NHS

NELCA Workforce Race Equality Standard (WRES) 2019-2020 Report and Action Plan

Report compiled by: Sandra Ovid, EDI Manager, NELCSU

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About Workforce Race Equality Standards (WRES)

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Simon Stevens, Chief Executive of NHS England, said: "The Five Year Forward View sets out a direction of travel for the NHS – much of which depends on the health service embracing innovation, engaging and respecting staff, and drawing on the immense talent in our workforce. We know that care is far more likely to meet the needs of all the patients we're here to serve when NHS leadership is drawn from diverse communities across the country, and when all our frontline staff are themselves free from discrimination. These new mandatory standards will help NHS organisations to achieve these important goals."

The Workforce Race Equality Standard (WRES) was introduced in April 2015, after engaging and consulting key stakeholders including other NHS organisations across England. It is now included in the NHS standard contract, starting in 2015/16 and included in the 2020/21 NHS standard contract. NHS Trusts https://www.england.nhs.uk/nhs-standard-contract/20-21/ produced and published their first WRES baseline data on 1 July 2015.

Foreword

NHS People Plan 2020-21 / London Workforce Race Equality Strategy

- **NHS People Plan 2020-21**
- "There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves.
- This plan sets out actions to support transformation across the whole NHS.
- It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care.
- The plan sets out what the people of the NHS can expect –from their leaders and from each other –for the rest of 2020 and into 2021."
- **London Workforce Race Equality Strategy**
- "More than 44.9% of our NHS staff in London are from a BME background and the majority of our doctors, nurses and midwives bring global experience to their roles.
- However, it is well documented that the experience of BME colleagues working in London is not equal to that of their white counterparts. This is simply not acceptable, and we now need to make a step-change to move forwards.
- This strategy is aimed at starting a coordinated, consistent and sustainable programme of work to make that change. It is aligned with the spirit and actions of the People Plan and there is a great deal of interconnection between the two documents."

NELCA 2020-21 WRES Action Plan is linked to the organisation's OD plan, NHS People Plan and the London Workforce Race Equality Strategy.

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7 CCGs WRES Workforce Data

2019-20

Data analysis compiled by: Sandra Ovid, EDI Manager, NELCSU

Table 1

CCGs Workforce by Ethnicity-2019-2020

Newham CCG Workforce	
Ethnicity	Number
White	34
BME	35
Not disclosed	15
Grand Total	84

Barking & Dagenham CCG Workforce	
Ethnicity	Number
White	6
BME	14
Not disclosed	4
Grand Total	24

Tower Hamlets CCG Workforce	
Ethnicity	Number
White	70
BME	81
Not disclosed	22
Grand Total	173

Havering CCG Workforce	
Ethnicity	Number
White	8
BME	9
Not disclosed	7
Grand Total	24

City & Hackney CCG Workforce	
Ethnicity	Number
White	49
BME	33
Not disclosed	5
Grand Total	87

Waltham Forest CCG Workforce	
Ethnicity	Number
White	14
BME	34
Not disclosed	22
Grand Total	70

Redbridge CCG workforce	
Ethnicity	Number
White	98
BME	82
Not disclosed	8
Grand Total	188

Table 2

Non –disclosure 2019-20

WEL	2018-19	2019- 20
Waltham Forest	17	22
Newham	28	15
Tower Hamlets	32	22
Total	**77**	**59**

BHR	2018-19	2019-20
Barking & Dagenham	11	4
Havering	9	7
Redbridge	17	8
Total	**37**	**19**

