EDC1 07/15

# Equality and Diversity Council work programme and refreshed membership

## Summary

**1.** In line with EDC's previous steers, we propose a two-year work plan for EDC in 2015/16 - 2016/17, with three strategic priority areas:

- Leadership, system and culture change
- Workforce equality and patient equity
- Lived experience and inclusion health

**2.** We also seek a steer on the question of a pooled resource for EDC communications work, and on the process for selecting a co-chair.

**3.** EDC membership has been reduced and we have refreshed its sub-group structure. People with 'lived experience' have been selected from the EDC Values Summit legacy groups to join the EDC and inform the work of its sub-groups, and staff-side membership has been strengthened.

## Work programme

**4.** Initial proposals for EDC's work programme were tabled at the 28th April meeting (see Annex 1). Following further discussion and refinement amongst EDC's sub groups, a two-year work plan for 2015/16 and 2016/17 is proposed (Annex 2), covering the following three areas:

**5.** *Leadership, system and cultural change* – topics include: (i) culture change and assisting and supporting leaders to create inclusive workplaces; (ii) reducing the differential outcomes for protected groups around bullying, harassment, disciplinary and grievance processes; (iii) initiating change with regard to discriminatory practices, including staff recruitment and promotion, discipline and bullying – using evidence from the Workforce Equality Standards; (iv) increasing employment opportunities for people with Learning Disabilities in the NHS.

**6.** *Workforce equality and patient equity* – topics include: (i) increasing workforce equality across the protected groups starting with 'race' (Workforce Race Equality Standard); (ii) developing Workforce Equality Standards (WES) across the protected groups; (iii) supporting equality performance improvements for all patients, communities and the workforce, through EDS2 use; (iv) developing Information Standards to enable consistent monitoring of access, experience and outcomes from healthcare across protected groups.

**7.** *Lived experience and inclusion health* – topics include: (i) working to improve equity of access to services and improved outcomes for protected groups and people with lived experience of stark inequalities; (ii) Ensuring people with lived experience have a voice throughout the Equality and Diversity Council; (iii) strengthening workforce and organisational capability for spotting and addressing Equality and Health Inequalities impacts across EDC member organisations.

**Communications**

8. Currently the Council relies on the influence of its members to ensure the work of EDC is communicated to the rest of the system. This works – up to a point – but is not as effective an approach as it could be. The question now is whether member organisations are willing to contribute in cash or in kind to a pooled resource for communications. Any financial resource could, for example, be used to recruit communication consultant(s) to work specifically on the Council's communications element. The alternative is to continue with the current arrangements.

**EDC Membership**

**10.** Feedback from EDC members was that Council meetings felt too big and that roles responsibilities and status were unclear. It was also suggested that the adoption of a co-Chair could help to demonstrate EDC's collective leadership. In light of this, the April EDC meeting agreed that:

i. NHS England should have fewer representation on the Council
ii. Those EDC members that have not been able to attend meetings, either themselves or by representation, should stand down
iii. Organisations with roles not clearly aligned with the revised remit and priorities of the EDC should stand down.
iv. Sub groups would present an opportunity for continuing engagement of stakeholders who were no longer core members of EDC

**11.** EDC membership has therefore been reduced, with more clarity on the remit of attendees e.g. in what capacity they attend. A list of members is at Annex 3.

**12.** At the same time, additional staff-side representation has been sought via the NHS Staff Council, resulting in two additional EDC members.

**13.** It was also proposed that people with lived experience and patients are supported to be involved in the work of the EDC. Four individuals with lived experience have been selected from NHS Values Summit legacy groups, to become EDC members.

**EDC Subgroups**

**14.** Subject to EDC's view the configuration of EDC subgroups will in future be focused on the revised work programme as follows:

- Data subgroup – currently led by NHS England, and focusing on data standards.
  ***Recommendation*:** 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 supports consistent use of EDS2 across the NHS – so that 95% of all organisations are using EDS2 by March 2016.
  ***Recommendation*:** Subgroup to continue in line with the two-year EDS2 work priority within the proposed EDC work plan.

- Leadership & Workforce subgroup – currently led by NHS Employers and the NHS Leadership Academy.
  ***Recommendation*:** Subgroup to continue in line with the two-year workforce and leadership priorities within the proposed EDC work plan.

