

# Workforce Race Equality Standard (WRES) Strategic Advisory Group

MINUTES

17 MARCH 2015

13:30-15:30

NICE OFFICES, LONDON

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| <b>MEETING CALLED BY</b>           | WRES Strategic Advisory Group (David Prior, Chair) |
| <b>ATTENDEES</b>                   | See annex  |
| <b>APOLOGIES</b>                   | See annex  |
| <b>NOTE TAKER</b>                  | Permjeet Dhoot                                     |
| <b>WELCOME &amp; INTRODUCTIONS</b> | David Prior  |

## Agenda topics

TERMS OF REFERENCE

DAVID PRIOR

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>Discussion took place on the scope and remit of the WRES Strategic Advisory Group (SAG) and how this should be captured in the Terms of Reference. Discussion were had in relation to the following points:</p> <ul style="list-style-type: none"> <li>• A need to ensure that the values of the NHS Constitution are embedded at the early stages in the training of students engaged with the NHS workforce, and that this is included in the Terms of Reference for this Group. Health Education England has a role in influencing 160,000 undergraduate and postgraduate students.</li> <li>• The issue that the WRES work programme may be a potential opportunity to examine wider workforce, race and health inequalities issues was raised. However, it was agreed that the wider brief for 'equality' resides with the Equality and Diversity Council (EDC) and that this Group's remit was to advise and guide specifically upon the WRES, reporting updates to the EDC.</li> <li>• This Group should be time-limited, measured and specifically focused upon WRES implementation, with standards to evaluate the success of the Group.</li> <li>• The Chair confirmed that the work of the Group had a two-year limit and that the programme and any follow-on work required beyond the two-year period will be reviewed as required.</li> </ul> <p>The following points for inclusion in the Terms of reference were agreed:</p> <ul style="list-style-type: none"> <li>• The focus of the Group will be upon the WRES metrics.</li> <li>• The Group is to provide focus, energy and drive.</li> <li>• The initial WRES work programme for this Group will be time limited to two years.</li> <li>• The role of Health Education England in emphasizing the values of the NHS Constitution in graduate and undergraduate courses and training.</li> <li>• A core product of this Group is to identify 'what good looks like' in relation to workforce race equality in the NHS.</li> <li>• There is a focus upon the NHS Trusts that are, in terms of the Care</li> </ul> |
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|  | <p>Quality Commission’s Standards, ‘not working – not doing well’.</p> <p>It was agreed that the Terms of Reference for this Group will be agreed and signed-off at the June meeting.</p> |
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WRES PRESENTATION

YVONNE COGHILL &  
ROGER KLINE

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>Yvonne Coghill and Roger Kline gave a presentation on the background to the WRES and an update on the work that is underway to help support the implementation of the WRES across the NHS.</p> |
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PROPOSED WORK PLAN

ROGER KLINE

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | <p>The current WRES work programme, as agreed by the EDC, was outlined including actions and milestones that had been completed to date. In particular, the inclusion of the WRES within the NHS standard contract from April 2015 was noted.</p> <p>The following points were highlighted for inclusion in the work plan for the WRES:</p> <ul style="list-style-type: none"> <li>• The need to look wider than NHS providers. The Group agreed to seek to widen the implementation of the WRES so that it covered care homes, clinical commissioning groups, and other health care providers.</li> <li>• To take the opportunity provided within the education and learning environment to embed NHS Constitution values into people who are likely to be recruited by the NHS. It was suggested that Health Education England had a role to hold universities to account on these matters.</li> <li>• To acknowledge the link between workforce diversity and better access to health care interventions (including effective medical intervention) and health outcomes for all patients.</li> <li>• It was suggested that there should also be a specific focus upon embedding values and behaviours in staff working at AfC Bands 2-4 that have a significant interface with patients.</li> <li>• To ensure appropriate and effective communications and marketing messages for the WRES, including the notion that the successful implementation of the WRES will help improve working conditions and experiences for all staff and patients.</li> <li>• It was suggested that a 5-year plan for cultural change is required and that change is not possible within the defined 2-year period.</li> </ul> <p>A number of queries were raised, for further discussion and potential inclusion with the WRES work plan. These included:</p> <ul style="list-style-type: none"> <li>• Should the WRES metrics apply to primary care?</li> <li>• What is the role of the regulators?</li> <li>• What are the expectations of CCGs?</li> <li>• The key test is whether the ethnicity gap in the metrics is closing?</li> </ul> <p>A number of critical success factors for the WRES were highlighted by the Group. These included holding the leadership of NHS organisations to account on the implementation of the WRES and workforce diversity.</p> <p>It was acknowledged that the link between workforce experience and patient outcomes should be stressed and that the ongoing leadership on this agenda from the CEO of NHS England and Chair of the EDC is critical. The role of the</p> |
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|  | <p>regulators (CQC) was important in the critical success of the WRES going forward.</p> <p>It was agreed that learning should be taken from the Stonewall Index Top 100, and other national equality organisations, to understand successful processes, methodologies and marketing approaches.</p> |
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WRES IMPLEMENTATION TEAM

