

Equality and Diversity Council

MINUTES

10 MAY 2016

14:00-16:00

RACE EQUALITY  
FOUNDATION, LONDON

<b>MEETING CALLED BY</b>	Equality and Diversity Council
<b>ATTENDEES</b>	See annex
<b>APOLOGIES</b>	See annex
<b>NOTE TAKER</b>	Kate Milton
<b>WELCOME &amp; INTRODUCTIONS</b>	Simon Stevens and Joan Saddler

**Agenda topics**

**WELCOME AND INTRODUCTION SIMON STEVENS**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Simon Stevens welcomed EDC members and invited guests to the Council meeting and advised that Joan Saddler would assume the chair for this meeting. Introductions were made and apologies received and accepted.</p> <p>The minutes of the January meeting of the EDC were discussed. Stewart Moors stated that the points he made about the election of the chair were made on the behalf of the EDC Inclusion Health Sub-Group, and were not his personal perspective. He also felt that his comments had not been recorded in sufficient detail. It was agreed that future minutes, whilst representing an overview of the discussions held, would capture salient points made.</p> <p>Lucy Wilkinson asked that future minutes spell out Learning Disabilities in full, rather than use the abbreviation LD. The Council asked for feedback around the NHS jobs application process for people with learning disabilities as real progress needs to be made. It was agreed that Jabeer make direct contact with Lela Kogbara to discuss.</p> <p>All other actions from the 20 January meeting were addressed in the respective EDC sub group paper updates.</p>		
	<table border="1"> <tr> <td><b>PROGRESS ON EDC OVERVIEW, WORK PLAN AND EDC SCORECARD</b></td> <td><b>JOAN SADDLER</b></td> </tr> </table>	<b>PROGRESS ON EDC OVERVIEW, WORK PLAN AND EDC SCORECARD</b>	<b>JOAN SADDLER</b>
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<b>DISCUSSION/ CONCLUSIONS</b>	<p>Joan Saddler presented the paper discussing the EDC work programme. It was noted that a draft document had been prepared to assist members to communicate EDC themes, goals and objectives and to track progress through a RAG rating. The</p>		

paper had not been shared with the EDC therefore it was agreed that it would be circulated to Council members separately and that virtual approval for the document be sought. Sub group chairs and members would be responsible for rating their respective areas of work.

Joan then presented a paper which discussed the overview of the EDC's form, function and impact. She stated that there was a need for the EDC to work smartly and provide national leadership, with the majority of members representing national bodies. It was highlighted that Lived Experience Members do not represent a national body, but that their experience, along with the lived experience of other EDC members was valuable. A structure needed to be sought which ensured that they were used to their full potential. The important contribution of Staffside was also discussed and agreed.

A discussion took place regarding the current form and function of the EDC as outlined in the paper, taking into account the existing EDC Work Plan and revised membership which took place in July 2015.

The main remit of the EDC was to look at Equality and Diversity issues, and not the broader Health Inequalities issues.

It was agreed that at the July meeting a facilitated workshop style session be held to discuss and agree the EDC's form, function and impact.

EQUALITY DELIVERY SYSTEM  
(EDS2), ONE YEAR ON SINCE  
MANDATE

TOM CAHILL AND PAUL  
DEEMER

**DISCUSSION/  
CONCLUSION  
S**

Tom Cahill delivered a presentation on the first year of EDS2 being an important additional mandatory part of the NHS Standard Contract. He discussed the resources which were available to support implementation of EDS2 and showed the animation video which had been produced, and which all organisations were encouraged to use to explain EDS2 to their boards, staff and stakeholders. Consideration needed to be given to ensure EDS2 was aligned to Sustainability and Transformation Plans (STPs).

