

Workforce Race Equality Standard (WRES) Strategic Advisory Group

MINUTES

10:00-12:30,
10 JANUARY 2019

LONDON-WIDE LMC,
TAVISTOCK HOUSE, LONDON

MEETING CALLED BY	WRES Strategic Advisory Group
ATTENDEES	See Annex
APOLOGIES	See Annex
NOTE TAKER	WRES Implementation Team
WELCOME & INTRODUCTIONS	Marie Gabriel

Agenda topics

SAG1 **INTRODUCTIONS AND REVIEW OF PREVIOUS MINUTES AND ACTIONS** **MARIE GABRIEL**

DISCUSSION/ CONCLUSIONS	<p>Marie Gabriel welcomed SAG members to the meeting, as well as the following guest presenters:</p> <ul style="list-style-type: none"> • Dr David Ashby, Director of Model Hospital & Analytics, NHS Improvement • Rayshum Notay, Model Hospital Manager, NHS Improvement • Lisa Annaly, Head of Provider Analytics, CQC • Jeremy Dawson, University of Sheffield Management School <p>Marie noted apologies from Lord David Prior and Dr Buki Adeyemo.</p> <p>There were no amendments to minutes of the 11 October WRES SAG meeting. Ongoing actions from the previous minutes noted were:</p> <ol style="list-style-type: none"> 1. Further engagement with NHS staff from lower grades to measure impact of WRES, was noted as an on-going action. 2. Alignment of WRES Experts programme within the system – an offer to boards/governors, also requires the involvement of NHS Improvement. 3. Public Health England and Health Education England to be approached regarding their representation on the SAG. Baroness Harding confirmed that she would speak with Dame Julia Goodfellow at PHE, and Marie agreed to pursue with David Behan.
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SAG2 **WRES 2018 DATA FOR NHS TRUSTS** **OWEN CHINEMBIRI AND DR HABIB NAQVI**

DISCUSSION/ CONCLUSIONS	<p>Owen Chinembiri provided an overview of the latest WRES data for NHS Trusts, presenting trend data over a three-year period: 2016-2018. Positive changes were highlighted as well as areas of further improvement. Summary findings included:</p> <ul style="list-style-type: none"> • 10,407 more BME staff in 2018 compared to 2017 across NHS trusts;
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- Continuous improvement over time across the three workforce WRES indicators (2, 3 and 4);
- WRES indicators taken from the NHS Staff Survey (5-8), which reflect organisational culture, have remained largely static;
- Eleven more executive BME board members across NHS trusts in 2018 compared to 2017;
- A sustained increase in BME nurses, health visitors and midwives in Agenda for Change band 6 and above;
- WRES indicator 4 (access to non-mandatory training) has proved challenging for trusts re: recording and submission of reliable data;
- Overall, London continues to be the worst performing region across the majority of the WRES indicators.

The following points were raised by the SAG members:

- It was recognised that the data provided a statistical significance snapshot at a point in time, which enabled organisations to consider improvement over time. It would also be beneficial for trusts to mirror the national WRES leadership strategy to consider where NHS organisations need to get.
- Just as important is a consideration of what is behind the data, including learning from challenges and successes of organisations that make good progress.
- There should also be a consideration of the correlation of WRES data to other factors, such as turnover. Some of this will be picked up in the evaluation and also the composite score but it may be that new research should be commissioned.
- Further areas to consider for the data analyses relate to of intersectionality, including gender and LGBT.
- It was noted that the data should be used to identify areas of good practice – and for that good practice to be shared across the NHS.
- There was a critical need for effective leadership development. It was agreed that the SAG would receive an analysis of the number of BME making an application, attending and successfully completing leadership programmes and their subsequent destination. It was also important to ensure that leadership development of all staff equipped them to be truly inclusive leaders. It was further agreed that the Leadership Academy would provide insight into how all their developmental pathways enabled inclusion.
- In the appointment of Non-Executive Directors to Foundation Trusts, it was recognised that Council of Governors play a critical role in achieving diverse Board.

Habib Naqvi informed the SAG that the 2018 WRES data report will be published by mid-January 2019. SAG members acknowledged the high quality of the WRES data analysis and thanked the WRES team for their work.

