**Workforce Race Equality Standard (WRES) Report 2024**

Contents

[Introduction 4](#_Toc193122772)

[Reporting Period 4](#_Toc193122773)

[Definitions of Ethnicity 4](#_Toc193122774)

[WRES Data Sources 4](#_Toc193122775)

[WRES Reporting Indicators 5](#_Toc193122776)

[Relative likelihood of ethnically diverse staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts 5](#_Toc193122777)

[WRES 2024 Key Findings\* 6](#_Toc193122778)

[WRES Action Plan 6](#_Toc193122779)

[Conclusion 9](#_Toc193122780)

[Appendix 1: STW ICB WRES Data Set 2024 and Analysis 9](#_Toc193122781)

[Appendix B: Information regarding the definitions of ethnicity referred to the WRES Technical Guidance 15](#_Toc193122782)

# Introduction

This report sets out the performance and approach to NHS Shropshire, Telford and Wrekin Integrated Care Board (STW ICB) Workforce Race Equality Standard (WRES) for 2024.

The WRES is an NHS England (NHSE) equality reporting requirement. The aim of the WRES is for NHS organisations to review the workplace experiences and outcomes of BME staff. The WRES helps NHS organisations to review their workforce data across nine areas known as the WRES indicators, and to produce an action plan to improve workplace experience of BME staff. The WRES also places an obligation on NHS organisations to improve BME representation at Board and senior leader level.

The WRES applies to NHS organisations including service providers, commissioners and independent organisations through the NHS Standard Contract. WRES is not currently mandated for Integrated Care Boards, however STW ICB is committed to collecting and analysing WRES data as good practice to gain valuable insight into staff experiences and outcomes.

It is important to note that while WRES data provides an overview of workforce demographics and board workforce experiences, it does not tell us about the context behind the data. It is recommended that organisations use the WRES data as a foundation to explore lived experiences of staff and gain a deep understanding of STW ICB’s diverse workforce.

Completing the WRES supports STW ICB in meeting commitments made in the NHS People Plan, NHS Equality, Diversity and Inclusion Improvement Plan, including areas such as retaining staff, reducing harassment, bullying and/or abuse, and in supporting the development of more diverse leadership teams.

### Reporting Period

Our WRES report provides an overview of STW ICB’s WRES data from the 31 March 2024.

# Definitions of Ethnicity

NHS England’s national NHS Workforce Race Equality Standard guidance and reporting metrics use the BME (Black and Minority Ethnic) to define those of all ethnicities other than White British, White Irish, or any other White background.

Further information regarding ethnic groups included in this definition is detailed in Appendix B.

# WRES Data Sources

The information presented in this report is taken from the following sources:

* Electronic Staff Record (ESR) system as of the 31 March 2024
* NHS Jobs / TRAC recruitment data: 01 April 2023 – 31 March 2024
* Formal disciplinary information supplied by STW ICB Peoples Services Team: 01 April 2023 – 31 March 2024
* STW ICB Learning and Development records: 01 April 2023 – 31 March 2024
* NHS National Staff Survey results for STW ICB: 2023/2024

# WRES Reporting Indicators

While completion of the WRES is not mandatory for ICB’s, to fully support the implementation of the WRES, STW ICB fully supports the principles and purpose of the WRES and commits to:

* Collect data on ethnic diversity of our workforce
* Carry out data analyses
* Produce a WRES report
* Publish our WRES report and action plan

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 ethnically diverse Board members across NHS organisations. When analysing the data collected for each indicator, the data should be compared for white staff and BME staff.

The are nine WRES indicators that NHS organisations are required to report on annually\*:

|  |  |
| --- | --- |
| **WRES Indicator** | **Description**  |
| **Indicator 1**  | Percentage of staff in each of the Agenda for Change (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 |
| **Indicator 2**  | Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts |
| **Indicator 3**  | Relative likelihood of BME staff entering the formal disciplinary process compared to that of white staff |
| **Indicator 4**  | Relative likelihood of BME staff accessing non-mandatory training and CPD compared to that of white staff |
| **Indicator 5**  | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, of the public in the last 12 months  |
| **Indicator 6**  | Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months |
| **Indicator 7** | Percentage of staff believing that the ICB provides equal opportunities for career progression or promotion  |
| **Indicator 8**  | Percentage of staff who have personally experienced discriminate at work from their manager / team leader or other colleagues |
| **Indicator 9**  | Percentage difference between the organisation’s Board membership and its overall workforce disaggregated:* By voting membership of the Board
* By executive membership of the Board
 |

\*Please note: data should be broken down by BME, white and ethnicity unknown groups

# WRES 2024 Key Findings\*

**89.14%** of STW ICB employees declared their ethnicity status on ESR, this is a slight **decline** from 2023 by **5.43%**

White shortlisted applicants were 2.62% more likely to be appointed from shortlisting compared to BME staff. This is a slight **decline** of 2.02% from 2023

7.03% of the STW ICB workforce is BME, this is a slight **improvement** from 2023 of 1.09%

Overall representation of BME staff across the workforce **is low**, and BME representation at Board level is 16.67%.

