

Equality, Diversity & Inclusion Annual Monitoring Report



Title of Report: Equality, Diversity & Inclusion Annual Monitoring Report 2018-19

Action sought: For Noting

Author: Philip Makin - Equality, Diversity & Inclusion Co-ordinator

Authorised by: Cathy Walsh - Associate Director of Patient and Carer Experience

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 2018/2019. 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 as well as 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. It identifies challenges and sets key actions for moving forward.

Background

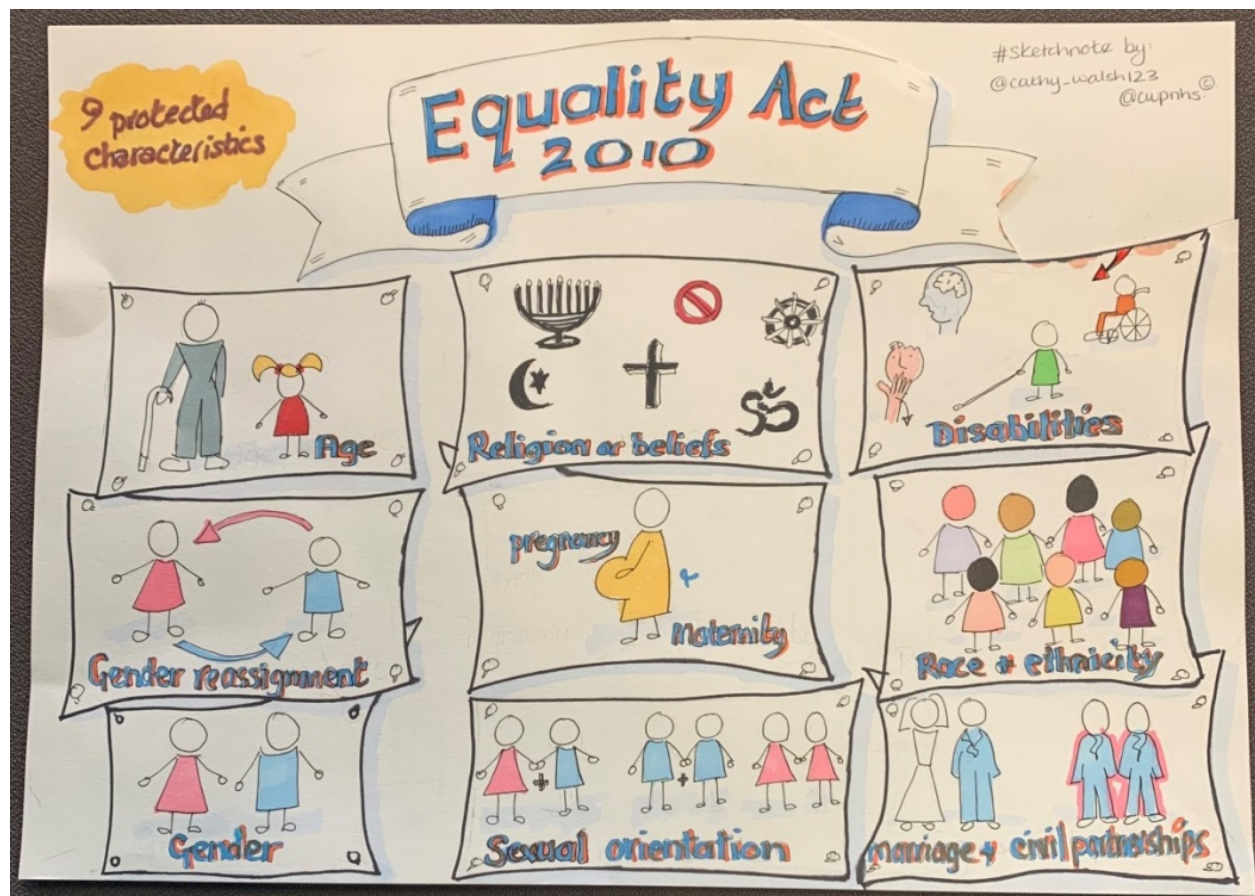
The Equality Act (2010) brought together existing legislation and frameworks that relate to discrimination and inclusion. The spirit of the Act is intended to recognise that people are all different but everyone has characteristics about them that mean that they may be subject to discrimination or exclusion. 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
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion & Belief
- Sexual Orientation

The Equality and Human Rights Commission (EHRC)

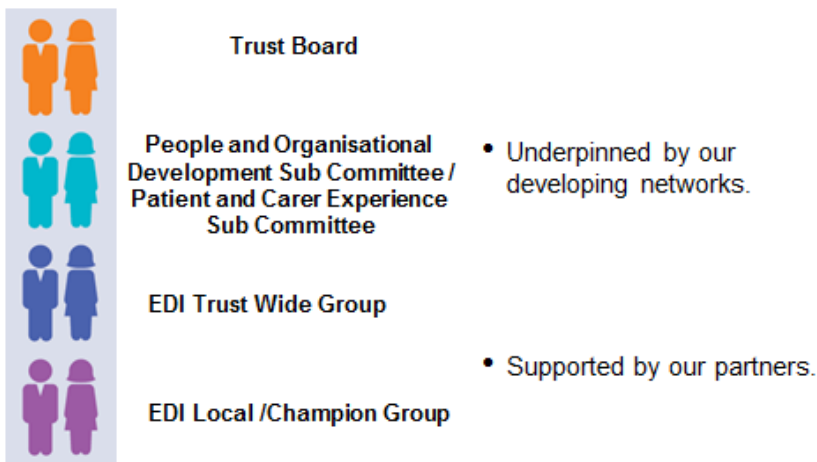
The Equality and Human Rights Commission (EHRC) is the body charged to ensure compliance. As future guidance emerges from the EHRC, the Trust will incorporate this into plans and actions around equality.

During 2018-19, 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.



Our Equality, Diversity and Inclusion (EDI) Governance Structure

Equality, Diversity and Inclusion (EDI) Governance Structure



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 EDI Champions who meet regularly and invites members from the diverse community. The local / champion groups also 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 Trust wide Equality, Diversity & Inclusion Group in relation to the quality of equality, diversity and inclusion within service delivery. The Trust wide Group reports through the People and Organisational Development Sub Committee and the Patient and Carer Experience Sub Committee to Trust Board, also feeding into Operations Board and Quality Committee.

To build on this work, we plan in the coming year to update our EDI Policy to make it more person centred and also incorporate a greater emphasis on inclusion.

Person Centred Framework

CWP's person-centred approach is about connecting with people as unique individuals with their own strengths, abilities, needs and goals. "Inclusion" is one of its eight overarching principles. These principles aim to celebrate and support us and share how we relate to the people who access our services as well as how we relate to each other as colleagues:

1. Respect
2. Support
3. Collaboration
4. Learning
5. Clarity
6. Partnership
7. Choice
8. Inclusion

Focussing on "Inclusion", we aim to work with everyone's strengths, abilities and things we may not be so good at so as to work together to achieve our goals and take time to celebrate the good things we do.

It is important for us to know what matters to each person we meet so we strive to be adaptable in our approach, working in partnership to provide care, which, as far as possible, takes into account each person's preferences.



Lived Experience Connector®



Last year saw the further development of the Lived Experience Connector®. This innovative new role has been specially designed for people with lived experience of accessing our services to link together with our new Nursing Associates.

Due to the success of this programme, each Board Member now has a Lived Experience Connector® (LEC). Working with our LECs gives us the opportunity to be supported in our person centred approaches.

2. Equality Delivery System (EDS2)

1. Introduction:

Cheshire and Wirral Partnership NHS Foundation Trust has implemented the Equality Delivery System (now EDS2) which was launched by the Department of Health in 2011. EDS2 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:

1. Better Health Outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

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

2. How does it work?

It works by ensuring that all of the work of the Trust is benefiting protected groups in different ways. It is also about creating a system where our stakeholders are the ones that 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 who then get together to discuss how we are doing.

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

3. Grading

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

•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
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion & Belief
- Sexual Orientation

6. What are the benefits?

The introduction of the EDS2 helps to recognise, encourage and highlight the existing 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?

Over the past year, the Trust has been working hard to implement the NHS Equality Delivery System (EDS2).

At the end of 2018-2019, the Trust undertook its assessment of performance against the EDS2; Goal 3. 'Empowered, engaged and well-supported staff' and Goal - 4 Inclusive Leadership' (incorporating the Trust Equality Objectives) the assessment was completed by CWP staff side and the Trust scored "Achieving" for all of the outcomes in Goals 3 and 4. In June 2019, the EDS2 assessment for Goals 1 – 'Better health outcomes for all' and Goal 2 – 'Improved patient access and experience' took place with Cheshire East / West Healthwatch at CWP Ancorra House, Chester. The Trust provided Cheshire East / West Healthwatch and its representatives with examples of various case studies highlighting how CWP is providing services to members of the diverse community. Also, discussions and evidence was presented to the Healthwatch panel and people delivering and accessing our services came to share their experiences with the panel. All outcomes within both Goal 1 'Better health outcomes for all' and Goal 2 'Improved patient access and experience' scored "Achieving" which is an improvement on last year's scores where outcome 2.3 was scored as "Developing".