- Inclusion Health & Lived Experience subgroup – Subgroup established.
  ***Recommendation*:** Subgroup to deliver on the *Lived experience and inclusion health* priorities in the proposed EDC work plan.

- Communications subgroup – currently a 'virtual group' with membership from some of the national organisations.
  ***Recommendation*:** discussion of the potential funding of communications are set out above. In the light of this we will determine any continuing need for a communications sub group

**15.** Implementation of the Workforce Race Equality Standard (WRES) has been established as a separate programme of work funded by NHS England. To support this, there is also a WRES Strategic Advisory Group comprising senior leaders from across the system. Its chairmanship is to be determined following David Prior's elevation to the House of Lords. WRES implementation is not a "sub-group" of EDC in the same way as the others described above, but it is clearly helpful for overall coherence for EDC to track the progress of WRES and the lessons learned. We therefore intend that EDC will receive regular updates from the WRES Implementation Team, alongside those from other sub-groups.

**Co-Chair of the Council**

**16.** The function and form review (January 2015) recommended that a co-Chair for EDC would help to demonstrate the EDC's collective leadership. Options include:

i. A patient / lived experience representative of the EDC.
ii. A Strategic Partner member of the EDC.

The selection of a co-Chair was deferred until the lived experience EDC members had taken up their positions. It would be sensible to allow at least one meeting for new members to see how EDC works before deciding who they would wish to nominate (including self-nomination). We would bring forward specific proposals in advance of the next meeting of the EDC.

**Secretariat role management**

**17.** Previous discussion has highlighted the fact that secretariat support to EDC and its subgroups should be spread across EDC members representing national organisations, to help ensure that NHS England is neither required to carry the burden of the secretariat role alone, nor left to dominate the agenda. There have been no new offers of support; it is therefore proposed that one person from each major national organisation on the EDC should be nominated to work on the shared secretariat, which includes the preparation/facilitation of EDC meetings.

**Actions requested**

**18.** EDC is invited to:

- Note the proposed work programme, which is based on its previous discussions (paras 4-7)
- Agree whether it wishes to set up a pooled communications resource, or continue to rely on existing arrangements through the actions of individual EDC members (para 8)
- Note the revised EDC membership (paras 10-13) and sub-groups (para 14)

- Note the proposed timing for selection of an EDC co-Chair (para 16)
- Agree an approach to shared secretariat responsibilities for EDC and its Subgroups (para 17)

**Annex 1: Initial EDC proposals[1] of work priorities for the revised EDC programme of work**

| 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 : EDC Work Plan 2015/16 – 2016/17**

| Priority # 1: Leadership, system and culture change to create inclusive workplaces | | | | | | |
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| | **Objective** | **Key Deliverables Q1+2 2015-16** | **Key Deliverables Q3+4 2015-16** | **Key Deliverables Q1+2 2016-17** | **Key Deliverables Q3+4 2016-17** | **Responsible group** |
| 1 | Assisting culture change and supporting leaders to create more inclusive workplaces by 2017. | Establish a two year culture change programme by October 2015. | Review of Leadership Programme provision for protected groups and report to EDC on best practice and gaps, with recommendations.<br><br>Support development of the Trust Development Authority (TDA) Board apprentice scheme for London and review its potential to act as a pilot for national roll out. | Examine good practice for developing people from protected characteristics to sit on Boards as Executive and Non-Executive Directors. Report back to EDC with recommendations to develop a programme built on identified successful models.<br><br>Analyse uptake of Leadership programmes by protected group and report back to EDC with an action plan for further promotion to staff across all protected groups. | Present a report to the EDC on challenges experienced by protected groups and produce an action plan to promote the NHS as a model employer. | Leadership and Workforce sub-group (supported by the National Equality and Diversity (E&D) sub-group of Staff Council). |
| 2 | Reducing the differential outcomes for protected groups around bullying, harassment, disciplinary | Establish a two year system change programme by October 2015. | Develop an action plan, to report to EDC, for tackling the disproportionate impact of BDHG across the | Launch campaign to encourage organisations to interrogate staff survey | Examine data on staff across NHS, by protected characteristic, to | Leadership and Workforce sub-group (supported by |

