

A Model Employer:

Increasing black and minority ethnic representation at senior levels across the NHS

NHS Workforce Race Equality Standard (WRES) leadership strategy

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Foreword

The NHS workforce as a whole is now more diverse than at any time in its 70 year history, yet at the most senior levels, the leadership of organisations do not reflect the workforce. Evidence shows that tackling workforce race inequality improves staff experience, patient outcomes and organisational efficiency. Our staff should look at their leaders and see themselves represented, and our patients deserve the same. We know that when we support black and minority ethnic (BME) staff to rise through our organisations and take leadership positions, everybody benefits.

Organisations across the NHS have been working hard to improve workforce race inequality, but we all know that we need to do more. The government has set a national goal that is clear and ambitious: that NHS leadership should be as diverse as the rest of the workforce; and, in particular, we should ensure that BME representation at senior management matches that across the rest of the NHS workforce within ten years. We wholeheartedly support this ambition and have aligned the national Workforce Race Equality Standard (WRES) strategy to help accelerate this work across the NHS.

We cannot afford the cost to staff and patient care that results from unfairness in the way we appoint, treat and develop a large section of the NHS workforce. The “business case” for race equality in the NHS is a powerful one and it’s the right thing to do. NHS England and NHS Improvement, with their partners, are committed to tackling race discrimination and creating an NHS where the talents of all staff are valued and developed – not least for the sake of our patients.

We encourage all NHS staff to read this strategy and reflect on what they will do to help deliver on its ambitious objectives, and look forward to seeing continuous improvements on this important agenda over the coming period.

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01 A Model Employer: the case for workforce race equality

The NHS is the practical expression of a shared commitment by all that make up our diverse British society. Every day, nurses, doctors, other clinical and non-clinical staff impact the lives of people all over the country and beyond.

Ever since its inception in 1948, the NHS has depended on the talents of its diverse workforce, including those from overseas. However, the experiences and opportunities that black and minority ethnic (BME) staff in the NHS face, do not always correspond with the values upon which the NHS proudly stands.

Transparency is a vital first step towards harnessing the power of a diverse workforce at all levels. As such, the WRES data point to progress in some areas of workplace race inequality but there is still much more we must do, including removing barriers to recruitment and progression along the workforce pipeline for all ethnic groups in our NHS.

As a national institution, the NHS is committed to ensuring that people from all backgrounds have the opportunity to realise their potential. This is not just about social justice; tackling inequality of opportunity in the workplace is also about organisational efficiency and patient care. This is why we are clear: workplace disparities in opportunities and treatment of BME staff are unacceptable and must be transformed.

A diverse workforce at all levels is good news for NHS organisations as it enables access to a wider range of skills and talents; good news for patients as a diverse workforce is better equipped to meet the needs of our diverse communities; and good news for staff wellbeing as they enjoy greater workplace opportunities, increased job satisfaction and are better rewarded for their contribution to the NHS.

To be a model employer, the NHS needs to be more inclusive - embodying a diverse workforce at all levels, and bringing the wealth of experience and perspective for delivering the best outcomes for all communities that it serves. This is our ambition; its realisation will require concerted effort from everyone to overcome structural, procedural and attitudinal barriers within individual organisations and parts of the NHS.

The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce. In many organisations, this is not always the case and sometimes a stronger focus is needed to drive accelerated improvement. That is why we are setting out the strategic approach in supporting NHS organisations to reflect their workforce within their own leadership.

This strategy forms part of the overarching WRES programme of work, supporting organisations to meet the workforce equality commitments set out in the NHS Long Term Plan.

02 The need for accelerated improvement

Since its introduction in 2015, the WRES has required NHS trusts and clinical commissioning groups (CCGs) to self-assess, annually, on nine indicators of workforce race equality; these include indicators related to BME representation at senior and board level.

