

Organisation: NHS Coventry and Warwickshire Integrated Care Board Workforce Race Equality Standard (WRES) Report 2021 - 2022

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Date: October 2022

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Introduction

Workforce Race Equality Standard (WRES) 2022

As of the 1st July 2022, NHS Coventry and Warwickshire Clinical Commissioning Group (CWCCG) became NHS Coventry and Warwickshire Integrated Care Board (ICB). The workforce data and findings within this report are a snapshot of the CWCCG on 31st March 2022. The actions planned 2021 to 2023 will be carried forward and implemented by the new NHS Coventry and Warwickshire Integrated Care Board.

The NHS Workforce Race Equality Standard (WRES) came into effect in the NHS in 2015 and was mandated for Trusts. In 2019, the requirement changed and the WRES is now mandated for CCGs (now ICBs).

The purpose of the WRES is to help NHS organisations to review their equality data against 9 WRES indicators and to produce action plans which will facilitate the closure of gaps in outcomes and experience evidenced in the NHS workplace (as a whole) between White and Black and Ethnic Minority (BAME) staff, as well as help to improve BAME representation at Board Level.

Ultimately, it is about ensuring an inclusive approach with regards to recruitment, training and promotion.

NHS Coventry and Warwickshire ICB is committed to have due regard to the WRES and uses it as a force for driving change, both as an employer and Commissioner of services.

The ICB aims to fully understand the diversity of the workforce so that it can ensure non-discriminatory practice, work with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty, the Equality Act 2010 and Employment Statutory Code of Practice.

The Action Plan sets out the actions NHS Coventry and Warwickshire ICB has planned to undertake to fulfil its commitment to the WRES for the period 2021-2023. This has been developed, based on the WRES information the ICB has collated and analysed, while ensuring a useful and effective approach to tackling race equality across the ICB place is promoted and maintained.

It is recommended that the Governing Body of NHS Coventry and Warwickshire ICB notes and approves the information contained in this report and the action plan prior to publication on the ICB website by 31 October 2022.

Key Findings

3.4%

- As at 31 March 2022, 22.7% (82) of staff working in the organisation were from a black and minority ethnic background. This is an increase from 19.3% in 2021

Regular monitoring & reviewing of workforce demographics

x1.43

- White staff were 1.43 time more likely to access non-mandatory training and CPD compared to BME staff.

Record all formal & non-formal mandatory training

x2.20

- White applicants were 2.20 times more likely to be appointed from shortlisting compared to BME applicants; this is better than 2020-21 at 2.92.

Maintain robust inclusive recruitment and selection practices

X1.09

- BME staff were 1.09 times more likely to enter the formal disciplinary process than white staff. No staff entering formal disciplinary process in 2020-2021.

Continue to engage with the staff EDI Network

4.5%

- 4.5% of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2021, compared to White staff at 2.2%.

Promote the use of Freedom to Speak Up Guardians service

41.7%

- 41.7 % of board members in NHS Coventry & Warwickshire CCG were from a BME background in 2021-22. This is different from 50% in 2020-21

Explore opportunities to further increase board diversity

52.4%

- The number of BME staff who responded to the NHS Staff Survey

Encourage staff to take part in the NHS staff survey

18.6%

- 18.6% of staff from BME background experienced harassment, bullying or abuse from patient, relative or the public in the last 12 months

Promote the importance of reporting unreasonable behaviour

16.3%

- 16.3% of staff from BME background experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to 18.8% White staff

Improve reporting & recording of bullying & harassment incidents

36.4%

- 36.4% of staff from BME background believed that there were equal opportunities for career progression or promotion compared to 56.7% White staff.

Ensure a Talent management scheme is in place

Summary of WRES

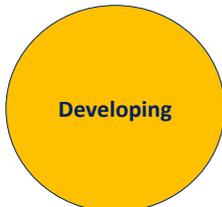
- Overall, 96.96 % (97%) of staff reported their ethnicity as at 31 March 2022. This is the same as the previous year at 96.69% (97%) at the end of July 2021.
- As at 31 March 2022, 22.7% (82) of staff were from a BME background. This is an increase of 3.4% from 19.3% in 2021.