City & Hackney	2018-19	2019-20
Total	**6**	**5**

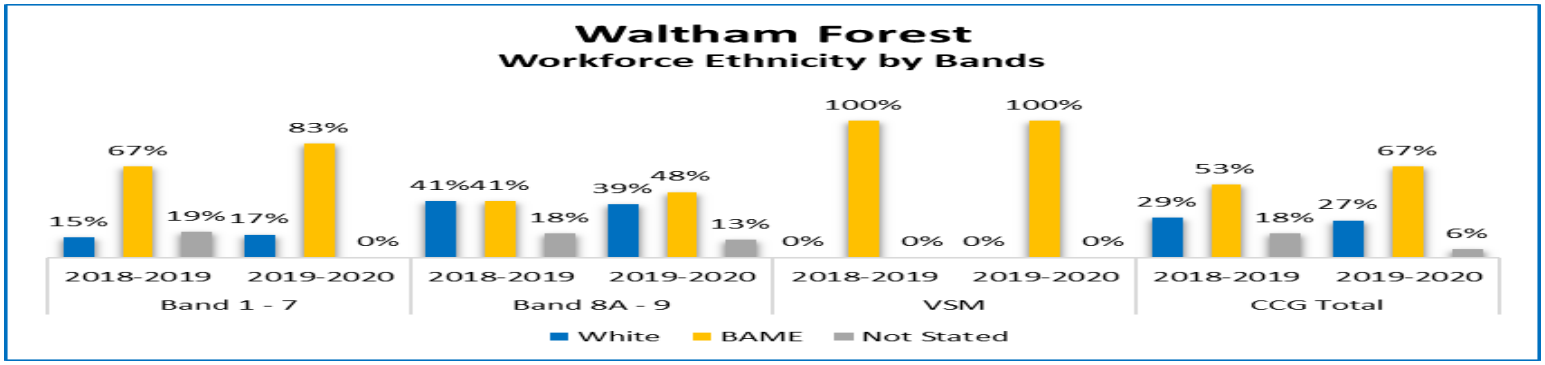
Key findings

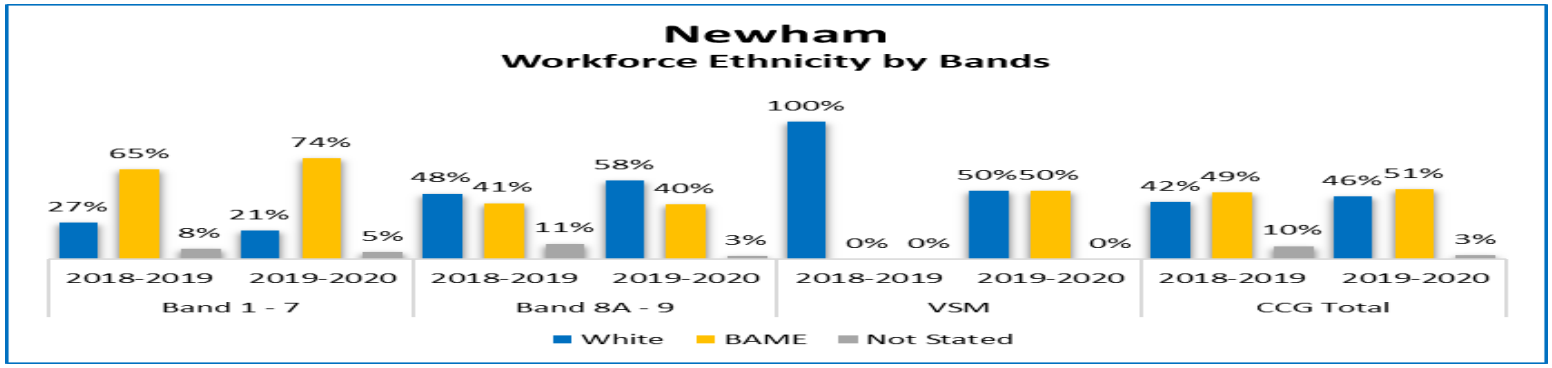
- Overall, staff who chose not disclose their ethnicity has improved in comparison to the previous year.
- The data shows a decrease for all CCGs.
- WEL decreased from 77 to 59
- BHR decreased from 37 to 19
- City and Hackney has also decreased slightly from 6 to 5.

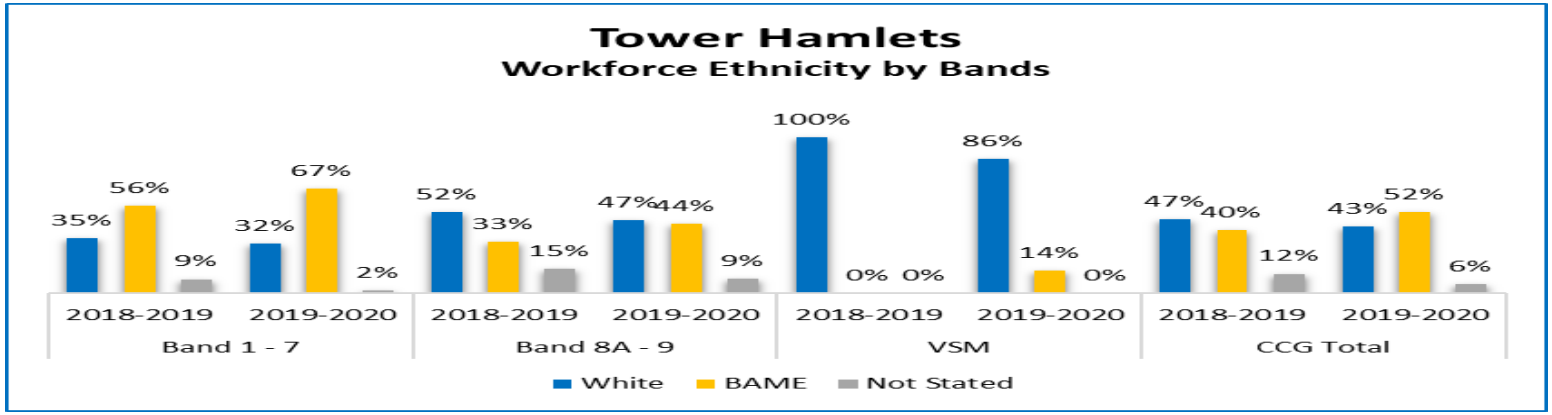
Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce

WEL

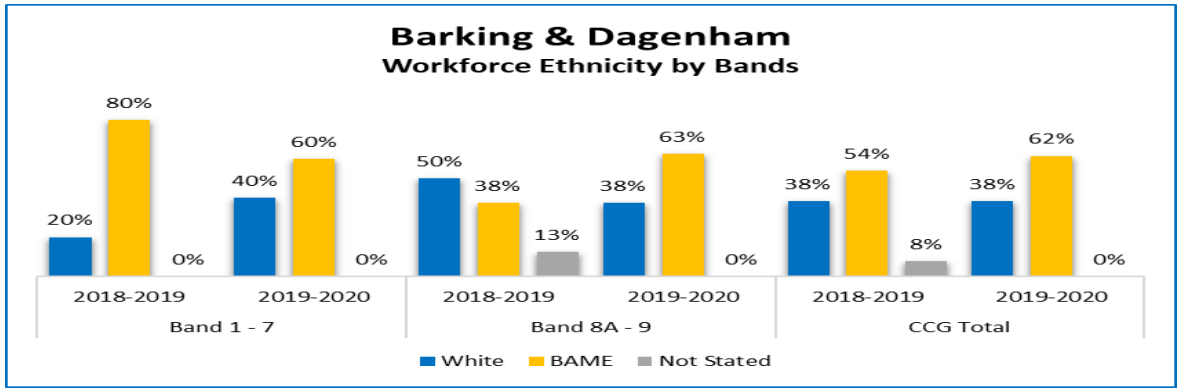


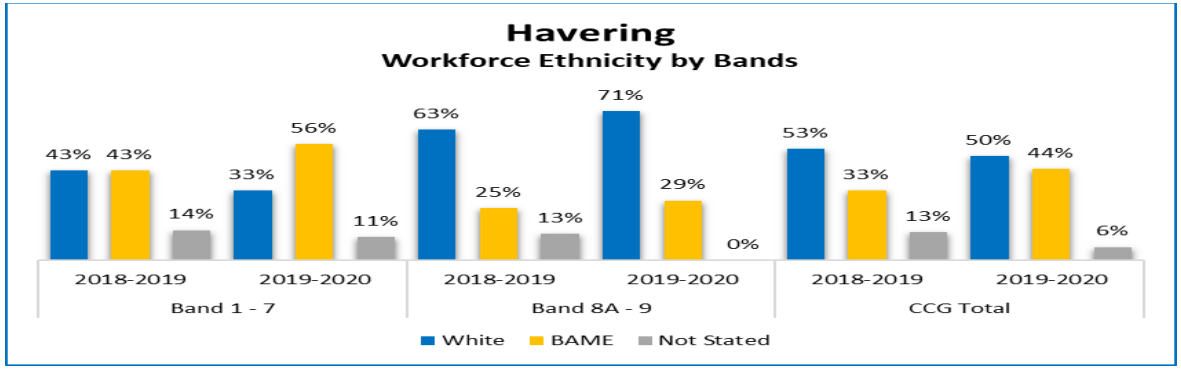


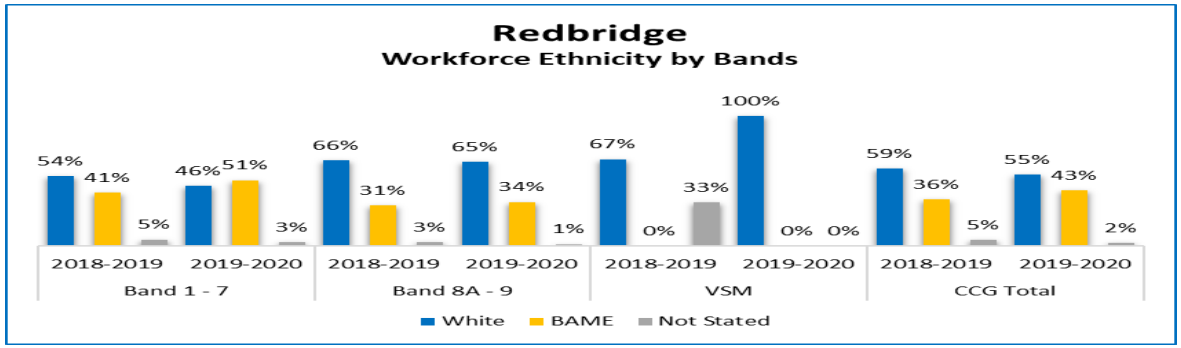


Indicator 1 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce

BHR

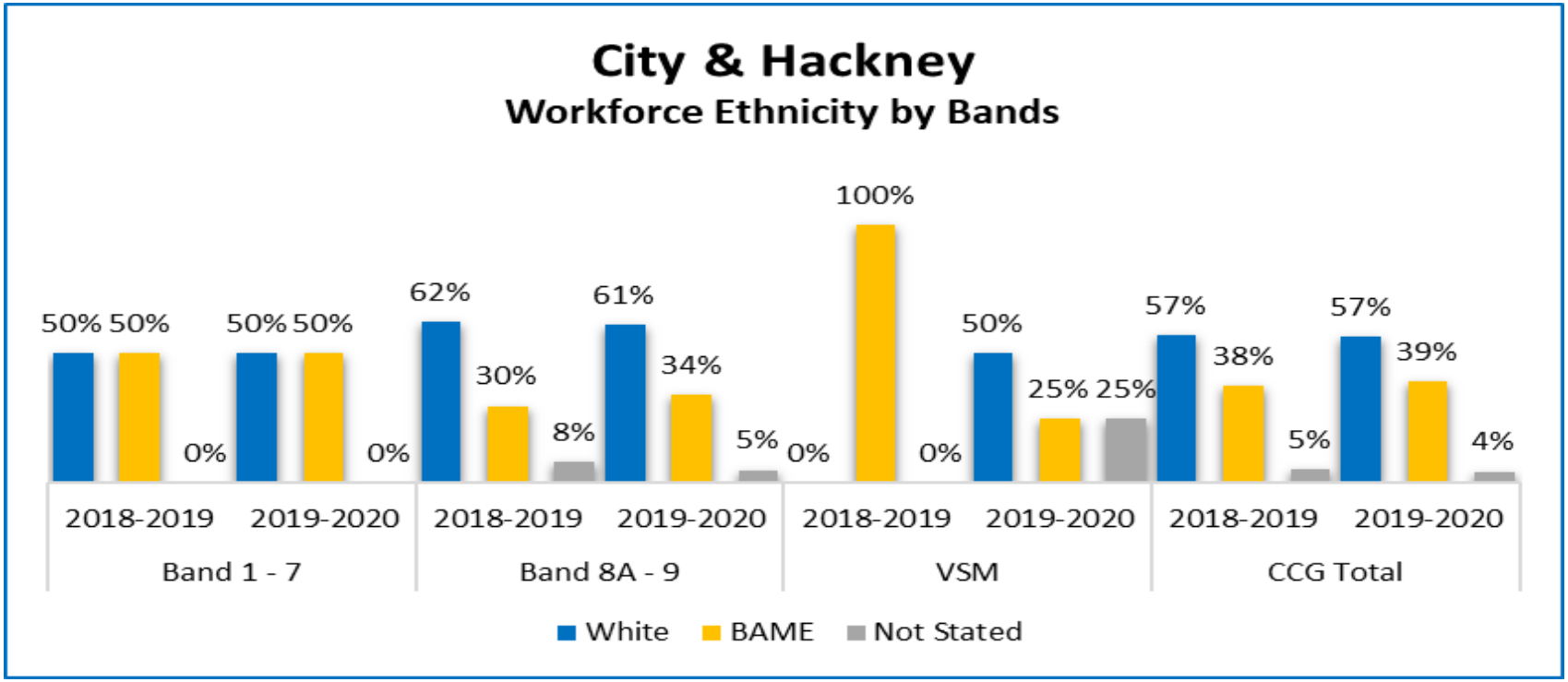






Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce



Indicator 1 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive board members)

WRES Indicator 1 – 2019 - 2020	Percentage of White/BME Bands 1-7			Percentage of White/BME Bands 8-9			Percentage of White/BME Band VSM			Percentage of BME staff in CCG workforce	BME Population in Borough
Organisation's name	White	BME	Not stated	White	BME	Not stated	White	BME	Not stated		
Waltham Forest	17%	83%	0%	39%	48%	13%	0%	100%	0%	**67%**	**49.7%**
Newham	21%	74%	5%	58%	40%	3%	50%	50%	0%	**51%**	**72.6%**
Tower Hamlets	32%	67%	2%	47%	44%	9%	86%	14%	0%	**52%**	**53.6%**
WEL average	**23%**	**75%**	**2%**	**48%**	**44%**	**8%**	**79%**	**55%**	**0%**	**57%**	**58.6%**
Barking & Dagenham	40%	60%	0%	38%	63%	0%	0	0	0	**62%**	**52%**
Havering	33%	56%	11%	71%	**29%**	0	0	0	0	**44%**	**17.2%**
Redbridge	46%	51%	3%	65%	34%	1%	55%	**43%**	2%	**43%**	**64%**
BHR average	**39%**	**56%**	**5%**	**58%**	**42%**	**0%**	**18%**	**14%**	**1%**	**50%**	**44.4%**
City & Hackney	50%	50%	0%	61%	34%	5%	50%	25%	25%	**39%**	**40%**