A national WRES team has been established to provide direction and tailored support to NHS trusts, and increasingly to the wider healthcare system, enabling local NHS and national healthcare organisations to:

- identify the gap in treatment and experience between white and BME staff;
- make comparisons with similar organisations on level of progress over time;
- take remedial action on causes of ethnic disparities in WRES indicator outcomes.

Whilst much more work is to be done, this approach is leading to continuous improvement for parts of the NHS and for individual organisations – e.g. at North East London NHS Foundation Trust, where data indicate that the concerted focus on workforce race equality is having a beneficial impact upon the entire workforce – across the equality groups.

Increasingly, we need to be assured that the composition of leadership not only includes the best range of talent, skill sets and experience available to us, but that it also broadly reflects those who work in our organisations. Our staff should look at their leaders and see themselves represented, and our patients deserve the same. We know that when we support BME staff to rise through our organisations and take leadership positions, everybody benefits.

Table 1: BME representation changes across NHS trusts and CCGs 2016 – 2018

	2016	2017	2018
All BME workforce	17.40% (204,377)	18.09% (216,644)	18.94% (230,189)
BME band 8a to very senior managers (VSM)	9.74% (6,447)	10.40% (7,207)	11.20% (8,146)
Gap	7.65%	7.69%	7.74%

The 2018 WRES data for NHS trusts show:

- the overall number and proportion of BME staff working in the NHS is increasing. In 2018 there were 25,812 more BME staff compared to 2016, an increase from 17.4% to 19.1%;
- the number of BME staff at band 8a to VSM increased by 1,699, from 9.7% to 11.2%;

- the gap between the percentage of overall BME staff and representation at band 8a to VSM has not increased at the same rate and has remained constant over time, at 7.7%;
- in order to close the gap, we need to increase the recruitment of staff across the senior bands of the workforce pipeline.

03 Local variation in BME board representation

Overall, the proportion of board members in NHS trusts is comprised of 88% white, 7% BME, and 5% unknown. This is not reflective of the NHS workforce as a whole where 19% of staff is from a BME background. We also know that the proportion of BME members on NHS trust boards varies by geographical region.

In London, 16% of NHS trust board members are BME. Whilst this is a comparatively larger proportion when compared to all other regions, there remains a significant disparity with the overall BME workforce in London trusts, which is 44%.

In the South region, BME board members comprise only 4% of the total trust board membership – lower than the national average of 7%, and more importantly, lower than the 14% figure of BME workforce in NHS trusts across the South region.

04 Our approach: ambition for leadership representation

There is robust evidence for the effectiveness of having an ambition that is based upon a commitment to specific goals, monitored by frequent feedback.¹ Organisations are more likely to focus on an issue at hand if an official goal or aspiration exists to act as a reminder of what needs to be achieved. Aspirational goals should embody challenge, specificity, and need to be reinforced by accountability.

Although BME leadership representation across the NHS has shown signs of improvement since the introduction of the WRES, there is a clear need for further accelerated improvement. Aspirational goals to increase BME representation at leadership levels, and across the workforce pipeline, will reinforce the existing WRES programme of work. Many organisations and parts of the NHS are already setting aspirational goals for a number of WRES indicators.

Issues of the lack of leadership representation apply as much to the clinical workforce as they do to the non-clinical workforce. Whilst the next part of this strategy focuses upon representation across the Agenda for Change (AfC) bandings, this strategic approach will also apply to those NHS staff that do not fall under the Agenda for Change model.

¹ Jayne, M.E., & Dipboye, R.L. (2004). Leveraging diversity to improve business performance: Research findings and recommendations for organisations. *Human resource management*, 43(4), 409-424

Overarching aspiration for the NHS

Statistical analyses based upon current NHS workforce data and trajectory present three models: equality in representation across the AfC bands in the NHS (e.g. where the proportion of BME staff in a particular AfC bands across NHS trusts and CCGs equals the proportion of BME staff overall) by 2023, 2028, and 2033. Using the example of the very senior managers (VSM) band, these three models are set-out in Table 2 below, for both NHS trusts and for CCGs.

