

**Minutes of the Equality and Diversity Council meeting held on
4th February 2014, at Senate House, University of London**

Attendance and apologies – see annex

1. Welcome from the Chair

Sir David Nicholson welcomed everyone to the Equality and Diversity Council meeting.

2. Roundtable updates from each EDC member

Each member of the EDC presented a brief update upon the work that they, or their organisation, had carried out on promoting equality and/or tackling health inequalities since the last meeting of the Council.

3. Agreeing terms of reference for the Equality and Diversity Council

Bill McCarthy presented the revised terms of reference for the Council. He re-iterated the importance of good governance, partnership working, and holding each other to account mutually to ensure that the Council works well and delivers positive outcomes. Bill McCarthy welcomed any final thoughts and comments from Council members.

Action: Ray Warburton to provide wording relating to the workforce, to be included in the terms of reference.

4. EDC Statement of Declaration, and shared 'virtual' secretariat for the EDC

Sir David outlined the Council's commitment to promoting the advancement of equality and the tackling of health inequalities across the Health and Social Care System. As part of this commitment, he proposed that the system lead organisations in the Health and Care architecture should sign up to the draft EDC Statement of Declaration, thus committing their organisation to supporting and furthering the aims of the Council. Sir David suggested that following comments on the Statement from EDC members, he would ask that all of the attendees of Health and Care System Leader's Forum agree to sign the Statement of Declaration at their forthcoming meeting in March.

Sir David stressed the importance and value of having a shared 'virtual' secretariat for the EDC, replicating the secretariat that currently exists for the National Quality Board.

Actions: The draft EDC Statement of Declaration to be circulated among EDC members by email, with comments and feedback to be returned to the EDC secretariat.

The current EDC secretariat to manage the establishment of a 'virtual' secretariat for the Council from member organisations.

5. EDC workstream subgroup updates

a) Equality Delivery System – EDS2 implementation

Tom Cahill outlined the strategic and operational recommendations for action to help NHS organisations in promoting equality using the *EDS2* as a tool, to support a minimum

of 95 per cent of all NHS organisations implementing *EDS2* by 2015/16 (EDC aspiration and NHS England strategic priority.)

Strategic recommendations included Embed the promotion of equality using *EDS2* into: the heart of the CCG Assurance Framework (for commissioners); into CQCs inspection processes (for providers), and into the Annual Corporate Governance Statement (for both commissioners and providers).

Operational actions included the implementation of a national dashboard to monitor *EDS2* uptake by NHS commissioning and provider organisations; embedding *EDS2* implementation training within NHS equality training - working with Health Education England and partners; producing a good *EDS* implementation practice guide; supporting local Healthwatches to play a key role in local *EDS* implementation, and ensuring robust communications planning for *EDS2*.

b) Data monitoring and recording

Bill McCarthy highlighted the importance of ensuring the availability of and access to the data and tools required to measure progress in promoting equality and tackling health inequalities, including the breaking down of data by the nine protected characteristics. He described that a data measurement subgroup, made up representation from all relevant bodies, had been established and had met.

Bill described the establishment of a sexual orientation monitoring task and finish group (as a pilot for the potential establishment of national monitoring for all protected characteristics) to examine the proposal for mandatory sexual orientation monitoring, identifying the core challenges and solutions. He also highlighted the important linkages here with the system alignment work of the EDC and also the communications subgroup – to ensure that a compelling story for the collection of monitoring data is expressed.

EDC members felt that there would be benefit for focussing upon more than just one protected characteristic, as the learning from a wider range of issues can then be more widely spread. Support was also offered with regard to monitoring of the workforce.

c) Leadership and workforce equality

Jan Sobieraj and Dean Royles described the re-establishment of the Leadership and Workforce Equality Group, with the membership and terms of reference currently being finalised. Jan outlined the work on the values based recruitment work being undertaken with Health Education England, and also referred to work on the Leadership Academy's testing toolkit to identify and track talent – alignment with the NHS Leadership Academy's 'Leadership for Inclusion Strategy'.

