



<b>Report to:</b>	<b>Trust Board</b>
<b>Date of Meeting:</b>	September 2017
<b>Title of Report:</b>	<b>Annual report</b> Equality and Diversity Activity Report 2016-17
<b>Action sought:</b>	For Noting
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**Strategic Objectives that this report covers:**

SO1 Deliver improved and innovative services that achieve excellence.  
SO2 Ensure meaningful involvement of service users, carers, staff and the wider public.  
SO3 Be a model employer and have a competent and motivated workforce.  
SO5 Performance Manage all services using an evidence based approach within a Risk Management Framework.  
SO6 Improve quality of information to improve service delivery and longer term planning.  
SO8 Develop Trust's brand value.

**Distribution**

Version	Name(s)/Group(s)	Date Issued
1	Trustwide Equality & Diversity Group	21st August 2017
	Trust Board	2 5 <sup>th</sup> September 2017

## 1. Purpose of the report

This report is to provide the Board with assurance that CWP are meeting their equality and diversity obligations. The report also provides details of our current performance, ongoing work to date, identified challenges and sets key actions for moving forward.

## 2. 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 and everyone has characteristics about them that mean they may be subject to discrimination or exclusion. The Act clarifies characteristics that 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;

Protected Characteristics		
Age	Disability	Gender
Gender Reassignment (Trans)	Marriage/Civil Partnership	Pregnancy/Maternity
Race	Religion or Belief (including lack of belief)	Sexual Orientation

The Equality and Human Rights Commission (EHRC) is the body that is charged with ensuring compliance and has similar powers to the CQC. As future guidance emerges from the EHRC the Trust will incorporate it into plans and actions around equality:

## 3. Progress

### Equality Delivery System Assessment 2 (EDS2): Appendix 1

The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partner's including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also deliver on the public sector Equality Duty (PSED).

The EDS2 assessment has 4 Goals;

- Goal 1 Better outcomes for all
- Goal 2 Improved patient access and experience
- Goal 3 Empowered, engaged and well supported staff
- Goal 4 Inclusive Leadership'

The rating scale is graded using 4 levels Underdeveloped, Developing, Achieving and Excellent.

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

<b>1. Undeveloped</b>	Evidence provided for 0-2 protected characteristics
<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

Local community network groups representing members of the diverse community groups across the 3 localities were invited to attend CWP NHS Equality Delivery System 2 assessments across the Trust to score the Trust against EDS2 Goals:1 and 2' The events took place in the Wirral and Cheshire Central / East in September 2016 and in Cheshire West in March 2017, The events were designed to allow key community partners across the Trust to undertake and contribute to assessing performance by CWP in their strategic implementation of the Equality Delivery System 2 (EDS2).

Organisations had been chosen for their location and expertise within the communities in which they serve; all organisations involved or invited provide services for groups classed under the nine equality 'Protected Characteristics' of the Equality Act 2010.

**Stakeholders - Partners on the assessment panel:**

Wirral	Cheshire West	Cheshire East
<ul style="list-style-type: none"> <li>• Wirral Cultural Network</li> <li>• Wirral Change</li> <li>• Wirral Older People's Parliament</li> <li>• Mencap</li> <li>• Wirral Royal Society for the Blind</li> <li>• Age UK</li> <li>• Healthwatch Wirral unable to attend the event, copies of the EDS2 assessment evidence sent to Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>• Deafness Support Network,</li> <li>• Cheshire Halton and Warrington Race Equality Centre,</li> <li>• Body Positive.</li> <li>• Healthwatch Cheshire West unable to attend the event, copies of the EDS2 assessment evidence sent to Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>• Body Positive</li> <li>• East Cheshire CCG</li> <li>• South Cheshire CCG</li> <li>• Vale Royal CCG</li> <li>• Healthwatch Cheshire East</li> <li>• Cheshire East Multi Cultural Forum</li> <li>• Motherswell</li> <li>• Deafness Support Network</li> <li>• Cheshire East Council</li> </ul>

The assessment events involved presentations from locality services to local community network groups and provided opportunities for them to ask questions of CWP Teams and Service Managers. CWP provided evidence produced by respective services against the EDS2 goals. The groups then rated and scored the CWP Trust performance against the EDS2 rating scale. The variance in scoring in goals 1 and 2 is a result of the Trust being assessed in 3 localities and by different organisations.