In 2018-19, 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 information, presentations and training on the various community groups they support.

8. Stakeholders:

Health Watch - Body Positive / Silver Rainbows - Wirral Change - Proud Trust



Equality, Diversity & Inclusion Champions meet with representatives from Proud Trust, Body Positive and Silver Rainbows



Healthwatch Cheshire representatives and volunteers meet with CWP Equality, Diversity & Inclusion Leads



Wirral Change representatives meet with people from CWP



People working within CWP services and people accessing CWP services present evidence to Healthwatch Cheshire representatives

9. The EDS2 partners' assessment graded the Trust as follows:

The assessment score for the Trust wide grade has been calculated by adding the assessment grade for each locality to form the Trust wide assessment. The information below also highlights improvements since the 2017-2018 assessment.

Developing =



Achieving =



Equality Delivery System 2: Goal 1		
1. 'Better health outcomes for all'	Verified by: Stakeholders	
Individual Outcome grades for Goal 1		
	2017-18	2018-19
EDS2 Outcome 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving
EDS2 Outcome 1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Achieving
EDS2 Outcome 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving	Achieving
EDS2 Outcome 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving	Achieving
EDS2 Outcome 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving	Achieving

Equality Delivery System 2 Goal 2:		
2. 'Improved patient access and experience'	Verified by: Stakeholders	
Individual Outcome grades for Goal 2:		
	2017-18	2018-19
EDS2 Outcome 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing - Additional evidence being provided for Achieving	Achieving
EDS2 Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	Achieving
EDS2 Outcome 2.3 People report positive experiences of the NHS	Achieving	Achieving
EDS2 Outcome 2.4 People's complaints about services are handled respectfully and efficiently	Achieving	Achieving

Equality Delivery System 2 Goal 3:	Verified by: <u>Staffside Reps</u>
Goal 3. 'Empowered, engaged and well-supported staff'	Grade 2017-18 and 2018-19 Received the same assessment score
EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
EDS2 Outcome 3.2 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	Achieving
EDS2 Outcome 3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving
EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving
EDS2 Outcome 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
EDS2 Outcome 3.6 Staff report positive experiences of their membership of the workforce	Achieving
Equality Delivery System 2 Goal 4:	
4. 'Inclusive Leadership'	Verified by: <u>Staffside Reps</u>
<u>CWP Trustwide</u>	Grade 2017-18 and 2018-19 Received the same assessment score
EDS2 Outcome 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving
EDS2 Outcome 4.2 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	Achieving
EDS2 Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving

10. 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.

3. Our People (Staff)

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

- Age
- Disability
- Ethnicity / Race
- Gender
- Marital & Civil Partnerships
- Pregnancy & Maternity
- Religion & Belief
- 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 although we are starting to collect this in relation to Recruitment and Selection statistics.

As at 31 March 2019, 3245 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** 4.43% reported that they considered themselves to have a disability, 86.94% 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 2.57% and 15% 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 4.00%.
- **Gender** 80% were recorded as female.
- **Marriage & Civil Partnerships** 50.8% stated they were married, 24.9% stated they were single.
- **Pregnancy & Maternity** 1.8% of our female colleagues were on Maternity Leave.
- **Religion & Belief** 55.02% considered themselves to be Christian, 11.53% as Atheist and the third biggest group at 8.12% chose to define their religion as Other. 19.40% chose not to tell us their Religion or Belief.
- **Sexual Orientation** 80.55% were Heterosexual, 1.60% as Lesbian, Gay or Bisexual with the remainder unknown or choosing not to tell us.

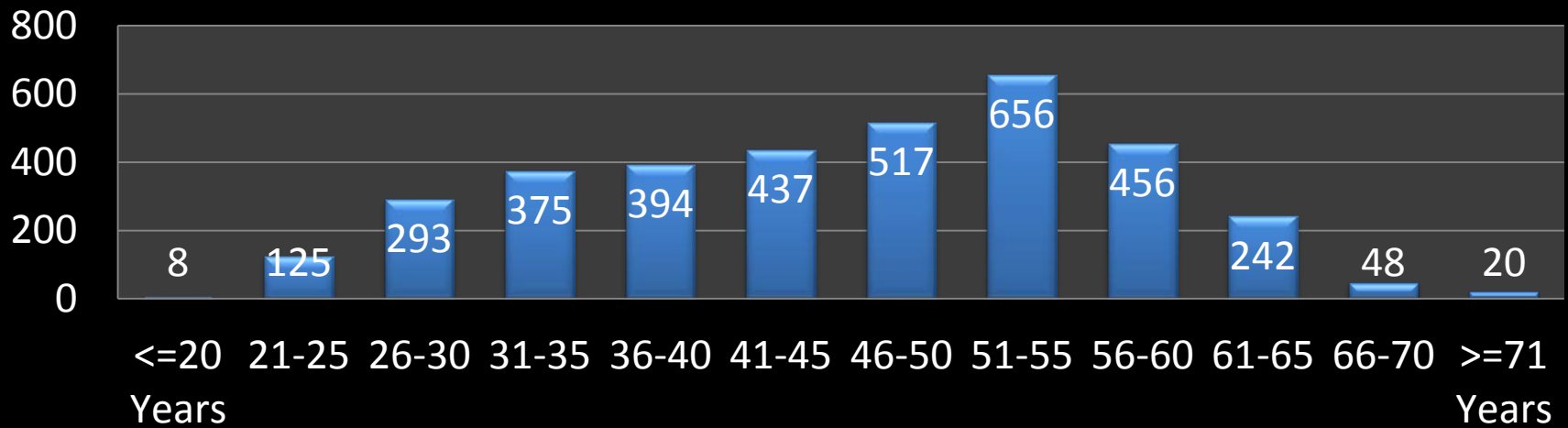
As at 31 March 2019, staff breakdown was:

60% under 50

40% over 50

Slight year on year increase in the proportion of staff aged 60+ years has led to an ageing workforce.

Headcount by Age Band



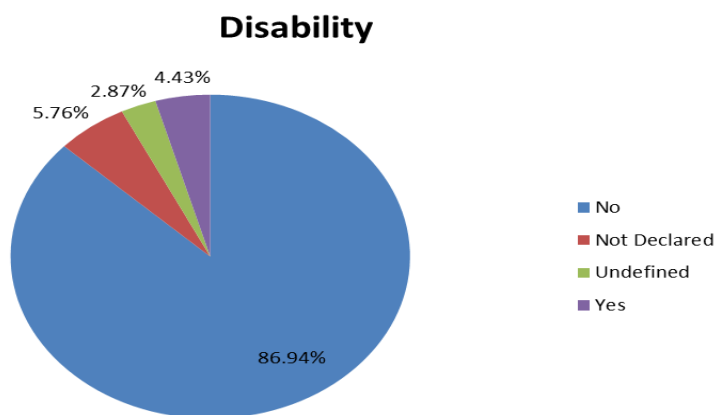
Disability

As at 31 March 2019

4.43% of the Workforce have declared that they are living with a disability.

This is consistent with the 2018 figure.

Within **Recruitment**, 3.5 % of applicants declared that they were living with a disability.



Disability	Trust Staff				
	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19
No	83.02%	85.10%	86.01%	87.13%	86.94%
Not Declared	3.19%	2.96%	2.80%	2.61%	5.76%
Undefined	9.57%	7.87%	7.23%	6.13%	2.87%
Yes	4.22%	4.06%	3.96%	4.13%	4.43%

Ethnicity/Race

As at 31 March 2019:

94.04% White staff
(92.67% local population)

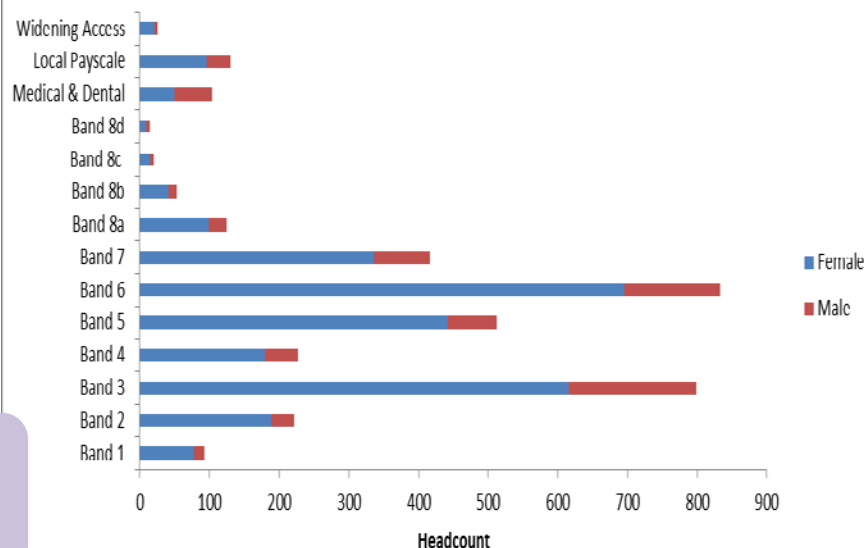
As at 31 March 2019:

4% of staff from BAME background.
(7.08% local population)

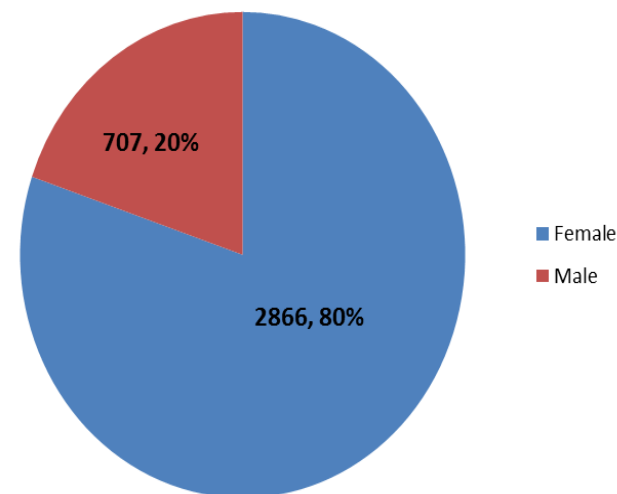
Across the areas where we hold contracts (Cheshire West & Chester, Cheshire East, Wirral, Trafford, Sefton and Warrington), there are between **2.57% and 15%** of staff from Black, Asian and Minority and Ethnic (BAME) backgrounds depending on where staff are located across the Trust with the average Trust wide figure being **4.00%**.

Gender

Gender by Pay Band



Gender Profile



80% of our colleagues were recorded as female.

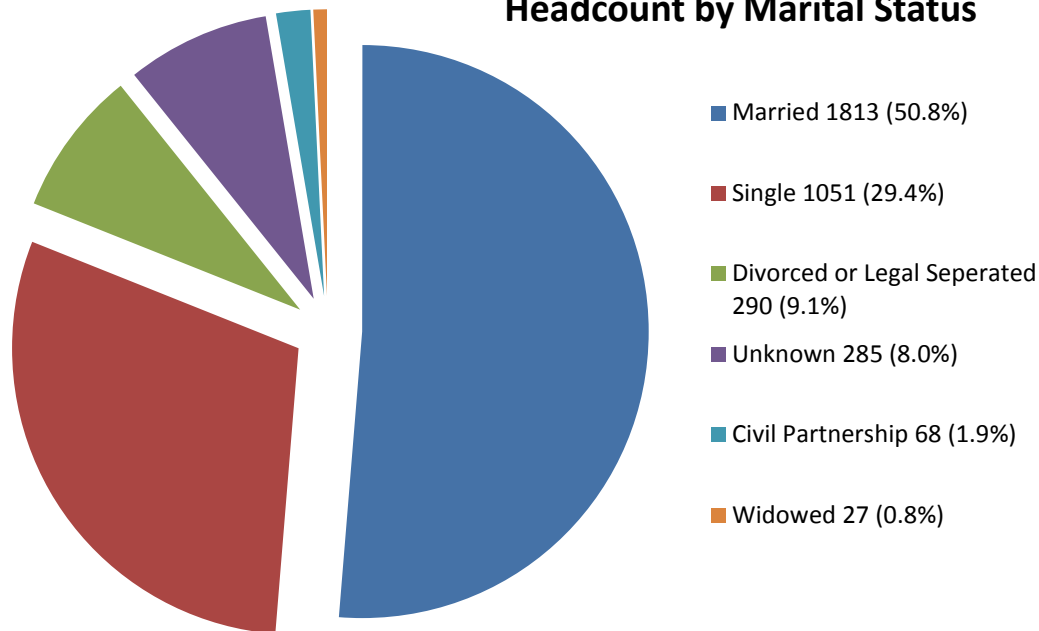
Marriage and Civil Partnership

As at 31 March 2019:

50.8% of staff were **Married**
1.9% were in a **Civil Partnership**

29.4% Single, 9.1% Divorced or Legally Separated,
0.8% Widowed, 8% Unknown.

Headcount by Marital Status

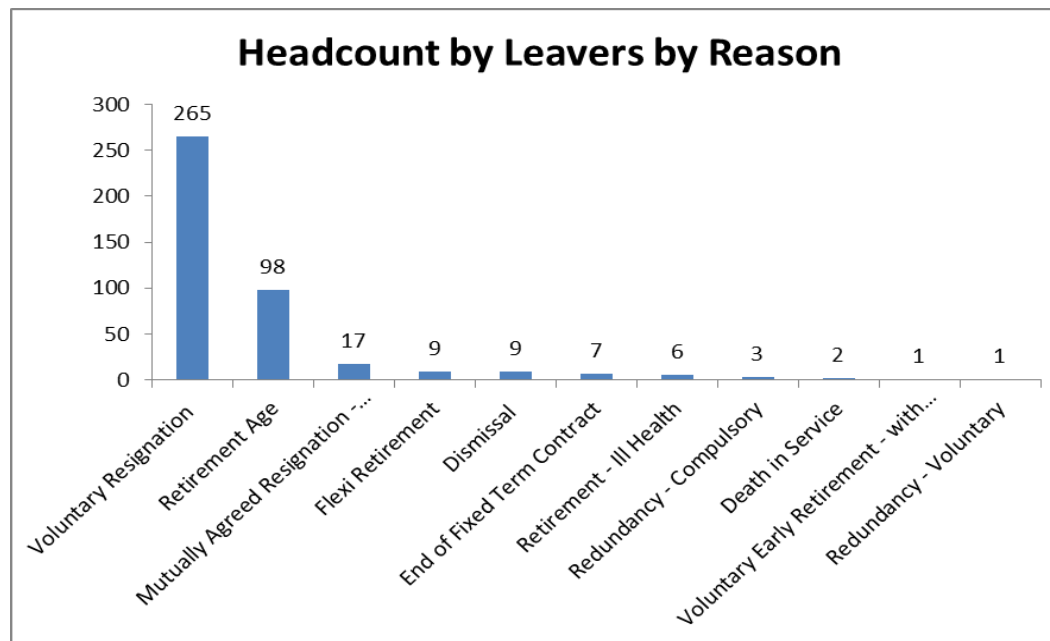


Pregnancy and Maternity

As at 31 March 2019, a snap shot from the Electronic Staff Record indicated that:

1.8% of female staff were on **Maternity Leave**

Leavers by Reason



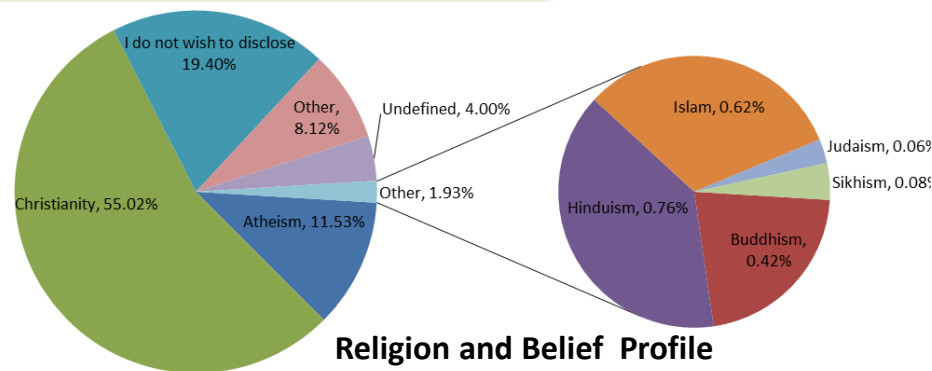
Religion and Belief

55.02% Christianity

11.53% Atheism

Remaining staff split across a range of religions and beliefs with the highest number being in the 'other' category (8.12%).

A significant proportion of staff have not declared their religion and belief (19.40%).



