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Annual Equality, Diversity & Inclusion Report

April 2023 – March 2024



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English

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ਜੇ ਤੁਹਾਨੂੰ ਦੁਬਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

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Traditional Chinese

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*Please note that for statistical purposes, Percentages have been rounded up to the nearest 0.5 figures unless indicated





Executive Summary

Producing this Equality Information Report is fundamental to The Royal Wolverhampton NHS Trust (RWT) as it allows us to understand the impact of our policies and practices on the people who use our services and on our staff. As a high performing NHS provider organisation, we seek to ensure that equality, diversity and inclusion (EDI) is firmly embedded in everything that we do.

We want our service users, the local population and our workforce to be confident about our commitment to eliminating discrimination, bullying, harassment, victimisation and promoting equality.

With this in mind, we strive to deliver safe, accessible and fair services to the diverse populations that we serve and ensure that they are treated with dignity and respect.

It is critical that we create working environments in which everyone can reach their full potential, thrive and deliver equitable services. There is also a link between the level of staff engagement and positive patient outcomes.

We recognise that some people may face unintended barriers presented by our working practices and whilst accessing our services. People have the right to be treated fairly by having their needs met as fully as possible and where appropriate. Some people may need support to ensure that they receive the same level of service, access, treatment and outcomes as others.

The two sections of this report aim to bring together the equality information available for the workforce and non-workforce areas of the Trust. In doing so, the Trust seeks to meet its legal and contractual obligations regarding these matters. Action plans will have been created for both sections to address imbalances in diversity in the workforce and to improve accessibility for our local communities.

The Trust recognises that there are some challenges ahead but is committed to making a difference to the people we serve and to our workforce, not only to adhere to the law but because it is the thing to do.

Introduction

The purpose of this report is to use the best available data (disaggregated by personal protected characteristics as defined under the Equality Act 2010) to gain a clearer picture of possible gaps and identify possible patterns of inequality in relation to access to services and workforce activities.

The Equality Act 2010 replaced previous anti-discrimination laws with a single act. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthened the law in important ways to help tackle discrimination and inequality.

The Public Sector Equality Duty (PSED) 2011 is made up of a general overarching equality duty supported by specific duties intended to help the performance of the general equality duty. The Trust must capture a range of equality-related information and report on it. By analysing this information, the Trust can identify possible issues of inequality and seek to address them, specifically for people who have personal protected characteristics as defined by the Equality Act 2010.



The General Equality Duty:

In summary, in the exercise of functions the Trust must have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation
- Foster good relations
- Advance equality of opportunity. Particularly, having due regard to:
 1. Removing or minimising disadvantages for people due to their protected characteristics
 2. Taking steps to meet individual needs
 3. Encouraging participation in public life or in other activities where people with protected characteristics are disproportionately low

This includes taking into account the needs of people with disabilities and treating some people more favourably.

Having due regard means we must **think consciously** about the **aims of the General Equality Duty** in our day-to-day business and as part of our decision-making processes.

Personal Protected Characteristics (PPC) covered under the Equality Act 2010 are shown in the appendices. There are different levels of protection and areas of coverage for each PPC.

The Specific Duties require public bodies to gather and analyse equality information, accessibly publish relevant, proportionate equality information, and set specific, measurable equality objectives.

In addition to our legal requirements, there are local and national drives that influence our strategic direction, decisions, and the way we carry out our daily business. These include:

- The NHS Constitution sets out what patients, the public and staff can expect from the NHS
- The Care Quality Commission's (CQC) compliance with its fundamental standards, including person-centered care, dignity and respect, safety and safeguarding
- EDI and human rights run throughout the CQC outcome requirements
- NHS England's Equality Delivery System (EDS2) was originally launched in 2011 and has been refreshed. Its main purpose is to help NHS organisations review and improve their performance for people with protected characteristics
- NHS England's NHS Workforce Race Equality Standard (WRES) aims to ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds are treated fairly at work and have access to career opportunities
- Progress is demonstrated against a number of workforce race equality indicators.
- NHS England's Accessible Information Standard (AIS) aims to ensure that disabled patients (including carers and parents, where applicable) receive accessible information and have appropriate support to help them communicate

Further to this, EDI principles are threaded throughout our Trust Vision and Values. Our workforce is responsible for leading and driving forward change in the Trust, as well as improving standards in health.

This annual report contains information relating to the 12-month period from **1 April 2023 – to 31 March 2024**. (Unless indicated otherwise).





It consists of two sections and aims to bring together the equality information available for **non-workforce, i.e., Patient Experience and Service Provision** (section 1) and **workforce** (section 2) areas of the Trust.

Analysis of this information will be used to:

- Improve access to services and employment opportunities
- Identify areas where there could be possible discrimination, victimisation, bullying and harassment
- Influence decision-making processes
- Undertake relevant initiatives both in service provision and workforce planning
- Action planning

The Local Context and Demographics

Black Country and West Birmingham Integrated Care System (data links to this former title, however this is now known as The Black Country Integrated Care System).

The Black Country and West Birmingham, Integrated Care System, has a population of around 1.5 million people across five places: Dudley, Sandwell, Walsall, West Birmingham and Wolverhampton.

There are 31 neighbourhoods and Primary Care Networks (PCNs) covering 216 GP practices.

There are 15 Statutory Partners (four hospitals, two mental health Trusts, five local authorities, one clinical commissioning group, one community Trust, one ambulance service, plus two associates in Birmingham Community and Birmingham and Solihull Mental Health NHS Foundation Trust).

Wolverhampton

We are a major acute, community and primary care Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. We are the largest teaching hospital in the Black Country, providing teaching and training to more than 130 medical students on rotation from the University of Birmingham Medical School. We also provide training for Nurses, Midwives and Allied Health Professionals through well-established links with the University of Wolverhampton.

