

# Equality, Diversity & Inclusion Annual Monitoring Report 2020-2021



**Title of Report:** Equality, Diversity & Inclusion Annual Monitoring Report 2020-2021

**Action sought:** For Noting

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**Strategic Objectives covered by this report:**

- 1. Improving Care, Health and Wellbeing**
- 2. Working within Communities**
- 3. Working in Partnership**
- 4. Delivering, Planning and Commissioning Services**
- 5. Making Best Value**
- 6. Reducing Inequalities**
- 7. Enabling our People**
- 8. Improving and Innovating**

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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 2020/2021. 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**

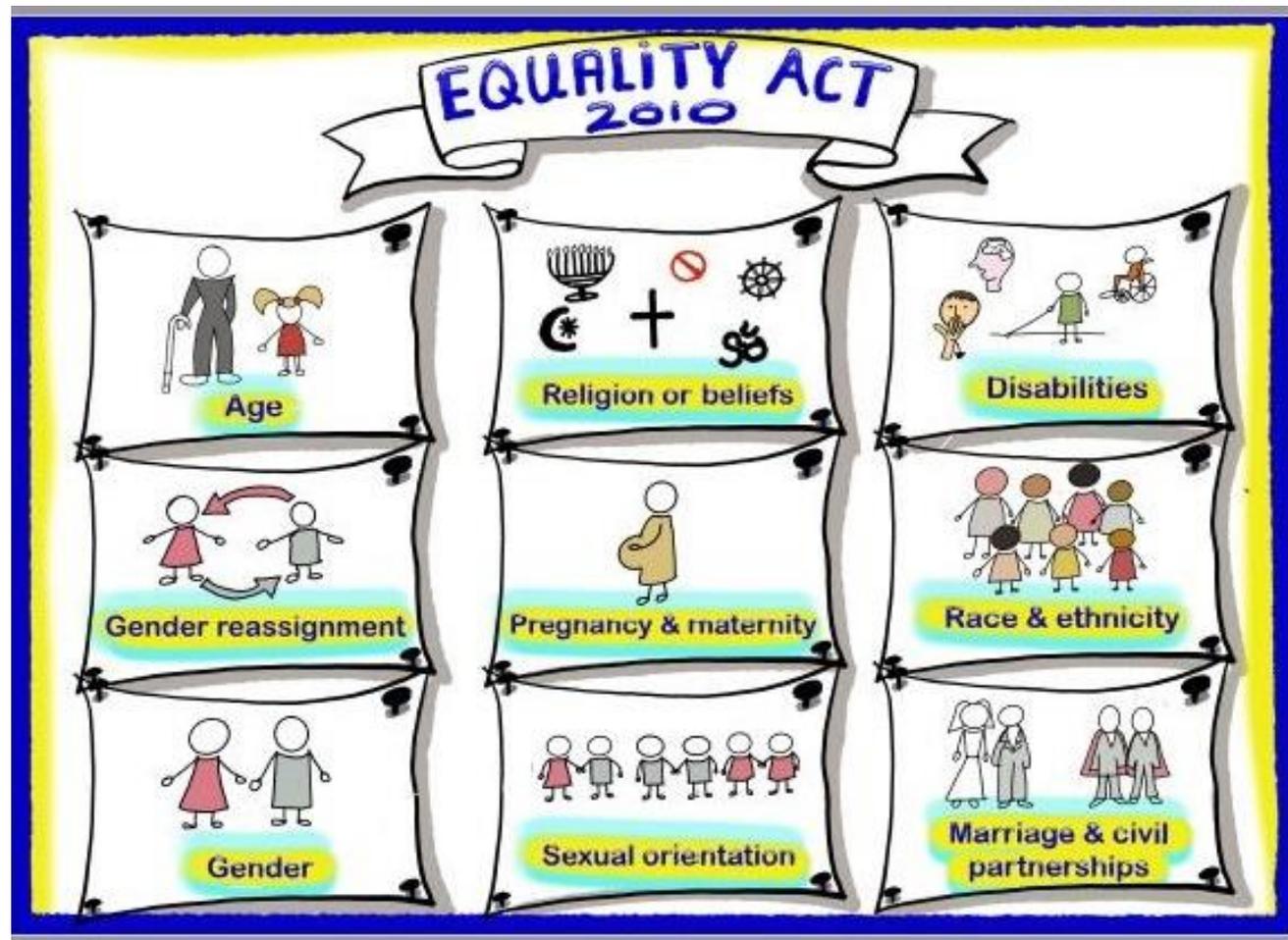
The Equality Act (2010) brought together existing legislation and frameworks that relate to discrimination and inclusion. The spirit of the Act is intended to recognise that people are all different but everyone has characteristics about them that mean that they may be subject to discrimination or exclusion. 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.



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.



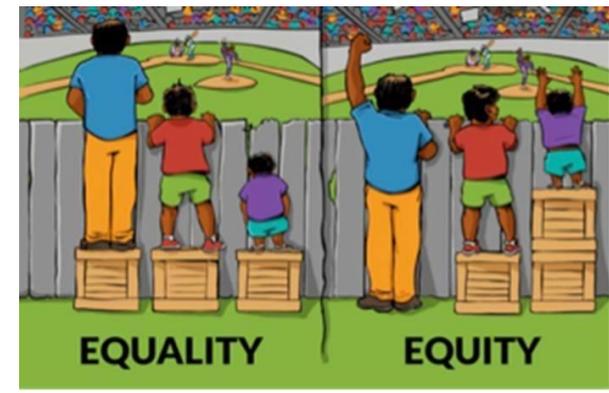
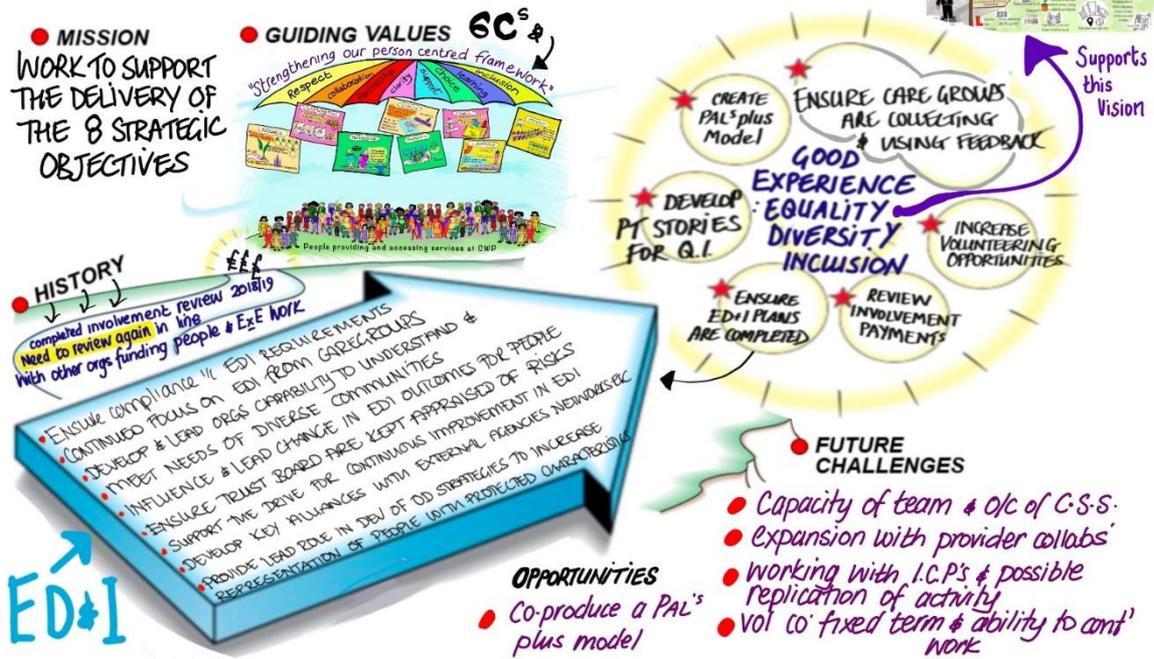
Each area has a group of Equality, Diversity & Inclusion Champions who meet regularly and invite to their meetings members from the diverse community. We carried out a review of the role and responsibilities of our Champions and agree and implement a refreshed set of Terms of Reference. Champions wear 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

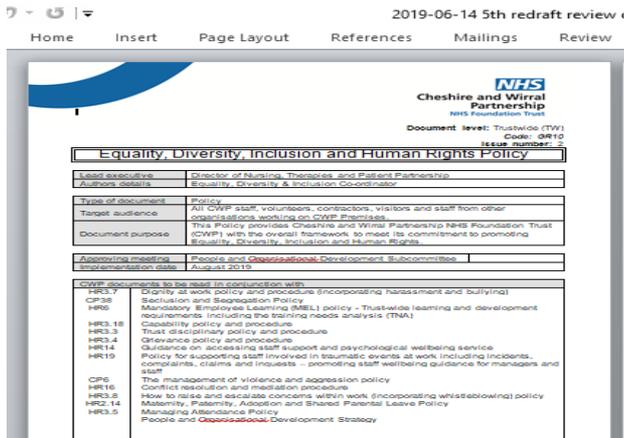
# Experience & EDI 2021/2022



\* Some photographs contained within this report were taken prior to the COVID-19 pandemic.

### 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 partners, we conducted a piece of work to update and refresh our Equality, Diversity, Inclusion and Human Rights Policy to reflect up to date language and make it more person centred.

#### Equality, Diversity & Inclusion Training



We have continued to roll out our updated and reformatted 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 reviewed and delivered the training programme for our Council of Governors. Equality, Diversity & Inclusion continues to form part of our induction training programme for new staff and volunteers.



## Network Groups



Our Network Groups have continued to develop in their aim 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 have the following active groups:

- BAME + Network (Black, Asian and Minority Ethnic, (the + is for all ethnicities both visible and non-visible)
- Disability Network
- LGBT+ (Lesbian, Gay, Bisexual and Transgender), the + simply means that we are inclusive of all identities, regardless of how people define themselves.



A collaboration between our Director of People and Organisational Development and members of the Workforce Wellbeing Service, the COVID-19 Support Groups provided a safe, informal space for colleagues to share their personal COVID-19 experiences and where they were up to in their recovery journey. This peer support approach was then expanded to colleagues across the Trust, starting specifically with staff who were 'shielding' during the pandemic.

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 introducing a Carers Network.

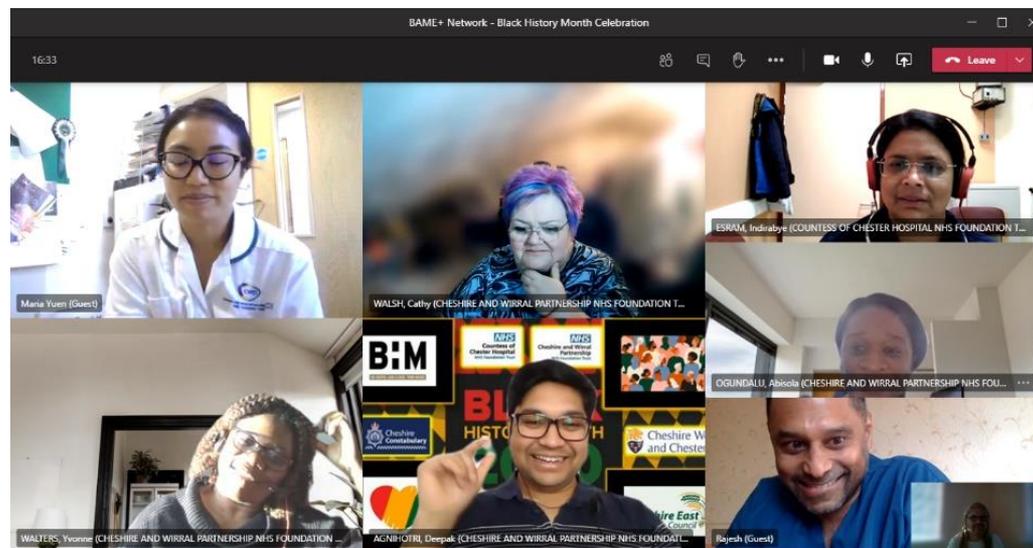


*\* Recent guidance identifies that the preferred wording should be Ethnic Minorities. We recognise this and are working with colleagues to make these changes.*

## BAME+ Network

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

Our BAME+ group has two BAME Board Champions who are representatives on the North West Assembly – Medical Directors Dr Faouzi Alam and Dr Anushta Sivananthan – and we also have a non-BAME Board Champion, our Director of Nursing, Therapies and Partnerships, Gary Flockhart.



This year, the group finalised its Terms of Reference, appointed a Chair and a Vice Chair, has held bespoke sessions to share experiences, supported the COVID-19 Vaccination Roll Out and worked more closely with our Freedom To Speak Up Guardian. A Safe Space session was held with Board members so that colleagues could have difficult and uncomfortable conversations about race inequality in the workplace. This was more than just words and was about creating workplace culture change.

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## Outstanding Contribution to Equality, Diversity and Inclusion Award

Our BAME+ Network Chair was nominated for and subsequently won a prestigious award as part of Black History Month - Outstanding Contribution to Equality, Diversity and Inclusion and celebrated this as part of a national webinar and a CWP Black History Month Facebook Live event.



## Black History Month 2020

We held a collaborative event across Cheshire and Wirral public sector partners which featured people sharing their inspirational stories and answering questions to raise awareness of Black History Month.