Table 2: Options for BME VSM recruitment in NHS trusts and CCGs

	Proportion of BME workforce ¹	Proportion of BME VSMs ¹	Additional VSM recruitment activity per year in order to reach equality ³ by:		
			2023	2028	2033
NHS trusts	1 in 6	1 in 18	1 in 3 recruits from BME (56) ²	1 in 4 recruits from BME (41) ²	1 in 5 recruits from BME (36) ²
CCGs	1 in 7	1 in 10	1 in 6 recruits from BME (18) ²	1 in 7 recruits from BME (16) ²	

1 The analysis uses 2018 data for both NHS trusts and CCGs across all bands.

1 BME proportions are recorded as a total of known ethnicities.

2 Values in brackets are the number of BME VSM recruits required per year to reach equality.

3 Reaching the value in column "Proportion of BME workforce" (note: by 2033 this may have changed).

A stretching, and yet achievable aspiration for the NHS would be to reach equality in BME representation across the workforce pipeline by 2028. This is the recommended model; in this area, it aligns with the timeframe announced by the government on this aspiration for the public sector, it is in line with the timeframe for the NHS Long Term Plan, and is the basis upon which this strategy is informed.

If we take VSM band as an example, the model will mean that one in every four of all VSM staff recruited in NHS trusts are from a BME background; this is an additional 41 BME VSM recruits across all NHS trusts per year. For CCGs this will mean one in every seven VSM staff recruited in CCGs are of a BME background; an additional 16 BME VSM per year.

The aspiration to improve equality will be used to further galvanize action in this area, accelerating and extending the current WRES programme of work across the NHS.

Aspirations at organisational level

Locally defined goals across the pipeline, tailored to an organisation's circumstances and workforce composition, will support delivery of the overarching national goal of leadership across the NHS representing the workforce that it serves.

The proposed overarching aspiration for the NHS, and the 2028 timeframe, can be applied to local NHS organisations. As an example, AfC band 8a recruitment aspirations for two NHS trusts; University College London Hospitals NHS Foundation Trust (UCLH), and Newcastle Upon Tyne NHS Foundation Trust, based upon their respective BME workforce composition, are presented in Table 3.

Table 3: Goal setting for band 8a BME recruitment in two NHS trusts

	Proportion of BME workforce ¹	Proportion of BME band 8a ¹	Additional band 8a recruitment activity per year in order to reach equality ³ by: 2028
UCLH NHS FT	1 in 2	1 in 4	6 in 10 recruits from BME (19) ²
Newcastle Upon Tyne NHS FT	1 in 12	1 in 58	1 in 9 recruits from BME (3) ²

1 The analysis uses 2017 data for the specified hospitals.

1 BME proportions are recorded as a total of known ethnicities.

2 Values in brackets are the number of BME band 8a recruits required per year to reach equality.

3 Reaching the value in column "Proportion of BME workforce" (note: by 2028 this may have changed).

Based upon their respective workforce composition, the 2028 model will mean that UCLH recruits six in every ten of all band 8a staff from a BME background; this will be an additional 19 BME recruits to band 8a across UCLH per year. For Newcastle Upon Tyne NHS FT, the 2028 model will mean that one in every nine staff recruited to band 8a is of a BME background; that is an additional three BME band 8a recruits across that trust per year.

Whilst data on the necessary increases in BME staff across the AfC bands will be made available to organisations, we acknowledge that individual trusts and CCGs will know their workforce and their populations best, and will therefore be ideally placed to develop their own robust action plans to support this agenda.

Organisations are expected to discuss WRES implementation at board meetings, and to develop and agree the following with the national WRES team:

- their target for BME representation across leadership and the broader workforce, as outlined in the NHS Long Term Plan;
- a robust WRES action plan to deliver on the the above aspirations;
- how the organisation will work with the national WRES team to track progress.

