

Communications strategy

NHS Workforce Race Equality Standard (WRES)



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Classification: Official

Background and context

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 as there is increasing evidence that a fully inclusive and engaged workforce leads to the effective and efficient running of the NHS – including higher quality patient care, patient satisfaction and patient safety.

The Workforce Race Equality Standard (WRES) was introduced in April 2015, following meaningful engagement and consultation with key stakeholders, including local NHS organisations across England. The first phase of the programme runs from April 2015 - March 2017.

With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

The WRES is mandated in the [NHS standard contract](#), starting in [2015/16](#) and is included in [2016/17](#). NHS trusts produced and published their first WRES baseline data on 1 July 2015 and the [first WRES report](#), which provides analysis and an overview of their data returns, was published in June 2016.

Communications purpose

The publication and subsequent announcement of the first ever WRES report was proactive, gaining wide national media coverage, in mainstream media, trade press, social media and web publications.

Due to a lack of dedicated communications resource within the programme, proactive communications activity had been limited resulting in some loss of traction on the agenda. An evidence based approach to improving race equality will need a strong communications strategy as one of the key components. It will help raise awareness, help people to gain an understanding of the issues, as well as keeping the problem of race inequalities high on the agenda.

This strategy will outline communications activities, events, campaigns and channels of promoting the WRES as NHS England's commitment, working with key stakeholders including national healthcare Arm Length Bodies to identify and act on workforce race inequalities over the short, medium and long term within the wider NHS system.

Cross system engagement

- **Advice, knowledge and guidance** – providing the system with relevant guidance, tools and advice on the WRES and its implementation – tailored to the needs of different types of NHS organisations; ensuring all NHS organisations are fully supported to implement the WRES. For example workshops, case study templates, draft tweets and open and frank staff forums where views can be shared.
- **Lead** - Empower and enable organisations and people to be able to implement ideas and change
- **Partnership** – Promote the pacesetters, celebrate progress, building and sharing best practice.
Work with external organisations such as unions to train colleagues and develop equality champions.
- Cross system approach aimed at all NHS staff, whose organisations are subject to the WRES
- **Behavioural and culture change**

The ultimate goal of WRES is cultural and behavioural change. The vision is for equality not to be an objective to be achieved, but business as usual. It is hoped this will be reflected in the WRES data from trusts in the coming years across all indicators

Public awareness

- System engagement will influence public awareness. Regular public facing communications, mainly through WRES digital platforms, not only at key milestones, but throughout the life of the programme and beyond.
At key milestones, increase awareness through proactive public relations and targeted communications activities.

Risk and reputation management

As a result of effective professional engagement and public awareness, we will continue to develop positive working relationships with key stakeholders and help build a positive profile.

By working together, NHS England, providers, commissioners and ALBs communications will be linked and aligned. This will mean that the messaging across the system will be more coherent and consistent.

A topic like race equality can be uncomfortable, awkwardly reported, easily distorted and very easily misunderstood. The likelihood of this programme being misrepresented as an attempt at political correctness or minority unrest is high.

Throughout the life of the programme and at key milestones, there will be both proactive and reactive activities.

Proactively tell the story of what it is, what its aims and objectives are and reactively rebutting misreporting by responding quickly to media enquiries.

Communications objectives

The sole purpose of the communications strategy is to help successfully embed the WRES into the core fabric of every NHS organisation (and beyond) across England and therefore help improve the experiences and representation of the BME workforce, and by association – the experiences of all patients.

The following objectives are key for communicating the WRES message.

We will work with organisations, colleagues and stakeholders to:

- Increase awareness of the WRES and its purpose
- Highlight key messages of the programme (**It is not a leg up for BMEs**)
- Ensure that key partners and stakeholders are fully engaged
- Engage with trusts and their wider workforce
- Promote good practices and processes
- Establish and improve access to BME networks within NHS organisations
- Facilitate an inclusive approach towards workforce management across the NHS
- Promote sustainable cultural change within and between local NHS organisations

Tone and positioning

Race inequalities across the NHS are difficult for many people to understand and comprehend, however it is an issue that needs to be discussed and tackled in a meaningful manner.

