EDC1 04/15

Equality and Diversity Council's future work programme and membership: A proposal paper for the 28th April 2015 meeting of the Council

Purpose

1. This paper presents a proposal on the future work programme, remit and membership of the Equality and Diversity Council (EDC). It draws upon the EDC review paper tabled at the 30th January meeting of the EDC and the themes discussed during that meeting (Annex 1); it offers a proposal on how the EDC can be refreshed to meet the challenges identified in that review.

2. Further work has also been undertaken by a task and finish group since the 30 January meeting, and to address EDC's concern that we listen to lived experience, the Greater Manchester NHS Values group have also held an event to consider draft priorities for EDC. The proposals presented in this paper are reflective of the priorities that we understand matter most to patients, communities and the workforce and are informed by available evidence about equality in health and social care. Feedback from the workshop with strategic partners and people with lived experience will inform discussion at today's EDC meeting and additional engagement with patient groups and staff/staff-side will also help to refine the proposals and inform a two-year work programme for the EDC.

3. Part one of this paper presents proposals for the refresh of the Council's work programme (function); part two sets out the proposals for the refresh of the membership and secretariat role for the main Council and its subgroups (form).

Executive Summary

4. A number of points were agreed upon at the 30th January meeting of the EDC. These included: (i) that the purpose and work programme of EDC should be explicitly focused on promoting equality and diversity in the NHS, sharing benefits through the wider health and care system; (ii) there should be recognition of shared interests with social care, but EDC is rightly concerned with the NHS; (iii) EDC membership should be reduced and the involvement of patients and people with 'lived experience' to be reviewed; (iv) a priorities setting process should be undertaken for the EDC to develop a work programme, and this should be well advanced by the date of the next meeting of the Council.

5. At the 30th January meeting of the EDC, members were asked to volunteer to form a small task and finish group with the goal of drawing on the themes identified by EDC, to develop outline proposals for a future work plan. The next iteration (following today's discussion) will be a two-year EDC work plan for 2015/16 and 2016/17. The proposed areas of work for the EDC fall under two headings: 'operational focus' and 'strategic equality assurance' role.

6. It is proposed that the EDC has a 'strategic equality assurance' role to help ensure that major national work programmes have been analysed from an 'equality lens' and how these programmes progress equality is identified as well as any potential issues or risks mitigated, using the collective expertise of EDC members.

7. Operational topics areas include: (i) Workforce Race Equality Standard (and subsequent Workforce Equality Standards) (ii) Equality Delivery System (EDS2); (iii) Advancing equity in access to, experience of, and outcomes from, health care for the most disadvantaged groups, drawing upon the expertise of people with lived experience; (iv) Increasing employment opportunities for people with Learning Disabilities in the NHS;

8. (v) A focus upon whistle-blowing, grievances and bullying in the workplace; (vi) Inclusive leadership and NHS Boards embedding equality, diversity and inclusion at all levels of the organisation and showcasing good practice.

9. Establishing an effective communications approach was thought to be an essential key operational priority for the EDC going forward.

10. EDC should produce an annual report summarising what has been achieved. This would help communicate the Council's work out to the system, reinforce to the EDC its own purpose and added value, and help maintain the credibility and momentum of the Council.

11. EDC membership should be reduced to approximately 25 members. A proposal on the role and representation of people with lived experience on the EDC will be presented in conjunction with this proposal paper.

12. To help ensure that NHS England is neither required to carry the burden nor left to dominate on the EDC, it was agreed that the EDC secretariat role should be shared across its national member organisations, and for the EDC to have a co-Chair.

Part One – Function

Background

13. At the 30 January Meeting of the EDC, Council members were asked to volunteer to form a small task and finish group with the goal of drawing upon the work programme proposals that were offered during that meeting (Annex 1), and to develop proposals for the future work plan for the EDC. This group, chaired by Joan Saddler from the NHS Confederation, met twice (and communicated via email) to affirm which issues would benefit from being driven nationally by the system leadership, with facilitative support from the EDC.