As one of the largest acute and community providers in the West Midlands, we provide 839 beds at our New Cross site (including Intensive Care beds and Neonatal cots). There are a further 51 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, with more than 11,000 staff.

We recognise that working together is crucial in delivering patient-centered care in a joined-up way. Reporting equality information every year is important to the Trust. It allows us to measure the effectiveness of our policies and practices on both our service users and our workforce; it provides an additional platform for demonstrating primary areas of progress and identifying areas where further work is required. EDI is key to the culture of the Trust, and our ambition is to make sure that is a key part of everything we do.

These are some of the things that we know about the diverse groups of people in Wolverhampton and Cannock. This information helps us to identify some of the equality issues that could affect the people who use our services.





- Statistics population in the United Kingdom: June 2016, indicate that Wolverhampton has a population of around 263,257 people, whilst Cannock has a population of around 100,762 people (Source: Office for National Statistics, Mid-Year Estimates 2019)
- Wolverhampton has 64% population as White British, 18% Asian, 7% Black, 6% All Other White, 3% Mixed and 2% Other (Source: Office for National Statistics, June 2016)
- Cannock has an overall BAME profile of around three percentage , compared to Wolverhampton which is almost 32% (Census 2011)
- The life expectancy at birth is 77.2 years for males and 81.4 years for females in Wolverhampton and 79.0 and 82.4 respectively for Cannock (Source: Office for National Statistics, Life expectancy at birth 2016 to 2018)
- Age demographics between Wolverhampton and Cannock are almost identical with the exception of Cannock having a higher percentage than the UK average of people aged 50 plus
- Wolverhampton's gender pay gap (15.4%), and Cannock's gender pay gap (10.7%), as recorded in 2019, are both lower than the United Kingdom's average of 17.3%

Governance and reporting for EDI

The Trust has governance and regulatory frameworks and mechanisms in place to ensure that transparent assurances are provided in relation to the discharging of equality duties.

The Trust has an EDI steering group (EDISG), which has been running since May 2016. The EDISG is attended by senior managers across the Trust and hopes to build a culture that celebrates EDI. Regular EDI reports are presented to the Quality and Safety Assurance Group, various internal workforce groups and external clinical quality review meetings.

Section 1 – Non-Workforce Information

The Trust recognises the importance of embedding equality and EDI principles and practices throughout the organisation. We want to ensure that the people who use our services are confident about our commitment to eliminating discrimination, bullying, harassment and victimisation and promoting equality by providing safe, accessible and fair services to the diverse communities we serve.

The Trust not only has legal and contractual requirements to adhere to, but we also recognise that embedding equality, diversity and inclusion is the right thing to do.

Capturing and analysing equalities information can help to identify possible barriers to accessing Trust services. The data will also support initiatives and action planning to improve equality performance by tackling inequalities for people with protected characteristics as defined by the Equality Act 2010.

The Trust recognises that we do not hold comprehensive data for all the PPCs; therefore, we will need to look at IT systems and internal processes to help close this gap and provide more robust data in the future.

Our patients

During the year 1 April 2023 to 31 March 2024, The Trust cared for 487,262 patients, from new-born babies to people aged 90 and over. Demographic information about these patients can be seen in the infographic below.

The data represents all individuals who had contact with the Trust during the year.



