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**NHS Workforce Disability Equality Standard (WDES)**

Annual Report 2020

Cambridgeshire Community Services NHS Trust

**CONTENTS**

|  |  |  |
| --- | --- | --- |
| 1 | Introduction | 2 |
| 2 | WDES progress in 2019/20 | 4 |
| 3 | Conclusion and next steps | 5 |
| Appendix 1 | WDES metrics report – 2019/20 | 6 |
| Appendix 2 | WDES action plan 2020/21 | 13 |

1. **Introduction**

**Our Trust approach to Equality and Inclusion**

The Trust covers diverse communities and this influences how we provide services, as well as how we treat our staff, both current and future.

We are committed to providing personal, fair and diverse services to our staff, communities and people from a whole range of backgrounds and beliefs, including people of all ages, disabilities, gender reassignment, marriage and civil partnership status, races, religions or beliefs, sex, and sexual orientations (in line with the Equality Act 2010).

We are also committed to providing personal, fair and diverse services to carers, and have included actions relating to carers in our Equality Improvement Plan.

**What do we mean when we talk about Equality and Diversity?**

**Equality** is about fairness where everyone has the opportunity to fulfil their potential. People should be treated fairly regardless of their characteristics.

**Diversity** is about recognising and valuing difference in its broadest sense. People should be treated and valued as individuals, as each person’s own characteristics bring a unique contribution to the organisation.

**How do we know how we are doing?**

Every year, we work with staff, patients, families, carers and the public to assess our performance in the NHS equality and diversity governance process. The Equality Delivery System, or EDS, and agree an improvement plan for the next year. The Trust’s annual process is as follows:

1. Confirm governance and leadership commitment.
2. Identify stakeholders.
3. Analyse performance and agree grades with stakeholders with different protected characteristics. This includes:
* Participation in engagement events to which local community groups, carers, patients, staff, union representatives and charities are invited;
* Engagement with patient forums;
* Analysis of themes from Equality Monitoring Data in patient experience surveys, ‘secret shopper’ feedback, feedback from patient experience tools;
* Analysis of themes arising in staff surveys as well as workforce and HR analysis.
1. Prepare equality objectives and improvement plans with stakeholders.
2. Integrate plans into mainstream business planning.
3. Publish grades, equality objectives and plans.
4. Undertake ongoing monitoring of progress.

Staff and patients do not have to declare their equality information. However, we try to encourage staff and patients to share this with us, to ensure we can reflect their needs in the provision of our services and at work. Click on the link to read a [leaflet](http://www.cambscommunityservices.nhs.uk/docs/default-source/equaity-and-diversity-documents/equality-and-diversity-monitoring-leaflet-%280254%29.pdf?sfvrsn=8) explaining why we ask you for equality monitoring data as part of the patient survey.

In addition for staff, we monitor a range of diversity and inclusion indicators including:

* Our Workforce Data
* Our Gender Pay Gap
* Our Workforce Race Equality Standards
* Our Workforce Disability Equality Standards
* Our Staff opinion survey feedback
* Feedback from other routes including Freedom to Speak up, Staff Friends and Family Test feedback and learning from staff employee relations cases.

**Monitoring Progress**

Progress against the EDS improvement plan is tracked and reports into to our People Participation Committee, which itself reports to the Trust Board via the lead executive. In addition, the Trust reports on its progress and compliance to the Joint Consultative and Negotiating Partnership.

The approach outlined supports the Trust’s commitment to the Public Sector Equality Duty to engage with our diverse communities so that the policies and services we provide are appropriate, accessible to all and meet different people’s needs. We are using the Equality Delivery System 2 (EDS), the updated version of the EDS launched by the Department of Health, as a tool to help us to deliver against our statutory requirements in promoting equality and the value of diversity of our staff and service users in order to meet the following goals:

* Better health outcomes for all;
* Improved patient access and experience;
* Empowered, engaged and well supported staff;
* Inclusive leadership at all levels.

Our Workforce Diversity and Inclusion Group , which reports into the People Participation Committee, oversees actions which support the delivery of the Trust’s Workforce Strategy and in particular the Diversity and Inclusion For All Programme.

