

# Workforce Race Equality Standard (WRES) Strategic Advisory Group

MINUTES

12 JANUARY 2016

10:00-12:00

BMA HOUSE, LONDON

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

## Agenda topics

CHAIR PERSON

SIR KEITH PEARSON

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Sir Keith Pearson welcomed and thanked members of the Strategic Advisory Group for their attendance; in particular, he welcomed Stephen Dorrell (NHS Confederation), Richard Parish (Public Health England), Kathryn Riddle (NW LETB), as new members of the Group. John Holden (NHS England) and Professor Jeremy Dawson (University of Sheffield) were welcomed as invited guests. Sir Keith also thanked Michelle Drage for use of the meeting room at the London-wide LMCs.</p> <p>Sir Keith confirmed that following a process of nomination/self-nomination, Professor Mala Rao was the new Vice Chair of the WRES Strategic Advisory Group. He reminded the group of their 'advisory' role on this important agenda and the length of time it has to make a real difference.</p> <p>Minutes of the previous meeting of the group were accepted and progress on the actions noted. It was agreed that advice and recommendations from the SAG should be made to the NHS Equality and Diversity Council (EDC), in particular, for the EDC to begin work that will see at least one black and ethnic minority person on the board of each national Arm's Length Body. This is to be seen as an initial step that should eventually be replicated within local NHS organisations.</p>
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NHS ENGLAND UPDATE

JOHN HOLDEN

<b>DISCUSSION/ CONCLUSIONS</b>	<p>John Holden stated that the WRES is the product of a partnership approach across the national healthcare organisations, but with NHS England and the EDC taking the lead and governance roles. John outlined importance and high level of significance given to the WRES programme of work by NHS England and emphasised delight in seeing the WRES SAG in place and operating successfully.</p> <p>John stated that he was very pleased with the WRES work carried out to date, despite the delays in recruitment to a fully operating WRES Implementation Team. He emphasised the programme's first year as focussing upon engaging the system and securing the WRES baseline data returns from NHS trusts, and that the second year should look to focus upon closing the gaps in the data and helping organisations with the process of continuous improvement in this area.</p>
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	<p>There was a discussion regarding the WRES budget and the potential for carry forward of monies post March 2017. John emphasised the rigour of Standing Financial Instructions in this regard. John did emphasise that if there are further financial contributions to the WRES programme from NHS England post March 2017, it may not be to the same current level.</p> <p>Sir Keith highlighted the importance of partnership working and the need for a call-to-action for ALBs to contribute towards this programme of work. This point was fully supported by members of the SAG.</p> <p>It was agreed that regular meetings between Sir Keith and John Holden, to discuss the progress and future planning of the WRES, would be of benefit.</p>
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**MAKING THE DIFFERENCE REPORT**

**JEREMY DAWSON**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The King’s Fund was commissioned by NHS England to examine differences in reported levels of discrimination between NHS staff from different work and demographic backgrounds (including race), and whether these differences persist when controlling for extraneous variables. Professor Jeremy Dawson, one of the authors of the report, outlined the methodological approach and key findings from the report. The key findings included:</p> <ul style="list-style-type: none"> <li>• Overall, levels of reported discrimination in the NHS Staff Survey vary significantly by type of trust, location, gender, age, ethnicity, sexual orientation, religion and disability status.</li> <li>• Reported levels of discrimination are highest in ambulance trusts.</li> <li>• Overall, women are less likely to report experiencing discrimination than men (except in the case of ambulance trusts).</li> <li>• Reported levels of discrimination are highest for black employees and lowest for White employees. All other non-White groups are far more likely to report experiencing discrimination than White employees.</li> <li>• People from all religions report experiencing discrimination on the basis of their faith, but reporting is by far the highest among Muslims.</li> <li>• Staff with disabilities report very high levels of discrimination; levels of reported discrimination are higher against people with disabilities than any other of the protected characteristics groups.</li> <li>• Organisations can draw on well-evidenced approaches to inclusion to build positive cultures of care in order to reduce levels of discrimination.</li> </ul> <p>In-depth discussion of the findings and their implications took place amongst the SAG, with members making the following key observations:</p> <ul style="list-style-type: none"> <li>• It is highly imperative to increase NHS Staff Survey completion rates by individual organisations to a significant level, with a particular focus at the same time upon increasing response rates from BME staff.</li> <li>• A concerted focus upon ambulance trusts specifically is both warranted and justified. It was agreed that the leadership of these trusts is a small enough group to bring together for a focused session on workforce race equality and the WRES.</li> <li>• There is a need for supplementary research looking at (i) the relationship between bullying / harassment and staff turnover, and (ii) the correlation</li> </ul>
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	<p>between staff discrimination and patient experience.</p> <ul style="list-style-type: none"> <li>• It will be important to bring an academic researcher or group of researchers together to help formulate the research questions which we would like answered.</li> <li>• It is important to focus upon equality and diversity training re: development and education of values, culture and behaviour.</li> </ul> <p>Jeremy stated that work on the correlation between staff bullying / harassment and patient outcomes was carried out in 2007/8 and can be repeated with the latest sources of data.</p> <p>On behalf of the SAG, Sir Keith thanked Jeremy for both the quality of the work carried out and for engaging with the SAG.</p>
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WRES PROGRAMME UPDATE

