

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System 24/25

Domain 1, 2, 3

Evidence, Scoring and Planning

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	The Royal Wolverhampton NHS Trust	Organisation Board Sponsor/Lead		
		Alan Duffell Group Chief People Officer		
Name of Integrated Care System	Black Country ICS			

EDS Lead	Domain 1: Alison Dowling, Head of Patient Experience and Public Involvement Domain 2 and 3: Kerry Flint, Head of Equality, Diversity and Inclusion	At what level has this been completed?		
				*List organisations
EDS engagement date(s)	Domain 1- December 2024 Domain 2 - 20 th January 2025 Domain3 - 14 th January 2025	Individual organisation	Royal Wolverhampton NHS Trust	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*		

Date completed	20 th January 2025	Month and year published	February 2025
Date authorised	28 th February 2025	Revision date	February 2026

Completed actions from previous year	
Action/activity	Related equality objectives
Health and wellbeing group is well established and continues to share its services in particular for people with protected characteristics	
EDI steering group continues to meet bimonthly and is due to be a joint group with our partner Trust Walsall hospital	
The Creating a Great Employee Experience group continues to meet monthly to discuss how the Trust can be improved for our employees	
EDI objectives are now live in all exec and non-exec appraisals	
Risk register continues to be addressed and work done to improve on a month by month basis	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>RWT has worked with other local health services and providers to enable faster access, more transparent availability information and faster flow into RWT's care services:</p> <p>RWT has been actively involved in working with partners across the system to improve flow, one telephone number in place for West Midlands Ambulance Service for use by community services across the ICB and development of the Single Health Resilience Early Warning Database (SHREWD) to provide visibility of demand and capacity. (Quality Account 23/24)</p> <p>Service Access has increased and is balanced demonstrated improved responses have been experienced in many key categories for data gathering:</p> <p>The Trusts 2024/4 Demographic Profile of attendances increased by 17% on previous year 436,249 – 482625</p>	1	Various