Tom emphasised the importance of Community and Voluntary Sector (CVS) organisations' involvement in the EDS2 assessment process, and that it was a national tool for local implementation and adaptation to help organisations to meet the Public Sector Equality Duty (PSED). Organisations using EDS2 were more likely to respond well to the PSED. It was noted that Staffside also had a contribution to make to EDS2

	<p>implementation and assessment.</p> <p>Paul Deemer shared some web pages from organisations which were implementing EDS2 well and shared some good practice examples.</p> <p>There were plans for an EDS2 Dashboard to be created to help organisations share best and good practice.</p> <p>It was recommended that in line with the EDS2 guidance which suggested that one EDS2 outcome be identified where ‘concerted national effort is required in order for the NHS to improve its equality performance’ that outcome 3.4 be selected:</p> <ul style="list-style-type: none"> <li>• When at work, staff are free from abuse, harassment and bullying from any source.</li> </ul> <p>The EDC supported this recommendation and asked that the EDS2 Sub-group also give consideration for a patient facing outcome to be identified.</p> <p>Additionally it was agreed that the EDS2 sub group would develop an approach to disseminating the learning from EDS2 organisational returns that could be shared with the wider system.</p>
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WRES – ONE YEAR ON SINCE  
MANDATE

ROGER KLINE, YVONNE  
COGHILL AND SABA  
RAZAQ

<p><b>DISCUSSION/ CONCLUSION S</b></p>	<p>Roger Kline, Yvonne Coghill and Saba Razaq from the Workforce Race Equality Standard (WRES) Team talked through the WRES report which had been circulated. Although the WRES had nine metrics, there was only enough data to report on four out of the nine metrics. The report detailed an analysis by Trust type, and also provided a regional analysis. A higher percentage of Black and Minority Ethnic (BME) staff were reporting negative experiences than their white counterparts across all Trust types and regions. In some instances, where the response from BME staff was fewer than 11, it was deemed too small to use the data.</p> <p>Data had been collected from 82% of Trusts. Other organisations had been contacted and asked for a copy of their metrics.</p> <p>It was planned that the report be sent to Chief Executives and Chairs of all organisations to be used as a catalyst for discussion and action. The WRES team were looking at best practice across the system and would implement national benchmarking for all nine indicators. When published on line, the report would have the raw</p>
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	<p>data behind it so that local organisations could see further detail to inform their planning.</p> <p>Training was scheduled for Clinical Commissioning groups</p> <p>Habib Naqvi and Saba Razaq were thanked for their hard work in compiling the report. Yvonne Coghill stated that there was likely to be a need for further work on the WRES beyond March 2017.</p> <p>Mark Porter asked for the data on Senior Medical staff to be disaggregated from the Very Senior Manager figure and queried whether there should be a specific medical staff indicator. It was agreed that the BMA could look at the original data sets to analyse the differential experiences of medical staff.</p> <p>Wendy Irwin highlighted that many BME nurses were congregated in Agenda for Change bands five and six and stated that the RCN would like to work with the team to focus on the experiences of nurses, and consider investing in the lower bands to train for future senior roles.</p> <p>The WRES team were complimented on the quality of the report.</p> <p>The EDC agreed that the report be published as an EDC report, with the appropriate EDC logo. Yvonne Coghill and Roger Kline would liaise with the communications team to ensure that this happened. It would be the first wholly EDC publication. The report would be released shortly and it was agreed that Chairs of national bodies would be asked to be signatories to the report.</p>
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EDC SUBGROUP UPDATES

SUBGROUP CHAIRS

<p><b>DISCUSSION/ CONCLUSION S</b></p>	<p>Papers providing an update on EDC subgroup activity were considered and points on the papers made by exception. It was noted that:</p> <ul style="list-style-type: none"> <li>• The Inclusion Health Sub-Group recorded their thanks to their former Chair, Lucy Wilkinson and also David O'Brien for their contribution to the Sub-Group and the Greater Manchester Values group.</li> <li>• Members of the Inclusion Health Sub-Group again raised the point which had been flagged at the previous meeting, that some of its members were unable to attend the EDC due to issues of affordability. Despite this issue being highlighted in the past, it still remained unresolved. Members asked that it now be addressed as a matter of urgency.</li> <li>• Elham Atashkar referred to a leaflet which had been</li> </ul>
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	<p>produced to support asylum seekers and refugees to access healthcare on arrival in the UK. It was agreed that Ruth Passman liaise with David Geddes and the primary care team about how best to use the leaflet.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
1. Jabeer Butt to liaise with Lela Kogbara to discuss the online application process for people with learning disabilities.	Jabeer Butt	July 2016
2. EDC work plan performance scorecard paper to be circulated to EDC members and virtual approval sought for its introduction.	EDC Secretariat	June 2016
3. July EDC to hold a facilitated workshop session on its form, function and impact.	EDC Members and Secretariat	July 2016
4. EDS2 Sub-Group to identify a patient facing outcome to be a main area of focus alongside outcome 3.4.	Tom Cahill and EDS2 Sub-Group	July 2016
5. WRES report to be published and disseminated to the NHS in England as an EDC branded report.	Yvonne Coghill and Roger Kline	May and June 2016
6. RP to liaise with David Geddes and the Primary Care Team to discuss best use of the leaflet to support asylum seekers and refugees to access healthcare in the UK	Ruth Passman	May and June 2016