14. The EDC should be a national, strategic forum that aims to focus upon equality issues/challenges that will have a sustainable impact on the wider system, using a collaborative approach that ensures a two-way communication between the Council and the wider system (patients, communities and workforce). The terms of reference for the Council should be reflective of the remit.

Principles for selecting work priority proposals for the EDC

15. As the starting point to scoping the proposed EDC work priorities, the task and finish group drew upon the initial long list of potential topics drawn out during the 30th January EDC meeting. The group focused upon a number of principles when considering the prioritising of topics. These included:

- Is there potential for significant impact/positive outcome?
- Which protected characteristics or disadvantaged group to focus upon?
- Does the topic being considered require a national partnership focus?
- Is the topic a key national priority?
- Does the topic already have resource and prioritisation at national level?
- Can SMART objective(s) be developed from the proposed work?

16. There was considerable discussion as to whether the group members were in agreement with the list produced at the January EDC meeting, whether there was clarity

on what was meant, whether there was room to cluster or group together the proposed work programme priorities for priorities and whether the proposed priorities were feasible within the resources that the EDC had.

Proposed work priorities for the EDC

17. A two-year annual work plan is to be proposed, setting out what the EDC can tackle during 2015/16 and 2016/17. The priorities under this programme of work fall under two headings: *'operational priorities'* and *'strategic equality assurance'*. It is proposed that each workstream has a robust Subgroup, which will scope in more detail, the work activities and objectives, and will bring these back to the main EDC for final approval. See also Annex 2.

Strategic equality assurance role

18. EDC has the role to help ensure that major national work programmes have been analysed from an 'equality lens'. This process of review and engagement with national work programmes should help identify how equality is being progressed in patient access, experience and outcomes as well as ensuring the health service is a world class employer. At the same time this process will identify and seek to ensure that any potential equality issues or risks are mitigated. In taking forward this assurance we will use the principles of Equality Analysis and the collective expertise of EDC members. It will also draw on patients and people with lived experience to analyse how and whether equality is being progressed.

19. While it was concluded that there were potentially a number of programmes or initiatives that could benefit from this review and engagement process, it was decided that the NHS Five Year Forward View (and its workstreams) should be the first national programme to be looked at in this respect. The significance of this programme as well as the potential to influence it at an early stage, suggests that it is a good first candidate for an EDC assurance focus.

Operational priorities

20. The proposed operational priorities for the EDC are presented below:

I. **Focus**: Workforce Race Equality Standard (WRES; and subsequent Workforce Equality Standards). The EDC has already agreed for the WRES and further developments are a key priority. **Implementation**: An advisory group has already been established that reports to the EDC, and a detailed work programme is presently being agreed. **Outcome**: The outcome will be to ensure that the gap between the treatment, opportunities and experience of BME and White staff is closed and that NHS Boards are broadly representative of the communities they serve. If successful, the approach will be adapted so that workforce equality can be progressed across all characteristics given protection under the Equality Act 2010.

II. **Focus**: Equality Delivery System for the NHS – EDS2. **Implementation**: to maintain and further embed EDS2 within key policy levers and to support its implementation across the NHS. **Outcome**: The outcome will be to help ensure continuous equality improvements for all patients, communities and the workforce and to help NHS organisations to meet the public sector equality duty.

III. **Focus**: Advancing equity in access to, experience of, and outcomes from, health care for the most disadvantaged groups, drawing upon the expertise of people

with lived experience. **Implementation**: It is proposed that a subgroup for this priority is formed and tasked to develop a work programme to bring back to the EDC. **Outcome**: The outcome is to help support a health care system that listens to and places patients and communities at the heart of its policies, processes and behaviours, and provides equity of access to safe, effective, caring, responsive, and well-led services

IV. **Focus**: Employment of people with Learning Disabilities in the NHS – research and policy work to improve employment opportunities for people with Learning Disabilities. **Implementation**: NHS England has initiated work on this topic (paper to be tabled at this meeting). **Outcome**: The outcome will result in the NHS laying the foundations for sustaining long term improvements in its employment of people with learning disabilities through leadership, partnerships, systems and processes.