YVONNE COGHILL AND  
ROGER KLINE

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Yvonne Coghill and Roger Kline presented an update on the WRES programme of work to date, including:</p> <ul style="list-style-type: none"> <li>• WRES Implementation Team - the team has now been fully recruited, though commencement dates for two team members are to be finalised. Delays in recruitment were highlighted and implications for completing the programme of work by March 2017 were highlighted.</li> <li>• WRES workshops - eleven regional WRES workshops were presented during autumn 2015, focussing on the lessons learned to date and preparation for the summer 2016 WRES reporting period.</li> <li>• Good practice workshops - a series of good practice workshops focused on the themes of the WRES metrics are planned for spring 2016. The workshops will be co-led with NHS Employers.</li> <li>• Spreading the word - the team is meeting with key organisations, individuals and networks. Presentations at the BIDA and BAPIO conferences as well as numerous NHS Boards and Trust events have taken place. The NHS Providers conference plenary with Dr David Williams (Harvard University) was very successful.</li> <li>• WRES data returns - approximately 85% of all NHS trusts have submitted and/or published their WRES baseline data for 2015. The remaining 15% are being followed up. A database to upload the 2015 WRES data is being commissioned and will be sustainable going forward. It is part of Unify2 (the NHS data system) and should significantly mitigate the challenge of poor quality of data returns. An Information Standard that makes WRES data returns and the use of this system mandatory is being developed.</li> <li>• WRES data reports and publication - analyses of three of the WRES indicators (6, 7 and 8) for London trusts have been carried out. It is the plan to roll out similar reports by region, to encourage regional and sub regional benchmarking. It is the plan to write to all London Trusts who are in the bottom quartile with regard to these indicators, alerting them of their positioning and offering support.</li> <li>• Support for commissioners - a pilot training day for London CCGs on the WRES will be held on 5 February 2016. This will be rolled out in the other three regional areas. WRES will also be embedded in the new NHS England CCG Assessment Framework for 2016/17 to provide assurance on local WRES performance.</li> <li>• CQC inspections - CQC has incorporated the WRES into the "well led domain" of the inspection process. The WRES team has advised the CQC and agreed</li> </ul>
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**Paper: SAG1**

	<p>to help appoint “equality experts” to assist with the inspections. In addition the WRES team is providing CQC with short WRES briefings on specific trusts being inspected. The highly beneficial working relationship with the CQC was emphasised.</p> <ul style="list-style-type: none"> <li>• New Care Models and vanguards - the WRES directors have met with Sam Jones, Director of the New Models of Care programme at NHS England, to better understand how the WRES work can be integrated into vanguard sites - further collaborative work will be carried out. It was noted that the NHS England Nursing Directorate has allocated £100k towards WRES nursing vanguards.</li> </ul> <p>The work to date was noted and the WRES Implementation Team was thanked for the ongoing progress. The following points were made by SAG members:</p> <ul style="list-style-type: none"> <li>• There was general agreement amongst SAG members for the publication of the WRES baseline data – that is of good quality – highlighting the caveats and backed-up with a media / communications plan.</li> <li>• The collaborative work with the New Care Models programme and alignment of the WRES with the Five Year Forward View was welcomed. The importance of making connections between the patient and public engagement work, the New Care Models work, and the WRES programme of work within NHS England was stressed.</li> <li>• There is a need for work to be carried out ensuring that workforce race equality is part of the senior leaders’ role – with accountability at its heart.</li> <li>• There is benefit in looking at and sharing best practice in this area, and of moving organisations away from gauging themselves against the national ‘average’.</li> <li>• The development of a business case for politicians is needed to give the WRES and this agenda further profile and political backing.</li> </ul>
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**WRES STRATEGY**