Indicator 1	The representation of BME staff in 2022 in bands 1-7 increased by 0.5% in clinical staff and 1.5% in non-clinical staff. In bands 8a - VSM increased by 2.5% in clinical staff and 3.5% in non-clinical staff. In the CCG now ICB the representation of BME staff is lower than the Coventry BME population (26.2%), and higher than the Warwickshire BME population (7.3%)
Indicator 2	In 2021-22, overall, for NHS Coventry & Warwickshire CCG now ICB , White candidates were 2.20 times more likely than BME candidates to be appointed from shortlisting, as to 2.92 times in 2020-21
Indicator 3	The number of staff entering the formal disciplinary process is 6 for White staff , and is 2 for BME staff. The relative likelihood of BME staff entering the formal disciplinary process is 1.09, which means BME staff are 1.09 times more likely than white staff to enter formal disciplinary processes.
Indicator 4	White staff were 1.43 time more likely to access non-mandatory training and CPD compared to BME staff.
Indicator 5 - 6	18.6% of BME staff experienced harassment bullying or abuse from patients, relatives or public in the last 12 months, which is significantly above the national average at 9.8%. 18.3% of White staff experienced harassment bullying or abuse from patients, relatives or public in the last 12 months, which is significantly above the national average at 9.7%. 18.8% of White staff experienced harassment, bullying or abuse from staff in last 12 months, which is above the national average at 13.6%. 16.3% of BME staff experienced harassment, bullying or abuse from staff in last 12 months, which is below the national average at 20.6%.
Indicator 7 - 8	56.7% of White staff believe that the CCG now ICB provides equal opportunities for career progression, which is lower than the national average at 65.3%. 36.4% of BME staff believe that the CCG now ICB provides equal opportunities for career progression, which is equivalent to the national average at 36.5% 4.5% of BME staff experience discrimination at work from manager/team leader or other colleagues in the last 12 months, which is lower than the national average at 12.7%. 2.2 % of White staff BME staff experience discrimination at work from manager/team leader or other colleagues in the last 12 months, which is lower than the national average at 4.7%.
Indicator 9	In comparison of 2020-21 and 2021-22 the data for Coventry & Warwickshire CCG now ICB 's Governing Body show a higher proportion of BME representation than the overall workforce. This is also a higher proportion than the local population it serves (Coventry 26.2% BME, Warwickshire 7.3% BME). 2020-21 the percentage difference is +30.7%; 2021-22 the percentage difference is +19%

WRES Report

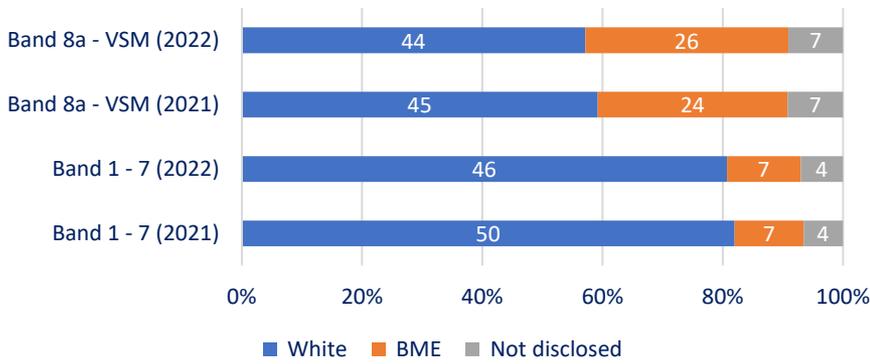
Indicator 1 – Data

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 disaggregated by: Non-Clinical Staff/Clinical staff



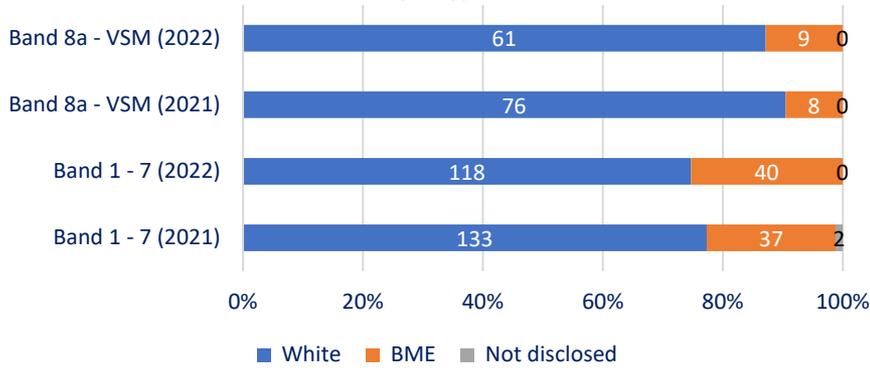
Coventry & Warwickshire CCG 2021/22 Comparison: Clinical								
	Band 1 - 7 (2021)		Band 1 - 7 (2022)		Band 8a - VSM (2021)		Band 8a - VSM (2022)	
White	50	81%	46	80%	45	59%	44	57%
BME	7	11.5%	7	12%	24	31.5%	26	34%
Not disclosed	4	6.5%	4	7%	7	9%	7	9%
Total	61		57		76		77	

