

Equality and Diversity Council

MINUTES

20 OCTOBER 2015 11:00-13:00

SKIPTON HOUSE, LONDON

MEETING CALLED BY	Equality and Diversity Council (Simon Stevens, Chair)
ATTENDEES	See annex
APOLOGIES	See annex
NOTE TAKER	Habib Naqvi
WELCOME & INTRODUCTIONS	Simon Stevens

Agenda topics

WELCOME AND INTRODUCTION

SIMON STEVENS

DISCUSSION/ CONCLUSIONS	<p>Simon Stevens welcomed EDC members and invited guests to the Council meeting. The change in representation from Healthwatch England was noted, with Liz Sayce replacing Patrick Vernon, who has taken up a role with a London CCG. Simon thanked Patrick for his work on the Council. The minutes of the July meeting of the EDC were accepted as accurate.</p>
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LGBT EQUALITY

PAUL MARTIN, RUTH HUNT,
PAUL DEEMER

DISCUSSION/ CONCLUSIONS	<p>Ruth Hunt presented an overview of Stonewall's work in supporting organisations to recognize the benefits of LGBT experiences and perspectives for all employees, service users and members of the community. Stonewall's Diversity Champions Programme was highlighted as a leading employers' forum for LGBT equality, diversity and inclusion. Ruth highlighted Stonewall's reach to over 750 members across the public, private and third sectors, to help them create inclusive and accepting environments for almost a quarter of the UK workforce.</p> <p>The findings of Stonewall's 'Unhealthy Attitudes' report were summarised and ongoing work with Cardiff University regarding the inclusion of the LGBT agenda within the healthcare academic curricula was described. The Stonewall Health Equality Index was highlighted as a tool to help healthcare organisations to improve LGBT equality, and the presence of Nottingham NHS Foundation Trust as number one on the list of the Stonewall 100 Workforce Index for 2015 was noted.</p> <p>Ruth Hunt and Paul Martin highlighted areas where further concerted effort could be applied to improve LGBT equality across the NHS. They presented a paper that included three recommendations for the EDC to consider:</p>
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	<ol style="list-style-type: none"> 1. <i>Patient experience</i> - a nationally driven and system-wide visible campaign focused upon equitable access to services for and experiences of LGBT patients across the NHS. 2. <i>Training and workforce development</i> – an innovation fund to help local NHS organisations to focus attention on creating LGBT-friendly workplaces across the NHS. 3. <i>Monitoring of patients and the workforce</i> - A national drive to support ongoing work to develop the sexual orientation data information standard process and to create the necessary culture shift towards normalisation of patient and staff monitoring of this characteristic. <p>Council members acknowledged both the need for system-wide action and the ongoing activity promoting LGBT equality across the NHS, and noted the following points:</p> <ul style="list-style-type: none"> • Training and workforce development on this agenda needs significant development to be robust and sustainable; • NHS staff need to be trained so they are confident in asking the monitoring questions on sexual orientation and data needs to be confidential and secure; • Academic curriculum outcomes for healthcare students need to be LGBT-specific and developed and delivered by those who understand and can convey the importance of LGBT issues; • Patient engagement within local NHS organisations needs to be inclusive of LGB&T patients and communities. <p>It was agreed that a time-limited task and finish group should be set-up to take forward the three recommendations and the comments from the Council, and should include membership from the equality and diversity group of the NHS Staff Council.</p> <p>It was also agreed that the signing of the gay conversion therapy memorandum of understanding should be communicated to staff of the national organisations that are signatories. Paul Martin and Paul Deemer agreed to take this action forward with the EDC communications group.</p>
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DISABILITY AND WORKFORCE
EQUALITY

JAN SOBIERAJ AND RUTH
PASSMAN

DISCUSSION/ CONCLUSIONS	<p>Jan Sobieraj and Ruth Passman reminded the Council of the establishment of a task and finish group to develop and consult on a Workforce Disability Equality Standard (WDES) and bring back an options paper for the Council’s consideration. Ruth presented the options paper with regard to the development of a WDES and outlined the following</p>
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three recommendations:

1. Undertake wider engagement and a campaign of service action across the NHS, with a view to implementing a mandated standalone WDES from April 2017, (giving the opportunity to learn lessons from the implementation of the Workforce Race Equality Standard WRES). This initiative would consider the broader policy context for employing disabled people detailed above, and would include liaison with the Department for Work and Pensions (DWP), and the Disability Confident campaign.
2. Use the campaign and engagement exercise as an opportunity to consult, consolidate and refine the draft metrics for the WDES;
3. At a future point, the EDC to consider the accumulated impact of several separate equality standards upon the system and upon other agents of change, including EDS2.