		<p>Within that profile genders are balanced: 54%F – 46% male, with more females choosing to respond (52%), reversing the previous trend of 55% male responses in 2021.</p> <p>Ethnically there is a mixed balance of service users that reflects the local demographic. There has been a reduction in responses for those identifying as 'White British' and increase in responses for those identifying as 'Black/British' or 'Arab or other ethnic group.'</p> <p>RWT's Demographic is roughly balanced by age:</p> <p>Ages 51-60, 61-70, 71-80 all registering at 14%. Ages 31-40 registering at 12% Age 91+ registering at 12%</p> <p>Only 21 patients declared a physical disability however 482,114 did not declare their physical disability status.</p> <p>An increase of 2% in responses from patients who identify with Long Term Conditions</p>		
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		<p>Only 1% of patients who responded preferred not to disclose their religion, compared to 3% the year before.</p> <p>An increase of religions cited with Christianity having a 3% increase and category 'no religion' having a 4% reduction.</p> <p>RWT Established new groups to enable access to health education and enabled access to health services for marginalised groups:</p> <p>Baby Bloom': has been established for face-to-face parent education.</p> <p>'Pride in Pregnancy' has been established for LGBTQ+ couples who find accessing mainstream services difficult</p> <p>'Stay and Play' has been set up for LGBTQ+ parents who find it difficult to attend mainstream playgroups and discuss health issues</p> <p>'New to the UK': has been set up to inform isolated people , asylum seekers or undocumented people about maternity care in the UK</p>		
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		<p>'Mantenatal': is a group designed to help fathers to understand the potential of their role in supporting pregnancy and to enhance parenting skills.</p> <p>Community Phlebotomy Service: operates an adapted clinic offering longer appointments for patients with needle phobia, anxiety, physical/special needs such as Learning Disabilities.</p> <p>Community Ambulatory Service (CAS) has set up a co-production group with patients to help patients to design services that they can access.</p> <p>CAS has also set up a 7 day per week, ground floor mobility clinic for larger patients with bariatric chairs and hoist transfer facilities. For patients who cannot safely transfer independently to the couch.</p> <p>Community Anticoagulation Team have set up self-testing at home which means that patients only have to attend hospital twice per year for observation and tests</p> <p>RWT's Patient Portal:: has now been introduced to give patients easier access to information about their appointments, to</p>		
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		<p>reduce the chance of lost letters and confusion about their appointment dates and times, show information on line which is available to them wherever they are and to provide with options about how they receive information from the Trust.</p> <p>New SDEC Pathways: are in place to help patients to navigate to the right place.</p> <p><u>A telephone Pre-Op Option:</u> is now available for for people who would find it difficult to come into the hospital. This may be due to anxiety, distress or other needs.</p> <p>The Trust has embarked on an outpatient transformation programme which focuses on increasing the use of 'Patient Initiated Follow Up' (PIFU), the use of advice and guidance and reducing the number of DNAs (Did Not Attends).</p> <p>Learning Disabilities and Neurodiversity.</p> <p>In addition to the above, Outpatients with an LD flag are contacted by telephone prior to the appointment to remind them about attendance and to identify any reasonable adjustments needed.</p>		
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		<p>End-of-Life Care and Advanced Care Planning is now inplace for people with LD. Together with the Palliative Care Team and the Black Country Health Care NHS Trust, support is given to patients with LD to plan the end stage of their lives using an 'Easy Read' planning document.</p> <p>A Maternity Pathway is now in place for mothers and fathers with LD to ensure that they have the reasonable adjustments required and support.</p> <p>'Discharge Safely' :Post Discharge support for patients with LD: Patients with LD who live in Wolverhampton or South staffs GP will receive 72 hours' (or longer if needed additional support via the Virtual Care Ward</p> <p>In order to enhance access to information, the Trust has engaged with the Parliamentary Health Service Ombudsman's mediation process. The aim is to navigate the barriers which may have prevented explanations or learning from being accepted and to provide the opportunity for both complainants and the Trust to speak and listen to each other.</p>		
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		<p>Hospital Passport for patients with LD. This is used to ensure that staff are aware of the individual patient's support needs.</p> <p>The ' Ready, Steady, Go' document is a national programme to supports people with long term health conditions and mild to moderate learning disabilities to transition into adult services. The <u>Transition Passport</u> is used similarly to assist individuals with severe learning disabilities to transition from children's to adults' services.</p> <p><u>Reasonable Adjustment Alerts</u> The Trust has a system where eh individual patient's reasonable adjustments are document on the electronic records in line with the NHS' reasonable adjustment standard and</p> <p>The Easy Read Template letter, sent to all adults over 18 with an LD flag, went live in June 2023, and Badgernet App went live in Maternity Services at the same time.</p> <p>Religious groups were consulted in a one-off seminar June 2023 to ensure that they have access to services that meet their needs. No issues were raised. The entire patient group is represented by 32 different religions although Judaism and Buddhism do not feature. However 41% of patients</p>		
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		<p>described their religion as ‘none.’ Work needs to be done to encourage people of faith to disclose their religious allegiances.</p> <p>RWT has engaged in Pro-Active Co-Production:</p> <p>A co-production exercise took place in March 2023 when PET staff attended St. Anthony’s Primary Academy School in Wolverhampton. The 2-hour exercise examined what information year 3 and 4 pupils need to make them feel safe and secure when in hospital. This information is now being accommodated in a complete re-design of the Paediatric Wards’ notice boards. In addition, adult ward welcome boards have been designed in partnership with our Patient Involvement Partners.</p> <p>Community Ambulatory Service (CAS) has set up a co-production group with patients to help patients to design services that they can access.</p> <p>Staff training in Deaf Awareness/Initial British Sign Language training. To enable inclusion: - A series of cohorts was delivered designed to enable staff to learn how to communicate better with</p>		
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		<p>Deaf people and to make the Deaf community feel less excluded and fearful when in the hospital</p> <p>Interpreting and Translation enhances access for non-English speakers and British Sign Language users :</p> <p>Access to 24/7 Interpreting Service via Face-to-face, telephone, video for BSL and a full range of d/Deaf communication channels,, available plus additional translations facilitated 5 days per week. A project has taken place to trial video interpreting, increasing immediacy of access to speakers of languages other than English.</p> <p>The Ophthalmology Service: offers a size 14 font on letters or can print up letters to extra large size (direct response)</p> <p>The Estates Team: ensures that all building remain accessible and that lifts are functioning for patients with restricted movement.</p> <p>The Catering Team: has had its English language menus translated into RWT's 5 most common languages: Polish; Kurdish; Punjabi; Urdu and Lithuanian</p>		
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		<p>to enable access and informed choice to people whose first language is not English.</p> <p>Covid Medical Dispensing Unit: has produced and distributed a multilingual poster to inform of availability of service to non-English speaking groups.</p> <p>Virtual Ward arranges: Caseload reviews and multidisciplinary team meetings arranged daily to reduce social disparity and access to nursing intervention. All patients have been issued with our central point of access contact number. Daily staffing discussions to ensure continuity across the city. Feedback gained from patients and their families to allow the team to make appropriate changes.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Community Anticoagulation Team: has set up self-testing at home which means that patients only have to attend hospital twice per year for observation and tests</p> <p>Community Ambulatory Service (CAS) has set up a co-production group with patients to help patients to design services that they can access.</p>	<p>1</p>	<p>Various</p>