Coventry & Warwickshire CCG 2021-22 comparison: Clinical



Coventry & Warwickshire CCG 2021/22 Comparison: Non-clinical								
	Band 1 - 7 (2021)		Band 1 - 7 (2022)		Band 8a - VSM (2021)		Band 8a - VSM (2022)	
White	133	77%	118	75%	76	90%	61	87%
BME	37	21.5%	40	25%	8	9.5%	9	13%
Not disclosed	2	1%	0	0.00%	0	0.00%	0	0.00%
Total	172		158		84		70	

Coventry & Warwickshire CCG 2021-22 comparison: Non-clinical



Indicator 1

- Clinical: 80% of staff in band 1-7 are White; while 12% are BME. 7% of staff ethnicity is unknown
57% of staff in band 8a-VSM are White; 34% are BME, 9% of staff ethnicity is unknown
- Non-clinical: 75% of staff in band 1-7 are White; 25% are BME
87% of staff in band 8a-VSM are White; 13% are BME

What is the data telling us?

Bands 1-7 BME increased by 0.5% (same number of staff in clinical staff and 1.5% in non-clinical staff).

Bands 8a - VSM increased by 2.5% in clinical staff and 3.5% in non-clinical staff.

However, whilst there has been an increase of the number of BME staff, the improvement to proportionality is mostly due to White staff leaving or progressing.

- **The overall population of Coventry and Warwickshire ICB place amounts to 963,173 people with 379,387 in Coventry and 583,786 in Warwickshire. 50% female, 50% male, 14.70% BME, 85.30% White and 17.30% disabled.**
- **In Coventry 49.1% female, 51% are male, 26.2% BME, 73.8% White and 17.1% disabled**
- **In Warwickshire 50.6% female, 49.40% male, 7.3% BME, 92.7% White and 17.7% disabled**
- **Overall, the representation of BME staff (22.7%) is lower than the Coventry BME population (26.2%), and higher than the Warwickshire BME population (7.3%) and the total population for both Coventry and Warwickshire at 14.7% BME.**

What have we done over the last year?

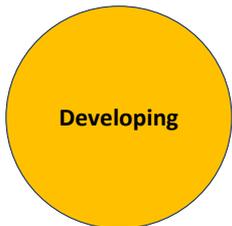
- Continued to ensure data on ESR is accurate and up to date, and through newsletter messages encouraged employees to record their full details.
- A Board member has been appointed EDI Lead with responsibility for overseeing the WRES report and Action Plan.
- Provided support for the CCG's staff EDI Network, formalised terms of reference and regular reporting into the CQGC.
- Support of Chair for continuous development in line with the regional WRES equality strategy. Fed into the sub group of the People Board.
- Chair and Deputy Chair mentored by senior management and one to ones with Board Member Lead for EDI.
- Direct report on EDI into the CQGC and directly to the governing body.
- Highlighted the importance of inclusion through the EDI Network and through events, celebrations and awareness raising activities.
- WRES report published on website

What are we planning for 2022-23?

- This Report will now utilise the results of 2021-2022 to inform the 2022-23 Action Plan
- Continue to monitor and review workforce demographics regularly and set appropriate/relevant improvement Key Performance Measures (KPI's) aligned to e.g. [A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS](#)

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 2: Recruitment	NHS Coventry & Warwickshire CCG 2020-2021		NHS Coventry & Warwickshire CCG 2021-2022	
	White	BME	White	BME
Number of Staff in workforce	304		269	82
Number shortlisted applicants	104	81	241	174
Number appointed applicants	15	4	67	22
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	2.92		2.2	

What is the data telling us?