Council members made the following comments:

- A WDES could improve the experience of staff with disabilities working in the NHS. There needs to be a focus upon the experience of disabled staff working at all levels of the NHS as well as representation at senior management levels within organisations;
- We need to acknowledge the heterogeneity of disability as a characteristic, and ensure that people across the full spectrum of disabilities are engaged with and benefit from the WDES;
- We need to further develop the concept of 'disability as an asset' in the WDES proposal and the link to positive patient experience;
- There is a need to develop new and enhanced routes into NHS employment for people with disabilities coupled with further roll out positive employment practices.

It was noted that the wording of the third recommendation could place some element of doubt on the sustainability of EDS2. It was agreed to take "including EDS2" from the third recommendation. It was also agreed that the research conducted by Middlesex and Bedfordshire universities, on the experiences of disabled staff in the NHS, be published and disseminated.

The Council expressed support for the direction of travel regarding the scoping of the WDES and the campaign of engagement and service action. They noted the option to take stock of the accumulated impact of several workforce equality standards at a future point.

EDC SUBGROUP UPDATES

SUBGROUP CHAIRS

DISCUSSION/ CONCLUSIONS	<p>Papers providing an update on EDC subgroup activity were tabled at the meeting. The following points were noted:</p> <ul style="list-style-type: none"> • It was recommended that the Leadership & Workforce subgroup should be further strengthened with representation from NHS provider organisations and CCGs. • The EDS2 and the Data Measurement subgroup papers were noted and taken as read. • The Lived Experience and Inclusion Health sub group members gave a presentation on challenges faced by members of Inclusion Health groups when accessing healthcare services, their experiences and outcomes. Members of the group with Lived Experience of being refugees and asylum seekers presented their own and others experiences and summarised common issues facing members of Inclusion Health groups during their healthcare journeys including stigma, barriers to GP registration and access to culturally appropriate services. Bernd Sass (Disability Rights UK) presented the approach of user-driven commissioning – Jabeer Butt highlighted the need for culturally appropriate services and good translation and interpreting services. The presentation was welcomed by the Council and acknowledged. • Stephen Lightbown informed the Council that a new refreshed EDC communications group, made up of the national health care bodies represented on the Council, had been formed and had held an initial meeting. He noted that further work was being undertaken to develop a robust strategy for EDC communications, including key and timely messages from each of its subgroups.
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WORKFORCE RACE EQUALITY
STANDARD UPDATE

ROGER KLINE

DISCUSSION/ CONCLUSIONS	<p>Roger Kline provided an update on the implementation of the Workforce Race Equality Standard (WRES). He informed the Council of two recent WRES leaflet publications to help support NHS staff and NHS Boards with WRES use. Roger highlighted a forthcoming King’s Fund / NHS England report on workforce equality, and highlighted the ongoing work on this agenda with the Care Quality Commission, in ensuring that workforce race equality is embedded within their inspection regime.</p>
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EDC CO-CHAIR UPDATE