		<p>CAS has also set up a 7 day per week, ground floor mobility clinic for larger patients with bariatric chairs and hoist transfer facilities. For patients who cannot safely transfer (Evidence for above: emails)</p> <p>'Pride in Pregnancy' has been established for LGBTQ+ couples who find accessing mainstream services difficult</p> <p>A new Community Diagnostic Centre has been set up in in Cannock.</p> <p>There has been an above target increase in 62 Day Cancer backlog and 27% increase in diagnostic tests undertaken in six weeks. (Both Qual Account 23/24)</p> <p>The 'Call Before Convey' service has been implemented: This is a community based alternative to an ED visit. (Qual Account 23/24)</p> <p>In the National Inpatient Survey in 2022 (published 12th September 2023) the Trust featured in the top 5 for 'Hospital and Ward'. RWT did not feature in the bottom five in any category. (Qual Account 23/24)</p>		
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		<p>Patients' spiritual health care needs have been met by the Chaplaincy Team on a 24/7 availability basis with 1350 interventions during the period in question, with their stance of 'Everywhere, every week.'</p> <p>Virtual Ward and End-of-Life/Planned Care report: that they carry out an Internal quality audit of care being provided.</p> <p>Caseload reviews and multidisciplinary team meetings planned to discuss all patients.</p> <p>Safety briefing daily to discuss areas of concern.</p> <p>Team huddles completed twice daily.</p> <p>Staff competency drive with staff who are new to community to ensure effective care being provided.</p> <p><u>Learning Disability Champions</u> are a team of LD champions who can provide support with in ward areas for people whom they see. They are also a point of support for staff who support patients with LD.</p>		
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>A full range of Policies has been set out to ensure the safe, healthy working of all aspects of the Trust's Estate and operation.</p> <p>In addition, detailed procedures in all sections focus this intent on H&S down to a fine detail.</p> <p>HS01 Management of Health and safety HS05 Ionising Radiation Safety Policy HS06 Laser, UV and Optical Radiation Protection Policy HS11 Management of Medical Devices Policy HS12 Decontamination of Medical e-usable Devices HS26 Fire Policy HS32 Smoke- Free Policy OP05 Adult Safeguarding Supervision Policy OP100 The Use of Safety Checklists for Patients Undergoing Surgical and Interventional Procedures OP106 Safeguarding Children Supervision Policy</p> <p>CP53 Safeguarding Adults at Risk <i>(Evidence for above -RWT Intranet)</i> A rolling record of patient safety issues is currently displayed on the Trust's intranet dashboard.</p>	<p>1</p>	
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		<p>Virtual Ward and End-of-Life/Planned Care report that they undertake an Internal quality audit of care being provided and has a robust complaints procedure across ACS to ensure complaints are responded to in a timely manner.</p> <p>‘Discharge Safely procedure amended to enable Post Discharge support for patients with LD: Patients with LD who live in Wolverhampton or South staffs GP will receive 72 hours’ (or longer if needed additional support via the Virtual Care Ward</p> <p>Datix reports are made when incidents occur and are reviewed at local and directorate governance level . Incidents escalated to senior on duty and local policies and procedures followed to minimise risk of harm to patients. Staff are encouraged to report all incidents.</p> <p>All staff are encouraged to speak up about any difficult Patient Safety Issues that they observe via the Freedom to Speak Up Officer</p> <p>During this year, RWT made a timely and effective transition to the new Patient Safety</p>		
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		<p>Incident response Framework (PSIRF) (Qual Account 23/24)</p> <p>During 23/24 period The Trust participated in 80 per cent of national clinical audits and 60 per cent of national confidential enquiries in which it was eligible to participate. The reports of 171 local clinical audits were reviewed by The Trust during April 2023 to March 2024. Of these, 121 demonstrated areas where actions could be taken to improve the quality of healthcare. (Qual Account 23/24)</p> <p>2 NHS Digital Incident reporting referrals were made to the Information Commissioner's office which were investigated in HR Section.</p> <p>The Summary Hospital Mortality Indicator has remained below the national average for the 3rd year in row and the %age of Deaths with Palliative Care Coding at '41' was below the average for England of '42' The rate of Clostridium difficile per 100,000 days for hospital onset cases was below the national average of 23.46 @ 20.47 (Qual Account 23/24)</p> <p>In 2023 the number of reported incidents that resulted in death reduced from 0.25 to 0.1%</p>		