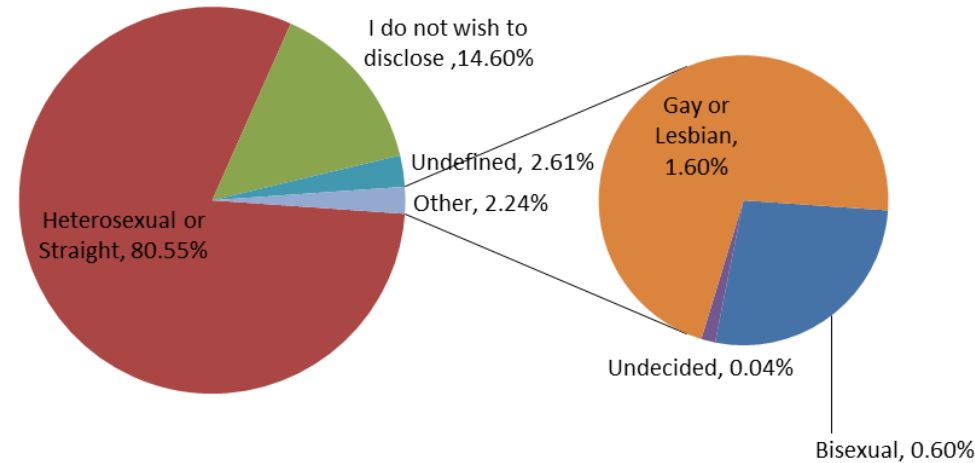
Religion and Belief	Trust Staff				
	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19
Atheism	9.24%	9.62%	10.11%	10.72%	11.53%
Buddhism	0.44%	0.45%	0.47%	0.43%	0.42%
Christianity	56.89%	56.68%	56.48%	55.75%	55.02%
Hinduism	0.59%	0.62%	0.67%	0.72%	0.76%
I do not wish to disclose	16.95%	17.92%	17.63%	18.72%	19.40%
Islam	0.47%	0.40%	0.44%	0.52%	0.62%
Jainism	0.03%	0.00%	0.00%	0.00%	0.00%
Judaism	0.06%	0.06%	0.06%	0.06%	0.06%
Other	7.20%	7.62%	8.02%	7.85%	8.12%
Sikhism	0.06%	0.06%	0.09%	0.11%	0.08%
Undefined	8.06%	6.58%	6.03%	5.13%	4.00%

Sexual Orientation

Sexual Orientation and Gender Reassignment

As at 31 March 2019:

80.55% Heterosexual
2.2 % Gay, Lesbian or Bisexual
 14.60% did not wish to disclose.



Gender Reassignment information for current staff is not recorded on ESR so we cannot therefore undertake workforce profile monitoring at present.

Within our electronic recruitment system we have recently introduced the facility to record whether people identify or have ever identified as Transgender. We will therefore be looking to analyse this information moving forward.

Sexual Orientation	Trust Staff				
	Mar-15	Mar-16	Mar-17	Mar-18	Mar-19
Bisexual	0.18%	0.20%	0.29%	0.37%	0.60%
Gay or Lesbian	1.24%	1.24%	1.25%	1.26%	1.60%
Heterosexual	76.68%	77.39%	78.37%	78.79%	80.55%
I do not wish to disclose	13.52%	14.31%	13.73%	14.22%	14.60%
Undecided	-	-	-	-	0.04%
Undefined	8.39%	6.86%	6.35%	5.36%	2.61%

Patient and Carer Experience Team



During 2018-2019, there were some changes within the Patient and Carer Experience (PACE) Team including the appointment of Philip Makin (rear left) to the role of Equality, Diversity & Inclusion Co-ordinator in January 2019.

Partnership Working



During 2018-2019, we developed networking and collaboration with partner organisations and other agencies in the local area so as to share best practice. We plan to build on this further during the coming year.



Disability Confident Employer

CWP holds Level 2 of the Disability Confident Employer standard which is a scheme designed to help recruit and retain disabled people and people with health conditions for their skills and talent.

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.



HSJ Best Places To Work



In association with



We have been recognised by the Health Service Journal as one of the top places to work in the health service for the last two years running.

4. Pride 2018



To celebrate and raise awareness of inclusivity across CWP regarding working, volunteering, and accessing services, during the summer of 2018, CWP sponsored and participated in both Macclesfield Pride and Chester Pride events. We also took the opportunity to publicise the wide range of support offered by our Involvement, Recovery & Wellness Centres.

Research shows that nearly 1 in 4 LGBT+ young people have tried to take their own life. 52% have reported self-harm, compared to 25% of heterosexual young people. This difference is due to many factors, including but not limited to social isolation, bullying, feelings of distress and not being accepted; all of which can cause anxiety, depression and suicidal ideation. With this in mind, members of our Winsford CAMHS team once again took part in the Chester Pride parade with the ultimate aim of helping and supporting the young people we work with to feel safe to discuss their individual thoughts around their own gender and sexuality, to reassure them that it is ok to be different and to celebrate inclusion together.



5. Autism Training

During 2018-19, we held a high profile Autism Training event which was opened by The National Autism Champion and CWP's Medical Director, and delivered by the National Autism Champion and Consultant OT of CANDIDD Autism Service) with a range of guest speakers. We now plan to develop and roll out a programme of Autism Training across all Care Groups and localities within the Trust and to include within these events a session highlighting links to EDI and protected characteristics.



6. Workforce Race Equality Standard (WRES)

The CWP 2018 NHS Staff Survey was completed by 1683 staff, which is a response rate of 48% and is above average (45%) for a combined mental health / learning disability trust in England. It compares with a response rate in the Trust in 2017 of 53%. 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 providers.

Indicators from the Staff Survey also contribute to certain criteria within the Workforce Race Equality Standard (WRES) and the new Workforce Disability Equality Standard (WDES). Highlighting any 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

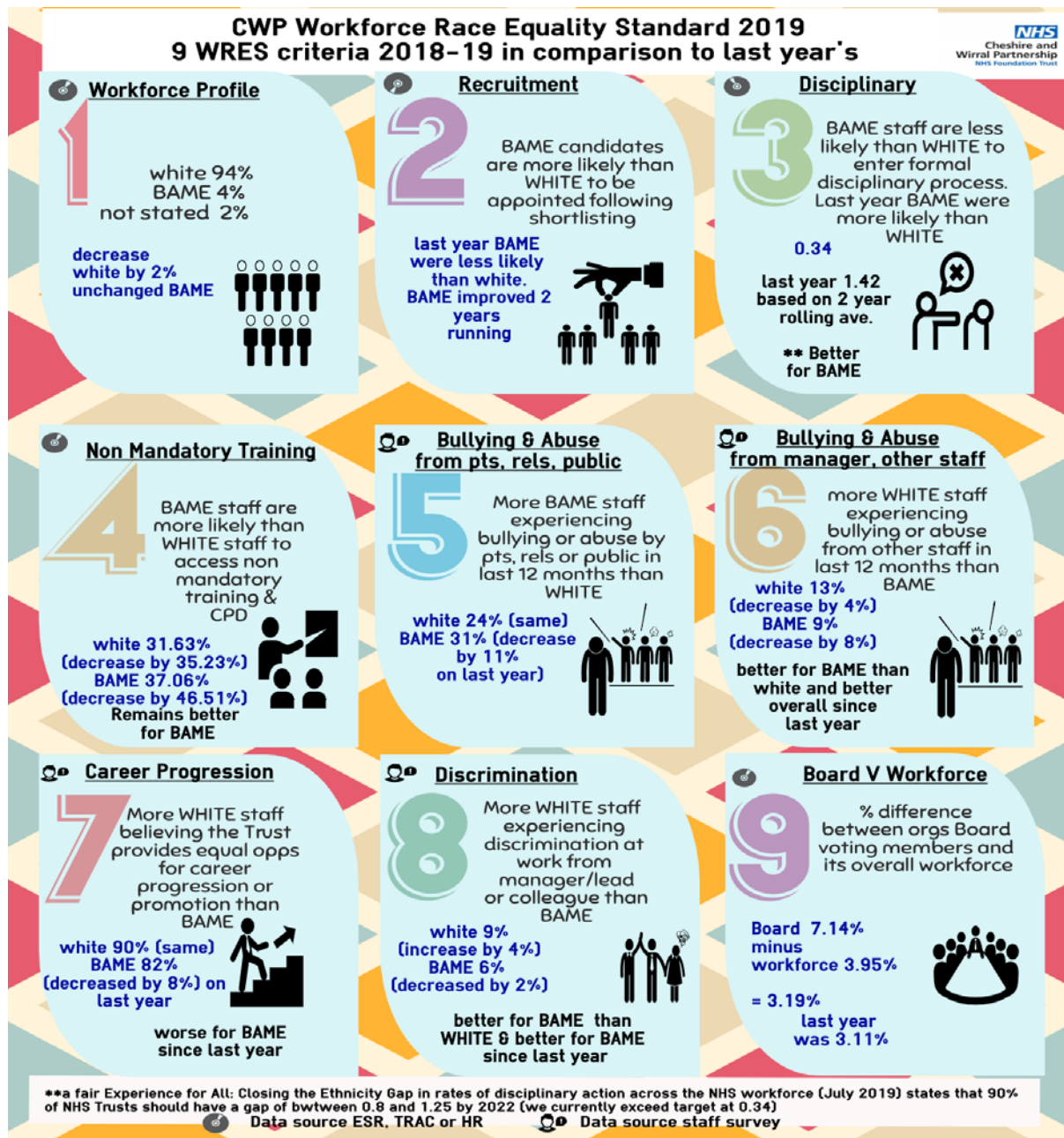
Board representation indicator

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



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 voting membership and the overall workforce. In terms of workforce data, CWP continues to perform better than a number of other Trusts in respect of BME Board representation.

Following last year's report, we developed a WRES action driver diagram to progress key actions within Criteria 5, Criteria 6 and Criteria 8 which is where improvements were required. Since both of these criteria have shown improvements this year, we will now revisit, refresh and refocus since Criteria 5 still needs further improvement and criteria 7 now needs additional work. We also intend to engage with members of our BAME Network to help us understand how we can look to progress in a positive way.



