

## Equality and Diversity Council Meeting Paper

18<sup>th</sup> October 2016

### 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 (WRES).

#### EDC theme and objective(s) the paper links to

##### **Theme 3: Workforce Equality – Eliminating discriminatory practices by :**

**Key Goal:** Improving workforce race equality through successful implementation of the WRES (with increased numbers of NHS BME leaders)

**Key Goal:** Developing workforce equality standards across protected groups

#### Actions taken to date

- The WRES has been embedded within key policy levers including the NHS standard contract 2015-16 and in the CCG Assurance Framework 2016/17. It is also being inspected against by the CQC when considering the “well led” domain during 2016-17.
- Resources to help support local organisations to use the WRES have been produced and made available to the NHS. These include Technical Guidance 2016-17, an updated Reporting Template, and bulletins and FAQs. These are all available on the NHS England website. A complete refresh of the website is overdue and about to begin
- We have agreed planned deliverables with NHS England and these have been discussed with the WRES Strategic Advisory Group which meets quarterly.
- Our first Baseline Report on the July 2015 WRES data was published by the EDC. Work on the second report is underway. We have used Unify 2 to collect data for July 2016 and at 15<sup>th</sup> September 95% of Trusts had submitted data returns, a much higher figure than expected by now.
- We have extended our work with CCGs, have run the first training day with CCG colleagues and have established a good relationship with Clinical Commissioners.
- We are close to finalising arrangements to apply WRES to the independent and voluntary sector which will recognise the differences in data and size but apply the same principles. The CQC is already inspecting against the WRES in this sector.
- We have been meeting with all the major ALBs to ensure the WRES is being applied there.
- We have commissioned work to scope the extent and nature of BME staff networks and how they should best influence WRES.
- We have met the Social Partnership Forum to ensure increased local traction

## Current position

- We have commissioned a number of small pieces of work to help identify good practice, understand the research on what makes for effective improvement in equality and to map BME networks across the NHS. This work looks at best practice in the private and public sectors and within the NHS. The purpose is to be able to identify, validate, understand and disseminate good practice around workforce race equality in the light of the shortcomings of previous initiatives. This work is a priority for the next 6 months. Some of our early work was summarised in a submission made in an August BIES consultation response on BME people in the labour market.
- We have secured funding from HEE to support a substantial evaluation of our work to commence early next year
- The WRES is attracting interest beyond the NHS, notably in the civil service.
- Discussion will soon commence to consider the future funding and focus of the WRES beyond 31<sup>st</sup> March 2017

## Key risks

Current potential risks include:

- Delays in appointing staff and completing procurement of research have caused some delay in work to create a critical mass of good practice
- The impact of the Referendum decision may impact adversely on the experience of NHS staff from BME and EU backgrounds increasing WRES challenge.
- Faced with other pressures, work to implement the WRES may not be seen as a priority (applies to both local and national organisations)
- The opportunity to help improve NHS provider performance and patient care would be missed
- If there were to be a prolonged period of uncertainty over the future focus and funding of the WRES that would impact on the work in the coming months.

## Next steps

Further development of the WRES work programme, in particular:

- Development of an improved WRES communications strategy to help ensure that all NHS organisations understand the case for the WRES
- Prioritising the identification and sharing of good practice examples across the country.
- Joint work to improve responses to the NHS staff survey
- Further collaboration with healthcare regulators, including the CQC, on future work to embed and support the WRES within inspection regimes.
- Liaise with the NHS England New Care Models Team and NHS Improvement to better embed the WRES and workforce equality into the workforce development guidance and support provided to vanguards and the wider system.
- Commissioning of a programme to develop WRES legacy champions
- Commissioning of research to evaluate the development and impact of WRES
- Preparation of work to publish the 2016 WRES data report in early 2017

**Recommendation and action requested**

For the EDC to note the above progress, and to seek support and commitment with regard to the implementation of the WRES across the NHS.

**Yvonne Coghill and Roger Kline**  
**September 16<sup>th</sup> 2016**