A breakdown of the non-clinical staff at STW ICB shows that a large percentage of the pay bands staff have declared their ethnicity status, **improvements** **could be made** across Bands 5, 8c, and VSM and VSM. There are no BME staff in Bands 2, 7 and 8d.

Due to no BME staff declaring their ethnicity on the 2023 NHS National Staff Survey – a comparison **could not** be made to White staff for any of the Staff Survey related indicators.

# WRES Action Plan

STW ICB’s WRES action plan has been developed in collaboration with STW ICB colleagues. Colleagues shared feedback and ideas for work that the organisation should carry out over the following year to consolidate and improve upon this year’s WRES data findings, and the following recommended actions were produced.

|  |  |  |  |
| --- | --- | --- | --- |
| **WRES Indicator** | **Action**  | **Timescale** | **Responsibility** |
| **Indicator 1:** Workforce Representation | STW ICB to continue to promote self-reporting of ethnicity status and other protected characteristic data via the NHS ESR  | Ongoing throughout 2025/2026 | Peoples Team / Communications |
| **Indicator 1:** Workforce Representation | Board members to receive updates on declaration data of staff equality self-reporting from ESR | Annually year on year | EDI Lead |
| **Indicator 2:** Relative likelihood of ethnically diverse staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts | Consult with STW ICB Staff Forum to review the guidance / training for recruiting managers. Recruitment panels to be diverse, when recruiting to Bands 8c and above, panels should include staff who are ethnically diverse where possible.  | 2025/2026 | EDI Lead / Peoples Team |
| **Indicator 3:** Relative likelihood of ethnically diverse staff entering the formal disciplinary process compared to that of white staff | To continue to monitor this metric annually through the WRES. | Annually  | EDI / Peoples Team |
| **Indicator 4:** Relative likelihood of ethnically diverse staff accessing non-mandatory training and CPD compared to that of white staff | Talent Management – implement a process to support career progression of for staff who are BME and a collate data across the ICB. | 2025 / 2026 | EDI / Peoples Team / Communications  |
| **Indicator 5:** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months | To continue with the STW ICB staff listening events to provide a safe environment for staff who are ethnically diverse to share stories/lived experiences. Senior Leadership Team to be informed of any themes arising from staff stories. To link in with the STW ICB Black and Minority Ethnic staff networkTo undertake the NHS National Staff Survey annually so that comparisons can be made. Encourage all staff to complete the NHS National staff survey. | 31 March 2025 | EDI Lead / Peoples Team / Line Managers  |
| **Indicator 6:** Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months | To continue with the STW ICB staff listening events to provide a safe environment for staff who are ethnically diverse to share stories/lived experiences. Senior Leadership Team to be informed of any themes arising from staff stories. To link in with the STW ICB Black and Minority Ethnic staff networkTo undertake the NHS National Staff Survey annually so that comparisons can be made. Encourage all staff to complete the NHS National Staff Survey. | 31 March 2025 | EDI Lead / People Team / Line Managers |
| **Indicator 7:** Percentage of staff believing that the ICB provides equal opportunities for career progression or promotion | Talent Management – implement a process to support career progression of for staff who are BME.Recruitment panels to be diverse, when recruiting, panels should include staff who are BAME where possible.To undertake the NHS National Staff Survey annually so that comparisons can be made. Encourage all staff to complete the NHS National Staff Survey. | 31 March 2025 | EDI Lead / Peoples Team / Line Managers  |
| **Indicator 8:** Percentage of staff who have personally experienced discrimination at work from their manager / team leader or other colleagues | Talent Management – implement a process to support career progression of for staff who are BME.Recruitment panels to be diverse, when recruiting, panels should include staff who are BME where possible.To undertake the NHS National Staff Survey annually so that comparisons can be made. Encourage all staff to complete the NHS National Staff Survey. | 31 March 2025 | Peoples Team / Line Managers / Communications |
| **Indicator 9:** Percentage difference between the organisation’s Board membership and its overall workforce disaggregated:•By voting membership of the Board •By executive membership of the Board | Board members to lead in reviewing and updating their equality information on ESR as 38.89% of VSM staff have not declared their ethnicity status. Appoint an EDI board champion to advocate for staff representing all protected characteristics. | 31 March 2025 | EDI Lead and Senior Leaders  |

The WRES action will be monitored throughout the year and progress with be captured in STW ICB’s WRES Action Plan and the 2025 WRES report.

