

# Workforce Race Equality Standard (WRES) Strategic Advisory Group

MINUTES

10:00-12:00,  
11 JULY 2017

STEWART HOUSE, LONDON

<b>MEETING CALLED BY</b>	WRES Strategic Advisory Group
<b>ATTENDEES</b>	See annex
<b>APOLOGIES</b>	See annex
<b>NOTE TAKER</b>	Yvonne Coghill
<b>WELCOME &amp; INTRODUCTIONS</b>	Marie Gabriel

## Agenda topics

### WELCOME AND INTRODUCTIONS

**MARIE GABRIEL**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Anu Singh presented an overview of the SAG chair election process and result, and introduced the newly elected chair, Marie Gabriel.</p> <p>Marie welcomed all present at the meeting and thanked the departing SAG members and staff from the WRES Team, wishing them well on behalf of the SAG. Those departing included:</p> <ul style="list-style-type: none"> <li>• Sir Mike Richards</li> <li>• Ed Smith</li> <li>• Anu Singh</li> <li>• Roger Kline</li> <li>• Byron Currie</li> </ul> <p>Apologies were received from the following:</p> <ul style="list-style-type: none"> <li>• Sir David Behan</li> <li>• Sir Andrew Cash</li> <li>• Neil Churchill</li> <li>• Professor Aneez Esmail</li> <li>• Professor Dean Fathers</li> <li>• Sir Malcolm Grant</li> <li>• Dr Habib Naqvi</li> <li>• Ed Smith</li> </ul>
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### MATTERS ARISING

**ALL**

<b>DISCUSSION/ CONCLUSIONS</b>	<ul style="list-style-type: none"> <li>• <u>Communications from NHS Employers</u> promoting the positive messaging from the WRES data report 2016 – this item was ongoing.</li> <li>• <u>Preparing the WRES (and Sheffield Trust) session at the NHS Confederation Conference</u> – this action was completed. The session was a success; Sheffield Teaching Hospital has published a very useful document that details their WRES journey to date.</li> <li>• <u>ALBs progress on WRES implementation</u> – in progress to meet deadline.</li> </ul>
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## Paper: WRES SAG 1

- WRES and Primary Care – in progress to meet deadline.
- Scoping the tool to measure BME patient experience – It was clarified that the current measurement of patient experience, the Friends and Family Test, provided the information required to evidence correlations of with the WRES. The key points of the discussion were as follows:
  - Given the evidenced correlation between the experience of BME staff and the experience of patients, it is of concern that there is a not a national patient indicator that enables us to measure the experience of BME patients specifically. It was strongly felt that this was necessary to understand the full picture and to make true gains on this agenda.
  - It was of concern that information on the specific experience of BME patients was not gathered and that it was no longer gathered in relation to mental health services specifically.
  - There is work in other areas of the NHS to understand this experience of BME patients and use this information to inform policy and strategy, however there was concern that this work may be disjointed.
  - That there is a need for a 'Race Observatory' to gather information on the health and care experiences and outcomes for BME communities and staff. It was further agreed that the WRES SAG would consider and raise this need as part of its report back to the Equality and Diversity Council (EDC).
- WRES evaluation – An update on the WRES evaluation was given by Yvonne Coghill. It was agreed that a panel of SAG members be established with immediate effect to support the WRES Team in completing the tender process and to establish a meaningful approach to the evaluation. It was further agreed that the SAG Vice Chair, Mala Rao, would chair this panel.
- WRES commissioned work – Five pieces of work have been completed and a further three were underway. It was noted that:
  - It was important that all commissioned work assisted the system to implement WRES and as such should be presented in a joined-up way, with aligned elements presented together.
  - It would also be useful to ensure that evidence can be summarised into a best practice overview with the ability to then seek the detail.
  - It was preferable to delay publication until a strategic approach had been developed.
  - It was important to have a more focused and systematic approach to agreeing what work has been commissioned, including looking at correlations between initiatives for maximum impact.
  - Dean Fathers offered to lead a task and finish group to review the work published, Danny Mortimer also offered to be involved.
- Election of the SAG chair – this action was completed.