What the data is telling us

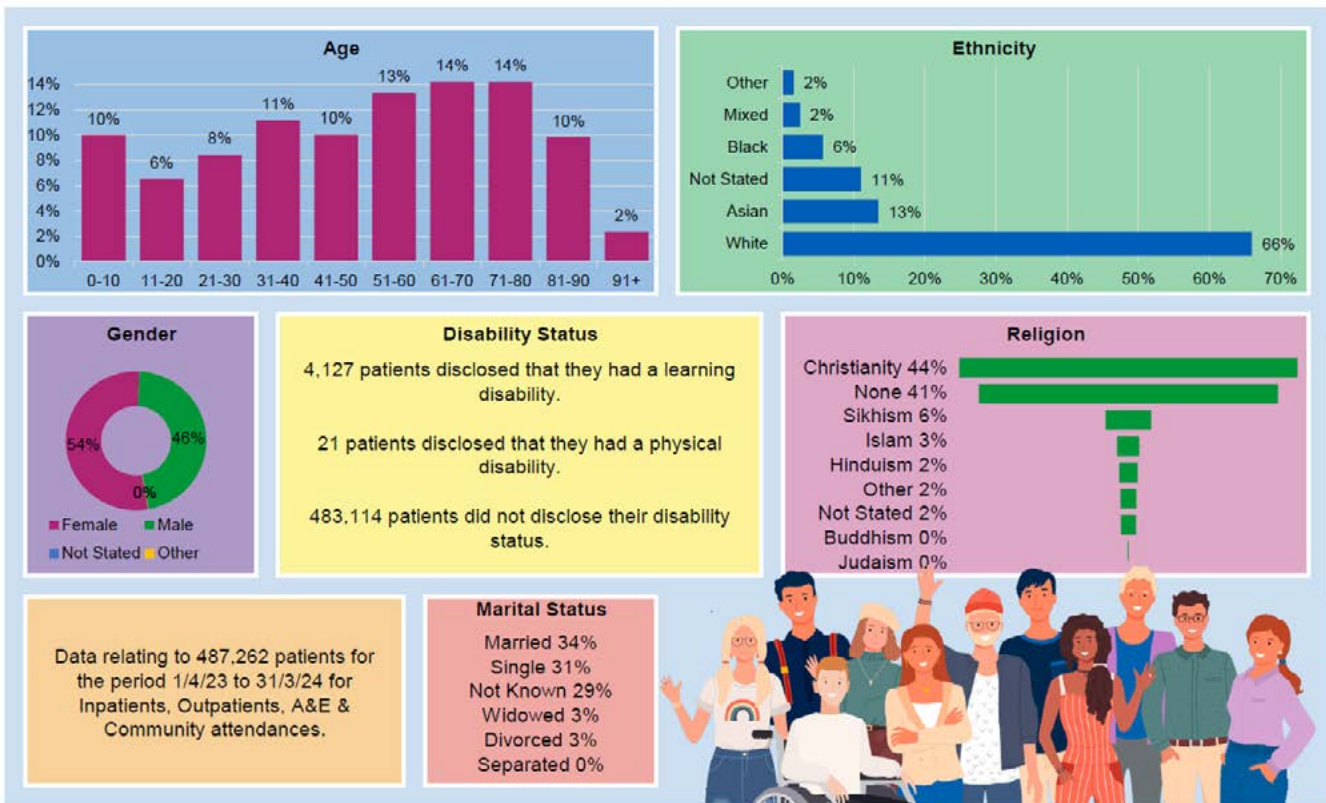
1.0 Patient Access to Services

The Trust saw a total of 487,262 patients in the year (an increase of 51,013 or 11.70% from the previous year's figure of 436,249).

The summary data below shows available information desegregated by protected characteristics (where available) as far as possible:

Note, at present we do not have access to the level of data that would indicate sexual orientation. Ethnicity, religion, gender, disability status and age range are recorded, however, the Trust has a commitment to improve data capture across all protected characteristics over time.

The Royal Wolverhampton NHS Trust's Patient Demographic Profile - 2023/24



Gender: There is a fairly even representation, with 54% female and 46% male. This data is identical to last year's information.

This is not mirrored by the demographics of Wolverhampton and Cannock, where there is a 2% difference between females (51% and 49% male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census.

There were 28 indeterminate people (unable to be classified as either male or female), as defined by the NHS data dictionary. In addition, 39 patients did not declare their gender.

Marital Status: A total of 133,330 people, or 29% of the overall total of patients, did not have their marital status recorded. Recording of information around marital status has improved as records show that for 2022/23 there was 38% recorded as 'unknown'.



Ethnicity: The groups with the lowest representation who accessed services during this reporting period were people who identified as having a Bangladeshi origin (0.2%), White/Black African (0.2%), Other/Chinese (0.20%) and White Irish (0.2%). The largest group is White – British at 66%, with the second-largest group being Asian at 13%.

Age: The largest age groups of patients accessing services are 51-60, 61-70 and 71–80, each group representing 14% of total service users. This is closely followed by age group 31-40 at 12% of service users.

The smallest proportion of patients is the age group of 91 plus and represents 2% of the overall total, closely followed by the age group 11-20 at 6%.

Religion or Belief: There are 32 different religions represented by patients of the Trust. The largest represented religion of those who accessed services is Christianity, which represents 44% of all patients. This is higher than last year's data of 35%. The smallest represented groups are Judaism and Buddhism where no patients were recorded as having these religions. A number of other religions are combined into the "other" category which is 2%. It is recognised, however, that there is a high group (41%) of patients who accessed services who state their religious status as "none."

This will help shape our Chaplaincy services and ensure that we continue to offer support that is non-religion specific and holistic for those with no specific religious faith. There are patients with a range of other religions who access our services, demonstrating the diversity of the people we support.

2.0 Patient Experience Metrics Data

With a variety of different ways in which patient feedback is obtained, the Trust, where possible, collects equalities data which is gathered and analysed. These methods include formal complaints, the Friends and Family Test (FFT), Patient Advice and Liaison Service (PALS) concerns and information and feedback directly from patients. The data collected is used to check our progress, strengthen our accountability and find new ways of doing things better.

We keep information on our use of interpretation and translation services and provide a breakdown of languages used to show how we are meeting the needs of our diverse communities.



