



# Equality, Diversity & Inclusion Annual Monitoring Report 2019 -2020



**Title of Report:** Equality, Diversity & Inclusion Annual Monitoring Report 2019-20

**Action sought:** For Noting

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**Strategic Objectives that this report covers:**

- 1. Deliver high quality, integrated and innovative services that improve outcomes**
- 2. Ensure meaningful involvement of service users, carers, staff and the wider community**
- 3. Be a model employer and have a caring, competent and motivated workforce**
- 4. Maintain and develop robust partnerships with existing and potential new stakeholders**
- 5. Improve quality of information to improve service delivery, evaluation and planning**
- 6. Sustain financial viability and deliver value for money**
- 7. Be recognised as an open, progressive organisation that is about care, well-being and partnership.**

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## 1. Introduction

### Purpose of the Report

Welcome to the Cheshire and Wirral Partnership NHS Foundation Trust Equality, Diversity & Inclusion Annual Monitoring Report for 2019/2020. This document provides assurance that we are meeting our Equality, Diversity and Inclusion requirements. It includes information about people accessing our services, people delivering our services and our local population. It outlines our commitment to promoting equality in all our services and to valuing the diversity of staff, people accessing our services and the community. Finally, it provides details of our current performance and what we have been working on to achieve this.

### Background

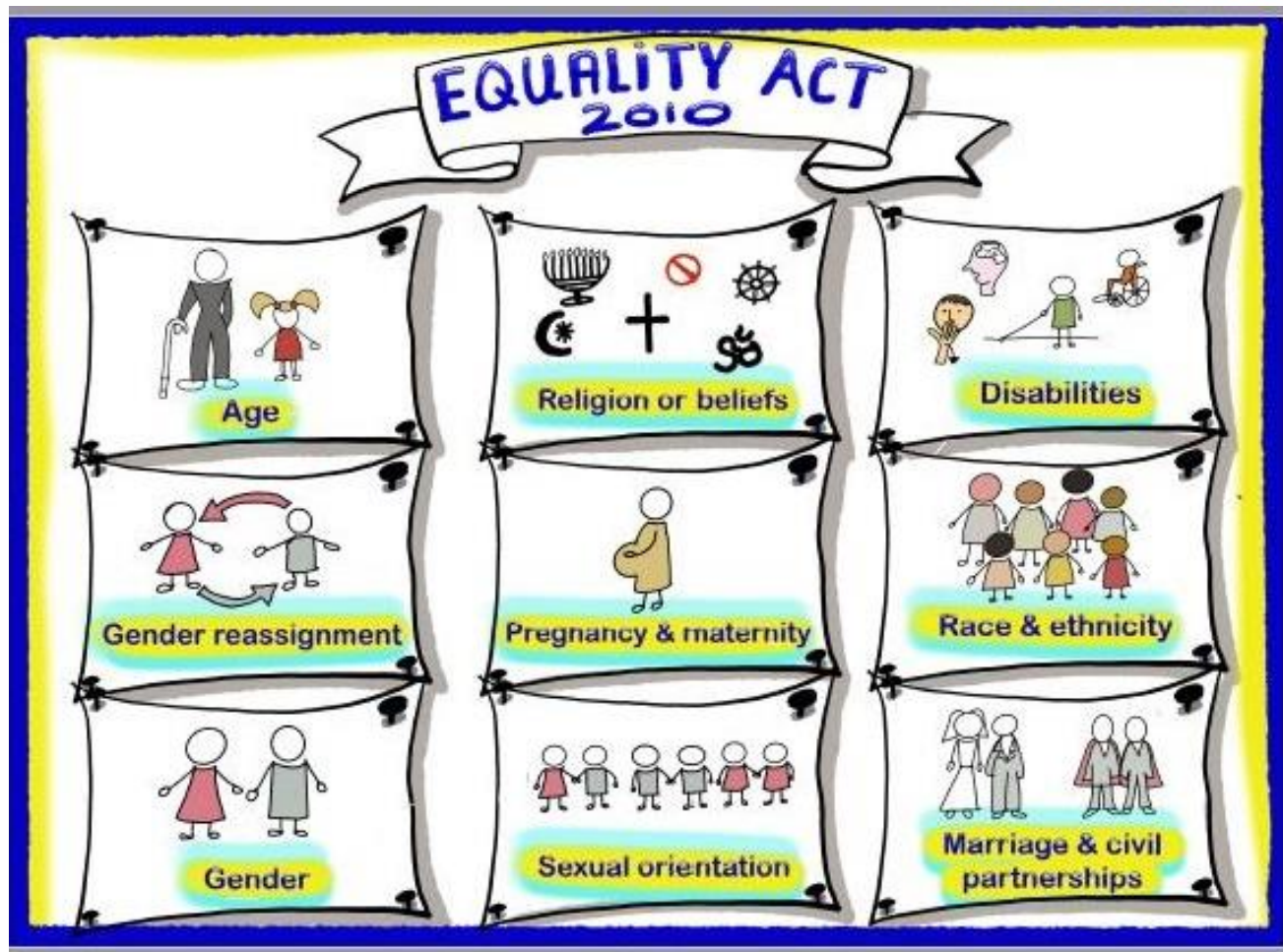
The Equality Act (2010) brought together existing legislation and frameworks that relate to discrimination and inclusion. The spirit of the Act is intended to recognise that people are all different but everyone has characteristics about them that mean that they may be subject to discrimination or exclusion. The Act clarifies characteristics which could lead to discrimination and places a duty on public sector organisations to eliminate unlawful discrimination and promote equality between people who have protected characteristics and those who do not. The characteristics are:

- Age
- Disability
- Ethnicity/Race
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion & Belief
- Sex
- Sexual Orientation

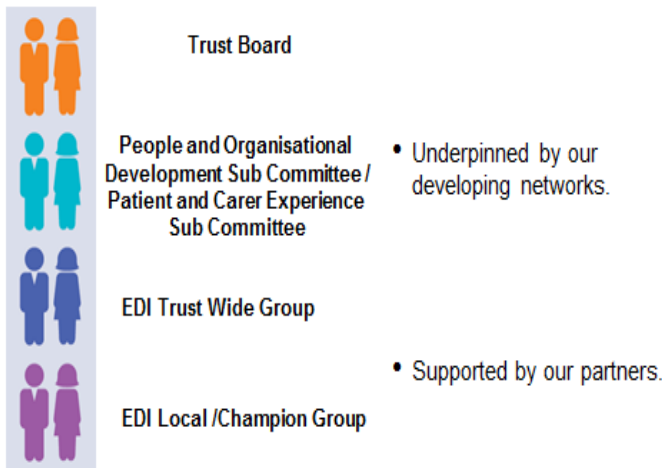
## The Equality and Human Rights Commission (EHRC)

The Equality and Human Rights Commission (EHRC) is the body charged to ensure compliance. As future guidance emerges from the EHRC, the Trust will incorporate this into plans and actions around equality.

Last year, we took the decision to incorporate "Inclusion" into our work to make certain a greater focus on ensuring that everyone has the same access and opportunities to services and employment. Whilst Diversity is about recognising that no two people are the same, Inclusion recognises that what one person finds easy to achieve may be more challenging for somebody else.



## Equality, Diversity and Inclusion (EDI) Governance Structure



CWP Trust Board is fully signed up to the principles of Equality, Diversity and Inclusion with the Director of Nursing, Therapy and Patient Partnerships being the Executive Lead for Equality, Diversity & Inclusion which sends out a really positive message that we actively work with people to help them to be the best they can be in a fair and diverse way. Our approach to Equality, Diversity & Inclusion within CWP demonstrates how important it is within everything we do. It continues to develop and become embedded into all of our governance structures.

Each area has a group of Equality, Diversity & Inclusion Champions who meet regularly and invite to their meetings members from the diverse community. We carried out a review of the role and responsibilities of our Champions and agree and implement a refreshed set of Terms of Reference. Champions wear Rainbow Lanyards to identify them to people and so assure people that CWP is an inclusive place to work, volunteer and access services. More Champions have been recruited this year and their managers support them by releasing them to attend meetings and take part in Equality, Diversity & Inclusion initiatives and projects during working hours. The groups respond to the EDS2 assessment and focus on driving improvement in the provision of services to people with protected characteristics. The groups also provide assurance to the Trustwide Equality, Diversity & Inclusion Group in relation to the quality of Equality, Diversity and Inclusion. The Trustwide Group reports through the People and Organisational Development Sub Committee and the Patient and Carer Experience Sub Committee to Trust Board and also feeds into Operations Board and Quality Committee.

All meetings follow our newly developed “Autism Informed Meeting Guidance” and we also ask that introductions involve the use of pronouns to ensure that meetings are as person centred and inclusive as possible.

## 2. Equality Priorities

### CWP's Commitment to Delivering Personal, Fair and Diverse Healthcare Services Equality Priorities

The actions in our plan were agreed after reviewing information and evidence from the various EDS2 assessments, NHS England initiatives and issues raised by staff and the local Equality, Diversity & Inclusion network groups.

#### Improving our Intelligence

- Develop a Trust-wide approach to collecting equality information
- Review current people accessing CWP services data/ information in order to address gaps in equality and diversity information reporting.
- Develop in partnership with representatives of local community group processes and information sessions for improving CWP staff collection of equality data / information
- Work with lived experience representatives to further consult with people who access CWP services and their carers in relation to Trust E & D objectives and action plan
- Formalise relationship with Local Authority, third sector and other statutory bodies to enable greater sharing of data and intelligence information in relation to equality groups and health inequalities

#### Developing our Staff

- Provide training and development opportunities for all staff across the Trust and provide a summary of mandatory and non - mandatory training by ethnic groups providing data for the Trustwide Equality & Diversity Committee
- The Trust to develop a diverse workforce in the various bandings and attract minority staff across the range of job opportunities and in particular into senior roles.
- Develop a range of successful community and staff engagement events and activities that highlight different communities and demonstrate the Trusts commitment to being a personal, fair and diverse organisation
- Develop a successful staff diversity forum and champions network that plays a meaningful role within the Trust and local community
- Staff to complete all CWP mandatory training

#### Working with our Communities

- Corporately and locally develop robust partnership working with third sector providers including the sharing of information and intelligence, partnership service delivery and shared training events
- Develop leaflets with partnership organisations to ensure they are reflective and meet the needs of our targeted communities and ensure our website is truly reflective of our personal, fair and diverse services we deliver.
- Develop the various CWP locality network groups that consist of staff and members of the various diverse community groups
- Invite representatives from the various diverse community to present information and training sessions on issue relating to their specific group.
- Support local community events across the CWP footprint example: Chester Pride

#### Underpinning Requirements

Equality Act 2010

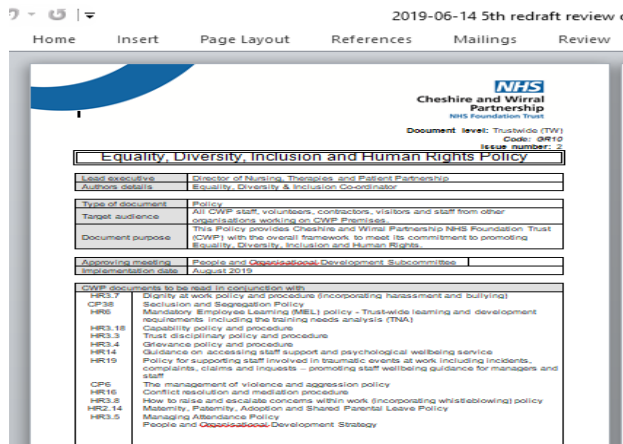
Equality Delivery System 2 (EDS2)

Workforce Race Equality Standard (WRES)  
Care Quality Commission requirements

Workforce Disability Equality Standard (WDES)

### 3. Achievements

#### Equality, Diversity, Inclusion and Human Rights Policy



In partnership with colleagues from People and Organisational Development (POD), Staff Side, our Council of Governors and Healthwatch, we conducted a piece of work to update and refresh our Equality, Diversity, Inclusion and Human Rights Policy to reflect up to date language, make it more person centred and also incorporate a greater emphasis on inclusion and the Human Rights Act.

#### Equality, Diversity & Inclusion Training



We have updated and reformatted our online Equality, Diversity, Inclusion and Human Rights training which was implemented in June 2019 following consultation with Council of Governors and Staff Side colleagues. This is now 3 yearly as opposed to non-renewable and is regularly updated in line with legislation changes. Compliance with this is reviewed as part of the Equality, Diversity & Inclusion Trustwide Group business cycle. We have also developed and delivered a training programme for our Council of Governors. Equality, Diversity & Inclusion continues to form part of our induction training programme for new staff and volunteers.