ACTIONS:

1. Stephen Hart to provide an analysis of the impact of the Leadership Academy programmes on BME applicants and participants and on the inclusive capability of all participants.

	2. Dean Fathers and Dame Gill Morgan to follow up how Council of Governors should be involved in the WRES
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SAG3

WRES STRATEGY AND FUTURE

**YVONNE COGHILL,
DR HABIB NAQVI
AND PROF MALA RAO**

DISCUSSION/ CONCLUSIONS	<p>Yvonne Coghill expressed her sincere gratitude towards Baroness Harding and Lord Prior for their continued support in development of the WRES leadership representation strategy. The strategy was fully approved at both the NHS England and NHS Improvement December 2018 board meetings, and has been embedded within the NHS Long Term Plan. Yvonne noted that the WRES team had been made permanent with an additional £1m budget for the coming years.</p> <p>Habib Naqvi presented an overview of the strategy which is in line with the WRES data and the government’s announcement in autumn 2018 re: leadership of all public sector organisations should reflect the BME representation of the workforce by 2028.</p> <p>The strategy presents aspirational goals for BME representation across the workforce pipeline and leadership levels across NHS trusts and CCGs. It recognizes that local organisations will want to set their aspirational goals/action plans in collaboration with the WRES team.</p> <p>The strategic approach is based upon the notion that aspirational goals will need to be: challenging, specific, and be reinforced by accountability. Habib outlined how this will be achieved through existing policy levers and the NHS Improvement Single Oversight Framework. It was also noted the programme of work that will be developed to support NHS organisations in implementing the strategy.</p> <p>Finally, it was also stated that, in the spirit of continuous improvement, the national arm’s length bodies (ALBs) will also model the aspirations of the strategy.</p> <p>Key points discussed by SAG members:</p> <ul style="list-style-type: none"> • The strategy was a robust and excellent piece of work. • The importance of regional variance and that focused work will be of value and have greater impact in areas such as London. • Important that ALBs ‘should’ also replicate the approach advocated for the rest of the NHS. • Governor training – suggestions for the Chair and Non-Executive competency framework to incorporate the WRES agenda and be used as a tool to form part of the recruitment, induction and appraisal process. • Recognise that the Aspiring Chief Executive programmes, delivered in partnership between NHSI, NHS Providers and the Leadership Academy, purposefully considers diversity and that the positive impact of this rather than Board planned actions.
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- Accountability for recruitment and progression needs to be clear, with Boards considering breakdown on interview, appointment and progression actions.
- Robust engagement and development of all staff in middle management is essential for this agenda. The SAG recognised that most staff experience work within teams and in relation to their immediate line manager. It was agreed that this would be fed into the culture workstream of workforce planning being led by NHSI.
- Regulators to consider how Boards can be more accountability for the culture that leaders create in their respective organisations. There was an emphasis on accountability re: outcomes.
- There is the need to consider the impact of system changes on BME representation as organisations merge and align.
- Work with the WRES Frontline Forum has highlighted the need to ensure that all staff in organisations are aware of the WRES.
- It was recognised that the leadership strategy reflected one element of the WRES strategy and there was a need for the SAG to consider its implementation including key elements of the strategy e.g. system accountability. It was noted that consideration of the WRES narrative will need to be given as the strategy progressed and that it would be useful to consider more evidenced links to workforce and financial challenges.

It was confirmed that both the NHS England and the NHS Improvement boards agreed that the line of governance for the WRES programme would now be to their joint boards; the WRES will be represented on the emerging workforce committee (as outlined in the NHS Long Term Plan). Annual WRES updates will be provided to the NHS Equality and Diversity Council, as appropriate.

Mala Rao presented the SAG with an overview of the WRES medical workforce workshop held on 9 November 2018.

Key discussions from the workshop focused on:

- Ethnic inequalities within the medical workforce and BME representation in senior leadership structures.
- The need for greater representation of BME staff in senior positions.
- Data collection and intelligence from the WRES indicators were deemed effective, particularly for developing action plans and evidence of discrimination within trusts. More work to be carried out in this area.
- The RCGP has recognised inequalities with regards to progression, recruitment, training, exams and shortlisting by race.

