

Equality and Diversity Council

MINUTES

26 JULY 2016 11:00-13:30

SKIPTON HOUSE, LONDON

MEETING CALLED BY	Equality and Diversity Council
ATTENDEES	See annex
APOLOGIES	See annex
NOTE TAKER	Ranjit Senghera
WELCOME & INTRODUCTIONS	Simon Stevens and Joan Saddler

Agenda topics

WELCOME AND INTRODUCTION SIMON STEVENS & JOAN
SADDLER

DISCUSSION/ CONCLUSIONS	<p>The co-chairs welcomed everyone to the meeting. Joan Saddler asked EDC to acknowledge a thank you to John Holden, who is leaving NHS England in early August.</p> <p>It was noted that future EDC minutes will be circulated in good time, allowing for comments and feedback and a timely sign off of the minutes. The EDC secretariat would ensure the minutes reflect the overall discussion at EDC and, as appropriate, document members' expressed views.</p> <p>The following amendments emailed by Jabeer Butt (REF) and Tom Cahill (Chair EDS 2) to reflect the accuracy of the discussion have been added to the May Minutes 2016:</p> <p><i>"A discussion took place regarding the current form and function of the EDC as outlined in the paper, taking into account the existing EDC Work Plan and revised membership which took place in July 2015.</i></p> <p>Lynn Berry, on behalf of the EDC Inclusion Health Group asked for the feedback from the update paper to reflect the following amendments <i>"Members of the Inclusion Health Sub-Group again raised the point which had been flagged at the previous meeting, that some of its members were unable to attend the EDC due to issues of affordability. Despite this issue being highlighted in the past, it still remained unresolved. Members asked that it now be addressed as a matter of urgency."</i></p> <p>Lived Experience members' raised concerns regarding lack of progress in the daily allowance payments in accordance with a previous commitment made at EDC and the NHS England PPV policy and that this was having a negative impact on their engagement. They raised a query about back payments and progress in arranging cash advance payments for subsistence, as had previously been agreed. Stan Burrige expressed the view that this is a fundamental issue and correlates closely to the value placed on Lived Experience members by the Council.</p>
------------------------------------	---

Stewart asked the Council to note that positive progress had been made in terms of Lived Experience involvement on sub groups and thanked Paul Deemer for his invitation for Stewart to be involved in the EDS 2 sub group.

John Holden expressed agreement in principle with the need to ensure a reimbursement attendance fee is honoured for EDC Lived Experience members, however this, and any cash advance payment arrangements would need to be completed in accordance with NHS Standing Financial Instructions and in a transparent way, and proposed a review of the selection of and geographic span of current representation as a way to address potential concerns about self-selected group from Manchester.

Joan Saddler suggested that the EDC needs to ensure good governance arrangements where people are reimbursed and that this needed resolving before the next EDC meeting.

Action: It was agreed that the EDC Secretariat would ensure the matter of reimbursement of expenses for lived experience members and payment for attendance was reviewed in line with NHS England’s policy prior to the next meeting.

Matters arising and actions from the meeting on the 10th May were addressed in the respective EDC sub group papers and update papers.

PROGRESS ON EDC PERFORMANCE
TABLE QUARTER 1

JOAN SADDLER

The EDC performance table provides a high level progress update on the delivery of the EDC Work Plan as of July 2016. This is supplemented by the more detailed EDC sub-group papers.

Jabeer Butt queried whether the paper disproportionately captures an EDC work plan for NHS England rather than being a holistic plan for the wider EDC. He also proposed that it would be helpful for EDC to develop a shared understanding of what good practice looks like. Joan Saddler suggested these matters can be discussed at the October meeting.

Simon Stevens queried whether EDC-type arrangements or equivalent infrastructure existed in the local NHS and suggested that the WRES letter to the system could also capture information on good practice, local equality networks and arrangements. Jane Cummings welcomed this approach and suggested that CCGs should also be contacted.

Action: WRES team to draft a letter from EDC, to CEOs of NHS provider Trusts and CCGs, asking the NHS about the WRES data report, requesting evidence of good practice and for information about local equality staff networks and infrastructure – Yvonne and Roger, to action with support from EHIU , communications – Sarah Smith to action

Action: Next EDC October meeting to have a facilitated session on the Co-chairs Advisory Group’s recommendations on form, function and impact of the EDC.