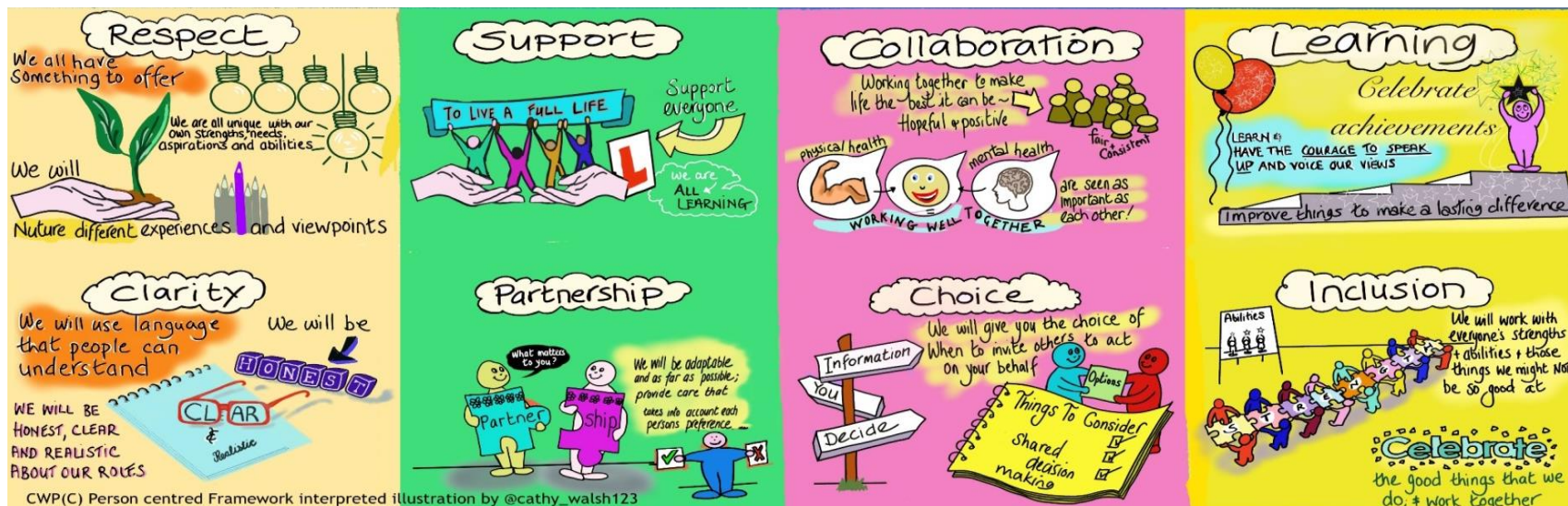




## Person Centred Framework



Our Person Centred Framework is the foundation of working with people to improve their quality of life and training takes place across the Trust to enable people's care to be delivered in such a way as to take account of individual needs. Personalised care and support planning has allowed people to receive personalised care and support in hospital which is co-produced with the patient or with people who know them well if that is not possible. As part of the framework, we are working to introduce a positive approach to Trauma Informed Care called "Positive Behaviour Support" to understand why people do things or behave in a particular way and so work to support them to lead a life without unnecessary limitations.



## Autism Awareness



Building on the success of last year's large scale Autism Awareness Training, we acted on training needs identified by the Transforming Care Partnership in response to National Policy which stated that health and social care staff should be trained in working with Autistic People and people with Learning Disabilities (LD) or both. We submitted a bid for funding to deliver this, were successful and are now delivering 15 training days to provide training to CWP and Local Authority colleagues across the CWP footprint focusing specifically on those services who do not provide specialist autism/LD intervention, but where autistic people or people with LD will regularly present and require reasonable adjustments and informed care. People who access our services attend these sessions to share experiences and respond to questions from delegates and the events also include a session highlighting links to Equality, Diversity & Inclusion and protected characteristics. Staff members are encouraged to attend these and other events as part of regular supervision. We have also co-produced a CWP Autism Strategy.

We launched a competition for young people in Ancora House to design a flag to promote Autism Awareness Day which was to be made into a flag and flown on the flagpole at the entrance to our Chester site. A young autistic person from Coral Ward was picked as the winner by a team of 49 autistic adults with the adult service. Unfortunately, due to the impact of the Covid-19 pandemic, we were not able to have a flag made although a member of the OT team made a small version which was displayed in Reception. The competition was a great success with a great response and the young person who won was shocked and pleased.



## Staff Network Groups



We have introduced Staff Network Groups to help support people covered by protected characteristics. The groups increase awareness, allow people to network with others, act as a source of support and also to enable people to have a voice in influencing changes to working practices to the benefit of everyone within the Trust. We are really pleased to have active groups for Disabled people, for BAME + (Black, Asian and Minority Ethnic, (the + is for all ethnicities both visible and non-visible) and also for LGBT+ (Lesbian, Gay, Bisexual and Transgender), the + simply means that we are inclusive of all identities, regardless of how people define themselves.



The introduction of the new Workforce Disability Equality Standard (WDES) highlights the requirements to review employment practises for colleagues with a disability. Members of our Disability Network are working with us to address the points highlighted within the report such as the production of a video to support people to update their disability status on their Electronic Staff Record (ESR) to ensure that the representation of protected characteristics are known and actively supported . They are also co-producing a set of Reasonable Adjustments Guidelines to help and support managers and staff.

Our LGBT+ Network has worked hard on awareness raising and Pride as well as the implementation of the NHS Rainbow Pin Badge Scheme, all of which are detailed later in this report.



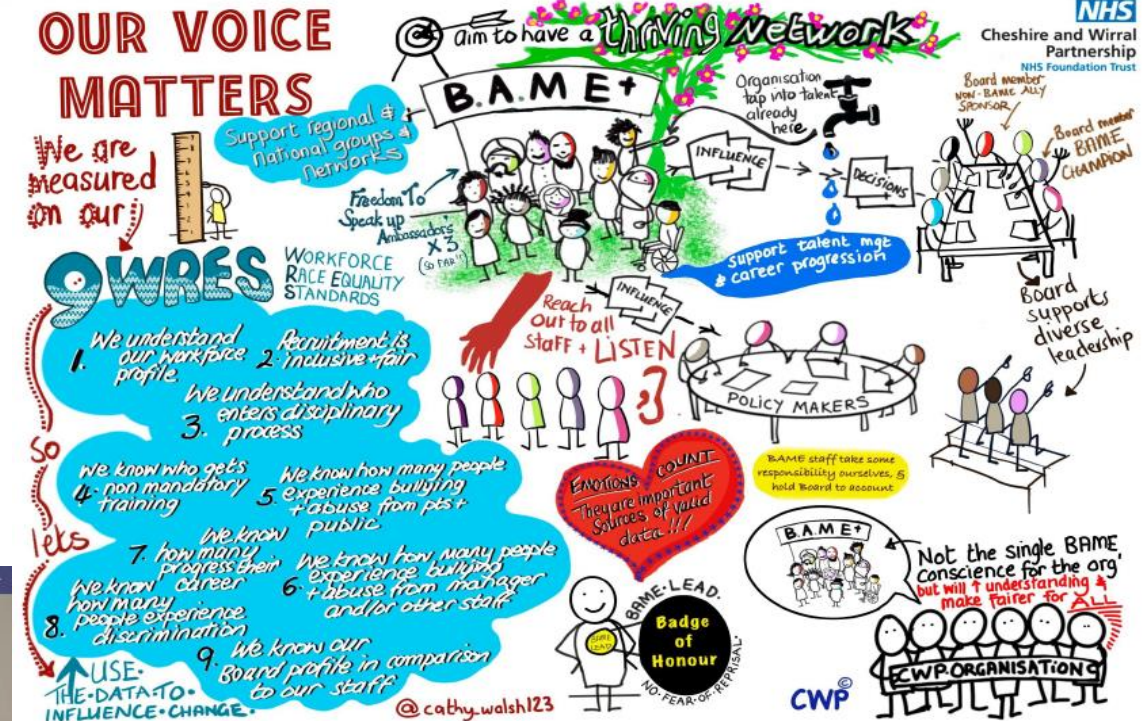
We have an Adoptive Parents Network which provides an informative and supportive forum for people with discussion topics and external speakers being chosen by group members.

We are also looking to introduce a Carers Network in the near future.

## Staff Network Groups (Continued)

Members of our BAME+ Network are working with us to address development areas identified within our Workforce Race Equality Standard (WRES) Report.

The group has also produced a Sketchnote to raise awareness and publicise its aims and objectives. This will be a living document and will be developed as things progress.



Our BAME+ group also welcomed the addition of two Board links in Medical Directors Dr Faouzi Alam and Dr Anushta Sivananthan and also Gary Flockhart, Director of Nursing who is the non-BAME Board Ally Sponsor.

## NHS Rainbow Pin Badge Initiative



The NHS Rainbow Pin Badge initiative gives staff a simple visual way to show that CWP offers open, non-judgemental and inclusive support for all people and their families who identify as LGBT+ [lesbian, gay, bisexual, transgender (the + simply means that we are inclusive of all identities, regardless of how people define themselves)]. CWP launched this in February 2020 as a way of helping us to celebrate LGBT+ History Month and Trust Board members all wear badges as do many of our team members. People wearing badges are asked to make a pledge and undergo a short online training module to have awareness of research and ways in which we can support people, listen in a non-judgemental way and sign post to support available.

## Transgender Training



In partnership with Education CWP, we have delivered bespoke training events for teams across the Trust linked to protected characteristics. We delivered Transgender Awareness Training sessions for staff in both Cheshire West and Cheshire East and involved Jessica Lynn and Jenny-Anne Bishop, world-renowned transgender educators and also included people who have accessed our services.



## Staff Opinion Survey

The 2019 National Staff Opinion Survey indicates that the number of staff who believe that the Trust provides equal opportunities for career progression is above the average for other Trusts of a similar type and that the number of people who would recommend our Trust as a place to work is higher than the average for other similar Trusts.

The Staff Survey also indicates that our score for Equality, Diversity & Inclusion is above the national average and is amongst the highest scoring Trusts in this factor. It also indicates that the number of staff saying they have experienced discrimination in the last 12 months is lower than the national average.



## Policy Reviews



We have engaged people covered by protected characteristics in People and Organisational Development Services Policy Reviews such as Flexible Working and Management of Attendance and Supervision & Appraisal Policy to make them more person centred.

## Awareness Raising

National and International Awareness Days and initiatives are celebrated to increase awareness and raise the profile of Equality, Diversity & Inclusion. We have improved our use of social media to reach all groups and now utilise Twitter and Facebook more effectively to increase awareness, promote good practice and to raise awareness of programmes and initiatives.

Similarly, Equality, Diversity & Inclusion initiatives are communicated to managers and staff via the weekly news bulletin and the staff Facebook page to demonstrate senior support and so increase awareness. We have also increased use of quarterly CWP Life magazine and the CWP Twitter account to further increase the profile of Equality, Diversity & Inclusion in order to continue to make it part of everything we do.

Stories from people covered by protected characteristics are shared within the Trust and externally on social media to raise awareness, praise support received from the Trust and share experiences. These are also discussed at the start of Equality, Diversity & Inclusion Group meetings to highlight the different protected characteristics and focus members' minds for the remainder of the meeting. Managers encourage their team members to submit stories.



### Recognition Awards



We hold an annual Recognition Awards event to honour the tremendous and tireless work of our staff, volunteers and partners and present awards in categories such as “Excellence in supporting patient care”, ‘Outstanding contribution to our communities” and “Outstanding contribution to leadership.” The event provides an opportunity to showcase achievements across different roles and services, as well as to connect staff, provide informative entertainment through a guest speaker and hear from senior leaders in the organisation. Staff and Staff Side contribute to the content and format to make it a really inclusive event. At the 2019 event, there was a moving performance of “This Is Me” from the Winsford CAMHS Choir.





## Recruitment and Selection



We have developed and enhanced our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. We continue to utilise Values Based Recruitment (VBR) processes which aim to attract and select employees on the basis that their individual values and behaviours align with those of the NHS. People who access services take part on interview panels and vacancies are shared with local Equality, Diversity & Inclusion contacts and BAME+ groups to widen our pool of potential applicants.

We continue to be a mindful employer which supports people with long term health conditions back into employment and have retained Level 2 Disability Confident Employer which helps us to recruit and retain people living with disabilities or with health conditions for their skills and talent. It demonstrates that CWP treats equality in the workplace as a priority. The standard includes a guaranteed interview scheme for people applying to work with us who are living with a disability and meet the essential criteria within the person specification for the post applied for.

We are one of 32 Trusts taking part in an NHS England and NHS Improvement Easy Read Job Application Pilot to establish if the Easy Read paper job application form can make a positive contribution to the recruitment framework for NHS organisations and are keen to implement recommendations once this reaches a conclusion.



## Freedom To Speak Up



At CWP, we understand the importance of raising concerns and take this very seriously. Our approach to Freedom to Speak Up (FTSU) is aligned to the national FTSU programme led by the National Guardian Office and aims to make the NHS a 'better place to work and a safer place for patients'. This is recognised as being vitally important to help protect patients and improve the experience of our people. We have been working closely with our FTSU Guardians, Associate Guardians and Ambassadors to develop a shared network approach to strengthening the voice of people with protected characteristics in relation to the Speak Up agenda. By doing this, we are working to ensure we learn from people's experiences and improve practice. This year, we have recruited new Freedom To Speak Up Ambassadors from within our staff network groups.



## Access To Work



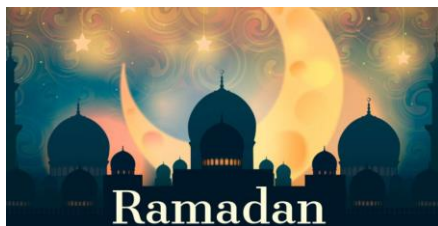
Access to Work is promoted at Trust induction and across the Trust to support staff with disabilities and long term conditions around reasonable adjustments. This includes the completion of a Tailored Reasonable Adjustment template which looks at what changes can be made to support an individual to remain in work and to have the same opportunities as employees who do not have a disability. Managers provide support to staff members and there is also access to Occupational Health, Counselling and Local HR Links. We have worked hard to create stronger links between Equality, Diversity & Inclusion to HR Operations Team to ensure joined up working to support people in relation to Equality, Diversity & Inclusion for example the Equality, Diversity & Inclusion and Human Rights Policy referred to above.

Staff Zone

**Equality, Diversity & Inclusion**

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We have developed and implemented Equality, Diversity & Inclusion intranet pages which include reference materials and links to information and reports held on our Internet site. The pages also feature details of our networks as well as support groups for people covered by protected characteristics. We have also devised and published an online Calendar of Events to celebrate local and national festivals and events throughout the year. We are improving our intranet pages on an ongoing basis taking on board people's feedback and suggestions.