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		<p>while the number relating to severe harm remained stable at 0.2% (Qual Account 23/24)</p> <p>In the National Inpatient Survey in 2022 (published 12th September 2023) the Trust featured in the top 5 for and 'Operations and Procedures'. RWT did not feature in the bottom five in any category. (Qual Account 23/24)</p> <p>Equality Analyses are carried out monthly on all Trust Board submissions to avoid harm from inequities that might unintentionally (From QSAG 2024)</p> <p>An Equality Objectives 3 yr Plan was laid out in April 2023 and progress is monitored against this.</p> <p>Reducing harm from aggression: The Trust has used NHS England Funding to devise and deliver a training package focused on reducing aggression in ED environments. The package identifies conflict situations and five common responses to conflict and the implications of these responses. Staff are equipped with 12 de-escalation strategies, and their interpersonal skills are honed to engage end to defuse conflict situations. Seven training sessions have been delivered.</p>		
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		<p>The desired outcome is that ED environments become safer spaces and staff are empowered to create a better and safer environment for patients and staff.</p> <p>Patients who feel unsafe in the care of the Trust can safely raise a complaint with us via the PALS Service without fear of jeopardising their care.</p> <p>Embedding Safeguarding: Safeguarding concerns which are raised through the Multi-Agency Safeguarding Hub (MASH) are sent to us to manage via the complaints procedure if the patient is no longer at harm.</p> <p>PLACE surveys to give a lay view on medical services, conditions and safety are carried out by Patient Involvement Partners.</p> <p>Dementia About Me: <u>is a patient-centred document sfor patients with dementia which catalogues their likes, their preferences and acts as a resource for staff to ensure that patient-centred care is put into effect.</u></p>		
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>A range of resources is available to patients to report back experiences of all types, positive or negative.</p> <p>The Friends and Family' pathway records (solicited) feedback via ENVOY and enables staff to see patient feedback in real time and to take action immediately about any issues that arise. Compliments are received via this route.</p> <p>'Feedback Friends' enables patients to feedback positive and other experiences as they walk around the Trust via QR codes on posters.</p> <p>'DATIX' enables ward staff to record compliments as they happen. 2547 compliments were received via this route between 01/04/23 and 31/03/24</p> <p>The Patient Experience and Relations Team compiles complaints, queries and compliments and these can be viewed on the Patient Metrics Dashboard.</p> <p>The Trust received a Family and Friends Test approval rating of 84.75% during the 2023/4 year. (Quality Account)</p> <p>In the National Inpatient Survey 2022 (published 12th September 2023) the Trust</p>	<p>1</p>	
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		<p>featured in the top 5 for 'Hospital and Ward' and 'Operations and Procedures'. RWT did not feature in the bottom five in any category. (Qual Account 23/24)</p> <p>Virtual Ward & End of Life/Planned Care report:</p> <p>Compliments logged on governance. Friends and family surveys issued to patients. Positive experiences discussed with staff in locality meeting. Improve well app used within ACS.</p>		
Domain 1: Commissioned or provided services overall rating			4	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidenc	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ul style="list-style-type: none"> - EAP and Maximus Mental health support services for the Trust. The EAP offer staff emotional wellbeing support and counselling to staff, they have a 24/7 helpline in place and an online portal where staff can access downloadable materials. Maximus offer staff up to 9 months' worth of mental health support. - The Trust has a raft of policies and procedures to support staff during sickness and return to work - Health and Wellbeing Employee Voice Group and Disability and Long-Term Conditions Employee Voice Group offer emotional support to staff. The group regularly hold spotlight sessions to raise awareness for certain health conditions. - Health and Wellbeing Newsletter - Launching sunflower scheme, hidden disabilities poster and work with managers essentials around EDI to educate managers. - HWB Conversation e-learning launched in Sept 2024 - The Trust have a Health Adjustments passport. - Achieved the first ever joint Veteran Aware accreditation with Walsall- Gold Standard - Line Managers essentials course for managers on how to support staff at work. - Food establishments have healthier options for staff. There is a fruit and vegetable stall on site for staff and patients to access fresh produce. 	<p style="text-align: center;">2</p>	<p>Kerry Flint, Head of Equality, Diversity and Inclusion</p>