JOHN HOLDEN

DISCUSSION/ CONCLUSIONS	<p>John Holden outlined the current position with regard to the selection of co-chair for the EDC. He stated that the Lived Experience group had put forward a nomination for co-chair, and that the opportunity for nominations would be opened up to the full membership of the EDC, as members had asked that the nominations process should not be unduly restricted. It was noted that if other EDC members show an</p>
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	<p>interest in the role then a simple voting process will be initiated and overseen by the EDC secretariat. John stated that a summary description for the role of co-chair will be sent to all EDC members and a timeframe for the receipt of any further nominations outlined by correspondence.</p> <p>Joan Saddler asked the Council to note that in previous discussions it had been suggested that there were three categories from which the co-chair could be selected:</p> <ol style="list-style-type: none"> 1. A patient / lived experience representative; 2. One of the Strategic Partner members on the EDC; 3. An EDC member who has led large-scale change in the area of equality and diversity.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
1. Establishment of a task and finish group to take forward the recommendations from the LGBT equality paper and feedback from the Council. Call for nominees for this group from Council members.	Paul Martin, Paul Deemer	January 2016
2. Communications messages informing staff of signatory organisations regarding the memorandum of understanding on gay conversion therapy.	Paul Martin, Paul Deemer, Stephen Lightbown	18 December 2015
3. Draft of a one-page document/leaflet that communicates the key messages of the EDC and its work.	Stephen Lightbown, Ruth Passman	21 December 2015
4. Widening the task and finish group for Workforce Disability Equality Standard to ensure we have strong governance for oversees the Standard, the engagement and service action campaign, and disseminate the research on the experiences of disabled staff in the NHS.	Jan Sobieraj and Ruth Passman	10 December 2015
5. Secure representation from NHS provider organisations and CCGs on the Leadership & Workforce subgroup.	Jan Sobieraj, Saffron Cordery, Tom Cahill	10 December 2015
6. Circulate detail on the EDC co-chair nomination process and role description to Council members.	John Holden, EDC secretariat	27 October 2015
7. Secure the co-chair for the EDC, if required, via a	John Holden, EDC	20 January

simple voting process will be initiated and overseen by the EDC secretariat.	secretariat	2016
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DATES OF FUTURE MEETINGS	<ul style="list-style-type: none">• 20th January 2016 – 14:00-16:00• 26th April 2016 – 11:00-13:00• 26th July 2016 – 11:00-13:00 <p>Meetings to be held in London.</p>
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Annex

**Meeting of the Equality and Diversity Council –
Attendance 20 October 2015**

First name	Surname	Organisation	Attendance
Gail	Adams	NHS Staff Council, Unison	Yes
Elham	Atashkar	Lived experience representative	Yes
Dame Sue	Bailey	Academy of Royal Medical Colleges	Apologies
Suzie	Bailey	Monitor	Yes
Lisa	Bayliss-Pratt	Health Education England	Represented by Harminder Bains
Berry	Lynn	Lived Experience representative	Yes
Henry	Bonsu	Broadcaster	Yes
Jabeer	Butt	NHS England/DH/PHE Strategic Partners	Yes
Tom	Cahill	Hertfordshire NHS Foundation Trust	Yes
Saffron	Cordery	NHS Providers	Yes
Jane	Cummings	NHS England	Apologies
Andrew	Dillon	National Institute for Clinical Excellence	Apologies
Ian	Dodge	NHS England	Apologies
Steve	Fairman	NHS Improving Quality	Yes
Flora	Goldhill	Department of Health	Yes
Dr Amir	Hannan	Tameside & Glossop CCG	Yes
John	Holden	NHS England	Yes
Isabel	Hunt	Health & Social Care Information Centre	Yes
Wendy	Irwin	Royal College of Nursing	Yes
Alistair	Lipp	NHS England	Represented by Martin Seymour
Paul	Martin	NHS England/DH/PHE Strategic Partners	Yes
Prof Lynn	McDonald	Middlesex University	Yes
Stephen	Moir	NHS England	Yes
Stewart	Moors	Lived experience representative	Yes
Danny	Mortimer	NHS Employers	Represented by Paul Deemer
Katherine	Murphy	Patients Association	Yes
David	O'Brien	Lived experience representative	Yes
Mark	Porter	British Medical Association	Apologies
Jon	Restell	Managers in Partnership	Yes
Liz	Sayce	Healthwatch England	Yes
Janice	Scanlan	NHS Trust Development Authority	Yes
Jan	Sobieraj	NHS Leadership Academy	Yes

First name	Surname	Organisation	Attendance
Simon	Stevens	NHS England	Yes
Tony	Vicker-Byrne	Public Health England	Yes
Ray	Warburton	NHS Lewisham CCG	Yes
Rob	Webster	NHS Confederation	Represented by Joan Saddler
David	Wherett	Cambridge University Hospitals	Represented by Monica Jacot
Lucy	Wilkinson	Care Quality Commission	Represented by Husna Mortuza

Invited guests

First name	Surname	Organisation
Ruth	Hunt	Stonewall
James	Taylor	Stonewall
Iman	Rafatmah	Lived experience and inclusion health subgroup
Bernd	Sass	Lived experience and inclusion health subgroup
Stephen	Lightbown	NHS England
Roger	Kline	NHS England