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| | and grievance (BHDG) processes by 2017. | Produce an evidence-based practice report, detailing how the best organisations have successfully addressed issues of BHDG, across the protected characteristics. | protected characteristics.<br><br>Benchmark relative strength and weakness of data gathered on NHS staff across all protected characteristics and present programme proposal to EDC of promotion and support which can enable organisations to improve data gathering. | data to ensure deeper understanding of the experiences of staff across all protected characteristics.<br><br>Communications drive from EDC members delivering positive leadership messages on BHGD. | determine effectiveness of current system change programme.<br><br>Produce report for EDC, detailing impact of the system change programme, on tackling the disproportionate impact of BHGD across protected characteristics, to assess the efficacy of the work. | National E&D sub-group of Staff Council), Social Partnership forum in liaison with Workforce Race Equality Standard (WRES)team, WRES Strategic Advisory Group. | |
| 3 | Providers and system leaders to initiate change with regard to a range of discriminatory practices, including recruitment and promotion, discipline and bullying, using evidence from the Workforce Equality Standards. | Use the 1 July 2015 WRES baseline data to prompt inquiry and local change strategies.<br><br>Identify and promote successful models, based on metric-driven improvement, and use them to highlight best practice as a key means of delivering change. | Publish 1 May 2015 WRES baseline data.<br><br>Robust benchmarking methodology in place for 1 May 2016 data enabling analysis of progress (or lack of it) in conjunction with Care Quality Commission (CQC).<br><br>Evidence of Boards and Foundation Trust (FT) Governors being more representative of the communities they serve. | Extend good practice profiling, methodologies and support for individual organisations, using benchmarking and CQC interventions as the driver.<br><br>Provide support to national and local networks tasked with taking this work forward. | Collate evidence which demonstrates how WRES has both improved the data and provided wider benefits. These include implementation of duty of candour, improved staff engagement, and positive shifts in “blame” and “club” cultures. | WRES Strategic Advisory Group. | |

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| | | | | | Further evidence of Boards and FT Governors being representative of the communities they serve. | |
| 4 | Increasing employment opportunities for people with Learning Disabilities in the NHS. | Website programme launch of 'building blocks for employment' map and case studies of NHS organisations employing people with LD.<br><br>Develop more detailed tools and guidance for September 2015. | Roll-out of training workshops in each region.<br><br>Launch 'pledge' and sign-up for NHS organisations<br><br>Set out monitoring plans. | Monitoring of 'pledge' sign-up and LD employment figures in the NHS.<br><br>Report back to EDC on progress of LD employment programme | End of year monitoring of LD employment figures. | LD Task and Finish Group of the Leadership and Workforce sub-group |

| Priority # 2: Workforce Equality / Patient Equity<br>Continuous improvements in helping to ensure services and workplaces are free from discrimination | | | | | | |
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| | **Objective** | **Key Deliverables Q1+2 2015-16** | **Key Deliverables Q3+4 2015-16** | **Key Deliverables Q1+2 2016-17** | **Key Deliverables Q3+4 2016-17** | **Responsible group** |
| 1 | Increasing workforce equality across the protected groups by 2017 | Conduct WRES baseline audit by 31 August 2015<br><br>Commission robust benchmarking of WRES baseline data by October 2015 to encourage organisational improvement and good practice.<br><br>Organisations are supported in ensuring that the data is correctly understood and their responses are appropriate and sufficiently robust.<br><br>Presentations on baseline data to Boards of significant national bodies and to CEO, chair and Human Resources networks. | Deliver WRES implementation workshops to cover 90% of providers.<br><br>Develop and review best practice library.<br><br>Improved coverage by local Black and Minority Ethnic (BME) staff groups, to be supported by WRES team and national networks. | WRES metrics benchmarking methodology completed and ready to be implemented.<br><br>Robust implementation plans in place across all provider organisations.<br><br>Organisations to demonstrate improvement on at least one WRES metric by December 2016.<br><br>Publish analysis of sector wide data for May 1 2016.<br><br>Commissioners and Commissioning Support Units (CSUs) to demonstrate development of expertise to support WRES auditing. | Deliver WRES implementation workshops to cover 90% of providers.<br><br>Best practice library and WRES communications programme rated as good by NHS organisations.<br><br>Exemplar organisations supported to enable systematic buddying and local networks.<br><br>Substantially improved local coverage by BME staff groups and networks with effective liaison continuing between WRES team and national networks | WRES Strategic Advisory Group EDC. |

