Equality and Diversity Council

30 October 2017

EDC Work Programme

1. Introduction

This paper sets out a proposed work programme for the EDC for 2017/18 and beyond. It also sets out the communications and engagement activities to publicise this work. Proposals are based on discussions held at the EDC meeting on 18 July 2017.

2. Setting the context

The EDC has undergone a recent review of its form, function and impact. A key aim was to ensure that the work of the EDC going forward would be more aligned to the objectives set out in the *Next Steps on the NHS Five Year Forward View*. The first meeting of the refreshed EDC took place in July 2017, where members agreed the structure and function at Annex 1 and the following three high-level themes for the EDC work programme:

1. *Enabling leadership capability and capacity* – externalising asset; growing new leaders; setting core local objectives and priorities and focussing upon bold aspirations; a diverse and representative workforce being one of the key enablers.

2. *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:
   - Drivers for NHS (key objectives in the *Next Steps on the NHS Five Year Forward View)*;
   - Influencing metrics and links to policy levers e.g. Quality Accounts.

3. *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 equality data and intelligence (EDS2)
   ii. Role of Healthwatch - co-production and meaningful engagement.

3. Key areas of work

Enabling leadership capability and capacity

Goal 1: Increase BME representation at senior levels in NHS bodies

Given the lack of BME representation at senior levels in English NHS bodies: EDC to set up a task and finish group to review existing programmes that are aimed at increasing BME representation, identify good practice, what further support should be provided to help develop a more diverse leadership, and how EDC can practically support an increase in the number of BME Executive Leaders, working with the WRES team and stakeholder organisations such as the NHS Leadership Academy (this goal links with the WRES work plan and 'aspirational targets' - see below).

Embedding levers and accountability

Goal 2: Ensure that the appropriate levers and accountability arrangements are in place to bring about improvements in equality and diversity

Members wanted to focus on quality improvement as part of the work plan. It is therefore proposed that a task and finish group is established to focus on **Improving Quality**, an 'equality' focus upon system alignment with the key policy drivers for the NHS (e.g. mental health, cancer, race disparities). The group would review existing data relating to equality and diversity in areas such as Mental Health and Cancer to determine whether the metrics, drivers (such as Quality Accounts) and systems are in place to affect change and make recommendations for further action.

EDC will also oversee and support the rollout of the following three key work areas:

- Workforce Race Equality Standard (WRES): key areas include building upon the data collection and system alignment from WRES phase one, and also focusing upon cultural and transformational change on the workforce race equality agenda. The next phase of the WRES work programme will focus upon three key areas:
  i. Enabling people: meaningful engagement, focused improvement, sustainability.
  ii. Embedding accountability: system alignment, regulation, new healthcare architecture.
  iii. Evidencing outcomes: data and intelligence, replicable good practice, evaluation.

Following analyses of the 2017 WRES data, work will commence on producing 'aspirational targets' that are evidence-based and cover the 9 WRES indicators. These will be owned by NHS organisations and parts of the healthcare architecture, and be regulated against.

- Workforce Disability Employment Standard (WDES): key areas to be taken forward include piloting the WDES metrics and holding engagement and consultation on the final version of the metrics and the agreed approach for WDES implementation.
- NHS Learning Disability Employment Programme (LDEP): NHS England is actively identifying opportunities to support the employment of disabled people as we develop the Learning Disability Employment Programme. As we plan the

development of employment guidance, we are looking at how this advice could address the issues faced by people with a learning disability, autism or a severe mental health condition. We are also examining how such recruitment guidance would assist disabled people more broadly. NHS England is working with Mencap and Disability Rights UK.

The EDC will also be kept informed about the following important projects being led by NHS England and its partners:

- Sexual Orientation Monitoring Standard (SOM)
- Scoping on the feasibility of a Unified Information Standard
- Work on bullying and harassment across the protected characteristics.

Supporting the system architecture (cross-cutting)

Goal 3: Mainstream equality and diversity into the new healthcare architecture

An **EDS2 task and finish group** will oversee the programme under the leadership of Melanie Walker, with the aim of refreshing and realigning the EDS2 to the current and emerging healthcare architecture. The group would comprise of EDC members and co-opted experts from the system; drawing upon recent EDS2 engagement across the NHS. This group would review all areas of protected characteristics.

EDC to specifically focus on the most topical and pressing matters as they emerge e.g. the recently published <u>Race Disparity Audit</u> – EDC would work with members such as Healthwatch and Patients Association to review the Audit data and other information we currently hold in relation to equality and diversity across the system, consider linkages and alignment with current national healthcare policies and priorities (FYFV).

4. Supporting Mechanisms

The EDC agreed that it needs to have greater visibility at a regional and local level than it has done to date. This will require a more proactive approach which includes visits out to the system and more systematic engagement by members with senior leaders across the system. Members are asked to consider the communications slides and agree that these meet the requirements of the EDC.

Further support will be provided through a revamped EDC Secretariat, which includes representation from across the EDC member organisations – including NHS England, HEE/NHS Leadership Academy, PHE and CQC.

5. Recommendations

It is recommended that the EDC:

- Review and agree the proposed EDC work programmes
- Agree the Communications and Engagement activities of the EDC

- Note the support arrangements being put in place.

Annex 1

EDC: Agreed structure and function

On 19 April 2017 the EDC agreed to the proposal to progress the recommendations agreed at the meeting in January to ensure that the EDC can deliver on its intent and commitments, within the delivery challenges outlined within the Next Steps on the NHS Five Year Forward View. The agreed recommendations for a refresh of its membership, form and function are set out below:

i) The purpose and work programme of EDC should be explicitly focused on promoting equality and diversity in the NHS across patient care and workforce issues and the focus should not be lost in making continuous improvements in this area. EDC will deal with issues which can help address health inequalities, but this is not its core purpose.

ii) The EDC is viewed as a forum where key system lead organisations set the direction for continuous improvements in equality and diversity, based upon the core values and principles of the NHS, and with a confirmed strategic overview and assurance role. Accordingly it must clearly set out its purpose and develop a system-wide blueprint which can flex and adapt to the continually changing landscape of the NHS and wider healthcare system.

 iii) Core strategic EDC membership of approx. 20 members representing national organisations or structures will meet quarterly, supported by a small number of operational task and finish groups, tasked to deliver on the strategic priorities of the EDC.

iv) In line with other national bodies, the EDC should produce an annual report summarising what it has achieved. This would help communicate the Council's work out to the system, reinforce to the EDC its own purpose and added value and help the momentum of the Council and its work.