

Providing national leadership to shape and improve healthcare for all

Equality and Diversity Council Meeting Paper

24 January 2017

Data Measurement Subgroup Update

Purpose and context

An agreed priority of the EDC is to focus upon ensuring the availability of, and access to, the data and tools required to measure our progress in advancing equality and tackling health inequalities. In taking forward this priority, a data measurement subgroup was established with members drawn from NHS England and key partner organisations.

EDC Theme and objective (s) the paper links to

Theme 2: Inclusive workplaces – reducing bullying by:

Key Goal: Implementation of a national campaign to understand and act on data.

Theme 4: Workforce Equality - Improving organisation performance on equality through:

Key Goal: Improving the monitoring of experience and outcomes across protected groups;

Key Goal: Develop Information Standards (IS) to enable consistent monitoring of access, experience and outcomes from healthcare across protected groups.

Key Summary Milestones

The EDC Data Measurement Subgroup met on 12 December 2016 and considered, and recommended the adoption by the EDC of, the proposed revised Terms of Reference for the EDC Data Measurement Subgroup. The Subgroup also noted that additional changes to the Terms of Reference may be made to standardise accountability and governance arrangements. The Subgroup gave feedback on NHS England's Equality Objectives for 2016-20. The scoping of the Community Languages Information Standard Project has been completed, along with a comprehensive literature review, Equality and Health Inequalities Analysis; and Cost benefit analysis – see Appendix 1 for detailed update.

Actions taken to date

- Following the submission of the Sexual Orientation Monitoring Information Standard to the SCCI (Standardisation Committee for Care Information) Board on 28 September 2016, a number of points were raised which necessitated further work, for example, further engagement with colleagues in social care. These issues have now been addressed and the revised SOM specification will now be presented to the 22 February 2017 SCCI Board for approval. A multi-agency Implementation Group has been meeting in readiness for approval being granted and are working on several strands of work including a Communications Strategy
- Work on the scoping of a Community Languages Information Standard has now been completed and is outlined in the briefing paper below.
- The Data Measurement Subgroup met in December 2016 to review and approve the revised membership and terms of reference.
- A meeting between NHS England the Equality and Health Inequalities Unit and NHS Digital took place in December to consider options and proposals for information and equality standards. Further discussions are planned for February 2017 and these will inform the development of the Data Measurement Sub Group's 2017/18 work programme for the remainder of 2016/17.

Current position

- The group has reviewed and revised its terms of reference and membership and agreed some further work on enhancing governance the revised terms of reference will be brought to the EDC in April 2017 for ratification. A revised work plan will be developed for 2017/18 which will build on the excellent progress made to date.
- Proposals in relation to the Community Languages Information Standard have been prepared for presentation at the January 2017 EDC Meeting.

Key risks

Consequential risks of not taking this work forward include:

- Delays in getting approval from SCCI and subsequent delays in implementing the Sexual Orientation Information Standard (SOM).
- The need to possibly secure resources to implement the SOM.
- Securing resources for the development of the Unified Information Standard during 2016/2017 and beyond.
- Poor data held on disability through the ESR represents a risk to the successful implementation of the WDES.
- Support the management of the current risk across the NHS on implementing its duty of care if professional interpreters are not provided and continued impact on quality of access, and outcomes for non-English speaking patients, carers and families.
- Not securing additional ongoing resources (costs and capacity) for the work on the development of a Community Languages Information Standard will make the current scoping of the standard redundant.

Next steps

- Continue work on the development and then implementation of the Sexual Orientation Information Standard.
- Conduct a feasibility study and secure resources for the development of the Unified Information Standard.
- NHS England to continue to work with partner organisations on the development of national health inequalities indicators.
- Continue the development and implementation of the Workforce Disability Equality Standard, by developing the planning stages of the preparatory year and working with stakeholders, to ensure operational delivery through the NHS Standard Contract from April 2018.
- Continue the next phase of the Community languages information standard, through securing further legal advice regarding the legal baseline for the next stages of the standard; ongoing support and dialogue with NHS Digital colleagues and follow up with an internal meeting with NHS England colleagues, to review the work completed to date and discuss

Recommendation and action requested

For EDC to note the report.