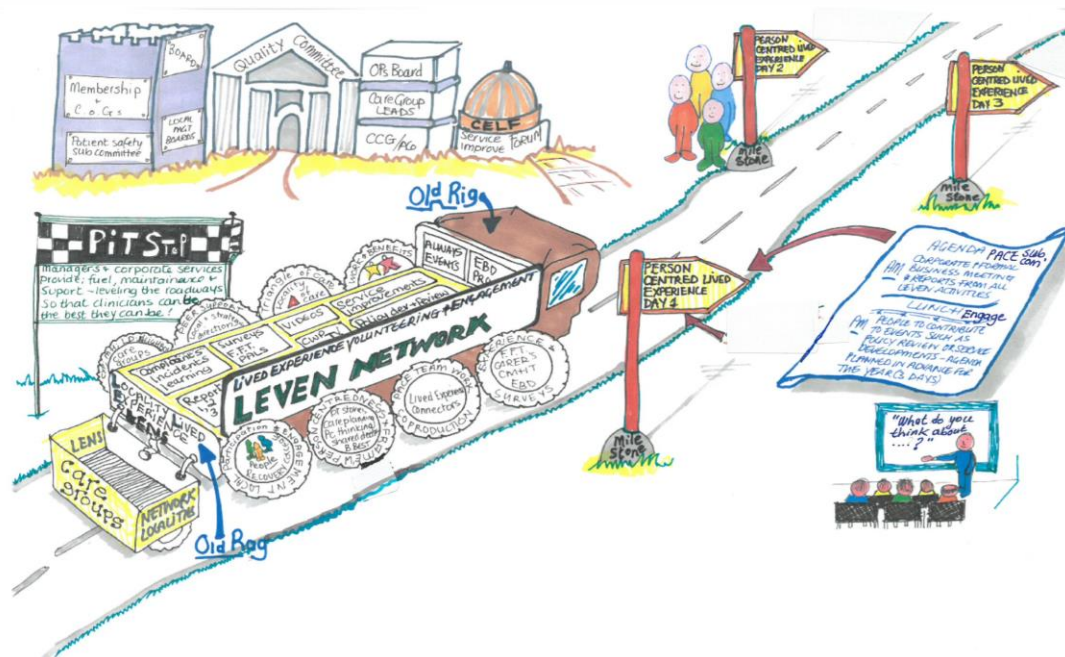


Calendar of Events - Patient And Carer Experience - Internet Explorer

http://www.cwp.nhs.uk/TeamCentre/PatientC... Calendar of Events - Patie... x

Mental Health Awareness Week	13th - 19th
Learning at Work Week	13th - 19th
Foster Care Fortnight	13th - 26th
Green Ribbon Campaign	TBC
<b>June</b>	
Volunteers Week	1st - 7th
Carers Week	10th - 16th
Men's Health Week	10th - 16th
Women in Banking and Finance Awards for Achievement	14th
Father's Day	16th
Crewe Pride	29th
Go Home on Time Day	TBC
Child Safety Week	TBC
National Diversity Awards	TBC
<b>July</b>	
London Pride	7th
<b>August</b>	
World Breastfeeding Week	1st - 7th
Chester Pride	10th
European Diversity Awards	TBC
<b>September</b>	
Menopause Awareness Month	Whole month of September
International Day of Charity	5th
World Suicide Prevention Day	10th
National Inclusion Week	23rd - 29th
World's Biggest Coffee Morning	TBC
City Giving Day	TBC
Global Equality & Diversity Awards	TBC
Women of the Future Awards	TBC
<b>October</b>	
Black History Month UK	Whole month of October

## Lived Experience, Volunteering & Engagement Network



Last year, we revised our reward and recognition systems and worked with people with lived experience to redesign how we get people involved. We now have our LEVEN – lived experience, volunteering and engagement network and we have worked to coproduce this with people who access our service and their carers.

We coproduced a system of involvement that stems from the localities and places and represents care groups. People told us they wanted the experience of people who access our services to be the driving force for improvement.

The Trustwide LEVEN includes all the care groups and in addition we also hold a number of lived experience days, some around community mental health services redesign, inpatient care models, involving people’s lived experience in education and training programmes.

We also developed paid roles specifically for people with lived experience. We have a number of people employed to co-deliver training in Person Centred Thinking & Planning and in Values Based Recruitment to staff and people who access our services.

## Lived Experience Connector®

  
**Health Education England**

and

Cheshire and Wirral Partnership NHS Foundation Trust  
on

## The Lived Experience Connector Role



Last year also saw the further development of the innovative Lived Experience Connector (LEC®) role which has been specially designed for people with lived experience of our services to link together with our new nursing associates. All Board members now have a Lived Experience Connector and Health Education England (HEE) has provided funding to support the national rollout of the programme to other Mental Health Trusts as part of its work on creating new roles in mental health. HEE funded events which we hosted in London and Leeds and people with lived experience co-delivered these sessions along with members of the PACE team. HEE also created a film featuring people from CWP and this is now hosted on the HEE website. The LEC® role has been recognised by HEE as a development opportunity and is seen as part of the Peer Support Workers work stream.

## Listen Up Groups and Focus Groups

Over 200 people have signed up as volunteers and many more are involved and participate in things like focus groups, Listen Up groups, specific pieces of work surrounding improvements to services including training and development. People are engaged in a wide range of activities such as project groups, audits & inspections and staff recruitment.



## Pride 2019



Working with our LGBT+ Network Group and local partners, we sponsored, promoted and attended Crewe Pride In The Park as well as Chester Pride and Macclesfield Pride. We also held Pride launch events in Crewe and Chester. Events were supported by Board members, colleagues, volunteers and people with lived experience as a visible demonstration of inclusion to our communities.



## Workforce Wellbeing

**WORKFORCE WELLBEING SERVICE**  
**'Working longer and living life to the full'**  
**2 day Workshop**

"I'm not sure I can cope with working longer, juggling my role as a grandparent and carer, what options do I have?"

Potentially I have to work for another 20 years what can I do to enable me to be the best I can be and still lead a happy, healthy lifestyle"

Are you aged over 50?  
Are you aware that your pension age has increased?  
Do you have your plan for working longer?

We have re-introduced our Workforce Wellbeing Group and are working to support staff wellbeing, including capacity (time, energy and attention) and opportunities for flexible working in response to a development area from our most recent Staff Survey. We also hold a 2 day workshop "Working Longer and Living Life To The Full" to provide staff aged over 50 with space to reflect, develop strategies and plans to deal effectively with life transition and encourage work station assessments via our regular CWP Essentials bulletin and more recently our weekly 'Thoughtful Thursday' publication.

## People and Organisational Development Strategy

Our People and Organisational Development (POD) Strategy 2019-22 was developed in consultation with people from Care Groups, Board Members and other colleagues to ensure that we give our people the confidence, knowledge, skills and behaviours to deliver person-centred care. To ensure that it will enable us to deliver the long term plans in our refreshed CWP 'Imagining The Future' Strategy, our POD Strategy will be reviewed in 2020-21 and mapped against the NHS People Plan & Promise.

Helping our people to be the best they can be

People Strategy 2019 - 2022

@cwphns  
[www.cwp.nhs.uk](http://www.cwp.nhs.uk)

## 'Going The Extra Mile' Award



We have a “Going The Extra Mile Award” scheme whereby the Chief Executive and Independent Chair recognise individual and team contributions to CWP which go above and beyond normal job requirements to deliver excellent services. For example, one winner shared with Trust Board their experiences regarding the workplace support they had received from their manager with regards to their disability.

## Protected Characteristics Information



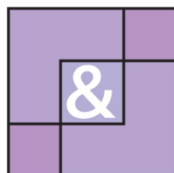
We continue to review and improve how protected characteristics are captured within current data systems and how these are reported on and analysed. We are encouraging teams to fully complete these to enable us to strengthen how information is fed back to Care Group and Information & Governance Meetings within Data Completeness Reports and make continuous improvements. The introduction of the new EPR system (SystemOne) will improve this further so that data can be gathered at registration and recorded consistently. Our processes will be amended to support this.





## Social Value Charter

**Cheshire & Merseyside  
Health & Care Partnership**



*"Be the reason someone receives better care today"*

We signed up to the Cheshire and Merseyside Social Value Charter which is being led by the Cheshire and Merseyside Health and Care Partnership. We have committed to the principles of social value by becoming an NHS Anchor Organisation and signing the Social Values Charter and will seek, where possible, to do this when we design, shape and deliver services.

## Concerns and Complaints

The Trust seeks to continuously improve how people's concerns are dealt with, both via informal PALS (Patient Advice Liaison Service) concerns and formal complaints. PALS aim to support people who access services, their family members and carers, as well as members of staff to ensure that support is provided to aid the provision of person-centred care and aims to resolve requests for help quickly and avoid the person entering the formal complaints process. We continue to carry out central monitoring of concerns and complaints and formulate actions to ensure that our people have the opportunity to be involved in care planning and delivery decisions. These are reported on at Trustwide Equality, Diversity & Inclusion Group meetings to share learning with the aim being to present a less 'weighted' positive viewpoint. We also encourage Equality, Diversity & Inclusion champions to ask colleagues to report on complaints at local meetings and give evidence of how services are being improved. Reviews of protected characteristics of those who make complaints are now being reviewed at quarterly Trustwide Equality, Diversity & Inclusion meetings and key themes and learning identified.

# PALS

**Patient Advice and Liaison Service**

## 4. Equality Delivery System 2 (EDS2)

### 1. Introduction:

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) has implemented the Equality Delivery System (now EDS2) which was launched by the Department of Health in 2011 and is a tool to drive up equality performance and embed equality into mainstream NHS business.

The EDS2 is a public commitment of how NHS Organisations plan to meet the needs and wishes of local people and staff and meet the duties placed on them by the Equality Act 2010. It also sets out how they recognise the differences between people and how they aim to make sure that any gaps and inequalities are identified and addressed.

The EDS2 is split into four measurable areas:

- a. Better Health Outcomes
- b. Improved patient access and experience
- c. A representative and supported workforce
- d. Inclusive leadership

Against these four areas, there are a set of 18 outcomes. These range from service quality to how members of staff are managed in the Trust.

### 2. How does it work?

It works by ensuring that the Trust's services and employment practices are benefiting protected groups in different ways. It is also about creating a system where our stakeholders are the ones who are assessing our performance rather than the Trust doing a simple self-assessment. This includes CWP providing detailed evidence and locality based presentations to our stakeholders.

<b>1. Undeveloped</b>	<b>Evidence provided for 0-2 protected characteristics</b>
<b>2. Developing</b>	Evidence provided for 3-4 protected characteristics
<b>3. Achieving</b>	Evidence provided for 5-7 protected characteristics
<b>4. Excelling</b>	Evidence provided for 8-9 (all) protected characteristics

### 3. Grading

Grading is based on a simple criteria for each of the standards as highlighted above.

### 4. Public sector equality duty

This has three aims. It requires public bodies to give due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

### 5. What are protected characteristics?

Protected characteristics refer to all the different groups of people that are covered under the Equality Act 2010 – the main piece of legislation that protects people from discrimination in the UK. These are:

- Age
- Disability
- Ethnicity/Race
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion & Belief
- Sex
- Sexual Orientation

## **6. What are the benefits?**

The introduction of the EDS2 helps to recognise, encourage and highlight the undoubted good practice and evidence that already exists at the Trust. At the same time, it ensures that there is better or consistent engagement with our local communities, that any gaps are identified and addressed and that we become more reflective of the community we serve at all grades and positions.

## **7. How are we doing?**

The Trust has been working hard to implement the NHS Equality Delivery System (EDS2). In July 2020, we held our EDS2 assessment for Goals 1 – ‘Better health outcomes for all’ and Goal 2 – ‘Improved patient access and experience’. The Trust provided Healthwatch representatives and volunteers with examples of various case studies highlighting how CWP is providing services to members of the diverse community. Due to the impact of the COVID-19 pandemic, the assessment took place virtually via Microsoft Teams and we were not able to invite people delivering and accessing our services to share their experiences with the panel as we have done in previous years.

All outcomes within both Goal 1 ‘Better health outcomes for all’ and Goal 2 ‘Improved patient access and experience’ scored “Achieving” which demonstrates that we have maintained the same level as last year. For Goal 3 - ‘Empowered, engaged and well-supported staff’ and Goal - 4 Inclusive Leadership’, the assessment completed with CWP staff side identified that the Trust again maintained the score of “Achieving” for all of the outcomes in Goals 3 and 4.

In 2019-2020, a number of Equality, Diversity & Inclusion network meetings took place across the Trust and these provided the Trust with an opportunity to provide updates on its activity in relation to the various EDS2 Goals. The meetings consisted of CWP staff / equality champions and representatives from some of the diverse groups. At the group meetings, people were provided with information, presentations and training on the various community groups they support.

We are extremely grateful to all teams submitting and collating case studies which are a really powerful way of showcasing good work across the Trust and sharing good practice.

**Equality, Diversity & Inclusion Champions meet with representatives from Healthwatch,  
Cheshire Council, Proud Trust, Body Positive and DSN**



## 8. EDS2 Assessment:

The Trustwide EDS2 assessment summary is shown below. Also below is a comparison with our 2018-2019 assessment. Our full EDS2 Assessment Report can be found at the following link: <https://webstore.cwp.nhs.uk/EDS21920.pdf>

<b>Equality Delivery System 2: Goal 1</b>		
<b>1. 'Better health outcomes for all'</b>	<b>Verified by: Stakeholders</b>	
<b>Individual Outcome grades for Goal 1</b>		
<b>CWP Trustwide</b>		
	<b>2018-19</b>	<b>2019-20</b>
<b>EDS2 Outcome 1.1</b> Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities	<b>Achieving</b>	<b>Achieving</b>

<b>Equality Delivery System 2 Goal 2:</b>		
<b>2. 'Improved patient access and experience'</b>	<b>Verified by: Stakeholders</b>	
<b>Individual Outcome grades for Goal 2:</b>		
<b>CWP Trustwide</b>		
	<b>2018-19</b>	<b>2019-20</b>
<b>EDS2 Outcome 2.1</b> People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 2.2</b> People are informed and supported to be as involved as they wish to be in decisions about their care	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 2.3</b> People report positive experiences of the NHS	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 2.4</b> People's complaints about services are handled respectfully and efficiently	<b>Achieving</b>	<b>Achieving</b>

<b>Equality Delivery System 2 Goal 3:</b>		
<b>Goal 3. 'Empowered, engaged and well-supported staff'</b>	<b>Verified by: <u>Staffside Reps</u></b>	
<b>CWP Trustwide</b>	<b>2018-19</b>	<b>2019-2020</b>
<b>EDS2 Outcome 3.1</b> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 3.2</b> The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 3.3</b> Training and development opportunities are taken up and positively evaluated by all staff	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 3.4</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 3.5</b> Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 3.6</b> Staff report positive experiences of their membership of the workforce	<b>Achieving</b>	<b>Achieving</b>
<b>Equality Delivery System 2 Goal 4:</b>		
<b>4. 'Inclusive Leadership'</b>	<b>Verified by: <u>Staffside Reps</u></b>	
<b>CWP Trustwide</b>	<b>2018-19</b>	<b>2019-20</b>
<b>EDS2 Outcome 4.1</b> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 4.2</b> Papers that come before the Board and other major Committees identify equality related impacts including risks, and say how these risks are to be managed	<b>Achieving</b>	<b>Achieving</b>
<b>EDS2 Outcome 4.3</b> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<b>Achieving</b>	<b>Achieving</b>

## 9. Conclusion:

The EDS2 assessment completed by the Trust and its partners across the Trust footprint highlights its commitment to meeting the needs and wishes of people and meets the duties placed on us by the Equality Act 2010.