WRES Action Driver Diagrams

Diagram 1

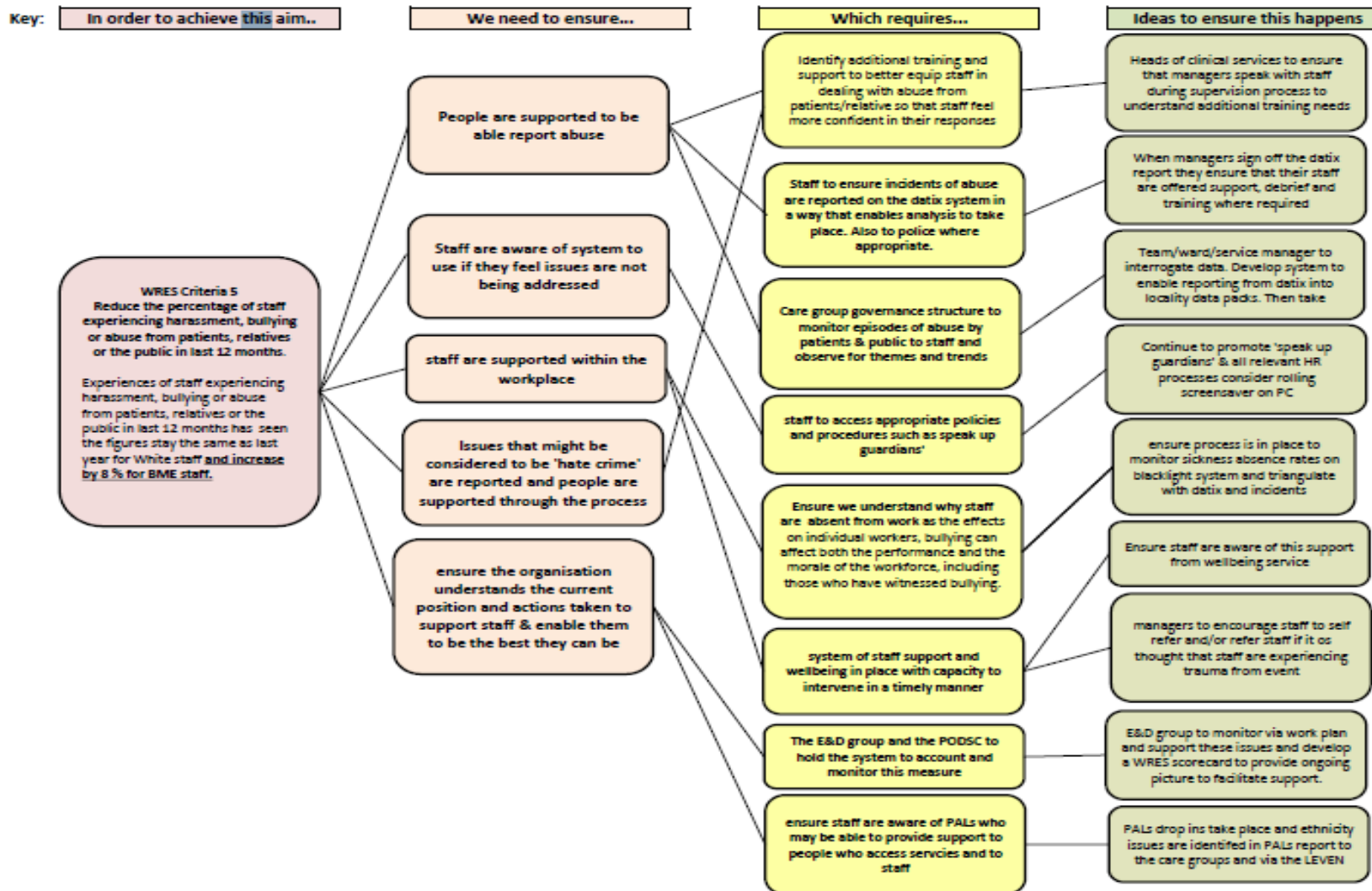
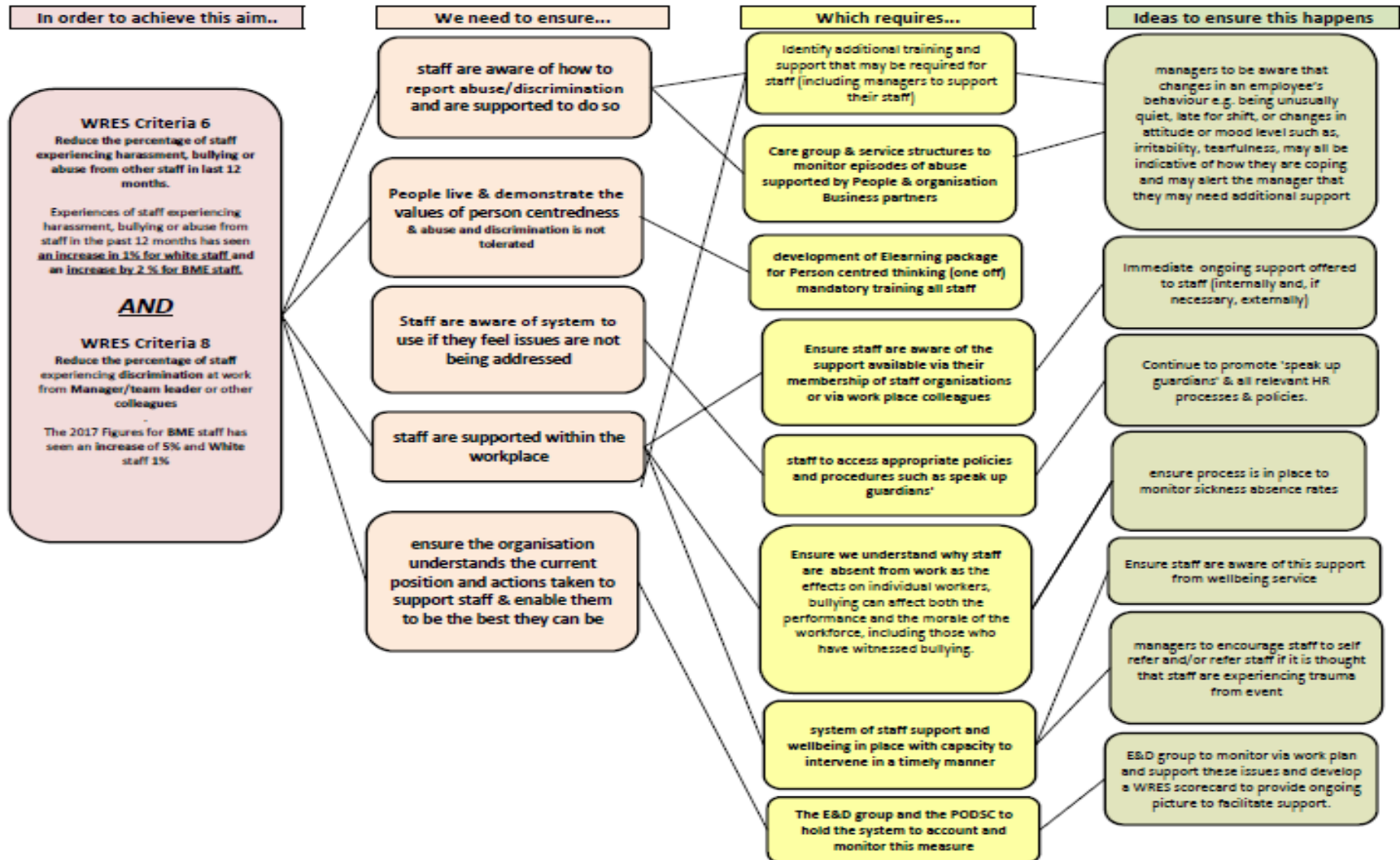


Diagram 2

Key: **In order to achieve this aim...**



Workforce Indicators (Workforce Race Equality Standard (WRES))