One of our new Non Executive Directors also published their personal reflections on Black History Month. During Race Equality Week, colleagues published promises as to how they would support equality as part of their practice.



The Big  PROMISE

I've made mine. Will you make yours?

**RACE  
EQUALITY  
WEEK**

1-7 February 2021

raceequalitymatters.com

I, Sheena Cumiskey, promise to:

- build the mechanisms to identify, develop and promote ethnic minority people and develop the talent pipeline
- ensure all elements of reward and recognition, from approach to bonuses, are fair and reflect the racial diversity of the organisation
- actively sponsor ethnic minority (especially black) talent in our workplace
- to participate in Safe Space (a dialogue with EM colleagues to create change) and monitor outcomes

@raceequality\_uk #raceequalityweek #thebigpromise

*\* Recent guidance identifies that the preferred wording should be Ethnic Minorities. We recognise this and are working with colleagues to make these changes.*

## Disability Network



### FACEBOOK LIVE - DISABILITY AWARENESS



In our latest Facebook Live, we spoke with Philip Makin, Rebecca Wadkin and Dave Harris about disability awareness at CWP and what the Trust is doing to mark International Day of Persons with Disabilities

- The group meets regularly, has an agreed set of Terms Of Reference, has a Chair and Vice Chair as well as a Board Champion, Dave Harris – Director of People and Organisational Development.
- There is a bespoke ‘WhatsApp’ group as an additional support for colleagues with a disability or a long term health condition.
- A comprehensive Reasonable Adjustments Guidance document has been co-produced by the group and shared across the Trust.
- An awareness raising kitemark has been developed by the group and promoted via a flag at the entrance to Trust HQ site and on all network correspondence.
- International Day of Persons with Disabilities was celebrated by the group as was Disability History Month via a collaborative online event together with public sector partners across Wirral and Cheshire.
- World Cerebral Palsy Day was celebrated within the Trust, raising awareness via a colleague with lived experience who shared their powerful story.
- Our network has also been a key driver in our reaccreditation as a Disability Confident Employer, has raised awareness via a Facebook Live event and is currently working on a Newsletter.
- A bespoke ‘Breakfast With Sheena’ session was held to allow Disability Network members to share experiences with our Chief Executive and group members have also joined our team of Freedom To Speak Up Ambassadors.

## Disability History Month UK and International Day of Persons With Disabilities



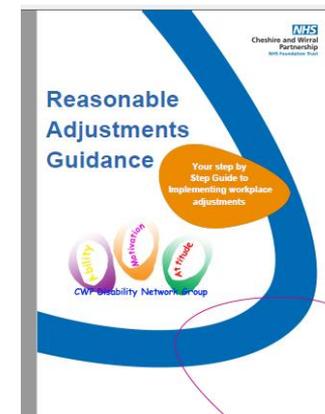
The Disability Network raised awareness of International Day of People with Disabilities 2020 with the theme of 'Not All Disabilities Are Visible'. We marked this and UK Disability Month by holding a Facebook Live event and organising a collaborative online webinar with public sector partners across Cheshire and Wirral with people sharing experiences to increase awareness and generate debate.



INTERNATIONAL DAY OF  
PEOPLE WITH DISABILITIES

### Reasonable Adjustments Guide

Members of our Disability Network developed a comprehensive 'Reasonable Adjustments' guide to support colleagues and this includes additional advice in relation to COVID-19 and its potential long-term after-effects.



### Disability Confident Employer

The Trust revalidated its Level 2 Disability Confident Employer, a scheme designed to help recruit and retain disabled people and people with health conditions for their skills and talent. The standard also helps customers and other businesses identify those employers who are committed to equality in the workplace. An action plan is in place to continue to meet the requirements of this standard. It demonstrates that CWP treats equality in the workplace as a priority. We are currently working in partnership with a 'Disability Confident Leader' Trust in the local area to share good practice with a view to working towards 'Leader' status for our Trust in the future.



## LGBT+ Network



WATCH OUR LATEST FACEBOOK LIVE WHERE WE RECOGNISE AND CELEBRATE NHS VIRTUAL PRIDE 2020



Members of our LGBT+ Network have been meeting virtually. The impact of the COVID-19 pandemic prevented physical Pride events as such but the Trust took part in Virtual Pride. Awareness competitions were held and the Rainbow Flag flew at the entrance to the Countess of Chester Health Park as a visible sign of inclusion. During the summer of 2020, members organised a Socially Distanced LGBT+ Garden Party. Facebook Live events also took place to mark Virtual Pride in June 2020 and LGBT+ History Month in February 2021. To strengthen our work to support people who identify as LGBT+, Suzanne Edwards, Director of Operations has been appointed as LGBT+ Board Champion. Despite it being neither a contractual nor a statutory obligation, we have been working with the group to formulate our own Workforce Sexual Orientation Equality Standard and an associated action plan.



**FACEBOOK LIVE**  
CWP Staff Facebook page

**LGBT+ History Month**

Philip Makin and Suzanne Edwards join us to discuss how we are recognising LGBT+ History Month in our latest Facebook Live!

## 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)]. 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. To continue to promote the initiative this year, we produced a short video and shared this with colleagues across the Trust.

## Names and Pronouns Training

**PINNING DOWN THE  
TRANS GENDER RAINBOW**

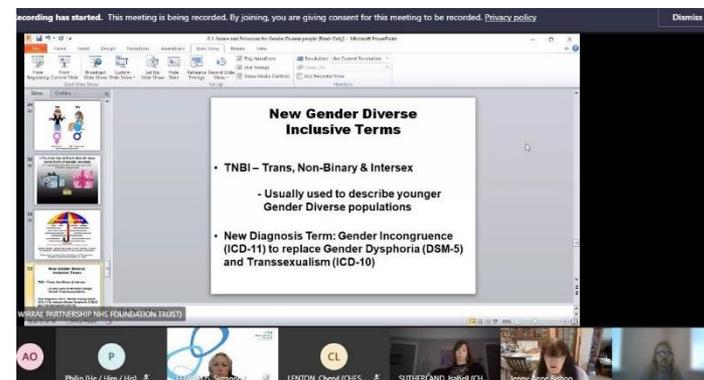
HOW TO INTERACT WITH  
TRANS, NON-BINARY &  
GENDER DIVERSE PEOPLE

**NAMES & PRONOUNS**

**JENNY-ANNE  
BISHOP OBE**  
She/Her

Wednesday 24th February 2021 - 3.15-3.45 pm on Teams  
Open to CWP EDI Champions and colleagues  
Contact Isabell Sutherland to confirm a place: [isabell.sutherland@nhs.net](mailto:isabell.sutherland@nhs.net)

As part of celebrations to mark LGBT+ History Month in February, the Trust held an online Names and Pronouns session 'How To Interact with Trans, Non-Binary and Gender Diverse People.' This was led by Jenny-Anne Bishop OBE, world-renowned transgender educator.



## Staff Opinion Survey

The NHS Staff Survey provides data to monitor staff satisfaction and opinion annually across a range of measures and enables the Trust to benchmark against other similar NHS organisations, of which there are a total of 31 across England. The Trust's 2020 responses indicate that the number of staff who believe that the Trust provides equal opportunities for career progression is one of the top Trusts when compared with similar organisations. The number of people who would recommend the Trust as a place to work is higher than average and the number of colleagues who state that they have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public is one of the lowest when compared with similar organisations. The number of colleagues who state that they have personally experienced harassment, bullying or abuse at work from managers and from other colleagues is lower than the national average.



## Policy Reviews



We have continued to engage with both people covered by protected characteristics and partners in relation to People and Organisational Development Services Policy Reviews such as Flexible Working, Management of Attendance, Supervision & Appraisal, Dignity At Work to make them more person centred.

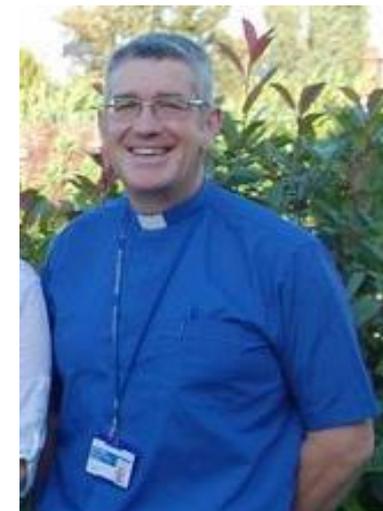
## Awareness Raising

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.



## Awareness Raising Flags

Over the past year, we have taken the opportunity to raise wider awareness of protected characteristics and associated initiatives in a very visible way by producing and flying a number of flags during the year.



May – Mental Health



June – Men's Health



July to September - Pride



October – Black History Month



November – Pancreatic  
Cancer



December to January –  
Disability History Month



February – LGBT+ History  
Month



February to March – Race  
Equality

## Staff Engagement and Recognition

Virtual 'Breakfast with Sheena' Engagement Sessions were reinstated in July 2020 to support our colleagues' wellbeing, especially throughout the COVID-19 pandemic and sessions covered a range of staff groups, roles and teams across the Trust. The sessions provided colleagues with an opportunity to meet with the Chief Executive, to take a break, catch up with each other and to celebrate personal and professional achievements. Many of the sessions focused on what people were doing to look after their own wellbeing and that of colleagues whilst dealing with the challenges of the pandemic. They also provided an opportunity for people to discuss what was working well, to raise any issues or concerns and to discuss ideas for how we can improve as a Trust. The ideas and actions arising from the sessions were disseminated to the relevant members of the leadership team/Executive team to complete.

### Upcoming Big Conversations:

## Breakfast with Sheena



This session is specifically for any team member from CWP's health Care Assistants, Clinical Support Workers and assistants:  
 This is a fantastic opportunity for you to:

- take a break out of your busy day – even if you can only manage to pop in for 15 minutes!
- Support your wellbeing
- Share ideas with colleagues so that we can continue to improve as a Trust

It would be really appreciated if you could please forward this to anybody you feel may be interested.

Please book your place:  
 Email [sheena@cheshireandwirral.nhs.uk](mailto:sheena@cheshireandwirral.nhs.uk)  
 Call 01244 353 132

Date	Time	Venue
Thursday 4 <sup>th</sup> March 2021	8.30am-10am	Microsoft Teams Meeting- Link to be sent once booking confirmed

For 2020, there was no formal/face-to-face Recognition Awards event held by the Trust as in previous years. Instead, the Trust took a number of different approaches to ensure that staff felt valued and were thanked for their contribution throughout 2020/21:

- Additional Annual Leave

Awarding all staff an additional day's leave for their Birthday as a way of showing gratitude for the incredible and continuous effort our staff have put in to supporting those we serve and their fellow colleagues through the COVID-19 pandemic. The gesture has been very well received by staff and numerous thanks have been received via the Trust's Facebook page.

- NHS Charities Together

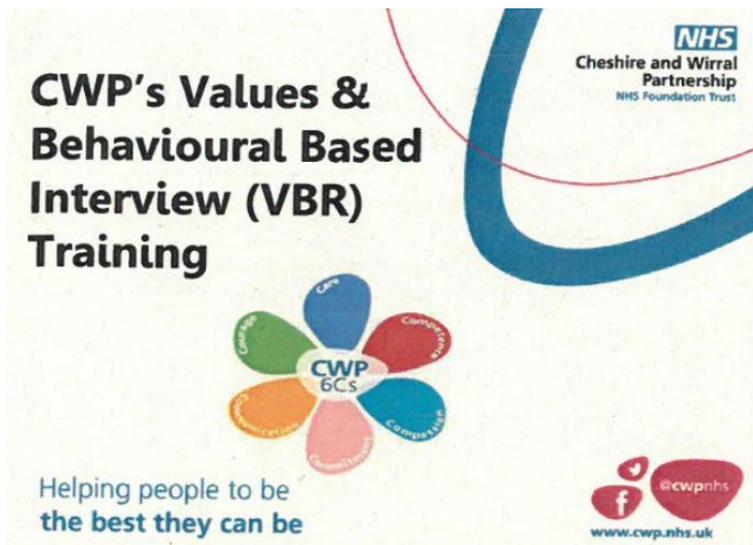
Utilising funds to provide staff with a number of different restorative initiatives aimed at recognising their brilliant contribution and looking after their Wellbeing:

- a. New rest areas and 'nature spots' were installed across the CWP sites, implemented by the Trust's Estates team.
- b. 'Thank You' gift boxes were ordered containing multiple items that could be given out to staff as a small token of appreciation. These boxes were distributed to the Trust's staff vaccination hubs during the rollout of COVID-19 vaccines and were also well received.

- Facebook 'Thank You's' and 'Going the Extra Mile' Awards

The social media platform has been a very useful way for our executive team (and others) to engage with colleagues and give thanks. The executive team have utilised 'Facebook Live' sessions to thank all staff for continued efforts. In addition, Chief Executive Sheena Cumiskey delivered a virtual version of CWP's 'Going the Extra Mile' awards, sending awards out to those who had gone above and beyond.

## 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 promote the Mindful Employer charter which provides employers with easy access to information and guidance in relation to supporting staff who experience stress, anxiety, depression and other mental health conditions. The Disability Confident Employer referred to above 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.