**WRES PHASE TWO STRATEGY**

**YVONNE COGHILL**

**DISCUSSION/  
CONCLUSIONS**

Yvonne Coghill introduced the WRES phase two strategy, this being the result of consultation and engagement with a range of stakeholders. The SAG congratulated the WRES Team on a clear and focused strategy. Dr Habib Naqvi was thanked for drawing together all relevant information and for producing the strategy. The following discussion considered both recommended amendments from the SAG and the methods for implementing the strategy.

Strategy amendments

- That the strategy should have a title reflecting the fact that the next two years of the programme would concentrate on embedding the WRES across the system in a sustainable way.
- That there needed to a small number of sustainability goals supported by clear steps that organisations could take to embed cultural change on this agenda, with information on how they could access support to improve.
- That the link to patient experience/quality of care is emphasised within the strategy, as it is within the one-page diagram.
- That it should be clear that both primary care and private providers must implement the WRES.
- That the strategy should highlight the responsibility of STPs in facilitating the implementation of the WRES.
- That it must be clear within the 'embedding accountability' section that there will be consequences for a lack of progress on this agenda, and that we should seek system support for those consequences.

Strategy implementation

- That the narrative accompanying the strategy should emphasise that the first stage was getting the system ready for phase two, which is the implementation of change and improvement. That the data of phase one will assist organisations with establishing the KPIs and actions required in reducing the gap and that there will be tracking of organisations, and STPs, to identify progress.
- That it was critical to harness the support of ALBs and to ensure that they also take WRES seriously within their own organisations.
- That implementation should take place within the system, where possible and appropriate, to ensure that cultural change is embedded. This included work with STP leadership.
- That enabling people was central to success, and so both NHS Employers and the NHS Leadership Academy had key roles in WRES phase two.
- That we should build on what we have learned, that a mandate, resources, and the leadership of senior white people, had led to success in WRES phase one. It was noted that the phase one evaluation would assist our understanding of what works.
- That the SAG recognises the risk of a reduced resource base when delivering the more difficult task of cultural change and therefore the ALBs should be asked to invest and contribute. It was also important to use the ability and role of SAG members, which in turn will help with embedding. In addition, a lack of resources should not be a

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	<p>justification for a lack of progress by any organisation; instead a question should be asked about how available resources are being used to achieve impact.</p> <ul style="list-style-type: none"> <li>• That the sustaining and ensuring future progress through the mechanism of a 'Race Observatory' would need to remain a focus for the group. It would be helpful to hold an event that brought together academics, researchers, and practice experts to confirm current evidence and ongoing work and to identify gaps.</li> <li>• That there was a need to illustrate how the WRES can assist with current NHS challenges, for example the burning platform of staff recruitment and retention.</li> <li>• That a compelling but simple narrative is needed that is underpinned by an effective communication strategy and plan, including the use of regular articles from key figures and the WRES Team. It was agreed that the WRES Team should assist with this and ensure that communication is meaningful to different parts of the system.</li> </ul>
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### SAG TERMS OF REFERENCE AND MEMBERSHIP

**MARIE GABRIEL**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>It was agreed that the SAG Terms of Reference needed to be updated in line with the focus of WRES Phase 2. For example, the title needs to be changed to illustrate the change of emphasis from a focus on 'standard' to 'implementation and cultural change'.</p> <p>It was also agreed that the SAG membership should be reviewed to ensure system and best practice leaders are active members. It was agreed that members should be asked to identify their spheres of influence to help inform this review.</p> <p>It was confirmed that the revised SAG Terms of Reference would be shared with the EDC for information.</p> <p>There was agreement that SAG members would be advised of the WRES Task and Finish Groups being established: Evaluation; Enabling People; and Best Practice; and members will be invited to join relevant groups.</p>
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### AOB AND CLOSE

**MARIE GABRIEL**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Marie asked whether anyone had any other business (there were none) and closed the meeting at 12:00.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
1. Present to EDC the notion of establishing a 'Race Observatory' to aid the systematic gathering of evidence and information.	Marie Gabriel	October 2017
2. Establish a panel of SAG members to oversee WRES evaluation tender process – to be chaired by Mala Rao.	Mala Rao and Yvonne Coghill	August 2017