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 or non-clinical		BME	White	Not stated
Clinical	Band 1	0.0%	0.0%	0.0%
	Band 2	0.0%	100.0%	0.0%
	Band 3	3.0%	95.6%	1.4%
	Band 4	3.3%	95.6%	1.1%
	Band 5	2.2%	96.9%	0.9%
	Band 6	2.1%	95.7%	2.2%
	Band 7	4.2%	91.5%	4.2%
	Band 8a	1.0%	97.1%	2.0%
	Band 8b	16.7%	83.3%	0.0%
	Band 8c	0.0%	90.0%	10.0%
	Band 8d	0.0%	100.0%	0.0%
	Other / Local Pay	2.3%	92.4%	5.3%
	VSM	0.0%	100.0%	0.0%
	Medical and Dental	46.7%	52.3%	0.9%
	<i>of which consultants</i>	47.6%	51.2%	1.2%
	<i>of which Senior medical manager</i>	50.0%	50.0%	0.0%
<i>of which non cons career grades</i>	42.9%	57.1%	0.0%	
<i>of which trainee grades</i>	46.2%	53.8%	0.0%	
<i>of which others</i>	0.0%	100.0%	0.0%	
Clinical Total		4.6%	93.2%	2.2%
Non clinical	Band 1	3.2%	94.6%	2.2%
	Band 2	3.3%	96.2%	0.5%
	Band 3	2.3%	97.3%	0.3%
	Band 4	2.9%	94.9%	2.2%
	Band 5	1.7%	96.6%	1.7%
	Band 6	1.4%	95.7%	2.9%
	Band 7	0.0%	97.6%	2.4%
	Band 8a	8.7%	87.0%	4.3%
	Band 8b	0.0%	96.7%	3.3%
	Band 8c	0.0%	100.0%	0.0%
	Band 8d	0.0%	0.0%	0.0%
	Other / Local Pay	0.0%	88.9%	11.1%
	VSM	0.0%	100.0%	0.0%
Non clinical Total		2.5%	96.1%	1.4%
Grand Total		4.0%	94.0%	2.0%

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

Current Year 2018-19

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
White	4544	295	6.49%
BME	378	26	6.88%
Not Stated	150	42	28.00%
I do not wish to disclose	40	4	10.00%
Relative Likelihood of White staff being appointed from shortlisting compared to BME			0.94

Previous Year 2017-18

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
White	3111	433	13.92%
BME	264	29	10.98%
Not Stated	43	14	32.56%
I do not wish to disclose	8	2	25.00%
Relative Likelihood of White staff being appointed from shortlisting compared to BME			1.27

The relative likelihood for the current year 2018-19 indicates that BME staff are **MORE** likely to be appointed when compared to white staff. This is in contrast to the previous year 2017-18 where BME staff were **LESS** 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 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%
BME	1	143	0.69%
Not Stated	0	106	0.00%
Relative Likelihood of BME staff entering the formal Disciplinary process compared to White staff.			0.34

Previous year's average April 2016 to March 2018

Average over 2 years	Entering Formal Disc Process	Headcount	Relative Likelihood of staff entering the Disciplinary Process
White	82	3258	2.52%
BME	5	140	3.57%
Not Stated	0	77	0.00%
Relative Likelihood of BME staff entering the formal Disciplinary process compared to White staff.			1.42

The relative likelihood of the current year's average for April 2017 to March 2019 indicates that BME staff are **LESS** likely to enter the formal disciplinary process when compared to white staff. This is in contrast to the previous year's April 2016 to March 2018 where BME staff were **MORE** 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 2018-19

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

Previous Year 2017-18

	Accessing non-mand / CPD training	Headcount	Relative Likelihood of staff accessing non-mand / CPD training
White	2146	3258	65.86%
BME	117	140	83.57%
Not Stated	42	77	54.54%
Relative Likelihood of White staff accessing non-mand / CPD training.			0.79

The relative likelihood for the current year 2018-19 indicates that BME staff are **MORE** likely to access non-mandatory training when compared to white staff. This is in keeping to the previous year 2017-18 where BME 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

	2018 Survey	2017 Survey	2016 Survey
White	24%	24%	27%
BME	31%	42%	40%

The results from the latest staff survey indicates that a larger proportion of BME 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 2 years of staff survey results but the percentage is reducing.

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

	2018 Survey	2017 Survey	2016 Survey
White	13%	17%	16%
BME	9%	17%	15%

The results from the latest staff survey indicates a smaller proportion of BME staff have experienced harassment, bullying or abuse from staff when compared to white staff. This is also the case for the previous 2 years of staff survey results.

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

	2018 Survey	2017 Survey	2016 Survey
White	90%	90%	91%
BME	82%	90%	97%

The results from the latest staff survey indicate that fewer BME staff believe the trust provides equal opportunities for career progression or promotion when compared to white staff. For the previous staff survey in 2017 the figures for both BME and white were the same and in 2016. The proportion of BME staff that believe the trust provides equal opportunities for career progression has reduced from 97% in 2016 to 82% in 2018.

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

	2018 Survey	2017 Survey	2016 Survey
White	9%	5%	4%
BME	6%	8%	3%

The results from the latest staff survey indicates that fewer BME 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 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%
BME	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 is made up of 7.14% of BME staff compared with 3.95% of the overall trust. A difference of 3.19%.

Previous Year 2017-18

	Board Member		Overall Workforce		Percentage difference between the organisation board voting membership and its overall workforce
	Count	Percentage	Count	Percentage	
White	12	85.71%	3258	93.76%	-8.04%
BME	1	7.14%	140	4.03%	3.11%
Not Stated	1	7.14%	77	2.22%	4.93%

As at March 2018, the Trust's Board was made up of 7.14% of BME staff compared with 4.03% of the overall trust. A difference of 3.11%.

WRES Indicators

- There has been an improvement since last year in relation to the recruitment of Black, Asian and Minority Ethnic (BAME) people in that they are now more likely than white people to be appointed following shortlisting. Last year BAME people were less likely.
- Disciplinary information also shows improvements for BAME people in that they are now less likely than their white colleagues to enter the disciplinary process. Last year BAME people were more likely.
- BAME staff are still more likely than their white colleagues to access non-mandatory training.
- The percentage of BAME staff who have experienced harassment, bullying or abuse from patients, relatives or the public has decreased for the third year running. However, the percentage still remains higher than for white staff.
- Less BAME staff are experiencing bullying and abuse from managers or staff than their white colleagues. This was also the case for the previous 2 years.
- For the second year running, fewer BAME staff have experienced discrimination from their manager when compared to white staff. The percentage itself has also decreased from last year.
- CWP still has a higher representation of BAME people at Board level than the Workforce as a whole.

However:

- As stated above, despite the year on year reduction, more BAME staff than white staff are experiencing bullying and abuse from patients, relatives or the public than white staff.
- Less BAME staff than white staff believe that the Trust provides equal opportunities for career progression and this is in contrast to last year when feedback from BAME was the same as feedback from white staff.

It is hoped that the BAME Network will help us to understand what is behind these responses and how to progress in a positive way. In terms of Career Progression for BAME, we will also consider addressing the lack of BAME staff at certain levels within the Trust with a view to considering BAME representation on interview panels when BAME candidates are shortlisted for interview at these levels. Furthermore, two recently published documents provide guidance in relation to protected characteristics (including ethnicity). The first offers ten high impact evidence based actions which, if acted upon, will help Boards foster a more diverse and inclusive NHS. The second, 'A Fair Experience For All' document relates specifically to closing the ethnicity gap in rates of disciplinary actions. Both papers compliment, impact upon and influence each other. Taking on board these actions and developing this work further will support in our Equality, Diversity and Inclusion objectives over the coming year.

7. Workforce Disability Equality Standard (WDES)

CWP WDES 2019 Workforce Disability Equality Standard



It is important to note that whilst the ESR data indicates that 4.4% of staff declare that they are disabled. The data in the staff survey, of those who responded, over 20% reported that they considered themselves to be disabled.

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

* ESR, TRAC or HR data source

▲ Staff survey data source

Workforce Disability Equality Standard (WDES)

From 2019, the WDES forms part of the NHS Standard Contract. Our first report covers staff information for the 2018-2019 reporting year. 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.

As can be seen, there are positives from our first report. For noting is that 21% of all staff completing their staff survey in 2018 identified that they have a disability whereas of the current workforce profile on ESR, only 4.43% have a disability recorded against their staff file. We therefore need to raise awareness of the need for people to update their ESR records in the coming year.

Feedback relating to bullying, harassment and abuse from colleagues and pressure to come to work and feeling valued all highlight areas for us to review our employment practises for disabled staff. We also need to focus on ensuring that we are making all reasonable adjustments for people working in the Trust. The launch of our Disabled Staff Network will help us to understand how we can address these areas. We will work with our People Services colleagues to develop a driver diagram so that we can demonstrate and measure improvement over the coming 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:

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

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 or non-clinical		Disabled	Non-Disabled	Not stated
Clinical	Band 1	0.0%	0.0%	0.0%
	Band 2	0.0%	91.7%	8.3%
	Band 3	4.8%	82.7%	12.5%
	Band 4	2.2%	90.0%	7.8%
	Band 5	4.1%	90.2%	5.7%
	Band 6	3.5%	87.7%	8.7%
	Band 7	4.5%	89.4%	6.1%
	Band 8a	2.9%	89.2%	7.8%
	Band 8b	0.0%	91.7%	8.3%
	Band 8c	0.0%	70.0%	30.0%
	Band 8d	0.0%	100.0%	0.0%
	Other / Local Pay	4.6%	26.7%	68.7%
	VSM	0.0%	100.0%	0.0%
	Medical and Dental	3.7%	87.9%	8.4%
	<i>of which consultants</i>	3.6%	86.9%	9.5%
	<i>of which Senior medical manager</i>	0.0%	100.0%	0.0%
<i>of which non cons career grades</i>	6.3%	93.8%	0.0%	
<i>of which trainee grades</i>	0.0%	100.0%	0.0%	
<i>of which others</i>	0.0%	100.0%	0.0%	
Clinical Total		3.8%	84.7%	11.5%
Non-clinical	Band 1	9.7%	83.9%	6.5%
	Band 2	6.2%	90.0%	3.8%
	Band 3	4.7%	90.0%	5.4%
	Band 4	5.8%	90.5%	3.6%
	Band 5	6.8%	89.8%	3.4%
	Band 6	2.9%	92.8%	4.3%
	Band 7	2.4%	92.9%	4.8%
	Band 8a	0.0%	87.0%	13.0%
	Band 8b	3.3%	86.7%	10.0%
	Band 8c	12.5%	87.5%	0.0%
	Band 8d	0.0%	0.0%	0.0%
	Other / Local Pay	11.1%	0.0%	88.9%
	VSM	8.7%	91.3%	0.0%
Non clinical Total		5.6%	88.8%	5.6%
Grand Total		4.4%	85.8%	9.9%

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

Current Year 2018-19

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
Disabled	341	13	3.81%
Non-Disabled	4520	308	6.81%
Not Stated	153	43	28.10%
I do not wish to disclose	98	3	3.06%
Relative Likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled			1.79 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 entry into the formal capability procedure.

