

Advancing Workforce Race Equality and Inclusive Working Environments

Case Study: Good practice in supporting workforce race equality through regulation (CQC)

INTRODUCTION

This case study focuses on the work of CQC in ensuring workforce race equality is assessed in its regulation of health and adult social care providers.

CQC ENSURING ASSESSMENTS EMBED WORKFORCE RACE EQUITY AT THEIR HEART

Our assessment framework includes a quality statement specifically assessing workforce equality, diversity and inclusion, which includes a review of staff discrimination. This quality statement contributes to our assessment and judgment of how well led an organisation is, and directly influences its ratings.

Since the launch of our current assessment framework, 15 trust well-led assessments have been completed from January 2025 until January 2026. Three were found to be in breach of regulations due to workforce EDI issues, including racism and other forms of discrimination. Four were found to have significant shortfalls in workforce EDI and six some shortfalls, which shows the ability of CQC assessments to shine a light on workforce equality to help NHS trusts to improve.

Key themes around workforce race equity for poorer performing trusts were poor WRES data, for example around progression and use of disciplinary processes, weak governance, lack of meaningful action plans and failure to address race discrimination and bullying. Higher-scoring trusts had effective staff networks, good engagement and sponsorship from senior leaders, effective equality action plans and work to address organisational culture, such as anti-racism strategies and psychological safety.

CQC have invested over several years to improve how they carry out assessments, but recognise that they are on an improvement trajectory and there is still work to do to maintain and improve their approach to workforce race equity.

LEADERSHIP AND EXPERT ROLES WITHIN CQC

- **Senior Leadership**

The CQC Board retains overall ownership of the equality and health inequalities portfolio including statutory Equality Objectives. Anti-racism work is embedded in this, including our approach to regulating workforce equity. Delivery is overseen by the Executive Committee, including regular reporting of progress against the Equality Objectives to the Executive Committee and the Board, providing formal oversight and accountability for delivery.

Responsibility for delivery on workforce equity is shared across the organisation, supported by a dedicated external-facing Equity and Rights team and internal-facing EDI manager, alongside cross-organisational groups that coordinate activity. This reflects CQC's position that responsibility for equality and anti-racism is jointly owned across all functions, rather than sitting in a single team.

- **National Professional Advisor (NPA) for Workforce EDI**

Our NPA for Workforce EDI holds a senior, expert advisory position, providing leadership, guidance and oversight to ensure our regulatory work and policy developments are aligned with national and government priorities and programmes, legislative updates, and builds our capability to champion workforce equity in our work.

- **Specialist advisors on Trust well led assessments**

CQC currently has eight EDI Specialist Advisors to draw on. They work alongside inspection teams in NHS trust well-led assessments. They participate from planning assessments to report publication.

They bring focused expertise at a senior level (having senior leadership or board level experience) that helps us strengthen our approach to embedding equality in our inspection process, and build our equality capability through collaborative working with our inspectors to transfer skills and knowledge. This enables us to spot systemic workforce inequalities sooner, interpret evidence through an equity lens and strengthen the quality, consistency and credibility of our regulatory judgments.

- **CQC operational leaders on workforce equalities**

Two of our senior operational leaders take a lead role on workforce EDI in assessments. They are available to advise on complex cases in all sectors where EDI issues may influence regulatory decisions. They bring extensive regulatory experience in workforce equality, offering senior-level insight that helps assessment teams navigate sensitive situations with clarity and confidence.

- **Improving workforce race equity for CQC colleagues**

It is vital that we demonstrate ourselves what we expect of regulated organisations. We have an equity, diversity and inclusion strategy – supported by an annual action plan – that is specifically anti-racist and anti-disablist. The strategy is based on three pillars – fostering inclusion and belonging (inclusive of tackling bullying, harassment and discrimination and management capability), recruiting talented colleagues (aligned to Civil Service Recruitment Principles) and investing in our colleagues (fair development and progression). Delivery is led by our EDI manager who brings CIPD, Government Functional Standards and Civil Service People Policy Equalities expertise and reports annually to the Board.



DEVELOPING EVIDENCE-BASED PRACTICE THROUGH OUR RESEARCH

[CQC-commissioned research](#) made 15 recommendations for how the CQC, through use of its regulatory levers, can use its regulatory activities to strengthen and impact how providers tackle workforce inequalities:

- anticipatory impact: CQC sets quality expectations, and providers understand those expectations and seek compliance in advance of any regulatory interaction.
- directive impact: providers take actions they have been directed or guided to take by CQC (enforcement actions or may involve formal legal repercussions).
- organisational impact: Regulatory interaction leads to internal organisational developments, reflection and analysis. This leads to changes in areas such as internal team dynamics, leadership, culture, motivation and whistleblowing.
- Relational impact: Results from the nature of relationships between regulatory staff (i.e. inspectors) and regulated providers. Informal, soft, influencing actions have an impact on providers.
- Informational impact: responses to published data on performance.
- Systemic impact: Aggregated findings/information from regulation are used to identify systemic or inter-organisational issues, and to influence stakeholders and wider systems other than the regulated providers themselves.

The 15 recommendations, alongside the shared principles for workforce race equality for regulators, form the basis of our future workplan for continuous improvement in our regulation of workforce equity.

WORKFORCE EQUALITY RISK AND OVERSIGHT GROUP: DRIVING IMPROVEMENT AND SUPPORTING OPERATIONAL REGULATORY PRACTICE

The Workforce Equality Risk and Oversight Group (WEROG) is an internal forum, which has been in operation for over four years. At WEROG, operational colleagues can raise and discuss complex issues relating to workforce equality in CQC registered provider organisations. Colleagues with expertise and first-hand experience in this area, from across the organisation, give them advice on how to proceed with ongoing monitoring, assessment, reporting and enforcement of workforce equality. WEROG representation includes policy, senior operational specialists, legal, data and insight, engagement, and research and evaluation. Topics discussed at WEROG have included racism and other forms of discrimination found in Trust assessments, experiences of overseas-trained workers in the use of freedom to speak up processes in the NHS and embedding workforce equity into future CQC assessment frameworks. WEROG has also overseen the development of tools to help make our assessments more consistent, such as semi-structured interview proformas for inspectors to use.



JOINT WORKING WITH OTHERS

At CQC, we recognise that we are part of a broader system of regulation, oversight and improvement and that it is important that our work is aligned with others. We have regular contact with NHSE and others and actively contribute to the Healthcare Regulators Equality Leads group. We also have a memorandum of understanding with the Equality and Human Rights Commission, which includes an ability to refer to EHRC, and vice versa, when the other regulator has more suitable powers. We have used this several times to ensure improvement in workforce race equity in NHS trusts.

Responsibility for equality and anti-racism is jointly owned across all functions, rather than sitting in a single team.