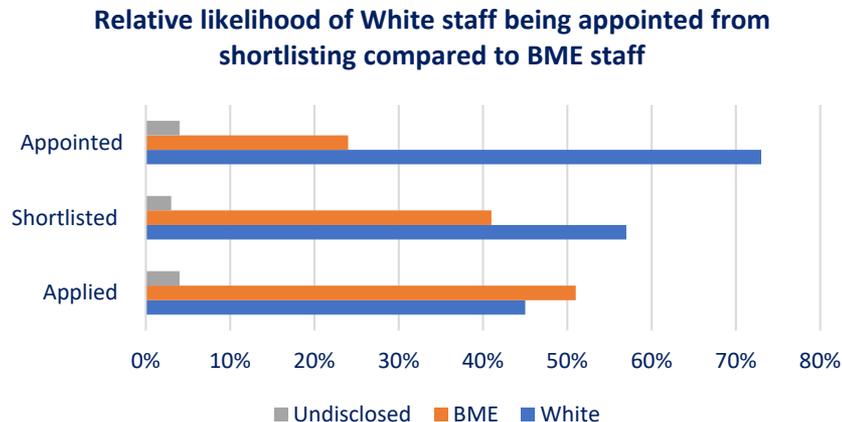
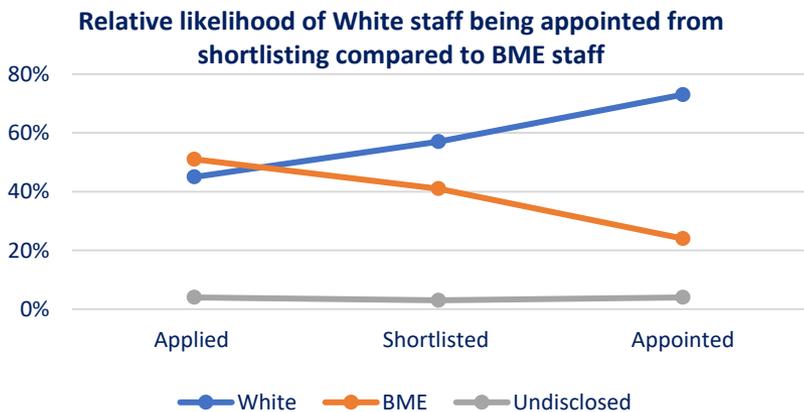
- In **2021-22**, overall for NHS Coventry & Warwickshire CCG now ICB, White candidates were 2.20 times more likely than BME candidates to be appointed from shortlisting.
- In **2020-21**, overall for NHS Coventry & Warwickshire CCG now ICB, White candidates are 2.92 times more likely than BME candidates to be appointed from shortlisting. In comparison to the last year's data, there has been an improvement. However, this figure is above the national average of White candidates being 1.64 times more likely than BME candidates to be appointed from shortlisting.

What have we done over the last year?

- Continued to monitor the recruitment and retention practices to identify trends to further equalise the disproportion for BME candidates. The new organisation, the ICB, will continue this ongoing work throughout. We carried out awareness raising of best practice regarding unconscious bias and composition of interview panels.

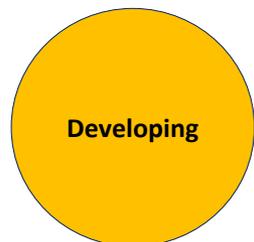
What are we planning for 2022-23?

- Continue to ensure the new organisation has robust inclusive recruitment and selection practices, and that all the interview panels have gone through robust recruitment and selection training, including unconscious bias before interviews. Reviewing candidate's feedback to identify areas of further work is also important.



Indicator 3

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (This indicator will be based on data from a two year rolling average of the current year and previous year)



Coventry & Warwickshire CCG	2021-22	
Indicator 3: Disciplinary Process	White	BME
Number of staff in workforce	269	82
Number of staff entering formal disciplinary	6	-
Likelihood of White staff entering formal disciplinary	2.23%	
Likelihood of BME staff entering formal disciplinary	2.44%	
The relative likelihood of BME staff entering formal disciplinary compared to White staff	1.09	

What is the data telling us?

- During 2020 to 2021 there were no staff entering a formal disciplinary process. During 2021-2022, the number of formal disciplinary cases for BME staff was fewer than n=5 and are too small to identify any trends (n=<5 are represented by '-'). Therefore, compared to last year there is an increase overall in number of staff entering formal disciplinary. BME staff are 1.09 more likely than white staff to enter formal disciplinary processes.

