

Equality and Diversity Council (EDC)			
MINUTES	24 JANUARY 2017	14:00-16:00	SKIPTON HOUSE, LONODN SE1
ATTENDEES	See annex		
APOLOGIES	See annex		
NOTE TAKERS	Ranjit Senghera and Caroline Humphreys		
Agenda topics			
1.	WELCOME, INTRODUCTION AND MINUTES OF LAST MEETING.	SIMON STEVENS	
DISCUSSION/ CONCLUSIONS	<p>Simon welcomed members to the meeting. He added that he would be chairing the meeting at the request of the Co-chair, Joan Saddler.</p> <p>The Minutes of the meeting held on 18 October 2017 were agreed as correct with one amendment from CQC (page 4 bullet point 4) regarding STPs. It should read “guidance for STPs and CCGs”. This amendment was agreed.</p>		
2.	Progress of the EDC Summary Performance Table as at Quarter 3: November 2016- January 2017	Joan Saddler	
DISCUSSION/ CONCLUSIONS	<p>Anu Singh welcomed a new member of her team to the meeting - Scott Durairaj. Scott has been recently appointed as Programme Director for Delivery and thus the EDC discussion on performance is extremely pertinent to his role. Scott thanked Anu and said that from his analysis of the papers, there was a tendency to report on <i>progress of process</i> but not on <i>delivery of outcomes</i>. His view was that greater focus was needed on the latter. Members of the EDC concurred.</p> <p>The following key points were made during discussion:</p> <ul style="list-style-type: none"> • The report could be briefer with a sharper focus on the outputs the EDC is delivering. • An explanation is required if an action is Amber, along with detail as to what is being done to move it to Green. This could be highlighted in an additional column for “recovery actions”. • Milestones are needed. These would also help decide the RAG rating and indicate what had been achieved and by when, in order to ascertain if work is on track, risks measured and mitigation is delivering. • The report should be made clear and accessible for the public. <p>Joan concluded by saying the report provided excellent information for inclusion in the EDC Annual report. She thanked everyone for their work and for what had been achieved.</p>		

3.	Feedback paper on the facilitated discussion on the overview of form, function and impact of the NHS Equality and Diversity Council since April 2015	JOAN SADDLER/ANU SINGH
DISCUSSION/ CONCLUSIONS	<p>Scott opened the discussion saying that the Terms of Reference (ToR), scope and membership of the EDC were to be reviewed. Ruth Passman would be leading this piece of work on behalf of Anu, with his support and detailed input. It was timely to hold this review to ensure the EDC focusses upon the key objectives and deliverables whilst responding to and getting ahead of the system changes and challenges. The review will implement the Co-Chair advisory group's five recommendations, as discussed in depth by Council members at the July and October 2016 meetings. This would form the main agenda item for the EDC meeting in April.</p> <p>During discussion on this item the following points were made:</p> <ul style="list-style-type: none"> • Imminent changes to the Strategic Partnership programme will need to be taken into account. • Quality assurance for the health service overall is via the National Quality Board (NQB), supported by local quality surveillance groups (QSG). Assurance for health and care equality, diversity and inclusion could embed within this system, and presents an opportunity to extend the work and reach of the EDC. • The EDC confirmed its acceptance of the five recommendations on form, function and impact of EDC. • The importance of operating within and adapting to the current NHS context was underlined and the need to connect the work of the EDC with the range of work which is taking place across the system and within NHS England. <p>Scott confirmed that these important points would be taken into account as part of the EDC Review.</p>	
4.	Workforce Race Equality Standard update	ROGER KLINE
DISCUSSION/ CONCLUSIONS	<p>Roger informed the EDC that the annual WRES data report is likely to be published in the second week of March 2017. The WRES team had received a 100% response rate from the request for data against all nine metrics. The report will highlight what a number of organisations are doing to improve performance on race equality. The report will include lessons learned from the private sector on how to make Boards more inclusive.</p> <p>Roger added that the data to be published in the report is now more granular with fewer issues regarding data quality, which would help identify the impact that the WRES is having at a local level. Examples would include data on disciplinarys for BME staff; progress is in evidence against other indicators too e.g. bullying.</p>	