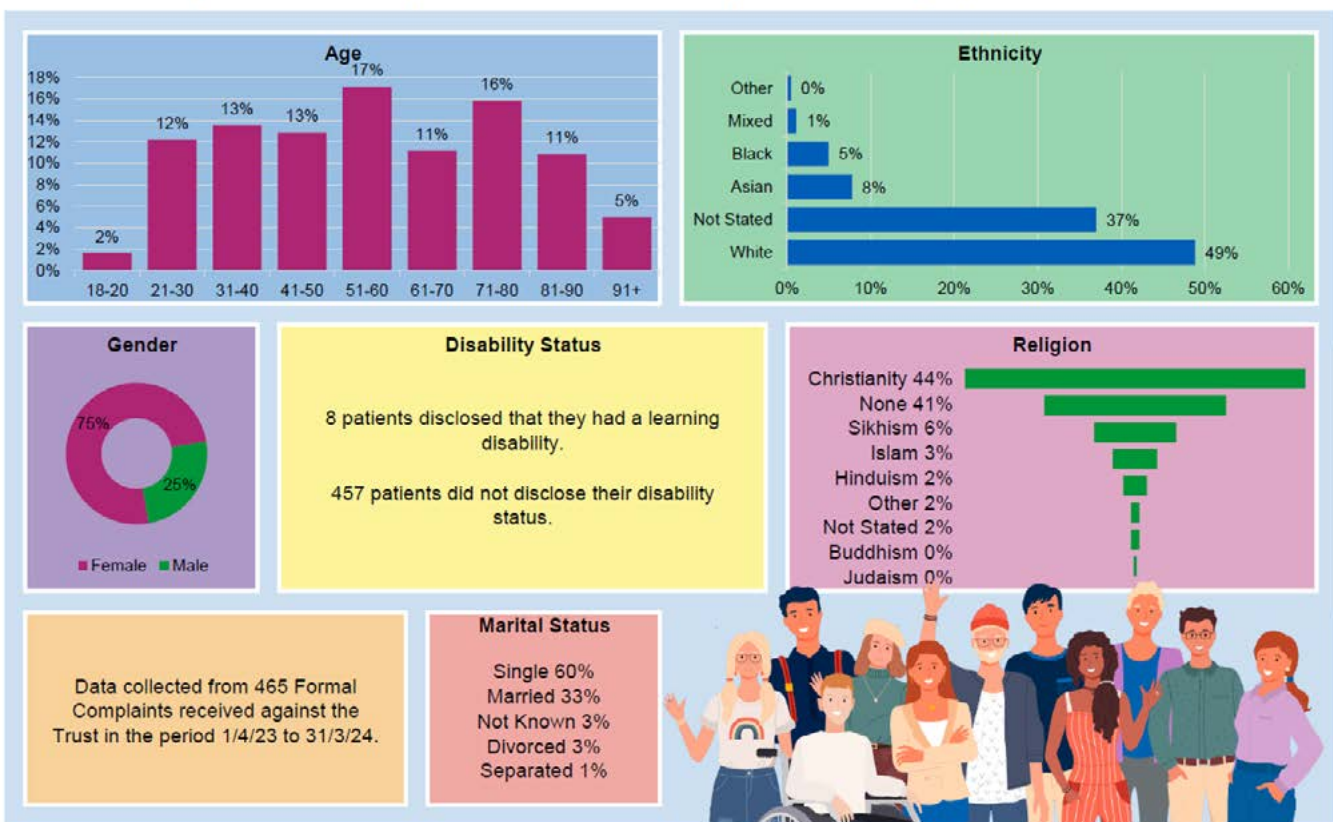
2.1 Formal Complaints Monitoring

The development and Trust-wide dissemination of a patient feedback leaflet, which includes an equalities monitoring form, has aided the capturing of equalities data in relation to PALS concerns and formal complaints.

The implementation of a departmental telephony system, which advises service users of the need and rationale for gathering such sensitive information, has also assisted in conjunction with a review of the subjects noted in the Trust's Datix complaints module. The complaint data recorded relates to the actual patient rather than the complainant, which accounts for any volume of "unknowns, not stated, undisclosed, or not available" where we have not been able to identify the protected characteristics required.

A total of 465 formal complaints were received from April 2023 to March 2024.

The Royal Wolverhampton NHS Trust's Complaints Demographic Profile - 2023/24



A summary of some of the PPCs recorded from complaints is as follows:

Gender: Of the 465 complaints in this period, 75% relate to females and 25% were from males. This has remained the same as the previous year.

Ethnicity: Wherever possible, the Trust collects personal data relating to ethnicity (race) for each complainant. Of the 465 formal complaints raised in this period, 37% of the complainants' ethnicities have not been stated. This represents a decrease of 5% indicating a positive improvement in data capture. A total of 49% of complaints were from the White – British/Irish category which is an increase of 3%.

There has been an increase from 10% to 14% in complaints from members of the BAME community during this reporting period.



Age: This year has seen a shift in age ranges for those who have made a formal complaint. For those complaints where age had been identified, complainants from the age groups 51-60 made the most complaints at 17%, followed by 71-80 at 16%. Previously, age group 31-40 was more prominent. The lowest age group represented in complaints was 18-20 at 2%.

2.2 The CQC National Inpatient Survey 2022

The 2022 National Inpatient Survey is the third “mixed mode” national survey undertaken as part of the CQC patient experience survey programme. The survey used online completion, SMS reminders and paper questionnaires.

The 2022 Inpatient Care Survey received feedback from people who attended services in November 2022. Results are somewhat historical now, however 2023 survey fieldwork is taking place at present and was due to end April 2024.

The survey used a ‘mixed mode’ methodology with online completion, SMS reminders and three postal reminders. The covering letters were amended, adopting best practice principles of design in increase response rates.

The provider of the survey issues a series of resources for promotional use prior to the surveys being undertaken. In order to address the diverse patient groups we serve, there are 15 different language posters available for display across the Trust.

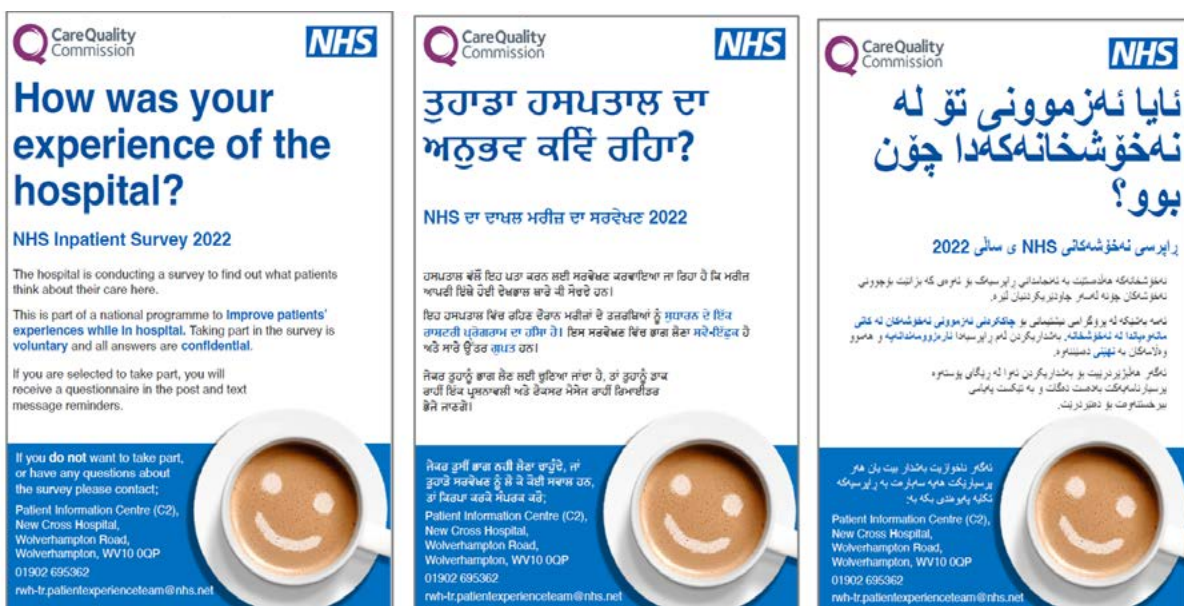
The posters are used to capture patient dissent and provide contact details should they wish to be excluded from being contacted to participate in the survey. The range of languages currently provided for these posters is:

