

Workforce Race Equality Standard (WRES) Strategic Advisory Group

MINUTES

05 APRIL 2016

10:00-12:30

RICHMOND HOUSE, LONDON

MEETING CALLED BY	WRES Strategic Advisory Group (Sir Keith Pearson, Chair)
ATTENDEES	See annex
APOLOGIES	See annex
NOTE TAKER	Dr Habib Naqvi
WELCOME & INTRODUCTIONS	Sir Keith Pearson

Agenda topics

CHAIR PERSON

SIR KEITH PEARSON

DISCUSSION/ CONCLUSIONS	<p>Sir Keith Pearson welcomed and thanked members of the Strategic Advisory Group (SAG) for their attendance; in particular, he welcomed Joan Saddler (NHS Confederation) as a new member of the Group. Sir Keith thanked Michelle Drage, CEO Londonwide LMCs for hosting the previous WRES SAG meeting at the London-wide LMCs offices. He went on to remind the Group of their 'advisory' role on this important agenda and the short length of time it has left to make a real difference.</p> <p>The WRES Implementation Team played to the group a segment of the WRES call-to-action video in production. The video presented short interviews to camera of system-wide leaders, highlighting leadership commitment to workforce race equality in the NHS and to the WRES. Group members welcomed this communications initiative and called for the inclusion of more BME staff from local NHS organisations, to give the video a bit more of a 'reality check'.</p> <p>Minutes of the previous meeting of the group were accepted and progress on the actions noted. In particular, the issue of difficulty in advertising for BME staff within local NHS organisations was raised. Danny Mortimer and Roger Kline agreed to liaise with regard to the development of a short guidance on BME recruitment. It was also agreed that a recommendation from the SAG should be made to the NHS Equality and Diversity Council (EDC) with regard to the recruitment of a BME non-executive director/executive associate on the board of each national Arm's Length Body. It was noted that this should be seen as an initial step that should eventually be replicated within local NHS organisations.</p>
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WRES PROGRAMME UPDATE

YVONNE COGHILL AND
SIR KEITH PEARSON

DISCUSSION/ CONCLUSIONS	<p>Yvonne Coghill outlined the current position of the WRES programme, highlighting, in particular, the following two challenges to help produce transformational change in the area of workforce race equality, these being:</p> <p>(i) Providing the WRES programme sufficient enough time to show</p>
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	<p>impact. It was stressed that the first year of the 2-year WRES programme was largely taken up by internal recruitment and procurement processes;</p> <p>(ii) Ensuring that there is adequate resources (in financial and in-kind terms) for the sustainability of the WRES programme going forward. It was noted that partly for the reasons given in (i), a significant amount of the 2015/16 WRES budget was not spent and would not be rolled over to 2016/17.</p> <p>There was clear agreement amongst SAG members that the duration of the WRES programme needs to be extended beyond March 2017. It was also noted that one of the key elements of the WRES strategy is to embed it within the New Care Models and Vanguards; consequently, serious consideration should be given to the idea that the duration of the WRES programme should be reflective of the Five Year Forward View implementation period.</p> <p>There was agreement that a strong recommendation on behalf of the SAG needs to be taken to the May meeting of the EDC with regard to the sustainability of the WRES programme beyond 2017 – including the initial EDC agreement that the 2-year duration of the programme would be a starting point and not the all-encompassing duration for the WRES. It was also noted that the first year underspend (of approx. £700k) should be retained and a recommendation from to the EDC made on this.</p> <p>Finally, there was the recommendation on bringing on-side the ALBs and to reflecting the WRES within the Mandate – as a strong policy lever for this agenda.</p>
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WRES IMPLEMENTATION UPDATE