WRES indicator 1

Percentage of staff in each of the Agenda for Change (AfC) Bands 1 - 9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce

Key findings

- BME staff are concentrated in AfC bands 1 to 7, and are over represented in the workforce across WEL, BHR and City & Hackney and the Borough population.
- However, as the pay bands increase, (8-9 and VSM) the proportion of BME staff within those bands decreases with the exception of Waltham Forest (VSM) and Barking and Dagenham (8-9).
- City and Hackney BME staff in bands 1-7 makes up 50% of the workforce with the exception of bands 8-9 and VSM where the make-up is 34% and 25% respectively. This does not reflect the workforce or the borough population.

Indicator 2, 3 and 4 data by CCGs and system level

Organisation's name	**Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts**		**Relative likelihood of BME staff entering the formal disciplinary process compare to White staff**		**Relative likelihood of White staff accessing non-mandatory training and CPD compare to BME staff**	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**
Waltham Forest	1.14	No recruitment	0	0	0.60	0
Newham	1.81	9.33	0	0	0	0
Tower Hamlets	1.05	2.04	0	0	0	0
WEL average	**1.33** (of recruiting CCGs)	**5.68** (of recruiting CCGs)	**0**	**0**	**0.60**	**0**
Barking & Dagenham	1.75	No recruitment	0	0	0	0
Havering	No recruitment	No recruitment	0	0	0	1.13
Redbridge	1.14	1.14	0	1.20	0.48	2.51
BHR average	**1.45** (of recruiting CCGs)	**1.14** (of recruiting CCGs)	**0**	**1.20**	**0.48**	**1.82**
City & Hackney	3.19	6.30	0	0	0.85	1.12

WRES indicator 2

Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

Key findings

- Three of the CCGs provided data for this indicator. Some did not show recruitment activity for the reporting period – this is because we recruit by system not individual CCG.
- Overall the relative likelihood of white applicants being appointed from shortlisting in City & Hackney, WEL and BHR CCGs appears to be 6.30, 5.68 and 1.14 higher than applicants from BME backgrounds. This is a significant increase compared to the previous year – **this needs to be validated**.
- Newham and City & Hackney CCGs have the highest relative likelihood (9.33 and 6.3 respectively) of white applicants being appointed from shortlisting compared to BME applicants – **this needs to be validated**.
- This national average of 1.6 for London and 1.46 for England.
- This appears to demonstrate that people from BME backgrounds are applying and being shortlisted for jobs within the CCGs, however, the barrier occurs at the appointment stage for non white staff.

The goal is a neutral likelihood of 1, this would mean there is no difference in the likelihood between BME and white applicants being recruited.

WRES indicator 3

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Key findings

- All 7 CCGs provided data for this indicator – however as there are relatively few cases that progress to formal processes the largely zero return indicates we may want to explore what occurs at informal stages.
- Six CCGs had zero BME staff entering the formal process and one CCG had a case.
- Overall, a statistically insignificant number (1.20 of BHR workforce) have entered the formal disciplinary process.

The goal is a neutral likelihood of 1, this would mean there is no difference in the likelihood between BME and white staff.

WRES indicator 4

Relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff

Key findings

- Some of the CCGs do not keep accurate and up-to-date records on non-mandatory training
- However, this indicator is still a useful proxy for understanding the level of fairness by which staff are treated when it comes to non–mandatory training and CPD
- Overall the combined relative likelihood score of white staff accessing non–mandatory training and CPD compared to BME staff was 2.94 on those reporting on this indicator
- White staff are still relatively more likely to access non–mandatory training and CPD.

The goal is a neutral likelihood of 1, this would mean there is no difference in the likelihood between BME and White staff.

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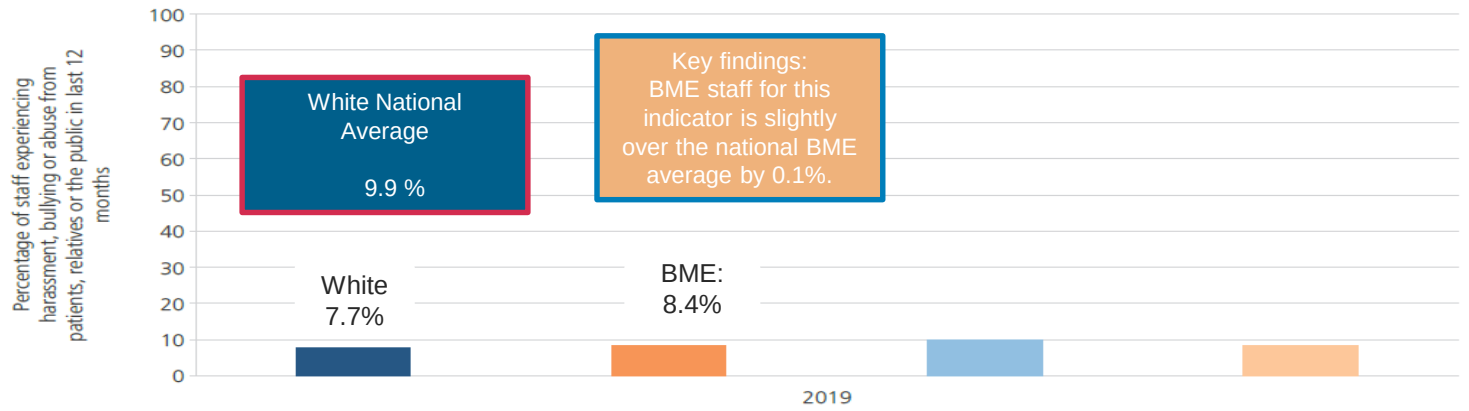
NELCA STAFF SURVEY 2019

