

# Workforce Race Equality Standard (WRES) Strategic Advisory Group

MINUTES

APRIL 24<sup>TH</sup> 2017

STEWART HOUSE, LONDON

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| <b>MEETING CALLED BY</b>           | WRES Strategic Advisory Group (Sir Keith Pearson, Chair) |
| <b>ATTENDEES</b>                   | See annex  |
| <b>APOLOGIES</b>                   | See annex  |
| <b>NOTE TAKER</b>                  | Dr Habib Naqvi   |
| <b>WELCOME &amp; INTRODUCTIONS</b> | Sir Keith Pearson  |

## Agenda topics

WELCOME AND INTRODUCTIONS

SIR KEITH PEARSON

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>Sir Keith Pearson welcomed and thanked members of the WRES Strategic Advisory Group for their attendance.</p> <p>Sir Keith reminded members of the importance of the advisory group in providing strategic direction and advice to the WRES programme of work, and emphasised the value of the group as being in its membership and in the system-wide influence which that brings. He highlighted the success of the WRES programme to date and congratulated the WRES Team and SAG members on this.</p> <p>The minutes of the previous meeting of the SAG were reviewed; Joan Saddler noted that her name on the apologies list for the January 2017 meeting was not cited. With that addition, the minutes were agreed as a full and true record of the meeting and accepted. Progresses on actions were noted as being covered by substantial items on the meeting agenda.</p> |
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WRES 2016 DATA ANALYSIS REPORT FOR  
NHS TRUSTS

ROGER KLINE AND  
YVONNE COGHILL

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>Roger Kline and Yvonne Coghill reported an update on the 2016 annual WRES data report for NHS trusts, published on 19 April. Roger reported that the publication had landed well with the NHS Equality and Diversity Council and generally with the wider system. There was a good spread of media attention as a result of the publication.</p> <p>The key findings from the report were outlined:</p> <ul style="list-style-type: none"> <li>• White shortlisted job applicants are 1.57 times more likely to be appointed from shortlisting than BME shortlisted applicants.</li> <li>• An increase in numbers of BME nurses and midwives at AfC Bands 6 to 9 is observed for the period between 2014 and 2016.</li> <li>• BME staff in the NHS are significantly more likely to be disciplined than white staff members.</li> <li>• The proportion of very senior managers (VSMs) from BME backgrounds increased by 4.4% from 2015 to 2016 – an additional 9 headcounts. However, BME representation at board and VSM level remains significantly low.</li> </ul> |
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## Paper: WRES SAG 1

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|  | <ul style="list-style-type: none"> <li>• BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers, although the percentage of BME staff reporting on this indicator did fall slightly since the previous year's data.</li> <li>• White and BME staff are equally likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months.</li> <li>• BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. However, the gap between white and BME staff on this indicator fell slightly.</li> </ul> <p>The following points were noted by SAG members:</p> <ul style="list-style-type: none"> <li>• That the reporting period did not cover the 2016 Brexit referendum. That period will feature in the 2017 annual WRES data report.</li> <li>• Further deep dives should be carried out into disciplinary actions and processes within trusts, in order to determine root causes and issues.</li> <li>• Further focused work on nurses and doctors, including qualitative work may be beneficial.</li> <li>• That the data in this report should be considered as a better baseline for future data analyses. It will take 3-4 years of work to see any significant improvements.</li> <li>• We need to ensure that we are collecting consistent data over time, as this will help with data comparisons going forward.</li> <li>• There is a need to bring the data publication within the cycle of the NHS staff survey publication. It was confirmed that this will happen; the 2017 WRES data report is scheduled to be published during the same calendar year.</li> <li>• That different culture across sectors and within organisations is an important element to focus upon.</li> <li>• There is a need to be mindful of the finding re: increases in BME nurses within senior pay bands; could this have been as a result of recruitment spike during that period c.f. natural progression / opportunities for nursing staff? It was noted that Health Education England may be able to confirm this issue.</li> <li>• That NHS Employers should look to communicate the positive messaging from the report re: 'the needle is moving in the right direction'.</li> </ul> <p>The WRES Team was thanked and congratulated for their hard work in producing the report publication.</p> |
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WRES WORK UPDATE

YVONNE COGHILL AND  
ROGER KLINE

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| <p><b>DISCUSSION/<br/>CONCLUSIONS</b></p> | <p>The WRES Team provided an update on the strategic developments with regard to the WRES programme, as well as the latest implementation achievements and work in progress. This included:</p> <p><b>WRES work at Sheffield Teaching Hospitals NHS Trust</b></p> <p>Yvonne Coghill noted that she has, over the last 6-8 months, worked closely with colleagues at Sheffield Teachings Hospitals NHS Trust. The evidence-</p> |
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## Paper: WRES SAG 1

based, organisation-wide, approach to workforce race equality is being adopted by the Sheffield trust. Sir Andrew cash noted the challenges, as well as the progress, stemming from the work at Sheffield.

Yvonne noted that documents are being developed from this work and the learning will be disseminated through a variety of means, to help colleagues in the NHS to consider what might work to make the cultural changes necessary to improve workforce race equality in organisations.