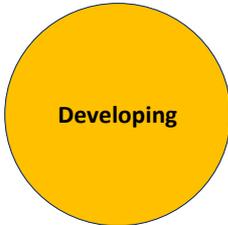
What have we done over the last year?

- All policies reviewed through merger and transition process
- Quarterly workforce reports produced which allowed the CQGC cttee to check and challenge the amount of any complaint

What are we planning for 2022-23

- Continue to monitor that the grievance and disciplinary policies and processes are accessible to staff and ensure they are applied fairly.
- Continue to engage with the staff Equality, Diversity and Inclusion Network to capture and improve BAME staff experiences in the workplace.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD



Indicator 4: Accessing non-mandatory training & CPD	NHS Coventry & Warwickshire CCG 2020-2021		NHS Coventry & Warwickshire CCG 2021-2022	
	White	BME	White	BME
Number of Staff accessing non-mandatory training & CPD	289	76	239	51
Likelihood of staff accessing non-mandatory training & CPD	95.07%	100%	88.85%	62.20%
Relative likelihood of White staff accessing non-mandatory training & CPD compared to BME staff	0.95		1.43	

What is the data telling us?

- Compared to last year there is a significant decrease in the likelihood of staff accessing non-mandatory training and CPD. For White staff this decreased by 6.22%, as for BME by 37.80%.

What have we done over the last year?

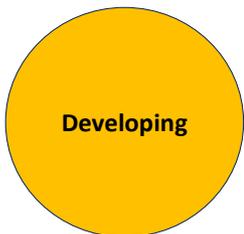
- The Stepping Up leadership programme was stood down through covid due to lack of capacity and availability. This now sits with the Regional NHSE Midlands work as CCG wanted to wait to benefit from this until the new ICB is in place.
- Reverse mentoring programme was implemented, and evaluation showed that both parties gained from this activity.
- A central process for recording and reporting non mandatory training is yet to be implemented.

What are we planning for 2022-23?

- The ICB will review and implement the process for recording and reporting non-mandatory training and CPD and monitor it on a regular basis.
- Review and implement a Talent Management Programme derived from e.g. Appraisals / Training Needs Analysis with focus on ensuring fair representation and access

Indicator 5-6

National NHS Staff Survey Indicators 2021-2022



Summary of 2021 Staff Survey outcomes (WRES Indicators 5-6)	Coventry & Warwickshire CCG 2021	Responses National Average for CCGs
5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<p>Of the total who responded those who said 'Yes':</p> <p>White: 180 responses BME: 43 responses</p> <p>White: 18.3% BME: 18.6%</p>	<p>White: 9.7% BME: 9.8%</p>
6 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<p>Of the total who responded those who said 'Yes':</p> <p>White: 181 Responses BME: 43 Responses</p> <p>White: 18.8% BME : 16.3%</p>	<p>White: 13.6% BME: 20.6%</p>

What is the data telling us?

- 18.3% of the White staff, as compared to BME staff at 18.6%, said they experienced harassment bullying or abuse from patients, relatives or the public in the last 12 months. This is nearly double the national average at 9.7% and 9.8% respectively.
- 18.8% of the White staff, as compared to BME staff at 16.3% said they experienced harassment, bullying or abuse from staff in last 12 months that is significantly above the national average at 13.6% and below the national average at 20.6% respectively.

What have we done over the last year?

- Communications encouraging staff to complete the staff survey.
- Promotion of the importance and process for reporting unreasonable behaviour towards staff from services users and from other staff and/or managers.

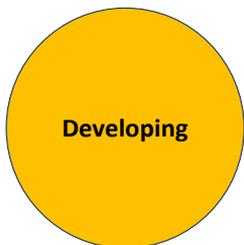
What are we planning for 2022-23?

- Creating awareness through staff networking groups and workforce to participate in the National NHS Staff Survey to enable benchmarking across NHS Indicators by Ethnicity.
- Outcomes of the Local Staff Survey are to be addressed through actions built into and implemented through the ICB's People plan.