The Trust has worked in partnership with various organisation i.e. Local Healthwatch, Deafness Support Network, Body Positive: LGBT and their representatives to get a better understanding of the best formats evidence can be provided for future assessments.

The EDS2 assessment for Goals 3 and 4' was completed by staff side representatives from the Royal Collage of Nursing (RCN) and Unison the Trust scored 'Achieving' for both goals.

**EDS2 partners' assessment grades for goals 1 and 2 with comparison between 2015-2016 and 2016-17**

The assessment score for the Trustwide grade has been calculated by adding the assessment grade for each locality.

The information below highlights the difference in the assessment scoring for each goal and outcomes between last year 2015-16 and this year 2016-17 in the 3 localities and Trustwide.

- The Wirral have scored Achieving in all areas again in 2016-17.
- Cheshire Central / East has seen an improvement in all 9 outcomes from Developing to Achieving in 2016-17
- Cheshire West has seen an improvement in the scoring of 5 of the 9 outcomes that scored Developing in 2015-2016 to Achieving in 2016-17

Developing (D) =  Achieving (A) = 

Equality Delivery System 2: Goal 1								
1. 'Better health outcomes for all'								
Individual Outcome grades for Goal 1:			Grade:					
CWP Locality:	Wirral		Cheshire East		Cheshire West		Trust wide	
	15-16	16-17	15-16	16-17	15-16	16-17	15-16	16-17

<b>EDS2 Outcome 1.1</b> Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	A	D	A	D	D	D	A
<b>EDS2 Outcome 1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways	A	A	D	A	D	D	D	A
<b>EDS2 Outcome 1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	A	A	D	A	D	A	D	A
<b>EDS2 Outcome 1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	A	A	D	A	D	A	D	A
<b>EDS2 Outcome 1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities	A	A	D	A	D	D	D	A

Equality Delivery System 2: Goal 2								
2. 'Improved patient access and experience'								
Individual Outcome grades for Goal 2:			Grade:					
CWP Locality:	Wirral		Cheshire East		Cheshire West		Trust wide	
	15-16	16-17	15-16	16-17	15-16	16-17	15-16	16-17
<b>EDS2 Outcome 2.1</b> People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	A	A	D	A	D	A	D	A
<b>EDS2 Outcome 2.2</b> People are informed and supported to be as involved as they wish to be in decisions about their care	A	A	D	A	D	A	D	A
<b>EDS2 Outcome 2.3</b> People report positive experiences of the NHS	A	A	D	A	D	D	D	A
<b>EDS2 Outcome 2.4</b> People's complaints about services are handled respectfully and efficiently	A	A	D	A	D	A	D	A

Equality Delivery System 2 Goal 3:	
Goal 3. 'Empowered, engaged and well-supported staff'	Verified by: Staffside Reps Unison and RCN: March 2017
<b>CWP Trustwide</b>	2015-16 and 2016-17 Received the same assessment score
<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>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>EDS2 Outcome 3.4</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	<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>EDS2 Outcome 3.6</b> Staff report positive experiences of their membership of the workforce	<b>Achieving</b>
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<b>Equality Delivery System 2 Goal 4:</b>	
<b>4. 'Inclusive Leadership'</b>	
<b>CWP Trustwide</b>	<b>2015-16 and 2016-17 Received the same assessment score</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>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>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>

Responses and actions to the Equality Delivery System 2 (EDS2) assessments will be developed and embedded into the Trust 4 year Equality Objective Plan 2016-20 action plan and some business plans completed by the clinical service units to improve services to services users that help support delivery of personal fair diverse services and monitored via the diversity framework.

