



Workforce Race Equality Standard (WRES) Update

January 2015

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Description	This document aim to provide an update as of January 2015 on the Workforce Race Equality Standard (WRES) following the consultation on the NHS Standard Contract. This document supports regular WRES updates that will be developed to update NHS Commissioners, NHS providers, System Leaders and Regulators on the ongoing implementation of the WRES.
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Workforce Race Equality Standard (WRES) Update

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Contents

1.	Update on the NHS Workforce Race Equality Standard (WRES) following the	
con	sultation on the NHS Standard Contract	4
1 2	.1 What the WRES Standard is intended to do and how? Consultation on the proposals	
3	Technical Guidance Group	5
4	Equality Analysis and Legal Advice	6
5	Further issues	6
6	Governance and the EDC	6
7	Next steps	6
8	Immediate issues for NHS organisations	7
9	Communications	7
10	Overall response	7

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1. Update on the NHS Workforce Race Equality Standard (WRES) following the consultation on the NHS Standard Contract.

1.1 What the WRES Standard is intended to do and how?

In response to the evidence of systemic workforce race discrimination in the NHS (Kline, R. 2013; 2014) and the evidence of the impact of workforce race discrimination on patient experience and care (Dawson, 2009: West, M 2012), the Equality and Diversity Council (EDC) considered (and then proposed) a Workforce Race Equality Standard.

Key to the framework adopted was:

- The evidence that previous efforts (notably the Race Equality Action Plan 2004) had not had the success intended
- The evidence that an approach that included mandated accountability with measurable outcomes had a greater likelihood of success of making progress on equality
- The view that the Standard should be simple and as far as possible build on data that existed (or should exist if organisations were compliant with the Equality Act) thus reducing additional work for NHS organisations
- There should be a relatively small number of metrics which should focus on the key obstacles to, or measures of, race equality
- The Standard would be inserted into the NHS Standard Contract from April 2015 and be inspected against by the CQC in its Well Led domain
- The expectation (and requirement) would be for organisations to demonstrate progress in closing the difference in metrics between the treatment and experience of white and BME staff
- The Standard would apply to Providers (except "small providers" with contracts under £200,000); NHS Commissioners and other national arm's length bodies; with work to be undertaken on precisely how this would be done.
- The mandated metrics, (to be published in final version during February 2015) do not have nationally specified targets for individual organisations, would be published with benchmarking work to be undertaken

- It is intended that the metrics would encourage or oblige organisations to conduct root cause analyses as to the causes of the inequality that exists with the intention of driving change, rather than just compliance with the metrics. In so doing organisations would draw on best practice around the NHS and beyond
- The CQC would inspect against progress from April 2016, onwards thus giving a year of preparation
- The work on race equality was seen as part of a wider programme of work across all equality strands
- The WRES was seen as complementing and contributing to EDS2 processes but would be undertaken and published separately

2 Consultation on the proposals

There have been two consultations. A stakeholder consultation took place in August/September 2014 and a formal consultation on the NHS Standard contract clause took place over December 2014/January 2015. A number of issues were raised in the first consultation, some for clarification, some from respondents not convinced of the proposal but the proposal received considerable support. Issues raised in the second consultation were focused on the detail of the standard and led to a number of changes to metrics following a series of very constructive comments from various stakeholders. **The consultation can be found here** :

http://www.england.nhs.uk/wp-content/uploads/2014/12/wres-standard-041214.pdf

3 Technical Guidance Group

In anticipation of the second consultation and conscious of the April 2015 deadline, a Technical Guidance reference group composed of senior Human Resource (HR) directors and managers and senior equality advisers and leads was convened with additional support sought from a member of the Workforce Information & Quality NHS Development team. The group was chaired by Paul Deemer from NHS Employers and supported by Roger Kline and reporting to Ruth Passman at NHS England.

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The group amended a draft set of metrics which were then included in the December 2014 – January 2015 consultation. The group met again in the light of the consultation and made some further amendments to the metrics and set the framework for only Technical Guidance which will need approval through the Gateway Process. A draft of this Guidance is being finalised. The Guidance will be complemented by an expanded and evolving set of online FAQs. The Guidance will explain the way in which the WRES and EDS2 will complement each other whilst remaining distinct, in line with the consultation and the responses received.

4 Equality Analysis and Legal Advice

An equality analysis has been undertaken, further refinements are being made to the documentation following helpful comments from EDC members and beyond. The entire proposal has been cleared by NHS England's legal advisers prior to the December 2014 consultation. None of the changes to the metrics impact on that advice.

5 Further issues

Outstanding issues include precisely how (not whether) the Standard will apply to:

- National NHS bodies, including NHS England, CQC, TDA, Monitor, Leadership Academy. Work has already started on this.
- The role of, and application to, Clinical Commissioning Groups,
- The private/voluntary sector to whom the Standard will also apply except for "small providers" (as defined in the NHS Standard Contract)

6 Governance and the EDC

In accordance with the EDC decision a new high level group is being constituted, led by the chairs of the national NHS arm's length bodies and NHS England, to have oversight for the work to develop and embed the WRES and its linked work around race equality. This group will report to EDC and meet as soon as possible.

7 Next steps

Now that the consultation has closed and the metrics have been finalised, a programme of work is being developed to communicate, embed and give support to Boards and others around the WRES. It is anticipated this work will be done in social partnership and with the active engagement of BME staff across the NHS, with a particular emphasis on identifying and sharing good practice.

8 Immediate issues for NHS organisations

The Technical Guidance group identified some immediate priorities:

- Ensure higher levels of awareness of the purpose of, and work needed for, the WRES
- Ensure the levels of returns on ethnic monitoring in all organisations are sufficiently high to provide assurance on data analysis
- Engaging BME staff and engage staff generally around these issues
- Getting data ready for April 1 2015 the Technical Guidance group felt there should be a three months period of grace in Year 1 so April 2015 data should be published by July 1st 2015

9 Communications

A priority is stepping up and professionalising communications now that the consultation is concluded and the metrics finalised. Immediate steps will include a steady stream of communications to different levels of the NHS system and social media.

10 Overall response

Since the close of the formal consultation there has been a very substantial increase in interest and support with a considerable number of meetings and requests focussed on the "how" as well as the "why". Some national partners have already played a very positive role:

- The Leadership Academy has seconded a member of staff
- The CQC has already started planning for its role post April 2016
- NHS Providers have published a very helpful Guide to the WRES with practical advice <u>http://www.nhsproviders.org/resource-library/the-race-equality-opportunity-for-nhs-provider-boards</u>
- NHS Employers equality lead has chaired the Technical Guidance group
- NHS England will be hosting the Implementation Group