## 5. People Accessing Our Services (Patients)

The following Patient demographics data is collected routinely within the Trust's EPR system:

- Age
- Ethnicity/Race
- Marital & Civil Partnership
- Religion & Belief
- Sex
- Sexual Orientation

There are some areas where we currently don't have a consistent way of collecting data yet, namely: Disability, Pregnancy & Maternity. The introduction of the new EPR system (SystemOne) should improve this as it has been confirmed that this data will be consistently recorded and can be gathered at registration and processes will be amended to support this.

For the purposes of this report we have reviewed the data which is available to us in terms of the protected characteristics based on data extracts of CareNotes for all episodes opened between 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020. There are 27,661 distinct patients with open episodes on Care Notes for that period and according to their records on the system:

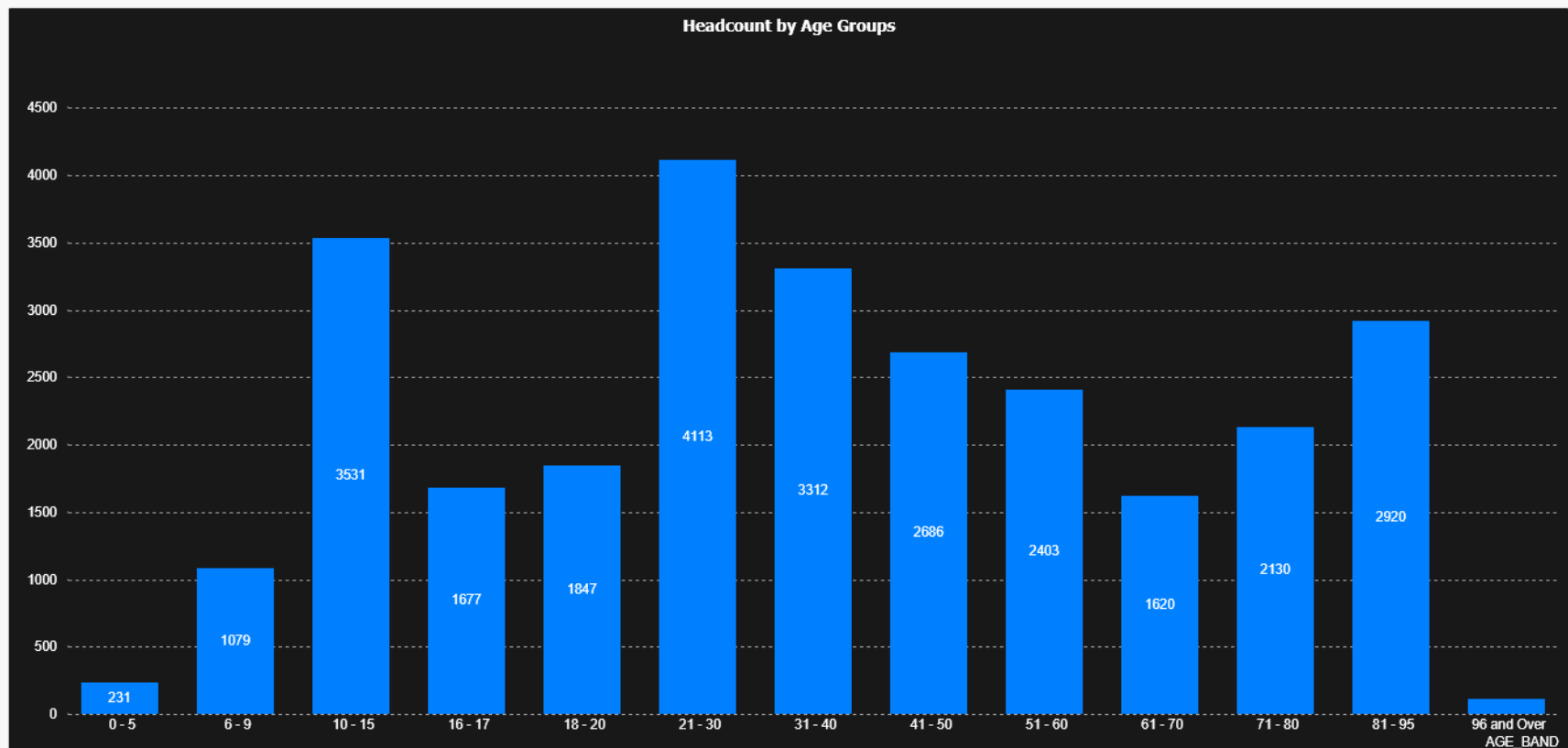
- Age 66.8% were under 50, 33.2% were over 50
- Ethnicity/Race 1.5% were reporting as being from Black, Asian and Minority and Ethnic Backgrounds although there are 27.7% which are reported as not known. There is on-going work within Care Groups to improve the collection of this.
- Marriage & Civil Partnership 38.2% were recorded as Single, 14.0% were recorded as Married.
- Religion & Belief 27.6% are recorded as Christian, 5.6% recorded as another stated religion, 7.2% recorded as none or pagan and the rest either not known or declined to answer
- Sex 53% were recorded as Female, 46.8% were recorded as Male
- Sexual Orientation 27.2% are recorded as Heterosexual, 7.6% Not stated, 0.9% recorded a different sexuality with the rest being not known or prefer not to answer.



As at 31 March 2020, our patient breakdown was:

**66.8%** under 50

**33.2%** over 50



## Ethnicity/Race

As at 31 March 2020:

**70.8%** White patients  
 (92.67% local population)

As at 31 March 2020:

**1.5%** of patients from BAME background.  
 (7.08% local population)

As at 31 March 2020:

**27.7%** of patients not known

## Marriage and Civil Partnership

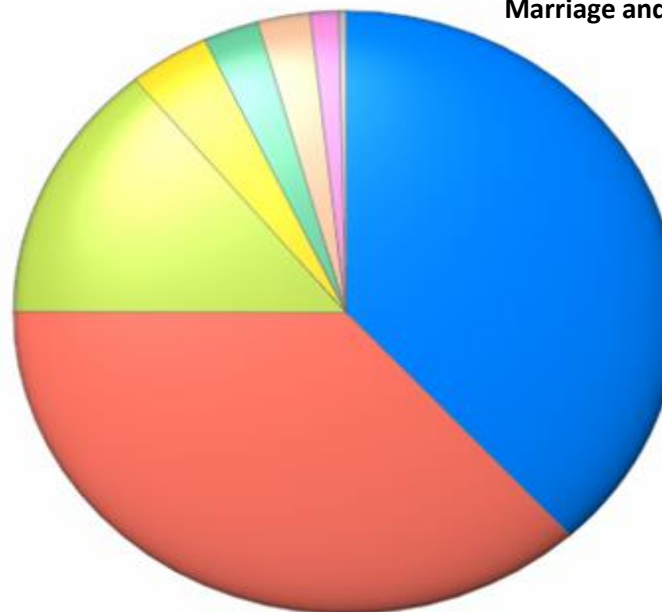
As at 31 March 2020:

**38.2%** of patients were **Single**

**14%** of patients were **Married**

4% Widowed, 2.7% Co-habiting, 2.6% Divorced,  
 1.4 Separated, 0.3% Not Disclosed,  
 36.8% Unknown.

Marriage and Civil Partnership Split



Marital Status	Percentage
Single	38.2%
Not Known	36.8%
Married	14.0%
Widowed	4.0%
Cohabiting	2.7%
Divorced	2.6%
Separated	1.4%
Not Disclosed	0.3%

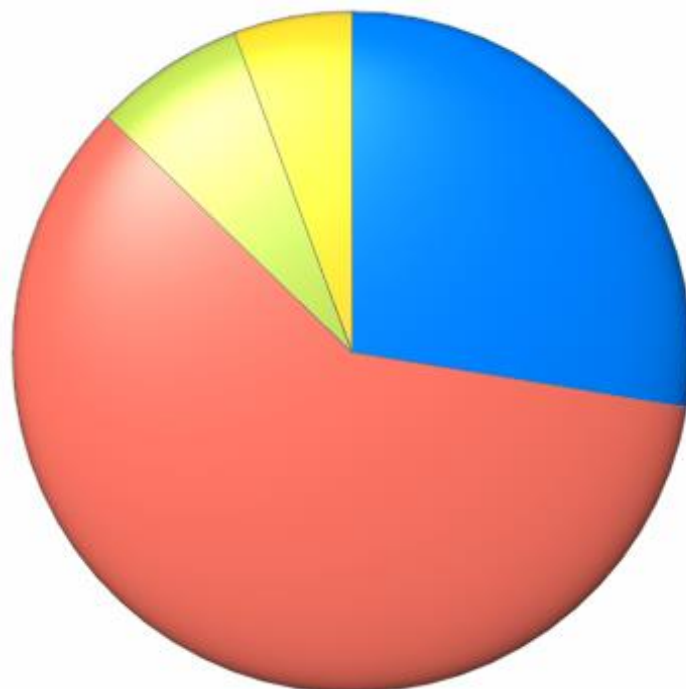
## Religion and Belief

**27.6%** Christianity

**15.6%** Other Stated Religion

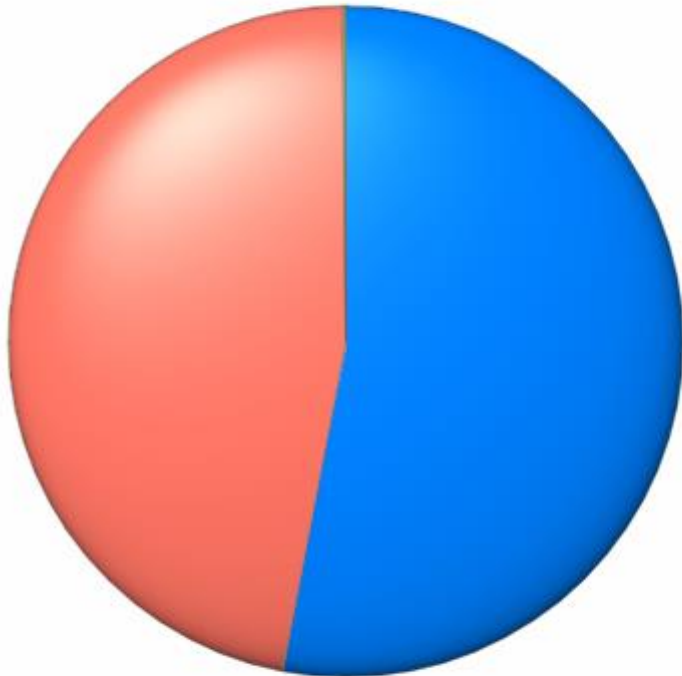
A significant proportion were showing as not known or declined to answer.

Religion



Rel_grp_name	Percentage
Christian	27.6%
NK	59.6%
None	7.2%
Other	5.6%

Gender Profile



GENDERDESCRIPTION

Female	53.0%
Male	46.8%
Indeterminate	0.1%
Not Specified	0.0%
Not Known	0.0%

As at 31 March 2020:

**53.0%** Female Patients

**46.8%** Male Patients

## Sexual Orientation

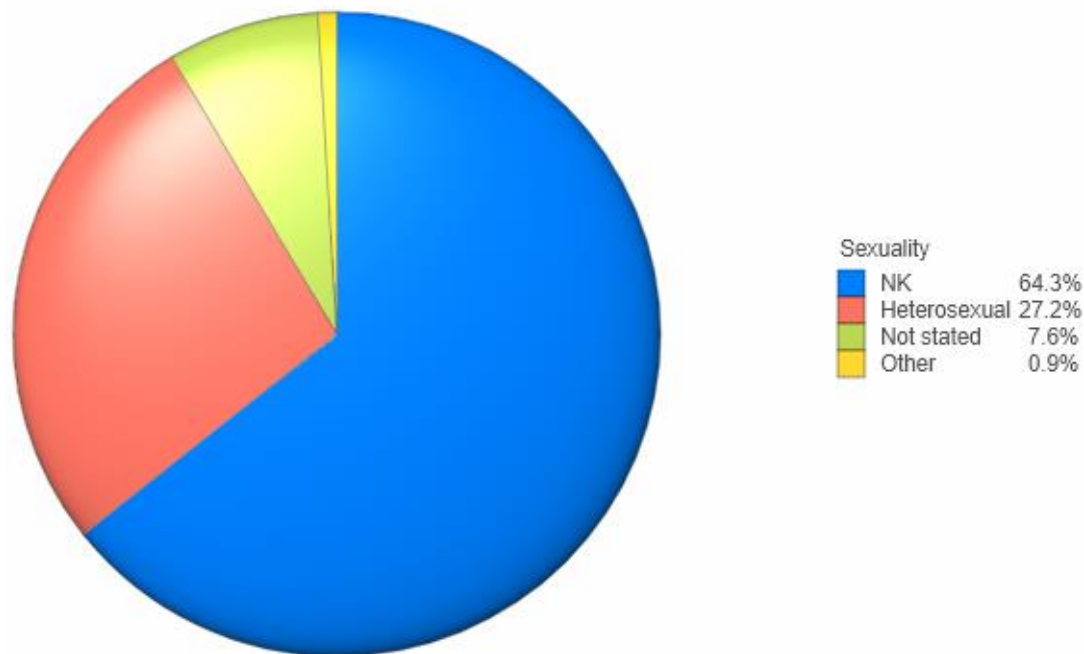
As at 31 March 2020:

**27.2%** Heterosexual

**7.6 %** Not Stated

0.9% Other (Includes Gay/Lesbian and Bisexual)

Sexual Orientation



## 6. People Delivering Our Services (Staff)

The following People Information data is collected routinely by the Trust:

- Age
- Disability
- Ethnicity / Race
- Marital & Civil Partnerships
- Pregnancy & Maternity
- Religion & Belief
- Sex
- Sexual Orientation

For the purposes of this report, we have reviewed the data which is available to us in terms of the above protected characteristics. The Trust does not currently hold data on Gender Reassignment for its workforce profile.

