and diverse communities.
- Shifting the dial in terms of reducing negative lived experiences within the Foundation Trust are still not fully recognised nor understood and are not consistently addressed by the Foundation Trust as an organisation.
- open and transparent conversations within the Foundation Trust have highlighted issues the organisation needs to address to become anti-racist.

“In order to achieve sustainable success, there needs to be a systematic, business-led approach to EDI with an appropriate strategy around race embedded in the overall company strategy and a clear plan of actions that lead to measurable, material outcomes. Lack of diverse representation is not only a reflection of systemic barriers, but it too leads to other consequences; the inability to attract the best candidates and provide the aspirations for those wishing to progress their careers and can also lead to blind spots and inappropriate behaviours. Discrimination and poor leadership, whether through bullying, micro-aggressions, or harassment, left unchecked leads to an oppressive culture that renders activities not as meaningful as they could be because they are focused on tackling the symptoms. Tackling the causes of poor practise and behaviour will have sustainable and long-term impact which means examining the systems and making the necessary changes to them. Solutions will need to be brave and capable of rallying, motivating and engaging commitment from the whole workforce.”

RECOMMENDATION 4

The success and sustainability of the interventions requires openness and transparency, which has been demonstrated thus far and echoed from the CEO, always ensuring full engagement and commitment appropriately with all stakeholders. To develop trust and sustain it, we suggest that there is a considered statement of commitment coming from the Board outlining how this ongoing commitment will be demonstrated and include the expectations of the Board for sustainable and impactful change for the foreseeable future, and tackling racism being a key priority of the Board.

4. STRATEGIC OBJECTIVES AND SUMMARY ACTION PLAN

Review Findings Diagram

KEY ISSUES IDENTIFIED	REPRESENTATION	CULTURE	RACISM
FINDINGS	<ul style="list-style-type: none"> Racial Inclusion Barriers Low Levels of diversity at Senior Levels Lack of opportunity for Black and other ethnic groups in senior roles 	<ul style="list-style-type: none"> Conservative and unwelcoming Unsafe and threatening Lack of cohesion and consistency across leadership 	<ul style="list-style-type: none"> Micro- aggressions Discrimination Bias
SOLUTIONS	<ul style="list-style-type: none"> Transparency around opportunity. Overhaul of recruitment, induction, progression. 	<ul style="list-style-type: none"> Create safe places, supporting colleagues and provide opportunity to be heard without recrimination. 	<ul style="list-style-type: none"> Invest the necessary resources, showing consequences of non-compliance.
ACTIONS	IN RACE EQUALITY CODE ACTION PLAN		

• **Representation** – Findings; there are racial inclusion barriers and a low level of diversity in senior level leadership which is compounded by a lack of opportunity for progression.

• Ensure opportunity for personal development is transparent and there is equal access to opportunity, consider a Black employee's career programme.

• Ensure recruitment processes are transparent, paying attention to advertising and implementing accountability and diverse panels.

• **Culture** – Findings; the environment is deemed to be unsafe by a significant proportion of the workforce with a lack of consistency and cohesion across a conservative leadership.

• Ensure we create safe places where colleagues are open to be challenged and feel supported and able to hear everyone's experiences.

• **Racism** - Findings; there are still examples of discrimination, micro-aggressions and evidence of bias at a higher percentage in Black and other ethnic groups.

• Ensure we invest in the resources to tackle this issue and make it clear what the consequences are for such behaviour with leadership taking a pro-active role.

Musts

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

(b) Continue to educate staff on the importance of reporting and use positive outcomes to improve the reporting rates for staff and patients by also providing examples of what the data is used for.

(c) Having documented 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.

(d) 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.

(e) Examine the processes for job evaluation and re-branding in regards to race and review opportunities for career development for underrepresented groups in the higher levels, ensuring it is fair for all. Be open and transparent about any barriers and how the work carried out will eliminate them.

(f) 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.

(g) 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.

(h) Create brave, ambitious targets





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

(i) In order to help in the objective of an anti-racist, inclusive and safe culture, build new structures for communicating, educating and ensuring staff feel safe across the whole organisation. This 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.

(j) Use 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.

RECOMMENDATION 5

From Section 4, consider the Collaboratory actions highlighted and the 10 'Musts' provided as part of the RACE Equality Code diagnostics, and how the Trust may drive the outcomes expected by monitoring progress against them. These actions may serve as one of the tools that the Board and other stakeholders use to monitor progress. Once agreed they should be developed into a monitoring matrix, identifying responsibility, milestones, targets, and outcomes. Then the Trust should be open and transparent with its progress and build accountability to both internal and external stakeholders by having regular check ins and updates of progress and learning.