Indicator: 5

Survey Coordination Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

NHS England



	2019
White: Your org	7.7%
BME: Your org	8.4%
White: Average	9.9%
BME: Average	8.3%
White: Responses	209
BME: Responses	166

Average calculated as the median for the benchmark group

164

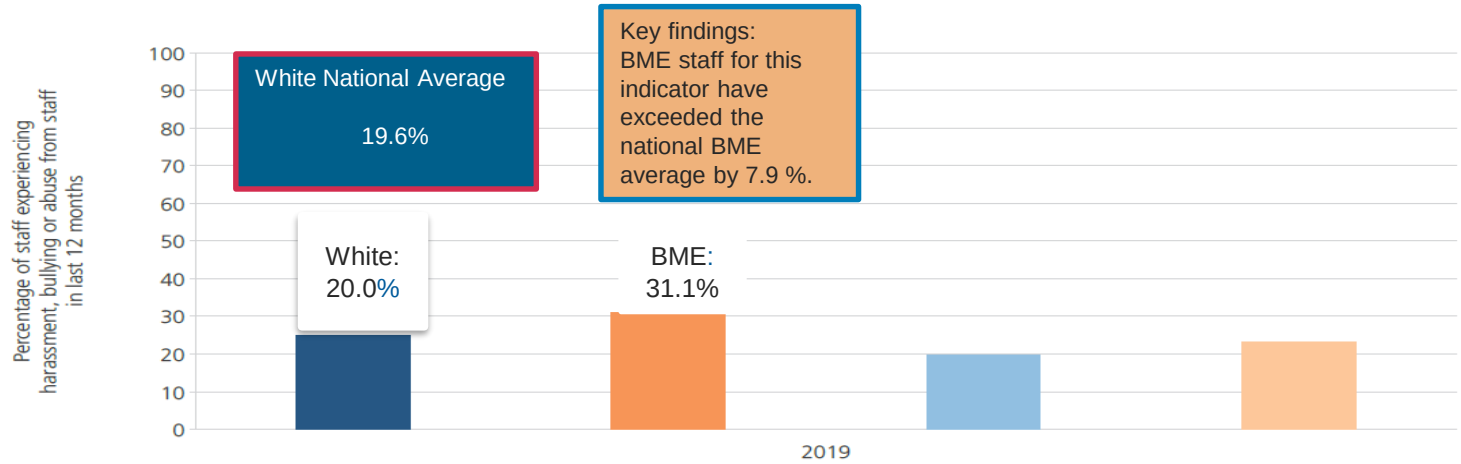
For indicator 5, there were a total of 375 staff responses to this question. BME staff was slightly under the national BME average by 0.1%.

Indicator: 6

Survey Coordination Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

NHS England



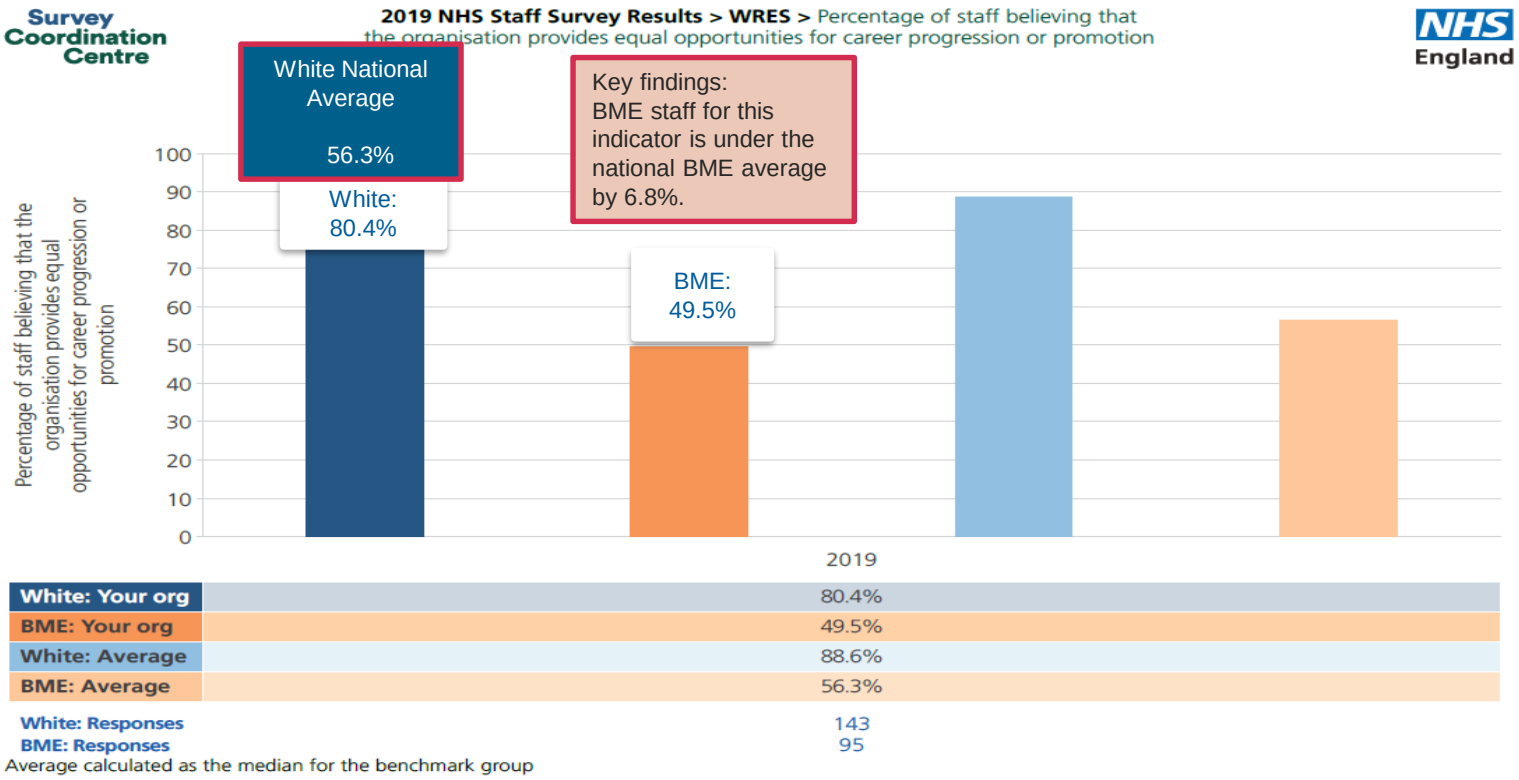
	2019
White: Your org	25.0%
BME: Your org	31.1%
White: Average	19.6%
BME: Average	23.2%
White: Responses	208
BME: Responses	167

Average calculated as the median for the benchmark group

165

For indicator 6, there were a total of 375 staff responses to this question. BME staff exceeded the national BME average by 7.9%.