## Freedom To Speak Up

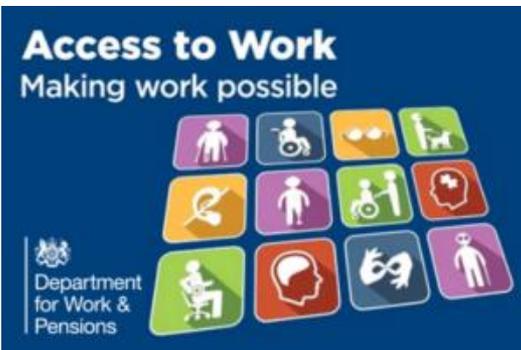
### Freedom to Speak Up Guardian



Creating an open and honest learning culture that is responsive to feedback to continually improve is a Trust commitment and our Freedom to Speak Up (FTSU) Guardians are available to support any staff member to raise a concern that they may have. The Trust’s Director of Nursing, Therapies and Patient Experience is the Executive Lead for Speaking Up and Non-Executive Director Freedom to Speak Up Champion is Rebecca Burke-Sharples who provides alternative support. The Trust’s Equality, Diversity and Inclusion Co-Ordinator works closely with our FTSU Guardians, Associate Guardians and Ambassadors to identify themes and trends, learn from experiences, improve practice and strengthen the voices of people covered by protected characteristics in relation to the Speak Up agenda. We now have Freedom To Speak Up Ambassadors from within our 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 and the HR Operations Team to ensure joined up working to support people in relation to Equality, Diversity & Inclusion within initiatives such as policy development, for example.

## Equality, Diversity and Inclusion Intranet Website



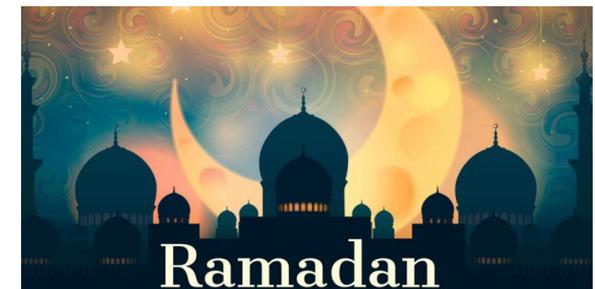
Learning at Work Week	18th - 19th
Flourish Care Fortnight	18th - 19th
Green Ribbon Campaign	19C
<b>June</b>	
Volunteers Week	1st - 7th
Careers Week	20th - 24th
Alcohol Awareness Week	20th - 24th
Woman in Banking and Finance Awards for Achievement	14th
Fathers Day	18th
Crewe Pride	26th
Go Home on Your Day	19C
Child Safety Week	19C
National Diversity Awards	19C
<b>July</b>	
London Pride	7th
<b>August</b>	
World Broadcasting Week	1st - 7th
Crewe Pride	26th
European Diversity Awards	19C
<b>September</b>	
Remembrance Awareness Month	Whole month of September
International Day of Charity	7th
World Suicide Prevention Day	10th
National Inclusion Week	23rd - 29th
World's Biggest Coffee Morning	7th
City Giving Day	19C
Global Equality & Diversity Awards	19C
Women of the Future Awards	19C
<b>October</b>	
Black History Month UK	Whole month of October



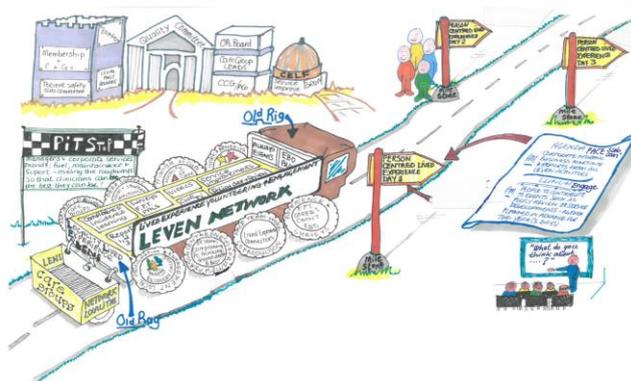
We have continued to develop our EDI intranet pages to include links to all the Contractual information held on our Internet site and details of our networks and support groups for people covered by protected characteristics. We also have a Calendar of Events to celebrate festivals and events throughout the year.

Articles within the quarterly CWP Life magazine, the CWP Staff Facebook Page and on the CWP Twitter account have further increased the profile of Equality, Diversity and Inclusion in order to continue to make it part of everything we do.

National and International Awareness Days are celebrated to increase awareness and raise the profile of EDI. Similarly, EDI 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 EDI in order to continue to make it part of everything we do. We have established EDI intranet pages as a reference and signposting resource for people and are improving this on an ongoing basis taking on board people's feedback and suggestions.



## Participation and Volunteering



The Patient and Carer Experience team includes involvement and volunteering in its work programme. The Trust has reviewed the way in which it supports volunteering and involvement and the way in which people are rewarded and recognised for their involvement and volunteering activities. This year has seen the development of remote interviewing by our volunteers using digital technology. It has seen volunteers join the NHS Responders programme to support our places and communities. It has seen us develop volunteer roles in concierge activities at our buildings and also volunteers at our vaccine hubs.

The paid roles that we developed were extended to include co-training in Proactive Approach Training, and people with lived experience working as lived experience co-trainers, have also provided training in person-centred thinking & planning, and on value-based recruitment.

Co-production remains a key and essential aspect of our approach and people have been involved in the development of Crisis and Acute Care and also Transforming Community Services. They have played a key part in research and evaluation in terms of our study in understanding CWPs response to COVID-19.

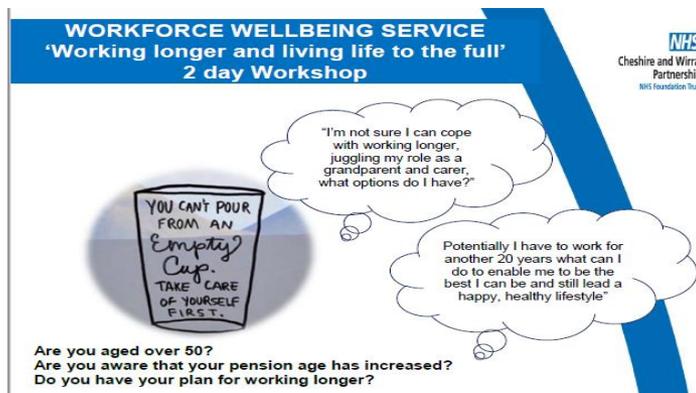
A vital element of the Involvement Programme is that it should be based upon the principles of volunteering, recovery and social inclusion; which facilitate us to operate in a manner that ensures fairness, consistency, transparency and development for all involvement representatives.

Volunteers who get actively involved with the Involvement Programme (including people who access CWP services, carers, staff or members of the public) will have the opportunity to access a range of learning and development opportunities including life skills development, further education, employability coaching, work experience placements and other volunteering opportunities.

Involvement in this way seeks to reach out to a wider cross-section of society and support people living with the challenges of mental distress, physical health conditions, and learning disabilities to take control of their own futures.

The Patient and Carer Experience Team and the Care Groups Participation and Engagement Workers work with people to help them to identify their own personal needs and goals. We have also recruited staff to widen and extend our volunteer offer and explore opportunities for wider and different volunteering and involvement going forward.

## Workforce Wellbeing



Our Workforce Wellbeing Service continues to support individuals and advise managers about how to make reasonable adjustments to help our people be healthy and make their best contribution in work. This may include taking up flexible working options and potentially different roles to support health and well-being or responsibilities outside of work. Throughout the year the Service adapted and flexed its model of delivery to ensure the wellbeing offer to staff was congruent with the changing health landscape particularly during the COVID-19 pandemic. National KPIs around wellbeing are being developed and will be incorporated into the Trust People Plan. 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 have continued to hold our 2 day workshop 'Working Longer and Living Life To The Full' which provides staff aged over 50 with space to reflect, develop strategies and plans to deal effectively with life transition. This year we are piloting the sister to this 'Mid Life Transitions Workshop'. We encourage work station assessments via our regular CWP Essentials bulletin and our weekly 'Thoughtful Thursday' publication.

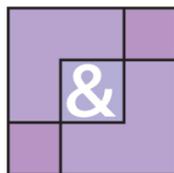
## People and Organisational Development Strategy

The NHS needs more people working in a compassionate and inclusive culture to ensure that our services are appropriately delivered, embracing new ways of working in teams, across organisations and sectors and supported by technology, building on the motivation at the heart of our NHS to look after and value our people, create a sense of belonging and promote a more inclusive service and workplace so that our people will want to stay. We have undertaken a significant piece of work to refresh our People and Organisational Development Strategy. This strategy is a key enabler and has been designed to align with the key priorities set out in the NHS Interim People Plan, the Cheshire and Merseyside Health Care Partnership people priorities and emerging people plans for Healthy Wirral, Cheshire West Integrated Care Partnership (ICP) and Cheshire East ICP.



## 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**

## Digital Stories

We are developing creative ways to listen to people's experience of CWP, both people who access services and who work in them via our staff networks (as one example). And by the introduction of patient stories. This year, we introduced Digital Stories as a really powerful way of bringing powerful stories to life.

We have been busy training people, including volunteers, in developing digital stories which are very memorable and build empathy in the listener which leads to changes in practice. Digital stories are voice recordings put together with images to create a short video. The digital story format has three basic principles:

- it is a first-person story
- it is always short, usually under 3 minutes
- the storyteller remains the director of the story

Recording a story can help showcase best practice when things have gone right, it can also help a patient process what is happening to them, but most importantly, it can give the teller a voice when things have gone wrong and help advocate for better services.



Link to the Digital Story internet page:

<https://www.cwp.nhs.uk/contact/patient-advice-and-liaison-service-pals/patient-and-colleague-stories/>

## International Women's Day

Health & Care  
Women Leaders Network

**NHS**

Women in health and care:  
Achieving an equal future  
in a COVID-19 world

#EverydayCourage

Join us on Monday, 8<sup>th</sup> March 2021  
at 12.20 p.m. as we consider  
gender bias and the ways in which  
we have worked to overcome it.

#IWD21

Hazel McLaughlin  
Karen Bradley  
Jane Woods

**NHS Everyday Courage**  
Women in Power: breaking the chains of gender bias  
Register now: [everydaycourageiwd21.co.uk](https://everydaycourageiwd21.co.uk)

To mark International Women's Day, we celebrated the everyday courage of women in health and care with an NHS Health & Care Women and Leaders Network webinar. This honoured the massive contribution that women have made in response to the pandemic and coming together in solidarity with each other.

Jane Woods, Deputy Director of People and Organisational Development delivered a session at the event entitled 'Women in Power: Breaking The Chain of Gender Bias.'

## 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.



## Equality, Diversity, Inclusion and Human Rights Policy

In partnership with colleagues and partners, we carried out a review of our Equality, Diversity, Inclusion and Human Rights Policy to ensure that it remains fit for purpose. We issued our current policy as part of our EDS2 assessment and partners fed back that it is an extremely comprehensive document.

 Cheshire and Wirral Partnership NHS Foundation Trust	
Document level: Trustwide (TW) Code: GR10 Issue number: 3	
<b>Equality, Diversity, Inclusion and Human Rights Policy</b>	
Lead executive	Director of Nursing, Therapies and Patient Partnership
Authors details	Equality, Diversity & Inclusion Co-ordinator
Type of document	Policy
Target audience	All CWP staff, volunteers, contractors, visitors and staff from other organisations working on CWP Premises.
Document purpose	This Policy provides Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with the overall framework to meet its commitment to promoting Equality, Diversity, Inclusion and Human Rights.
Approving meeting	People and Organisational Development Subcommittee   18/07/2019
Implementation date	August 2019
CWP documents to be read in conjunction with	
CP5	The management of violence and aggression policy
CP38	Seclusion and Segregation Policy
HR2.14	Maternity, Paternity, Adoption and Shared Parental Leave Policy
HR3.16	Capability policy and procedure
HR3.3	Trust disciplinary policy and procedure
HR3.4	Grievance policy and procedure
HR3.5	Managing Attendance Policy
HR3.7	Dignity at work policy and procedure (incorporating harassment and bullying)
HR3.8	How to raise and escalate concerns within work (incorporating whistleblowing) policy
HR6	Mandatory Employee Learning (MEL) policy - Trust-wide learning and development requirements including the training needs analysis (TNA)
HR14	Guidance on accessing staff support and psychological wellbeing service
HR16	Conflict resolution and mediation procedure
HR19	Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and requests - promoting staff wellbeing guidance for managers and staff
	People Plan
	Reasonable Adjustments Guidance



# FACEBOOK LIVE

FIRST LOOK AT THE CWP NHS  
 CHOIR VIDEO  
 TUESDAY 9 JUNE, 12.30PM  
 CWP NHS STAFF FACEBOOK GROUP

Join us for a Facebook Live session where we will be showing the CWP NHS Choir video for the first time.

## CWP Choir

Throughout the COVID-19 pandemic, colleagues communicated a bit differently. To help support ongoing wellbeing, keep people connected in a positive way and in response to a suggestion from a colleague within Bowmere Hospital, the Trust launched a CWP virtual choir. All colleagues were welcome to join, regardless of experience or talent!

The choir's video of 'Somewhere Over The Rainbow' was shared within the Trust and the community as a whole. The long term ambition is to meet and perform together.

## 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

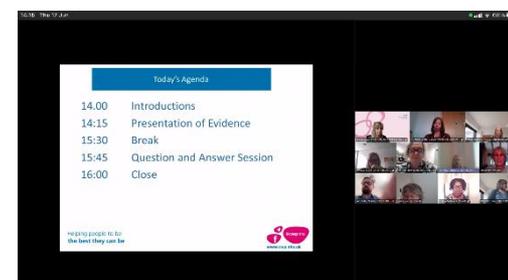
The introduction of the EDS2 helps to recognise, encourage and highlight the undoubted good practice and evidence that already exists at the Trust. At the same time, it ensures that there is better or consistent engagement with our local communities, that any gaps are identified and addressed and that 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 2020-21, a number of virtual 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.

