NHS Equality and Diversity Council

EQUALITY AND DIVERSITY COUNCIL MEETING

Date/Time: Tuesday, 18 July 2017 15.00 – 17.00

Location: Rooms 102A & 124A, Skipton House, London

MINUTES (DRAFT)

RECORD OF MEETING	
1. Welcome, Introductions and Apologies	
i. Joan Saddler (JS), co-Chair, welcomed everyone to the first meeting of the refreshed EDC. ii. There were the following apologies for absence: Ellen Armistead, Jane Cummings, Amy Leversidge, Danny Mortimer, Tony Vickers-Byrne, and Rob Webster.	
2. Minutes of the last meeting and actions	
2.1 The minutes of the meeting held on 19 April 2017 were approved with one amendment: it was noted that there was not a CQC representative at the meeting. 2.2 The actions had been taken forward.	
3. EDC Work Plan Progress Report. Quarter 4: April 2017 – July 2017	
3.1 JS noted that this progress report was presented for information. She thanked members of the EDC subgroups who had completed the report, which highlighted the good progress made on various EDC workstreams. JS noted that this would be reflected in more detail in the soon to be published NHS EDC Annual Report 2016/17. 3.2 It was noted that any future EDC subgroups will have agreed measurable objectives with key milestones in place. The progress report will be presented in a more robust format with RAG ratings to better reflect progress. The format and structure of working groups will be developed in-line with the agreed EDC work priorities.	
4. WORKSHOP SESSION – Work programme themes: discussion paper (EDC02)	
4.1 The discussion paper aimed to help stimulate thinking with regard to the work programme themes and direction of travel for the EDC for the next two-year period. The initial thoughts and proposals presented in the paper stemmed from an EDC stakeholder event held on 20 June 2017. 4.2 The importance of alignment between the future EDC work programme and the 4 key objectives and deliverables in the Next Steps on the NHS Five Year Forward View was highlighted. These being: improving A&E performance; strengthening access to high quality GP services; and improvements in cancer services and mental health. 4.3 Local service redesign (STPs and ACSs) will help to deliver on the above strategic priorities, with the NHS workforce being one of the key enablers in making this happen. It was noted that the EDC will want to focus on maximising strategic influence and impact to drive and embed equality into the heart of the direction of travel. 4.4 The following three high-level themes for the EDC work programme were proposed, spanning the next two-year period: I. ***Enabling leadership capability and capacity*** – externalising asset; growing new leaders; setting core local objectives and priorities aligned to the Next Steps on the NHS Five Year Forward View. Focussing upon bold aspirations. II. ***Embedding levers and accountability*** – developing and embedding enablers to help facilitate continuous improvements on equality, linking with the overarching concept of	

'quality' and including a focus upon:

- Key drivers for NHS
- Influencing metrics and links to Quality Accounts

III. ***Supporting the system architecture*** (cross-cutting theme) – mainstreaming equality and diversity into the new healthcare architecture (STPs, ACSs) – highlighting the 'enablers' for leadership and levers/accountability:

i. Better use of protected characteristic data and intelligence (EDS2)
ii. Role of Healthwatch - co-production and meaningful engagement.

4.5 The paper posed a number of key questions for members to consider, for example, were the high-level themes the right ones for the EDC two-year work programme; what specific impacts did the EDC want to make under each theme; and how would the EDC make those impacts. The structures and reporting mechanisms which should be in place to aid delivery were also flagged for discussion.

4.6 The following key discussion points were made:

Leadership and supporting the system

Overview - The EDC needed to think about NHS and system relationship with patients – this is also about leadership and holding individual organisations to account but also the wider system.

- Co-production with patients must be kept at the centre in order to influence change.
- The EDC and its members should be more visible.
- The EDC needed to connect more with *local EDC's*. Currently the links at a local level were poor and that this was not just about having a robust Communications plan: it was about EDC members visiting local NHS organisations and regions to listen, and to promote the work of the EDC.
- Organisations needed to consider what their bold aspiration was on tackling equality and inequalities and how aligned it was to the local JNSA and to demonstrate how they made this happen. The EDC could support organisations to work in different ways. Refreshing of *EDS2* would help this endeavour and support organisations to work in more consistent and joined-up ways.