EDC members highlighted the importance of patient representation on the above mentioned group. Concern relating to the loss of black and minority ethnic NHS workforce at senior levels was raised.

d) System alignment

Ray Warburton described the work of the system alignment subgroup in scoping the major policy levers in the NHS, to identify the extent to which equality and health inequalities had been a feature within these policies. Ray highlighted the importance and necessity of embedding the promotion of equality and tackling of health inequalities with

in policies affecting mainstream and critical processes. He also referred to the value of NHS organisations breaking down their responses to the NHS Outcomes Framework and the NHS Constitution by protected characteristics - where there is a compelling need to do so at local level. This together with tools such as a robust JSNA, and *EDS2*, would help to provide the support required for NHS organisations to respond to equality/health inequalities infusions within the major policy levers.

Ray mentioned that a session at the forthcoming Health and Care Innovation Expo, on scoping the above has been organised by the subgroup.

Actions: It was suggested that Ray meets with Rob Webster and Bill McCarthy to map out the key system levers which if infused with equality and (tackling) health inequalities, would make the greatest difference to the way in which CCGs and NHS provider organisations approach equality and health inequalities in their day-to-day business.

e) Communications

Ronan O’Conner described that the communications subgroup of the EDC had met and that a communications plan for the EDC was being developed, and the draft version would be tabled at the next EDC meeting in May. The plan would help to ensure that EDC members, as system leaders, can demonstrate the importance of this area of work and are supported to be confident in communicating the key messages on equality and health inequalities, wherever the appropriate opportunities arise. The plan will also scope the upcoming activities relating to the EDC.

EDC members highlighted that communications is everyone’s business and that it is important to draw upon the communication teams of the organisations represented on the EDC with regard to the development of the EDC’s communications plan.

It was also suggested that the EDC may benefit from having one or two EDC spokespersons, drawn from the Council’s membership, who can articulate the messages of the EDC when and as needed.

Action: Existing secretariat to ensure that the emerging draft of the EDC communications plan is shared with the (communications teams of the) major organisations represented on the Council for their input.

Dates of future meetings for 2014

- 6 May 2014, 9:30-12:30
- 29 July 2014, 13:00-16:00
- 28 October 2014, 13:30-16.30

Meetings to be held in London.

Annex

Meeting of the Equality and Diversity Council – Attendance 4th February 2014

First name	Surname	Organisation	Attendance
Richard	Barker	NHS England	Represent
John	Bewick	NHS England	Represented by Ronan O'Connor
Henry	Bonsu	Broadcaster	Present
Helen	Buckingham	Monitor	Apologies
Jabeer	Butt	NHS England/DH/PHE Strategic Partners	Present
Tom	Cahill	Hertfordshire NHS Foundation Trust	Present
Jane	Cummings	NHS England	Present
Prof Steve	Field	Care Quality Commission	Represented by Nigel Thompson
David	Flory	NHS Trust Development Authority	Represented by Ralph Coulbeck
Dr Amir	Hannan	Haughton Thornley Medical Centres, Hyde	Present
Richard	Jeavons	NHS Improving Quality	Present
Samih	Kalakeche	ADASS	Apologies
Christina	Marriott	NHS England	Present
Paul	Martin	NHS England/DH/PHE Strategic Partners	Apologies
Charlie	Masey	Department of Health	Present
Bill	McCarthy	NHS England	Present
Prof Lynn	McDonald	Middlesex University	Present
Yvonne	McGlinchey	NHS England	Present
Alyson	Morley	Local Government Association	Apologies
Katherime	Murphy	Patients Association	Present
Dr Habib	Naqvi	NHS England	Present
Prof James	Nazroo	University College London	Apologies
Sir David	Nicholson	NHS England	Present
Ruth	Passman	NHS England	Present
Dr Raj	Patel	Clinical Leaders Network	Apologies
Max	Jones	Health & Social Care Information Centre	Present
Mark	Porter	British Medical Association	Present
Anne	Rainsberry	NHS England	Present
Lisa	Rodrigues	Sussex Partnership NHS Foundation Trust	Apologies
Dean	Royles	NHS Confederation/NHS Employers	Present
Jan	Sobieraj	NHS Leadership Academy	Present

First name	Surname	Organisation	Attendance
Prof Terence	Stephenson	Academy of Royal Medical Colleges	Present
Gary	Theobald	Health Education England	Present
Patrick	Vernon	Healthwatch England	Apologies
Tony	Vicker-Byrne	Public Health England	Present
Ray	Warburton	NHS Lewisham CCG	Present
Jo-Anne	Wass	NHS England	Present
Paul	Watson	NHS England	Apologies
Rob	Webster	NHS Confederation	Present