**DISCUSSION/
CONCLUSIONS**

**RESPONSES TO BREXIT AND
 THE IMPACT ON EUROPEAN
 UNION AND BLACK AND
 MINORITY ETHNIC (BME) STAFF
 IN THE HEALTH AND CARE
 SECTOR** **PAUL WALLACE, RAM JASSI AND
 PAUL DEEMER**

**DISCUSSION/
 CONCLUSIONS**

Paul Wallace introduced the paper, outlining the need for EDC to have visible leadership on the impact of Brexit on the NHS from a workforce perspective and highlighted four clear leadership recommendations.

Paul Deemer and Ram Jassi co-presented the paper and emphasized system-wide respect for the democratic referendum decision to leave the European Union. They highlighted the 57% rise in online hate crime and the spike in incidents of race hate crime with 599 incidents reported in London alone between 24 June (the day the result was announced) and 2 July 2016. The potential for a knock on effect upon other types of unlawful behavior and discrimination such as homophobia is evident and the report highlights significant anecdotal evidence of a marked impact on BME staff within the healthcare sector since the decision to leave the EU, ranging from individual and virtual attacks (both physical and virtual) to the daubing of NHS property with offensive graffiti. A survey has shown that over 63% of GPs reported suffering racial discrimination since the Brexit referendum. Council members' held a broad ranging discussion about the report and the robust response to date from the sector –with clear high profile messages from senior local and national leaders condemning any form of discrimination suffered by staff, backed up with a national campaign initiated by NHS Employers on twitter, under the hashtag LoveOurEUStaff.

Points of discussion included:

- reference to anecdotal evidence of a steep rise in patients demanding to see an 'English' (i.e. white) GP;
- the role that Trade Unions can play in supporting staff who are facing discrimination and the importance of ensuring that our response to the post-Brexit rise in race hate crime is woven in and developed alongside the other initiatives aiming to address discrimination in the workplace;
- the need to ensure that the health sector is linked in with the local and regional community safety partnership agenda and the importance of white senior leaders speaking out against race hate crime;
- an awareness of some uncertainty and concerns emerging about post-Brexit reciprocal access to free healthcare amongst EU staff working in the UK healthcare sector and living with long term conditions;
- the importance of ensuring the workforce receive positive messages regarding the availability of support for staff colleagues reporting discriminatory incidents, alongside the need for positive messages to be communicated regarding the NHS benefitting greatly from the talents and expertise of staff from across the world.

Suggestions for strengthening the paper and the system response to post-Brexit hate crime were proposed as follows;

	<ul style="list-style-type: none"> • Required clarification as to whether the term ‘BME’ used in the report refers exclusively to Black and Minority ethnic people (previously described in written definitions of ‘BME’ as ‘people of colour’ and also, and less appropriately, as people of ‘non-white descent’) or whether, in line with the 2011 ONS census definition, it also seeks to include minority white groups and therefore could refer to European staff • The potential extension of the paper to cover faith-related hate crime and to consider, in particular, the current experience of Muslim staff. • The need for equality and anti-discriminatory policies to cover nationality. • The need to explore the potentially negative impact of the new English Language requirement upon BME staff • The need to consider causes, rather than just symptoms of racism and to explore the potential links of post-Brexit race hate incidents to a wider trend of ‘demonising’ immigrants. <p>Simon Stevens emphasized the need to reassure and advocate on behalf of BME NHS staff as well as raising awareness for the public, the NHS has relied upon the skills and talents of people coming to the UK from across the world over the past 68 years.</p> <p>Action: It was agreed to support the communication to the system of the key messages included in the Brexit paper</p>
--	--