In June 2021, the EDS2 assessment for Goals 1 – ‘Better health outcomes for all’ and Goal 2 – ‘Improved patient access and experience’ took place virtually via Microsoft Teams. 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. The slides illustrating these case studies are contained below. Due to the impact of the COVID-19 pandemic, 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.

However, we were able to share a number of digital stories. 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. We are extremely grateful to all teams for collating and submitting case studies which are a really powerful way of showcasing good work across the Trust and sharing good practice.



## 8. EDS2 Assessment:

The Trustwide EDS2 assessment summary is shown below. Also below is a comparison with our 2019-2020 assessment. Our full EDS2 Assessment Report can be found at the following link: <https://webstore.cwp.nhs.uk/EDS21920.pdf>

Equality Delivery System 2: Goal 1		
1. 'Better health outcomes for all'		
Verified by: Stakeholders		
Individual Outcome grades for Goal 1		
CWP Trustwide	2019-20	2020-21
	EDS2 Outcome 1.1 Services are commissioned, procured, <b>designed</b> and delivered to meet the health needs of local communities	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 <b>prioritised</b> and they are free from mistakes, mistreatment and abuse	Achieving	Achieving
EDS2 Outcome 1.5 Screening, <b>vaccination</b> 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:		
CWP Trustwide	2019-20	2020-21
	EDS2 Outcome 2.1 People, <b>carers</b> and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	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	Achieving	Achieving

<b>Equality Delivery System 2 Goal 3:</b>		
<b>Goal 3. 'Empowered, engaged and well-supported staff'</b>	<b>Verified by: Staff Side Colleagues</b>	
<b>CWP Trustwide</b>	<b>2019-20</b>	<b>2020-21</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: Staff Side Colleagues</b>	
<b>CWP Trustwide</b>	<b>2019-20</b>	<b>2020-21</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>

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 2020 and 31<sup>st</sup> March 2021. There are 26,909 distinct patients with open episodes on Care Notes for that period and according to their records on the system:

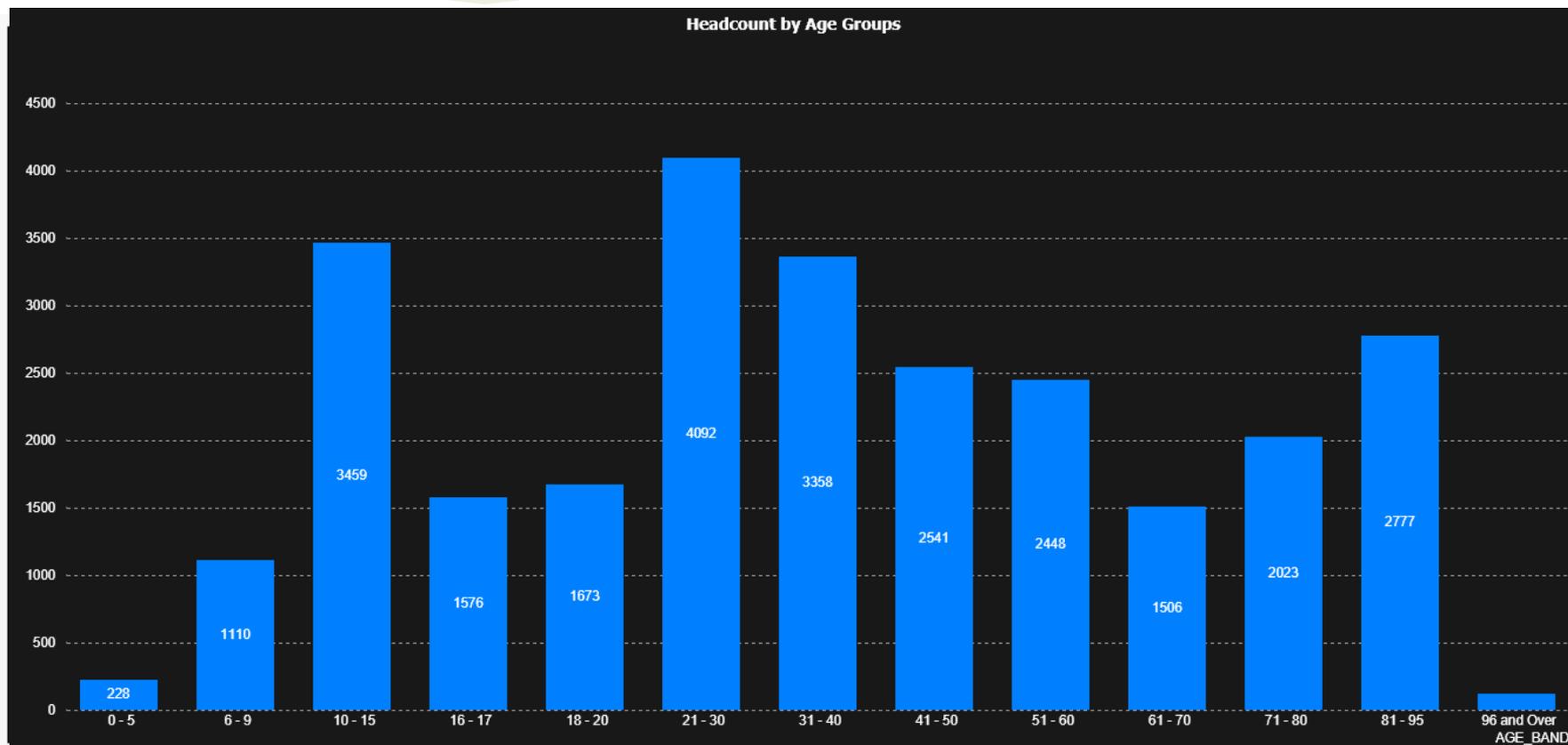
- Age 67.0% were under 50, 33.0% were over 50
- Ethnicity/Race 1.5% were reporting as being from Black, Asian and Minority and Ethnic Backgrounds although there are 30.2% which are reported as not known. There is on-going work within Care Groups to improve the collection of this.
- Marriage & Civil Partnership 35.2% were recorded as Single, 12.7% were recorded as Married.
- Religion & Belief 26.0% were recorded as Christian, 5.0% were recorded as another stated religion, 7.2% recorded as none or pagan and the rest either not known or declined to answer
- Sex 55.5% were recorded as Female, 44.2% were recorded as Male
- Sexual Orientation 26.8% were recorded as heterosexual or straight, 6.3% not stated, 1.1% recorded a different sexuality with the rest being not known or prefer not to answer.

Age

As at 31 March 2021, our patient breakdown was:

**67.0%** under 50

**33.0%** over 50



## Ethnicity/Race

As at 31 March 2021:

**68.2%** White patients  
(92.67% local population)

As at 31 March 2021:

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

As at 31 March 2021:

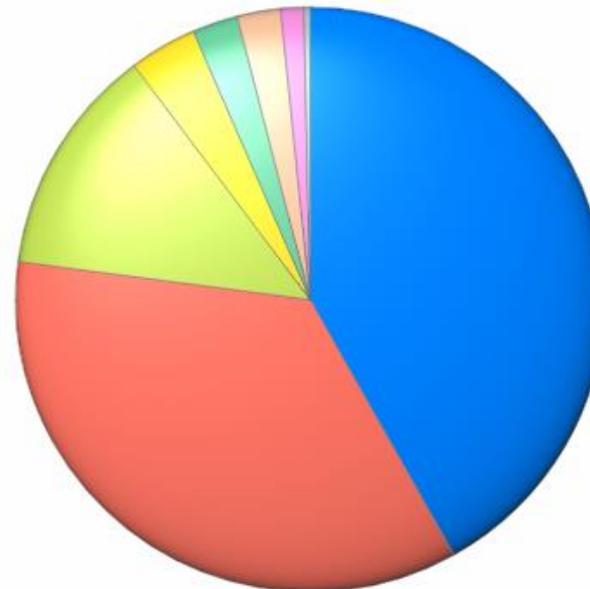
**30.2%** of patients not known

## Marriage and Civil Partnership

As at 31 March 2021:

**35.2%** of patients were **Single**  
**12.7%** of patients were **Married**

Marriage and Civil Partnership Split



Marital Status	Percentage
Not Known	41.9%
Single	35.2%
Married	12.7%
Widowed	3.7%
Cohabiting	2.5%
Divorced	2.4%
Separated	1.3%
Not Disclosed	0.3%

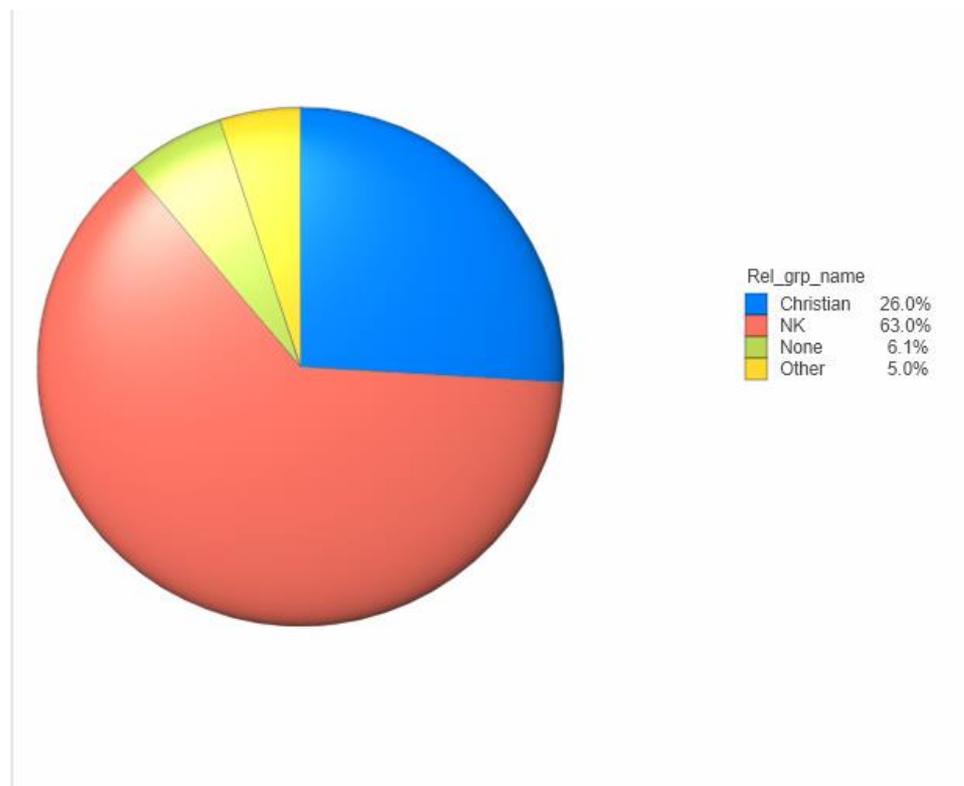
## Religion and Belief

As at 31 March 2021:

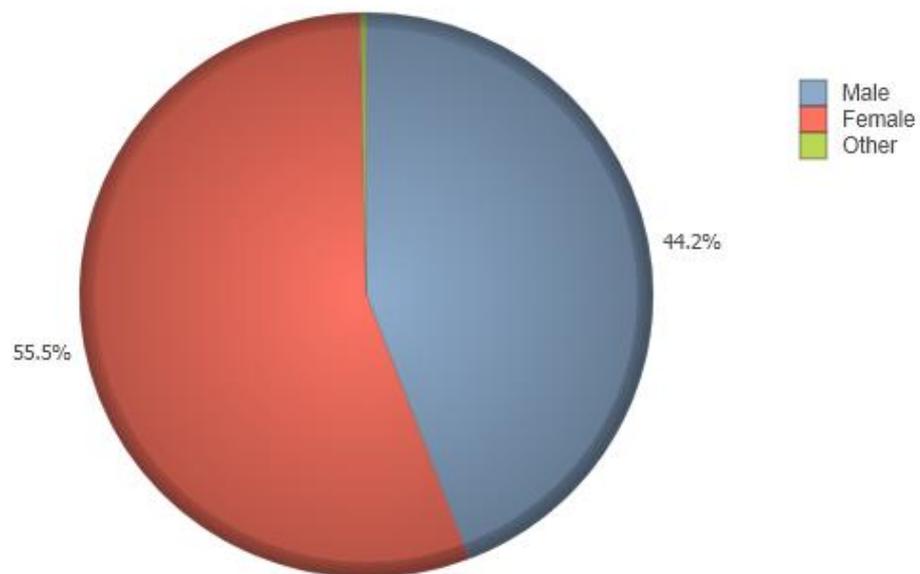
**26.0%** Christianity

**5.0%** Other Stated Religion

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



## Sex



As at 31 March 2021:

**55.5%** Female Patients

**44.2%** Male Patients

## Sexual Orientation

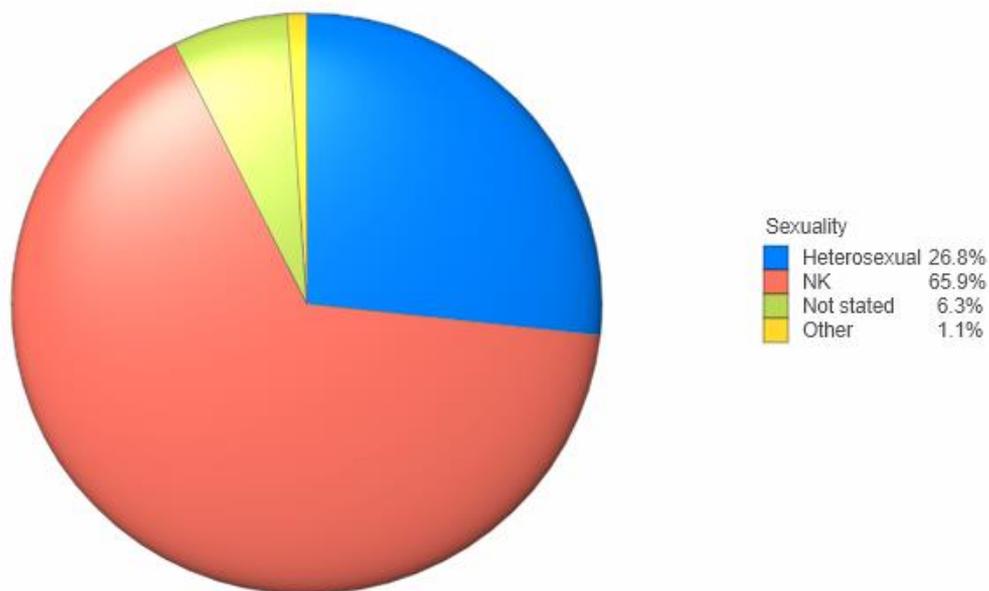
As at 31 March 2021:

**26.8%** Heterosexual or Straight

**6.3%** Not Stated

1.1% Other (Includes Gay/Lesbian and Bisexual)

Sexual Orientation



## 6. Colleagues 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 2021, 3,889 people were working for CWP and, according to their record on our Electronic Staff Record system:**

- **Age** 61% were aged under 50 and 39% were aged over 50.
- **Disability** 6.4% reported that they considered themselves to have a disability which is a slight increase on the past few years. 85.9% 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 2.9% and 9.4% 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 5.4%.
- **Marriage & Civil Partnerships** 48.3% stated that they were married, 32.8% stated that they were single.
- **Pregnancy & Maternity** 1.8% of our female colleagues were on Maternity Leave.
- **Religion & Belief** 53.1% considered themselves to be Christian, 14.1% as Atheist and the third biggest group at 9.6% chose to define their religion as Other. 20.8% chose not to tell us their Religion or Belief.
- **Sex** 80.3% were recorded as female.
- **Sexual Orientation** 82.6% were Heterosexual or Straight, 2.82% Lesbian, Gay or Bisexual with the remainder either unknown or choosing not to tell us.

**Age**

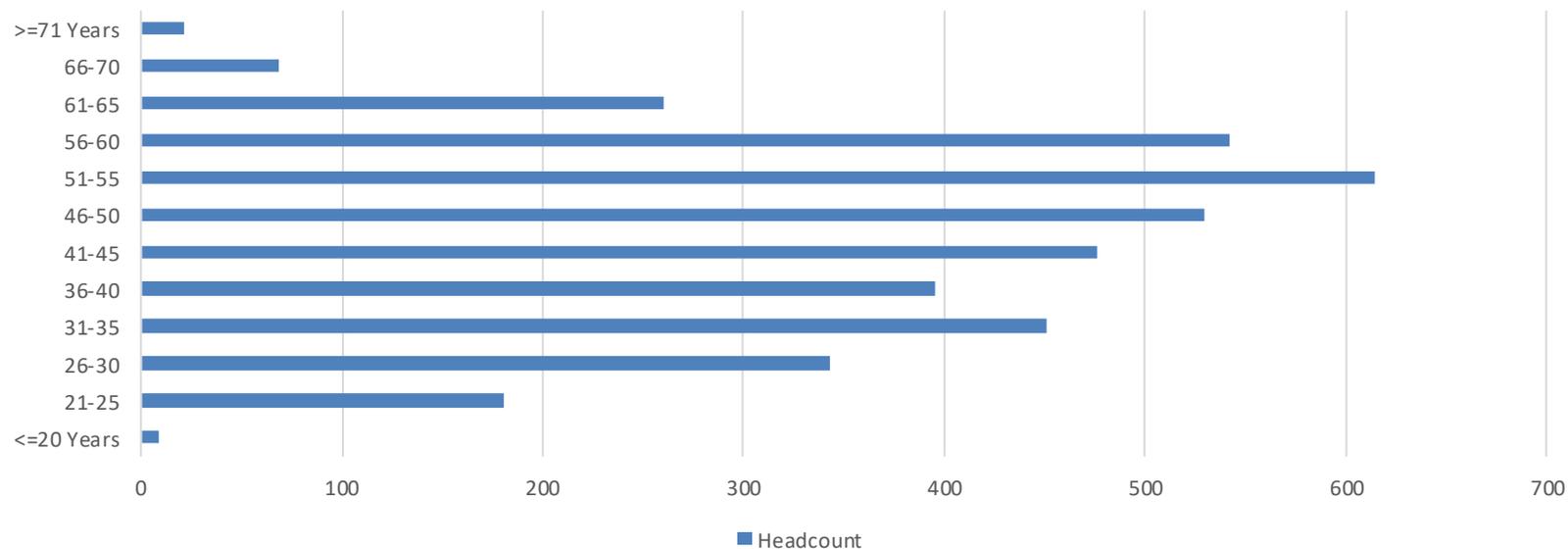
As at 31 March 2021, our workforce breakdown was:

**61%** under 50

**39%** over 50

Percentage of colleagues aged 60+ years is 9%.

Age Band Profile



## Disability

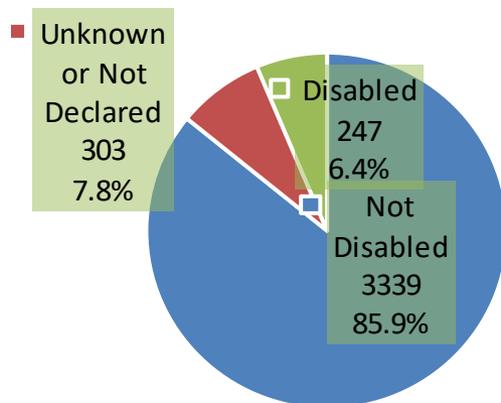
As at 31 March 2021:

**6.4%** of colleagues have declared that they are living with a disability.

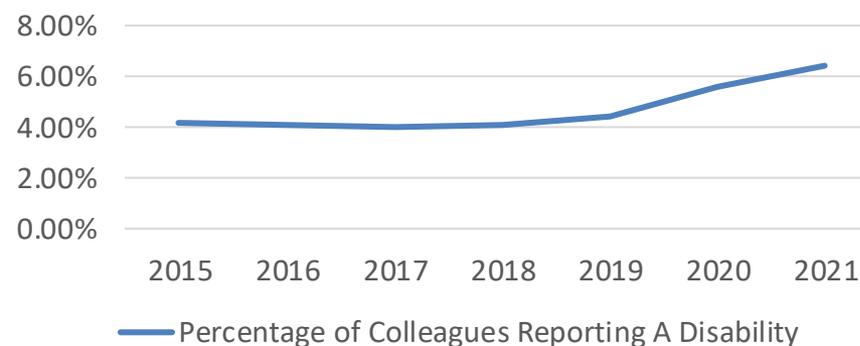
There has been a slight increase year on year over the past few years.

Within **Recruitment**, 5.9 % of applicants declared that they were living with a disability (8.17% of shortlisted people and 7.6% of appointed people).

Disability Profile



Percentage of Colleagues Reporting A Disability



Disability	Trust Staff					
	March 2016	March 2017	March 2018	March 2019	March 2020	March 2021
Not Disabled	85.1%	86.0%	87.1%	86.9%	85.3%	85.9%
Unknown or Not Declared	10.8%	10.0%	8.7%	8.6%	9.1%	7.8%
Disabled	4.1%	4.0%	4.1%	4.4%	5.6%	6.4%

## Ethnicity/Race

As at 31 March 2021:

**93.5%** White staff  
(95.5% local population)

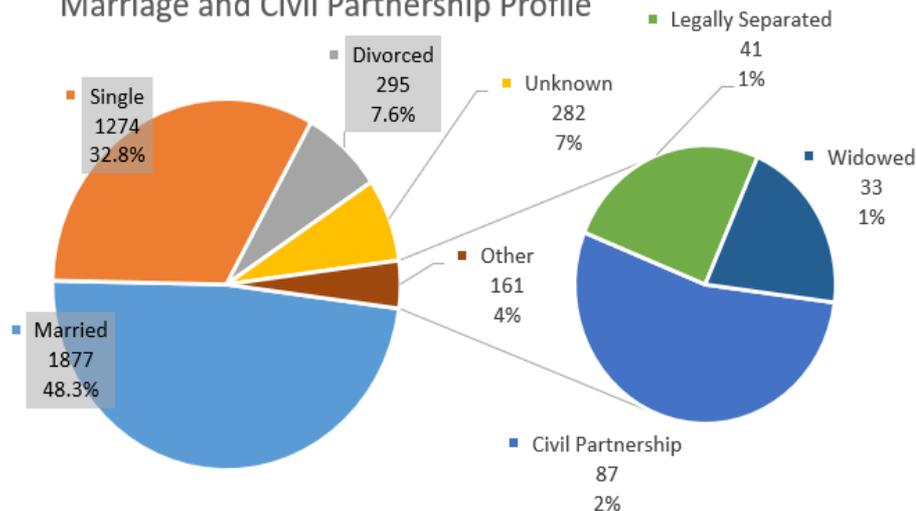
As at 31 March 2021:

**5.4%** 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 **2.9% and 9.4%** 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 **5.4%**.

## Marriage and Civil Partnership

### Marriage and Civil Partnership Profile



As at 31 March 2021:

**48.3%** of colleagues were **Married**  
**32.8%** were **Single**

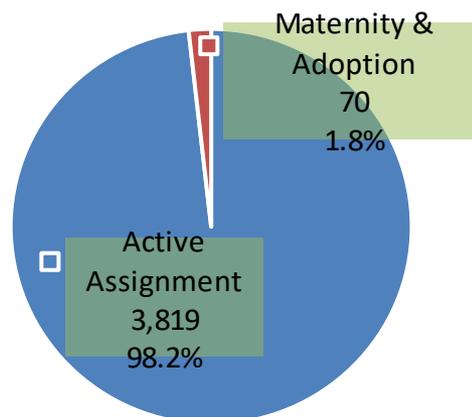
**7.6% Divorced, 7.3% Unknown. 2.2% Civil Partnership**

## Pregnancy and Maternity

As at 31 March 2021:

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

Maternity and Adoption Profile



Maternity and Adoption	March 2019	March 2020	March 2021
Active Assignment	98.2%	97.9%	98.2%
Maternity & Adoption	1.8%	2.1%	1.8%

## Religion and Belief

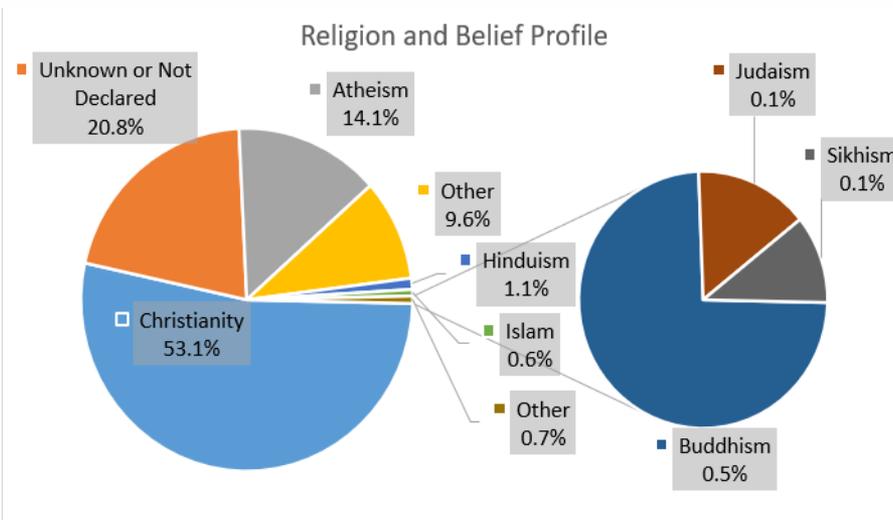
As at 31 March 2021:

**53.1%** Christianity

**14.1%** Atheism

Remaining staff split across a range of religions and beliefs with the highest number being in the 'other' category (9.6%).