**As at 31 March 2020, 3741 people were working for CWP and, according to their record on our Electronic Staff Record system:**

- **Age** 60% were aged under 50 and 40% were aged over 50.
- **Disability** 5.6% reported that they considered themselves to have a disability which is a slight increase on the past few years. 85.3% told us they did not consider themselves to have a disability with the remainder either unknown or choosing not to tell us.
- **Ethnicity / Race** Across the areas where we hold contracts (Cheshire West & Chester, Cheshire East, Wirral, Trafford, Sefton and Warrington), there are between 2.7% and 20% of staff from Black, Asian and Minority and Ethnic backgrounds depending on where staff are located across the Trust with the average Trust wide figure being 4.4%.
- **Marriage & Civil Partnerships** 49.3% stated that they were married, 31.4% stated that they were single.
- **Pregnancy & Maternity** 2.1% of our female colleagues were on Maternity Leave.
- **Religion & Belief** 53% considered themselves to be Christian, 13% as Atheist and the third biggest group at 8.8% chose to define their religion as Other. 23.1% chose not to tell us their Religion or Belief.
- **Sex** 80% were recorded as female.
- **Sexual Orientation** 80.9% were Heterosexual, 2.2% as Lesbian, Gay or Bisexual with the remainder either unknown or choosing not to tell us.

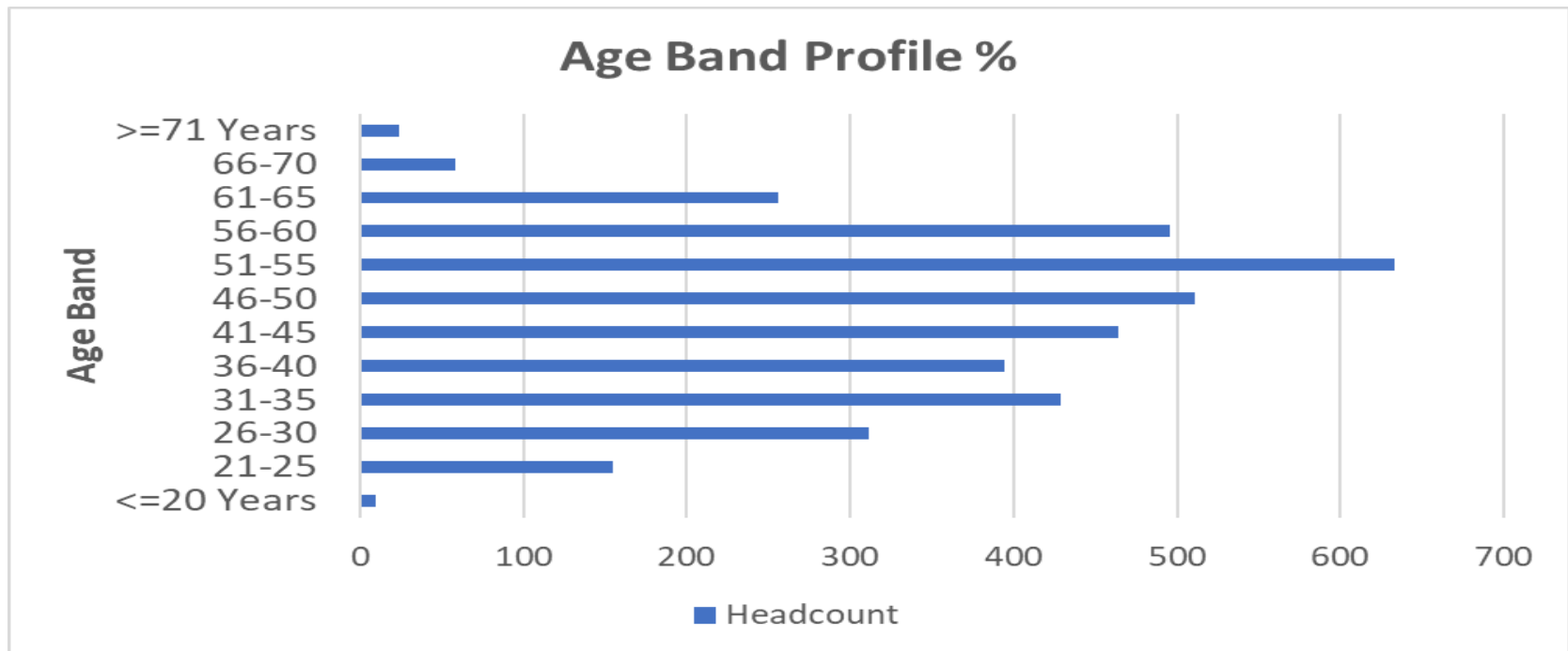
# Age

As at 31 March 2020, our workforce breakdown was:

**60%** under 50

**40%** over 50

Percentage of colleagues aged 60+ years is 9%.



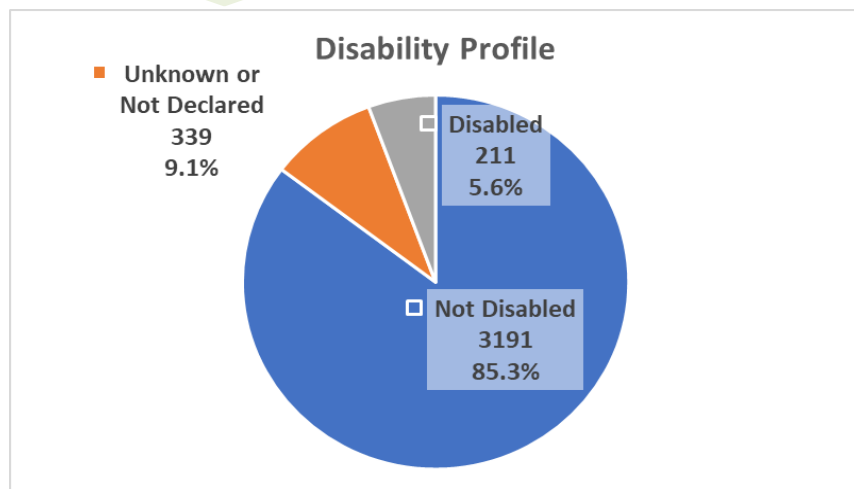
## Disability

As at 31 March 2020:

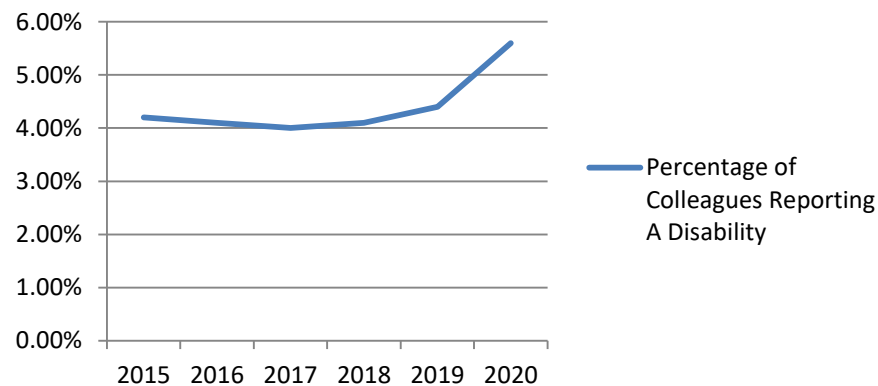
**5.6%** of colleagues have declared that they are living with a disability.

This is a slight increase on the past few years' figures.

Within **Recruitment**, 7.5 % of applicants declared that they were living with a disability (7.8% of shortlisted people and 6.9% of appointed people).



**Percentage of Colleagues Reporting A Disability**



Disability	Trust Staff					
	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Not Disabled	83.0%	85.1%	86.0%	87.1%	86.9%	85.3%
Unknown or Not Declared	12.8%	10.8%	10.0%	8.7%	8.6%	9.1%
Disabled	4.2%	4.1%	4.0%	4.1%	4.4%	5.6%



## Ethnicity/Race

As at 31 March 2020:

**94.0%** White staff  
(95.5% local population)

As at 31 March 2020:

**4.4%** of staff from BAME background.  
(7.1% local population)

Across the areas where we hold contracts (Cheshire West & Chester, Cheshire East, Wirral, Trafford, Sefton and Warrington), there are between **2.7% and 20%** of staff from Black, Asian and Minority and Ethnic (BAME) backgrounds depending on where staff are located across the Trust with the average Trust wide figure being **4.4%**.

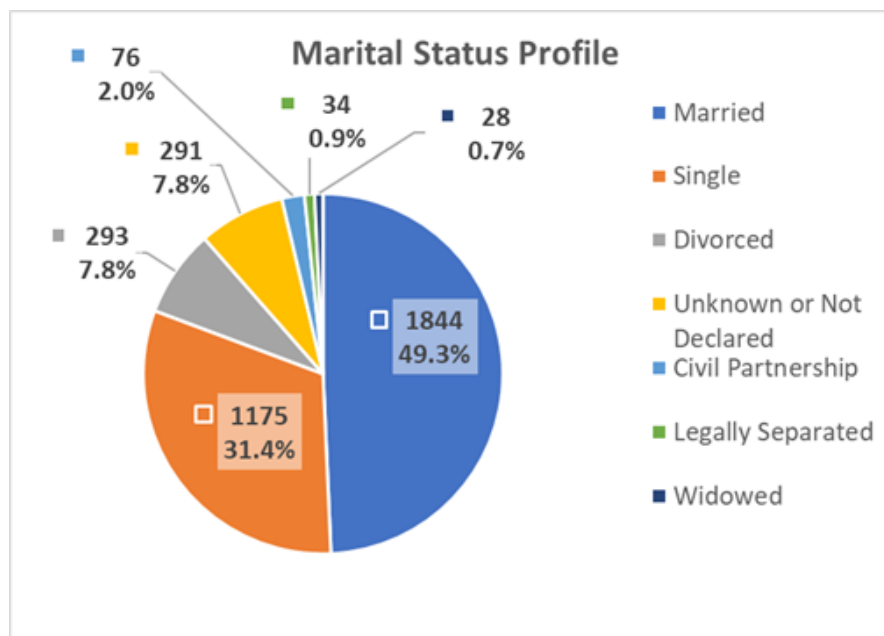
## Marriage and Civil Partnership

As at 31 March 2020:

**49.3%** of colleagues were **Married**

**31.4%** were **Single**

**7.8% Divorced,, 7.8% Unknown. 2% Civil Partnership**

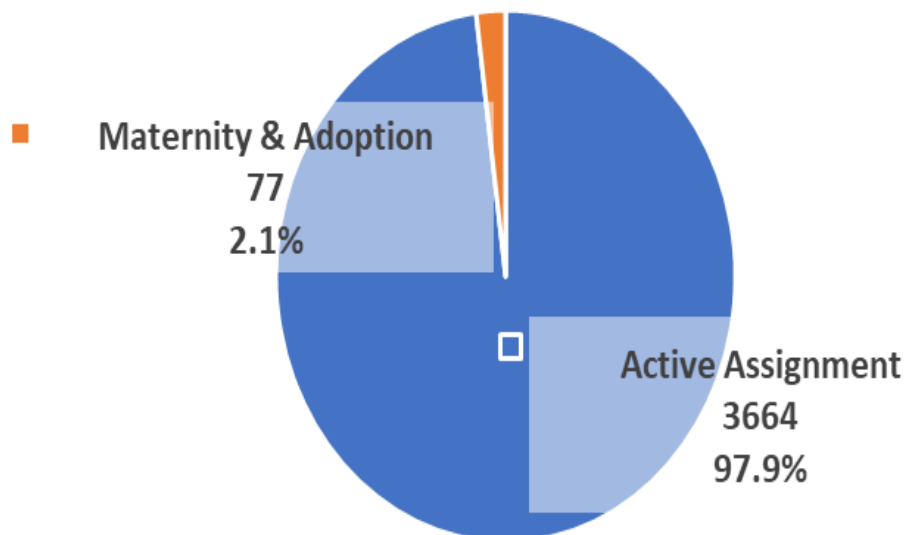


## Pregnancy and Maternity

As at 31 March 2020:

**2.1%** of female colleagues were on **Maternity Leave**

### Maternity and Adoption Profile



## Religion and Belief

As at 31 March 2020:

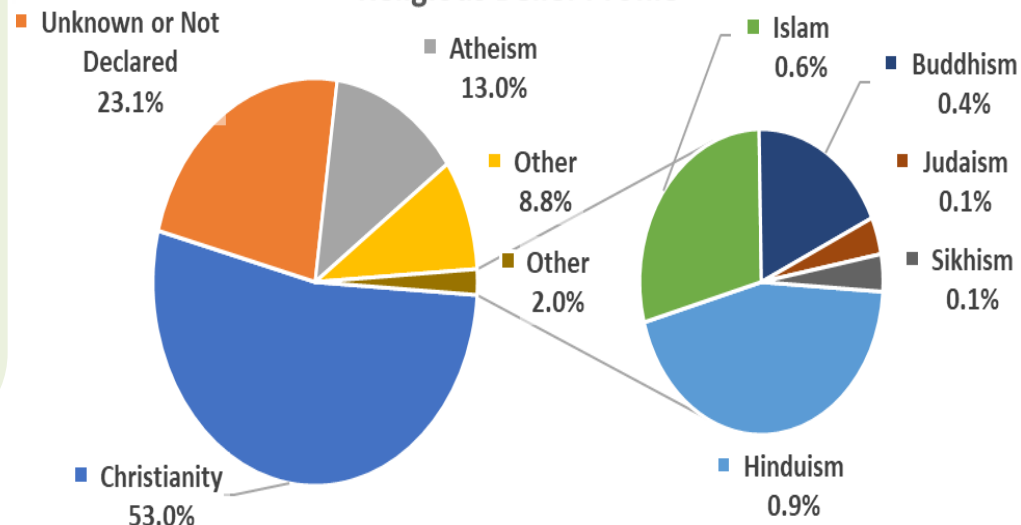
**53%** Christianity

**13%** Atheism

Remaining staff split across a range of religions and beliefs with the highest number being in the 'other' category (8.8%).