Dr Leander Neckles

On behalf of the Data Measurement Subgroup (DMS) of the EDC - December 2016

Current members of the Data Measurement Subgroup are:

NHS England: Anu Singh (Chair of DMS), Ruth Passman, Caroline Humphreys, Dr Leander Neckles (Secretary of DMS), Geraint Lewis, John Brittain, Neil Churchill and Scott Reid.

Department of Health (DH): Anne Griffin, Sasha Keshavarz and Rosemary Main.¹

NHS Digital: Gerry Firkins (NHS Digital), Cath Chilcott (NHS Digital), Kieron Walsh (NHS Digital).

Isabelle Hunt (NHS England); Health Education England: Mary Lewis, Alison Berry. Public Health

England (PHE): Justine Fitzpatrick (PHE), Tom Hennell (PHE),

Strategic Partners: Paul Martin (LGBT Foundation)

Rosemary Main (DH)

¹ Membership by the DH is subject to change in 2017 due to staffing changes.

Briefing Paper

Scoping of Community Languages Information Standard

This briefing paper aims to provide a brief overview of the work to date, to scope the development of a Community Languages Information Standard (CLIS).

Background & Context

In December 2015, the NHS England Equality and Health Inequalities Unit (EHIU) commissioned a specialist organisation to undertake a period of engagement and consultation work, to develop a scope for the Community Languages Information Standard.

The Race Equality Foundation (REF) was commissioned in February 2016 to undertake this work.

Method

This involved an engagement and consultation process and the development of the draft Standard.

a) The engagement and consultation process was twofold consisting of:

- five three hour workshops taking place in Bristol, London (x 2), Manchester and Newcastle; and
- an online survey targeting commissioners and policy leads with a sample of telephone interviews of necessary.

Specific events to target particular groups were undertaken to ensure there was engagement with these individuals in sufficient numbers from each of the contingent groups.

An online survey was undertaken to enable wider participation for those who may not be able to attend the events. The survey was distributed through NHS England regional teams; and the networks and contacts of REF to collect a wider number of views and to help check the veracity of the information drawn from the consultation workshops.

An average of 20 participants from diverse communities encompassing language, religion and ethnicity, patients, carers, commissioners and representatives from health care organisations attended each event. Three events were targeted at a mixed group and included all participant types. The other two events focused on engaging particular groups of participants, one was held for service users and the other aimed to engage commissioners and policy leads. The aim was to make sure there is both a mix of locations and type of event to encourage attendance.

To enable engagement and access, particularly from patients and carers from diverse backgrounds, an information leaflet about the events was produced in a range of community languages and easy words and pictures format. Other engagement strategies included recruitment through black and minority ethnic community organisations, and word of mouth and outreach.

The engagement events were facilitated with the support of Everyday Language Solutions who provided interpreters for each event to ensure participation for all those involved. Interpreters were sourced from a pool of DPSI (Diploma in Public Service Interpreting) qualified Interpreters from the NRPSI (National Register of Public Service Interpreters), to ensure quality at the highest level possible in this industry.

The events were also recorded by a graphic scribe agency called Scriberia. The use of vivid text notations and insightful graphics, helped to capture the key concepts and issues being discussed, feeding these back instantly to the meeting. This method allowed participants to see in real time and in a visual way that their contributions were being recorded accurately, and particularly benefited participants in the group who do not speak English. Visual records of all five events were used to draw

on in producing the Standard (see graphic below). The graphic recordings were also used to produce a report on the engagement and consultation exercise.