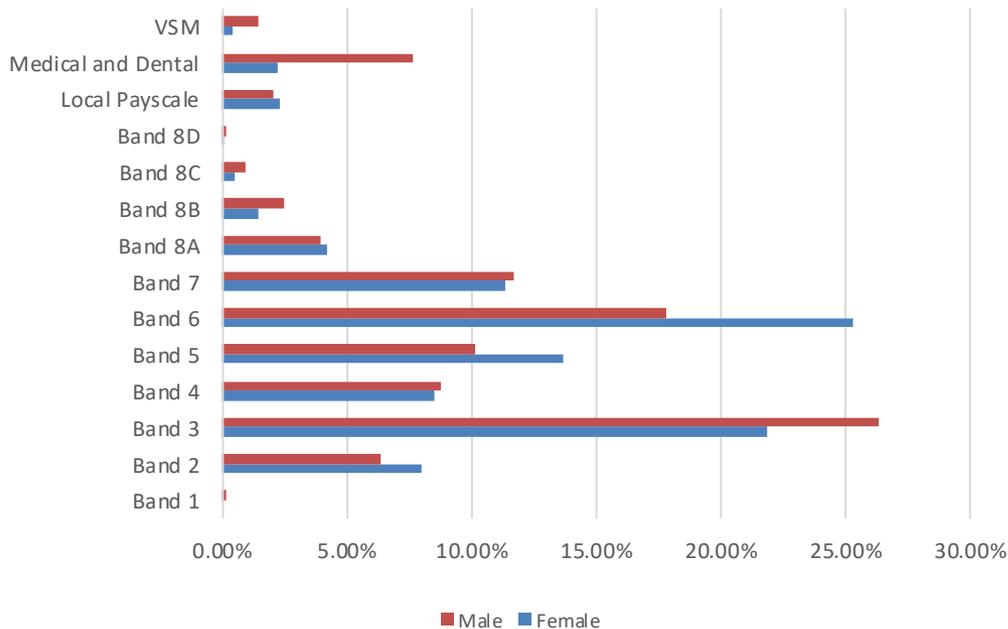
A significant proportion of staff have not declared their religion and belief (20.8%).



Religious Belief	Trust Staff					
	March 2016	March 2017	March 2018	March 2019	March 2020	March 2021
Atheism	9.6%	10.1%	10.7%	11.5%	13.0%	14.1%
Buddhism	0.5%	0.5%	0.4%	0.4%	0.4%	0.5%
Christianity	56.7%	56.5%	55.8%	55.0%	53.0%	53.1%
Hinduism	0.6%	0.7%	0.7%	0.8%	0.9%	1.1%
Unknown or Not Declared	24.5%	23.7%	23.9%	23.4%	23.1%	20.8%
Islam	0.4%	0.4%	0.5%	0.6%	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	7.6%	8.0%	7.9%	8.1%	8.8%	9.6%
Sikhism	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

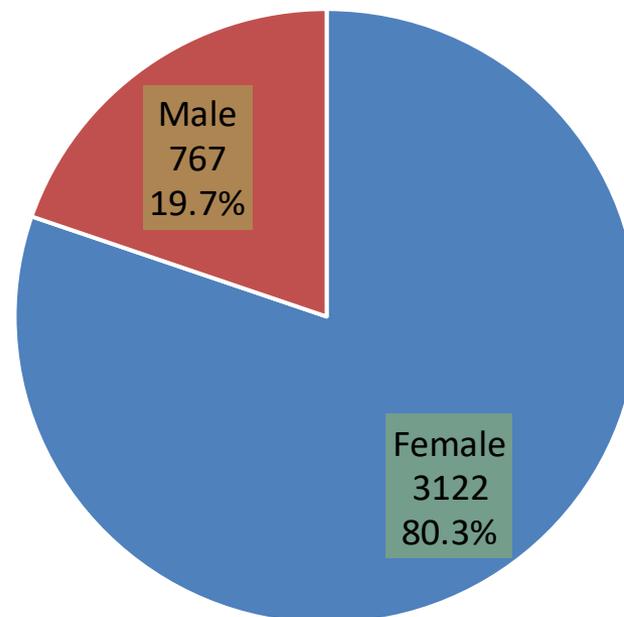
**Sex**

Sex by Pay Band %



As at 31 March 2021:

Sex Profile



**80.3%** of our colleagues were recorded as female.

## Sexual Orientation and Gender Reassignment

As at 31 March 2021:

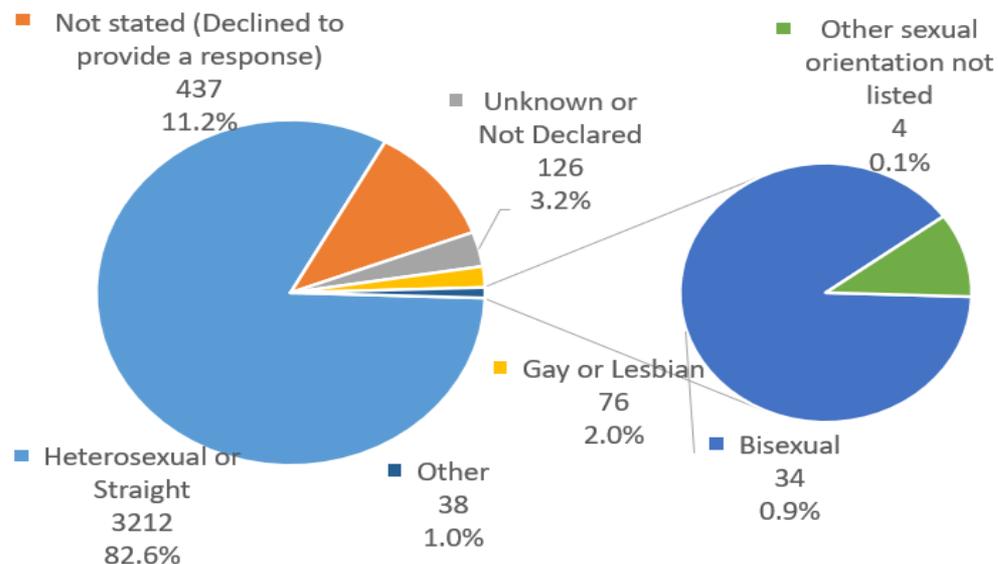
**82.6%** Heterosexual or Straight

**2.82%** Gay, Lesbian or Bisexual

11.24% 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 2016	March 2017	March 2018	March 2019	March 2020	March 2021
Bisexual	0.2%	0.3%	0.4%	0.6%	0.5%	0.87%
Gay or Lesbian	1.2%	1.3%	1.3%	1.6%	1.7%	1.95%
Heterosexual or Straight	77.4%	78.4%	78.8%	80.6%	80.9%	82.59%
Not stated (Declined to provide a response)	14.3%	13.7%	14.2%	14.6%	13.1%	11.24%
Other sexual orientation not listed	-	-	-	-	0.1%	0.10%
Unknown or Not Declared	6.9%	6.4%	5.4%	2.6%	3.7%	3.24%

## 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

## 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 further 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.

*\* Recent guidance identifies that the preferred wording should be Ethnic Minorities. We recognise this and are working with colleagues to make these changes.*



**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. (NB Q217 part b is the Staff Survey question referred to)

**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

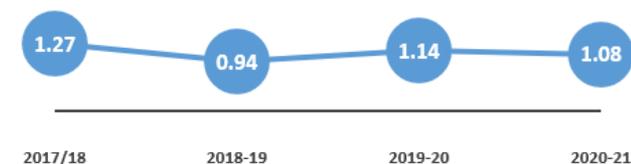
**Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce**

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	96.1%	2.8%	1.1%
Bands 3	93.5%	5.2%	1.3%
Bands 4	94.3%	5.7%	0.0%
Bands 5	94.7%	2.6%	2.6%
Bands 6	95.9%	4.1%	0.0%
Bands 7	95.7%	4.3%	0.0%
Bands 8a	96.6%	3.4%	0.0%
Bands 8b	100.0%	0.0%	0.0%
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	91.7%	8.3%	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	95.0%	3.3%	1.7%
Bands 3	95.5%	3.7%	0.7%
Bands 4	93.0%	4.9%	2.0%
Bands 5	95.5%	4.1%	0.4%
Bands 6	96.1%	3.1%	0.8%
Bands 7	93.2%	4.0%	2.8%
Bands 8a	92.4%	6.8%	0.8%
Bands 8b	92.1%	7.9%	0.0%
Bands 8c	84.6%	7.7%	7.7%
Bands 8d	100.0%	0.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%
Consultants	37.6%	39.0%	23.4%
of which Senior Medical Manager	0.0%	100.0%	0.0%
Non-Consultant Career Grade	46.4%	53.6%	0.0%
Trainee Grade	85.7%	14.3%	0.0%
Other	0.0%	0.0%	0.0%

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

**Current Year 2020-21**

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
White	3924	1300	33.13%
BAME	459	141	30.72%
Not Stated	107	59	55.14%
Relative Likelihood of White staff being appointed from shortlisting compared to BAME			1.08



**Previous 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

The relative likelihood for the current year (2020-21) indicates that BAME staff are **LESS** likely to be appointed when compared to white staff. The likelihood of 1.08 is an improvement on the previous year's figure of 1.14.

**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 2019 to March 2021

Average over 2 years	Entering Formal Disc Process	Headcount	Relative Likelihood of staff entering the Disciplinary Process
White	29.5	3563	0.83%
BAME	2.5	213	1.17%
Not Stated	72	0	0.00%
Relative Likelihood of BAME staff entering the formal Disciplinary process compared to White staff.			1.42



Previous year's average April 2018 to March 2020

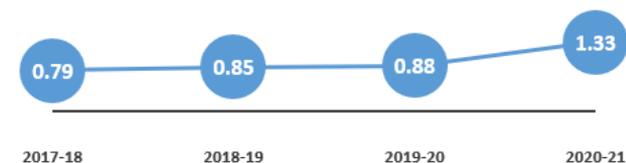
Average over 2 years	Entering Formal Disc Process	Headcount	Relative Likelihood of staff entering the Disciplinary Process
White	31	3496	0.89%
BAME	1.5	166	0.90%
Not Stated	0	79	0.00%
Relative Likelihood of BAME staff entering the formal Disciplinary process compared to White staff.			1.02

The relative likelihood of the current year's average for April 2019 to March 2021 indicates that BAME staff are slightly **MORE** likely to enter the formal disciplinary process when compared to white staff. This figure is an increase on the previous year's period April 2018 to March 2020.

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

#### Current Year 2020-21

	Accessing non-mand / CPD training	Headcount	Relative Likelihood of staff accessing non-mand / CPD training
White	1091	3563	30.62%
BAME	49	213	23.00%
Not Stated	10	72	13.89%
Relative Likelihood of White staff accessing non-mand / CPD training.			1.33



#### Previous Year 2019-20

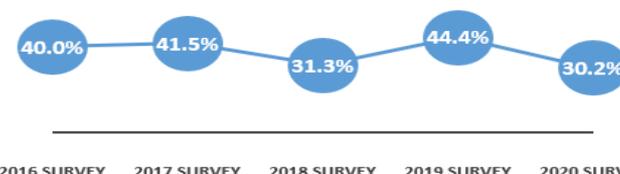
	Accessing non-mand / CPD training	Headcount	Relative Likelihood of staff accessing non-mand / CPD training
White	2181	3496	62.39
BAME	118	166	71.08
Not Stated	27	79	34.18
Relative Likelihood of White staff accessing non-mand / CPD training.			0.88

The relative likelihood for the current year (2020-21) indicates that BAME staff are **LESS** likely to access non-mandatory training when compared to white staff. This is in contrast with the previous 3 years where BAME staff were **MORE** likely to access non-mandatory training.

**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**

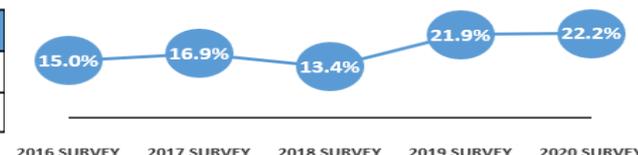
	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
White	27.0%	24.1%	24.0%	27.4%	22.5%
BAME	40.0%	41.5%	31.3%	44.4%	30.2%



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 5 years of staff survey results, but the percentage is lower than it has been for the past 5 years.

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

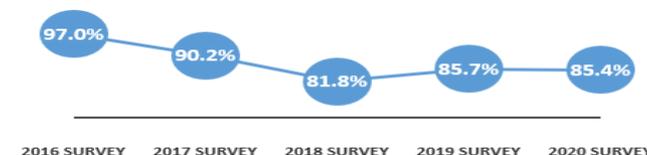
	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
White	16.0%	17.0%	18.5%	17.9%	17.2%
BAME	15.0%	16.9%	13.4%	21.9%	22.2%



The results from the latest staff survey indicates a larger proportion of BAME staff have experienced harassment, bullying or abuse from staff when compared to white staff. This was also the case in the 2019 staff survey results.

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

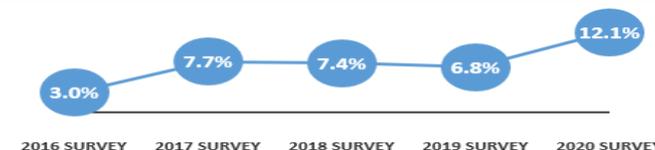
	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
White	91.0%	90.0%	89.5%	89.6%	92.1%
BAME	97.0%	90.2%	81.8%	85.7%	85.4%



The results from the latest staff survey indicate that fewer BAME staff believe the Trust provides equal opportunities for career progression or promotion when compared to white staff. The proportion of BAME staff that believe the Trust provides equal opportunities for career progression has remained broadly similar to last year.