English	Bulgarian	Kurdish-Sorani	Portuguese	Romanian	Urdu
Arabic	French	Lithuanian	Romanian	Romanian	
Bengali	Gujarati	Polish	Punjabi	Spanish	

There are Braille cover letters for surveys provided, in addition to easy read and large print versions.

The Trust uses the most up to date data on range and volume of interpreters used in order to determine which posters it requires. Besides the standard English posters, we would provide posters for the next top five languages based on interpreting usage. All posters are displayed in all inpatient areas.

Examples of the posters in English, Punjabi and Kurdish-Sorani are shown below:



For the 2022 survey, the Trust displayed posters in English, Arabic, Kurdish Sorani, Polish, Punjabi and Romanian.

Findings Summary

A total of 376 patients responded to the survey resulting in a response rate of 31%. This is a slight reduction when compared to the previous year.

Despite the reduction in response rates, upon a deep dive of the diversity monitoring information available from those who did respond, improved responses have been experienced in many key categories for data gathering:

- Reduction in responses for those identifying as White British and increase in responses for those identifying as Black/Black British, Arab, or other ethnic group
- More females choosing to respond (52%), reversing the present trend of 55% male responses in 2021
- An increase of 2% of those who identify with Long Term Conditions responded
- Only 1% of patients who responded preferred not to disclose their religion, compared to 3% the year before
- An increase of religions cited, with Christianity having a 3% increase and the “no religion” category having a 4% reduction

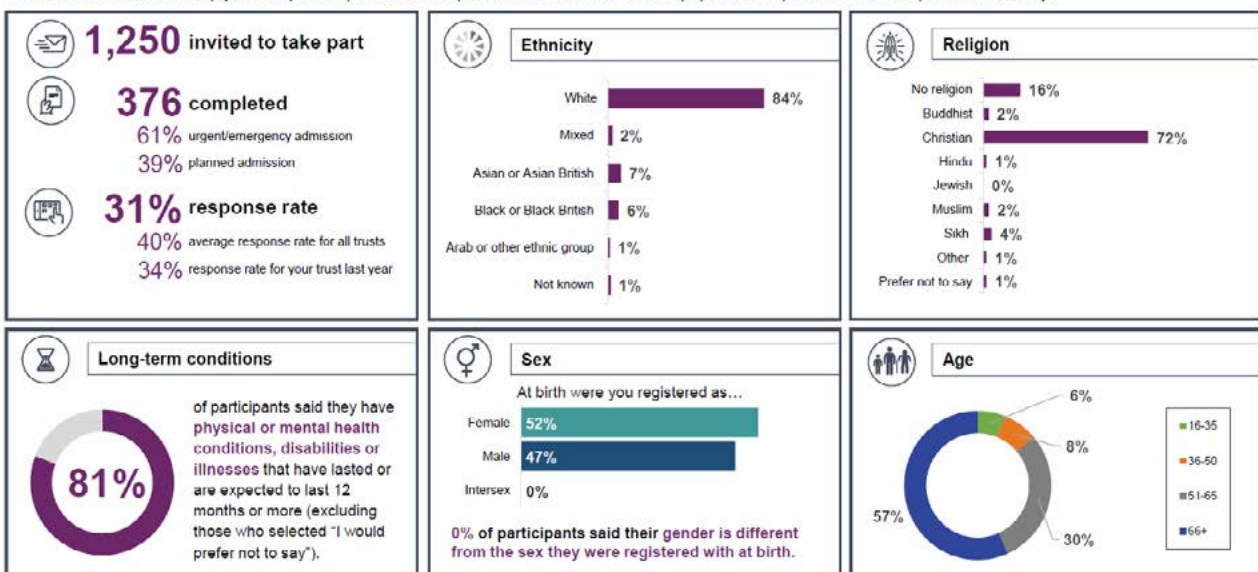
In terms of questions which may address equality issues:

- Results are pleasingly positive with significant improvements for support whilst eating, choice and availability of food outside of usual mealtimes
- Regarding dietary requirements, patients did feel however that there were more choices at New Cross in comparison to Cannock Chase Hospital although the quality of the food was rated as better at Cannock Chase Hospital
- There were clear and understandable explanations regarding moving of wards at night



Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.