The first ever WRES baseline report, highlighted inequality, bullying and lack of opportunities for BME colleagues across the healthcare system.

As we are starting from a low baseline, the aim here is continuous improvement through **engagement, sharing ideas and practices – leading ultimately to an organisation and system-wide culture change on this agenda.**

Our tone is facilitating **change**:

- Highlight the different experiences for BME and white staff in the NHS through the data
- The benefits to patients when there is equality, inclusion and engagement in the workforce
- A comprehensive narrative explaining that WRES designed to support high quality safe and efficient patient care
- It is about working for improvement on this agenda across the whole of the healthcare system
- To develop a level playing field where BME people and their white counterparts have the same chances and opportunities.
- Be clear on the short, middle and long term objectives

Delivery of the above objectives will be significantly supported by the following key messages.

Key messages

The tone and style of language will be tailored to the audience and the activity taking place. As WRES supports providers to work towards implementing their action plans, the approach needs to be flexible and innovative.

All communications activity will be led by NHS England, with partners and stakeholders, cascading key messages accordingly.

General messages

- The first WRES report since it was agreed by the Equality and Diversity Council in 2014 and introduced in April 2015, was published in June 2016.
- The WRES aims to
 - a) Ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
 - b) Meet the NHS Constitution aims of a fair and equitable NHS for all
 - c) Enabling organisations to understand the gaps in experience between BME and white staff
 - d) Make the service understand the close correlation between a fully inclusive culture in organisations and high quality, safe and satisfactory patient care and the efficient running of the NHS
- It has been part of the NHS standard contract since April 2015
- The WRES requires NHS trusts to self-assess against **nine** indicators
 - **Four** seek to measure staff experience over the last 12 months for; harassment, bullying, or abuse from patients, relatives or the public.
It also explores the same experiences in relation to fellow colleagues, managers or team leader and progression opportunities.
 - **Four** are based on workforce data (these are not reported on this year) and **one** considers BME representation on boards
- Results show BMEs are more prone to harassment, bullying or abuse from patients, relatives or the public. The same experiences are reported to have been encountered with managers, team leaders and other colleagues.
- BME staff feel a lack of equal opportunities and career progression
- Some organisations have embraced the challenge on a number of indicators; however, many organisations across the country have more progress to make.
- As an organisation, the NHS could be better at being more inclusive
- There is still work to be done and room to improve.
- The NHS is committed to cultivating a culture change
- The NHS is committed to sharing good practice and processes to kick start a culture change.
- The WRES is designed to help organisations identify where they are right now on this agenda, where they need to be, and how they can get there.
- From April 2016, WRES will be considered as part of the “well led” domain in the Care Quality Commission’s (CQC) inspection for both NHS and independent provider hospitals.
- NHS England is taking the issue of perceived or real race discrimination seriously.

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- NHS England is committed to supporting NHS organisations to continuously improve on workforce race equality standards.
- NHS organisations will engage with staff, staff networks and local staff-side organisations in adopting and implementing the WRES
- WRES helps individual organisations identify, plan and take necessary action in reducing the experience and opportunity gaps between White and BME colleagues.
- As the UK's largest employer, the NHS in England aims to be reflective of the communities and peoples it serves.
- All providers subject to the NHS standard contract 2015/16, except 'small providers' (with contracts less than £200,000) and primary care, are expected to implement the WRES from April 2015
- All NHS employers subject to WRES will collect, analyse and understand data so that discrimination can be challenged.
- Reinforces the NHS Constitution and public sector equality duty.

Short, medium and long term messages

Short-term goals (up to 2017/18):

Support organisations with WRES implementation across the system.