A significant proportion of staff have not declared their religion and belief (23.1%).

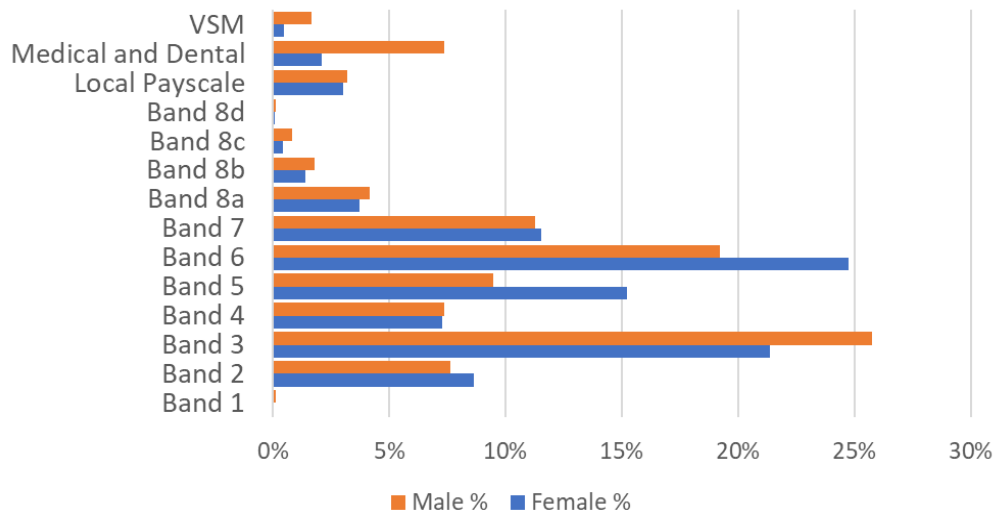
Religious Belief Profile



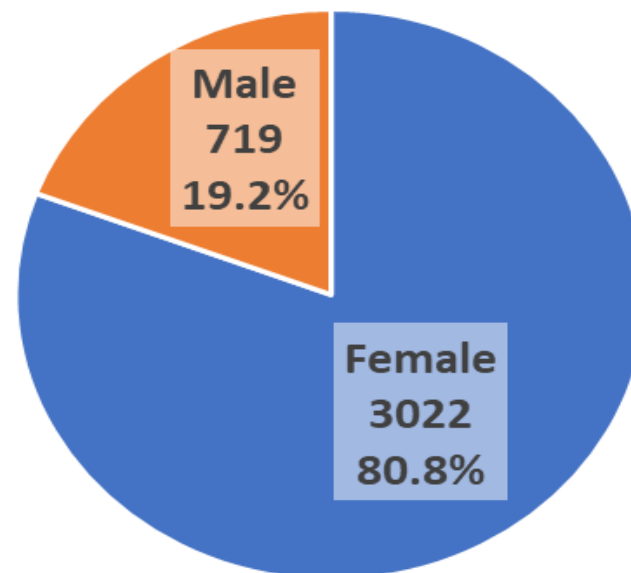
Religious Belief	Trust Staff					
	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Atheism	9.2%	9.6%	10.1%	10.7%	11.5%	13.0%
Buddhism	0.4%	0.5%	0.5%	0.4%	0.4%	0.4%
Christianity	56.9%	56.7%	56.5%	55.8%	55.0%	53.0%
Hinduism	0.6%	0.6%	0.7%	0.7%	0.8%	0.9%
Unknown or Not Declared	25.0%	24.5%	23.7%	23.9%	23.4%	23.1%
Islam	0.5%	0.4%	0.4%	0.5%	0.6%	0.6%
Jainism	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Judaism	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Other	7.2%	7.6%	8.0%	7.9%	8.1%	8.8%
Sikhism	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

**Sex**

**Gender by Pay Band %**



**Gender Profile**



**80%** of our colleagues were recorded as female.

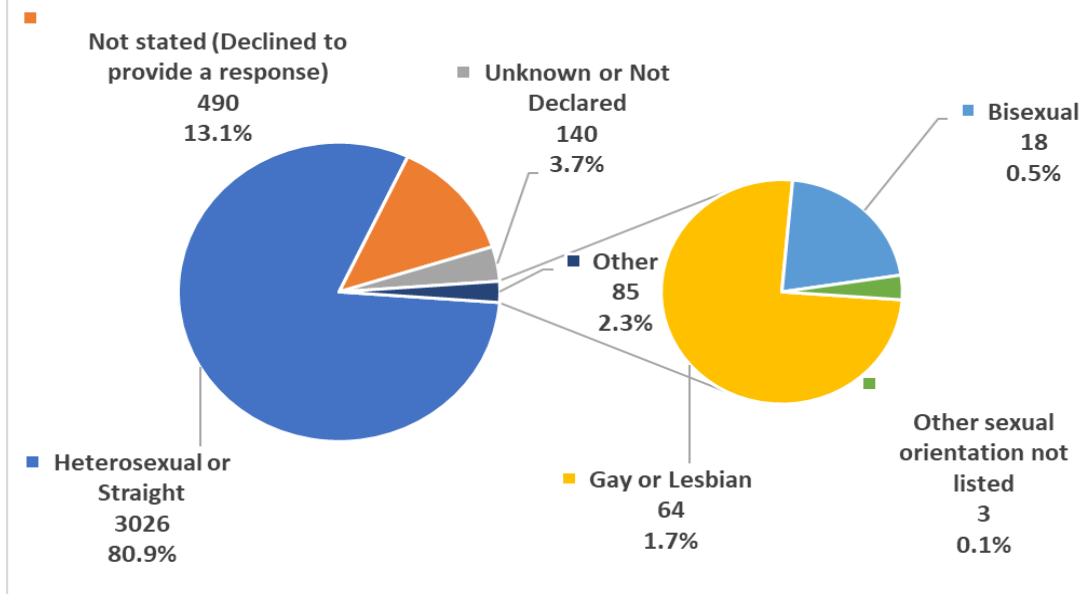
## Sexual Orientation and Gender Reassignment

As at 31 March 2020:

**80.9%** Heterosexual  
**2.2 %** Gay, Lesbian or Bisexual  
13.1% Not stated

Gender Reassignment information is not recorded on ESR so we cannot therefore undertake workforce profile monitoring..

**Sexual Orientation Profile**



Sexual Orientation	Trust Staff					
	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Bisexual	0.2%	0.2%	0.3%	0.4%	0.6%	0.5%
Gay or Lesbian	1.2%	1.2%	1.3%	1.3%	1.6%	1.7%
Heterosexual or Straight	76.7%	77.4%	78.4%	78.8%	80.6%	80.9%
Not stated (Declined to provide a response)	13.5%	14.3%	13.7%	14.2%	14.6%	13.1%
Other sexual orientation not listed	-	-	-	-	-	0.1%
Unknown or Not Declared	8.4%	6.9%	6.4%	5.4%	2.6%	3.7%

## 7. Workforce Race Equality Standard (WRES)

Indicators from the Staff Survey contribute to certain criteria within the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These reports highlight differences between the experiences and treatment of people covered by protected characteristics who are working within CWP.

**The NHS Workforce Race Equality Standard Indicators** *(please note the wording used is directly from the criteria)*

### Workforce Indicators

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

Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

**Note:** Organisations should undertake this calculation separately for non-clinical and for clinical staff

Relative likelihood of staff being appointed from shortlisting across all posts

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

**Note:** This indicator will be based on data from a two year rolling average of the current year and the previous year

Relative likelihood of staff accessing non-mandatory training and CPD

### National NHS Staff Survey indicators

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

KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

### Board representation indicator

*For this indicator, compare the difference for White and BME staff*

Percentage difference between the organisations' Board voting membership and its overall workforce

**Note:** Only voting members of the Board should be included when considering this indicator

The infograph image provides an 'at a glance' view of the WRES criteria and results for CWP. The detailed data is contained further within this report and at this link:

<http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/>



\* a Fair Experience for All: Closing the Ethnicity Gap in rates of disciplinary action across the NHS Workforce (July 2019) states that 90% of Trusts should have a gap of between 0.8 and 1.25. CWP therefore are within this range (1.02)

Ⓜ Data Source ESR, TRAC or HR

Ⓜ Data Source Staff Survey

## Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council agreed in July 2014 that action across the NHS needs to be taken to ensure employees from black and ethnic minority (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Whilst Equality, Diversity and Inclusion feedback from the NHS Staff Survey indicates that this is one of our strongest themes and that we are amongst the highest when compared with other Mental Health/Learning Disability and community trusts, responses from BAME staff members which inform certain parts of the WRES highlight some areas for improvement which will remain a focus moving forward as we also look to develop our network for staff members from a BAME background.

The WRES consists of nine metrics, four of which are specifically on workforce data and one of which is concerned with the percentage difference between Trusts' Board membership and the overall workforce. In terms of workforce data, CWP continues to perform better than a number of other Trusts in respect of BAME Board representation.





**Workforce Indicators (Workforce Race Equality Standard (WRES)** *(wording is taken from the criteria)*

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

1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

**Note:** Organisations should undertake this calculation separately for nonclinical and for clinical staff

2. Relative likelihood of staff being appointed from shortlisting across all posts

3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

**Note:** This indicator will be based on data from a two year rolling average of the current year and the previous year

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

**National NHS Staff Survey Indicators**

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

5. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

7. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

8. Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.

**Board representation indicator**

*For this indicator, compare the difference for White and BME staff*

9. Percentage difference between the organisations' Board voting membership and its overall workforce

**Note:** Only voting members of the Board should be included when considering this indicator.

## Workforce Indicators

**Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce**

Clinical / Non Clinical and Banding	White	BAME	UNKNOWN/NULL
<b>Non Clinical</b>			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	100.0%	0.0%	0.0%
Bands 2	95.4%	2.6%	2.1%
Bands 3	95.0%	5.0%	0.0%
Bands 4	94.6%	5.4%	0.0%
Bands 5	95.2%	2.4%	2.4%
Bands 6	95.8%	2.1%	2.1%
Bands 7	97.1%	2.9%	0.0%
Bands 8a	92.9%	3.6%	3.6%
Bands 8b	96.4%	0.0%	3.6%
Bands 8c	100.0%	0.0%	0.0%
Bands 8d	100.0%	0.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
<b>Clinical</b>			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	0.0%	0.0%
Bands 2	90.7%	4.7%	4.7%
Bands 3	96.6%	2.4%	1.1%
Bands 4	92.7%	2.4%	4.9%
Bands 5	97.2%	2.3%	0.6%
Bands 6	95.0%	2.9%	2.1%
Bands 7	92.1%	3.8%	4.1%
Bands 8a	93.3%	2.5%	4.2%
Bands 8b	90.0%	10.0%	0.0%
Bands 8c	81.8%	9.1%	9.1%
Bands 8d	100.0%	0.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	66.7%	33.3%	0.0%
Consultants	48.5%	48.5%	3.1%
of which Senior Medical Manager	0.0%	100.0%	0.0%
Non-Consultant Career Grade	45.0%	55.0%	0.0%
Trainee Grade	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
<b>Trust Total</b>	<b>93.5%</b>	<b>4.4%</b>	<b>2.1%</b>

Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

Current Year 2019-20

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
White	3183	934	29.34
BAME	283	73	25.80
Not Stated	79	51	64.56
Relative Likelihood of White staff being appointed from shortlisting compared to BAME			1.14

Previous Year 2018-19

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
White	4544	295	6.49%
BAME	378	26	6.88%
Not Stated	150	42	28.00%
Relative Likelihood of White staff being appointed from shortlisting compared to BAME			0.94

The relative likelihood for the current year 2019-20 indicates that BAME staff are **LESS** likely to be appointed when compared to white staff. This contrasts with the previous year 2018-19 where BAME staff were **MORE** likely to be appointed when compared to white staff

### Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator is based on data from a two year rolling average of the current year and the previous year.

#### Current year's average April 2018 to March 2020

Average over 2 years	Entering Formal Disc Process	Headcount	Relative Likelihood of staff entering the Disciplinary Process
White	31	3496	0.89
BAME	1.50	166	0.90
Not Stated	0	79	0
Relative Likelihood of BAME staff entering the formal Disciplinary process compared to White staff.			1.02

#### Previous year's average April 2017 to March 2019

Average over 2 years	Entering Formal Disc Process	Headcount	Relative Likelihood of staff entering the Disciplinary Process
White	70	3367	2.08%
BAME	1	143	0.69%
Not Stated	0	106	0.00%
Relative Likelihood of BAME staff entering the formal Disciplinary process compared to White staff.			0.34

The relative likelihood of the current year's average for April 2018 to March 2020 indicates that BAME staff are slightly **MORE** likely to enter the formal disciplinary process when compared to white staff. This contrasts the previous year's April 2017 to March 2019 where BAME staff on average were **LESS** likely to enter the formal disciplinary process when compared to white staff.