### **Diversity Framework**

The Trust Diversity Framework continues to develop and embed into the locality structure. Each locality has established a locality wide partnership network / group which consists of members from the diverse community, the three groups are at different stages of maturity and effectiveness. The purpose of the locality groups is to respond to the EDS2 assessment and drive improvement in how we provide services locally to people with protected characteristics and provide assurance to the Trust wide Equality and Diversity Group of the quality of equality and diversity in their local services. This group reports through the People Operational and Development group.

Diversity partners: Tomorrows Woman, Age UK, Deafness Support Network, Irish Community Care Merseyside, Wirral Lesbian Gay Bisexual Transgender (LGBT) / Terrence Higgins Trust, Wirral Multicultural Centre (BME), Merseyside Society for Deaf People, Body Positive LGBT, Cheshire East Multi Cultural Forum (BME) Sahir House, Older Peoples Parliament

### **Workforce Race Equality Standard (WRES) Appendix 2**

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 (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The Workforce Race Equality Standard (WRES) consists of nine metrics. Four of the metrics are specifically on workforce data and one metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.

Four of the metrics are based on data derived from the national NHS Staff Survey indicators and highlights the differences between the experience and treatment of White staff and BME staff in the NHS.

The CWP 2016 NHS Staff Survey was completed by 1580 staff which is a response rate of 47% which is above average for combined mental health / learning disability trust in England and compares with a response rate in the Trust in 2015 of (49%) in 2015 staff highlighted their ethnic background as white 97% and BME 3% in 2016 the ethnic background figures were white 96% and BME 4%.

**Workforce:** There are four workforce indicators and the standard compares the metrics for White and BME staff, indicator 3: Relative likelihood of BME staff entering the formal disciplinary process, as

measured by entry into a formal disciplinary investigation has highlighted an increase in BME staff entering the formal disciplinary route in 2016-17 compared to 2015-16, although there has been an increase the actual number of BME Staff entering the disciplinary process the numbers are relatively low 5 in 2016-17 compared to 1 in 2015-16.

	<b>2016-17</b>	<b>2015-16</b>
<p><b>3</b> Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Total Number of BME Staff entering the disciplinary process 2016-17=5 BME- Staff 2015-16=1 BME- Staff</p> <p>*Note: this indicator will be based on data from a two year rolling average of the current year and the previous year</p>	<p>Relative likelihood of BME staff entering the formal disciplinary process, is <b>3.05</b> times more likely compared to White staff</p> <p><b>0.01</b> of White staff enter the formal disciplinary process compared to <b>0.04</b> BME staff</p>	<p>Relative likelihood of BME staff entering the formal disciplinary process, is <b>0.35</b> times more likely compared to White staff</p> <p><b>0.02</b> of White staff enter the formal disciplinary process compared to <b>0.01</b> BME staff</p>

The CQC well-led assessment in 2017 highlighted the increase of BME staff entering the formal disciplinary process, the Trust had already begun to analyse the data to obtain a better understanding of the root cause of the increase and to breakdown the information into locality service lines, reasons and possible themes

The Trust also aim to clarify the ethnicity of all BME staff entering the formal disciplinary and investigation process, to ensure the ethnicity categories are correct as CWP staff equality monitoring data consist of White Minority Ethnic (WME) and Black Minority Ethnic (BME) and the Trust needs to ensure WME and BME have not been added together for the BME figures.