V. **Focus**: Whistle-blowing, grievances and bullying in the workplace. **Implementation**: Scoping the work through mapping, benchmarking and continuous local level improvement by sharing good practices. **Outcome**: The outcome will be a more supported workforce, in particular across all protected characteristics.

VI. **Focus**: NHS boards and leadership – embedding equality, diversity and inclusion at all levels of the organisation. **Implementation**: Scoping how leaders effect change through the organisation and the wider system. Senior leaders identifying system levers and nuances for behavioural and cultural change. A focus on the forthcoming implications from the Smith Review. **Outcome**: The outcome will be inclusive leadership at all levels.

Communications Element

21. The role of effective communications is critical to the success of the EDC. Currently the Council relies on its key national members to use their influence to communicate out to the rest of the system the work of the EDC, via a virtual communications group. As an alternative to the current way of working, it is proposed that the EDC has pooled resource for communications with accountability to NHS England and key EDC stakeholder organisations.

22. Two options are presented to the EDC regarding the future governance and operation of the communications element for the Council:

I. Pooling of (circa £50k) resource, both financial and in kind, from the national bodies represented on the EDC to fund dedicated communications support, that would be accountable to NHS England and (via a dotted line) to other national organisations that are EDC members.

II. One national organisation to oversee, on behalf of the EDC, the communications element for the Council.

Proposal on the current EDC Subgroups

23. Proposals on the current EDC subgroups are presented below:

- System Alignment subgroup – the task-orientated work of this Subgroup has come to a natural end. The Subgroup is no longer operational.
  Proposal: no action to take.

- Data subgroup – currently continues with NHS England as the lead.

Proposal: Subgroup to continue its work during the period of 2015/16-2016/17, in its current form.

- EDS2 subgroup – Chaired by Tom Cahill, the Subgroup currently continues and has a set goal to support consistent uptake of EDS2 across the NHS – so that 95% of all organisations are using ESD2 by March 2016.
  Proposal: Subgroup to continue in line with the proposed EDS2 work priority for the EDC.

- Leadership & Workforce subgroup – currently continues with NHS Employers and the NHS Leadership Academy as the joint leads.
  Proposal: Subgroup to continue in line with the proposed leadership and workforce priorities for the EDC.

- Communications subgroup – currently a 'virtual group' with membership from national organisations.
  Proposal: options on the potential funding and secretariat for this group are proposed to the EDC. See section above.

- The Workforce Race Equality Strategic Advisory Board – has been constituted in accordance with the EDC decision that the WRES is a key leadership priority for 2015-16. It is led by the Chair of the CQC. The secretariat for this Group is currently provided by NHS England.
  Proposal: To continue its work during the period of 2015/16-2016/17, in its current form.

Part Two – Form

Background

24. Feedback from EDC members is that the Council meetings feel too big and that it is unclear what everyone's roles and responsibilities are, in what capacity people are attending and for what purpose. The review of the EDC suggested that membership is unwieldy and could be reduced. Consideration should be given to sharing the secretariat role across the EDC member organisations, and the ToR amended to ensure NHS England is neither required to carry the burden nor left to dominate. The adoption of a co-Chair could help to demonstrate EDC's independence and collective leadership.

Membership

25. It is inevitable that on occasions, deputies will need to be sent to EDC meetings due to diary commitments. However it is proposed that only those that can attend full EDC meetings on a regular basis be retained as EDC members.