Levers, accountability and systems

- Improve understanding of who is accessing services such as cancer and mental health, with the aim to improve access for different communities and other identified gaps, and any metrics needed to fit into the operational reality of the NHS.
- Quality Accounts are a vehicle for reporting. There must be a clear link between evidence, action and accountability.
- The mandating of the WRES had been successful in getting Chairs and CEOs to examine their own data. It was important for organisations and senior leaders to understand the consequences of non-action on this agenda, and in relation to using data to sustain an inclusive workforce delivering high quality care for all patients.

4.7 It was also **agreed** that previous high level programmes of work would continue under the leadership and accountability strands with clear metrics:

- NHS Workforce Race Equality Standard (WRES)
- Equality Delivery System for the NHS (EDS2)
- NHS Learning Disability Employment Programme (LDEP)
- NHS Workforce Disability Equality Standard (WDES)
- Continued support for work on bullying and harassment across protected characteristics.

Other complementary programmes would continue, led by NHS England and partners:

- Implementation of the Sexual Orientation Monitoring Standard (SOM)
- Scoping the feasibility of a Unified Information Standard.

A work plan would be scoped and returned to the next meeting based on the three strategic areas outlined above. **Action: EDC Secretariat/EDC members.**

4.8 It was **agreed** that further consideration would be needed to decide on the structures and reporting mechanisms which should be in place to aid delivery of the programmes. **Action: EDC Secretariat/EDC members.**

4.9 It was **agreed** that communications was essential in getting the message of the EDC out in the system and making connections between the national EDC and local systems. Consideration would be given to arranging visits out to the system as the EDC needed to be far more visible. **Action: EDC Secretariat.**

4.10 It was **agreed** that data and metrics on protected characteristics as well as analysis of services would be gathered and shared with EDC members. Examples were the use of IAPT services by people from BME communities; the poor take up of routine screening for cervical cancer by Lesbian and bisexual woman of an eligible age. **Action: EDC Secretariat.**

5 Any other business

5.1 It was noted that Roger Kline, Joint Director for the NHS Workforce Race Equality Implementation Team, was leaving NHS England at the end of August 2017. Members of the EDC expressed their gratitude for his contribution to the WRES programme of work.

5.2 Communications – a note from the strategic communications advisor working with the EDC will need to inform the next planning meeting for the EDC with recommendations brought to the Council. **Action: EDC Secretariat.**

5.3 Communications – there was a Pride march in Leeds in August. The possibility of the EDC having a presence at the event should be explored as well as the possibility of linking it with the publication of the Sexual Orientation Monitoring (SOM) Information Standard - due for publication in August 2017. The Co-chair also asked that a blog of the meeting be drafted to share with the system in two weeks' time, to include references to Pride. The SOM Information Standard to be discussed at the next EDC meeting. **Action: EDC Secretariat.**

Agreed as an accurate record of the meeting	
Date:	
Signature:	
Name:	Simon Stevens Joan Saddler
Title:	EDC Co-Chairs

EDC MEMBERS:

First name	Surname	Organisation
Ellen	Armistead	CQC
Lisa	Bayliss-Pratt	Health Education England
Jane	Cummings	NHS England
Andrew	Dillon	National Institute for Clinical Excellence
Marie	Gabriel	East London NHS Foundation Trust
Sara	Gorton	Social Partnership Forum
Isabel	Hunt	NHS Digital
Wendy	Irwin	Royal College of Nursing
Amy	Leversidge	NHS Staff Council
Liz	McAnulty	Patients Association
Lee	McDonough	Department of Health
Danny	Mortimer	NHS Employers
Dr Anthea	Mowat	British Medical Association
Imelda	Redmond	Healthwatch England
Joan	Saddler	NHS Confederation
Adam	Sewell-Jones	NHS Improvement
Anu	Singh	NHS England
Simon	Stevens	NHS England
Tony	Vickers-Byrne	Public Health England
Melanie	Walker	Devon Partnership NHS Trust
Ray	Warburton	NHS Lewisham CCG
Rob	Webster	South West Yorkshire Partnership NHS Foundation Trust

**A.N.	Other	Health and Wellbeing Alliance
**A.N.	Other	Health and Wellbeing Alliance

** Nominations pending

EDC SECRETARIAT:

First name	Surname	Organisation
Caroline	Humphreys	NHS England
Lucy	Wilkinson	CQC

ALSO IN ATTENDANCE:

Jabeer Butt	Health and Wellbeing Alliance
Sally Brett	BMA
Yvonne Coghill	NHS England
Paul Deemer	NHS Employers
Bernd Sass	Health and Wellbeing Alliance