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

##### Current Year 2019-20

	Accessing non-mand / CPD training	Headcount	Relative Likelihood of staff accessing non-mand / CPD training
White	2181	3496	62.39
BAME	118	166	71.08
Not Stated	27	79	34.18
Relative Likelihood of White staff accessing non-mand / CPD training.			0.88

##### Previous Year 2018-19

	Accessing non-mand / CPD training	Headcount	Relative Likelihood of staff accessing non-mand / CPD training
White	1065	3367	31.63%
BAME	53	143	37.06%
Not Stated	26	106	24.52%
Relative Likelihood of White staff accessing non-mand / CPD training.			0.85

The relative likelihood for the current year 2019-20 indicates that BAME staff are **MORE** likely to access non-mandatory training when compared to white staff. This is in keeping with the previous year 2018-19 where BAME staff were also **MORE** likely to access non-mandatory training when compared to white staff.

**National NHS Staff Survey Indicators**

**Indicator 5 - KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	27.4%	24%	24%	27%
BAME	44.4%	31%	42%	40%

The results from the latest staff survey indicates that a larger proportion of BAME staff have experienced harassment, bullying or abuse from patients, relatives or the public when compared to white staff. This is also the case for the previous 3 years of staff survey results.

**Indicator 6 - KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	12.9%	13%	17%	16%
BAME	13.7%	9%	17%	15%

The results from the latest staff survey indicates slightly larger proportion of BAME staff have experienced harassment, bullying or abuse from patients, relatives or the public when compared to white staff.

**Indicator 7 - KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion**

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	89.6%	90%	90%	91%
BAME	85.7%	82%	90%	97%

The results from the latest staff survey indicate that fewer BAME colleagues believe that the Trust provides equal opportunities for career progression or promotion when compared to white staff. However, the BAME rate has increased since 2018 and the White rate has reduced slightly.

**Indicator 8 - Q217. In the last 12 months, have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues**

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	4.4%	9%	5%	4%
BAME	6.8%	6%	8%	3%

The results from the latest staff survey indicates that more BAME staff have experienced discrimination from their manager when compared to white staff.

**Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce**

Current Year 2019-20

	Board Member		Overall Workforce		Percentage difference between the organisation board voting membership and its overall workforce
	Count	Percentage	Count	Percentage	
White	12	85.7%	3496	93.5%	-6.8%
BAME	2	14.3%	166	4.4%	8.9%
Not Stated	0	0%	79	2.1%	-2.1%

As at March 2020, the Trust's Board is made up of 14.3% of BAME staff compared with 4.4% of the overall trust. A difference of 8.9%.

Previous Year 2018-19

	Board Member		Overall Workforce		Percentage difference between the organisation board voting membership and its overall workforce
	Count	Percentage	Count	Percentage	
White	12	85.71%	3367	93.11%	-7.40%
BAME	1	7.14%	143	3.95%	3.19%
Not Stated	1	7.14%	106	2.93%	4.21%

As at March 2019, the Trust's Board was made up of 7.14% of BAME staff compared with 3.95% of the overall trust. A difference of 3.19%.

## WRES Indicators

- There have been improvements since last year in that there has been a slight increase in the representation of Black and Minority Ethnic (BAME) people at Board level (Indicator 1) and the fact that BAME colleagues remain more likely to access non-mandatory training and CPD than white (Indicator 4). Furthermore, there has been an improvement in relation to Career Progression (Indicator 7) due to an increase in the percentage of BAME people saying that they believe the Trust provides equal opportunities for this meaning that it is now closer to the percentage of white people saying this which has remained the same as last year.
- However, indications are that BAME candidates are less likely to be appointed following shortlisting whereas they were more likely last year (Indicator 2). Also, BAME people are slightly more likely to enter the formal disciplinary process than white people (Indicator 3). However, the likelihood is within the range stipulated in the July 2019 NHS document 'Closing the Ethnicity Gap in Rates of Disciplinary Action'.
- Both more white and more BAME people said they had experienced increased Harassment, Bullying and Abuse from patients, relatives and the public (Indicator 5). However, an area for development is that the percentage increase for BAME people was greater than it was for white people. In relation to Harassment, Bullying and Abuse from manager / other staff (Indicator 6), there has been an increase in BAME people saying that they experienced this and a decrease for white people which means that the gap has closed and there is now a 1% difference between the experience of BAME people and white people in this regard. A further area for development is in relation to the number of people saying that they experienced discrimination from manager / lead / colleague since last year (Indicator 8), as there has been a 1% increase in the number of BAME people saying that they experienced this whereas the percentage of white people has decreased by 5% so is now 3% lower than the BAME percentage.
- CWP still has a higher representation of BAME people at Board level than the Workforce as a whole and this has increased from 7.14% to 14.3% (Indicator 9). The difference between the two has increased from 3.14% to 8.9%. As stated above, CWP continues to perform better than a number of other Trusts in respect of BAME Board representation.

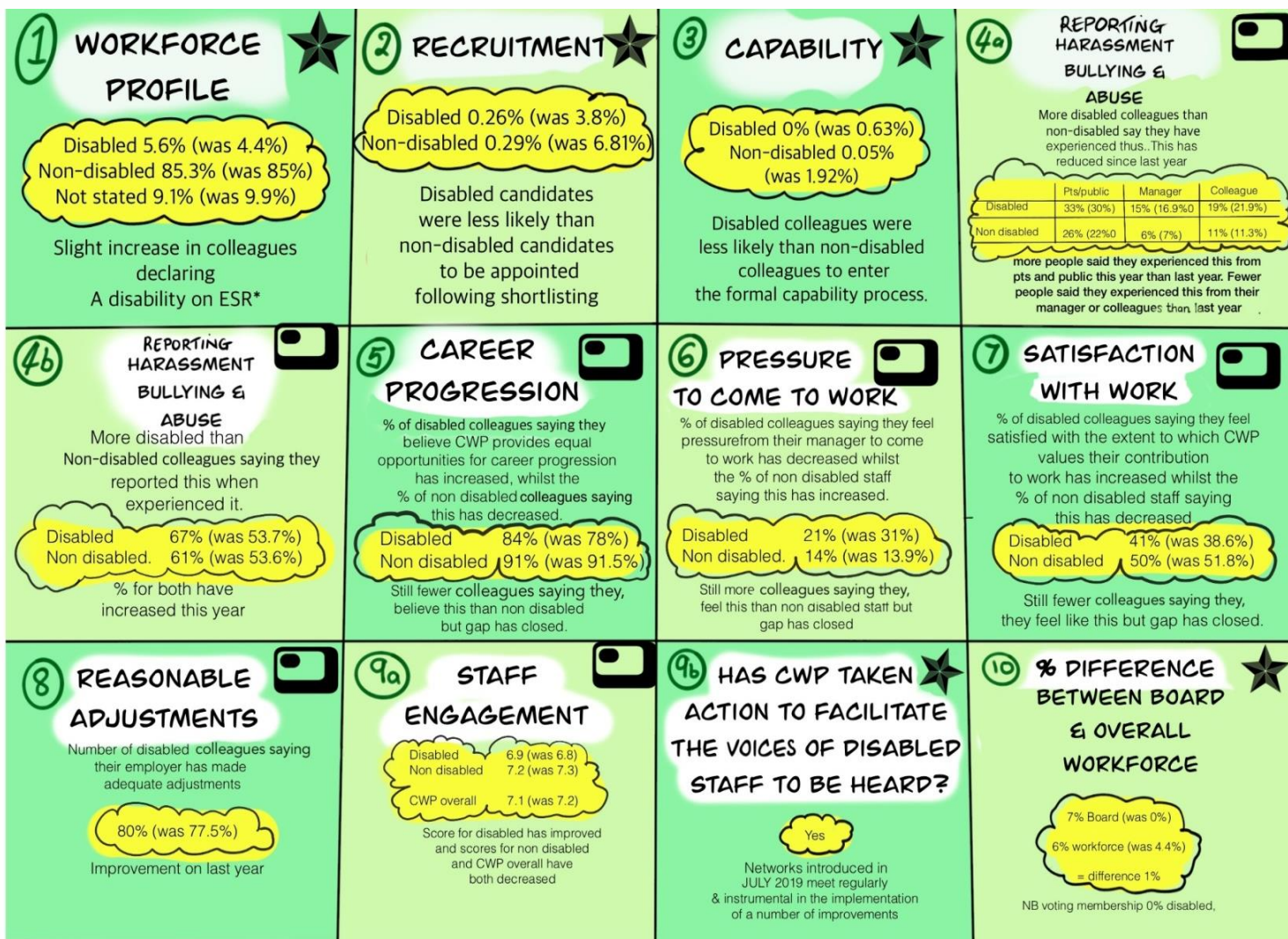
We are working with members of our BAME+ Network Group to look at how we can progress in a positive way. We are refreshing our WRES Action Driver Diagrams and developing a WRES action plan to address the points made above and will continue to monitor these.



## 8. Workforce Disability Equality Standard (WRES)

The infograph provides an 'at a glance' view of the WDES criteria and results for CWP. The detailed data is contained later within this report and at this link:

<http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/>



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

From 2019, the WDES forms part of the NHS Standard Contract. It consists of a set of specific measures to enable us to compare the experiences of disabled and non-disabled staff since research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The report will enable us to better understand the experiences of disabled staff and will support positive change for existing employees, enabling a more inclusive environment for disabled people delivering our services.

This is the second year that Trusts have completed a WDES report and it is positive to note that, since last year, there have been improvements within a number of indicators. These include disabled representation both at Board level (indicator 10) and within our workforce as a whole (indicator 1). Further improvements are within the likelihood of disabled people entering the formal capability process (indicator 3), disabled people's views about equal opportunities for career progression (indicator 5), feeling less pressure to come to work (indicator 6), satisfaction with work (indicator 7), reasonable adjustments (indicator 8) and staff engagement (indicator 9a).

The key area for development is in connection with indicator 4a - harassment, bullying and abuse. 3% more disabled people than last year said that they experienced this from patients and the public. Of note is that there was also an increase in the number of non-disabled people saying this since last year, and that this increase is greater than for disabled people. There have been improvements in relation to harassment, bullying and abuse, however, since fewer people (both disabled and non-disabled) said that they experienced this from manager / colleagues than last year and secondly, more people (both disabled and non-disabled) who said that they experienced this said that they reported it (indicator 4b) with the increase for disabled people being larger than the increase for non-disabled people.

23% of all staff completing their staff survey in 2019 stated that they had a disability whereas, of the current workforce profile on ESR, only 5.6% have a disability recorded against their staff file. We have raised awareness of the need for people to update their ESR records and, whilst a slight improvement has been noted, we will continue to do so.

The marked improvement within our WDES report for this year is that we now facilitate for disabled people to have a voice which was not the case last year.

**The NHS Workforce Disability Equality Standard Indicators** (*wording is taken from the criteria*)

**Workforce Indicators**

For each of these four workforce indicators, compare the data for Non-Disabled and Disabled staff

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.

**Note:** Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes

2. Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff across all posts

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.

**Note:** This indicator will be based on data from a two year rolling average of the current year and the previous year

**Indicators of the National NHS Staff Survey (or equivalent)** (*wording taken from the criteria*)

For each of the staff survey indicators, compare the outcomes of the responses for Non-Disabled and Disabled staff.

4.

a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months from:

i. Patients/service users, their relatives or other members of the public

ii. Managers

iii. Other colleagues

b) Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

5. Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

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.

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.

8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

9.

a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

**If yes**, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance

### **Board representation indicator**

*For this indicator, compare the difference for Non-Disabled and Disabled staff*

10. Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:



### **NHS Workforce Disability Equality Standard**



**Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce**

Clinical / Non Clinical and Banding	% DISABLED	% NON-DISABLED	% UNKNOWN/NULL
<b>Non Clinical</b>			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	100.0%	0.0%
Bands 2	8.2%	84.5%	7.2%
Bands 3	6.3%	88.8%	5.0%
Bands 4	8.1%	87.8%	4.1%
Bands 5	4.8%	92.9%	2.4%
Bands 6	8.3%	87.5%	4.2%
Bands 7	5.7%	88.6%	5.7%
Bands 8a	0.0%	89.3%	10.7%
Bands 8b	3.6%	85.7%	10.7%
Bands 8c	12.5%	87.5%	0.0%
Bands 8d	0.0%	100.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	14.3%	85.7%	0.0%
Other	0.0%	0.0%	0.0%
Cluster 1 (Under Band 1, Bands 1-4)	7.7%	86.2%	6.0%
Cluster 2 (Band 5 - 7)	6.4%	89.6%	4.0%
Cluster 3 (Bands 8a - 8b)	1.8%	87.5%	10.7%
Cluster 4 (Bands 8c - 9 & VSM)	13.3%	86.7%	0.0%
<b>Clinical</b>			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	0.0%	0.0%
Bands 2	7.8%	86.0%	6.2%
Bands 3	5.5%	84.7%	9.8%
Bands 4	8.7%	84.0%	7.3%
Bands 5	5.7%	82.6%	11.7%
Bands 6	4.8%	86.0%	9.2%
Bands 7	4.8%	85.6%	9.6%
Bands 8a	4.2%	87.4%	8.4%
Bands 8b	0.0%	83.3%	16.7%
Bands 8c	0.0%	72.7%	27.3%

Bands 8b	0.0%	83.3%	16.7%
Bands 8c	0.0%	72.7%	27.3%
Bands 8d	0.0%	100.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	0.0%	100.0%	0.0%
Medical & Dental Staff, Consultants	4.1%	85.6%	10.3%
Medical & Dental Staff, Non-Consultants career grade	5.0%	90.0%	5.0%
Medical & Dental Staff, Medical and dental trainee grades	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
<b>Trust Total</b>	<b>5.6%</b>	<b>85.3%</b>	<b>9.1%</b>

**Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts**

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
Disabled	279	72	0.26
Non-Disabled	3172	930	0.29
Not Stated	94	56	0.60
I do not wish to disclose	-	-	-
Relative Likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled			1.14 Times more likely

The relative likelihood indicates that Disabled staff are **LESS** likely to be appointed when compared to Non-Disabled staff

**Indicator 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by**

Average over 2 years	Average Headcount Entering Formal Capability Process	Trust Headcount	Relative Likelihood of staff entering the capability Process
Disabled	0	211	0
Non-Disabled	1.50	3191	0.05
Not Stated	0.50	339	0.15
Relative Likelihood of Disabled staff entering the formal Disciplinary process compared to Non-Disabled staff.			0.00

The relative likelihood indicates that Disabled staff are **LESS** likely to enter the formal capability process when compared to Non-Disabled staff. 61

**Indicator 4a - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from**

Category	Question	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	Patients/service users, relatives or public	26.3%	22.6%	22%	24%
	Managers	6.3%	7.0%	8.0%	Not available
	Other colleagues	11.0%	11.3%	9.0%	15%
Disabled	Patients/service users, relatives or public	33.3%	30.8%	33%	27%
	Managers	15.3%	16.9%	15%	Not available
	Other colleagues	19.4%	21.9%	20%	21%

The results from the latest staff survey in 2019 indicate that Disabled staff are **MORE** likely to have experienced harassment, bullying or abuse from Patients/Service users, relatives or other members of the public and from their managers than non-disabled staff.