26. There are currently 44 members of the EDC. It is proposed that the membership is cut to approximately 25 members, with clarity regarding each member's roles and responsibilities, in what capacity they are attending and for what purpose. The ToR should further reflect whether each EDC member is representing an organisation, a particular interest group, or a particular skill set. A proposal for membership reduction is presented overleaf:

I. NHS England to have less representation by standing down its regional leads and other senior members of staff (this can result in 6 members standing down).

II. Those EDC members that have not been able to attend (or send a representative) to meetings may wish to assess their role on the Council given their capacity issue.
III. LGA (currently both the LGA and ADASS are members) to be represented by one member (1 members standing down).
IV. NHS provider organisations and CCGs can divide representation at subgroup and main EDC level (2 members standing down from the main EDC).

27. The above can result in approximately 10-12 fewer members on the main EDC. Other organisations/representatives on the EDC may wish to consider being represented at the more 'operational' subgroup level rather than on the main EDC.

28. Conversely, there is currently representation from just one Union (via the NHS Staff Council) and one 'patient representative' (via the Patients Association). It is proposed that additional union representation is drawn from MiP (via the Chair of the NHS Staff Passport group) and the RCN.

29. It is proposed that people with lived experience and patients are supported to be involved in the work of the EDC, and at the subgroup level where specialist input on specific priority areas and issues would be beneficial. A proposal on the role of people with lived experience is to be presented in conjunction with this paper.

30. The task and finish group supported the idea of scoping this approach further, in collaboration with the Strategic Partners, leading charities and organisations and with those leading the NHS Values Groups, to ensure a sustainable way of supporting adequate membership representation from these groups. Discussion on this issue is scheduled to be held at a workshop just before the main EDC meeting on 28th April and its attendees will join the first part of this EDC discussion.

Secretariat role management

31. The EDC review paper tabled at the January meeting of the EDC recommended that the management of the main EDC and its subgroups' secretariat roles should be broadened and spread across EDC members representing national organisations. This will help to ensure that NHS England is neither required to carry the burden of the secretariat role alone, nor left to dominate the agenda.

32. Secretariat for the EDC and its subgroups should be managed by a pooled resource from each of the national organisations. It is proposed that one person from each national organisation on the EDC be nominated to work on the shared secretariat, that includes the facilitation of EDC meetings.

Co-Chair of the Council

33. It was recommended in the EDC review paper that a co-Chair for the EDC would be beneficial. Adoption of a co-Chair could further help to demonstrate the EDC's independence and collective leadership. In practice, this may reflect both national strategic level leadership from the NHS (via Simon Stevens) and grass roots expertise and knowledge. Options to the EDC for a co-Chair to Simon Stevens are presented below:
I. A patient / lived experience representative.
II. One of the Strategic Partner members on the EDC.
III. An Equality and Diversity leader.

34. EDC is invited to comment on the different options.

Annex 1:

EDC proposals[1] of work priorities for the revised programme of work for the Council

Proposed topic	Focus of Topic	Protected Characteristics
Whistleblowing	Workforce	All
Midwifery and equality	Workforce	All
NCAS capability	Workforce	All
Professional regulation	Workforce	Race
Grievance and disciplinary	Workforce	All
Bullying and harassment	Workforce	All
WRES	Workforce	Race
Trust Boards	Workforce	All
Inclusive leadership	Workforce	All
Gender and leadership	Workforce	Sex
Undergraduate education	Workforce	Age
Organisational change	Workforce	All
Working longer	Workforce	Age
Children and Young People	Patients and Communities	Age
Inclusion Health	Patients and Communities	All
Lived Experience	Patients and Communities	All
Carers	Patients and Communities	All
Access and denial to services	Patients and Communities	All
Human rights (FREDA)	Patients and Communities	All
Equality Delivery System for the NHS – EDS2	Patients and Communities / Workforce	All
NHS Five Year Forward View (new care models)	Patients and Communities / Workforce	All
Mental health – learning disabilities	Patients and Communities / Workforce	Disability