- Support organisations in understanding their data and to develop meaningful actions to improve;
- Measuring improvements within and between organisations.

Short term goal measures will identify what has been improved and identify where strengthening is needed in implementation.

Medium-term goals (2019/21):

- Identify good processes and practices within organisations
- Share learning and replicable good processes and practices across the NHS.
- Work closely with sectors and groups of organisations to support improvements for all organisations
- Added support for organisations that are most behind.

Long-term goals:

- Vast improvement in equality and truthful representation and outcomes across the NHS
- Notable and permanent shift in processes and cultures within organisations
- Improvement in the BME workforce data and representation at senior and leadership levels across the NHS
- Greater staff and patient satisfaction, greater efficiency and productivity across the NHS as a direct result.

Communications approach

- **Proactive**
 - Continued social media messaging, periodical updates to partners and the public
 - Proactive media activities
 - Utilise contacts and opportunities in main stream and trade media outlets
 - Interviews, commentaries and case studies
 - Media releases at key stages
 - Engaging organisations and their workforce
 - Joined up work with Unite following their support of WRES with their toolkit
 - Utilise their membership and communications channels
 - Legacy champions
 - High visibility (identify events, platforms, media opportunities)
 - Long term goal of culture change.
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- **Reactive**
 - Reactive media handling will be coordinated with the NHS England central and regional media teams along with any trusts and partners as required.
 - Media enquiries
 - Holding line
 - Call for comment
 - Rebuttal statements
 - Reactive lines
 - Request for quotes

Partners and stakeholders

Primary target audience

- All NHS trusts (**Policy team contact chairs and CEOs directly**)
- NHS Improvement
- NHS Employers
- Equality and Human Rights Commission
- NHS Providers
- NHS Clinical Commissioners
- Local NHS England teams
- Local provider trusts and commissioning organisations (CCGs)
- ALBs
- Independent healthcare organisations – including the AIHO
- Professional organisations, BMA, RCN, RCM, AoMRC

Other key stakeholders

- NHS Clinical Commissioners
- CQC
- NHS Alliance
- Healthwatch - Local
- Health and Wellbeing Boards
- Healthwatch
- Patients Association
- National Voices
- NHS Confederation
- Nuffield Trust
- Kings Fund
- DH policy team
- Members of HSC and Chair of Public Accounts Committee
- DH External Partnerships team
- National Audit Office
- Commission for Racial Equality / Equality and Human Rights Commission
- Unions (MiP, Unite, TUC, Unison)
- NHS Digital
- Local, regional and national BME networks

Timings

National or regional events

Event details	Audience(s)	Purpose	Date

2016 - 2017

Activity/milestone	Event details	Audience	Date

Key communication risks and mitigation

The following communication risks have been identified, along with mitigating actions:

Risk	Mitigation
The question and opinion of the NHS being institutionally racist (refer to key findings)	Although the WRES report is unfavourable statistically and things could always be better, the problem has been identified and is being tackled. Media enquiries will be handed reactively.
Trust returns in the first WRES submission were widely negative. NHS England and trusts will be under the spotlight	Trust chairs and CEOs will be provided with embargoed copies of the report for internal planning and discussions including communication handling. Regional communications leads will be notified for regional handling and briefing.
Misunderstanding that WRES is designed to promote people from a BME background that might not be qualified for the role	The WRES is not designed to be positive discrimination. It is designed to level out the playing field, create equal opportunities and improve the experiences of the BME workforce.

Key channels

Website

The [WRES pages](#) will be the primary source of information. It will explain what WRES is, why it was introduced and what it hopes to achieve. It will continue to be the main point of reference.

The pages will be kept refreshed, updated and continue to be clear, informative, snappy and conform to accessibility standards.

Control and seek to reduce the number of information that is on a single page, use subpages, jump links and continue to update the video and resource libraries to hold all useful extra information.

Media

National media handling will be based on key messages and Q&As from this communications strategy and subsequent communications plans.