[A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce \(england.nhs.uk\)](https://www.england.nhs.uk/our-work/achievements/a-fair-experience-for-all-closing-the-ethnicity-gap-in-rates-of-disciplinary-action-across-the-nhs-workforce/)

Indicator 7-8

National NHS Staff Survey Indicators 2021-2022



Summary of 2021 Staff Survey outcomes (WRES Indicators 7-8)	Coventry & Warwickshire CCG 2021-22	Responses National Average for CCGs
7 – percentage believing that the CCG provides equal opportunities for career progression or promotion	Of the total who responded those who said 'Yes': White: 180 responses BME: 44 responses White: 56.7% BME: 36.4%	White: 65.7% BME: 36.5%
8 – In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues	Of the total who responded those who said 'Yes': White: 179 responses BME: 44 responses White: 2.2% BME : 4.5%	White: 4.7% BME: 12.7%

What is the data telling us?

- 56.7% of White staff as compared to 36.4% of BME staff believe that the CCG now ICB provides equal opportunities for career progression
- 2.2% White staff as compared to 4.5% of BME staff reported to experience of discrimination at work. This below the national average at 4.7% of White staff and 12.7% for BME

What have we done over the last year?

- Communications encouraging staff to complete the staff survey.
- Promotion of the importance and process for reporting unreasonable behaviour towards staff from services users and from other staff and/or managers.

What are we planning for 2022-23?

- Participate in the National NHS Staff Survey to enable Benchmarking across NHS Indicators by Ethnicity
- Outcomes of the Local Staff Survey are to be addressed through actions built into and implemented through the CCGs' People plan

Indicator 9

Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce



	Coventry & Warwickshire CCG 2020-21					Coventry & Warwickshire CCG 2021-22				
	GB / Board		Workforce		% Difference	GB / Board		Workforce		% Difference
White	5	50%	304	77.4%	-27.4%	7	58.3%	269	74.3%	-16%
BME	5	50%	76	19.3%	+30.7%	5	41.7%	82	22.7%	+19%
Not disclosed	0	0.0%	13	3.3%	-3.3%	0	0.0%	11	3%	-3%
Total	10		393			12		362		

What is the data telling us?

- In comparison of 2020-21 and 2021-22 the data for Coventry & Warwickshire CCG now ICB's Governing Body show a higher proportion of BME representation than the overall workforce. This is also a higher proportion than the local population it serves (Coventry 26.2% BME, Warwickshire 7.3% BME)

What have we done over the last year?

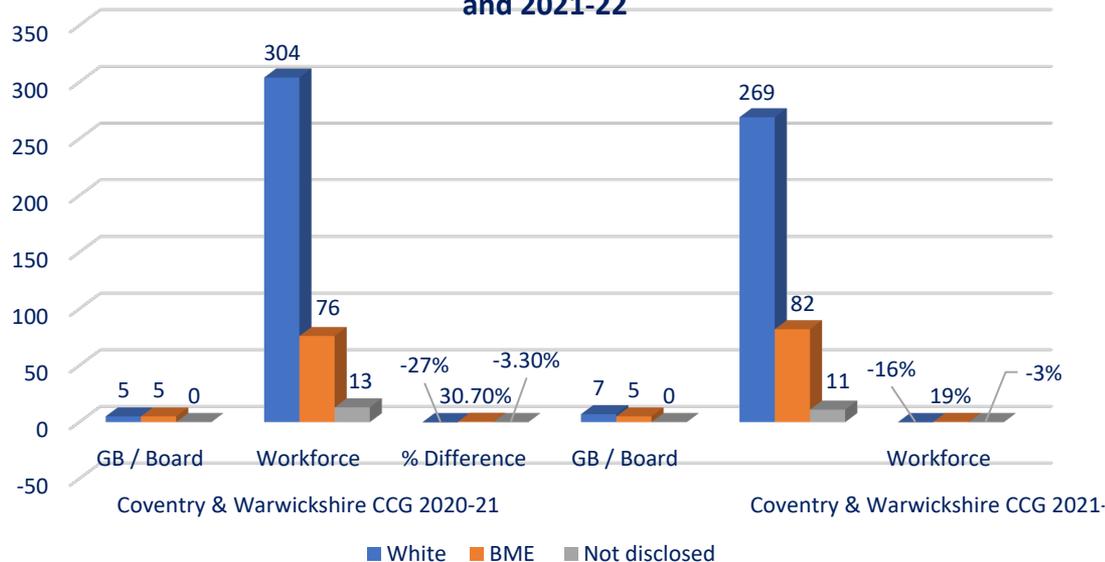
- Individually spoke with each board member to complete their data, now have a new board.