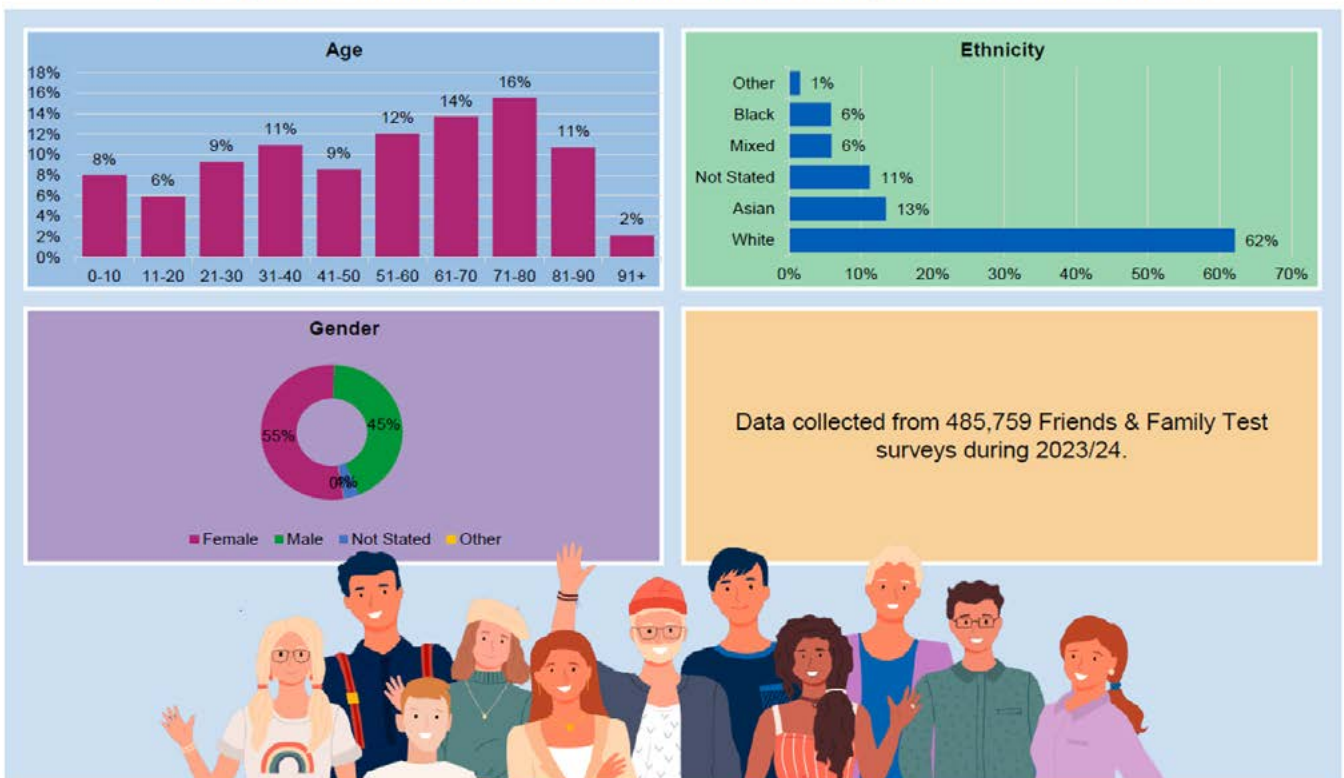
- Information giving, as part of the admittance or discharge process was positive and clear
- Long term conditions were taken into consideration upon admittance for both New Cross and Cannock Chase Hospital
- Improved data has been received this year when compared to previous years despite a reduction in the volume of those choosing to respond. This is indicative of patients feeling comfortable to share details of their demographics. This helps us consider improved engagement for the following survey
- The Trust will continue to work with the CQC Inpatient Survey Team to identify rare languages based on our patient groups to ensure promotional documentation is designed to ensure inclusivity
- Results of these data collections will help inform future projects as part of the Patient Experience Strategy

2.3 Friends and Family (FFT) Test

The FFT provides patients with the opportunity to submit feedback to the Trust by using a simple question that asks how likely, on a scale ranging from extremely unlikely to extremely likely, they would recommend the service to their friends and family if they needed similar care or treatment.

Throughout the year, the Trust has considered where there were gaps in surveying patients and has worked with the FFT provider to improve the feedback for those areas.

The Royal Wolverhampton NHS Trust's FFT Demographic Profile - 2023/24



Data (where available) from FFT responses received

Age: The largest group of responses were in the age range of 71-80, this is a change from last year where the highest age group was 55–64. It is pleasing to see a high proportion of responses from this age group and may be indicative of how inclusive the survey is by offering a variety of methods to respond. The lowest age group of responses has changed from 35-44 in 2022/23 to 91+.

Ethnicity: The largest group of responses was in the “White British” ethnic category (60%), followed by “Asian” (13%). This reverses last year’s trend where we experienced a reduction of responses from White-British/Irish.

It is worth noting that there have been notable decreases in the number of responses from most other ethnic categories.

Year	2021/22		2022/23	
	Overall Total	Percentage	Overall Total	Percentage
Asian	63744	20%	65445	13%
Black	46543	14%	28243	6%
Mixed	59753	18%	28596	6%
Not Stated	16954	5%	54584	11%
Other	30060	9%	7203	1%
White - British/Irish	78284	24%	292722	60%
White - Other	30168c	9%	8966	2%

Gender: It is noted that the lowest number of responses continues to be from males, (45%) which represents a 6% increase from last year. Females represent 55% of responses which is a 6% decrease since last year.

3.0 Addressing health inequalities and key activities with a focus on awareness and inclusivity.

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and this shapes our mental health, physical health and wellbeing.

The Trust established a steering group in January 2022, chaired by the Group Chief Medical Officer, to oversee the programme of work to address health inequalities. This steering group has representation from community, primary care, secondary care, and public health.