Separately, Quality Improvement (QI) work is also developing across a number of NHS trusts, including at the Sheffield trust.

SAG members agreed that the WRES work being carried out at the Sheffield trust should be communicated at the forthcoming NHS Confederation Conference – highlighting what is happening on the ground and what the challenges and opportunities or 'early wins' may be. Yvonne and Joan Saddler agreed to take this action forward.

### **Independent healthcare sector and WRES implementation**

Byron Currie presented an update on the latest position with regard to WRES implementation and support for this sector. Two key provider groups within the independent sector have been fully engaged by the WRES Team.

The independent acute sector are piloting a bespoke spreadsheet that has been developed by the WRES team to support such organisations to report on their WRES performance in accordance with the NHS standard contract. Independent sector provider organisations are expected to report on their WRES performance by 1 July 2017.

It was also noted that the independent sector that provides primary care as community interest companies has also been engaged.

### **Policy levers and the WRES**

Habib Naqvi highlighted the refresh and publication of the WRES Technical Guidance, and the progress to date in embedding the WRES within the key policy levers for NHS providers and NHS commissioning organisations. Habib noted that the policies in which the WRES now features include:

- NHS standard contract
- CQC inspections of hospitals
- CCG Improvement and Assessment Framework
- Five Year Forward View

Habib Naqvi emphasised the importance of changing deep-rooted cultures within parts of the NHS and within organisations, as well as changing behaviours (including with the use of the noted policy levers).

WRES input into the forthcoming national 'Race Disparity Audit: depository on race and public services' was also highlighted.

SAG members highlighted the importance of understanding how well the national ALBs are doing on the WRES. It was agreed that this should be looked at by the WRES Team.

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It was also noted that the area of primary care is not covered by the WRES. Lord Victor Adebawale stated that he would raise this at the next commissioning sub-committee meeting.

### **Evidence-driven replicable good practice and improvement**

Roger Kline noted a range of workforce race equality work that has been commissioned, drawing upon lessons from literature and fieldwork including:

- Lessons from the private sector on race equality
- Lessons from the public sector
- Recruitment from shortlisting
- Boards – inclusion
- BME staff and disciplinary action
- A cross characteristic model
- Bullying and BME staff

It was noted that publications relating to the above will be disseminated over the next few months. It was also noted that an update on these pieces of work should be provided at the next SAG meeting.

### **WRES work with the Care Quality Commission**

The WRES Team noted the invaluable collaborative work with the CQC, including work to develop:

- A senior committee from CQC/WRES Team to identify trusts with issues
- Better integration of CQC and WRES data
- Further training for CQC (and specialist) inspectors
- CQC's review of how WRES features in inspections

### **Step change in use of NHS Staff Survey**

Roger Kline noted the step change away from sample surveys within NHS trusts. It was noted that the latest NHS staff survey showed an increase of 130,000 more returns. An increase of approx. 30% from the previous year.

### **Work on nurses and doctors**

The following areas of work were noted:

- Guidance on good practice re: career progression and promotion of BME nurses and midwives - paid for by NHS England/NHS Improvement.
- SAS doctors – discussion with BMA/SAS section chair on future work.
- Bullying – initial bullying work commissioned will include focus on BME doctors.

### **WRES workshops**

It was noted that the WRES Team are delivering 12 WRES workshops across the country during April/May 2017. The workshops to date have been well-attended and successful in supporting local NHS organisations with WRES implementation support as well as sharing early examples of replicable good practices and processes in this area.

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## RESEARCH REPORT ON NHS STAFF SURVEY AND PATIENT SURVEY

ROGER KLINE

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>Roger Kline provided an overview on the report commissioned by the WRES Team and written by Professor Jeremy Dawson (University of Sheffield). This research updates Professor Dawson's 2009 research on the same topic.</p> <p>The key finding with regard to workforce race equality is that the degree to which an organisation values its BME staff is a good barometer of how well patients are likely to feel cared for. This is a similar finding to that of the 2009 research. This report will be published very shortly – underpinned by a coordinated communications plan.</p> <p>The following points were discussed and noted:</p> <ul style="list-style-type: none"> <li>• It is not easy to measure outcomes from BME patients when patient surveys do not always collect data by ethnicity.</li> <li>• We may need something like the Friends and Family Test survey to look at WRES outcomes for patients.</li> <li>• That there is a difference between patient 'experience' and 'satisfaction' – and that we need to be mindful of that.</li> <li>• That the instrument to look at BME patient outcomes, which can be used to make potential connections with the WRES data, needs to be identified. Anu Singh agreed to take this action forward.</li> </ul> |
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## WRES EVALUATION

ROGER KLINE

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>SAG members were asked to identify interest in being a part of a panel to select the organisation that will undertake the WRES evaluation. The high-level scope of the WRES evaluation was highlighted, including the two proposed phases of focus: (i) design and initial implementation of the WRES, and (ii) initial impact of the WRES.</p> <p>The timescale for phase one is during 2017/18; and the timescale for phase two being during 2018/19. The funding, received from Health Education England, for both phases is £150,000.</p> <p>The following SAG members showed interest to be part of the proposed panel: Mala Rao; Aneez Esmail, Marie Gabriel; Dean Fathers; Jabeer Butt and Richard Parish.</p> |
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## WRES NEXT STEPS