ROGER KLINE, YVONNE COGHILL
AND HABIB NAQVI

DISCUSSION/ CONCLUSIONS	<p>An update on WRES implementation progress to date was presented, including:</p> <ul style="list-style-type: none"> • WRES data return for 2016 – the WRES is included in the 2016/17 NHS standard contract for NHS providers and in the new CCG Assessment and Improvement Framework. The date for the 2016 WRES return is 1st July and NHS trusts will be required to submit their data via the UNIFY 2 online data collection system, with much of the data being pre-populated for trusts. This will help to reduce any burden on trusts re submission, whilst also improving the quality and timeliness of the data return. • Revised WRES Technical Guidance – the revisions are in line with engagement with NHS colleagues and key stakeholders. The Guidance is slimmer and more focused, reflective of latest developments, key considerations for implementation are presented, amendments to WRES indicators 1 and 9 are outlined, and each indicator is presented in a simple way to make implementation easier. Other WRES documents are also revised and are all due to be published on the WRES webpage on 12 April 2016. • CQC inspections – the supportive and ongoing collaborative role of the CQC was noted. From April 2016, progress on the WRES will be considered as part of the “well-led” domain in CQC’s inspection programme for all NHS trusts and independent providers. Pre-inspection WRES briefings, currently produced by the WRES Implementation Team, are assisting inspectors with the assessment of the WRES and other equality and diversity issues.
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	<ul style="list-style-type: none"> • Independent providers – it was noted that meetings with the Association of Independent Healthcare Organisations have been held and the WRES presented to them. There is a lot of work to be carried out to improve the foundations/infrastructure and readiness of this sector for WRES implementation. The sector is nonetheless committed and a small ‘task and finish group’ made up of independent provider organisations will meet with the WRES Implementation Team at the end of April to discuss the co-production of tailored support for the sector. It was noted that trades unions would be supportive of all organisations undertaking the NHS Staff Survey (or equivalent). • New Care Models, Vanguard and DevoManc – meetings with the New Care Models team have been held and further collaborative work will be carried out during 2016/17 on embedding workforce race equality into the new models and Vanguard sites. • WRES conference and Windrush celebration event – the first national WRES conference is scheduled for Monday 20th June 2016, to be held at BMA House, London. The conference will be an opportunity to hear from system leaders on the importance of workforce race equality, as well as to learn from replicable good practice on this agenda. Following the WRES conference, at the same venue, the Windrush Celebration event will also be hosted. Simon Stevens will be making a keynote speech and the NHS Choir has agreed to attend and sing at the event. Sir Keith Pearson highlighted the importance of SAG members attending the WRES conference and Windrush event – showing visible leadership commitment from the group.
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WRES KEY DELIVERABLES FOR YEAR TWO

ROGER KLINE AND
YVONNE COGHILL

DISCUSSION/ CONCLUSIONS	<p>Roger Kline and Yvonne Coghill presented key deliverables for year two of the WRES programme – which alongside ongoing implementation support, are areas that require concerted national focus. The three areas being:</p> <ul style="list-style-type: none"> (i) A step change in use of the NHS Staff Survey including a move away from sample surveys to full surveys, and better engagement with BME staff in particular; (ii) A focused drive on increasing BME representation on NHS Boards, starting with the national ALBs; (iii) The systematic sharing of replicable good practice on workforce race equality – and the evidence underpinning what works. <p>It was noted that alongside a change in culture and thinking, action on the above would require effective system alignment in ensuring that key policy levers across the NHS are supportive and ‘geared-up’ for implementing the above recommendations.</p> <p>It was also noted that with regard to (ii) above, NHS Boards as a whole need to be looked at, not just NED appointments and that we should learn from previous initiatives. Governors of organisations have an important role to play and that the role of training and development should not be overlooked in this.</p> <p>The SAG agreed and supported the three areas for national focus, and agreed for these to be presented back to the EDC.</p>
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<p>DISCUSSION/ CONCLUSIONS</p>	<p>Roger Kline and colleagues presented an overview of the WRES Baseline Data Report, which presents the analyses of the 2015 WRES baseline data returns (the four NHS Staff Survey WRES indicators), by NHS trusts in England. It was highlighted that for the purpose of analyses, NHS trusts were grouped by sector and by geographic region. The following key findings were outlined:</p> <ul style="list-style-type: none"> • Community provider trusts and mental health and learning disability trusts generally report a higher percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public when compared to White staff. • Higher percentages of BME staff report the experience of harassment, bullying or abuse from staff than White staff, regardless of trust type or geographical region. Community provider and ambulance trusts are particularly more likely to report this pattern. • BME staff are generally less likely than White staff to report the belief that the trust provides equal opportunities for career progression or promotion. • BME staff are far more likely to report experiencing discrimination at work from a manager, team leader or other colleague compared to White staff, regardless of trust type or geographical location. • NHS Staff Survey responses from BME staff were, in many cases, often too small to report. • Sharing replicable good practice will be an essential element to help facilitate system-wide improvements in workforce race equality. <p>SAG members welcomed the report and congratulated the WRES Implementation Team for the work that had gone into the production of the report. A discussion was had regarding small discrepancies in self-reported WRES data and data held in the NHS Staff Survey database.</p> <p>There was clear consensus that the narrative in the Introduction section of the report needs to make it clear what the report presents and what it does not attempt to present. SAG members highlighted that there was also opportunities within the report to highlight the positives, where there were positives to report, and that a 'learning organisation' approach should be taken to the document.</p> <p>It was noted that this would be a NHS England document, endorsed by the EDC, and that a communications plan for its publication in May was being developed by NHS England communications colleagues. It was also noted that the report would be shared more widely with other relevant ALBs, including NHS Confederation and NHS Employers – prior to the publication.</p>
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<p>DISCUSSION/ CONCLUSIONS</p>	<p>Sir Mike Richards highlighted the importance of the WRES in helping CQC inspections look at workforce race equality when focussing upon the degree to which a trust is 'well-led'. One of the most important sources of evidence is the NHS Staff Survey – and the importance of fuller surveys across the workforce cannot be underestimated. Sir Mike Richards emphasized the importance of the production of short pre-inspection WRES briefings, based upon WRES data for</p>
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	<p>the trust being inspected. The briefings go a long way in helping CQC inspectors and are a useful source of reference during inspection visits. CQC is grateful for the support provided by the WRES Implementation Team and looks forward to continued collaborative work in this area.</p>
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AOB AND CLOSE