What are we planning for 2022-23?

- All Committee Chairs are to put into place governance measures to demonstrate assurance that 'Due Regard' of Equality considerations, outcomes and decisions are discussed and recorded within Committee Minutes
- Address the 11% not disclosed ethnicity by Governing Body Members
- Continue to monitor and review Governing Body to Workforce demographic ratio regularly and set appropriate/relevant improvement Key Performance Measures (KPI's) aligned to e.g.

[A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS](#)

Coventry & Warwickshire CCG's Governing Body Data for 2020-21 and 2021-22



Action Planned for 2022-2023

RAG status key	
	BME experience equivalent to White experience
	Some difference between BME and White experience
	Large difference between BME and White experience

Indicator	NHS People Plan Theme	RAG	Objective	Action	Lead	Date
1, 2, 9	Growing for the future Belonging in the NHS		Senior BME Representation Bands 8+ and VSM Recruitment –ensure the likelihood of BME and White candidates being shortlisted and appointed is equal	<ul style="list-style-type: none"> Set up a WRES working group to monitor the development and implementation of the WRES action plan and ensure relevant data is available when needed. Ensure Data on ESR is accurate and up to date to increase towards 100% ethnicity declaration Continue to monitor and review workforce demographics regularly and set appropriate/relevant improvement Key Performance Measures (KPI's) Explore opportunities to encourage BAME candidates to apply for vacant positions (band 8b+) by advertising much wider than NHS Jobs or similar channels. Explore best ways of recording and compiling equality information such as an EDI dashboard and mechanisms to monitor and evaluate progress against WRES objectives. Continue to ensure the ICB has robust inclusive recruitment and selection practices, and that all the interview panels have gone through robust recruitment and selection training including unconscious bias training. Provide candidate feedback to identify areas of further work. Ensure the appointment processes for the new ICB executive are in line with the national campaign to increase diversity and to ensure equity. Explore opportunities to further increase board diversity and give due regard to the NHS Midlands regional recruitment targets to increase diversity at all levels in NHS organisation. 		Review progress six monthly
3	Looking after our People Belonging in the NHS		Board Leadership and Commitment Ensure that disciplinary data is captured including by ethnicity Embedding reliable data capture by ethnicity	<ul style="list-style-type: none"> Continue to monitor that the grievance and disciplinary policies and processes are accessible to staff and ensure they are applied fairly. Continue to engage with the staff Equality, Diversity and Inclusion (EDI) Network to capture and improve BAME staff experiences in the workplace. 		Review Quarterly
4	Growing for the future Belonging in the NHS		To assess the impact of non-mandatory training on BME career progression Embedding reliable data capture by ethnicity	<ul style="list-style-type: none"> Consider developing a monitoring system to capture the number of BME and White staff accessing funds and percentage of BME approval and BME non-approval Collate equality data to support the reporting of this metric through an analysis of PDPs and recording of all formal and informal non-mandatory training that staff benefit from, such as secondments, attendance at conferences and workshops, mentoring and shadowing Continue to publicise non-mandatory training and CPD programmes to all staff Review and implement a Talent Management Programme derived from e.g. Appraisals / Training Needs Analysis with focus on ensuring fair representation and access 		Review Quarterly
5, 6,8	Growing for the future Belonging in the NHS Looking after our people		Focus on reducing incidences of bullying and harassment within the ICB Embedding reliable data capture by ethnicity	<ul style="list-style-type: none"> Continue to develop and support the ICB's staff EDI Network and ensure discussion around the issues affecting BAME Promote the staff EDI Network and involvement more widely Consolidate and the strengthen the Freedom to Speak Up Guardian service and promote and encourage it's use by staff. Promote the importance of reporting unreasonable behaviour Improve reporting and recording of bullying and harassment cases and include diversity information within the metrics. 		Review Quarterly
7	Growing for the future Belonging in the NHS Looking after our people		Continue to promote a culture of inclusion	<ul style="list-style-type: none"> Talent Management - ensure there is a method to identify employees that are ready to progress to the next step and identify opportunities for them to gain experience at a higher level not forgetting the overarching importance of equal opportunities. Implement staff development programmes to mentor or coach talented BAME staff for a specified time to enable them to apply for a higher position. 		Review Quarterly

To know more

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

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