SAG members discussed and suggested the following priorities relating to the medical workforce element of the WRES programme:

- Specific work with universities, HEE, BMA, GMC to develop solutions, building on the work of the WRES to develop race equality strategies;
- Urging appropriate bodies to collect further intelligence e.g. evidence of potential disparities from online and face-to-face exams.

	<p><u>ACTIONS:</u></p> <ol style="list-style-type: none"> 1. WRES team to develop the detailed action plan for the strategy, and report back at the April meeting of the SAG. 2. Mala to work closely with universities and Health Education England (HEE) to explore issues of inequalities in the medical workforce.
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SAG4/5

**MODEL HOSPITAL AND WRES
COMPOSITE SCORE**

**DR DAVID ASHBY,
RAYSHUM NOTAY AND
LISA ANNALY**

DISCUSSION/ CONCLUSIONS	<p>Dr David Ashby presented the WRES elements of the Model Hospital hub. This online tool presents trust level indicators, including those related to productivity and efficiency, with the aim to provide easy access to data, insight, good practice and support.</p> <p>The SAG members were delighted with the inclusion of WRES data within this interactive tool and how this will assist in their understanding of their own data and benchmarking. In line with the WRES SAG approach, the intention is not to create league tables but to aid improvement. The SAG discussed the following key points:</p> <ul style="list-style-type: none"> • Ensuring validity checks on WRES content. • Approaches for encouraging organisations to use this tool. • Importance of cross-sectorial comparisons e.g. ambulance trusts. <p>SAG members thanked David and Rayshum for the demonstration of the Hospital Model. Access to the Model Hospital is available to NHS organisations and NHSI agreed to facilitate SAG members access to the model, where appropriate.</p> <p><u>ACTION:</u></p> <ol style="list-style-type: none"> 1. David/Rayshum to disseminate log-on details for the Model Hospital to relevant members of the SAG. <p>Lisa Annaly presented an update on CQC’s work on the WRES composite score indicator for each NHS trust, based on the 9 WRES indicators. Next steps focus on the intended inclusion of the outputs of this work into the model hospital and CQC inspections.</p> <ul style="list-style-type: none"> • SAG members discussed the weighting of WRES performance within CQC’s inspections of NHS organisations with a robust debate on whether a hospital can be rated ‘outstanding’ if its WRES performance is poor. The challenges of considering several indicators in addition to the WRES, as part of CQC well-led inspections, was also highlighted. <p>SAG members thanked Lisa for the presentation and the ongoing work.</p> <p><u>ACTION:</u></p> <ol style="list-style-type: none"> 1. Ted Baker to lead on an item at the April SAG meeting on how the WRES element within the CQC inspection process can be further tightened.
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DISCUSSION/ CONCLUSIONS	<p>Prof Jeremy Dawson presented an overview of the independent evaluation of the WRES by the University of Sheffield. The evaluation used a range of methods including case studies, telephone interviews, literature reviews and quantitative data analyses.</p> <p>In summary, the evaluation has shown that:</p> <ul style="list-style-type: none"> • WRES is generally viewed positively. • It is impossible to ignore at senior levels. • Support from the WRES team has been extremely positive. • Methods for data collection and reporting are viewed positively. • There is evidence of improvement in multiple WRES indicators but less improvement in NHS staff survey indicators; indicators 2, 7 and 9 show statistically significant improvements. <p>Jeremy concluded that early signs show improvement and that there is a need for sustainability and continued commitment. Momentum in leadership of the WRES at national and local levels is critical.</p> <p>SAG members thanked Jeremy for continued work on the WRES evaluation.</p> <ul style="list-style-type: none"> • SAG members highlighted the continued importance of data. The SAG strongly agreed however, that Phase III of the WRES must be focussed on supporting the NHS as a system and the individual organisations within it, to create an inclusive culture that sustains and embeds continuous improvement on race equality. • There was insufficient time to consider the evaluation and it was agreed that a fuller presentation and debate would take place at the April meeting before a focussed session on priorities for WRES Phase III, with an emphasis on embedding an inclusive culture. <p><u>ACTIONS:</u></p> <ol style="list-style-type: none"> 1. WRES team to circulate the final evaluation report to the SAG. 2. April SAG to focus on WRES Phase III – Embedding an Inclusive Culture, supported by presentations from Jeremy Dawson on the evaluation and Ted Baker on how CQC regulates for equality, and the prior circulation of information from the NHS Leadership Academy.
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ANY OTHER BUSINESS**ALL**