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		<ul style="list-style-type: none">- Internal Occupational Health and Wellbeing teams are available to support staff.- The Trust offer referral to Lewis Psychology for counselling support.		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> - Race code renewal is to be completed by end of February for a further 3 years. - Anti Racism posters and training introduced. Zero tolerance badges to anyone who has completed all 5 modules of the training. 124 staff have completed this, therefore, request has been made to make this mandatory. - Cultural Ambassador Programme to support fairness in Disciplinarys and interview panels (Band 7+ Nursing and Midwifery). CA's can where appropriate attend dispute panels. - Civility and respect E-learning package and managers essentials training to target areas such as stereotypes, biases etc. 95% of staff have now completed e-learning. - EVG name change to be more inclusive from LGBT+ to LGBTQ+ - Additional improvements to health adjustment passport - Gender free toilets - Identification of trans men for the purposes of Kell blood transfusions - Achieved the first ever joint Veteran Aware accreditation with Walsall. - Working on how we can support ex forces personnel into jobs within the NHS, documentation to support Armed forces and also training modules added to my academy 	<p>1</p>	<p>Kerry Flint, Head of Equality, Diversity and Inclusion</p>
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		<ul style="list-style-type: none">- Introduction of People Promise Manager.- Behavioural framework Approximately 600 staff attending modelling our behaviours and listening, kindness and inclusion, being professional. 3 managers sessions with 20 on each session.		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> - Unison holds awareness days, promotional days and offers support to all members. Any race related matters are escalated immediately to Unisons legal team for assessment. - The Trust has a good relationship with Unison which helps employees find a suitable resolution. - The Trust has grown in Employee Voice Groups: LGBT+, BAME, D&LTC, Carers, Armed Forces, Health and Wellbeing and neurodiversity– membership across all groups continues to grow. Members have access to confidential support from the EVG’s. The EDI team offers support to the EVG’s to escalate issues. EVG’s report into the EDI SG and attend Board sessions to provide feedback on the experiences of staff in order to put in place actions and measures. All EVG’s have an Exec Sponsor. - HR Advisory Toolkit is in place along with Disputes Policy for managing allegations or complaints of B&H. There is also training for managers. - Civility and Respect: This is now done via E-Learning - FTSU: 1 x lead FTSU Guardian, 1 x Deputy FTSU Guardian and 13 FTSU Champions – this has increased within the last 12 months. - Lewis Psychology and Employee Assistance Programme. - Mental Health First Aiders. 	<p>2</p>	<p>Kerry Flint, Head of Equality, Diversity and Inclusion</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> - Staff Survey Promotions such as #BeLike, Kick-start information sessions, workshop sessions for managers, role modelling senior leader first promotion, listening sessions. - BC ICS EDI leads meet regularly to collaborate work and projects. Work currently being done around cultural ambassadors to create a bespoke training package and a pool of CAs to work across the ICS. - The Trust has in place an Absence Management Policy and Procedures to retain staff, along with a Recruitment Policy. - The Trust is developing its Talent Management Plan with specific focus on managers' essentials. Future plans are to develop shadow board and introducing reverse mentoring. - The Trust hope to launch 'caring for all' staff managers network for the future. - HR have a regular attendance oversight meeting which looks into sickness absence trends. 	1	Kerry Flint, Head of Equality, Diversity and Inclusion
Domain 2: Workforce health and well-being overall rating			6	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> - Annual equality report has been approved and has gone for publication. The report shows slight improvements in many areas, there are a list of actions for both Trusts to align RWT and WHT going forward. - Each EVG has an executive sponsor, and they continue to be involved in the groups, many attending monthly or bi-monthly meetings, supporting with events and engagement. - Several events EDI throughout the year. The EDI calendar is supported by communications team and execs. Examples of events celebrated include South Asian Heritage Month, Black History Month, Remembrance Day etc. - Annual report shows that several projects across the Trust. These include. <ul style="list-style-type: none"> - Tobacco dependency treatment service launched in Jan 2023 - Maternity dashboard to break down indicators reflective of National Saving Babies Lives care bundle - 	2	Kerry Flint, Head of Equality, Diversity and Inclusion