	<p>Simon thanked Roger and asked what the dissemination plan was for this important information to ensure members of staff and their representatives within all relevant organisations as well as Trust Boards received it and understood the implications and content? Roger confirmed that a Communication Plan was being developed which included regional training days to share good practice, some co-delivered with NHS Employers. Information was also being cascaded via Directors of Nursing etc. It was agreed that the report needed to be disseminated widely to illustrate what people can do to make a difference for race equality in the NHS.</p> <p>Roger said that dialogue in the system was increasingly now about “HOW” we do things rather than “WHY” we need to act and to do things differently. He saw this as very positive change.</p> <p>Scott added that it was important to fully inform BME staff of this work in order to raise expectations and aspirations. Joan said it was very positive that we had 100% returns. However, the need to change the culture within organisations is crucial: the questions are how do we get staff involved and how to make the connection with frontline staff? The key message to all frontline staff should be “well done for making services safe and providing high quality, personal care”. Roger agreed that we needed a culture of learning from mistakes and not blaming which would support people to come forward to report errors and thereby continually improve services.</p> <p>Simon thanked Roger for his paper.</p>	
5.	NHS LEADERSHIP ACADEMY - ‘FULFILLING OUR INCLUSION STRATEGY’ – PRESENTATION	TRACEY JOLIFF/CATHERINE LOFTUS
DISCUSSION/ CONCLUSIONS	<p>Tracey introduced her presentation. She noted that the Leadership Academy run a series of leadership programmes, including for aspiring CEOs and directors, and had started to look at the return on investment for these programmes in relation to equality and inclusive, compassionate cultures. The role of leaders in promoting equality and “leadership for inclusion” is being explored. Sustainability is a key plank of this work. Previous attempts to embed a sustainable approach to inclusive leadership had been limited in their impact.</p> <p>This work complements the work on the WRES and seeks to set a sustainable vision for the future of what it is we are trying to achieve. The work will be evaluated and key indicators to measure success will be developed. Tracey was keen to hear from people who had lived experience of equality and inclusion issues and confirmed that she had experience of senior leaders calling her, upset by and sharing their own personal experiences of inequity at work. The Academy will set out what leadership should look like to ensure greater inclusivity through this work. However, it was recognised that cross- system transformational change is needed.</p> <p>Tracey anticipated that the project would lead to additional strands of activity. Funding is not required and the Academy would like this to be a key to the work</p>	

	<p>for the EDC.</p> <p>Simon thanked Tracey for her presentation.</p> <p>During the discussion the following key points were raised:</p> <ul style="list-style-type: none"> • The project was about workforce and the community. Part of the programme involved sending out aspiring CEOs out into the community. • Members liked the intersectionality aspects of the programme and the aspirational elements. • Tracey to liaise with Iain Fletcher (EDC Communications lead) and work with the EDC Communications sub group to promote the programme to the system. • Need to ensure joined up thinking on this. The Civil Service was doing something similar as well as the private sector. Tracey said that cross-sectoral connections were being made. Jabeer said EDC members might be asked what is this going to do to help the current issues in health and social care services. An honest discussion about these issues was required to link these issues with this work to transform leadership. Tracy agreed that this was a key point. • It was suggested that there should be detail of outcomes and measures in the academy's plans. • Stewart from HEE asked Simon if there should be greater involvement in STPs around leadership. It was agreed that this was an important point and is a key item on the EDC agenda today. <p>In response to a question about the reach of the programme, Tracy confirmed that the scope of the work will extend to all managers but at inception, it is important to secure support and representation at the most senior levels in order to influence and shape the system and also bring middle managers along.</p> <p>Joan commented that it will be important to develop an evidence base and link this to milestones to be clear on what will be achieved and what is not in scope.</p> <p>EDC agreed to the recommendation set out in the presentation and supporting document.</p>	
6.	EQUALITY IN SUSTAINABLE TRANSFORMATION PLANS (STPS) - PRESENTATION	LUCY WILKINSON, CQC (ON BEHALF OF THE EDC)
DISCUSSION/ CONCLUSIONS	<p>Introducing the presentation, Simon acknowledged that we were on a journey in relation to STPs and that there is much progress still to make. STPs are a way of connecting locally and this means, there is not a single way of doing things. The focus is upon local partners coming together to develop STPs for their local populations.</p>	

Lucy gave details of the EDC blog which looks at STPs through the equality and health inequalities lens. The blog sets out what Sustainable Transformation Partnerships can do to include equality issues within their plans, detailing six key questions for STPs to consider in this regard. To date, 1400 users have accessed the blog, highlighting the need to engage the system in this regard.