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| 2 | Developing Workforce Equality Standards (WES) across the protected groups by 2017.<br><br>All Workforce Equality standards to complement the workforce elements of Equality Delivery System 2 (EDS2). | Present research evidence and business case for the Workforce Disability Equality Standard (WDES).<br><br>Commission research for a Workforce Sex Equality Standard (WSES) by August 2015. | Consult on inclusion of a WDES and WSES via NHS Standard contract consultation by December 2015.<br><br>Evidence-based WES development schedule presented to EDC for approval by November 2015. | WDES and WSES implementation April 2016 - March 2017.<br><br>Phased development plan for agreed Workforce Equality Standards from January 2017 (following inclusion in NHS Contract consultation November-December 2016). | Remaining Workforce Equality Standards to be implemented from April 2017. | E&HI Unit, Workforce and Leadership, and Inclusion Health sub-group. |
| 3 | Improve equality performance for all patients, communities and the workforce, through EDS2 use, by 2017. | Establish an interactive EDS2 Dashboard with robust monitoring, development capacity and the sharing of good practice by November 2015. | Establish and roll out a robust training and development programme to support NHS organisations' use of EDS2 by March 2016. | Establish national priority to reduce the differential outcomes for protected groups around BHDG (outcome 3.4), by April 2016. | Produce report to EDC on capacity of dashboard, evaluating the efficacy of robust monitoring, development support and the sharing of good practice with proposed action plan for further improvement. | EDS2 sub-group |
| 4 | Develop Information Standards (IS) to enable consistent monitoring of access, experience and outcomes from healthcare across protected groups. | Phase 1:<br>Sexual Orientation Monitoring (SOM) Information Standard Pilot completed by September 2015.<br><br>Implementation roll-out underway, enabling disaggregation of key data sets across health and social care by sexual orientation. | Phase 2:<br>Agreed protected groups to be developed under Cluster 1<br><br>IS for protected characteristics progressing through Standardization Committee for Care Information (SCCI) process | Phase 3:<br>Agreed protected groups to be developed under Cluster 2<br><br>IS for protected characteristics progressing through SCCI process | IS for protected characteristics confirmed 'go live' in 2017-2018 | E&HI Unit, Data sub-group. |

| Priority # 3: Lived Experience and Inclusion Health<br>Equity of access to services and improved outcomes for protected groups and people with lived experience of stark inequalities | | | | | | |
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| | **Objective Priority :# 3** | **Key Deliverables Q1+2 2015-16** | **Key Deliverables Q3+4 2015-16** | **Key Deliverables Q1+2 2016-17** | **Key Deliverables Q3+4 2016-17** | **Responsible group** |
| 1 | Working to improve equity of access to services and improved outcomes for protected groups and people with lived experience of stark inequalities by 2017. | Embed a programme of evidence based work to tackle key system and population group challenges for Inclusion Health groups and those facing the starkest inequalities by October 2015.<br><br>Commence Quick Win Programme including assessing and tackling the service inequalities for gypsy travellers and migrants and access to primary care for disabled people (e.g. HealthWatch England primary care report). | Develop measures to ensure that the starkest inequalities are monitored and tackled across key national and programme areas.<br><br>Continue Quick Win programme.<br><br>Review 'State of Care' outcomes and findings from EHRC Is Britain Fairer? Review and feed recommendations into the planning for longer term workplan. | Pilot measures for national and programme areas<br><br>Longer term priorities based on evidence review in 2015-2016.<br><br>Review and evaluate Quick Win programme and use review to inform how longer term priorities are tackled. | Roll out measures for national programme areas<br><br>Longer term priorities based on evidence review in 2015-2016. | Inclusion Health sub-group |
| 2 | Ensuring people with lived experience have a voice throughout the Equality and Diversity Council | Equality and Diversity Council (EDC) Lived experience members take up positions on the council by July 2015 | Review experience and impact of EDC Lived Experience membership and | Examine good practice for inclusion of people with Lived Experience in decision making | Develop and present proposal for EDC to influence make up of other national Boards in terms of | Inclusion Health sub -group |