As we cannot always anticipate issues that may arise or media enquiries, a handling plan will be developed separately to manage any incidents that may arise, outlining key issues and potential responses. The press office has a dedicated WRES media advisor.

Please see table of useful contacts on **page 16**

To ensure coordinated handling, key messages and lines will be shared with regional colleagues. In turn, they will liaise with regional and local trusts to manage communications requirements and cascade key messages.

Individual trusts will lead on their proactive media activities and respond to enquiries that are directly related to their organisations.

National

- Ad hoc
- Proactive
- Reactive

Geographical split

- Central handling
- Regional handling
- Trusts handling

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Social media

Social media will be a crucial part of all WRES communications activities.

It is the quickest means of communicating with a very wide audience, which can also be highly targeted to specific audiences. It is a valuable medium for campaigns and key milestones.

The dedicated WRES twitter account is a useful tool to engage with stakeholders and a source of promotion of the work the team does.

It is self-administered, with arrangements in place for a shared content approach with the central team. This is the most effective way to increase its traffic and productivity.

- Continue to grow our audience i.e. followers
- Scheduled tweets with key messages
- Retweets of @NHSEngland, ALBs and trust for relevant workforce, race and equality matters
- Campaigns (e.g. awareness days, support of wider NHS campaigns e.g. winter messages)
- Identify relevant influencers to engage
- Introducing a unique WRES hashtag, #equalNHS to accompany WRES tweets and create a social movement.
- Evaluate the possibility of twitter takeover one week per month by a stakeholder (based on the concept of [Curators of Sweden](#))

Develop a stock of tweets for short, medium and long term messaging

- Short term: **key messages**
- Medium term: **Engagement**
- Long term message: **Culture change and good news**

Bulletins

Targeted communications will be sent via electronic bulletins internally and externally at key moments.

These will be utilised as auxiliary engagement tools to promote events, announcements or call to action to highly targeted audiences like CCGs and regional teams.

LinkedIn

The professional social network site would be used to interact with decision makers, key influencers, professional bodies, sectors interested in WRES equality and workforce improvement. Engage with professional bodies, gain opinion, comments and views. It is also an opportunity to reach audiences that are digitally literate, but not users of social media.

It can also be used as an alternative platform to post blogs, ideas and opinion pieces. These could be open to guest contributors and partner organisations.

Visits / platforms / speeches

Use speaking opportunities to drive home key messages and objectives, tailored to the audience. Encourage workforce engagement, networking and trigger conversations.

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The following list of channels will be utilised to deliver communications objectives and messages.

External

- Road shows and face to face national/regional events
- Briefing notes
- Social media
- Blogs/discussions
- NHS England website
- Regional Action bulletin
- CCG bulletin
- NHS Clinical Commissioners bulletin
- Chief Nursing Officers blog
- Videos / animation
- Media briefings/press notices
- Attendance at meetings with key stakeholders to deliver key messages, discuss thoughts and obtain buy-in to culture change
- Blogs
- Communications channels of partners and stakeholders

Internal

- NHS England intranet and Engage bulletin
- Regional Action newsletter
- Chief execs staff briefing
- Away days
- BME network engagement

Tactical plan template

Date	Activity	Target audience	Lead
	Email		
	Copy of final report to regional heads of communications	Regional colleagues	WRES communications
	Letter co-signed by ALB chairs to trust chairs with embargoed report	NHS trusts	Policy team
	Notification email to key NHS stakeholder and partners	Stakeholders, oversight and ALB partners	WRES communications / Stakeholder relations
	Bulletins		
	Informed	NHS staff and people interested in the work of NHS England	WRES communications
	CCG bulletin	CCG AO's and clinical leads	WRES communications
	Engage	NHS England staff	WRES communications
	NHS England website		
	00:01 news article published	General public	Web team
	00:01 update WRES page with pdf of report	General public	Web team
	NHS England Internal communications		
	Homepage slider, update WRES and BME network areas with report	NHS England staff	Internal communications
	Circulate to regional internal bulletins	NHS England staff	Internal communications
	Media		
	Web news copy	General public / media	Media team
	Media release	General public / media	Media team

Evaluation

The following indicators will be used to measure effectiveness of the strategy.