<p style="text-align: center;">Domain 3: Inclusive leadership</p>		<ul style="list-style-type: none"> - Healthy child programme looking at addressing root causes for health inequalities - Education to upskill RWT workforce with competencies, knowledge and skills necessary to address health inequalities; local e-learning materials have been produced - Other schemes focussing on reducing health inequalities and reaching vulnerable groups - EDI steering group regularly meet to discuss EDI matters, concerns and improvements / suggestions as well as updates from staff networks. - RWT contributes to the regional health inequalities working group and has a health inequalities lead at the Trust. - RWT Charities Arts and Heritage teamwork within the community on various projects to raise awareness. - Board Development sessions on the EDI agenda. - All execs and non-exec's have an EDI objective as part of their appraisal. - The Trust has an EDI midwife who works on initiatives looking at health inequalities within maternity. These include stay and play group 	
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		for LGBTQ+ patients, support groups, etc. and has received national recognition.		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> - 2023/24 Annual Equality report has been completed and approved, awaiting the final version to publish on the Trust website - A rigorous staff Risk Assessment was applied which considered risk factors including ethnicity and disability during COVID-19. The Trust has undergone a process of restoration and recovery and Risk assessments for staff are now no longer applied to all staff. Risk Assessments are instead considered by managers on a case-by-case basis. Risk assessments are in place for stress and pregnancy. - EDI BAF risk is monitored, and Trust Secretary is regularly updated on the progress. Regular meetings take place with Director of Operational Human Resources and Organisational Development along with Head of EDI and Head of OD and Workforce Transformation. - Joint Trust Strategy with Walsall- incorporating 4 C's (Care, Colleagues, Collaboration and Communities). Examples include to develop a strategy to understand and deliver action on health inequalities, improving overall staff engagement, addressing identified areas for improvement where groups are less well engaged and deliver improvement in Workforce Equality Standard performance. 	<p>2</p>	<p>Kerry Flint, Head of Equality, Diversity and Inclusion</p>
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		<ul style="list-style-type: none">- An equality impact assessment is completed for all group policies.- Sexual Safety charter was approved by the board.- RWT was the first Trust in the Black Country to be accredited by the Race Code and are undergoing re-accreditation.- The Trust have various menopause policies in place.		
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> - A system wide picture is provided to identify where there are significant gaps in performance and where levers such as the PSED, contract reporting through QCRG/ QSAG. - The Trust reports into the BC ICB on its quarterly performance rag rating against the Workforce Race Equality and Inclusion Action Plan. - Board reports form part of Group Chief People Officer's reports and the Director of Nursing reports regarding Patient Experience and the EDI Leads report to Board. - The Trust Board approves the Annual Equality Report for publication which sets out the strategic EDI actions for the year. The report demonstrates year on year tracking against the PSED, WRES, WDES and GPG metrics allowing for comparative analysis of progress and performance. Benchmark data is also utilised. - Progress against the EDI Delivery Plan is taken to POWG/People Committee and is rag rated. - Menopause workstream has continued to progress and includes Annual promotion/celebration of World Menopause Day, Regular awareness raising, 'Menopause, Me, & My Team' sessions, Introduction of Menopause Champions within the Trust and Menopause Café. 	<p>1</p>	<p>Kerry Flint, Head of Equality, Diversity and Inclusion</p>
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		<ul style="list-style-type: none"> - The Trust have various menopause policies in place. - WDES metrics have declined slightly this year, albeit declaration rates have increased from 21.5% to 25.1%. - WRES metrics for this year have marginally improved. - People committee regularly look at numbers of HR cases, including by ethnicity. - The Trust have 19 cultural ambassadors that sit on disciplinary and interview panels (nursing, band 7+) - The EDS is completed on an annual basis. - The HOPE Project- volunteers go out to the community to do social prescribing. 		
Domain 3: Inclusive leadership overall rating			5	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Mark Ondrak, Unison		Independent Evaluator(s)/Peer Reviewer(s): Kay Hack – Patient Involvement Partner		