Altogether 70 participants took part in the engagement events; 19 people from CCGs, hospital trusts, local authority, and providers responded to the on line survey; and telephone interviews were undertaken with commissioning managers, contracts managers and policy officers. Feedback was wide ranging and centred on how issues of access and accessibility, funding efficiencies and interpreter professionalism skills and knowledge; impacted on current experiences of interpreting provision. Data collection and identification of patient communication needs; timeliness of access; commissioning and accountability; regulation; interpreter professionalism; training and support for both interpreters and health professionals; quality assurance; funding and efficiencies; are some of the issues raised that have informed the development of the draft information standard.

b) Drafting the baseline Community Languages Information Standard

The draft baseline for the Community Languages Information Standard was produced through a combination of data drawn from the engagement and consultation phase, existing research evidence and informed from practical work and evidence of interpretation and translation needs and service provision.

Data gathered through the engagement and consultation process was categorised into themes and used to inform the development of the Standard. Importantly there was emphasis on including the voices of patients who are seldom heard or excluded groups, particularly from black and minority ethnic communities or who are deaf or hard of hearing. Feedback was provided to participants on the themes that arise through the consultation and engagement stage and the draft standard.

A key aspect of the development of this Standard is the emphasis on understanding the importance of quality and ensuring this is embedded throughout the commissioning process and delivery of interpretation and translation services.

Each event had a focused discussion on issues around quality in the consultation and engagement stage with commissioners, service providers, patients and carers.

The draft Information Standard includes some 'quality markers' that can be used to assess and monitor the services provided. The draft information standard is intended for all providers of NHS services and covers the areas of: commissioning Interpreting and Translation Services; quality; regulation; accessing interpreters; booking interpreters; timeliness of access; a personalised approach; professionalism and

safeguarding; compliments, comments, concerns and complaints; translation of documents; and quality assurance.

c) Develop an Equality and Health Inequalities Analysis (EQIA) of the work

The EHIA built on existing work on interpreting and translation services. Stakeholder engagement was integral to this work, and the relationships REF have built with NHS organisations and providers. REF used these relationships to build up a picture of provision across England, together with online research, to get a real understanding as to what is happening on the ground.

We conducted several local focus sessions with service users, VCS organisations, providers and NHS organisations to get a more detailed idea of the impact. A cost benefit analysis was developed as part of this process. The evidence collected through these processes, desk-based research, and a search of published and grey literature, was used to create the evidence base for the analysis to be carried out.

The stakeholder engagement process is integral to developing the analysis, working with communities, providers, NHS commissioners and CVS organisations.

d) CLIS Advisory group

An external reference and advisory group was established in July 2016, with representation from service users, VCS organisations, providers and NHS commissioning organisations, to guide the work.

e) Discussions with NHS Digital

In mid-December 2016, a meeting took place with NHS Digital Support team representing Standardisation Committee for Care Information (SCCI) and Independent Standards Assurance Service to scope the next steps of an information standard, review legal compliance with the Health and Social Care Act 2012 definition of an 'information standard' and discuss an options appraisal for the development of a process standard, to monitor outcomes and impact and ensure overall consistency in the use of community languages across England.

f) Next steps

Further legal advice is being sought by NHS England, to secure a legal baseline for the next stages of the standard.

An internal meeting with NHS England colleagues is taking place in January 2017, to review the work completed to date and discuss the feasible and resource options for the development of an information standard for 2017/2018.

REF agreed to continue to update EDC through the EDC Data Measurement sub group papers and present a fuller update on the work to EDC at the January 2017 meeting.

g) Potential risks

Support the management of the current risk across the NHS on implementing its duty of care if professional interpreters are not provided and continued impact on quality of access, and outcomes for non-English speaking patients, carers and families.

Not securing additional ongoing resources (costs and capacity) for the work on the development of a Community Languages Information Standard will make the current scoping of the standard redundant.

h) Action for EDC

EDC to support the approach and note the above update.

Jabeer Butt and Tracey Bignall; Race Equality Foundation

9th January 2017