- Increase in positive / neutral earned media interaction:
 - Number of earned media opportunities
 - Readership analysis and circulation
 - Tone of articles and commentaries
 - Clear understanding of the purpose of WRES and its benefits
 - Broad understanding of our key messages

- Stakeholder and staff indicators:
 - Increase in levels of understanding
 - Increase in levels of support
 - Evidence of cultural change

- Web traffic and social media engagement:
 - Increased engagement on discussion platforms/blogs/sites on NHS England and through other partners' social media activity
 - Retweets and posts using the designated twitter hashtags
 - Click through rates from bulletins, open rates and deleted

Key communications contacts (NHS England)

Name	Role	Contact details
NHS England		
Rose Obianwu	Media Relations Advisor	rose.obianwu@nhs.net
Scott Kemp	Social Media and Messaging Manager	scott.kemp2@nhs.net
John Whitehouse	Public Affairs and Stakeholder Manager	john.whitehouse2@nhs.net
Nazareth Gayle	Public Affairs and Stakeholder Relations Officer	nazareth.ayele-gayle@nhs.net
Alex Ball	Head of Strategic Communications	alex.ball1@nhs.net
Paul Goulding	Digital Communications Officer	paulgoulding@nhs.net
Press office	Media generic box	nhsengland.media@nhs.net
Digital team	Digital team generic box	england.web@england.nhs.uk
NHS England Regional communications		
Jane Appleton	Regional communications	jane.appleton3@nhs.net
Chris Capewell	Regional communications	ccapewell@nhs.net
Glen Everton	Regional communications Southwest	glen.everton1@nhs.net
Gillian Garratt	Regional communications Central Midlands	gillian.garratt@nhs.net
Stuart Green	Regional communications	stuart.green5@nhs.net
Stephen Lightbown	Regional communications	stephenlightbown@nhs.net
Amanda Stocks	Regional communications North	amandastocks@nhs.net
Carol Wood	Regional communications	carol.wood4@nhs.net

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Jodie Fulton	Regional communications	Jodie.fulton1@nhs.net
Peter Bramwell	Regional communications	p.bramwell@nhs.net
Jo Baggott	Regional communications Midlands & East	Jo.baggott@nhs.net
Tim Wiseman	Regional communications South	tim.wiseman@nhs.net
CCG bulletin	CCG bulletin editor	england.ccgbulletin@nhs.net
Internal communications	Intranet articles and staff bulletins	england.internalcomms@nhs.net
		england.mediahub@nhs.net
Regional media	Media hub	england.mediahub@nhs.net
ALBs communications		
NHS Improvement	Communications Advisor (North)	h.maskill@nhs.net
	Communications Advisor (South)	Dominic.benson@nhs.net
	Communications Advisor (Midlands and East)	laura.marshall15@nhs.net
	Communications Advisor (London)	jamie.whitburn@nhs.net
NHS Employers		Jan.Worthy@nhsemployers.org
CQC	Press office	media.team@cqc.org.uk
CQC	Head of Media	anna.jefferson@cqc.org.uk
	Media Manager	Paul.cooney@cqc.org.uk
Health Education England	Head of Media Relations	richardgreen1@nhs.net
	Communications Manager	naomi.farmer@nhs.net
	Media	hee.communications@nhs.net
Public Health England	Press	phe-pressoffice@phe.gov.uk
	External Engagement	Amy.Sinclair@phe.gov.uk
	External Engagement	Mohini.Morris@phe.gov.uk
	Corporate Communications Officer	natalie.roe@phe.gov.uk
NHS Confederation	Senior Communications Officer	Julie.Johnson@nhsconfed.org mike.Foster@nhsconfed.org
NHS Leadership Academy	Head of Communications	helen.dennis@leadershipacademy.nhs.uk
	Project Co-ordinator: Comms	sophie.jones@leadershipacademy.nhs.uk

