

People Committee Report

Appendix 1

**Workforce Race Equality Standard (WRES)
Report 2023/2024 for:**

NHS Cheshire and Merseyside ICB

28 October 2024

Cheshire and Merseyside ICB

1.0 Executive Summary

There is considerable evidence that the less favourable treatment of BAME staff in the NHS¹, through poor treatment and opportunities, which has had a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

Research and evidence show, for example, that white shortlisted applicants are on average much more likely to be appointed than BAME shortlisted applicants. BAME colleagues are more likely than white colleagues to experience harassment, bullying or abuse from other staff. They are also more likely to experience discrimination at work from colleagues and managers and are much less likely to believe that their organisation provides equal opportunities for career progression.

In general, the proportion of NHS Board members and senior managers who of BAME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.

CM ICB is committed to supporting the work on the WRES. As an employer, we take seriously our responsibilities to review our own performance against WRES. We are committed to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.

2.0 Introduction

WRES was mandated by the NHS from April 2015 and was included within the NHS Standard Contract from 2015-16. WRES baseline data has been provided and published on a yearly basis by the NHS since July 2015. We have collected data from the period 1st April 2023 to the 31st of March 2024. The snapshot date for year-on-year comparisons is 31st March. We will use this data to guide us in developing aims and objectives for race equality within our workforce.

The main purpose of the WRES is to help local and national NHS organisations to review their data across the WRES indicators and to produce an action plan to improve workplace experiences of Black and Asian and Ethnic Minority Ethnic (BAME) staff. The WRES places an obligation on NHS organisations to improve BAME representation at Board and Senior level.

¹ <https://www.kingsfund.org.uk/sites/default/files/2020-07/workforce-race-inequalities-inclusion-nhs-providers-july2020.pdf>

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The WRES is a tool designed for both NHS organisations including Providers and Integrated Care Boards and Systems.

The legal duties which underpin the WRES are set out in the Equality Act 2010. In the Act, race is one of the nine protected characteristics. The Act strengthened the duty on employers to eliminate discrimination and advance equality of opportunity for BAME employees.

As an employer, our responsibilities in relation to WRES is also shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution
- The NHS People Promise
- NHSE EDI Workforce Improvement Plan

As a commissioner of NHS services, we are required to give assurance to the NHS England that our providers are also implementing WRES and using their WRES results to improve outcomes. We do this through quarterly contract monitoring and compliance checks, equality audits and performance reporting.

This report describes our approach and performance for the Workforce Race Equality Standard (WRES) in 2022/2023.

2.1 The Nine WRES Indicators

Workforce indicators

For each of these four workforce indicators, compare the data for White and BAME staff

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
Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.
2. Relative likelihood of staff being appointed from shortlisting across all posts.
3. Relative likelihood of BAME staff entering the formal disciplinary process compared to that of white staff.
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)

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For each of the four staff survey indicators, compare the outcomes of the responses for White and BAME 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 BAME staff.

9. Percentage difference between the organisations' Board voting membership and its overall workforce disaggregated:
 - By voting membership of the Board
 - By executive membership of the BoardNote: This is an amended version of the previous definition of Indicator 9

2.2 Definitions of ethnicity – people covered by the WRES:

Within this report, BAME refers to Black, Asian and Minority Ethnic groups. WRES publications often cite the term 'BME' which refers to Black and Minority Ethnic groups.

Definitions regarding BAME within the WRES groups are categorised by the Office of National Statistics and cited within the WRES technical guidance²:

2.3 Implementation:

Our reporting information and data has been collated from our staff Electronic Staff Records (ESR) and staff survey results.

ICBs are required to Publish an annual WRES report detailing an analysis of its results along publication of actions for improvement by October.

² [WRES technical guidance](#)

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However, some of our data sets are very low in number and therefore potentially identifiable. The decision has therefore been made not to publish our WRES data sets, as permitted by the WRES technical guidance. We will publish our actions for improvement on the NHS Cheshire and Merseyside ICB website.

Advice has been sought in relation to reporting very small numbers on sensitive staffing issues such as disciplinarys and, where relevant, sensitive information has been redacted to protect identities.

Please note that some 'white groups' such as Gypsies and Travellers and Eastern European staff experience discrimination. Where these form a significant minority within an organisation WRES technical guidance advises organisations make use of workforce data to tackle discrimination by employing the principles of the WRES.

3 Findings

The following information provides insight into CM ICB's current position against WRES indicators.

3.1 Context

Local BAME population:

According to the Office of National Statistics, the estimated local BAME population of Cheshire and Merseyside is 203,395. The partnership, in collaboration with NHS England and Improvement, Public Health England and Champs Public Health Collaborative implemented a research project to provide an in-depth understanding of BAME communities.

3.2 Data quality

ESR data is incomplete, with just over 90% of staff declaring their ethnicity. This is a reduction of 3% over the past year.