Lucy detailed the analysis of STPs undertaken during September and December. She noted that more references had been made in December than in September to equality which was positive. There were also references on health inequalities e.g. geographic inequalities.

The analysis also identified good practice, as detailed in the presentation, e.g. Cambridgeshire/Peterborough; NE London, which has undertaken a comprehensive EIA of their STP plan; SE London STP which has an Equality Steering Group; and Greater Manchester, who made contact with the EDC via the blog and has an Equality Advisory Group which had independently assured the EHIA. In addition, a disabled people's rights organisation had carried out access appraisals for different options within the Greater Manchester Plan.

The next priorities for EDC were confirmed as follows:

- Engage STPs where equality is not featured or seen as a priority;
- Share good practice (as above).
- Produce a short action plan with timescales.

The question was whether a small group was needed to take this forward. Scott added that working with STPs was a feature of the work plan of the Equality and Health Inequalities Unit under Ruth Passman. He would discuss this with her on her return.

During discussion the following points were made:

- Wendy Irwin said she had picked up on a lack of engagement within some Sustainable Transformation Partnerships, especially around equality issues. Staff side representatives seemed to be having some problems getting engaged in the process. She welcomed the suggestion of building equality considerations into governance arrangements.
- Amir said that whilst STPs are maturing, some GPs felt disengaged in the STP process and that he felt that this also applied to some community and voluntary groups.
- Healthwatch have been involved in STPs and have a Conference planned on 1 March where they will assist and support the development process.
- Scott said it was important to publicise the positive news of where equality and health inequalities have been addressed in STPs to highlight what works and how. Tools could be developed and disseminated with case studies.
- Anu said we needed to think through where the 'ownership' of this agenda should lie, taking account of other governance arrangements which are in

	<p>place and need to be considered</p> <ul style="list-style-type: none"> • Tracey added that the Leadership Academy had been asked to develop a programme around STPs; that the Academy intends to work with a couple of pilot STP footprints and consideration needs to be given to how we join up STP support initiatives. • Danny Mortimer said perhaps the task is to simply encourage and share good practice with some longer term co-ordination. • Lucy reiterated that action was needed now as STPs were working on their implementation plans. <p>It was agreed that Scott would talk with Ruth Passman about the EHIU taking this work forward.</p> <p>It was also agreed that the EDC Comms Subgroup would continue to oversee and plan the content of future Blogs and to keep a regular flow of Blogs coming from all partners.</p> <p>Simon thanked Lucy for her presentation.</p>	
7.	NHS Learning Disability Employment Programme update	LELA KOGBARA
DISCUSSION/ CONCLUSIONS	<p>Lela Kogbara confirmed that 108 organisations had signed up to the Learning Disability Employment Pledge to date and that 34 organisations are employing people with a learning disability with many more expressing an intent and wish to do so.</p> <p>Lela said she had visited Newham Hospital today where key stakeholders were brought together, including Brook Street employment agency. The Trust offers Internships, including to people with a learning disability (LD).</p> <p>Amir asked about the NHS Jobs online application form and whether there had been any development. Lela confirmed that progress had been made with a user group looking at improvements.</p> <p>Lela confirmed that there is an opportunity to promote LD employment as an integral element of LD Health Checks conducted within day centres.</p> <p>Stewart Moors said that the issue of positive LD recruitment of “bank staff” needed to be addressed as many NHS employers use bank staff to cover staff absences and vacancies. Lela agreed to look into this issue.</p> <p>The EDC discussed NHS Learning Disability Employment Programme and its current focus upon leaving the system equipped with tools and guidance and an embryonic outline of a system for promoting LD employment which works well. Programme support has been pivotal in encouraging NHS organisations to develop local and national solutions to remove barriers and increase the employment of people with learning disabilities in the NHS. A Pledge Map</p>	