<b>DATES OF FUTURE MEETINGS</b>	<ul style="list-style-type: none"> <li>• 26<sup>th</sup> July 2016 – 11:00-1:30 – Rooms 136B;137B, Skipton House, London</li> <li>• 18<sup>th</sup> October 2016 - 14.00 – 16.00</li> <li>• 24<sup>th</sup> January 2017 – 14.00 – 16.00</li> </ul> <p>Meetings to be held in London.</p>
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**Meeting of the Equality and Diversity Council –  
Attendance 10<sup>th</sup> May 2016**

<b>First name</b>	<b>Surname</b>	<b>Organisation</b>	<b>Attending</b>
Gail	Adams	NHS Staff Council, Unison	Apologies
Elham	Atashkar	Lived Experience Greater Manchester NHS Values Group	Yes
Dame Sue	Bailey	Academy of Royal Medical Colleges	Apologies
Suzie	Bailey	Monitor	Apologies
Lynn	Berry	Lived Experience Greater Manchester NHS Values Group	Yes
Lisa	Bayliss-Pratt	Health Education England	Represented by Ruth Auton accompanied by Sandy Zavory
Henry	Bonsu	Broadcaster	Apologies
Jabeer	Butt	Strategic Partners (Race Equality Foundation)	Yes
Tom	Cahill	Hertfordshire NHS Foundation Trust	Yes
Saffron	Cordery	NHS Providers	Represented by Ben Clacy
Jane	Cummings	Chief Nursing Officer	Apologies
Andrew	Dillon	National Institute for Clinical Excellence	Yes
Ian	Dodge	NHS England	Apologies
Flora	Goldhill	Department of Health	Yes
Dr Amir	Hannan	Haughton Thornley Medical Centres, Hyde	Yes
John	Holden	NHS England	Yes
Isabel	Hunt	Health & Social Care Information Centre	Represented by Alastair Grenfell
Wendy	Irwin	Royal College of Nursing	Yes
Tracie	Jolliff	NHS Leadership Academy	Yes
Alistair	Lipp	NHS England	Apologies
Paul	Martin	Strategic Partners (LGBT Foundation)	Apologies
Prof Lynn	McDonald	Middlesex University	Apologies
Stephen	Moir	Head of Profession: Human Resources	Apologies
Stewart	Moors	Lived Experience Greater	Yes

<b>First name</b>	<b>Surname</b>	<b>Organisation</b>	<b>Attending Equality and Diversity Council</b>
		Manchester NHS Values Group	
Danny	Mortimer	NHS Employers	Represented by Paul Deemer
Katherine	Murphy	Patients Association	Apologies
Mark	Porter	British Medical Association	Yes
Iman	Rafatmah	Lived Experience Greater Manchester NHS Values Group	Yes
Jon	Restell	Managers in Partnership	Yes
Joan	Saddler	NHS Confederation	Yes
Liz	Sayce	Healthwatch	Apologies
Janice	Scanlan	NHS Trust Development Authority	Apologies
Simon	Stevens	NHS England	Yes
Tony	Vickers-Byrne	Public Health England	Represented by Thembi Watt
Ray	Warburton	NHS Lewisham CCG	Yes
Lucy	Wilkinson	Care Quality Commission	Yes

In attendance/invited guests

<b>First name</b>	<b>Surname</b>	<b>Organisation</b>
Saba	Razaq	NHS England WRES team
Yvonne	Coghill	NHS England WRES team
Roger	Kline	NHS England
Kate	Milton	EDC Secretariat Support
Ruth	Passman	NHS England
Elliott	Westhoff	NHS England
Cassie	Absolom	NHS England
Wazir	Muhammed	NHS England
Caroline	Humphreys	NHS England