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

Current Year 2017-18 and 2018-19

Average over 2 years	Entering Formal Capability Process	Trust Headcount	Relative Likelihood of staff entering the capability Process
Non-Disabled	59	3071	1.92%
Disabled	1	158	0.63%
Not Stated	1	16	6.25%
Relative Likelihood of Disabled staff entering the formal Disciplinary process compared to Non-Disabled staff.			0.33

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

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

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

The results from the latest staff survey in 2018 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	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	53.6%	61%	60%
Disabled	53.7%	58%	56%

The results from the latest staff survey indicates that approximately half of all staff regardless of disability reported an experience of harassment, bullying or abuse at work.

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

Category	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	91.5%	91%	92%
Disabled	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	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	13.9%	16%	49%
Disabled	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 2017 and 2016.

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	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	51.5%	50%	Not available
Disabled	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. Results of the 2017 staff also indicate that disabled staff are less likely to feel satisfied with the extent to which CWP values their work than non-disabled staff.

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

Category	2018 Survey	2017 Survey	2016 Survey
Disabled	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 declined year-on-year. Almost a quarter of disabled staff feeling that trust hasn't made adequate adjustments.

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	2018 Survey
Non-Disabled	7.3
Disabled	6.8
Overall Trust	7.2

Indicator 9b - 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. As at 31 March 2019 – No. [\(to note, we are taking action since the reporting period\)](#)

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

Category	Board Member		Overall Workforce	
	Count	Percentage	Count	Percentage
Non-Disabled	13	100.00%	3071	85.71%
Disabled	0	0.00%	158	4.41%
Not Stated	0	0.00%	354	9.88%
Percentage difference between the organisation board voting membership and its overall workforce			-4.41%	

The Trust's Board is made up of 0% of Disabled staff compared with 4.4% of the overall Trust.

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.

Our data 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 1/4/17-31/3/18 due to Clinical Excellence Award payments for medical staff – the average bonus payment to men was 72.03% higher, however the median was 0%.

8. Gender Pay Gap



For CWP's full Gender Pay Gap report, please see the link below:
<http://www.cwp.nhs.uk/resources/reports/cwp-gender-pay-gap-report-2018/>

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
- Continue to roll out the development programme for people to shadow senior leaders and executive board members
- Further publicise story telling by people working at VSM level within the Trust
- Promotion of development opportunities such as Apprenticeships and regional training
- Continue encouraging applications from female medics for Clinical Excellence Awards.

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

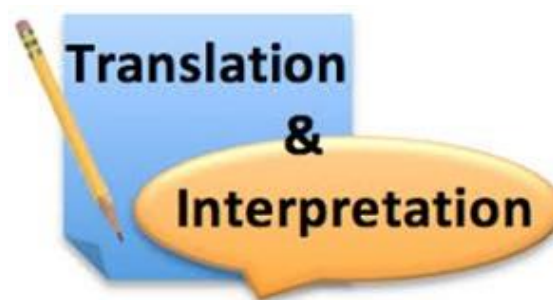
9. Translation & Interpretation

In order to meet the needs of people accessing our services whose first language is not English, the Trust has a varied list of recognised service providers in place to meet interpretation and translation requirements. This includes telephone interpretation, face to face interpretation, written translation, British Sign Language, Easy Read, Audio, Braille and Large Print.

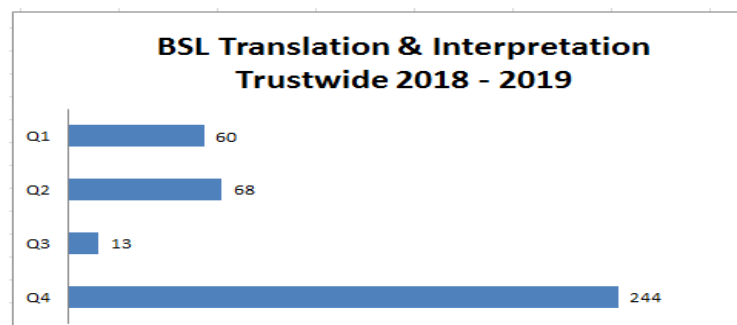
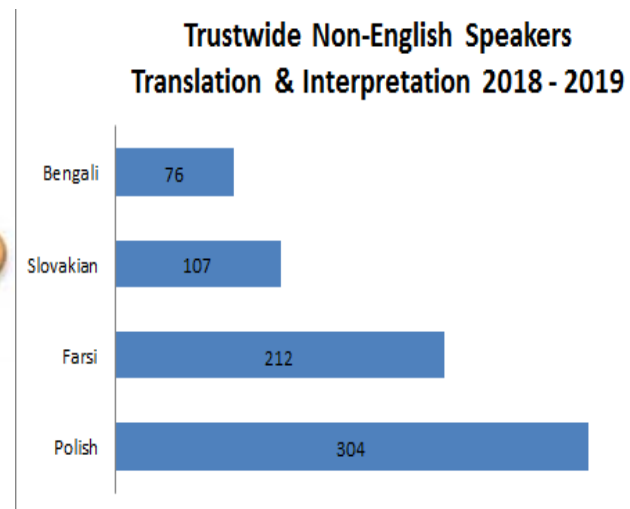
The Trust continues to promote its Interpretation & Translation Best Practice Guidance for booking interpretation and translation services. The CWP website has the Browse Aloud facility, which adds speech, reading and translation support to the Trust website facilitating access and participation for those people with print disabilities, dyslexia, low literacy, mild visual impairments and those with English as a second language.

For the year 2018-2019 the 4 most common languages requested for interpretation across the CWP footprint were Polish followed by Farsi, Slovakian and Bengali.

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/>



For the year 2018-2019, the 4 most common languages are detailed in the image below.



This graph highlights the use of British Sign Language (BSL) interpreters for members of the Deaf Community from April 2018 to March 2019. In total, a BSL interpreter was used on 385 occasions during the year.

10. 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.

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

The Accessible Information Standard is here.

This applies to all NHS and adult social care organisations.


The **Accessible Information Standard** is a new law to make sure that people who have a disability, impairment or sensory loss are given information they can easily read or understand.


The **Accessible Information Standard** tells NHS and adult social care organisations they must make sure people get information in different formats such as:

- easy read
- advocate
- large print
- braille
- British Sign Language BSL
- email

The Standard requires our Trust to do 5 things:

1. Ask people if they have any information or communication needs and how we can meet these.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person's file or notes so it is clear they have communication needs and how to meet these needs.
4. Share our knowledge of a person's information or communication needs with other providers of NHS and adult social care services when we have consent or permission to do so.
5. Take steps to make sure people receive information that they can access and understand and that they are given communication support if they need it.

 Please tell a member of staff if you have any communication support needs. You can help us make sure we get things right for you

 You can find more information about the **Accessible Information Standard** on the NHS England website: www.england.nhs.uk/accessibleinfo

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.
5. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

11. CWP Equality Priorities 2016 -2020

CWP’s Commitment to Delivering Personal, Fair and Diverse Healthcare Services Equality Priorities 2016—2020

In 2016, CWP produced its Trust wide 4 year Equality Objective Action Plan 2016-2020, the actions in the plan were agreed after reviewing information and evidence from the various EDS2 assessments, NHS England initiatives and issues raised by staff and the local EDI network groups.

CWP Vision "Leading in partnership to improve health and well-being by providing high quality care."

CWP Values: Care Compassion Competence Communication Courage Commitment

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

The Equality Act 2010

NHS Equality Delivery System (EDS2)

Workforce Race Equality Standard (WRES)

Care Quality Commission requirements

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. The EDS2 provides a tool to flag issues of concern which can then be dealt with through the contract monitoring process.