[1] Presented at the 30 January 2015 meeting of the EDC

Annex 2: Proposed EDC Work Area Priorities					
Emphasis	**Priority**	**Reason for selection**	**Activity**	**Outcome**	**Subgroup proposal**
Strategic Assurance	1. Equality assurance	• To ensure that major national work programmes are analysed from an 'equality lens' and that any potential equality issues or risks for each of the protected characteristics are mitigated, using the principles of Equality Analysis and the collective expertise of EDC members.	• Begin with scoping the level to which equality features within the NHS Five Year Forward View and its workstreams, including the New Care Models Programme.	Integration of equality into mainstream business planning of national programmes of work.	New subgroup to be created
Operational Focus	1. Workforce Race Equality Standard	• Extensive work on WRES is underway and requires system-wide support to maintain momentum.	• Policy and implementation work on the Workforce Race Equality Standard (and subsequent Workforce Equality Standards).	Improve workforce experience and representation at all levels across the protected characteristics, beginning with race.	WRES Advisory Group already exists
	2. Equality Delivery System for the NHS - EDS2	• Extensive work on EDS2 is underway and requires system-wide support to maintain momentum. NHS organisations are seeing continuous equality improvements for patients, communities and the workforce as a result of implementing EDS2.	• Policy and implementation work on the Equality Delivery System – EDS2 to further embed EDS2 within key policy levers and to support its implementation across the NHS.	An inclusive NHS that is fair and accessible to all patients, communities and the workforce. NHS organisations supported to meet the public sector equality duty.	EDS2 Subgroup already exists

	3. Advancing equity in access to, experience of, and outcomes from, health care for the most disadvantaged groups, *drawing upon the expertise of people with lived experience * whether based upon social exclusion, health status or protected characteristic	• Significant evidence and research indicates that some of the most disadvantaged groups in society face barriers in accessing health care services and significant variations in health outcomes. • The added value of co-producing health with people with 'lived experience' is often missing from the mainstream business of health and care.	• It is proposed that a subgroup for this priority is formed and tasked to develop a work programme to advance equity for 'Inclusion Health' groups, and to bring back to the EDC.	A health care system that listens to and places patients and communities at the heart of its policies, processes and behaviours and provides equal access to safe, effective, caring, responsive, and well-led services.	New subgroup to be created
	4. Employment of people with Learning Disabilities	• Research and evidence highlights the need to improve levels of employment of people with disabilities within the health care system. • This priority will benefit from a national partnership approach to build upon the initial work that is underway.	• Research and pilot work leading to the development of specific interventions to help improve employment opportunities for people with Learning Disabilities.	NHS laying the foundations for sustaining long term improvements in its employment of people with learning disabilities through leadership, partnerships, systems and processes.	Leadership & Workforce Subgroup already exists
	5. Whistle-blowing, grievances and bullying	• Recent evidence indicates significantly higher rates of whistle-blowing, grievance and bullying amongst specific equality groups,	• Work on whistle-blowing, grievances and bullying in the workplace – research and	A more supported workforce.	Leadership & Workforce Subgroup already exists

		often leading to negative impacts upon patient care. • These 3 themes were presented separately at the 30 January meeting. The task group suggested the usefulness of bringing these together. • A national push on this agenda will help to provide a better understanding of the issues and to help share good practice.	scoping of work through mapping and benchmarking. • Supporting continuous local level improvements by sharing and facilitating the replication of good practices.		
	6. NHS Boards and inclusive leadership	• It is acknowledged that the equality agenda is best advanced when it has appropriate commitment from Boards and senior leaders. • A national partnership approach is needed to make meaningful and sustained improvements and changes.	• NHS Boards embedding equality, diversity and inclusion at all levels of the organisation. • A focus on the forthcoming implications from the Smith Review. • Senior leaders identifying system levers and nuances for behavioural and cultural change. • Inclusive leadership guidance. • A focus on different types of leadership: professional / patient leadership.	Inclusive leadership at all levels.	Leadership & Workforce Subgroup already exists