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Department of Health		Emily.brown@dh.gsi.gov.uk
NHS Digital	Media	media@nhs.net
	Senior Media Relation Officer	kristina.wilcock@nhs.net
	Press Officer	Heather.Doherty3@nhs.net
Healthwatch England	Press office	Jacob.Lant@healthwatch.co.uk

Appendices

1.1 Draft tweets:

- Do you know what the NHS WRES is? Why it was introduced and why? This short video will tell you more bit.ly/2bBA64o #WRES
- Every day for the next 10days, we will post 1aim of the NHS WRES @NHSEngland @DHgovUK @NHSCC @ #equalNHS
- WRES: to ensure black and minority ethnic (BME) colleagues have equal career opportunities and fair treatment in the workplace #equalNHS
- WRES: Meet the NHS Constitution aims of a fair and equitable NHS for all @NHSEmployers @NHSImprovement @NHSConfed #equalNHS
- WRES: Enabling organisations to understand the gaps in experience between BME and white colleagues. #equalNHS
- WRES: Data in the WRES comes from the NHS staff survey. Have you completed yours this year? #equalNHS
- WRES: harassment, bullying/abuse from patients, relatives or the public, BME colleagues had a worse experience compared to white colleagues.
- WRES: BME staff feel a lack of equal opportunities and career progression @insert trust handle here #equalNHS
- Some organisations have embraced the challenge on a number of indicators; insert some positive performers @handle
- WRES; supports organisations to identify, plan and take action in reducing the experience and opportunity gaps between White and BME colleagues.
- WRES: As the UK's largest employer, the NHS in England aims to be reflective of the communities and peoples it serves. #equalNHS
- Bullying is not just experienced by BME staff. WRES is not just for BME staff. It's for everyone working in the #NHS.

1.2 2015 WRES indicator tweets

Workforce indicators

- Heard about #WRES but do you know the indicators? Indicator 1- %of BMEs band8-9&VSM compared to % of BME staff in the organisation #EqualNHS
- #WRES indicator2-chances of BMEs being appointed from shortlisting compared to white colleagues being appointed across all posts #EqualNHS
- #WRES indicator 3 - likelihood of BMEs entering formal disciplinary process, compared to white colleagues. #EqualNHS
- #WRES indicator4- Relative likelihood of BME staff accessing non mandatory training and career development compared to white colleagues

National NHS Staff Survey findings

- #WRES indicator 5 - % of ALL staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- #WRES indicator6-Percentage of #NHS staff experiencing harassment, bullying or abuse from staff in last 12 months. #EqualNHS
- #WRES indicator7-Percentage believing that trust provides equal opportunities for career progression or promotion #EqualNHS
- #WRES indicator 8-experience of bullying/discrimination from a manager, team leader or colleague in the past yr. #EqualNHS
- #WRES indicator9- board representation. #NHS organisations are expected to be representative of the population they serve. #EqualNHS

1.3 WRES 2016 publication tweet drafts:

- Providers under the NHS standard contract, except those with contracts under 200k & primary care, should implement the #WRES #equalNHS
- All NHS employers subject to #WRES will collect, analyse and understand data so that discrimination can be challenged. #equalNHS
- The #WRES reinforces the NHS Constitution and public sector equality duty. #equalNHS
- .@WRES_team support organisations in understanding their data and to develop meaningful actions to improve; find out more bit.ly/1Srzegl

