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National Social Partnership Forum

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**Where we've come from and where
we're going**

What is the WRES?

<https://www.youtube.com/watch?v=G44C9yn-oo0&feature=youtu.be>

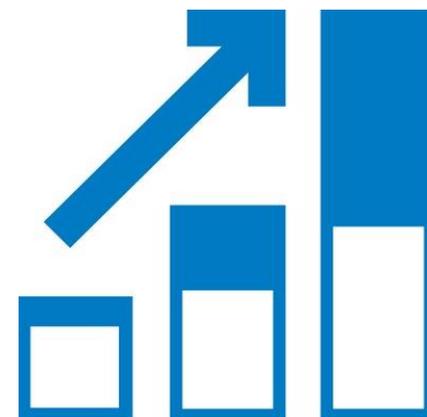
Context I

- Many initiatives had been tried in the NHS to improve race equality...systematic impact?
- The WRES came into being as consequence of several forces coming together at the same time
- Work began on introducing a workforce race equality standard for the NHS in 2014

Context II

Conditions for change to make a meaningful and sustained difference include:

- Leadership and role models
- Finance
- Support resources
- Constant communications
- Measurable metrics
- Celebration of success



Establishing governance structures

- Work initiated by the Equality and Diversity Council in 2014
- WRES Programme located within NHS England on behalf of the wider system – team recruitment
- Establishment of the WRES Strategic Advisory Group
 - Visible leadership on the agenda
 - Advice and direction on WRES implementing
 - Support a wider programme of behaviour and cultural change for workforce race equality within the NHS

WRES implementation strategy

1. Engaging the system

- Communications, training and development. Social movement

2. Supporting the system

- Research, data and intelligence
- Advice, guidance and knowledge
- Effective system alignment

3. Making the system work

- Benchmarking progress
- Sharing good practices and processes
- Evaluation and sustainability

What have we done to date I

- **Engaging the system**
 - Regional WRES workshops and seminars
 - Constant communications to the system
 - Leaflets and booklets produced
 - WRES animation video
 - WRES 'call to action' video
 - WRES webpage
 - WRES Twitter account



What have we done to date II

- Supporting the system
 - Obtained academic advice and input
 - Developed the 9 WRES indicators
 - WRES technical guidance documents
 - Included WRES into UNIFY2 IT system for returns
 - Embedded WRES into key policy levers:
 - NHS standard contract since April 2015
 - CQC inspection programme (WRES Specialist Advisors)
 - CCG Assessment and Improvement Framework

What have we done to date III

- Making the system work

Reporting on the 2015 baseline WRES data for NHS trusts

- Higher percentages of BME staff report the experience of harassment, bullying or abuse from staff, than White staff
- BME staff are generally less likely than White staff to report the belief that the trust provides equal opportunities for career progression or promotion
- BME staff more likely to report experiencing discrimination at work from a manager compared to White staff



One year on: WRES priorities and FYFV

1. Dissemination and development of the **narrative and challenge** to the NHS
2. Establish a critical mass of **evidence-driven good practice and improvement**
3. **Sustainable data collection and analysis**
4. **Accountability and transparency** – sustainable annual benchmarking system established, plus CQC inspection against the “well led” domain
5. **Sustainable leadership** - building alliances and identifying cross cutting themes linked to improving **cultures**

WRES going forward.....

- Further development of the **narrative** and the **challenge** to the NHS
- Establish a critical mass of **evidence-driven good practice and improvement**
- Consolidate **sustainable data collection and analysis**
- Establish sustainable annual **benchmarking** system established, plus **CQC inspection** against the “well led” domain
- Consolidate our approach to **independent providers and arms length bodies**

WRES going forward.....

- Develop our work with **CCGs**
- Work closely with **New Models of Care**
- Consolidate our **research underpinning**, including around an improved HR paradigm
- **Sustainable leadership** - build alliances and identifying cross cutting themes linked to improving **cultures** – what's good for BME staff is good for patients, and for wider organisational culture
- Help strengthen **BME networks** and engagement of **social partners**