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3. Best Practice Task and Finish Group to be established to consider the approach for commissioned WRES work, and to develop a framework for commissioning future work.	Dean Fathers, Danny Mortimer and Habib Naqvi	September 2017
4. EDC to be updated on the WRES Phase Two strategy.	Yvonne Coghill	July 2017
5. WRES strategy narrative to be developed – underpinned by an effective communications plan	Yvonne Coghill, Lord Victor Adebawale, Joan Saddler, Poppy Jaman, Marie Gabriel and Reg Wilhelm	September 2017
6. ALB chairs invited to a dinner to discuss their support in implementing cultural change on this agenda, and that a joint WRES and ALB Chief Executive workshop to be organised.	Yvonne Coghill, Sir Keith Pearson and Marie Gabriel	November 2017
7. Engage STP leadership on the WRES.	Yvonne Coghill and Habib Naqvi	September 2017
8. NHS Employers (via HR Leaders Group) and NHS Leadership Academy consider how to further support the ‘Enabling People’ strand of the strategy. Stephen Hart to be invited to join the SAG.	Danny Mortimer and Yvonne Coghill (with Stephen Hart)	September 2017
9. A ‘WRES Evidence Event’ is held as part of the implementation plan, bringing together relevant academics, researchers, and practice experts.	Yvonne Coghill and Mala Rao	December 2017
10. SAG Terms of Reference and membership to be updated in-line with the focus of the strategic approach underpinning WRES Phase 2 (current members asked to identify their spheres of influence to help inform this review).	Marie Gabriel, Yvonne Coghill and Habib Naqvi	September 2017
11. SAG members to be invited on the emerging WRES Task and Finish Groups: ‘Evaluation’; ‘Enabling People’, and ‘Best Practice’.	Marie Gabriel, Yvonne Coghill and Habib Naqvi	September 2017

### DATES OF FUTURE MEETINGS

Wednesday 13<sup>th</sup> September 10:00-12:00, London-wide LMC, BMA House, Tavistock Square, London WC1H 9JP

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## Annex

### Meeting of the WRES Strategic Advisory Group – Attendance July 11<sup>th</sup> 2017

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
<b>Attended</b>		
<b>Marie Gabriel</b>	Chair	East London Foundation Trust
<b>Yvonne Coghill</b>	Director - WRES	NHS England
<b>Anu Singh</b>	Director	NHS England
<b>Poppy Jaman</b>	CEO	Mental Health First Aid
<b>Danny Mortimer</b>	Chief Executive & Director of Employment Relations	NHS Employers
<b>Prof Mala Rao</b>	Academic	Public Health England / UEL
<b>Lord Victor Adebowale</b>	Non-executive Director	NHS England
<b>Sir Keith Pearson</b>	Chair	Health Education England
<b>Prof Dean Fathers</b>	Chair	Nottingham Healthcare Trust
<b>Jabeer Butt</b>	Deputy Chief Executive Officer	Race Equality Foundation
<b>Joan Saddler</b>	Deputy Director	NHS Confederation
<b>Richard Parish</b>	Non-executive Director	Public Health England
<b>Dame Gill Morgan</b>	Chair	NHS Providers
<b>Sir Mike Richards</b>	Chief Inspector - Hospitals	CQC
<b>Jacynth Ivey</b>	Associate NED	Health Education England
<b>Jacqueline Dunkley-Bent</b>	Head of Maternity, Children & Young People	NHS England
<b>Apologies</b>		
<b>Sir Andrew Cash</b>	Chair	The Shelford Group
<b>Prof Aneez Esmail</b>	Academic	University of Manchester
<b>Sir David Behan</b>	CEO	CQC
<b>Sir Malcolm Grant</b>	Chair	NHS England
<b>Stephen Dorrell</b>	Chair	NHS Confederation
<b>Michelle Drage</b>	CEO	London-wide LMCs
<b>Dr Habib Naqvi</b>	Policy Lead - WRES	NHS England
<b>Ed Smith</b>	Chair	NHS Improvement
<b>Neil Churchill</b>	Director	NHS England
<b>Roger Kline</b>	Director - WRES	NHS England
<b>Jon Restell</b>	CEO	Managers in Partnership Union
<b>Terry Roberts</b>	Director of People & Development	Hillingdon Hospital