EDC SUBGROUP UPDATES

SUBGROUP CHAIRS

DISCUSSION/ CONCLUSIONS0	<p>1. ED2 2 sub group – Paul Deemer on behalf of Tom Cahill</p> <p>The potential for better alignment between EDS 2 objectives and goals and the EDC work programme will be discussed at the next meeting of the EDS 2 sub group. Stewart Moors, from the Inclusion Health sub group will be joining the EDS 2 sub group, as the LE representative. Paul informed the Council the EDS2 Guidance is to be reviewed. Discussion ensued about the nature and span of patient engagement and involvement in the implementation of EDS 2. Positive practice amongst NHS Trusts and CCGs in ensuring meaningful involvement of people from the local communities in the EDS2 grading events was highlighted.</p> <p>2. Data Measurement sub group – John Holden</p> <p>Written update for the group was tabled at the meeting.</p> <p>3. Inclusion Health/Lived experience sub-group – Ruth Passman and Lynne Berry</p> <p>A written update was tabled at the meeting. The group thanked Paul Deemer for the inclusion of people with Lived Experience in the EDS2 sub group and reiterated the importance of sub groups ensuring that their Lived Experience roles are developed in a way that is clear, meaningful and well supported.</p> <p>4. Leadership and Workforce sub group papers. Paul Wallace on behalf of Danny Mortimer, NHS Employers.</p>
-------------------------------------	--

Paul Wallace led the discussion on the supplementary paper to EDC on the Workforce Disability Equality Standard (WDES) and the revised timescales in relation to WDES mandation in the NHS Standard contract for April 2017.

Caroline Humphreys, Lead for Equality and Health Inequalities, NHS England, informed the council that changes in the timeline for the NHS Standard Contract consultation process had recently been agreed. A decision was therefore needed by EDC as to whether to include the WDES in the NHS Contract with a view to mandation in 2017/18. The engagement on the WDES would need to be re-aligned accordingly. Links had been made with the NHS England Contracts team to ensure an appropriate definition of the WDES could be included in the NHS Contract and alignment achieved with the NHS Standard contract revised consultation timeline. This definition was included in the paper. Council members held a wide ranging discussion about the WDES paper.

Points of discussion included:

- The importance of reflecting where the wider NHS system is at the moment and how WDES key messages would be received.
- Whether WRES should be effectively embedded prior to the implementation of the WDES and the evaluation of the WRES should be fully completed and considered prior to implementation of the WDES.
- Whether we should 'learn as we go along' from the WRES, as indeed WRES could inform the WDES; however, it was important not to stall the momentum and good progress being made on piloting WDES.
- The importance of developing a robust programme of communications and engagement to raise the profile of this initiative and to deliver the change with disabled staff.
- Concerns that the Council had not seen the draft metrics and clarification that EDC had in fact commissioned the development of draft metrics and the report, published by Middlesex and Bedfordshire Universities on *the 'Experience of Disabled Staff in the NHS'*, which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues. The report and the metrics had subsequently been presented to the EDC for a full discussion.

There were positive examples highlighted of employers who are already working to implement the WRES and the WDES, alongside robust EDS 2 implementation. Others could learn from these employers.

- Roger Kline explained the WRES evaluation will focus on the WRES introduction and its impact on the NHS. Roger argued that there is merit in making the commitment to WDES now in April 2017 and formally introducing a mandated WDES in April 2018 and sharing the learning from the WRES.
- Gail Adams suggested that WDES could be offered as a voluntary option to NHS organisations until it is formally mandated in 2018. This would help NHS organisations to review their processes, data collection systems, and the experiences of staff with disabilities. Gail

	<p>stressed the importance of strengthening WDES metrics, and learning from the WRES evaluation.</p> <ul style="list-style-type: none"> • Jabeer Butt said he felt that the WDES will enhance the WRES but raised the importance of funding and resources for WDES • Wendy Irwin (RCN) stated that there may be merit in the future adoption of a single workforce equality standard. <p>Simon Stevens summed up the discussion and proposed that 2017-18 be used for preparation for WDES, the development of the WDES baseline and the mandating of the WDES in the NHS standard contract to take place from April.2018 The EDC agreed to this proposal.</p> <p>Action: It was agreed that 2017- 2018 be utilized as a year for WDES preparation, baselining and NHS system readiness with WDES mandation and implementation through the NHS Standard Contract taking place in 2018/19. The EHI Unit and NHS Contract team to ensure the WDES is included in the draft NHS Standard consultation process due to commence in September and align the WDES engagement accordingly.</p> <p>Action: It was agreed that a follow up paper with revised timelines for implementation would be presented at the next meeting.</p> <p>EDC Communications sub group – Sarah Smith, Chair Sarah Smith introduced herself as the new Chair of the EDC Communication sub-group. She acknowledged there is a need for a more co-ordinated approach to EDC communications and Council members agreed that EDC needs to do more to get the key messages of their work out to the wider NHS system.</p> <p>Sarah informed the Council that a regular blog will be published after each EDC meeting, where we can share the key messages and outcomes of the discussion with the wider NHS system; other key areas of work include the review the EDC web pages, and increasing the Councils' social media presence. Joan Saddler thanked Sarah and asked council members to send through any blogs and good news to the EDC secretariat.</p>
--	--