Arm's length bodies leading the way

As employers, the national arm's length bodies (ALBs) should be leading the way, on the workforce race equality agenda. ALBs implement the WRES and their respective organisational WRES data are published annually. In the same spirit of transparency and continuous improvement, the ALBs will also be supported to work towards the system-wide aspiration of leadership reflecting the diversity of their respective workforce.

05 Supporting delivery of the ambition

We know that workforce race equality requires organisations to go beyond operational change as a result of compliance and regulation against metrics and targets. Whilst these features are critical, the parallel challenge here is that of cultural and transformational change on this agenda, across the entire workforce, which should be, which should be approached with an honest heart and an open mind.

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

Figure: Evidence based model for improving BME representation across the NHS workforce



Although well-intentioned, one of the limitations of previous efforts to improve BME staff representation at senior levels across the NHS is an over-focus upon the deficit-model; the notion that there are inherent weaknesses or deficits amongst BME staff themselves, rather than deep-rooted issues within organisations. This strategy is underpinned by both interventions that support BME staff recruitment and development, as well as focussing upon transforming cultures and processes within the organisations for which they work.

The current leadership across the NHS must lead the charge in bringing more BME staff into senior and leadership positions. They need to be equipped to take personal responsibility for ensuring that they are able to fill their top positions with BME staff that are ready to step into senior leadership. We also know that organisational change and cuts in management can negatively impact upon BME staff. Leaders should be mindful that any future workforce changes do not have a disproportionately regressive impact upon BME leadership positions.

This programme of work will require delivery of four interlinked components and associated priorities:

Leadership and cultural transformation

Demonstrate commitment to becoming an inclusive and representative employer - role modelling on race equality – work will be carried out to transform deep-rooted cultures of workforce inequality via organisational leadership strategies. A focus here will be upon NHS Improvement's Culture and Leadership Programme. Leaders should engage stakeholders in helping to share rationale and process for improvement.

Require VSMs and board members to mentor/reverse mentor and sponsor at least one talented ethnic minority staff at AfC band 8d or below – coaching skills and structured support will be made available to senior staff to carry this out. Mentoring, reverse mentoring and sponsoring will be part of the senior leader's performance objectives that will be monitored and appraised against.

Recruitment drive on BME non-executive directors (NEDs) – as a starting point, a drive to appoint BME NEDs will be encouraged. Existing NEDs will be encouraged to play an active role in mentoring and sponsoring BME staff that have the potential to get to an executive role within three years.

Regions, STP and ICS work – the WRES team is supporting regional approaches to improving workforce race equality, including across London and the north of England. Innovative work is being carried out across Greater Manchester, where the WRES is being extended across health and social care, and beyond. A key focus here will be upon the new and emerging healthcare architecture, including integrated care systems (ICSs), and sustainability and transformational partnerships (STPs).

Continued national focus – the WRES programme which supports the NHS to become a better and more inclusive employer – making full use of its diverse workforce, should be embedded within key future workforce policies and strategies for the NHS, including within the Long Term Plan for the NHS.

Positive action and practical support

Talent management – in order to meet the set aspiration, concrete measures to remove barriers for our most talented BME staff succeeding will be put in place. To enable this to happen, there needs to be a consistent narrative within organisations, based on a fit-for-purpose national approach to effective talent management across the NHS.

From the diverse NHS workforce that we have, we will identify the most talented staff and help them to progress. But this must not be a ‘tick-box’ exercise of simply increasing BME numbers; BME staff need to be supported to expand their experiences and skills, particularly where the opportunities to do this have not been made readily available.

Diverse shortlisting and interviewing panels – recruiting managers will be held accountable for institutionalising diverse shortlisting and interview panels. There would seldom, be acceptable exceptions for not having a BME member on shortlisting and interview panels; this is firmly within the organisation’s control. Where BME interviewees are not appointed, justification should be sent to the organisation’s chair setting out, clearly, the process followed and the reasons for not appointing the BME candidate.