In addition, the key staff diversity work stream in our People Strategy Implementation Plan 2020/21 is the Diversity and Inclusion for All Programme, and the actions are to:

* Provide Personal Resilience training and equip staff to balance work and life challenges and stresses;
* Deliver the Workforce Race and Disability Equality Standards and Gender Pay gap action plans;
* Deliver our annual Equality Delivery System Objectives and our Equality Improvement Plan;
* Work with experts in this field to embed the diversity and inclusion agenda from both a service delivery perspective and as an employer;
* Attend public events to get feedback on the Trust’s approach;
* Finalise the roll out of BAME representation on interview panels where a BAME applicant is shortlisted;
* Continue to support our Cultural Ambassador Programme.
1. **WDES progress in 2019/20**

In July 2019, the Trust published its first set of workforce disability data against a set of national standards, the Workforce Disability Equality Standards or WDES.

**WDES OBJECTIVES 2019/20**

* To Implement a disability passport;
* To establish a staff led, disabled staff network;
* To offer mentoring to disabled staff;
* To review the options for disability leave within the newly implemented Working with a Disability – Staff Support Guidelines and the Sickness Absence Policy;
* To increase the number of staff who declare their disability

The Disability Passport, renamed as an Adjustments Passport, was introduced in December 2019.

The Trust’s staff Equity and Diversity Network was reviewed and agreement made to restart as a range of networks as required by staff starting with a BAME network established in July 2020 and plans are in place to start a Long Term Conditions and Disabled Staff Network by the end of 2020.

Diversity mentoring has been introduced and a process in place to train mentors and to match them with mentees.

The work to formally implement leave was delayed due to Covid-19 however, in practice, a greater number of disabled staff have been supported with paid leave due to their health conditions during this current time.

Since March 2020, there has been a significant increase in the number of staff declaring working with a disability due to staff declaring their Covid-19, clinically at risk, status and then recording this in their personal staff record in ESR. This has confirmed what we believed that staff may feel reluctant to declare a disability or long term condition, unless they can see a positive benefit in doing so.

The Trust has also supported disabled staff and those with a long term condition during Covid-19 by:

* Identifying those staff in the highest clinical risk categories that needed to shield and putting in place support to allow this to happen. This includes working in a Covid safe environment, or where this is not possible, supporting staff to be away from work without impacting their pay;
* Putting in place a process for the Director of Workforce, Medical Director and Assistant Director for Workforce to be directly involved in offering additional advice and guidance to disabled staff and their line managers on issues arising in the risk assessments;
* Introduced digital technology to support staff to work differently and have responded to individual needs to support all staff to access adaptations to support any needs due to disability or caring responsibilities etc. Further work is currently underway to review any additional support we can give to staff who are unpaid carers to assist them during Covid-19.
* We have put in place a stepped package of emotional and physiological support and advice for all staff to ensure the mental health and wellbeing of staff remains a priority. Whilst delayed due to Covid-19, we are reviewing a new launch date (following refresher training) for our Health and Wellbeing Champions, to further support staff with any health and wellbeing concerns at this time.
1. **Conclusion and next steps**

In July 2020 the Trust Board formally noted progress on the WDES actions during 2019/20 and agreed the 2020/21 WDES Objectives.

**WDES OBJECTIVES 2020/21**

* To review the options for disability leave within the Working with a Disability – Staff Support Guidelines and the Sickness Absence Policy;
* To support the ongoing use of the Adjustments Passport;
* To promote the use of the Covid-19 staff risk assessment and appropriate actions;
* To support disabled staff to establish a staff network as required;
* To review the lessons learnt during Covid-19 on how disabled / staff in the critically high risk groups were supported to work differently, including disability leave.

The Board also agreed a two WDES related EDS Objectives for 2020/21, namely:

* *To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias;* and
* *To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.*

**Appendix 1 WDES metrics report**

Detailed below is the organisation’s WDES data which was submitted in August 2020 covering the period to 31st March 2020.

**Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**

**(Data source: ESR)**

**1a. Non-clinical workforce**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff in 2019**  | **Disabled staff in 2020** | **Disabled staff in 2019/2020** | **Non-disabled staff in 2019**  | **Non-disabled staff in 2020**  | **Non-disabled staff in 2019/2020** | **Unknown/null staff in 2019**  | **Unknown/null staff in 2020**  | **Unknown/null staff in 2019/2020** | **Total staff in 2019** | **Total staff in 2020**  |
|  | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Headcount**  | **Headcount**  |
| **Cluster 1 (Bands 1 - 4)** | 3% | 8% | +5% | 49% | 52% | +3% | 48% | 40% | -8% | 398 | 394 |
| **Cluster 2 (Band 5 - 7)** | 5% | 13% | +8% | 51% | 57% | +6% | 44% | 30% | -14% | 148 | 164 |
| **Cluster 3 (Bands 8a - 8b)** | 5% | 11% | +6% | 53% | 53% | 0% | 42% | 37% | -5% | 19 | 19 |
| **Cluster 4 (Bands 8c – 9 & VSM)** | 0% | 11% | +11% | 56% | 46% | 10% | 44% | 43% | -1% | 27 | 28 |

**1b. Clinical workforce**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff in 2019**  | **Disabled staff in 2020** | **Disabled staff in 2019/2020** | **Non-disabled staff in 2019**  | **Non-disabled staff in 2020**  | **Non-disabled staff in 2019/2020** | **Unknown/null staff in 2019**  | **Unknown/null staff in 2020**  | **Unknown/null staff in 2019/2020** | **Total staff in 2019** | **Total staff in 2020**  |
|  | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Percentage (%)**  | **Percentage (%)**  | **% points difference (+/-)** | **Headcount**  | **Headcount**  |
| **Cluster 1 (Bands 1 - 4)** | 2% | 4% | +2% | 50% | 46% | -4% | 49% | 51% | +2% | 515 | 527 |
| **Cluster 2 (Band 5 - 7)** | 2% | 7% | +5% | 51% | 50% | -1% | 48% | 43% | -5% | 1226 | 1159 |
| **Cluster 3 (Bands 8a - 8b)** | 0% | 8% | +8% | 60% | 56% | -4% | 40% | 35% | -5% | 83 | 85 |
| **Cluster 4 (Bands 8c – 9 & VSM)** | 0% | 0% | 0% | 75% | 80% | +5% | 25% | 20% | -5% | 4 | 5 |
| **Cluster 5****(Medical and Dental staff, Consultants)** | 0% | 5% | +5% | 31% | 33% | +2% | 69% | 62% | -7% | 52 | 42 |
| **Cluster 6 (Medical and Dental staff, Non-consultant career grade)** | 0% | 2% | +2% | 36% | 37% | +1% | 64% | 61% | -3% | 47 | 46 |
| **Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)** | 0% | 0% | 0% | 0% | 0% | 0% | 100% | 100% | 0% | 15 | 11 |

**Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**

**(Data source: Trust’s recruitment data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Relative likelihood in 2019** | **Relative likelihood in 2020** | **Relative likelihood difference (+-)** |
| **Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff** | 1.52 | 1.15 | -0.37% |

**Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure**

**(Data source: Trust’s HR data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2018/19 | Relative likelihood in 2019/20 | Relative likelihood difference (+-) |
| **Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff** | 5.24 | 2.47 | -2.77% |

**Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse**

**(Data source: Question 13, NHS Staff Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff responses to 2018 NHS Staff Survey** | **Non-disabled staff responses to 2018 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2018**  | **Disabled staff responses to 2019 NHS Staff Survey**  | **Non-disabled staff responses to 2019 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2019** |
|  | **Percentage (%)** | **Percentage (%)** |  | **Percentage (%)** | **Percentage (%)** |  |
| **4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months** | 26.5% | 17.9% | +8.6% | 28.0% | 19.0% | +9% |
| **4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months** | 9.5% | 5.4% | +4.1% | 8.0% | 6.0% | +2% |
| **4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months** | 16.7% | 9.2% | +7.5% | 15.0% | 11.0% | +4% |
| **4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months** | 47.2% | 58.9% | -11.7% | 59.0% | 59.0% | 0% |

**Metrics 5 – 8**

**(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff responses to 2018 NHS Staff Survey** | **Non-disabled staff responses to 2018 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2018**  | **Disabled staff responses to 2019 NHS Staff Survey**  | **Non-disabled staff responses to 2019 NHS Staff Survey** | **% points difference (+/-) between Disabled staff and non-disabled staff responses 2019** |
|  | **Percentage (%)** | **Percentage (%)** |  | **Percentage (%)** | **Percentage (%)** |  |
| **Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.** | 90.6% | 93.9% | +3.3% | 90.0% | 93.0% | +3% |
| **Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.** | 17.1% | 10.3% | -6.8% | 18.0% | 13.0% | -5% |
| **Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.** | 49.6% | 58.8% | +9.2 | 58.8% | 60.0% | +1.2% |
| **Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.** | 79.8% | N/A | N/A | 86.0% | N/A | N/A |