WRES UPDATE

ROGER KLINE

DISCUSSION/ CONCLUSIONS	<p>Roger Kline suggested that the WRES work was finally getting some traction in the system. The work with Care Quality Commission, on the training of their inspectors is progressing very well. The new system for collecting the WRES data, called Unify 2 is producing good results, where data is more clear and comprehensive. Roger also stated that for the first time, WRES reports have largely gone to NHS Trust organisations Boards for sign off.</p>

**LEARNING DISABILITIES
EMPLOYMENT UPDATE**

**LELA KOGBURA & KATIE
ROBINSON**

DISCUSSION/ CONCLUSIONS	<p>Lela Kogbara and Katie Robinson led the Council through the paper on the current developments of the NHS Learning Disabilities Employment Programme. Lela reported good progress as organisations sign up to the programme and emphasised that it is important to ensure that this translates into action and meaningful jobs for people with learning disabilities. The programme is working with Mencap as strategic partners to support organisations.</p> <p>Jabeer Butt (REF) asked if there was a timeline to the production of the Easy Read job application process. Lela said she was working with the Department of Health (DH), but stressed that it was taking longer than expected however the process will be in place by December 2016.</p> <p>Emily Taylor (PHE) informed the council of their work with “Project choice” which aims to recruit people with Learning Disabilities via apprenticeships. Lisa Bayliss-Pratt (HEE) suggested that Health Education England would be keen to share relevant positive outcomes from Learning Disability employment. Jane Cummings reflected that NHS England had employed five people with learning disabilities and they were an asset to their teams.. The Learning Disability employment programme is delivering a session at NHS Expo.</p> <p>Action: Paper to next EDC on the positive stories of how to create employment opportunities within the NHS for people with learning disabilities.</p>
------------------------------------	--

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
1. EDC Secretariat would ensure the matter of reimbursement of expenses for lived experience members and payment for attendance was reviewed in line with NHS England’s policy prior to the next meeting.	EDC secretariat with Inclusion Health sub group officer	September 2016
2. WRES team to draft a letter from EDC, to CEOs of NHS provider Trusts and CCGs, asking the NHS about the WRES data report, requesting evidence of good practice and for information about local equality staff networks and infrastructure.	Yvonne and Roger, to action with support from EHIU , communications – Sarah Smith to action	September 2016
3. Next EDC meeting in October, EDC to have a facilitated session on the Co-Chairs Advisory group’s recommendations on form, function and impact of the EDC.	EDC secretariat with Co-Chair	September 2016

<p>4. EDC recommend that the WDES be included in the NHS Standard contract with 2017-18 being the preparatory year and mandation of the WDES in the NHS standard contract to take place from April.2018. The EHI Unit and NHS Contract team to ensure the WDES is included in the draft NHS Standard consultation process due to commence in September and align the WDES engagement accordingly.</p>	<p>Ruth Passman/ Caroline Humphreys</p>	<p>August 2016</p>
<p>5. It was agreed that a revised timeline paper for WDES implementation would be presented at the next meeting.</p>	<p>Leadership & Workforce Group to update on WDES implementation in a future EDC meeting and bring the revised timeline paper back to the next meeting.</p>	<p>September 2016</p>
<p>6. Paper to next EDC on the positive stories of how to create employment opportunities within the NHS for people with learning disabilities.</p>	<p>Lela Kogbara and Katie Robinson</p>	<p>September 2016</p>