**Of the four questions covering the NHS Staff survey 3 have seen an improvement for BME staff and one has stayed the same. Figures in green highlight an improvement in last year's figures Key Finding and question numbers are the same in 2016 as 2015.**

Figures in green highlight an improvement in last year's figures

	<b>Indicator</b>	<b>Data for reporting year 2016</b>	<b>Data for previous year 2015</b>
<b>5</b>	<p><b>KF 25.</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p> <p>Experiences of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has seen a reduction of <b>3%</b> for white staff and <b>6%</b> for BME staff.</p>	<p>White staff: <b>24%</b></p> <p>BME staff: <b>34%</b></p> <p><b>Average (median) for combined MH/LD and Community Trusts</b></p> <p>White staff– <b>27%</b></p> <p>BME staff- <b>32%</b></p>	<p>White staff: <b>27%</b></p> <p>BME staff: <b>40%</b></p>
<b>6</b>	<p><b>KF 26.</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p> <p>Experiences of experiencing harassment, bullying or abuse from staff in last 12 months has seen a reduction of <b>3%</b> for white staff and <b>8%</b> for BME staff.</p>	<p>White staff: <b>16%</b></p> <p>BME staff: <b>15%</b></p> <p><b>Average (median) for combined MH/LD and Community Trusts</b></p> <p>White staff– <b>20%</b></p> <p>BME staff- <b>24%</b></p>	<p>White staff: <b>19%</b></p> <p>BME staff: <b>23%</b></p>

7	<p>KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion</p> <p>Experience of white staff and BME staff were the same as 2015 and highlights that staff believe the Trust provides equal opportunities for career progression.</p>	<p>White staff: 91%</p> <p>BME staff: 97%</p> <p>Average (median) for combined MH/LD and Community Trusts</p> <p>White staff: 89%</p> <p>BME staff: 78%</p>	<p>White staff: 91%</p> <p>BME staff: 97%</p>
8	<p>Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?</p> <p>b) Manager/team leader or other colleagues</p> <p>Experience of white staff has seen a <b>1%</b> decrease from 2015 and there has been a decrease of <b>9%</b> from 2015 for BME staff</p>	<p>White staff: <b>4%</b></p> <p>BME staff: <b>3%</b></p> <p><b>Average (median) for combined MH/LD and Community Trusts</b></p> <p>White staff: <b>3%</b></p> <p>BME staff: <b>5%</b></p>	<p>White staff: <b>5%</b></p> <p>BME staff: <b>12%</b></p>

### Workforce Race Equality Standard (WRES) action plan 2017-18

At a recent NHS England WRES workshop earlier in the year the NHS England lead on the WRES Roger Kline made the recommendation that WRES action plans need to more specific with only a few actions therefore the CWP 2017-18 WRES action plan consist of only 3 specific actions covering Diverse Workforce, Recruitment, Disciplinary Processes

#### Diverse Workforce

Whilst the Trust can show representation in the various bandings in our workforce as a whole there is work to be done to attract minority staff across the range of job opportunities and in particular into senior roles.

#### Recruitment

Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. The Trust will monitor and address any imbalance and review reasons for the outcome of BME staff not being appointed after interview.

#### Disciplinary Processes

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation, the Trust will monitor data throughout the year and address issues if they arise and have set about reviewing the reasons for the increase in BME staff entering the formal disciplinary process in 2016-17.

#### 4.3 Board Representation Indicator:

For this indicator, compare the difference for white and BME staff

	Indicator	Data for reporting year	Data for previous year
9	<p>Percentage difference between the organisations' Board and its overall workforce disaggregated:</p> <ul style="list-style-type: none"> <li>membership and its overall workforce disaggregated by voting membership of the board</li> <li>By executive membership of the board</li> </ul> <p><b>2016</b></p>	<p>Percentage difference between the organisations' Board voting membership and its overall workforce is <b>3.44%</b></p> <p>By executive membership of the board</p> <p>Board Directors:</p> <p>White: <b>92.86%</b> BME: <b>7.14%</b></p>	<p>Percentage difference between the organisations' Board voting membership and its overall workforce is <b>4.10%</b></p> <p>By executive membership of the</p>

	14 Board members: 1 BME and 13 White  <b>2015</b> 13 Board members: 1 BME and 12 White		board Board Directors: White: <b>92.31%</b> BME: <b>7.69%</b>
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**Data: Appendix 3**

CWPs workforce for April 2016–March 2017 reasonably reflects the characteristics of local populations across the areas that CWP serves; there has been a slight increase over the last twelve months in the number of staff from Black and Minority ethnic backgrounds **0.09%**. The challenges for the Trust in improving representation is understanding the distinct differences in community make up across the large geographical area we serve and working with the number of small and locality based services that are spread out across the Trust.