***Note these overarching actions are detailed more comprehensively in the overall RACE Action Plan which CBA recommend is monitored at executive level and owned by the EDI sponsors and the Race Equality Strategy Steering Group.**

5. ABOUT THE TAVISTOCK RACE EQUALITY JOURNEY

“The detailed RACE Action Plan can be monitored at a committee and executive level, and it includes all the actions derived from the Colour Brave Avengers journey and the RACE Equality Code 2020 Diagnostic. The Board should keep a tight rein on the recommendations from this Summary Report and the overall action plan suggested above in Recommendation 5, whilst ensuring that the executive are working to a more comprehensive action plan.”

RECOMMENDATION 6

Adopt the RACE Equality Code 2020 and use the RACE Action Plan (RAP) to create a comprehensive monitoring template to be used at a more operational level. The RAP will house a comprehensive list of targets and measures which will include an update of those outlined in the 2017-2020 action plan * See action list on page 5

RECOMMENDATION 7

Acknowledgement is a necessary component to resolution and re-engaging those affected. Acknowledge that members have witnessed and personally experienced harassment, bullying, discrimination or microaggressions in the organisation. This will enable (a) staff to gain a sense of being heard and (b) will provide the organisation with keen insight into situations and behaviours that are considered harmful/offensive to staff.

RECOMMENDATION 8

Ensure leaders are properly equipped and trained to positively manage a diverse workforce rather than assuming that because they have seniority their EDI knowledge and experience is implicit. Provide training to the leadership teams around the code of conduct, inappropriate behaviours, from clumsy to courageous conversations, and how to create and maintain psychological safety for the leadership and the staff.

6. OVERALL FINDINGS

There are two detailed reports that accompany this report: the Colour Brave Avengers report and the RACE Equality Code Report. Included below are summary findings from those reports.

Survey - As an overview, the outcome of the survey indicated several key strengths and that in general, staff are aware of how to appropriately respond when witnessing racism in the workplace, particularly in relation to discrimination and any racist jokes. It was noted that across Bands 2-5 within the organisation, racial diversity scored 8.2 out of 10 which is higher than the average score for the adult population in London. Seniority levels, the actual breakdown in terms of race was reported as 49% White British, 29% Black, 13% Asian, 6% Mixed and 3.5% identified as Other.

However, the process also identified where improvements are required, not least in that 42% of marginalised and diverse staff stated that they feel their ethnicity is a barrier to 'being themselves at work' and 40% of the same group feel it is a barrier to 'promotion opportunities' at work. Black staff are recorded to face the most extreme racial-inclusion barriers of all staff. Alarming, almost 60% of Black staff (49% of Asian staff) reported that they had recently been subjected to racial micro-aggressions in the workplace and 33% (24% of Asian staff) had experienced racial discrimination.

Unsurprisingly, there are low levels of racial diversity at senior levels with 91% of staff in Band 8b being White British which dips slightly to 89% at VSM (Director level) and 87% at Band 8d level.

Direct quotes from staff completing the survey include those shown in Fig. 1 and using the findings from the survey, a series of focus groups and interviews were conducted, to take a deeper dive into some of the key improvement areas leading to a structured action plan and next steps.



Fig.1



Focus Group - There were a total of 3 focus groups held with 22 participants taking part across the 3 groups. Reassuring the participants that any identifiable information would be redacted from this report, the structure of the 90-minute session covered 3 areas: past experiences, current perceptions, and future improvements. The groups consisted of Group 1 (mixed group of 6 staff), Group 2 (5 senior leaders) and Group 3 (11 members of staff with the majority being from diverse/marginalised backgrounds). As attendance for these sessions was voluntary, the information garnered from these groups cannot be taken as a representation of the whole workforce.

In response, the feedback was categorised and is summarised as follows:

Discrimination at the Trust - Rather than incidents of overt racism, participants talked of a regular parade of microaggressions, insensitivity and a general (though often unconscious) 'othering' of, and bias against, BAME staff. However, there were instances of perceived discrimination and favouritism mentioned in terms of opportunities and progression for BAME staff.

Diversity at the Trust - It was stated by many participants that diversity at the Trust tends to be limited and that there is a sense that the Trust often takes a reactive, rather than proactive, approach regarding diversity. Participants feel that the Trust does not tackle discrimination and inclusion proactively and instead aims to deal with incidences on a case-by-case basis, rather than bring about holistic change.