Indicator: 7



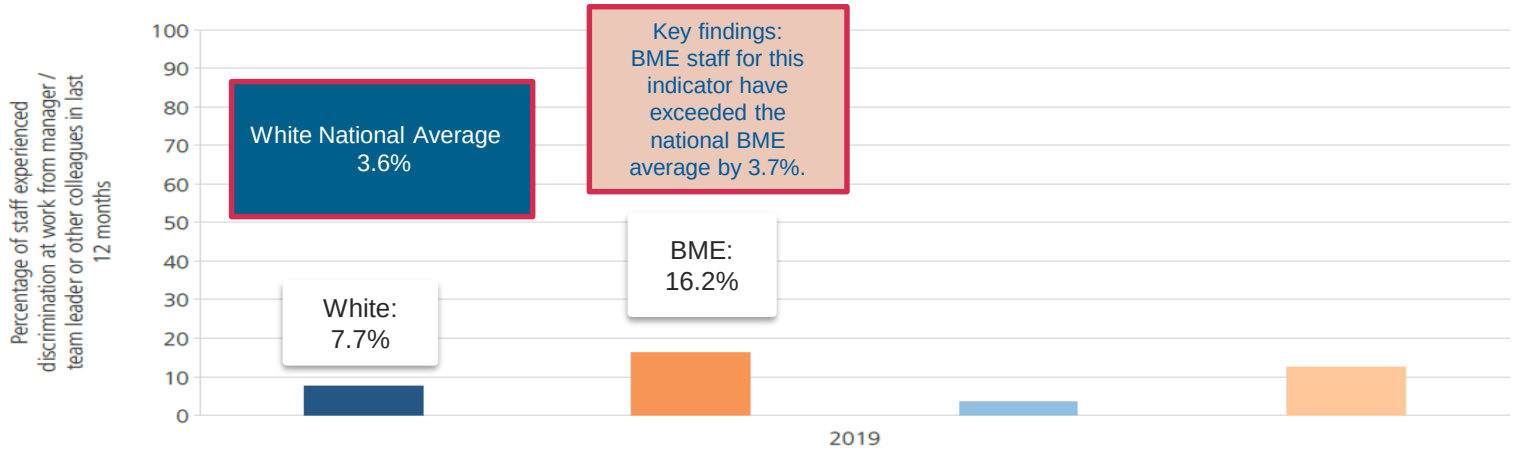
For indicator 7, there were a total of 238 staff responses to this question. BME staff was slightly under the national BME average by 6.8%.

Indicator: 8

Survey Coordination Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

NHS England



	2019
White: Your org	7.7%
BME: Your org	16.2%
White: Average	3.6%
BME: Average	12.5%
White: Responses	209
BME: Responses	167

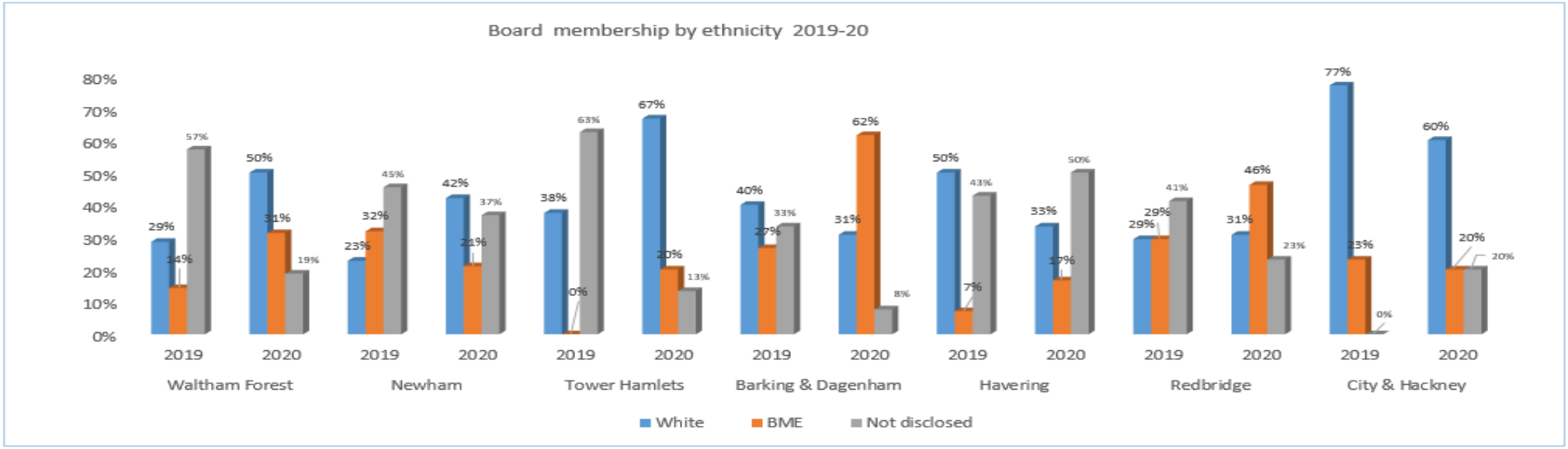
Average calculated as the median for the benchmark group