Celebrating and measuring improvements within and between organisations

- xxx% in the first year to xx% in yr2. Great jump @xxxxtrust #equalNHS
- Ambulance trusts up and down the country have made strides with @WRES_team. #Progress #willgetbetter #equalNHS
- @xxxtrust lead the way for mental health trusts in England. Great example. #Progress #willgetbetter #equalNHS
- @LondonAmbulance; xx% increase, great start. @WRES_team happy to support with colleague engagement in the coming year. #equalNHS
- Well done to @xxtrust in appointing your first #equalitychampion.
- #WRES supports organisations to identify, plan&take action to reduce the experience&opportunity gaps between white&BME colleagues. #equalNHS
- Inclusive cultures in organisations lead to high quality,safe & improved patient care. [#equalNHS](#) [#WRES](#) [@NHSEngland](#) [@DHgovUK](#)
- #WRES is considered in the “well led” domain in @CQC inspection for both #NHS & independent provider hospitals. @NHSEnland @NHSproviders
- 2015 first ever #WRES report was not great reading. Lots to be done& is being done. bit.ly/1UnLuee [#equalNHS](#) [@yvonnecoghill1](#) [@rogerkline](#)

1.4 Themes by region tweet drafts:

Indicator 5

- 69% of trusts in #London report a higher % of BME staff being harassed, bullied or abused by patients/relatives&the public #EqualNHS
- 53% of trusts in midlands&east report a higher % BME staff being harassed,bullied or abused by patients/relatives/public #EqualNHS
- 49% of trusts in the south region report a higher % BME staff being harassed,bullied or abused by patients/relatives/public #EqualNHS
- 46% of trusts in the north region report a higher % BME staff being harassed,bullied or abused by patients/relatives/public #EqualNHS

Indicator 6

- 71% of all trusts in the Midlands&East region show a higher % of BME staff report being harassed, bullied or abused by staff. #EqualNHS
- In 86% of all #London trusts, a higher proportion of BME staff report being harassed, bullied or abused by staff
- #WRES:In 69% of all trusts in the North of England region,a higher % BME staff report being harassed, bullied or abused by staff #EqualNHS
- #WRES 62% of all trusts in the South region, have a higher % BME staff report being harassed, bullied or abused by staff #EqualNHS

Indicator 7

- All trusts in #London region reported lower %BME staff who consider their employer offers equal career progression/promotion #EqualNHS
- 86% of trusts in midlands&east region report low% BME staff who feel employers offers equal opportunities/career progression #EqualNHS
- 69% of trusts in the north region report low% of BME staff who consider their employer offers equal opportunities/promotion #EqualNHS
- 78% trusts in the south region report low% BME staff consider their employer offers equal opportunities for progression/promotion #EqualNHS

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Indicator 8

- In 86% of #London trust, BME colleagues personally experienced bullying&discrimination from a manager/team leader/colleague. #EqualNHS
- In 85% of trusts in Midlands&East, BME colleagues experienced bullying&discrimination from a manager/team leader/colleague. #EqualNHS
- In 77% of trusts in the north region, BME colleagues experienced bullying&discrimination from a manager/team leader/colleague. #EqualNHS
- In 74% of trusts in the south region, BME colleagues experienced bullying&discrimination from a manager/team leader/colleague. #EqualNHS

Signposting tweets

- Interesting #mythbusters from @NHSEmployers bit.ly/2euuzwk An #EqualNHS is a better #NHS @rogerkline @yvonnecoghill1 @NHSE_Paul
- Making a more diverse&equal workforce is an ongoing process; Some top tips to monitor how you are doing. @NHSEmployers @RoyalFreeNHS
- You/your organisation thinking about setting up a network? This will guide you. @NHSEmployers @Unitetheunion @NHSPROVIDERS bit.ly/2f144z9

1.5 Media release NHS England / AACE

Media release

Xxx November 2016

Association of Ambulance Chief Executives (AACE) commit to workforce race equality

The ambulance service in England is set to address racial inequality across ambulance trusts after pledging its commitment to NHS England's Workforce Race Equality Standard (WRES).