ANU SINGH AND  
SIR KEITH PEARSON

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>Anu Singh highlighted the ongoing success of the WRES programme, and the need to identify the important areas of work that should feature in the next phase.</p> <p>Sir Keith Pearson stated that his remit and role as chair of the WRES SAG was to oversee the provision of strategic advice regarding the initial design and implementation of the WRES, and as that had been successfully delivered, his remit was delivered upon. As such, Sir Keith stated that he would be stepping down as the chair of the group.</p> <p>The WRES Team and SAG members thanked Sir Keith for his expertly</p> |
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|  | <p>delivered role as chair. Anu Singh agreed to oversee and initiate the process for identifying the new chair for the SAG.</p> <p>It was noted that the scheduled SAG meeting in July should be retained, but that an additional meeting should be set-up for May (with dial-in options made available).</p> |
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| ACTION ITEMS  | PERSON RESPONSIBLE    | DEADLINE       |
|---|-----------------------|----------------|
| Communications from NHS Employers promoting the positive messaging from the WRES data report 2016 | Paul Deemer           | July 2017      |
| Preparing the WRES (and Sheffield trust) session at the NHS Confederation Conference              | Yvonne Coghill        | June 2017      |
| Reporting the WRES implementation progress by the ALBs  | WRES Team             | September 2017 |
| Raising the WRES agenda with primary care – commissioning sub-committee                           | Lord Victor Adebawale | September 2017 |
| Scoping the best tool for measuring BME patient experience  | Anu Singh             | July 2017      |
| Initiating the WRES evaluation panel and work to identify the provider                            | WRES Team             | July 2017      |
| WRES commissioned research pieces – an update on the work   | WRES Team             | July 2017      |
| Undertaking the process to secure the next chair for the WRES SAG                                 | Anu Singh             | July 2017      |

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| <b>DATES OF FUTURE MEETINGS</b> | 11 July 2017, 10:00-12:30, Stewart House, 32 Russell Square, London, WC1B 5DN |
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## Annex

### Attendance: meeting of the WRES Strategic Advisory Group held on 24 April 2017

| First name  | Surname      | Title / Organisation                                       | Comments                   |
|-------------|--------------|--|----------------------------|
| Lord Victor | Adebowale    | Non-Executive Director, NHS England                        | Attended                   |
| Sir Mike    | Richards     | CEO, Care Quality Commission                               | Attended (part of meeting) |
| Jabeer      | Butt         | Deputy Chief Executive Officer, Race Equality Foundation   | Attended                   |
| Sir Andrew  | Cash         | CEO, Sheffield Teaching Hospitals NHS Trust                | Attended                   |
| Stephen     | Dorrell      | Chair, NHS Confederation                                   | Apologised                 |
| Dr Michelle | Drage        | CEO, London-wide LMCs                                      | Apologised                 |
| Jacqueline  | Dunkley-Bent | Director of Nursing, NHS England                           | Attended                   |
| Prof Aneez  | Esmail       | Professor of General Practice, University of Manchester    | Attended                   |
| Prof Dean   | Fathers      | Chair, Nottinghamshire Healthcare NHS Trust                | Attended                   |
| Marie       | Gabriel      | Chair, East London Foundation Trust                        | Attended                   |
| Sir Malcolm | Grant        | Chair, NHS England   | Apologised                 |
| Prof Poppy  | Jaman        | Non-Executive Director, Public Health England              | Attended                   |
| Dame Gill   | Morgan       | Chair, NHS Providers                                       | Apologised                 |
| Danny       | Mortimer     | CEO, NHS Employers   | Deputised by Paul Deemer   |
| Jacynth     | Ivey         | Associate Non-Executive Director, Health Education England | Attended                   |
| Richard     | Parish       | Non-Executive Director, Public Health England              | Attended                   |
| Sir Keith   | Pearson      | Chair, Health Education England                            | Attended                   |
| Prof Mala   | Rao          | Public Health Consultant, Public Health England            | Attended                   |
| John        | Restell      | CEO, Managers in Partnership                               | Apologised                 |
| Terry       | Roberts      | Director of Workforce, Kingston Hospital NHS Trust         | Apologised                 |
| Joan        | Saddler      | Deputy Director, NHS Confederation                         | Attended                   |
| Ed          | Smith        | Chair, NHS Improvement                                     | Apologised                 |

### Also in attendance

| First name | Surname  | Organisation |
|------------|----------|--------------|
| Yvonne     | Coghill  | NHS England  |
| Dr Habib   | Naqvi    | NHS England  |
| Saba       | Razaq    | NHS England  |
| Byron      | Currie   | NHS England  |
| Roger      | Kline    | NHS England  |
| Anu        | Singh    | NHS England  |
| Scott      | Durairaj | NHS England  |