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**NHS Workforce Race Equality Standard (WRES)**

Annual Report 2020

Cambridgeshire Community Services NHS Trust

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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-(0254).pdf?sfvrsn=8) explaining why we ask 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. **WRES progress in 2019/20**

Our 2019/20 WRES objectives and key actions to meet these are detailed below.

**WRES Objectives 2019/20:**

* To finalise the implementation of BAME representation on recruitment panels;
* To make recruitment training mandatory for all recruitment panel members;
* To widen and relaunch the offer of mentoring for BAME staff;
* To offer more interactive theatre style training to teams/localities.

BAME Representation on Recruitment Panels

Agreement was made in December 2019 to move all of our recruitment activity in house from April 2020. This enables the Trust to support the final roll out of BAME representation on all interview panels, where a BAME applicant has been shortlisted, as the recruitment team will have access to the confidential diversity declarations made by applicants allowing them to identify which panels require a BAME member.

Recruitment Training

The Recruitment and HR teams are providing additional recruitment (including anti discriminatory practice) training during 2020 and thereafter staff who have not had this training will not be able to take part in the selection process.

In the interim, the chair and any BAME representative on selection panels will have undertaken training as a minimum.

Mentoring

In October 2019, as part of Black History Month, we launched our new diversity mentoring programme, ‘Big 9’, with training for mentors, using a mix of our existing mentor training and specific diversity and inclusion mentoring training with our wider executive team. Training was put in place across the localities with the aim to launch the programme in early 2020, and whilst the formal launch is delayed due to Covid-19, the actual uptake of mentoring, including reverse mentoring and mentoring by BAME staff with white colleagues has increased, to support staff during the current challenging climate.

Theatre Style Training

Service Directors have further reviewed their outcome reports following the 2018/19 diversity training sessions and further sessions are available as required and have been accessed by Luton services.

In addition the following key areas of work have taken place to support our BAME staff.

Staff Networks

During the Trust’s annual Diversity and Inclusion week in May 2019, staff volunteers were sought to be either a diversity mentor or to be involved in staff networks and several staff came forward. Subsequently, work was underway to re-launch the Trust’s diversity network and this has progressed during Covid-19 with a BAME Staff Network established. The higher instances of Covid-19 amongst BAME communities and the Black Lives Matter campaign have given an impetus to staff wishing to join the network.

Cultural Ambassadors

The role of Cultural Ambassadors is embedded in the Trust and they play a key role, not only in formal HR processes but also as part of the Workforce Diversity and Inclusion Group, other workforce related work streams including the Staff Survey Action Planning and Live Life Well Group, and on the Trust Covid-19 Incident Management Team.

Supporting BAME Staff during Covid 19

In March 2020, we identified those staff in the highest clinical risk categories that needed to shield and put 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.

Acting on the medical evidence of the disproportionate impact of Covid-19 on people with a BAME heritage, we put in place a Covid-19 risk assessment, with input into its design from BAME colleagues and introduced via an individualised letter sent to all BAME staff. This is not only for BAME staff, although they were the focus initially, and the risk assessment has been widely communicated through our Incident Management Team (IMT), Wider Executive Team, management and service teams, Trust-wide Q&A sessions, the HR team and our staff side colleagues.

We have held 3 virtual Q&A sessions, to which all BAME staff were invited, to discuss any issues of concerns to them including the risk assessments, BAME network and the #blacklivesmatter movement.

The risk assessments have been well received and we have put in place a process where the Director of Workforce, Medical Director and Assistant Director for Workforce to be directly involved in offering additional advice and guidance to BAME staff and their line managers on issues arising in the risk assessments.

A BAME clinical member of staff sits on our Incident Management Team decision making group and we have our Cultural Ambassadors actively involved in conversations.

The Trusts Chief Executive, Matthew Winn, sent out an all staff message in relation to the impact of Covid-19 on our BAME workforce and the #blacklivesmatter movement.