The Association of Ambulance Chief Executives (AACE) represents all ten English NHS ambulance trusts, partners and members from devolved nations.

Each trust will now take on four WRES indicators - part of the NHS standard contract – and commit to short, medium and long term goals, which address the number of black and minority ethnic staff in workplaces; the shortlist and appointment rates and address issues relating to abuse, harassment or bullying from patients, members of the public and colleagues.

All NHS Commissioners and provider organisations (including the private sector) are required to implement and publish data on the WRES Standard – a summary of the gap between the treatment and experience of white and BME staff, against nine metrics.

Tracy Myhill, chief executive of the Welsh Ambulance Service and the diversity and inclusion lead for the AACE, said;

“This is a watershed moment for ambulance services as we have made a joint and determined commitment to improve the experiences of our black and minority ethnic colleagues. Equality in our ranks does not only make us fair and attractive employers, but also excellent healthcare providers. We serve diverse communities and our workforce should reflect this.

“Over the coming years, we will reflect the ethos and equitable NHS to which we all belong.”

Yvonne Coghill, Director, WRES implementation team said; “I am absolutely delighted that the AACE is taking the issue of racial inequality in the ambulance service seriously.

“Since the publication of the 2015 WRES data and the ‘Making the Difference’ report by Professors Michael West and Jeremy Dawson, CEOs and chairs of the 10 ambulance services in England have been asking how they can improve the situation to make use of all of the talents of all their staff, from all backgrounds.

“The WRES team is pleased to support the ambulance services to understand the issues and put strategies and processes in place to improve the situation. I believe that the NHS is a wonderful institution, it is loved by the British people and by working together to make it fully inclusive we truly can develop it into the exemplar organisation on race equality globally.”

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With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation. Results from the first ever WRES survey revealed BME colleagues are more prone to harassment, bullying or abuse from patients, relatives, the public, managers team leaders and other colleagues.

NHS England has invested £2m over two years (2015-17) in the WRES programme to identify and share best practice building on what trusts are starting to do to improve recruitment, board membership, and tackling undue disciplinary action and bullying of BME staff. This includes training and developing 75 champions based in trusts who will help reduce inequality, spread best practice and improve patient care.

The Ambulance service will implement WRES indicators 1, 2, 5, 6 which are expected to lead to diverse, fair recruitment processes, equal access to non-mandatory and development, promotion and career progression. A reduction in harassment, bullying and harassment from patients, family members, the public and fellow colleagues are also part of the outcomes.

ENDS

Notes to editor

- For more information please contact Rose Obianwu in on 0113 824 7578; email: rose.obianwu@nhs.net
- Find out more information about the [Association of Ambulance Chief Executives](#)
- The [WRES](#) was introduced to the NHS Standard Contract in April 2015 and aims to highlight differences in the experiences and opportunities available and the treatment of white and BME staff with a view to reducing the gap.
- 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.
- On June 1 NHS England published the first ever [WRES data](#) against nine indicators. The results published are of the four main comparable indicators, which show there is still much more to do.
- Some of the staff survey results which form the data collection were sample surveys and therefore trusts will be encouraged to carry out full surveys in future to yield the most accurate results.
- See [here](#) for more information on the WRES.
- The WRES Standard requires all NHS Providers (including the private sector) to publish data against nine metrics which summarise gap between the treatment and experience of White and BME staff in the NHS – and then demonstrate year on year improvements in grade composition, appointments, disciplinary action, access to career development, bullying, and Board composition. www.england.nhs.uk/wres/
- The proposed interventions address WRES indicators 1, 2, 5, 6.

Indicator 1: workforce demographics, volume of BME staff within each trust

Indicator 2: shortlisted to appointed rates for BME applicants

Indicator 5: Abuse, harassment and bullying from patients etc.

Indicator 6: Abuse, harassment and bullying from colleagues