Batch interviews should be considered where appropriate – panel interviews of single applicants may not always provide the optimum assessment of a candidate’s skills and capabilities, and can contribute towards creating conditions for bias. Organisations will be encouraged to examine the merits of interviewing a batch of candidates for a number of different roles or positions.

Technical WRES expertise at regional levels – the WRES experts programme aims to develop cohorts of race equality experts from across the NHS to support the implementation of the WRES within their organisation. Participants become part of a network of professionals across the NHS that advocate, oversee and champion the implementation of the WRES at regional and local level. The work on meeting leadership aspirations at local level will be built into the existing WRES experts programme.

Promote success and share replicable good practice – identification and dissemination of models of good practice, evidence based interventions and processes from across the NHS – from the wider public, private, voluntary and charitable sectors – will help support NHS organisations to achieve the required outcomes.

Accountability and assurance

[Build assurance and accountability for progress](#) – NHS organisations across the country will be supported to develop workforce race equality strategies and robust action plans that are reflective of their WRES data. These action plans provide an ideal vehicle to continuously improve on the issues that, the data show, are of key concern for the organisation. Progress against the aspirations will form part of an organisation's action planning for the WRES.

The support of assurance and regulatory bodies continues to be essential in achieving progress on WRES implementation, and will be critical going forward. As a start, progress against meeting the BME leadership aspiration will be firmly embedded in NHS Improvement's Single Oversight Framework.

The Care Quality Commission (CQC) already reviews against the WRES as part of its inspections of the 'well-led' domain. Work will be carried out to further strengthen the 'well-led' inspection framework to give greater weight to organisational progress in tackling workforce race inequality through robust implementation of the WRES, and in promoting diversity more generally.

As part of the CCG Improvement and Assurance Framework, CCGs will be required to give assurance that their providers are implementing the WRES and progressing on the BME leadership aspiration, and that they themselves are doing the same. The WRES team will ensure that progress on this agenda will be embedded within this existing lever of accountability and assurance.

[Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process](#) – senior leaders should be held accountable for the level of progress on this agenda. Working with national healthcare bodies, progress on workforce race equality will be embedded within performance reviews of chairs and chief executives – including emphasis on WRES implementation and on progress in meeting the set goals for their respective organisation.

[Building the capability and capacity of BME staff networks across the NHS](#) – to play a key part of the accountability and transparency approach will play a key role. There will be a concerted effort towards supporting leaders of BME staff networks and trade union representatives, across the NHS to raise the visibility of their work, and to provide a source of meaningful and sustained engagement with the WRES programme of work.

Monitoring progress and benchmarking

WRES processes for data collection and publication – data will be an essential element of assessing organisational progress, as well as the progress of the NHS as a whole, against the goal for BME staff representation at senior levels across the NHS. Through the existing collection and publication of annual WRES data at local and national level, organisations will be able to ascertain where they are, where they need to be and, with robust action planning, how they will get there.

Benchmarking progress – benchmarking and progress will be established and published as part of NHS Improvement's Model Hospital hub and WRES annual data reporting, through which the monitoring of progress against set aspirations over time will be undertaken, and good practice shared.

Due to the changing nature of BME workforce composition across the NHS, the right approach will be to periodically update the assessment of the overall progress that has been made on meeting the aspirations – starting at the end of 2020, and local organisations will be supported via the national WRES team to do the same.

Oversight

The lack of BME leadership is a system-wide issue that requires a system-wide response. Collaborative working between the national healthcare organisations and key partners will be needed on this agenda. This will benefit from all relevant organisations focusing resource in a more intentional manner going forward.

