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
• 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**