DISCUSSION/ CONCLUSIONS	<p>A note of thanks was given to the WRES team for the high quality of work produced.</p> <p>Future SAG meetings:</p> <ul style="list-style-type: none"> • 25 April 2019, 10:00-12:30 • 31 July 2019, 10:00-12:30 • 17 October 2019, 10:00-12:30 <p>To be held at: London-wide LMCs, Tavistock House South, Tavistock Square, London WC1H 9LG</p>
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ACTION ITEMS LIST	PERSON(S) RESPONSIBLE	DEADLINE
1. Identify route by which to engage with the primary care sub-committee, and the exploration of subcontracting/outsourcing.	WRES team	April 2019
2. SAG members encouraged to write blogs on workforce race equality and the WRES.	SAG members and WRES team	April 2019
3. Identifying the method and opportunity of raising the WRES agenda with board governors, with support from NHS Improvement.	Dame Gill Morgan and Dean Fathers	April 2019
4. Undertake overview of BME take-up of NHS Leadership Academy programmes.	Stephen Hart	April 2019
5. Approach Public Health England and Health Education England re: representation on the SAG.	WRES team and Marie Gabriel	April 2019
6. WRES team to develop detailed action plan for the leadership representation strategy.	WRES team	January 2019
7. Dissemination of log-in details for the Model Hospital to members of the SAG.	David Ashby and WRES team	April 2019
8. Item at April SAG meeting on tightening-up on how WRES features in CQC inspections.	Ted Baker	April 2019
9. Final evaluation report to be circulated to the SAG.	WRES team	February 2019

**MEETING OF THE WRES STRATEGIC ADVISORY GROUP –
ATTENDANCE 10 JANUARY 2019**

Name	Job Title	Organisation
Attended		
Prof Jacqueline Dunkley-Bent	Head of Maternity, Children & Young People	NHS England
Karen Bonner	Director of Nursing	Chelsea and Westminster Hospital NHS FT
Lord Victor Adebawale	Non-executive Director	NHS England
Joan Saddler	Deputy Director	NHS Confederation
Jon Restell	CEO	Managers in Partnership
Sir David Dalton	CEO	Salford Royal NHS Trust
Dr Habib Naqvi	Policy Lead - WRES	NHS England
Prof Mala Rao	Professor & Senior Clinical Fellow	Imperial College London/PHE
Marie Gabriel	Chair	East London NHS FT
Owen Chinembiri	Analyst - WRES	NHS England
Yvonne Coghill	Director - WRES	NHS England
Dr Henrietta Hughes	National Guardian for the NHS	National Guardian's Office
Baroness Dido Harding	Chair	NHS Improvement
Prof Dean Fathers	Chair	Nottingham Healthcare Trust
Prof Ted Baker	Chief Inspector - Hospitals	Care Quality Commission
Adam Sewell-Jones	Executive Director of Improvement	NHS Improvement
Jabeer Butt	CEO	Race Equality Foundation
Garrett Emmerson	CEO	London Ambulance Service NHS Trust
Stephen Dorrell	Chair	NHS Confederation
Danny Mortimer	CEO	NHS Employers
Dame Gill Morgan	Chair	NHS Providers
Stephen Hart	National Director	NHS Leadership Academy
Dr Stephanie Hatch	Academic	Kings College London
Apologies		
Lord David Prior	Chair	NHS England
Dr Buki Adeyemo	Medical Director	North Stoke Combined NHS
Guest presenters		
Dr David Ashby	Director of Model Hospitals	NHS Improvement
Rayshum Notay	Relationship Manager, Model Hospitals	NHS Improvement
Lisa Annaly	Head of Provider Analytics	Care Quality Commission
Prof Jeremy Dawson	Professor of Healthcare Management	University of Sheffield
Visitors		
WRES team members	WRES team	NHS England