We have 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 packaged of emotional and physiological support and advice for all staff impacted by the current crisis 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 recognised the progress made in supporting our racially diverse works force during 2029/20 and agreed the WRES objectives for 2020/21.

**WRES Objectives 2020/21**

* To promote at all sites and in all services the Trust’s zero tolerance toward abuse of staff by members of the public;
* To support managers to address abuse from the public where this takes place;
* To support a BAME staff network and to act on their feedback;
* To target Trust and external leadership and skill development opportunities to BAMEstaff;
* To introduce BAME mentoring as part of all in house managers skills and leadership development programmes.

**Appendix 1 WRES metrics report**

Detailed below is the organisation’s WRES 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**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **BAME staff in 2019** | **BAME staff in 2020** | **BAME staff in 2019/2020** | **White staff in 2019** | **White staff in 2020** | **White 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)** | 9.3% | 10.7% | 1.4% | 82.9% | 85.8% | 2.9% | 7.8% | 3.6% | -4.2% | 398 | 394 |
| **Cluster 2 (Band 5 - 7)** | 10.8% | 15.2% | 4.4% | 82.4% | 81.7% | -0.7% | 6.8% | 3.0% | -3.7% | 148 | 164 |
| **Cluster 3 (Bands 8a - 8b)** | 0.0% | 10.5% | 10.5% | 100.0% | 89.5% | -10.5% | 0.0% | 0.0% | 0.0% | 19 | 19 |
| **Cluster 4 (Bands  8c – 9 & VSM)** | 7.4% | 10.7% | 3.3% | 92.6% | 89.3% | -3.3% | 0.0% | 0.0% | 0.0% | 27 | 28 |

**1b. Clinical workforce**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **BAME staff in 2019** | **BAME staff in 2020** | **BAME staff in 2019/2020** | **White staff in 2019** | **White staff in 2020** | **White 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)** | 10.7% | 12.5% | 1.8% | 83.3% | 82.9% | -0.4% | 6.0% | 4.6% | -1.5% | 515 | 527 |
| **Cluster 2 (Band 5 - 7)** | 9.7% | 9.4% | -0.3% | 83.4% | 85.4% | 2.0% | 6.9% | 5.2% | -1.7% | 1226 | 1159 |
| **Cluster 3 (Bands 8a - 8b)** | 8.4% | 7.1% | -1.4% | 86.7% | 90.6% | 3.8% | 4.8% | 2.4% | -2.5% | 83 | 85 |
| **Cluster 4 (Bands 8c – 9 & VSM)** | 0.0% | 0.0% | 0.0% | 100.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4 | 5 |
| **Cluster 5**  **(Medical and Dental staff, Consultants)** | 42.3% | 42.9% | 0.5% | 42.3% | 40.5% | -1.8% | 15.4% | 16.7% | 1.3% | 52 | 42 |
| **Cluster 6 (Medical and Dental staff, Non-consultant career grade)** | 31.9% | 26.1% | -5.8% | 53.2% | 58.7% | 5.5% | 14.9% | 15.2% | 0.3% | 47 | 46 |
| **Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)** | 13.3% | 9.1% | -4.2% | 86.7% | 90.9% | 4.2% | 0.0% | 0.0% | 0.0% | 15 | 11 |

**Metric 2 – Relative likelihood of White staff compared to BAME 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 White staff being appointed from shortlisting compared to BAME staff** | 1.45 | 1.48 | +0.03% |

**Metric 3 – Relative likelihood of BAME staff compared to White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

**(Data source: Trust’s HR data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2018/19 | Relative likelihood in 2019/20 | Relative likelihood difference (+-) |
| **Relative likelihood of BAME staff entering formal disciplinary process compared to White staff** | 0.95 | 0.81 | -0.14% |

**Metric 4 – Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff**

**(Data source: ESR and Training data)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Relative likelihood in 2018/19 | Relative likelihood in 2019/20 | Relative likelihood difference (+-) |
| **Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff** | 1.01 | 1.14 | -0.13% |