**Metric 9 – Disabled staff engagement**

**(Data source: NHS Staff Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled staff engagement score for 2018 NHS Staff Survey** | **Non-disabled staff engagement score for 2018 NHS Staff Survey** | **Difference (+/-) between disabled staff and non-disabled staff engagement scores 2018**  | **Disabled staff engagement score for 2019 NHS Staff Survey**  | **Non-disabled staff engagement score for 2019 NHS Staff Survey** | **Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019** |
| **a) The staff engagement score for Disabled staff, compared to non-disabled staff.** | 7.2 | 7.5 | +.3% | 7.4 | 7.5 | +0.1% |

|  |
| --- |
| **b)**  **Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) : *Yes*****Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.****Example 1: *We have introduced a Disability Passport during 2019 to ensure all disabled staff, who wish to have one, have in place an agreed set of reasonable adjustments which are regularly reviewed and supported by their manager.*****Example 2:*****We are reviewing how to run training virtually and the needs of disabled workers are a key consideration in this work.*****Example 3: *We are establishing a Disabled staff network.*** |

**Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce**

**(Data source: NHS ESR and/or trust’s local data)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled Board members in 2019**  |  **Non-disabled Board members in 2019** | **Board members with disability status unknown in 2019** | **% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2020** | **Disabled Board members in 2020** | **Non-disabled Board members in 2020** | **Board members with disability status unknown in 2020** | **% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2020** |
|  | **Percentage (%)** | **Percentage (%)** | **Percentage (%)** |  | **Percentage (%)** | **Percentage (%)** |  |  |
| **Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.** | Exec = 0%Non-exec = 0%Voting = 0%Non-voting = 0% | Exec = 100%Non-exec = 17%Voting = 55% Non-voting = 100% | Exec = 0%Non-exec = 83%Voting = 45%Non-voting = 0% | Total Board = 0%Overall workforce = 2%Difference = -2% | Exec = 50%Non-exec = 0%Voting = 25%Non-voting = 0%  | Exec = 50%Non-exec = 17%Voting = 33%Non-voting = 0% | Exec = 0%Non-exec = 83%Voting = 42%Non-voting = 0%  | Total Board = 25%Overall workforce = 7%Difference = +18% |

**Appendix 2 - WDES action plan 2020/21**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Metric** | **Objective** | **Action/s** | **Timescales** | **Lead/s** | **Why** |
| **1,3,6, 8** | To review the options for disability leave within the Working with a Disability – Staff Support Guidelines and the Sickness Absence Policy; | HR and Staff Side chair using NHS Employers guidance to build disability leave into our Sickness Absence Policy. | By Jan 2021 | Lara Challinor Heather Bennett  | To support disabled staff to have time off required to meet medical appointment needs to support their condition.  |
| **1,3,6,8** | To support the ongoing use of the Adjustments Passport | To review the passport and to widen it to encompass supporting all staff with adjustment needs | By Jan 2021 | Lara Challinor Heather Bennett | To widen the support already available to staff who may not have a disability but still require reasonable adjustments |
| **1,3,6,8** | To promote the use of the Covid-19 staff risk assessment and appropriate actions | To continue with on-going reviews during and post the pandemic to accommodate ongoing or changed needs | Ongoing | Service Directors  | To support vulnerable staff during the pandemic  |
| **All** | To support disabled staff to establish a staff network as required | To Establish and support a self-run Long Term conditions and Disabled staff Network | By Jan 2021 | Angela Hartley  | To Provide a safe place for disable staff to raise and discuss issues and to have a mechanism to feed this into the organisation |
| **All** | To review the lessons learnt during Covid-19 on how disabled / staff in the critically high risk groups were supported to work differently, including disability leave | As part of Covid 19 lessons learnt, to review the impact on disabled staff and new ways of working  | TBC | Executive Team  | To learn and challenge old idea on flexible working and reasonable adjustments |
| **The Trust has disabled staff representation on our Workforce Diversity and Inclusion Group** |