This approach will form part of an overarching strategy for equality, diversity and inclusion across the NHS. The learning from the work undertaken through the WRES programme will help inform continuous improvements across the other characteristics given protection by the Equality Act 2010. As WRES data for NHS trusts are indicating, progress on race equality is beginning to show beneficial impacts and improvements for all other staff across the workforce.

The WRES Strategic Advisory Group will oversee the implementation of this strategy as part of its oversight and advisory role for the WRES programme. Reporting to NHS England and NHS Improvement, the WRES programme director will be responsible for the successful delivery of the strategy and its operational expression.

06 Conclusion and next steps

We have set the NHS, and ourselves, an ambitious challenge of ensuring leadership is representative of the overall BME workforce by 2028, and have outlined a comprehensive and holistic set of objectives to help guide us.

Demonstrable leadership, accountability and support interventions will help organisations to continuously improve on workforce race equality. Data and progress will be monitored and benchmarked for continuous improvement over time.

The above will help deliver the twin priorities of improving BME representation across the workforce pipeline of the NHS, as well as creating more inclusive cultures that value the contributions of all staff - as highlighted in the NHS Long Term Plan.

Over the coming months, the national WRES team will finalise a detailed action plan to support NHS organisations in the delivery of these critical ambitions.

Annex A:

WRES Indicators of staff experience and opportunity

Workforce indicators	
For each of these four workforce indicators, compare the data for white and BME staff	
1	Percentage of staff in each of the AfC Bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by: Non-clinical staff, Clinical staff, of which - Non-medical staff - Medical and dental staff
2	Relative likelihood of staff being appointed from shortlisting across all posts.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4	Relative likelihood of staff accessing non-mandatory training and CPD.
National NHS Staff Survey indicators (or equivalent)	
For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7	Percentage believing that trust provides equal opportunities for career progression or promotion.
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues.
Board representation indicator	
For this indicator, compare the difference for white and BME staff	
9	Percentage difference between the organisations' board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> • By voting membership of the board • By executive membership of the board

Annex B:

Improving experiences and opportunities - WRES progress to date

People from BME backgrounds are less likely to be appointed from shortlisting compared to white applicants, more likely to be under-represented in senior and leadership positions, more likely to be bullied at work, and more likely to go through formal disciplinary action.

To help close the gaps in BME and white staff experiences and opportunities in the NHS WRES strategies and interventions to date have been underpinned by three internationally evidenced themes:

- **Enabling people:** meaningful engagement; focused improvement, and sustainability.

Amongst the interventions under this theme, the WRES team has established the WRES Frontline Staff Forum, to learn from the lived experience of frontline BME staff in the NHS. The team has delivered a series of regional WRES round tables for NHS CEOs and chairs, facilitating demonstrable leadership on this agenda at local level and supporting the establishment of regional WRES strategies. The WRES Experts programme was launched in 2018, training NHS staff from local organisations on the intricacies of the workforce race equality – thus decentralising WRES implementation support and supporting the sustainability of the agenda.

- **Embedding accountability:** policy alignment; assurance and regulation.

A key element of the WRES strategy is to embed the WRES within the key policy levers that cover providers of NHS services, as well as commissioners. The WRES features within levers such as the NHS standard contract, the CCG Improvement and Assurance Framework, CQC's 'well-led' domain, as well as within the NHS Five Year Forward View. In addition, the WRES team has been working with areas and parts of the NHS where data tell us more concerted focus and support is needed: the nursing and medical workforce, with organisations across the London region, and with regard to devolution in Greater Manchester.

- **Evidencing outcomes:** data and intelligence; replicable good practice, and evaluation of progress.

Since 2015, the WRES team has been undertaking the annual collection, analyses and publication of WRES data from NHS trusts across England. This was extended for the national healthcare organisations in 2018, and will also be extended across CCGs going forward. Research and evaluation, to amplify the narrative on this agenda, is a key feature of the WRES strategy. Consequently, numerous reports and publications have been published and made available by the WRES team.