	<p>pinpoints all the organisations involved to generate greater participation. The foundations have been laid for sustaining long term improvements in the employment of people with learning disabilities through leadership, partnerships, systems and processes which identify how to remove employment barriers and increase employment opportunities.</p> <p>A commitment was made to resolving the longer term sustainability of the project, and it was confirmed that Simon was keen for Lela to retain a leadership role.</p> <p>Paul Deemer brought a consultation to the attention of members On 31 October 2016, DWP and DH published the “<i>Work, health and disability green paper: improving lives</i>” and launched a consultation on transforming employment prospects for disabled people and people with long-term health conditions. The paper references the NHS learning disability employment work as a leading example in the public sector. NHS Employers will be responding to the DWP Green paper and other members may wish to respond too.</p>	
8.	EDC SUBGROUP UPDATES	
DISCUSSION/ CONCLUSIONS	<p>Simon invited members to flag any pertinent points by exception and the papers would be taken as read.</p> <p>EDS2 subgroup update (Paper EDC07 Tom Cahill) Paul Deemer said that Tom Cahill had resigned from the role of chair. It was agreed that the matter of his replacement will be picked up during the forthcoming review of the EDC. Simon said he wanted to thank Tom for all his hard work on the EDC.</p> <p>Joan commented that she wanted to ensure that the Communications and the EDS2 sub groups worked hand in hand.</p> <p>Leadership & Workforce subgroup update (Paper EDC08; Danny Mortimer) Danny gave brief details of a recent meeting with the Ministry of Justice (MOJ) and NHS Protect on Hate Crime. A health nominee for this group is being sought and there is an aim to improve Incident Reporting systems. Roger Kline was at the meeting with MOJ and NHS Protect. Danny noted that the funding for this work may come to an end soon and it was important not to let this happen as this is currently the only mechanism for recording hate crime within the NHS. It was suggested that further information was required to understand how the data is used and what the benefits to the system and risks are if this system is lost. It was suggested that a meeting should take place with Ruth Passman, Anu Singh and the DH to look into this matter.</p> <p>Data Measurement subgroup update (Paper EDC09; Ranjit Senghera & Jabeer Butt)</p>	

Jabeer provided an update on the Community Language Information Standard (CLIS) which was progressing well. Jabeer highlighted the need for the CLIS and gave an illustration of a death due to resistance to antibiotics. A key issue in such cases will be language and communication to ensure we communicate effectively with patients and their families.

Jabeer confirmed that one of the reasons why the Community Language Information Standard is so important is due to there is wide variability in translation and interpreting services that are being currently commissioned, and he was aware of contracts being routinely 'rolled over' into future years without a review of the quality of those services and the impact upon patients. Lucy highlighted the Accessible information Standard for people with a sensory impairment and how the CLIS could learn from this piece of work.

Inclusion Health/Lived Experience update (Paper EDC10; Caroline Humphreys & Iman Rafatmah)

Caroline said she was delighted to report that the leaflet for asylum seekers and refugees on how to register with a GP, which had been co-produced with people with lived experience, was to be placed on NHS Choices website on Friday. Two further leaflets have been developed by the sub group based upon this prototype leaflet and are to be published shortly. Stewart Moors has led on the co-production of the leaflet for homeless people and there has been consultation on the leaflet, adapted for gypsy, traveller and Roma communities. Caroline said she wished to thank Iman and his colleagues in the sub group for all their hard work and patience with this project. Joan congratulated Caroline, Iman and the sub-group on this achievement.

Amir said he would encourage sub groups to seek members with a lived experience for their groups too.

Communications subgroup update (Paper EDC11, Iain Fletcher)

Iain Fletcher asked that members, including NHS England, use the #NHS when publicising any work to do with the EDC. This was **agreed**.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> • EDC Secretariat to amend the EDC Performance report in line with suggestions from members. 	Ranjit Senghera	End of March 2017
<ul style="list-style-type: none"> • Ruth Passman to lead the review of the Terms of Reference, scope and membership of the EDC, with support and significant input from Scott Durairaj. This 	Ruth Passman/Scott Durairaj	End of March 2017

<p>would be the key item for discussion at the EDC in April.</p> <ul style="list-style-type: none"> • EDS2 Sub Group Chair – to be resolved as part of the wider EDC Review. • Leadership Academy to take on board the points made regarding the Leadership Programme. • Scott to talk with Ruth Passman regarding work with STPs. • Following Lucy Wilkinson Blog on STPs, the EDC Comms Group to oversee and plan the content of future Blogs and to keep a regular flow of Blogs coming from all partners. • Discussion to take place with Ruth Passman, Anu Singh and the DH to look into funding re: hate crime and NHS Protect. • Members to use the #NHS when publicising any work to do with the EDC. 	Ruth Passman/Scott Durairaj	End of March 2017
	Tracey Joliff	April 2017
	Scott Durairaj	March 2017
	EDC Comms. Subgroup	Every 1-2 months.
	Ruth Passman/Anu Singh	April 2017
EDC Members	On-going	