<p>DATES OF FUTURE MEETINGS</p>	<ul style="list-style-type: none"> • 18th October 2016 - 14.00 – 16.00 - Race Equality Foundation Offices, London • 24th January 2017 – 14.00 – 16.00 - Skipton House, London <p>Meetings to be held in London.</p>
--	---

Annex – Attendance List for 26th July 2016 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	
Dame Sue	Bailey	Academy of Royal Medical Colleges	Apologies	
Suzie	Bailey	NHS Improvement	Apologies	Annabelle Walker, Senior Development Adviser, is deputizing
Lisa	Bayliss-Pratt	Health Education England	Yes	
Lynn	Berry	Lived Experience Greater Manchester NHS Values Group	Yes	
Henry	Bonsu	Broadcaster	Yes	
Jabeer	Butt	Strategic Partners (Race Equality Foundation)	Yes	
Tom	Cahill	Hertfordshire NHS Foundation Trust	No	
Saffron	Cordery	NHS Providers	tbc	
Jane	Cummings	Chief Nursing Officer	Yes	
Andrew	Dillon	National Institute for Clinical Excellence	Yes	
Ian	Dodge	NHS England	Apologies	
Flora	Goldhill	Department of Health	tbc	
Dr Amir	Hannan	Haughton Thornley Medical Centres, Hyde	Apologies	
John	Holden	NHS England	Yes	
Isabel	Hunt	Health & Social Care Information Centre	Yes	
Wendy	Irwin	Royal College of Nursing	Yes	
Tracie	Jolliff	NHS Leadership Academy	Yes	

First name	Surname	Organisation	Attending	Comments
Alistair	Lipp	NHS England	Apologies	
Paul	Martin	Strategic Partners (LGBT Foundation)	Apologies	
Prof Lynn	McDonald	Middlesex University	tbc	
Stephen	Moir	Head of Profession: Human Resources	Yes	
Stewart	Moors	Lived Experience Greater Manchester NHS Values Group	Yes	
Danny	Mortimer	NHS Employers	Apologies	Paul Wallace is deputizing
Katherine	Murphy	Patients Association	Yes	
Mark	Porter	British Medical Association	Apologies	Terry Day is deputizing
Iman	Rafatmah	Lived Experience Greater Manchester NHS Values Group	No	Stan Burrige, Pathways & Inclusion health sub group
Jon	Restell	Managers in Partnership	Yes	
Joan	Saddler	NHS Confederation	Yes	
Liz	Sayce	Healthwatch	Yes	
Janice	Scanlan	NHS Trust Development Authority	Apologies	
Simon	Stevens	NHS England	Yes	
Tony	Vickers-Byrne	Public Health England	Apologies	Emily Taylor and Lauren Finnegan are deputizing
Ray	Warburton	NHS Lewisham CCG	Apologies	
Lucy	Wilkinson	Care Quality Commission	Apologies	

In attendance/ invited guests

First name	Surname	Organisation	Attending	Comments
Beckie	Burn	NHS England	Yes	Update on the Learning Disabilities Employment Programme
Yvonne	Coghill	NHS England	Yes	Update on WRES
Paul	Deemer	NHS Employers	Yes	Presenting on

First name	Surname	Organisation	Attending	Comments
				Brexit paper
Caroline	Humphreys	NHS England	Yes	Present to supplementary paper on WDES
Ram	Jassi	University Hospital Southampton NHS Foundation Trust	Yes	Presenting on Brexit paper
Roger	Kline	NHS England	Yes	Update on WRES
Lela	Kogbara	NHS England	Yes	Update on the Learning Disabilities Employment Programme
Ruth	Passman	NHS England	Yes	Representing NHS England Equality and Health Inequalities Unit
Katie	Robinson	NHS England	Yes	Update on the Learning Disabilities Employment Programme
Sarah	Smith	NHS England	Yes	Update on EDC communications sub group
Michail	Sanidas	NHS England	Yes	EDC Secretariat Support
Ranjit	Senghera	NHS England	Yes	EDC Secretariat Support
Cassie	Absolom	NHS England	Yes	Observer
Catherine	Conchar	Nottingham Healthcare Trust	Yes	Observer