Annex C:

Proposed summary implementation plan for increasing BME representation across the NHS workforce pipeline

Strategic objective	Outcome	Operational deliverable	Oversight
1. Leadership and cultural transformation:			
1.1 Develop and communicate rationale for WRES and the leadership aspiration, aligned to national bodies	Leaders / staff are clear on their responsibility and expectations on delivery	Provide timely communication to the system	NHS England, NHS Improvement, NHS Employers, NHS EDC
1.2 Senior leaders mentor and sponsor BME staff at grades 8d and below	BME staff are supported with career progression	Resource / tool on mentoring and sponsorship for senior leaders	NHS England, NHS Improvement, NHS Employers
1.3 Focus on culture and leadership across the NHS	All new staff are aware of WRES and compassionate leadership	Embed WRES within the appraisal process of senior managers	NHS England, NHS Improvement
1.4 Support for regional/ STP/ICO leaders on WRES and leadership aspirations	Leadership of new architecture is fully informed on the agenda and ambition	Provide support on the agenda across the new and emerging healthcare architecture	NHS England, NHS Improvement, NHS Employers

Strategic objective	Outcome	Operational deliverable	Oversight
2. Positive action and practical support			
<p>2.1 Support and development of fit-for-purpose talent management programmes for BME managers; nurses (linked to the CNO BME SAG); doctors, and other parts of the NHS workforce</p>	<p>BME staff are supported to progress in career development, ensuring talent pipeline at all levels</p>	<p>Revise / support existing talent management programmes and initiatives</p>	<p>NHS England, NHS Improvement, NHS Employers, NHS EDC</p>
<p>2.2 Good practice tool on recruitment and retention (shortlisting; interviews; appraisals and development)</p>	<p>NHS managers are equipped with the skills and knowledge to improve on recruitment and retention practice</p>	<p>Produce good practice guidance for the NHS</p>	<p>NHS England, NHS Improvement, NHS Employers</p>
<p>2.3 Establish WRES expert leads within each of the seven NHS regions</p>	<p>Organisations are supported to continuously improve on their WRES performance</p>	<p>Recruit WRES regional leads across the NHS</p>	<p>NHS England, NHS Improvement</p>
<p>2.4 Support for middle management staff across the NHS</p>	<p>Middle managers are supported on the agenda in particular</p>	<p>Dedicated workshops and interventions</p>	<p>NHS England, NHS Improvement, NHS Employers</p>

Strategic objective	Outcome	Operational deliverable	Oversight
3. Accountability and assurance			
3.1 Ensure progress on this agenda is infused within key policy levers for providers and commissioners	Effective incentives and sanctions included within the minimum number of levers for the maximum number of NHS organisations	Implementation and progress to appear within: the NHS standard contract, CQC 'well-led' inspections; CCG IAF and the Single Oversight Framework	CQC; NHS Improvement; NHS England, Health Education England, GMC, trade unions.
3.2 Embed WRES performance and progress within performance objectives and appraisals of senior leaders	Senior leaders are held accountable for progress (or lack of)	Review and update senior leader objectives and appraisal processes	NHS Improvement; NHS Providers, NHS Confederation

Strategic objective	Outcome	Operational deliverable	Oversight
4. Monitoring progress and benchmarking			
4.1 Include monitoring of progress on WRES as part of existing WRES data reporting and NHS Improvement's Hospital Model hub	High quality data and intelligence that help support organisations to continuously improve on workforce race equality	Performance against WRES is monitored and published (via dashboard) to help aid concerted support to organisations that need it most	CQC; NHS Improvement; NHS England, Health Education England, GMC, trade unions.
4.2 Produce ethnicity pay gap data as part of existing annual WRES data reporting	High quality data and intelligence that help support organisations to continuously improve on the WRES	Performance against the WRES is monitored and published (via dashboard) to help aid concerted support to organisations that need it most	NHS Improvement; NHS Providers, NHS Confederation