Lack of Representation - The problem identified (which is not uncommon) was in the lack of diverse representation in the senior leadership team. Diverse and marginalised employees also spoke about being a minority in the workplace and underrepresented at a senior level.

“I've had underhand comments that have implied that I am not 'serious' usually pertaining to the way I dress or how I wear my hair. I've been asked repeatedly about what I was eating for lunch as if it were something out of the norm”
Group 3

“At the moment, the route into psychology training for more or less everybody is an unpaid intern post. Throughout the Trust these posts are offered, seemingly, on the basis of being allocated to friends, neighbours, essentially "people like us". This inevitably replicates the racial and social class structure of the Trust.”
Senior leader

Review of Image - The Trust is seen as a conservative institution, where change is slow to occur; it's seen as one that values tradition and intellect – which seems to be at odds with the idea of championing diversity and driving forward change.

Coordinated Approach - Across the groups, although most markedly in the senior leaders' group, participants mentioned how siloed the different divisions and directorates are within the Foundation Trust. There was felt to be a sense of 'unhealthy competition' – competing as to who is most likely to achieve best practice.

Fear of Speaking Out - Within the current hierarchy, challenging senior members of staff, particularly around the issue of race, was reported to be difficult. With examples of personal experiences, some participants stated that the way complaints were often dealt with, after they had been escalated, was said to be 'heavy handed', and sometimes led to the breakdown of working relationships between the parties involved.

Discussion not Repercussion - Many participants suggested that safe spaces led by employees, where people can discuss and record their experiences, are needed. Moreover, participants want to see more proactive initiatives and training around, for example, unconscious bias and 'othering', with the suggestion that it could be dealt with in a supportive and educative way, rather than this sense of punishing errant behaviour.

Training and Support - Participants were clear in that they wanted to see more proactive initiatives and training around the issues that are harder to spot and diagnose. The primary suggestion was that many of the issues discussed and that come up, could (and should) be dealt with in a supportive and educative way.

Moving Forward and Changes Needed - Change has to come from the top with a more diverse senior workforce leading by example not just posturing through initiatives, and a more diverse workforce can also happen through helping people from marginalised backgrounds apply for entry and more senior level positions – particularly internships. Safe spaces are needed for employees to talk about behaviour without a sense of judgement or repercussions – and not to debate or intellectualise but rather to understand harm and damage.

“
Anti-racism and EDI is the No.1 strategic objective for the Trust, but there is no standard wording around this in the job descriptions we advertise.
Senior leader
”

“
I reached out to the Freedom to Speak Up Guardian for my first incident of discrimination and was promised anonymity - but it was so clear that my Director knew it was me. Their behaviour changed towards me...it was painful and I was riddled with guilt and anxiety for speaking up.
Group 3
”

In-Depth Interviews - A total of 22 individuals agreed to take part in 60-minute one-to-one interviews with 18 of these being happy to forgo any anonymity and were therefore visible on the Zoom meeting platform. As these participants had completed the survey, the focus for discussions were on the areas covered in the survey, with the following key findings and themes:

<p>Racial Inclusion Barriers - Is ethnicity a barrier to feeling included at the Trust? If certain ethnic groups feel less included, what are the key drivers?</p>	<ul style="list-style-type: none"> • Privilege and Power • Recruitment process - biased, unfair, unequitable • Personal Development • How people are treated and made to feel • Lack of resource and capacity to tackle race inequality • Lack of meaningful targets with accountability to tackle race inequality • Lack of buy-in by middle management
<p>Racial Diversity How well represented is each ethnic group within the Trust?</p>	<ul style="list-style-type: none"> • Lack of Diversity at higher levels
<p>Racist Behaviours How frequently are members of the Trust witnessing and experiencing different forms of racism?</p>	<ul style="list-style-type: none"> • 50% racism 33% microaggressions • How racism and microaggressions are dealt/not dealt with • Fear to speak and lack of feeling safe • Lack of support • Calling/not calling it out

The participants came from 4 different groups, categorised as:

- Diverse and marginalised colleagues x 6
- Senior leaders x 6
- Employees self-identified within another diverse group x 6
- Other employees (not part of a diverse/marginalised group) x 4

The key findings also extended into the impact individuals experienced which included the detrimental impact on mental health and well-being right through to the effects on productivity in the workplace and a feeling of being worthless, useless, or not human!