RUTH PASSMAN

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | The outline of the proposed WRES Implementation Team was presented, including detail on the proposed structure and administration functions. |
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BUDGET, FUNDING AND RECRUITMENT

DAVID PRIOR

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | Discussions on the budget and recruitment of the proposed WRES Implementation Team were had. Due to a conflict of interest, members of the interim WRES implementation Team left the meeting room for this discussion. |
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AOB

ALL

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| <b>DISCUSSION/<br/>CONCLUSIONS</b> | The Chair thanked Group members and the organisations that they represent for their leadership and commitment to the race equality agenda. |
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| ACTION ITEMS  | PERSON RESPONSIBLE             | DEADLINE |
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| 1. Interim WRES Implementation Lead to discuss the Terms of Reference with the Chair and to circulate draft version to the Group                      | Yvonne Coghill                 | May 12th |
| 2. Circulate WRES presentation to the Group   | Yvonne Coghill                 | June     |
| 3. Further development of the WRES work plan taking into account the above discussions  | Yvonne Coghill and Roger Kline | June     |
| 4. Circulate contact details of the interim WRES Implementation Team, and the proposed WRES Implementation Team organisational structure to the Group | Yvonne                         | June     |

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| <b>DATES OF FUTURE MEETINGS</b> | <ul style="list-style-type: none"> <li>17<sup>th</sup> July 2015, 14.00–15.30, Committee Room 3, House of Lords.</li> </ul> <p>Prof David Williams, Harvard University and international expert on race and health will be presenting at the House of Lords between 15:30-16:30.</p> <p>The NHS Windrush Celebration event, led by Simon Stevens (CEO, NHS England), will be held at St Thomas' Hospital from 17:00-19:00. All Group members are invited to the event.</p> |
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## **Annex**

### **Meeting of the WRES Strategic Advisory Group – Attendance 17 March 2015**

#### **Present**

|                         |   |
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| David Prior             | Chair   |
| Lord Victor Adebowale   | Non-Executive NHS England   |
| Jabeer Butt             | Chief Executive Officer Race Equality Foundation                    |
| Dr Michelle Drage       | Chief Executive Officer London-wide Local Medical Committees (LMCs) |
| Joy Warmington          | Senior Trust Board Member brap (equalities charity)                 |
| Jacqueline Dunkley-Bent | Director of Nursing NHS England Professor                           |
| Aneez Esmail            | Academic  |
| Professor Dean Fathers  | Chair Nottinghamshire Healthcare NHS Trust                          |
| Marie Gabriel           | Chair East London Foundation Trust                                  |
| Poppy Jaman             | Non-Executive Public Health England (PHE)                           |
| Sir Keith Pearson       | Chair Health Education England (HEE)                                |
| Kate Nealon             | Non-Executive PHE   |
| Professor Mala Rao      | Consultant PHE  |
| John Restell            | CEO Managers in Partnership (MiP)                                   |
| Terry Roberts           | Director of Workforce Kingston Hospital NHS Trust                   |

#### **Apologies:**

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| Danny Mortimer       | CEO NHS Employers                                  |
| Rajan Madhok         | Board member Clinical Leaders Network              |
| Sir Andrew Cash      | CEO Sheffield Teaching Hospitals NHS Trust         |
| Lord Kamlesh Patel   | Chair Bradford Hospitals NHS Trust                 |
| Dame Gill Morgan     | Chair NHS Providers                                |
| Baroness Joan Hanham | Chair Monitor                                      |
| Sir Peter Carr       | Chair NHS Trust Development Agency (NTDA)          |
| Sir Malcolm Grant    | Chair NHS England                                  |
| Joanna Owen          | Lawyer Equality and Human Rights Commission (EHRC) |

#### **In attendance:**

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| Ruth Passman   | Head of Equality and Health Inequalities, NHS England |
| Yvonne Coghill | Interim WRES implementation Team, NHS England         |
| Roger Kline    | Interim WRES Implementation Team, NHS England         |

#### **Secretariat:**

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| Permjeet Dhoot | Project Coordinator, NHS England |
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