**DR HABIB NAQVI**

<b>DISCUSSION/ CONCLUSIONS</b>	This paper was taken as read. It was noted that the emergence of action points and potential work areas from the SAG Away Day sessions would feed into the WRES implementation strategy.
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**AOB AND CLOSE**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Sir Keith suggested an additional supplementary meeting of the SAG, focussed upon 2-3 key issues, scheduled prior to the next full SAG meeting on 5 April 2016 would be of benefit.</p> <p>SAG members were invited to the SAG Away Day session and meal which were scheduled for immediately after the meeting.</p>
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<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
1. Sir Keith to meet with John Holden on a regular basis – dates to be scheduled	WRES Team to initiate	29 January 2016
2. Recommendation to the EDC re: recruitment of	WRES SAG	15 February

## Paper: SAG1

BME board members on each ALB	secretariat and Dame Gill Morgan	2016
3. Incorporate work within the WRES strategy on increasing NHS Staff Survey response rates	WRES Team	29 January 2016
4. Configure academic(s) to identify key research questions for consideration	WRES Team	1 February 2016
5. Plan and deliver WRES session(s) for CEOs and Chairs of ambulance trusts	WRES Team and Dame Gill Morgan	27 November 2015
6. Place WRES item on the next NHS Confederation meeting of NHS chairs and CEOs	WRES Team to work with the NHS Confederation	20 January 2016
7. Production and publication of the WRES baseline data report	WRES Team	28 February 2016
8. Development of a business case for politicians – and its subsequent profiling	WRES Team and key SAG members	1 March 2016

<b>DATES OF FUTURE MEETINGS</b>	Tuesday 5 April 2016, 10:00am–12:30pm, Richmond House, 79 Whitehall, London SW1A 2NS
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**Annex**

**Meeting of the WRES Strategic Advisory Group –  
Attendance 28 October 2015**

<b>First name</b>	<b>Surname</b>	<b>Title / organisation</b>	<b>Comments</b>
Lord Victor	Adebowale	Non-Executive Director, NHS England	Attended
David	Behan	CEO, Care Quality Commission	Represented by Sir Mike Richards
Jabeer	Butt	Deputy Chief Executive Officer, Race Equality Foundation	Attended
Sir Andrew	Cash	CEO, Sheffield Teaching Hospitals NHS Trust	Apologies
Stephen	Dorrell	Chair, NHS Confederation	Attended
Dr Michelle	Drage	CEO, London-wide LMCs	Apologies
Jacqueline	Dunkley-Bent	Director of Nursing, NHS England	Attended
Prof Aneez	Esmail	Professor of General Practice, University of Manchester	Attended
Prof Dean	Fathers	Chair, Nottinghamshire Healthcare NHS Trust	Attended
Marie	Gabriel	Chair, East London Foundation Trust	Attended
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	Apologies
Kate	Nealon	Non-Executive Director, Health Education England	Apologies
Richard	Parish	Non-Executive Director, Public Health England	Attended
Lord Kamlesh	Patel	Chair, Bradford Hospitals NHS Trust	Attended
Sir Keith	Pearson	Chair, Health Education England	Attended
Prof Mala	Rao	Public Health Consultant, Public Health England	Attended
John	Restell	CEO, Managers in Partnership	Attended
Kathryn	Riddle	Chair, NW LETB	Attended
Terry	Roberts	Director of Workforce, Kingston Hospital NHS Trust	Apologies
Ed	Smith	Chair, NHS Improvement	Apologies
Joy	Warmington	Senior Trust Board Member, BRAP	Attended

**Also in attendance**

<b>First name</b>	<b>Surname</b>	<b>Organisation</b>
Yvonne	Coghill	NHS England
Prof Jeremy	Dawson	Reader in Health Management, University of Sheffield
John	Holden	NHS England
Roger	Kline	NHS England
Dr Habib	Naqvi	NHS England
Saba	Razak	Health Education England
Lucy	Wilkinson	Care Quality Commission