The Health Inequalities work currently being undertaken is being aligned to the Health Inequalities Leadership Framework Board Assurance Tool which is built on the Care Quality Commission’s (CQC) well led domain and taken from the NHS planning guidance. It details five national priorities for tackling Health Inequalities:

1. Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and indices of multiple deprivation (IMD) quintile
2. Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, IMD quintile
3. Ensuring datasets are complete and timely, improving data collection on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning
4. Accelerating preventative programmes: flu and COVID-19 vaccinations, annual health checks for those with severe mental illness and learning disabilities, continuity of carers for Maternity Services, targeting long-term condition diagnosis and management



5. Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above, with system and provider health inequality leads having access to Health Equity Partnership Programme training, as well as the wider support offer, including utilising the new Health Inequalities Leadership Framework

The Trust is undertaking work on several key workstreams which link directly to the five national priorities for tackling health inequalities and some projects are outlined below:

- Maternity Services, in conjunction with the Information Department, have developed a dashboard breaking down indicators reflective of National Saving Babies' Lives Care bundle by equalities characteristics and deprivation. This will complement plans to focus within the most deprived locations within the city
- The 0-19 service has been targeted as a high impact area for addressing root causes of inequalities. The Information Team has worked closely with the 0-19 service to develop four mandated health visiting checks in a dashboard to view KPIs by various demographic indicators such as ethnicity, gender, deprivation levels, local authority wards and GP practice. Further developments are in progress
- The Trust launched a Tobacco Dependency Treatment Service in January 2023 which supports the NHS Long Term Plan to offer NHS funded tobacco dependency treatment to patient who are admitted to hospital that smoke
- Education is a key priority and work is ongoing to upskill the senior medical workforce with the competencies, knowledge and skills necessary to address health inequalities in the patient population it serves. An e-Learning package has been rolled out to Senior Medical Staff and further dedicated education sessions are being provided
- Within Primary Care, across PCN practices there are several schemes which focus on reducing health inequalities and reaching vulnerable groups. These include: Liaising with the Refugee and Migrant Centre and hotel settings, homelessness outreach services, use of interpreters (with set clinics) and improving cervical screening recalls (in particular for women with HIV/those that don't speak English) etc
- The Trust and One Wolverhampton has a dedicated Health Inequalities Lead who is attending the various forums, bridging any gaps and preventing any duplication of effort

Maternity Services EDI Workstreams

- Women who are new to the UK do not always understand when they should access the hospital for assessment. These women are referred to the EDI Lead Midwife who will be seeing these ladies to be supported with complex social factors if they have them during pregnancy and awareness raised of when and why they should contact triage for assistance due to the important symptoms of pregnancy
- After identifying that women and families from the LGBT+ community had gaps in provision of care, a group was set up in July 2023. Individuals from the LGBT+ community who had accessed our Maternity Services found that they had a lot of suggestions aimed at catering for their specific needs. They talked through their experiences, which were sometimes distressing and reported that there is no specific service available in the Wolverhampton area encouraging inclusivity. One family who were using a surrogate found that despite being prospective parents, care and education was focused on the mother. Their need was for information on what to expect and how to care for a newborn
- A support group was suggested and has since been accessed by local gay and transgender parents antenatally and postnatally. This group, like the Sahara Group, is responsive to the needs of the families who use it and therefore doesn't follow a set programme
- Pride in Pregnancy support group runs monthly for the LGBT+ pregnant community
- The Community Midwives have access to make referrals to supportive services on badgernet (tobacco dependency, infant feeding support, Sahara and Pride in pregnancy, New to the UK clinic, healthy pregnancy to name a few)



- The Sahara maternity support group was set up to support women and families from a diverse background, mental health and complex social factors, this included providing parent education in different languages with the use of interpreters. The six-month pilot led to an additional 12 months funded by Positive Participation. Due to funding issues, however, the group has now ended, and the EDI Lead Midwife is liaising with the Wolverhampton family hubs to move the service provided by Sahara into the hubs
- Pregnancy multivitamins are encouraged in pregnancy. Healthy start vitamins are available to all women at RWT in the antenatal clinic at their dating and anomaly scan appointments. The EDI Lead Midwife plans to make the healthy start vitamins available to women earlier - when their pregnancy is confirmed, rather than wait for their dating scan appointment
- “New to the UK clinic” started in May 2024 for women planning to become pregnant. They will be educated on the importance of taking folic acid, pregnancy multivitamins, and/or aspirin if required. This clinic will follow on from the “Life in the UK” drop-in session provided by Adult Education
- The ending of the Sahara maternity support group has given the opportunity for this service to run in the family hubs. The EDI lead is currently rebranding the group and looking at the target group for the drop-in service. It will continue to provide support to women and families from a diverse background, mental health and complex social factors, including parent education in different languages with the use of interpreters. The plan is to offer it to all families in Wolverhampton that would benefit from face-to-face parent education
- Financial inequalities can affect health and therefore, in addition to the above, the EDI Lead Midwife runs an independent baby bank which provides baby essentials to mothers who cannot afford items (nappies, clothes, sterilisers, Moses baskets/bedding etc). Midwives, health visitors and social workers refer women to this free service for people facing deprivation and the Trust has a refund scheme where travel costs can be reimbursed (means tested, proof of benefits required by main reception). This can help families with travel costs

In partnership with Walsall Healthcare, The Trust has published a Patient Experience Enabling Strategy 2022 - 2023, which sets out how the Trust will achieve its objective to strengthen patient and public involvement across the organisation and to help compliance towards statutory equality requirements.

We endeavor to communicate with the wider community to ensure that marginalised or under-represented groups can become involved in shaping future services and decision-making processes.