**Indicator 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.**

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	61.4%	53.6%	61%	60%
Disabled	66.9%	53.7%	58%	56%

The results from the latest staff survey indicates that that over 60% of all staff regardless of disability reported harassment, bullying or abuse at work when they experienced it.

**Indicator 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.**

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	91.1%	91.5%	91%	92%
Disabled	83.9%	78.5%	84%	88%

The results from the latest staff survey indicates that a larger proportion of disabled staff believe the trust provides equal opportunities for career progression than non-disabled staff.

**Indicator 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.**

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	14.0%	13.9%	16%	49%
Disabled	21.3%	31.0%	24%	64%

The results from the latest staff survey indicates that disabled staff are **MORE** likely to feel pressure from their manager to come to work than non-disabled staff. This was also the case for 2018, 2017 and 2016 but the percentage has reduced since last year.

**Indicator 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.**

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	50.2%	51.5%	50%	Not available
Disabled	41.1%	38.6%	39%	Not available

The results from the latest staff survey indicates that disabled staff are **LESS** likely to feel satisfied with the extent to which CWP values their work than non-disabled staff although the percentage has increased since last year.

**Indicator 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Disabled	80.2%	77.5%	79%	84%

The percentage of disabled staff saying that the trust has made adequate adjustment(s) to enable them to carry out their work has increased since last year.

**Indicator 9a - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. (Out of 10)**

Category	2019 Survey	2018 Survey
Non-Disabled	7.2	7.3
Disabled	6.9	6.8
Overall Trust	7.1	7.2

The staff engagement score has increased for disabled staff and decreased for non-disabled staff and the Trust overall.

**Indicator 9b - Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)**

Yes – Network Group introduced in July 2019 and instrumental in the implementation of a number of improvements.

**Indicator 10 - Percentage difference between the organisations' Board and its overall workforce.**

Category	Board Member		Overall Workforce	
Non-Disabled	14	93.34%	3191	8.0%
Disabled	1	6.66%	211	5.6%
Not Stated	0	0.00%	339	9.1%
Percentage difference between the organisation board voting membership and its overall workforce			1.06%	

The Trust's Board including voting and non-voting members is made up of 6.6% disabled compared with 4.4% of the overall Trust. The Trust's Board voting membership is made up of 0% disabled compared with 5.6% of the overall Trust.

## 9. Gender Pay Gap

CWP is passionate about creating a fulfilling, diverse and inclusive place to work, with equality and fairness at the heart of our values, policies and everyday practices. We are committed to be an employer of choice and work hard to ensure that our staff have equality of access to vacancies, promotion and training. This and other supportive policies make CWP a more inclusive place to work.

The Gender Pay Gap is a measure of comparisons between average hourly rates and bonuses. It does not cover equal pay as this would look at comparing the individual earnings of a female and a male doing equal work.

In line with our Gender Pay Gap obligations, we now publish on our website and on a government website, the following:

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males and females receiving a bonus payment
- proportion of males and females in each pay quartile.

Despite a slight improvement since last year, our data still highlights that there is a gender pay gap with women across the average, median and bonus gap being paid less than males. There is a significant gap in average bonus payments for the year 1/4/18-31/3/19 due to Clinical Excellence Award payments for medical staff.



For our full Gender Pay Gap report and infograph, please see the link below:

<https://www.cwp.nhs.uk/resources/reports/cwp-gender-pay-gap-report-2019/>

<https://www.cwp.nhs.uk/resources/reports/cwp-gender-pay-gap-infographic-2019/>

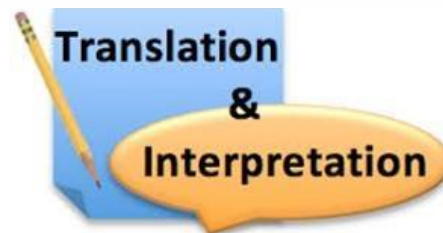
CWP's hourly gender pay gap continues to be less than the national public sector gender pay gap but there is room for development to reduce the gap further wherever this exists for each band and staff group. In addition the gender gap in bonus payments also needs to be addressed. Key drivers for the gender pay gap are understood to be the outcome of a variety of factors outside the control of individuals such as unpaid carer responsibilities. CWP is committed to workforce equality and have agreed the following actions:

- Strengthening of unconscious bias training for recruiting managers including refresher training
- Task and Finish group to review the flexible working policy and access to flexible working opportunities which will lead to raising awareness
- Development of a talent management programme to support all employees with their career development which may be outside of their current role
- Promotion of development opportunities such as Apprenticeships and regional training
- Promotion of Clinical Excellence Award opportunities to increase applications from female medical staff

We have met Gender Pay Gap reporting obligations and the results are published on the CWP internet website.

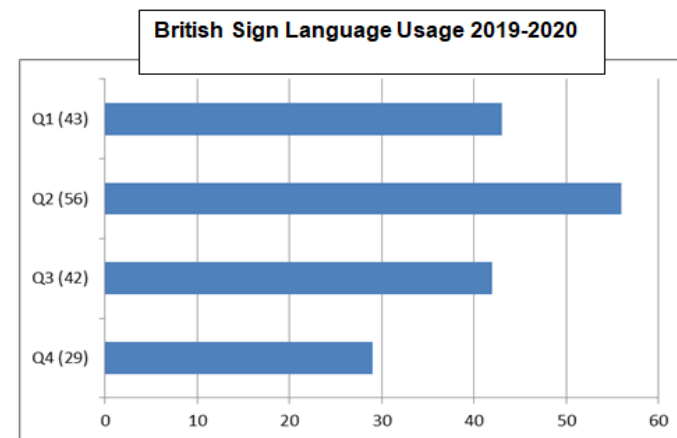


## Translation & Interpretation

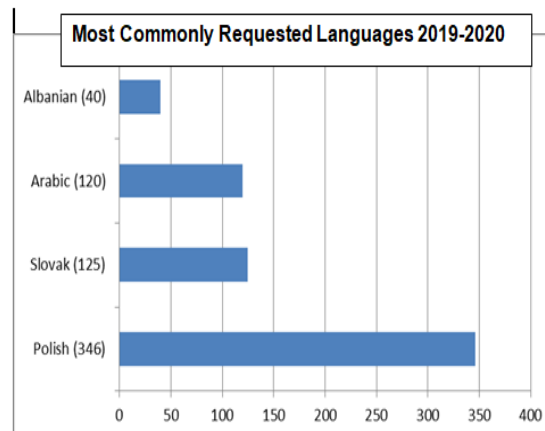


The graph opposite highlights the use of British Sign Language (BSL) interpreters from April 2019 to March 2020. In total, a BSL interpreter was used on 170 occasions during the year.

As shown below, for the year 2019-2020, the 4 most common languages requested for interpretation across the CWP footprint were Polish, Slovak, Arabic and Albanian.



Improvements are underway and we are working with our translation and interpretation providers to ensure that we can offer support to people who do not speak English when they contact us by telephone. We are ensuring that people can get an interpreter on the line to support the caller within 60-90 seconds. This will be piloted by the 24/7 Crisis Line Team before being rolled out to other teams such as Complaints and PALS. We will be marketing the line in different languages to support widened access for all. Our Local Authorities have supported us to identify the 10 different languages which we know are spoken across our communities and we are going to produce some marketing material in relation to the crisis line in those languages.



The Trust continues to promote its Interpretation & Translation Best Practice Guidance for booking interpretation and translation services. We hold contracts with professional interpreting and translation service providers who can be contacted 24 hours a day to provide services to support our staff and those accessing services. These services include telephone interpretation, face to face interpretation, written translation, British Sign Language, Easy Read, Audio, Braille and Large Print. We hold regular contract review meetings to ensure that service provisions are up to standard and provide regular reports at Equality, Diversity & Inclusion Trustwide meetings which are also shared with our commissioners.

We also have “BrowseAloud”, an innovative support software system that adds speech, reading, and translation to websites facilitating access and participation for people with Dyslexia, Low Literacy, English as a Second Language and mild visual impairments.

For our full Translation and Interpretation Report, please see the link below:

<http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/>

## 11. Accessible Information Standard

This aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of possible types of support include large print, braille or a British Sign Language (BSL) interpreter.

We have continued to raise the profile of the Accessible Information Standard (AIS) and monitor developments and progress against the standards, working in parallel to the Green Light Toolkit.

We review the effectiveness of our flagging system or “Alerts” “on our electronic Care Notes system at Equality, Diversity & Inclusion Trustwide Group meetings. We have also continued to work hard to ensure that Trust buildings have access and egress or alternative arrangements can be made on an individual basis if particular needs cannot be met. The “Alert” system referred to above also identifies if somebody has accessibility needs.



The Trust has promoted the Accessible Information Standard and has begun to implement the five requirements of the standard:

1. Ask people if they have any information or communication needs, and find out how to meet their needs.
  2. Record those needs clearly and in a set way.
  3. Highlight or ‘flag’ the person’s file or notes so it is clear that they have information or communication needs and how those needs should be met.
  4. Share information about people’s information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.



## 12. Equality Impact Assessments

Equality, Diversity & Inclusion influences all CWP policies. We therefore ensure that all new or reviewed policies undergo an Equality Impact Assessment to provide assurance that all aspects of the Equality Act 2010 have been considered. Equality Impact Assessments are completed on all CWP policies, strategies and proposed changes to services.

In the early part of 2019/2020, we linked this process to the Quality Impact Assessment framework so as to ensure that Quality and Equality continue to go hand in hand



in every aspect of service delivery and employment practice and that we are providing the best possible service and employment provision for everybody including those covered by protected characteristics under the Equality Act 2010.

We will also improve the level of guidance in the template and so increase people's understanding of completing assessments.

## 13. Quality Contracts

Contract Guidance recommends that commissioners' service specifications should clearly set out requirements for protected groups where there is a need to do so. Through their contract monitoring, commissioners ensure that providers are working towards better health outcomes for all and improved patient access and experience.

### Trust Diversity Information

The Trust has published a variety of reports and information to meet both its statutory and contractual obligations. These reports can be found on the CWP website:

<http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/>

- Equality Delivery System 2 (EDS2)
- Equality, Diversity & Inclusion Priorities
- Gender Pay Gap Report
- Translation and Interpretation Report
- Workforce Disability Equality Standard (WDES)
- Workforce Race Equality Standard (WRES)

## 14. Conclusion

- The Trust has met its statutory obligations in accordance with the requirements of the Equality Act 2010 and the CCGs Equality, Diversity & Inclusion Quality Requirements. Regular updates are provided to the various commissioners as requested within the quality contract.
- CWP has met its statutory obligations to monitor and report on workforce and patient Equality, Diversity & Inclusion issues and provides assurance that action is being taken to address issues of note.
- Work around the requirements of the Equality Delivery System 2 (EDS2) is enabling the Trust to develop stronger foundations to support the progression and implementation of Equality, Diversity & Inclusion principles into mainstream processes. This report demonstrates the commitment within the Trust to progress work around equality.
- The progress made in embedding the Equality, Diversity & Inclusion Framework across the Trust is updated at the Trustwide Equality, Diversity & Inclusion Group. Equality Delivery System 2 (EDS2) assessments have been completed by Healthwatch and a process for collecting evidence for the EDS2 assessments for 2019-20 has been agreed. Updates will be presented to Healthwatch at stages throughout the year and the Trust's progress will be reported on at the Trustwide Equality, Diversity & Inclusion Group.
- CWP continues to work towards our Commitment to Delivering Personal, Fair and Diverse Healthcare Services.
- There are governance arrangements in place to monitor progress of the CWP Trustwide Equality, Diversity & Inclusion priorities. Updates will be provided to the various CWP committees.
- The Trust is compliant with the requirements of the Equality Act 2010 and the CCGs' Equality, Diversity & Inclusion Quality Requirements.
- Regular updates are provided to the various commissioners as requested in the Quality Contact.
- The progress made in embedding the Equality, Diversity & Inclusion Framework across the Trust is updated at the Trustwide Equality, Diversity & Inclusion Group.

- The Equality Delivery System 2 (EDS2) assessments have been completed with Healthwatch and a process for collecting evidence for the EDS2 assessments for 2019-20 has been agreed. The Trust's progress will be fed back at the Trustwide Equality, Diversity & Inclusion Meeting.
- There are governance arrangements in place to monitor progress of Equality, Diversity & Inclusion and updates are provided to the various CWP committees.

## 15. Recommendation

Trust Board members are invited to receive and approve the Annual Equality, Diversity & Inclusion Monitoring Report 2019-20.



**Equality, Diversity & Inclusion  
Annual Monitoring Report  
2019 -2020**



Equality Diversity & Inclusion Co-ordinator and Equality, Diversity & Inclusion Leads  
(L – R) Nicky Robinson, Philip Makin, Sharon Vernon, Tracey Williamson