**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 (NB Q217 part b is the Staff Survey question referred to)

	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
White	4.0%	4.7%	5.0%	4.4%	5.0%
BAME	3.0%	7.7%	7.4%	6.8%	12.1%



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 2020-21**

	Board Member		Overall Workforce		Percentage difference between the organisation board voting membership and its overall workforce
	Count	Percentage	Count	Percentage	
White	11	78.6%	3563	92.6%	-14.0%
BAME	3	21.4%	213	5.5%	+15.9%
Not Stated	0	0%	72	1.9%	-1.9%

As at March 2021, the Trust’s Board is made up of 21.4% of BAME staff compared with 5.5% of the overall trust. A difference of 15.9%

**Previous 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%

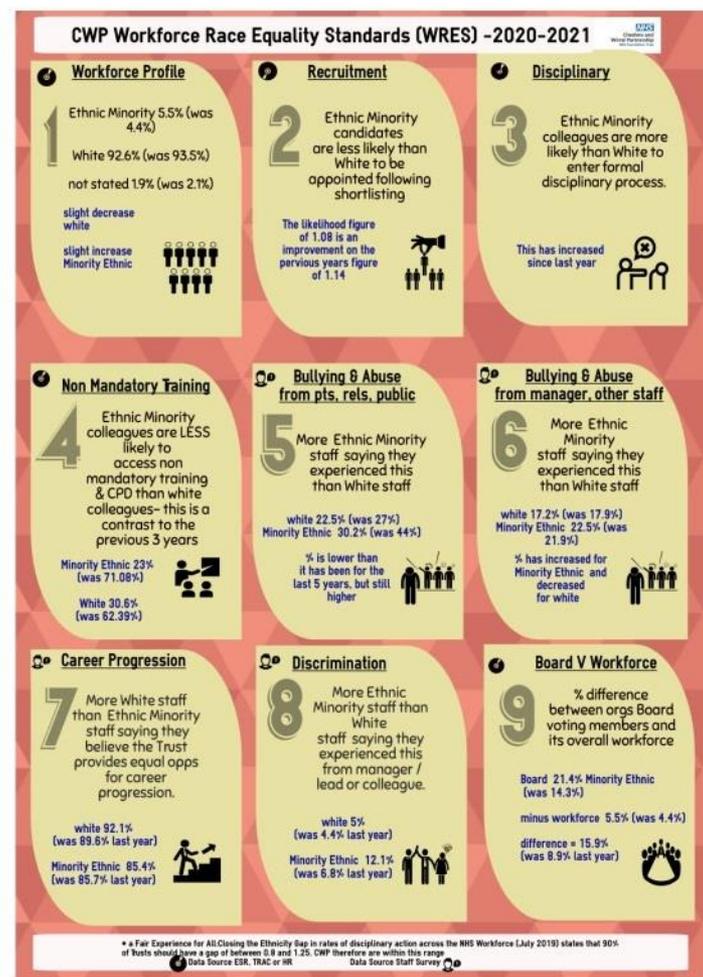
As at March 2020, the Trust’s Board was made up of 14.3% of BAME staff compared with 4.4% of the overall trust. A difference of 8.9%

The 2020 Staff Opinion Survey allowed the introduction of a local question asking Trust staff if they were aware how to intervene in cases of bullying, harassment and abuse and would take action. This question indicated the following for ethnic minority staff who responded:

84% said they knew what to do and would take action  
 12% would take action but were not sure what to do  
 3% would keep out of it or did not say

The infograph image provides an 'at a glance' view of the WRES criteria and results for CWP. The detailed report is also available at this internet link:

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



## Workforce Race Equality Standard (WRES) – Key Findings

- Our report demonstrates an increase in the representation of Black and Minority Ethnic (BAME) people at Board level (Indicators 1 and 9). This figure has progressively increased from 7.14% in 2019 to 14.3% last year and is now 21.4% meaning that CWP continues to perform better than a number of other Trusts in respect of BAME Board representation.
- Like last year, indications are that BAME candidates are less likely to be appointed following shortlisting (Indicator 2). Also, BAME people are more likely to enter the formal disciplinary process than white people (Indicator 3).
- BAME staff are less likely to access non-mandatory training when compared to white staff (Indicator 4). This is in contrast with the previous 3 years where BAME staff were more likely to access this.
- Both fewer white and fewer BAME colleagues said they had experienced harassment, bullying or abuse from patients, relatives or the public than last year (Indicator 5). The BAME decrease was greater, is still higher than for white colleagues but is lower than the national average.
- The results from the latest staff survey indicate a larger proportion of BAME staff say that have experienced harassment, bullying or abuse from staff when compared to white staff (Indicator 6) This was also the case in the 2019 staff survey results. Our BAJME rate is lower than the national average.
- The rates for Career Progression (Indicator 7) indicate that more white people than BAME people believe that the Trust provides equal opportunities. The rate for white staff has increased since last year whereas the rate for BAME people has remained consistent. The BAME rate is higher than the national average.
- The key area for development is in relation to discrimination (Indicator 8). There has been an increase for both BAME and white people saying that they experienced this with the increase for BAME people being larger than the increase for white people. The BAME rate is lower than the national average.
- We are working with members of our BAME+ Network Group to look at how we can progress in a positive way. We have developed a WRES action plan to address points made above and will continue to monitor these.

## 8. Workforce Disability Equality Standard (WDES)



### NHS Workforce Disability Equality Standard

From 2019, the Workforce Disability Equality Standard (WDES) has formed 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.



[www.england.nhs.uk](http://www.england.nhs.uk)

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 staff members with a disability which inform certain parts of the WDES highlight some areas for improvement which will remain a focus moving forward.

This is the third 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 representation of both at Board level and within our workforce as a whole.

**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:

**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**

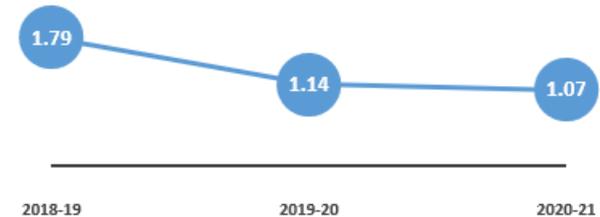
Clinical / Non-Clinical and Banding	% DISABLED	% NON-DISABLED	% UNKNOWN/NULL
<b>Non-Clinical</b>			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	100.0%	0.0%
Bands 2	9.0%	84.8%	6.2%
Bands 3	3.9%	90.9%	5.2%
Bands 4	8.0%	87.5%	4.5%
Bands 5	5.3%	94.7%	0.0%
Bands 6	10.2%	85.7%	4.1%
Bands 7	4.3%	91.5%	4.3%
Bands 8a	3.4%	89.7%	6.9%
Bands 8b	3.7%	88.9%	7.4%
Bands 8c	15.4%	76.9%	7.7%
Bands 8d	11.1%	88.9%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	8.3%	91.7%	0.0%
Other	0.0%	0.0%	100.0%
<b>Cluster 1 (Under Band 1, Bands 1-4)</b>	<b>7.6%</b>	<b>86.9%</b>	<b>5.5%</b>
<b>Cluster 2 (Band 5 - 7)</b>	<b>6.7%</b>	<b>90.3%</b>	<b>3.0%</b>
<b>Cluster 3 (Bands 8a - 8b)</b>	<b>3.6%</b>	<b>89.3%</b>	<b>7.1%</b>
<b>Cluster 4 (Bands 8c - 9 &amp; VSM)</b>	<b>11.8%</b>	<b>85.3%</b>	<b>2.9%</b>
<b>Clinical</b>			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	0.0%	0.0%
Bands 2	10.7%	83.5%	5.8%
Bands 3	5.9%	86.4%	7.7%
Bands 4	7.8%	88.1%	4.1%
Bands 5	6.0%	88.7%	5.4%
Bands 6	6.5%	87.1%	6.4%
Bands 7	5.5%	89.9%	4.5%
Bands 8a	4.5%	87.9%	7.6%
Bands 8b	2.6%	94.7%	2.6%
Bands 8c	0.0%	69.2%	30.8%
Bands 8d	0.0%	100.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	0.0%	100.0%	0.0%
<b>Cluster 1 (Under Band 1, Bands 1 - 4)</b>	<b>6.8%</b>	<b>86.4%</b>	<b>6.7%</b>
<b>Cluster 2 (Bands 5 - 7)</b>	<b>6.1%</b>	<b>88.2%</b>	<b>5.7%</b>
<b>Cluster 3 (Bands 8a - 8b)</b>	<b>4.1%</b>	<b>89.4%</b>	<b>6.5%</b>
<b>Cluster 4 (Bands 8c - 9 &amp; VSM)</b>	<b>0.0%</b>	<b>78.9%</b>	<b>21.1%</b>
<b>Cluster 5 (Medical Consultants)</b>	<b>2.8%</b>	<b>70.2%</b>	<b>27.0%</b>
<b>Cluster 6 (Medical Non-Consultants career grade)</b>	<b>3.6%</b>	<b>89.3%</b>	<b>7.1%</b>
<b>Cluster 7 (Medical trainee grade)</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>

**Change over previous year by Cluster**

Overall Staff who have declared a disability	2020	2021	Change
Cluster 1 (Under Band 1, Bands 1 - 4)	6.7%	7.0%	+0.3%
Cluster 2 (Bands 5 - 7)	5.1%	6.2%	+1.0%
Cluster 3 (Bands 8a - 8b)	2.9%	4.0%	+1.1%
Cluster 4 (Bands 8c - 9 & VSM)	8.2%	7.5%	-0.6%
Cluster 5 (Medical Consultants)	4.1%	2.8%	-1.3%
Cluster 6 (Medical Non-Consultants career grade)	5.0%	3.6%	-1.4%
Cluster 7 (Medical trainee grade)	0.0%	0.0%	0.0%
<b>Total</b>	<b>5.6%</b>	<b>6.2%</b>	<b>+0.6%</b>

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

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
Disabled	367	114	0.31
Non-Disabled	3988	1325	0.33
Not Stated / Not Known	135	61	0.45
Relative Likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled			1.07 Times more likely



The relative likelihood indicates that Disabled staff are **LESS** likely to appointed when compared to Non-Disabled staff, but this likelihood has improved each year since reporting began.

**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 Period April 2019 – March 2021

Average over 2 years	Average Headcount Entering Formal Capability Process	Trust Headcount	Relative Likelihood of staff entering the capability Process
Disabled	0	247	0
Non-Disabled	2	3357	0.001
Not Stated	1	335	0.003
Relative Likelihood of Disabled staff entering the formal Disciplinary process compared to Non-Disabled staff.			0.00

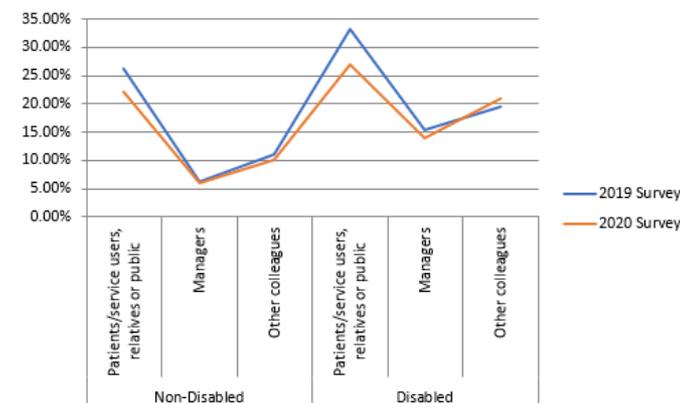


The relative likelihood indicates that Disabled staff are still **LESS** likely to enter the formal capability process then Non- Disabled.

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

Category	Question	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
Non-Disabled	Patients/service users, relatives or public	24.0%	22.0%	22.6%	26.3%	21.7%
	Managers	Not available	8.0%	7.0%	6.3%	5.5%
	Other colleagues	15.0%	9.0%	11.3%	11.0%	10.0%
Disabled	Patients/service users, relatives or public	27.0%	33.0%	30.8%	33.3%	26.6%
	Managers	Not available	15.0%	16.9%	15.3%	14.3%
	Other colleagues	21.0%	20.0%	21.9%	19.4%	21.0%

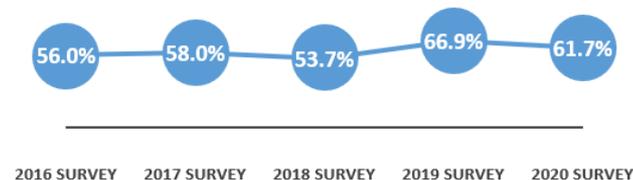
Colleagues experiencing harassment, bullying or abuse from:



In relation to staff with a disability experiencing harassment, bullying or abuse, the results from the latest staff survey indicate improvements in all areas since last year with the exception of disabled staff stating that they experienced harassment, bullying or abuse from other colleagues which indicates a slight deterioration. The rates experienced by all colleagues appear to remain a cause for concern. Disabled staff are still **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. All of these percentages are below the national average however.

## 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.

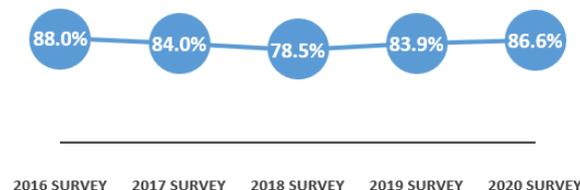
Category	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
Non-Disabled	60.0%	61.0%	53.6%	61.4%	62.6%
Disabled	56.0%	58.0%	53.7%	66.9%	61.7%



The results from the latest staff survey indicates that that over half of all staff regardless of disability reported harassment, bullying or abuse at work when they experienced it. Our percentages are better than the national average.