EDS Organisation Rating (overall rating):

Organisation name(s): The Royal Wolverhampton NHS Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
Alison Dowling – Head of Patient Experience Kerry Flint – Head of Equality, Diversity and Inclusion	
EDS Sponsor	Authorisation date

Domain	Outcome	Objective	Action	Completion date
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Domain 1: Commissioned or provided services</p>	<p>1A: Patients (service users) have required levels of access to the service</p>	<p>Improved access for those whose needs are not being met (requiring reasonable adjustments or whose first language isnt English).</p>	<ol style="list-style-type: none"> 1) Continue to make progress on implementation of Accessible Information Standards 2) Write policy for AIS to be imbedded Trust wide 3) Full review of complaint policy and procedure. 4) Ensure the PHSO Complaints Standards are fully embedded across all services, shifting from a reactive approach to one that prioritises learning from complaints, compliments, and excellence in care. Strengthen feedback loops to demonstrate transparency, accountability, and continuous improvement. 5) Introduce complaint panel (patient led) for review of formal complaints each quarter. 	
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	<p>1B: Individual patients (service users) health needs are met</p>	<p>Improve recording of those who require additional support</p>	<ol style="list-style-type: none"> 1) Ensure implementation of PAS system Blueprint has full provision for recording of Patient's needs as defined by AIS 2) Triangulation of data for those patients who complain and who have recorded LD needs. 3) Ensure that those patient's with LD needs are offered additional support via the LD nurses. 4) Consider and implement recommendations from the Healthwatch report published January 2025 'A Pain to Complain'. This involves three distinct categories: 	
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Review current data collection for patient experience.</p>	<ol style="list-style-type: none"> 1) Introduce improved performance indicators for complaint handling including the number of re-opened complaints, and the number of complaints referred to the Parliamentary Health Service Ombudsman (PHSO). 2) Embed the patient experience dashboards for immediate real time information for directorates to consider, highlighting themes for remedial action. 	
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Ensure data is robust and Trustwide approach to capturing positive patient feedback.</p> <p>Strengthening Organisational Response to National Mandated Surveys</p>	<ol style="list-style-type: none"> 1) Re-evaluation of process for capturing positive feedback and system for sharing 2) Ensure that insights from national patient experience surveys (e.g., CQC Inpatient Survey, Maternity, Children and Young People, Urgent and Emergency Care and NCPES) are systematically reviewed, acted upon, and embedded into continuous improvement cycles. Each organisation should demonstrate clear ownership and accountability for addressing themes and trends. 	
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Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Further promote services provided to staff with particular focus on protected characteristics.	Promotion throughout the Trust, via communications, posters, social media page, promotional activities and stands.	Throughout 2025
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>In depth analysis of HR casework data.</p> <p>Make data and information accessible and visible for staff.</p> <p>Focus on further training for staff, this includes unconscious bias and bystander training.</p> <p>In order to recognise the levels of bullying and harassment in the organisation, we should look at the number of datix incidents that have been raised.</p> <p>More work to be done around red card system and zero tolerance.</p>	<p>Explore whether there is a HR system or database.</p> <p>EDI scorecard will be launching soon which will help with visibility.</p> <p>Preparing bystander training to be rolled out across both Trusts</p> <p>Triangulation of data to establish what reports have been made</p> <p>The Trust have re-introduced the anti-racism statement, work is currently being done to link this to the zero tolerance work previously done.</p>	<p>2025</p> <p>March 2025</p> <p>Throughout 2025</p> <p>Ongoing</p> <p>April 2025</p>