CWP aim to provide a personal, fair and diverse working environment for all of our staff and the majority of the Trusts evidence from the NHS Staff Survey results to demographic information suggest this is felt by our staff too.

**Staff Profile Highlights Headlines: As of March 2017 CWP employed 3431 people of which;**

- **80%** are women
- **25.67%** are aged under 35 and **26.95%** are aged over 55
- Across Cheshire West & Chester, Cheshire East, Wirral and Trafford there are between **3% - 9.38%** of staff from Black Minority and Ethnic Communities depending on where staff are located across the Trust.
- **3.53%** of staff disclosed that they consider themselves to have a disability, **90.43%** of staff told us they don't consider themselves to have a disability with the remainder either unknown or chosen not to disclose.
- **80.10%** of staff disclosed as Heterosexual and **1.54%** as Lesbian, Gay or Bisexual with the remainder unknown or chose not to disclose.
- **50.88%** of staff considers themselves Christian, **14.61%** as Atheists and the third biggest group at **8.56%** choosing to define their religion as Other
- **20.15%** choose not to disclose their religion or belief.

**Interpretation & Translation: Appendix 4**

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

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

**Accessible Information Standard: Appendix 5**

The Accessible Information Standard 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 the types of support that might be required include large print, braille or using a British Sign Language (BSL) interpreter.

The Trust has promoted and the Accessible Information Standard and has begun to implement the 5 requirements of the standard:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.



- 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.
- 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

### **CWP's Commitment to Delivering Personal, Fair and Diverse Healthcare Services Equality Priorities 2016—2020: Appendix 6**

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

#### **CWP Equality Priorities for 2016-2020**

##### **Improving our Intelligence:**

- Develop a Trust-wide approach to collecting equality information
- Review the data available relating to those currently accessing CWP services data/information in order to identify gaps in equality and diversity information reporting.
- Work with lived experience representatives to further consult with people who access CWP services and their carers in relation to Trust E & D objectives and action plan
- Formalise relationships with Local Authority, third sector and other statutory bodies to enable greater sharing of data and intelligence information in relation to equality groups and health inequalities

##### **Developing our Staff:**

- Continue to review the training offered for staff and provide a summary of mandatory and non-mandatory training by ethnic groups providing data for the Trust wide Equality & Diversity group
- Develop a WRES action plan to encourage a more diverse workforce in the various bandings and attract minority staff across the range of job opportunities and in particular into senior roles.
- Develop a range of successful community and staff engagement events and activities that highlight different communities and demonstrate the Trusts commitment to being a personal, fair and diverse organisation
- Provide opportunities for staff to be involved in the setting up of staff network groups for BME LGBT and staff with a disability or long term medical condition

##### **Working with our Communities:**

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

##### **Quality Contracts**

Contract Guidance recommends that commissioners' service specifications should clearly set out requirements for protected groups where there is a need to do so. Through their contract monitoring, commissioners ensure that providers are working towards better health outcomes for all and improved patient access and experience. The EDS2 provides a tool to flag issues of concern that can be dealt with through the contract monitoring process.

