

## Equality and Diversity Council Meeting Paper

28<sup>th</sup> April 2015

### Workforce Race Equality Standard Update

#### Purpose and context

An agreed priority of the EDC is to focus upon ensuring that the gap between the treatment, opportunities and experience of BME and White staff is closed and that NHS Boards are broadly representative of the communities they serve through the development and implementation of the Workforce Race Equality Standard.

#### Actions taken to date

- The Workforce Race Equality Standard is now mandated through the NHS standard contract 2015-16 and in the CCG Assurance Framework 2015/16
- The Workforce Race Equality Standard will be inspected against by the CQC from 2016-17
- Work has been commissioned to explore the feasibility of benchmarking the Standard
- Technical Guidance on the Workforce Race Equality Standard has been published
- An extensive range of FAQs and other materials are on a bespoke web page on the NHS England Equality Hub
- An Advisory Group has been established and held its first meeting on 17<sup>th</sup> March 2015
- Nine regional workshops have been held with a further two planned, alongside a range of other meetings with national organisations, regional networks and individual NHS Trusts to explain the Standard and with advice on initial steps to take

#### Current position

- Further development of resources is underway including a case studies template and a voluntary reporting template
- Technical Guidance for CCGs is in draft form
- Recruitment to WRES Implementation Team will be taking place in the very near future
- Discussions with partner organisations to NHS England on further work and support is underway

#### Key risks

Consequential risks of not taking this work forward include:

- A lack of direction for NHS organisations if support and resources not provided
- A risk that faced with other pressures work to implement the Standard will not be seen as a priority (applies to both local and national organisations)
- This opportunity to help improve NHS provider performance and patient care will be missed
- The staffing costs of less favourable treatment of BME staff will continue

## **Next steps**

Further development of the work programme, in particular:

- Ensuring all organisations understand the case for the Standard through a range of communications especially face to face discussions with networks, Boards and senior management teams
- Drawing on the contribution of partner organisations for NHS England nationally, working in partnership
- Working collaboratively to help support WRES implementation at national organisation level
- Prioritising the sharing of examples of good practice

## **Recommendation and action requested**

For the EDC to note the above, and to seek support and commitment with regard to the implementation of WRES across national health organisations.

**Ruth Passman**  
**April 2015**