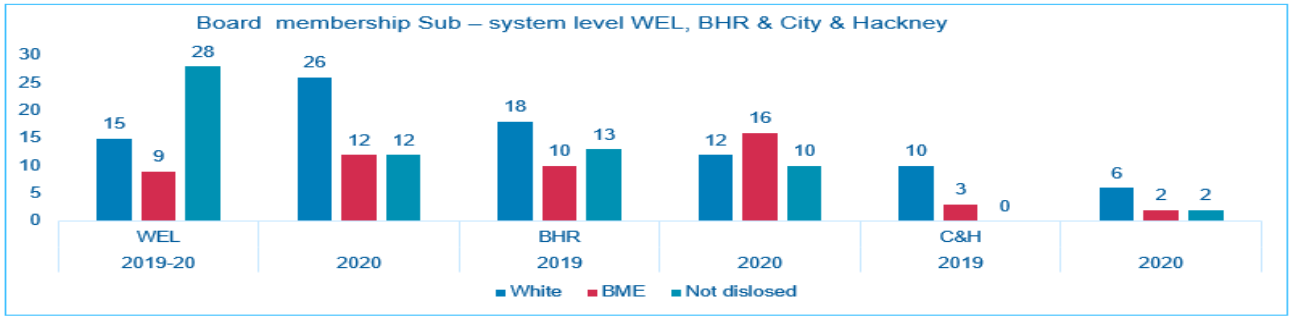
167

For indicator 8, there were a total of 376 staff responses to this question. BME staff exceeded the national BME average by 3.7%.

WRES indicator 9

Percentage difference between the organisations' board voting membership and its overall workforce





Key findings

- Overall, the Governing Body membership comprised of voting, non-voting, executive and non- executive board members
- All CCGs with the exception of Newham and City and Hackney, have seen an increase in the percentage of BME board members in 2020. This is an improvement compared to 2019
- Sub-system level, BHR has increased its BME board membership in 2020 compared to WEL and City & Hackney.

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NELCA WRES Action Plan 2020-21

Working document

DRAFT - NELCA - WRES Action Plan for 2020-21

Significant variance between White and BME staff experience				Some variance between White and BME staff experience	No variance between White and BME staff experience		
Indictor	**Point for focus**	**Status & Priority level**	**Reason for priority**	**NHSE WRES Ambition / NHSE People Plan / London Workforce Race Strategy / Simon Stevens Covid-19 Phase 3 implementation**	**Action**	**Lead**	**Timescale**
1 & 9	Senior BME Representation in Bands 8+, VSM and Governing Body	**HIGH**	To meet NHSE WRES Ambition for 2025 NELCA Leadership does not reflect the overall BAME workforce / BAME population	• **NHSE WRES Ambition:** Publish plan for BAME Staff in NHS Senior Leadership roles by 2025(NHS Covid-19 Phase 3 implementation: • **NHSE People Plan:** Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce. • **London Workforce Race Strategy (LWRS)** Key interventions linked to the WRES Framework that: - Encourage Transformation, Enable People, Encourage Accountability, Evidence Outcomes.	• Validate workforce ethnicity data to ensure figures reflects workforce composition. Disaggregate to CCG level and implement measures to improve recording • Develop talent management process with clear pathway for career development. Link with Appraisal & PDP process to form an effective conversation which supports career development and monitor/compare PDPs between BME and white staff (align with indicator 4 actions) • Establish a range of ways to enable BME Staff to share experiences and identify the barriers to career progression e.g. listening events, surveys. etc • Transparency around secondment opportunities within NELCA and ways in which access can be expanded to opportunities in the ICS • Staff with line management responsibilities to access staff management training as part of their role • Introduce positive action initiatives to increase representation at senior levels • London Workforce Race Strategy (LWRS) recommends each Board has a WRES Expert NELCA to ensure at least one SMT member has been trained by end 2021 • LWRS to offer Board Level Race Awareness • For senior members of each CCGs to participate in the board level WRES training programme when these are released regionally	Executive lead and other accountable leads Management to take ownership Discuss with Alaettin and Rachel who will be taking the lead on each of the indicators	November 2020 –June 2021

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2	To ensure the likelihood BME and white staff being shortlisted and appointed is equal.	HIGH	To help meet NHSE WRES Ambition for 2025 Urgent action to address systemic inequality.	• **NHSE People Plan:** Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets. • **NHS Covid-19 Phase 3 implementation:** Urgent action to address systemic inequality that is experienced by some of our staff, including BAME staff • **London Workforce Race Strategy:** De-bias recruitment and secondments.	• Review NEL CSU EIA on NELCA Recruitment process • Establish Task & Finish Group to identify and mitigate issues with recruitment process which limit ethnic diversity • Introduce unconscious bias training for all staff including those involved in the recruitment/interview process • Review Recruitment & Selection processes to ensure there is high quality performance in recruitment, ensuring bias is removed at all stages and enabling NELCA to take a creative, innovative approach to recruiting new staff. • Introduce blind interview panels and value based interviews	Executive lead and other accountable leads management to take ownership Discuss with Alaettin and Rachel who will be taking the lead on each of the indicators	November 2020 –June 2021
3	Ensure that a process to record and monitor informal disciplinary is developed. Embed reliable data capture by ethnicity.	MEDIUM	There is a significant disproportion of BME staff entering into formal disciplinaries in NHS Provider Trusts Please note however this is considered Green because there is not a significant difference between White and BME staff in the CCG	**NHSE People Plan:** • **NHSE&I to** Support organisations to achieve closing the gap in experiencing disciplinaries • **LWRS:** Replace authoritarian managerial processes with person centred learning processes	• Develop an approach which reflects a 'Just and Learning Culture' and adopts approaches already trialled in London Trusts in relation to employee relations activity, which has proved to be successful in decreasing the numbers of staff from BME backgrounds in formal disciplinary processes. Ensure appropriate oversight and reporting takes place in relation to employee relations activity. • Develop a process to monitor informal disciplinary conversations convened in 1-2-1s for consistency • Introduce an internal qualitative survey as a supplementary element to the NHS staff survey to capture feedback on BME experiences • Introduce micro-aggression training across the workforce to identify the tactics that culminates in feelings of bullying and harassment	Executive lead and other accountable leads management to take ownership Discuss with Alaettin and Rachel who will be taking the lead on each of the indicators	November 2020 –June 2021