Trust Diversity Information

This year, 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)
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Interpretation and Translation Report
- Equality, Diversity & Inclusion 4 Year Objective Action Plan 2016-2020
- Gender Pay Gap Report

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 plan to link 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. Key Developments and Challenges

Key Developments

- EDS2 Evidence: worked with Healthwatch and have had guest speakers coming to the Trust to meet the CWP Equality Champions to discuss issues relevant to their specific groups: i.e. Unique: Transgender Organisations, Body Positive LGBT group, Wirral Change Refugees & Asylum Seekers

CWP's 3 Key work areas for Equality & Diversity 2018-2019

Services are accessible to all
 *Using our person-centred principles, we will ask people "What matters to you?" & work with people with lived experience to understand diverse needs
 *We will make sure that people can access our services and are not disadvantaged by the way that we do things
 *We will also check that we do not inadvertently disadvantage people

Create our Networks
 *We will celebrate differences & invite reps from diverse communities to present information & train our staff
 *We will develop several staff networks for people from groups with protected characteristics, beginning with:
 -Black & Minority Ethnic
 -Lesbian, Gay, Bisexual & Transgender
 -disabled
 -women

Monitor our people processes
 *We will check & monitor the language we use in our policies, procedures & communications with people
 *We will ensure that our procedures support staff & reflect the diverse needs of our communities
 *We believe that our person-centred framework is the key to this work, as it enables us to see the people as unique individuals with their own strengths & aspirations

Delivering Personal, Fair, and Diverse Healthcare Services
 Underpinned by NHS Equality Delivery System (EDS2) The Equality Act 2010
 Workforce Race equality Standard (WRES) CQC requirements
 Helping people to be the best they can be

- Issues relating to data collection within the Trust: highlighted certain areas that need to be improved on within CareNotes, the collection of data on sexual orientation, particularly in light of the Sexual Orientation Monitoring Standard.

- The Trust has promoted Stonewall's publication 'What's It Got To Do With You?', a publication which highlights reasons for collecting data. This has been promoted on the CWP intranet and CWP Essential. Copies were also sent to all 3 Locality Equality leads and Champions and raised at the CWP Equality, Diversity & Inclusion Groups.

- This year's Workforce Race Equality Standard (WRES) Report has highlighted a number of improvements including the disciplinary rates for BAME staff.
- Staff network groups for BAME, Disability and LGBT were publicised widely across the Trust to gauge the level of interest. We plan to move forward with the setting up of these in 2019-20.

- During the summer of 2018, CWP supported Pride Events in Macclesfield and Chester. We plan to build on this work during the summer of 2019, involving people in the planning and implementation of our participation so as to make them really inclusive events.

The Trust is committed to supporting the development of the networks. Staff will be supported to attend and participate in the staff networks.

Black &/or Minority Ethnic

The Trust's staff networks are open to all staff, who self-identify as Woman Black and /or Minority Ethnic, Disabled, Lesbian, Gay, Bisexual and Transgender.

Lesbian Gay Bisexual & Transgender

Women

Disabled

#TeamCWP NETWORKS

NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

The purpose of the Staff Networks:

- Celebrate and share learning
- Act as a resource offering individual & peer group development & support.
- Influence & shape our culture, promoting person centredness in all that we do

Our networks will start end of July –if you are interested in joining then email us at:

robert.davies13@nhs.net or marley.whelan@nhs.net or cathy.walsh1@nhs.net

- We began to develop networking and collaboration with partner organisations and other agencies in the local area so as to share best practice.

- We held a large one day Autism Training event which was delivered by the National Autism Champion and Consultant OT, CANDIDD Autism Service and a range of guest speakers.

- The Trustwide Equality, Diversity & Inclusion Group will continue to monitor the actions in response to these challenges.

Improvement priorities for 2018/19

Improving Our Intelligence

- Recognising that our reporting systems need upgrading in order to achieve improvements in the collection of data, review how protected characteristics on current systems are captured, entered and reported on and how this information is fed back to Care Group and Information & Governance Meetings, with a view to making improvements within Data Completeness Reports.
- Ensure that EDI is covered on all Care Groups Business and Governance meeting agendas.
- Accessible Information Standard (AIS) the Trust will continue to raise the profile of the AIS to staff and monitor developments and progress against the standards, working in parallel to the Green Light Toolkit. Review standard of Alerts on Care Notes in line with the AIS.
- Review the effectiveness of EDI data recorded on our DATIX computer system in relation to complaints and feed statistical data into the EDI process.
- Link the Equality Impact Assessment process to the Quality Impact Assessment framework so as to ensure that Quality and Equality are considered together in every aspect of service delivery and employment practice. We will also improve the level of guidance in the template and so increase people's understanding of completing assessments.
- Work with the Data Team to ensure compliance with all aspects of the Sexual Orientation Monitoring Information Standard.

Developing Our Staff

- Strengthen working links between People Services and EDI so as to provide the best possible service to people working within CWP services.
- Review the EDI and Human Rights Policy to reflect up to date language, make it more person centred and include more information regarding the Human Rights Act.
- In relation to the Workforce Race Equality Standard (WRES) Report, a number of positive improvements have taken place. We will continue to monitor these as part of our WRES action plan and will also work with our BAME Network to address the Staff Survey feedback that fewer BAME staff believe the Trust provides equal opportunities for career progression or promotion when compared to white staff.

Developing Our Staff (Continued)

- The introduction of the new Workforce Disability Equality Standard (WDES) highlights the requirements to review employment practises for disabled staff. The implementation of the CWP Disabled Staff Network should assist in looking to address some of the points highlighted within the report. We will work with our People Services colleagues to develop a driver diagram so that we can demonstrate and measure improvement over the coming year.
- We will also look into addressing the low numbers of BAME staff at certain levels within the Trust with a view to considering a pilot of BAME representation on interview panels when BAME candidates are shortlisted for interview at these levels.
- Progress and launch staff networks for BAME, LGBT and Disabled people.
- Review the current content, format and frequency of EDI Training for staff to ensure that this is fit for purpose.
- Devise and deliver EDI Training for members of our Council of Governors.
- Plan and deliver training events across the Trust linked to protected characteristics including the following:
 - Following the success of last year's large scale Autism Training, we will develop and roll out a programme of Autism Training across all Care Groups and localities within the Trust. These events will include a session highlighting links to EDI and protected characteristics.
 - Plan and deliver Transgender Awareness Training for staff, working with Jessica Lynn, world-renowned transgender advocate, educator, and activist and as well as people who have accessed our services.
- Participate in People Services Policy Reviews such as Flexible Working and Management of Attendance.
- Refresh the list of EDI Local Group members, review roles and responsibilities of Champions and agree and implement refreshed Terms of Reference with a view to relaunching the Groups.
- Consider the issue of Rainbow Lanyards to identify EDI Champions and so assure people that CWP is an inclusive place to work, volunteer and access services.
- Establish EDI intranet pages as a reference and signposting resource for people.
- Source and publish Staff Stories to raise awareness of protected characteristics.
- Establish and develop links with the Freedom to Speak Up team.

Working With Our Communities

- Strengthen our networking and collaboration with partner organisations and other agencies in the local area so as to share best practice.
- Devise and publish an online Calendar of Events to raise awareness of protected characteristics and celebrate local and national festivals and events throughout the year.
- Make use of quarterly CWP Life magazine, CWP Staff Facebook Page and CWP Twitter account to further increase the profile of EDI in order to continue to make it part of everything we do.
- Encourage effective use of pronouns.
- Sponsor, promote and attend Crewe Pride In The Park as well as Chester Pride, enlisting executive level involvement so as to influence as many people as possible to become involved. Hold Pride Launch events in Crewe and Chester with Board leadership as a visible demonstration of inclusion to our community.
- Following planning group meetings for Pride events within Crewe and Chester, develop networks for LGBT people.
- Plan and implement networking groups for BAME staff and staff living with a disability.
- Further develop and enhance networking and collaboration with partner organisations and other agencies in the local area so as to continue to share best practice.
- Two recently published documents provide guidance in relation to protected characteristics (including ethnicity). The first offers ten high impact evidence based actions, which if acted upon will help boards foster a more diverse and inclusive NHS. The second, 'A Fair Experience for All' document relates specifically to closing the ethnicity gap in rates of disciplinary actions. Both papers compliment, impact upon, and influence each other. Taking on board these actions and developing this work further will support in our Equality, Diversity and Inclusion objectives over the coming year.

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 2016—2020.
- There are governance arrangements in place to monitor progress of the CWP Trustwide 4 Year Equality, Diversity & Inclusion objective action plan. 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 by Healthwatch and a process for collecting evidence for the EDS2 assessments for 2018-19 has been agreed. Updates will be presented to Healthwatch throughout the year. The Trust's progress will be updated at the Trustwide Equality, Diversity & Inclusion Meeting.
- There are governance arrangements in place to monitor progress of the Trust's Equality, Diversity & Inclusion 4 year objective action plan - Delivering Personal, Fair and Diverse Healthcare Services 2016—2020 and updates will be provided to the various CWP committees.

15. Recommendation

- Trust Board members are invited to receive and approve the Annual Equality, Diversity & Inclusion Monitoring Report 2018-19.