DATES OF FUTURE MEETINGS	<ul style="list-style-type: none"> • 19th April 2017 – 14.30 – 17.00 – Skipton House, London • 18th July 2017 – 15.00 – 17.00 – London • 30th October 2017 – 14.00 – 16.30 – London • 30th January 2018 – 13.00 – 15.30 - London <p>Meetings to be held in London.</p>
WEB LINKS TO EDC PAGES & PAPERS	<p>Link to the EDC web pages and Papers on the NHS England Equality & Health Inequalities Hub</p> <p>https://www.england.nhs.uk/about/gov/equality-hub/edc/</p> <p>https://www.england.nhs.uk/about/gov/equality-hub/edc/papers/</p>

Annex – Attendance List for 24 January 2017 EDC Meeting

First name	Surname	Organisation	Attending	Comments
Gail	Adams	NHS Staff Council, Unison	Yes	
Elham	Atashkar	Lived Experience Greater Manchester NHS Values Group	Yes	

First name	Surname	Organisation	Attending	Comments
Dame Sue	Bailey	Academy of Royal Medical Colleges	Apologies	
Lisa	Bayliss-Pratt	Health Education England	Yes	
Lynn	Berry	Lived Experience Greater Manchester NHS Values Group	Yes	
Henry	Bonsu	Broadcaster	Apologies	
Helen	Buckingham	NHS Improvement	Yes	
Jabeer	Butt	Strategic Partners (Race Equality Foundation)	Yes	
Tom	Cahill	Hertfordshire NHS Foundation Trust	Apologies	Retired, follow up representation
Saffron	Cordery	NHS Providers	Apologies	
Jane	Cummings	Chief Nursing Officer	Apologies	
Andrew	Dillon	National Institute for Clinical Excellence	Apologies	
Flora	Goldhill	Department of Health	Apologies	Retired, follow up representation
Dr Amir	Hannan	Haughton Thornley Medical Centres, Hyde	Yes	
Isabel	Hunt	Health & Social Care Information Centre	Yes	
Wendy	Irwin	Royal College of Nursing	Yes	
Tracie	Jolliff	NHS Leadership Academy	Yes	
Alistair	Lipp	NHS England	Apologies	
Paul	Martin	Strategic Partners (LGBT Foundation)	Yes	
Prof Lynn	McDonald	Middlesex University	Apologies	Retired
Stephen	Moir	Head of Profession: Human Resources	Yes	deputizing
Stewart	Moors	Lived Experience Greater Manchester NHS Values Group	Yes	
Danny	Mortimer	NHS Employers	Yes	deputizing
Katherine	Murphy	Patients Association	Yes	
Ruth	Passman	NHS England	Apologies	

First name	Surname	Organisation	Attending	Comments
Mark	Porter	British Medical Association	No	Dr Anthea Mowat and Clare Woodford deputizing
Iman	Rafatmah	Lived Experience Greater Manchester NHS Values Group	Yes	
Jon	Restell	Managers in Partnership	Yes	
Joan	Saddler	NHS Confederation	Yes	
Liz	Sayce	Healthwatch	Yes	
Anu	Singh	NHS England	Yes	
Simon	Stevens	NHS England	Yes	
Tony	Vickers-Byrne	Public Health England	Yes	
Ray	Warburton	NHS Lewisham CCG	Apologies	
Lucy	Wilkinson	Care Quality Commission	Yes	

In attendance/ invited guests

First name	Surname	Organisation	Attending	Comments
Paul	Deemer	NHS Employers	Yes	
Caroline	Humphreys	NHS England	Yes	Secretariat Support to EDC
Roger	Kline	NHS England		Update on WRES
Lela	Kogbara	NHS England	Yes	Update on the Learning Disabilities Employment Programme
Ranjit	Senghera	NHS England	Yes	EDC Secretariat Support
Iain	Fletcher	NHS England	Yes	Communications Sub Group
Cassie	Absolom	NHS England	Yes	CEO office