DISCUSSION/ CONCLUSIONS	<p>Sir Keith highlighted the next meeting of the SAG will be held on 12th July 2016, in central London. He noted that due to the fast-paced work of the WRES, members of the SAG should expect to be drawn upon for support and collaborative work between SAG meetings.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
1. WRES call-to-action video to be further refined and polished before final release	WRES Team	15 May 2016
2. Development of short guidance on BME recruitment in the NHS	Roger Kline and Danny Mortimer	1 June 2016
3. SAG recommendation to the EDC re priorities: (i) full NHS Staff Surveys; (ii) BME non-executive director / executives recruitment on ALB boards; (iii) spread of replicable good practice	WRES Team	10 May 2016
4. SAG recommendation to EDC re: sustainability of the WRES beyond March 2017 including provision of adequate financial support	WRES Team	10 May 2016
5. Refinement of the WRES Baseline Data Report to set context on the nature of the publication	WRES Team	30 April 2016
6. SAG members to attend the WRES conference and Windrush celebration event on 20 June 2016	WRES Team to send reminder emails to SAG members	15 April 2016

DATES OF FUTURE MEETINGS	Tuesday 12 July 2016, 10:00am–12:30pm, Central London
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Annex

Meeting of the WRES Strategic Advisory Group – Attendance 05 April 2016

First name	Surname	Title / organisation	Comments
Lord Victor	Adebowale	Non-Executive Director, NHS England	Apologies
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	Apologies
Dr Michelle	Drage	CEO, London-wide LMCs	Attended
Jacqueline	Dunkley-Bent	Director of Nursing, NHS England	Apologies
Prof Aneez	Esmail	Professor of General Practice, University of Manchester	Attended
Prof Dean	Fathers	Chair, Nottinghamshire Healthcare NHS Trust	Apologies
Marie	Gabriel	Chair, East London Foundation Trust	Apologies
Sir Malcolm	Grant	Chair, NHS England	Apologies
Prof Poppy	Jaman	Non-Executive Director, Public Health England	Attended
Prof Rajan	Madhok	Board member, Clinical Leaders Network	Apologies
Dame Gill	Morgan	Chair, NHS Providers	Attended
Danny	Mortimer	CEO, NHS Employers	Attended
Kate	Nealon	Non-Executive Director, Health Education England	Apologies
Richard	Parish	Non-Executive Director, Public Health England	Apologies
Lord Kamlesh	Patel	Chair, Bradford Hospitals NHS Trust	Apologies
Sir Keith	Pearson	Chair, Health Education England	Attended
Prof Mala	Rao	Public Health Consultant, Public Health England	Attended
John	Restell	CEO, Managers in Partnership	Apologies
Sir Mike	Richards	Chief Inspector of Hospitals, CQC	Attended
Kathryn	Riddle	Chair, Yorkshire & Humber LETB	Attended
Terry	Roberts	Director of Workforce, Kingston Hospital NHS Trust	Attended
Joan	Saddler	Deputy Director, NHS Confederation and Co-chair, NHS Equality and Diversity Council	Attended
Ed	Smith	Chair, NHS Improvement	Apologies
Joy	Warmington	Senior Trust Board Member, BRAP	Attended

Also in attendance

First name	Surname	Organisation
Yvonne	Coghill	WRES Implementation Team, NHS England
Roger	Kline	WRES Implementation Team, NHS England
Dr Habib	Naqvi	WRES Implementation Team, NHS England
Shantelle	Niles	WRES Implementation Team, NHS England
Saba	Razak	WRES Implementation Team, NHS England
Dr Maslah	Amin	Health Education England