# Conclusion

Our WRES report provides an overview of STW ICB’s WRES data for 2023-2024. We strive to create an inclusive and positive environment for our workforce, and our WRES reporting data shows that our collective workforce population is broadly reflective on the ethnic diversity of the locality we serve. However, we acknowledge that there is still work to do to support our staff to self-report they ethnicity on the ESR system.

We also acknowledge that there is work to done to better understand and address experiences of bullying, harassment abuse and discrimination, and there are actions that we can take to make our staff feel more included and able to thrive.

We are looking forward to working with colleagues across the organisation to improve the way we work and meeting the needs and aspirations of our diverse workforce.

# Appendix 1: STW ICB WRES Data Set 2024 and Analysis

**Indicator 1: Percentage of staff in each of the Agenda for Change (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**

|  |  |  |
| --- | --- | --- |
|  | **2023** | **2024** |
| **Number of staff employed within the organisation** | 286 | 313 |
| **Proportion of staff self-reporting their ethnicity status (%)** | 94.57% | 89.14% |
| **Proportion of ethnically diverse staff (%)** | 5.94% | 7.03% |

The total number of staff employed by STW ICB has increased in comparison with the previous WRES reporting year.

The proportion of staff that self-report their ethnicity status on ESR has decreased form 2023 by 5.43%.

The proportion of ethnically diverse staff working at STW ICB has increased from 2023 by 1.09%.

**Bar chart showing breakdown of staff by Agenda for Change (AfC) clusters for NICB Non-Clinical Staff**

The breakdown of STW ICB Non-Clinical staff by AfC clusters highlights that all the clusters are below 10% for BME staff. However, caution should be applied when viewing the data, as a percentage staff have not disclosed their ethnicity.

**Bar chart showing breakdown of staff by Agenda for Change (AfC) clusters for STW ICB Clinical Staff**

The breakdown of STW ICB Clinical staff by AfC clusters highlights that Cluster 3 has the highest number of staff who are BME. The proportion of staff is lower in Cluster 2 and all of the clinical staff within Cluster 2, 3 and 4 are disclosing their ethnicity status on ESR which is a positive outcome for the ICB, although the data is showing all staff in Cluster are white.

**Bar chart showing the ethnicity of non-clinical staff within each AfC pay band**

A breakdown of the non-clinical staff at STW ICB shows that a large percentage of the pay bands staff have declared their ethnicity status, improvements could be made across Bands 5, 8c, and VSM and VSM. There are no BME staff in Bands 2, 7 and 8d.

**Bar chart showing the ethnicity of clinical staff within each AfC pay band**

A breakdown of STW ICB clinical staff shows that ethnically diverse are in the pay bands 6, 7 and the highest percentage is in Band 8a, all of the clinical staff have disclosed their ethnicity which is a positive for the ICB.

**Indicator 2:** **Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts**

|  |  |  |  |
| --- | --- | --- | --- |
| **2024** | **BME Staff**  | **White Staff**  | **Undisclosed** |
| **Shortlisted**  | **81** | **185** | **11** |
| **Appointed**  | **10** | **60** | **6** |
| **Relative likelihood of being appointed**  | **0.12** | **0.32** |  |
| **Relative likelihood of BME staff being appointed compared to white staff**  | **White Staff 2.62 % times more likely to be appointed than BME staff**  |

WRES reporting data shows that the relative likelihood of BME candidates being appointed from shortlisting to white candidates, is that white candidates were 2.62% more likely to be appointed in 2024. This is slight decline in BME staff being appointed from 2023 however there were a large percentage of shortlisted candidates in 2023 that did not disclose their ethnicity.

**Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to that of white staff**

***Data redacted as numbers too low.***

|  |  |  |  |
| --- | --- | --- | --- |
| **2024**  | **BME Staff**  | **White Staff**  | **Undisclosed**  |
| **Percentage of staff in workforce** | 8.95% | 85.84% | 5.11% |
| **Percentage of staff under formal disciplinary** |  |  |  |
| **Likelihood of entering disciplinary process**  |  |  |  |
| **Relative likelihood of BME staff entering formal disciplinary process compared to white staff**  |  |

The STW ICB have a very low percentage of staff undertaking formal disciplinary, the likelihood of ethnically diverse staff entering the process compared to white staff is currently 0.00%.

**Indicator 4: Relative likelihood of BME staff accessing non-mandatory training and CPD compared to that of white staff**

|  |  |  |  |
| --- | --- | --- | --- |
| **2024**  | **BME Staff**  | **White Staff**  | **Undisclosed**  |
| **Percentage of staff in workforce** | 8.95% | 85.84% | 5.11% |
| **Number of staff accessing non mandatory training and CPD** | No data available | No data available  | No data available |
| **Likelihood of BME staff accessing non mandatory training compared to white staff**  | No data available | No data available | No data available  |
| **Relative likelihood of ethnically diverse staff accessing non mandatory compared to white staff**  | **No data available**  |

Currently the ICB do not collect this information.

**Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year**  | **BME Staff**  | **White Staff**  | **Difference** |
| 2023 Staff Survey  | - | 13.58% | **-** |
| 2022 Staff Survey  | No data  | No data  | **No data** |

The data for indicator 5 shows that 13.58% of white staff said that they had experience harassment, bullying or abuse from patients, relatives, or the public in the last 12 months, however no data was available to show a comparison between BME staff and white staff.

**Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year**  | **BME Staff**  | **White Staff**  | **Difference** |
| 2023 Staff Survey  | - | 15.56% | **-** |
| 2022 Staff Survey  | No data  | No data | **No data**  |

The data for indicator 6 shows that 15.56% of white staff said that they had experienced harassment, bullying or abuse from staff in the last 12 months, however no data was available to show a comparison between BME staff and white staff.

**Indicator 7: Percentage of staff believing that the ICB provides equal opportunities for career progression or promotion**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year**  | **BME Staff** | **White Staff**  | **Difference** |
| 2023 Staff Survey  | - | 42.68% | **-** |
| 2022 Staff Survey | No data | No data  | **No data**  |

The proportions of white staff believing that the ICB provides equal opportunities for career progression or promotion is 42.68%, however there is no data available to make a comparison between BME staff and white staff.

**Indicator 8: Percentage of staff who have personally experienced discrimination at work from their manager / team leader or other colleagues**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year**  | **BME Staff** | **White Staff**  | **Difference** |
| 2023 Staff Survey  | - | 8.54% | **-** |
| 2022 Staff Survey | No data  | No data  | **No data**  |

The proportion of white staff who have personally experienced discrimination at work from their manager / team leader or other colleagues is 8.54%, however there is no data to make a comparison between BME staff and white as there is no data available.

**Indicator 9: Percentage difference between the organisation’s Board membership and its overall workforce disaggregated:**

**•By voting membership of the Board**

**•By executive membership of the Board**

|  |  |
| --- | --- |
| **Year** | **Ethnicity Status** |
| **2024** | **BME Staff** | **BME Staff** | **White Staff** | **White Staff%** | **Not stated** | **Not stated%** | **Total** |
| Total number of Board members | 3 | 16.67% | 8 | 44.44% | 7 | 38.89% | **18** |
| of which: *total number of voting Board members* | 3 | 16.67% | 8 | 44.44% | 7 | 38.89% | **18** |
| Total number of non-voting Board members | 3 | 25.00% | 3 | 25.50% | 6 | 50.00% | **12** |
| of which: *total number of Executive Board members* | 0.00% | 0 | 5 | 83.33% | 1 | 16.67% | **6** |
| Total number of non-executive Board members | 0 | 0.00% | 1 | 33.33% | 2 | 66.67% | **3** |
| Difference between the overall workforce | - | 8% | - | -41% | - | 34% | **-** |
| Difference between total Board membership and overall workforce | **-9%** | **-3%** | **12%** |  |

The table above illustrates that there is less disparity between Board membership and the overall workforce for BME members of staff compared to white members of staff, however, these figures also show that overall representation of ethnically diverse staff across the workforce is low, and ethinically diverse representation at Board level is 16.67%.

# Appendix B: Information regarding the definitions of ethnicity referred to the WRES Technical Guidance

WRES data relating to ethnically diverse groups refer to staff from the following ethnic groups which are categorised by the Office of National Statistics (ONS) and cited within the NHS England’s WRES technical guidance and WRES additional documents.

|  |  |
| --- | --- |
| **ONS Category** | **Definitions**  |
| **White**  | White British / Welsh / Scottish / Northern Irish / British |
| White Irish |
| Gypsy or Irish Traveller  |
| Any other white background  |
| **Ethinically Diverse**  | Mixed and Multiple Ethnic Groups  |
| White and Black Caribbean  |
| White and Black African  |
| White and Asian |
| Any other mixed / multiple ethnic background  |
| Asian / Asian British Indian:* Asian or Asian British Indian
* Asian or Asian British Pakistani
* Asian or Asian British Bangladeshi
* Asian or Asian British Chinese
* Any other Asian background
 |
| Black / African / Caribbean / Black British: * Black or Black British African
* Black or Black British Caribbean
* Any other black background
 |
| Any other ethnic group: * Arab
* Any other ethnic group
 |

Within the WRES Technical Guidance it is noted that certain ‘white groups’ such as Gypsies and Travellers and Eastern European staff may be a significant minority group within an organisation that may experience discrimination. Where this is the case, organisations should explore tackling such discrimination using workforce data, staff surveys and employing the principles of the WRES to take action.