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4	To develop an organisational-wide access to non-mandatory training process.	MEDIUM	To help meet NHSE WRES Ambition for 2025	**NHSE People Plan:** • Ensure people have access to continuing professional development, supportive supervision and protected time for training.	• Develop non- mandatory training panel to review all training request that are subject to equalities monitor: 1. Monitor access to training and include those that are refused and why? 2. Introduce an appeals process 3. Embed reliable data capture by ethnicity into processes • Develop a training directory and promote on Workforce. • Coaching and mentoring rolled out to all staff	Executive lead and other accountable leads management to take ownership Discuss with Alaettin and Rachel who will be taking the lead on each of the indicators	November 2020-June 2021
5&6	Reducing incidences of bullying and harassment	HIGH	Reported incidences are significantly higher than the national average in some CCGs. NHSE is prioritising health and wellbeing of all staff.	**NHSE People Plan:** • Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect. • **Simon Stevens Covid-19 Phase 3 implementation:** All NHS employers should take actions to keep staff safe, healthy and well – both physically and psychologically.	• Organise listening events for BME Staff to identify issues and support for BME Staff re Bullying and Harassment and importance of speaking up –addressing a number of key areas • Carry-out Deep dive exercise – to get the full picture - plan Workshops, to deliver qualitative study and implement action from the study • Commission line management training from external providers – to deliver cultural intelligence, emotional intelligence, having difficult conversations • Consider the content of the training portfolio /suite relating to e.g. Dignity & Respect including: Cultural Ambassadors Programme, , Eliminating Bullying & Harassment and the importance of Equality Monitoring • Compassionate Management and support culture – MBTI, Insights Discovery • Develop an Email etiquette and communication standard NELCA which address culture • Develop a dignity at work charter which is developed and owned by staff	Executive lead and other accountable leads management to take ownership Discuss with Alaettin and Rachel who will be taking the lead on each of the indicators	November 2020 - June 2021
7	To address the variance in belief that the CCGs provides equal opportunities for career progression or promotion between BME and White.	HIGH	To help meet NHSE WRES Ambition for 2025 Urgent action to address systemic inequality	**NHSE People Plan:** • Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	• Introduce reverse mentoring across all staff grades • Ask that all members of the CCGs exec have at least one member of staff that they formally mentor. • Create buddying system between different groups and ethnicities in the Governing Bodies • Encourage BME staff to participate in the National NHS Staff Survey to facilitate benchmarking • Develop the Behaviours framework to support delivery of the CCG Vison and Values and its impact • Develop and promote a culture of inclusion align with the new NELCA Diversity and Inclusion Strategy	Ongoing Executive lead and other accountable leads management to take ownership Discuss with Alaettin and Rachel who will be taking the lead on each of the indicators	November 2020 - June 2021

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8	To address incidences of discrimination for staff from all backgrounds	HIGH	Urgent action to address systemic inequality.	• **Simon Stevens Covid-19 Phase 3 implementation:** All NHS employers should take actions to keep staff safe, healthy and well – both physically and psychologically. **London Workforce Race Strategy:** • Increase BME representation among Freedom to Speak Up Guardians and champions.	• Introduce a programme for Freedom to Speak Up Guidance to encourage people to speak up about experiences • Ensure BAME Freedom to Speak Up Guidance are accessible to all staff • Raise awareness of Freedom to Speak Up Guardians, how to approach them and reinforce messages • Work with communications team, HR and others to encourage speaking up and reporting incidences. • Establish "Let's talk about race" conversations. • Develop guidance/video signposting staff to policies and include how to access support from e.g. Union or HR. • Being a better Ally – ongoing work in BHR should be replicated across NELCA – joined up approach needed	Executive lead and other accountable leads management to take ownership Discuss with Alaettin and Rachel who will be taking the lead on each of the indicators	November 2020 – June 2021

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Next Steps

- **Publish draft** 2020-21 WRES Action Plan 2 November 2020
- Email sent to NHS WRES team 31 October informing them of the last publication
- **2020-21 WRES Report and Action Plan** to be submitted to SMT for sign off by Director of People and Organisational Development
- **Invites All Staff to comment on WRES Report and Action Plan**
- **Monitoring progress** at BME Network Group and BME Sponsor.
- Progress report to overarching Working group and SMT – quarterly.

Appendices

- Appendix A - WRES Indicators
- Appendix B - Local NHS Healthcare Providers WRES Compliance

Workforce WRES Indicators

	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 Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.
2.	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.
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.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) 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: • By voting membership of the Board • By executive membership of the Board Note: this is an amended version of the previous definition of Indicator 9

Local NHS Healthcare Providers and Compliance

Healthcare Provider	WRES Report 2019 – 20 published as at September 2020	Link / Attachment	Level of Compliance
Barking, Dagenham and Havering University Trust	Yes Reports and Action Plans: Available with progress reported for 2019-20	https://www.bhrhospitals.nhs.uk/download.cfm?doc=docm93jijm4n3322.pdf&ver=7021	
North East London Foundation Trust	Yes Reports and Action Plans: Available with progress reported for 2019-20	https://www.nelft.nhs.uk/download.cfm?doc=docm93jijm4n5189.pdf&ver=8435	
Homerton University Hospital NHS Foundation Trust	Not yet Last Report Publication for 2018-19	https://www.homerton.nhs.uk/equality-and-diversity	
East London NHS Foundation Trust.	Yes Report and Action Plan Available with progress report 2020	https://www.elft.nhs.uk/uploads/files/1/About/Equality%20and%20Diversity/WRES%20ACTION%20PLAN%202020%20%20v6.0%20FINAL%20%20%281%29.pdf	
Bart's Health NHS Trust Whipps Cross Hospital Newham Hospital Mile End Hospital	TBC Last Report Publication: 2018/19 Barts CQC Report Evidence that the Workforce Race Equality Standard (WRES) was discussed at a senior level and that the CEO was a key champion of this work.	Inclusion matters - Barts Health NHS Trust https://www.cqc.org.uk/provider/R1H/reports https://www.bartshealth.nhs.uk/download.cfm?doc=docm93jijm4n14688.pdf&ver=26039	

All NHS Trust Leaders are required to sign up to a strategy designed to support local NHS trusts in their implementation of the Workforce Race Equality Standard (WRES) and to meet the aspirations of increasing black and minority ethnic (BME) representation at senior levels across the NHS. This strategy will support local NHS Trusts to develop and refine their existing WRES Action Plans.

This strategic approach will help NHS trusts to meet the workforce race equality commitments set out in the **NHS Long Term Plan** the **Interim NHS People Plan** as outlined in the national WRES **Model Employer strategy** **and the** **London Race Strategy**

To know more

If you would like to discuss any element of this report, please contact:

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