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| | | and in sub groups by October 2015.<br><br>Phase one of programme of co-production with bespoke support and development for EDC Lived Experience members rolled out July-October 2015. | report to Council<br><br>Review phase one and develop phase two of programme of co-production with bespoke support and development for EDC Lived Experience members. | groups and report back to EDC with recommendations to develop a programme built upon identified successful models<br><br>Develop and present proposal for EDC to influence make up of members' Boards in terms of Lived Experience membership | Lived Experience membership | |
| 3 | Strengthen workforce and organisational capability for spotting and addressing Equality and Health Inequalities impacts across EDC member organisations. | Develop Equality/Health Inequality Analysis (E/HIA) capability programme for NHS England staff, Clinical Commissioning Groups (CCGs) and the workforce of key national partner agencies by October 2015, reporting back to EDC.<br><br>Commence roll out of E/HIA capability programme. | Continue roll out of E/HIA capability programme.<br><br>Launch E/HIA network.<br><br>Review of capability programme to date to define work priorities for 2016-2017. | Delivery of capability programme phase 2, dependent on review. | Delivery of capability programme phase 3, dependent on review.<br><br>Produce a report for EDC on efficacy of programme. | Inclusion Health sub-group and E&HI Unit |

**Annex 3: Revised EDC membership – 28 July 2015**

| First name | Surname | Organisation | Role on EDC |
|---|---|---|---|
| Gail | Adams | NHS Staff Council, Unison | Nominated staff-side representation |
| Elham | Atashkar | Greater Manchester NHS Values Group | Lived experience |
| Dame Sue | Bailey | Association of Royal Medical Colleges | System leader |
| Henry | Bonsu | Broadcaster | Identified lay rep/media |
| Helen | Buckingham | Monitor | System leader |
| Jabeer | Butt | NHS England/DH/PHE Strategic Partners, Race Equality Foundation | Nominated Strategic Partner representation |
| Tom | Cahill | Hertfordshire NHS Foundation Trust | NHS Provider representation |
| Jane | Cummings | Chief Nursing Officer | System leader |
| Andrew | Dillon | National Institute for Clinical Excellence | System leader |
| Ian | Dodge | NHS England | System leader |
| Steve | Fairman | NHS Improving Quality | System leader |
| Dr Amir | Hannan | Haughton Thornley Medical Centres, Hyde | Nominated CCG representation (clinical) |
| Saffron | Cordery | NHS Providers | System leader |

| First name | Surname | Organisation | Role on EDC |
|---|---|---|---|
| Isabel | Hunt | Health & Social Care Information Centre | System leader |
| Paul | Martin | NHS England/DH/PHE Strategic Partners | Nominated Strategic Partner representation |
| Flora | Goldhill | Department of Health | System leader |
| Nicola | Jeffrey-Sykes | Greater Manchester NHS Values Group | Lived experience |
| Prof Lynn | McDonald | Middlesex University | Academic |
| Stephen | Moir | Professional Head of HR | System leader |
| Stewart | Moors | Greater Manchester NHS Values Group | Lived experience |
| Danny | Mortimer | NHS Employers | System leader |
| Katherine | Murphy | Patients Association | System leader |
| David | O'Brien | Greater Manchester NHS Values Group | Lived experience |
| Mark | Porter | British Medical Association | System leader |
| Janice | Scanlan | NHS Trust Development Authority | System leader |
| Jan | Sobieraj | NHS Leadership Academy | System leader |
| Simon | Stevens | NHS England | Chair |
| Lisa | Bayliss-Pratt | Health Education England | System leader |

| First name | Surname | Organisation | Role on EDC |
|---|---|---|---|
| Patrick | Vernon | Healthwatch England | System leader |
| Tony | Vicker-Byrne | Public Health England | System leader |
| Ray | Warburton | NHS Lewisham CCG | Nominated CCG representation (non-clinical) |
| Rob | Webster | NHS Confederation | System leader |
| David | Wherett | Cambridge University Hospitals NHS Foundation Trust | NHS Provider representation |
| Lucy | Wilkinson | CQC | System leader |
| Alastair | Lipp | NHS England | NHS regional link |
| | | Staff/staff-side | Additional – person tbc |
| | | Staff/staff-side | Additional – person tbc |