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

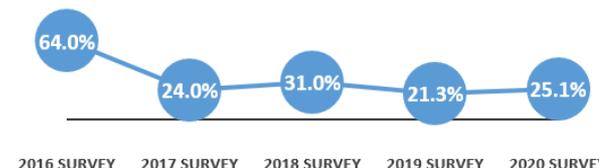
Category	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
Non-Disabled	92.0%	91.0%	91.5%	91.1%	93.3%
Disabled	88.0%	84.0%	78.5%	83.9%	86.6%



The results from the latest staff survey indicates that a larger proportion of non-disabled staff believe the Trust provides equal opportunities for career progression than non-disabled staff. However, both percentages have increased since last year with the percentage increase for disabled being greater. We are better than the national average with our percentages.

**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.**

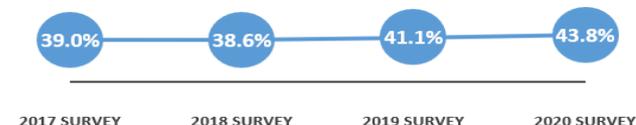
Category	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
Non-Disabled	49.0%	16.0%	13.9%	14.0%	12.1%
Disabled	64.0%	24.0%	31.0%	21.3%	25.1%



The results from the latest staff survey indicate that disabled staff are **MORE** likely to feel pressure from their manager to come to work than non-disabled staff. This has been the case for each of the last 5 years survey results.

**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.**

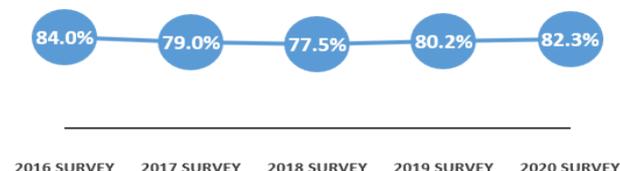
Category	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
Non-Disabled	Not available	50.0%	51.5%	50.2%	53.2%
Disabled	Not available	39.0%	38.6%	41.1%	43.8%



The results from the latest staff survey indicate that Disabled staff are **LESS** likely to feel satisfied with the extent to which CWP values their work than Non-Disabled staff. The figure for Disabled staff has been improving over the last 3 years.

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

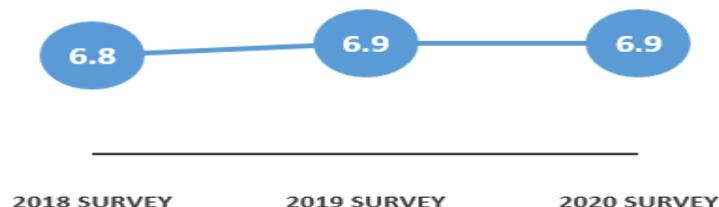
Category	2016 Survey	2017 Survey	2018 Survey	2019 Survey	2020 Survey
Disabled	84.0%	79.0%	77.5%	80.2%	82.3%



The percentage of Disabled staff saying that the Trust has made adequate adjustment(s) to enable them to carry out their work has improved over the last 3 years, but almost a fifth of disabled staff feel that the Trust hasn't made adequate adjustments but we are above the national average.

**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	2019 Survey	2020 Survey
Non-Disabled	7.3	7.2	7.3
Disabled	6.8	6.9	6.9
Overall Trust	7.2	7.1	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) Yes – Network Group introduced in July 2019 and instrumental in the implementation of the following improvements:**

- The group meets regularly, has an agreed set of Terms Of Reference, has a Chair and Vice Chair as well as a Board Champion.
- There is also a bespoke 'WhatsApp' group as an additional support for colleagues with a disability or a long term health condition.
- A comprehensive Reasonable Adjustments Guidance document has been co-produced by the group and shared across the Trust.
- An awareness raising kitemark has been developed by the group and promoted via a flag at the entrance to Trust HQ site and on all network correspondence.
- International Day of Persons with Disabilities was celebrated by the group as was Disability History Month via a collaborative online event together with public sector partners across Wirral and Cheshire.
- World Cerebral Palsy Day was celebrated within the Trust, raising awareness via a colleague with lived experience who shared their powerful story.
- Our network has also been a key driver in our reaccreditation as a Disability Confident Employer, has raised awareness via a Facebook Live event and is currently working on a Newsletter.
- A bespoke 'Breakfast With Sheena' session was held to allow Disability Network members to share experiences with our Chief Executive and group members have also joined our team of Freedom To Speak Up Ambassadors.

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

Category	Voting Board Member		Overall Workforce	
Non-Disabled	14	100.00%	3357	85.2%
Disabled	0	0.00%	247	6.3%
Not Stated	0	0.00%	335	8.5%
Percentage difference between the organisation board voting membership and its overall workforce			<b>-6.3%</b>	

The Trust's Board including voting and non-voting members is made up of 6.7% disabled compared with 6.3% of the overall Trust. The Trust's Board voting membership is made up of 0% disabled compared with 6.3% of the overall Trust.

Regarding the local question asking CWP colleagues if they were aware how to intervene in cases of bullying, harassment and a buse and would take action. The responses indicated the following for colleagues with a disability who responded:

- 89% said that they knew what action to take and would take that action
- (7% would take action but were not sure what to do
- 4% would keep out of it or did not say)

## CWP Workforce Disability Equality Standard 2020-2021

**NHS**  
 Cheshire and Wirral Partnership  
 NHS Foundation Trust

### 1 Workforce Profile

Disabled 6.3% (was 5.6%)  
 Non-Disabled 85.2% (was 85.3%)  
 not stated 8.5% (was 9.1%)

A slight increase in colleagues declaring a disability on ESR  
 A slight reduction in colleagues who have not stated

### 2 Recruitment

Disabled 0.31% (was 0.26%)  
 Non-Disabled 0.33% (was 0.29%)

Disabled candidates are less likely to be appointed when compared to non-disabled candidates. The likelihood has improved each year since reporting began

### 3 Capability

Disabled 0% (was 0%)  
 Non-Disabled 0.0001% (was 0.05%)

Disabled staff are still less likely to enter the formal capability process when compared to non-disabled staff

### 4a Reporting harassment, bullying and abuse

Disabled	Patients/service users, relatives or public	26.6% (was 33.3%)
	Managers	14.3% (was 15.5%)
	Other colleagues	23.0% (was 19.4%)
Non-Disabled	Patients/service users, relatives or public	21.7% (was 26.3%)
	Managers	5.5% (was 6.3%)
	Other colleagues	10.0% (was 11.0%)

More disabled colleagues than non-disabled said they experienced bullying, harassment and abuse from patients, public and their manager. Fewer disabled staff said they received it from colleagues, but more from their manager.

### 4b Reporting harassment, bullying and abuse

Disabled 61.7% (was 66.9%)  
 Non-Disabled 62.6% (was 61.4%)

Over half of all colleagues, regardless of disability, said that, when they experienced it, they reported it.

### 5 Career Progression

Disabled 86.6% (was 83.9%)  
 Non-Disabled 93.3% (was 91.1%)

A larger proportion of non-disabled colleagues stated that they believe the Trust provides equal opportunities for career progression than disabled colleagues. Both percentages have increased since last year with the percentage increase for disabled being greater

### 6 Pressure to come to work

Disabled 25.1% (was 21.3%)  
 Non-Disabled 12.1% (was 14%)

A larger proportion of disabled colleagues said that they were likely to feel pressure from their manager to come to work than non-disabled. This has been the case for each of the last 5 years survey results. Disabled figure decreased since last year. Non-disabled figure increase since last year.

### 7 Satisfaction with work

Disabled 43.8% (was 41.1%)  
 Non-Disabled 53.2% (was 50.2%)

A smaller proportion of disabled colleagues said that they felt satisfied with the extent to which CWP values their work than non-disabled staff. The figure for Disabled staff has been improving over the last 3 years.

### 8 Reasonable adjustments

82.3%  
 was 80%

The percentage of Disabled staff saying that the Trust has made adequate adjustment(s) to enable them to carry out their work has improved over the last 3 years, but almost a fifth of disabled staff feel that the Trust hasn't made adequate adjustments.

### 9a Staff Engagement

Disabled 6.9 (was 6.9)  
 Non-Disabled 7.2 (was 7.3)

CWP overall 7.1 (was 7.2)

Score for disabled has remained the same. Score for non-disabled has reduced.

Score overall has reduced.

### 9b Has CWP taken action to facilitate the voices of disabled staff to be heard?

Network introduced in July 2019, meets regularly and instrumental in the implementation of a number of improvements

### 10 % difference between Board & overall workforce

6.7% Board (was 6.6%)

Trust overall 6.3% (was 5.6%)

= difference of 0.4% (was 1%)

NB Voting membership 0% disabled.

ESR, TRAC or HR system data

staff survey data source

The infographic provides an 'at a glance' view of the WDES criteria and results for CWP. The detailed data is also available at this internet link:

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

## Workforce Disability Equality Standard (WDES) – Key Findings

As stated above, representation of people with a disability both at Board level (indicator 10) and within our workforce as a whole has increased since last year (indicator 1). There have been improvements within all but one area within indicator 4a (staff experiencing bullying, harassment and abuse), the exception being in relation to disabled people experiencing this from other colleagues which has increased. Further improvements are within the likelihood of disabled people entering the formal capability process (indicator 3), satisfaction with work (indicator 7), reasonable adjustments (indicator 8) and staff engagement (indicator 9a). Within indicator 5, a larger proportion of non-disabled colleagues believe the Trust provides equal opportunities for career progression than disabled. However, both percentages have increased since last year with the percentage increase for disabled being greater. Staff with a disability told us that they are more likely to feel pressure from their manager to come to work when not feeling well enough than non-disabled staff (Indicator 6). The percentage for disabled has increased slightly since last year whereas the percentage for non-disabled has decreased slightly.

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. The rates harassment, bullying and abuse experienced by all colleagues appear to remain a cause for concern. However, there have been improvements in relation to colleagues with a disability. Firstly, 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. 60% of all staff regardless of disability reported harassment, bullying or abuse at work when they last experienced it. However, the percentage for disabled people has decreased whereas the percentage for non-disabled has increased slightly. Disabled staff are more likely to feel pressure from their manager to come to work than non-disabled staff (indicator 6).

The staff engagement score has remained the same for colleagues with a disability and has increased slightly for both non-disabled staff and the Trust overall (Indicator 9a) and unlike a number of other Trusts, we facilitate for disabled people to have a voice via our Network Group. There remains a disparity between disability reporting rates on ESR when compared to the anonymous staff survey. 25% of all staff completing their staff survey in 2020 stated that they had a disability whereas only 6.4% had a disability recorded against their staff file. Whilst this is a slight improvement from last year, we have produced a video and a fact sheet to enable colleagues to consider updating their ESR record and raised awareness via Facebook Live. The refreshed Supervision process now encourages conversations to facilitate this and Aspire and Succeed development programmes now flag this up as a priority.

## 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 further 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 due to Clinical Excellence Award payments for medical staff.



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

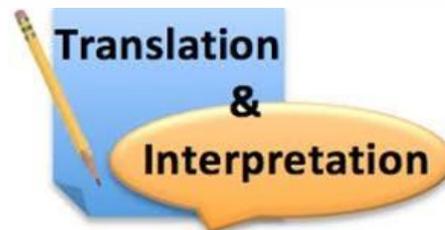
<https://www.cwp.nhs.uk/resources/reports/cwp-gender-pay-gap-report-2019/>

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

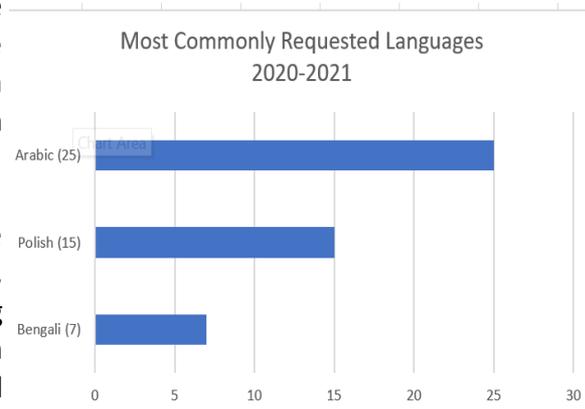
CWP is committed to workforce equality and have agreed the following actions:

- 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
- Continued promotion of Clinical Excellence Award opportunities to increase applications from female medical staff
- Re-visit 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.
- Implement the programme of Reciprocal Mentoring Programme.
- Raising with network groups and consider any relevant or related output information from the Trust's 'Imagining the Future' engagement programme.

## 10. Translation & Interpretation



As shown below, for the year 2020-2021, the 3 most common languages requested for translation across the Trust footprint were Arabic, Polish and Bengali.



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. In addition, the ‘Recite Me’ function is available on the Trust internet website making online content more accessible for people.

We used a British Sign Language (BSL) interpreters from April 2020 to March 2021 on 23 occasions during the year.

We have continued to make improvements 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 was piloted by the 24/7 Crisis Line Team last year before being rolled out to other teams such as Complaints and PALS. We marketed the line in different languages to support widened access for all and identified the 10 different languages spoken across our communities so that we could produce marketing material in those languages.

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. 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)

### 13. 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 2020-21 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 Contract.
- 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 2020-21 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.

## 14. Recommendation

Trust Board members are invited to receive and approve the Annual Equality, Diversity & Inclusion Monitoring Report 2020-21.



With grateful thanks to everyone at Cheshire and Wirral Partnership NHS Foundation Trust and in particular the following colleagues: (clockwise from top left) Lisa Parker, Beth Fisher, Isabell Sutherland, Marley Whelan, Tracey Williamson, Jean Pace, Philip Makin.