	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>More promotion and awareness around services.</p> <p>Explore just culture meetings for the future.</p>	<p>Promotion throughout the Trust, via communications, posters, social media page, promotional activities and stands.</p>	<p>Ongoing</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Explore Caring for all managers network in the future.</p> <p>To look at results from exit interviews.</p>	<ul style="list-style-type: none"> - Resourcing teams are currently working on the process for the exit interviews. 	<p>Ongoing</p>

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> - Trust board has an acceptable mix of gender but not ethnicity, therefore looking to do shadow boards to allow people to get experience. - Is there any evidence on the allocation of resources. 	Executives and non-executives have been given EDI objectives within their appraisals. The EDI team are exploring shadow Boards and reverse mentoring which will both rely on support from Execs	Ongoing
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> - Develop EDI action plan following EDS assessment. - More focused work on specific areas following results of the WRES and WDES data. - Explore cultural sensitivity analysis. 	<p>Action plan to be drawn up following full results</p> <p>Work has already commenced to start to focus on WDES with the introduction of the Hidden Disabilities Sunflower</p>	<p>Ongoing</p> <p>Ongoing</p>
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<ul style="list-style-type: none"> - Model Employer to be shared at People Committee meeting. - A dashboard to be put in place to make this information and make it more accessible. 	<ul style="list-style-type: none"> - EDI scorecard will be launching soon which will help with visibility. 	March 2025

Patient Equality Team
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