A sample of comments from questions posed:

- *I call it out unless it is in a meeting and then I expect senior leaders to speak out.*
- *I spend a lot of time worried about how I am coming across*
- *Racism does not make you feel safe, it makes you feel small.*
- *You don't know where to go to maintain confidence.*
- *People feel victimised, if you bring up a feeling of microaggression or race, it is easily dismissed.*

The information from this stage of the process has been collated and reviewed against the findings from the survey and the focus groups to ascertain synergies and new information/ findings, with the aim of identifying key actions and recommendations.



A movement. Not a moment.

15

Solutions Collaboratory - All ideas were collated and remained completely anonymous allowing for openness, being bold and ambitious whilst avoiding 'safe thinking'. These ideas were then anonymously voted on; hence the best ideas were the ones that were shortlisted, and they were then further developed and collectively the collaborators determined how impactful and how much effort would be required for each. The key solutions were shared with participants with suggestions on how they could be delivered in order to get a second qualified determinant as to how impactful would they be on tackling the key issues. Of the 55 ideas generated that got through, only 5 failed at this stage. There was consistent agreement in terms of the priorities that needed addressing, and participants agreed (averaging 74% agreement) in how these should be addressed. The actions identified in this stage are included in Section 4 above and in the detailed RACE Action Plan.

Diagnostic Document Review (DDR) and RACE Equality Code - As part of this process, a Diagnostic Document Review (DDR) was undertaken to verify that the Foundation Trust have in place all the essential governance documentation to be able to demonstrate they have the right resources in place with regard to race. The DDR found that, the Foundation Trust have most of the required documents in place. Specifically, the assessment focused on governing documents at Board and Committee level as well as the organisation overall, in line with best practice, to demonstrate accountability at the highest level.

Key 'Must' areas that were highlighted in the RACE Equality Code Assessment (RECA) Report are:

- (i) Clear, concise, and transparent race reporting framework.
- (ii) A commitment to capturing and using relevant data on race.
- (iii) A strong culture of accountability with race specific documentation for roles and committees.
- (iv) Equitable and innovative processes for rewards, recognition, progression, and retention.
- (v) Concerned, educated leadership evaluated on achievement of diversity objectives.
- (vi) Commitment to diverse talent management and pipeline development.
- (vii) Comprehensive and committed approach to capturing data on racial diversity.
- (viii) A bespoke, authentic business case with ambitious race objectives.
- (ix) Equality legislation compliant and an overall company-wide awareness of the competitive advantage that inclusion brings.
- (x) A fair and inclusive culture across the whole organisation.

7. EIGHT RECOMMENDATIONS AT A GLANCE



1

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

2

Revisit and update the vision for the Race Equality Strategy and overall aim.

3

Set out 3-6 clear race strategic objectives and how the Trust will engage all stakeholders in achieving them.

4

A clear statement from the Board should be made with a commitment to bold actions and sustainable change.

5

Adopt the 10 Must actions from the RACE Equality Code Assessment and report on their progress until achieved.

6

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

7

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

8

Provide support, training and guidance to the senior management and those responsible for following through on the day-to-day activities of the Race Action Plan.

A movement. Not a moment.



**COUNCIL OF GOVERNORS – PART ONE
MEETING HELD IN PUBLIC
09 SEPTEMBER 2021, 2.00pm – 4.15pm
Online Meeting**

AGENDA

		Presenter	Timing	Paper No
1 Administrative Matters				
1.2	Chair's opening remarks and apologies	Chair	2.00pm	
1.3	Council member's declarations of interests	Chair		
1.4	Minutes of the meeting held on 10 June 2021	Chair		1
1.5	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Report	Chair and Non-Executive Directors	2.20pm	Verbal
2.3	Chief Executive's Report	Chief Executive	2.30pm	2 late
2.4	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.40pm	3
3 Items for discussion				
3.1	Strategic Review-Update	Chief Executive (Interim Director of HR and Joint Programme Leads in attendance)	2.50pm	4
3.2	Race Equality	Chief Executive	3.00pm	5
3.3	GIDS Transformation	Divisional Director, Gender Services Division	3.30pm	6 late
4 Any other matters				
4.1	Any other business	Council Members	3.50pm	Verbal
4.2	Questions from the Public	Public	4.00pm	Verbal
5 Date of Next Meeting				
	20 October 2021 – Annual Members' Meeting timings & venue to be confirmed			