**Metric 5 – 8 Percentage of BAME staff compared to White staff**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BAME staff responses to 2018 NHS Staff Survey** | **White staff responses to 2018 NHS Staff Survey** | **% points difference (+/-) between BAME staff and White staff responses 2018** | **BAME staff responses to 2019 NHS Staff Survey** | **White staff responses to 2019 NHS Staff Survey** | **% points difference (+/-) between BAME staff and White staff responses 2019** |
|  | **Percentage (%)** | **Percentage (%)** |  | **Percentage (%)** | **Percentage (%)** |  |
| **5) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months** | 26% | 18% | +8% | 25% | 20% | +5% |
| **6) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months** | 13% | 10% | +3% | 17% | 11% | +6% |
| **7) Staff believing that the trust provides equal opportunities for career progression or promotion.** | 83% | 95% | -8% | 81% | 92% | -11% |
| **8) Staff personally experienced discrimination at work from Manager/team leader or other colleagues** | 7% | 3% | +4% | 7% | 3% | 4% |

**Metric 9 – 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)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **White Board members in 2019** | **BAME Board members in 2019** | **Board members with ethnicity unknown in 2019** | **% points difference (+/-) between BAME Board members and BAME staff in overall workforce 2019** | **White Board members in 2020** | **BAME Board members in 2020** | **Board members with ethnicity unknown in 2020** | **% points difference (+/-) Between BAME Board members and BAME 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 = 100%  Non-exec = 100%  Voting = 100%  Non-voting = 100% | Exec = 0%  Non-exec = 0%  Voting = 0%  Non-voting = 0% | Exec = 0%  Non-exec = 0%  Voting = 0%  Non-voting = 0% | Total Board = 0%  Overall workforce = 10.9%  Difference =  -10.9% | Exec = 100%  Non-exec = 83.3%  Voting = 91.7%  Non-voting =0% | Exec = 0%  Non-exec = 16.7%  Voting = 8.3%  Non-voting = 0% | Exec = 0%  Non-exec = 0%  Voting = 0%  Non-voting = 0% | Total Board = 8.3%  Overall workforce = 11.5%  Difference = -3.1% |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Metric** | **Objective** | **Action/s** | **Timescales** | **Lead/s** | **Why** |
| **All** | To promote at all sites and in all services the Trust’s zero tolerance toward abuse of staff by members of the public | * Review and communicate Trust support to staff * Support teams where abuse is identified * Review how our Zero Tolerance Policy is applied | By December 2020 | Robert Freake | To address feedback on abuse from the public |
| **All** | To support managers to address abuse from the public where this takes place | * Upskill managers to take action * Engage with service user groups | Ongoing | Service Directors and Co Production Team | To address staff feedback that they do not always feel supported when facing abuse from the public. |
| **All** | To support a BAME staff network and to act on their feedback | * Senior leadership attendance (by invitation) * Feedback acted on through Workforce Diversity and Inclusion group, Freedom to Speak up Champions, Staff Survey Action plan etc. | July 2020 onwards | Austin Chinakidzwa  Anita Pisani  Angela Hartley | To learn from lived experiences and take actions |
| **All** | To target Trust and external leadership and skill development opportunities to BAMEstaff | * Work with STP partners on local Stepping Up and Ready Now Programmes * Engage with SU and RD alumni to learn from their experiences * Explore options for Stretch assignments | July 2020 onwards | Anita Pisani  Angela Hartley | To support BAME staff to access development opportunities and have equitable access to career progression |
| **All** | To introduce BAME mentoring as part of all in house managers skills and leadership development programmes. | * To take place when programmes restart post pandemic * In the interim continue with Big 9 reverse mentoring | July 2020 onwards | Anita Pisani  Angela Hartley | To ensure our leaders have the knowledge and skills to support our diverse workforce and model inclusive leadership |
| ***BAME staff, including BAME network members, are involved in developing and delivering these actions*** | | | | | |