## Trust Diversity Information

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

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

- Equality Delivery Standard 2 (EDS2) Appendix 1
- Workforce Race Equality Standard (WRES) Appendix 2
- Staff Equality Monitoring Report 2016-17 Appendix 3
- CWP Interpretation and Translation Report 2016-17: Appendix 4
- CWP Equality & Diversity 4 Year Objective Action Plan 2016-2020 Appendix 5

## Equality Impact Assessments

Equality Impact Assessments are completed on all CWP policies strategies and proposed changes to services. The CQC CWP inspection report published in December 2015 after the inspection in June 2015 highlighted 'All the policies we saw had a comprehensive equality impact assessment'. The Trust has reviewed its Equality Impact Assessment process and guidelines and will review it in partnership with 3<sup>rd</sup> sector organisations in 2017-18

## Challenges identified 2016/17

- EDS2 evidence needs to be more specific on how services are provided to all members of the diverse communities.
- Sexual Orientation Monitoring Information Standard to be introduced in 2017 this will provide a standardised approach to the collection of equality data for service users'
- Changes to Carenotes in relation to gathering information on additional issues relating to culture and additional answers to some questions example 'asking if you are male or female' it had been highlighted by our partners in the LGBT community that some people don't see themselves a male or female hence the reason for asking for an option of other/ prefer not to say
- Introduction of the Workforce Disability Equality Standard (WDES) to be introduced late 2017-early 2018
- Workforce Race Equality Standard (WRES) the 2017 report has highlighted a number of positive improvements for BME staff although data collected highlighted a significant increase in the number of BME staff being disciplined compared to 2016 the Trust are reviewing in more depth the issues highlighted in the WRES report and will report on its findings
- Accessible Information Standard (AIS) the Trust will continue to raise the profile of the AIS to staff and monitor developments and progress against the standards

## Action taken or in progress:

- EDS2 Evidence: worked with Healthwatch and have had guest speakers coming to the Trust to meet the CWP Equality Champions to discuss issues relevant to their specific groups: i.e. Unique: Transgender Organisations, Body Positive: LGBT group
- To address the issues relating to data collection the Trust have: highlighted certain areas that need to be improved on care notes, the collection of data on sexuality and ethnicity, regarding sexuality data
- The Trust have promoted Stonewalls publication 'What's it got to do with you' this publication highlights reasons for collecting data, this has been promoted on the CWP internet, CWP Essential
- Copies have been sent to all 3 Locality Equality leads and Champions and raised at the CWP Equality & Diversity Committee
- Changes to Carenotes are completed at national level, however the Trust are exploring what amendments can be made locally to collect additional data, we are working with 3<sup>rd</sup> sector organisations to develop appropriate data collection methods..

The Trust wide equality and diversity group will continue to monitor the actions in response to these challenges.

**Recommendations** It is recommended that the Board of Directors note;

- Regarding the responses to point 3 of the WRES Report: Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation, the CQC well-led assessment highlighted the increase of BME staff entering the formal disciplinary process, the Trust had already begun to analyse the data to obtain a better understanding of the root cause of the increase and to breakdown the information into locality service lines, reasons and possible themes
- The Trust is compliant with the requirements of the Equality Act and the CCGs Equality and Diversity Quality Requirements, regular updates are provided to the various commissioners as requested in the quality contact
- The progress made in embedding the Equality and Diversity Framework across Trust is updated at the Trust Equality & Diversity Group the Equality Delivery System 2 (EDS2) assessments carried out by various local organisations in the 3 localities also monitor Trust progress
- CWP's Commitment to Delivering Personal, Fair and Diverse Healthcare Services 2016—2020 There are governance arrangements in place to monitor progress of the Trust Equality and Diversity 4 year 2016-2020 objective action plan.

**Appendix: 1:** Workforce Race Equality Standard Report (WRES) 2016-17

**Appendix: 2** Equality Delivery System 2 (EDS2) 2016-17

**Appendix: 3** CWP Staff Equality Monitoring Report 2016-17

**Appendix: 4** CWP Translation and Interpretation Report 2016-17

**Appendix: 5** NHS England Accessible Information Standard

**Appendix: 6** CWP Personal Fair and Diverse Commitment 2016-2020