- The National Census 2021 is now available. "White" remained the largest high-level ethnic group in England and Wales; 81.7% (48.7 million) of usual residents identified this way in 2021, a decrease from 86.0% (48.2 million) in 2011. In England and Wales, 10.1% (2.5 million) of households consisted of members identifying with two or more different ethnic groups, an increase from 8.7% (2.0 million) in 2011.

Full details can be found here:

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[Ethnic group, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-work/ethnic-groups/ethnic-group-england-and-wales)

As mentioned previously, the snapshot date was 31st March 2024 and 1081 staff were employed at that point.

The following sections provides details of our WRES results for each of the indicators. This has been collated from the WRES submission templates.

3.3 Ethnic Breakdown

- The Table1 below shows that 90.3% of all staff have declared their ethnicity. Of these just over 4.3% are of BAME heritage and 0%% occupy VSM positions. These compare with a Cheshire and Merseyside BAME population of 5.82%³. BAME representation within the ICB is therefore under-representative of the population it serves.

Board Members:

- Only 37.5.4% of voting board members have declared their ethnicity. This compares with 90% of the workforce population. This is a slight improvement on last year.
- BAME Representation among Executive Board members is 0% compared with 8.3% for non-executive members. This is marginally lower than last year.

Table 1

NHS CM ICB	2024
No. of staff employed within the organisation - headcount	1,081
Percentage of whom have reported their ethnicity	90.3%
Percentage whom have reported being of BAME heritage	4.3%
Percentage of BAME staff in VSM	0.0%
Total Board Members headcount	16 (voting members)
Percentage of whom have reported their ethnicity	37.5%

³ [Cheshire and Merseyside Ethnicity profiles.pdf](#)

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Percentage of whom have reported being of BAME heritage	8.3%
Proportion of BAME Executive Board members compared to the portion of BAME Staff	0%
Proportion of BAME Non-Executive Board members compared to the portion of BAME Staff	8.3%

3.4 Recruitment

Table 2 below, shows that of the 460 people shortlisted for interview 51 were of BAME heritage. Of these 8 BAME people were appointed. These figures show that white staff are more likely to be appointed from shortlisting than BAME staff.

Table 2

NHS CM ICB	2024
Number of short-listed applicants (headcount)	460
Number appointed from shortlisting	125
BAME short listed applicants – head count	51 (11%)
BAME appointed from shortlisting – headcount and % from total appointed	8 (6.4)
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.84%

3.5. Disciplinary

Table 3 below shows that during the reporting period no BAME staff were subject to formal disciplinary processes and that this is comparable with white staff.

Table 3

NHS CM ICB	2024
Number of staff entering formal disciplinary process	0

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Number of staff from BAME entering formal disciplinary process	0
Likelihood of staff entering the formal disciplinary process.	0
Likelihood of BAME staff entering the formal disciplinary process compared to white staff.	N/A

3.6 Non mandatory training / development

The table below show that no BAME staff accessed non -mandatory training within the reporting period and that this is comparable with white staff.

Table 4

This data is not yet available

NHS CM ICB	2024
Number of BAME staff accessing non mandatory training	0
Likelihood of BAME staff accessing non-mandatory training and CPD	0

3.7 Staff Experience

The ICB has a range of reporting and procedures in place for staff reporting incidents of harassment, bullying or abuse, including speak up processes and HR processes.

Related indicators:

- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
- In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues.

Table 5

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This table shows that BAME staff are almost twice as likely to experience bullying or harassment from patients, relatives or the public.

Staff survey question	BAME (%)	White (%)
	2024	
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months	10.4%	5.6%
Number of respondents	182	615

Table 6

This table shows that BAME staff are significantly more likely to experience harassment or bullying from managers, and slightly more likely to experience harassment or bullying from colleagues than white staff.

Staff survey question	BAME (%)	White (%)
	2024	
Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	11.4%	2.8%
Number of respondents	35	753
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	13.9%	9.5%
Number of respondents	36	754

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Table 7

This table shows that the percentage of BAME staff who believe that the organisation provides equal opportunities for progression is 7% less than for white staff.

Staff survey question	BAME (%)	White (%)
	2024	
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	47%	54%
Number of respondents	36	752

4.0 Measures Planned to Improve Results

A package of measures will be developed to ensure continued improvement of our WRES results. These will include:

- Supporting the continued development of a formal BAME Staff Network to strengthen and promote BAME staff voices; increase the ICB's understanding of experiences, and to support the organisation with identifying measures to improve experience and outcomes for the BAME staff community.
- Developing/strengthening our Freedom to Speak Up processes.
- Development of a Values and Behaviours Framework
- Undertaking a range of activities to promote Black History Month
- Implement a campaign to improve self-reporting in ESR.
- Working towards achievement of Bronze level of the NW BAME Assembly Antiracist Framework
- Publishing the WRES Report on the ICBs website.

5.0 Risks

- Competing priorities combined with a lack of resources/staff capacity to develop activities and processes to undertake the above.

6.0 Next Steps

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Progress will be regularly reviewed throughout the year with oversight from our governance processes. The Executive Team will have overall oversight for monitoring with People Committee oversight.

7.0 Officer contact details for more information

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