Several new initiatives have taken place over the last few months, including:






Community Engagement:

- Trust-wide departments' pro-active engagement with the community continues to be monitored by the Patient Experience Team. Throughout the first two quarters of the year, the PE team has provided outreach on to ward areas within the Trust and held community volunteering engagement events at a range of venues within Wolverhampton and Cannock. These have included Jobs Fairs and schools/colleges
- Haematology. A short life working group has met on a regular basis to address issues for patients with sickle cell and thalassemia conditions. The group, which includes patient and community representation, is looking at existing services, identifying gaps, and considering the findings of the recently published report following a national inquiry into avoidable deaths and failures of care for sickle cell patients. The initial focus of the working group has been to raise awareness of sickle cell and thalassemia conditions, promote understanding of Trust complaints procedures and revisit how patients are treated when they attend the Emergency Department. Work is currently underway to produce an awareness video involving group members
- Co-Production: A co-production exercise took place in March 2023 when PET staff attended St Anthony's Primary Academy School in Wolverhampton. The two-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, and the final design appeared outside wards in late 2023
- Patient Involvement Partners (PIP). Over the last few months, the Council of Members has been rebranded into a new group known as Patient Involvement Partners. The rebranding exercise has resulted in adopting new terms of reference, a new logo, and branding. Several new members have been recruited from our local community, who are current and former patients, and they all bring with them a wealth of different experiences to offer the Trust. Recent examples of their contribution include a review of ward notice boards, feedback friends' initiative (mystery shopping) and participation in the NHS 15 Steps Challenge exercise. Patient Involvement Partners received a presentation from 'One Wolverhampton' around Health Inequalities, in their July 2023 meeting. This has been followed up by co-production meetings with city stakeholders to help form a city-wide strategy around health inequalities
- Improving Learning Disability Feedback. The Patient Experience Team has been meeting regularly with the Learning Disability Nursing Team to understand how we can better capture the experience of patients with a Learning Disability who access our services. So far, the RWT public website has been updated with an easy read video around the Friends and Family Test. Further work is planned around improving feedback methods

Supporting the Public Sector Equality Duty.

During the reporting period, the Trust has been active in arranging numerous events and other initiatives in support of the public sector duty as below:

- Deaf Awareness/Initial British Sign Language training. - A series of cohorts was delivered, designed to enable staff to learn how to communicate better with Deaf people and to make the Deaf community feel less excluded and fearful when in hospital
- 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 utilised to defuse conflict situations. Seven training sessions have been delivered. 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

- 
- RWT Patient Experience Team has linked up with Wolverhampton City Council Carers Support Team, to raise the profile of this service within the Trust to both staff and patients. Posters have been distributed to all patient wards, and promotional stands and coffee mornings took place late in 2023
 - Tackling Health Inequalities. The subject of health inequalities in the population was brought into sharp focus during the COVID-19 pandemic. Work is currently underway via a Health Inequalities Working Group set up earlier this year at a senior level. In addition, the Trust EA toolkit has also been revised to include elements of health inequalities as part of the assessment

4.0 Accessible Information Standard (AIS)

The AIS has been the subject of a national review, and a revised version is likely to be published shortly. Initial feedback from the review team points to the following key findings:

- Mixed staff awareness of the AIS
- Concerns around the accessibility of complaints processes resulting in under reporting of issues
- Ability of systems to record reasonable adjustments

Once the full detail of the review is available, the Trust will carry out another self-assessment against the new standards and the working group will review and prioritise key workstreams resulting from the self-assessment.

In addition to this, the Trust has signed a 10-year contract with UK healthcare technology company System C, which will supply a new electronic patient record (EPR). This will completely modernise how the Trust manages patient care. The programme, called The Blueprint EPR Programme is an operationally and clinically led transformative piece of work, that looks to replace our current Patient Administration System (PAS), Emergency Department system and Theatre Management system in May 2025, and ultimately roll out a full Electronic Patient Record in 2026 and beyond.

This will change how we work and support staff to provide the best quality care for our patients.

Each patient record will be easily accessible by clinicians across the Trust, helping them make effective and timely decisions on care. Blueprint will also allow for greater collaboration between different departments, leading to more effective care outcomes. For non-clinical staff, it will help speed up every-day administrative tasks, making patient data understandable and easier to manage.

This will support the flow of patients throughout the Trust, allowing staff to schedule appointments, operations, and community visits more effectively.

There has been progress on the development of Patient Administration Portal, Easy Read template for appointment letters, and Badgernet within Maternity Services. Attendance at the monthly AIS working group has declined and a suggestion has been made by the membership to devolve to project groups based upon specific workstreams.



5.0 Interpreting and Translation Provision

The Trust provides interpreting and translation support to enable people to access services fairly and get the best care and information. These are provided via external service providers. A summary of interpreting and translation services is below:

Community language services provided:

- Face-to-face language interpreters: Available 24 hours per day all year round
- Telephone language interpreters: Available 24 hours per day all year round. (Instant telephone access – no booking required)
- Video Interpreting: This service allows staff to connect to an interpreter through a video connection, either on a desktop computer or through a mobile device such as a tablet or mobile phone
- Translation of written information into alternative formats:
 - a) English to other languages or vice versa
 - b) Larger print
 - c) Braille
 - d) Easy Read

e) Audio (languages to English/English to languages)

People who are d/Deaf or hard of hearing:

Face-to-face interpreters: available 24 hours per day all year round, covering:

- a) British Sign Language (BSL)
- b) Sign Supported English (SSE). Relay interpreter
- c) International interpreter for d/Deaf people
- d) Note taker (manual)
- e) Note taker (electronic)
- f) Lip speaker for d/Deaf people
- g) Deaf blind hands-on interpreter
- h) FaceTime for basic non-clinical information only

The Trust used BSL interpreters a total of 377 times during this reporting period which is an increase from the previous year's figure of 291.

Interpreting summary

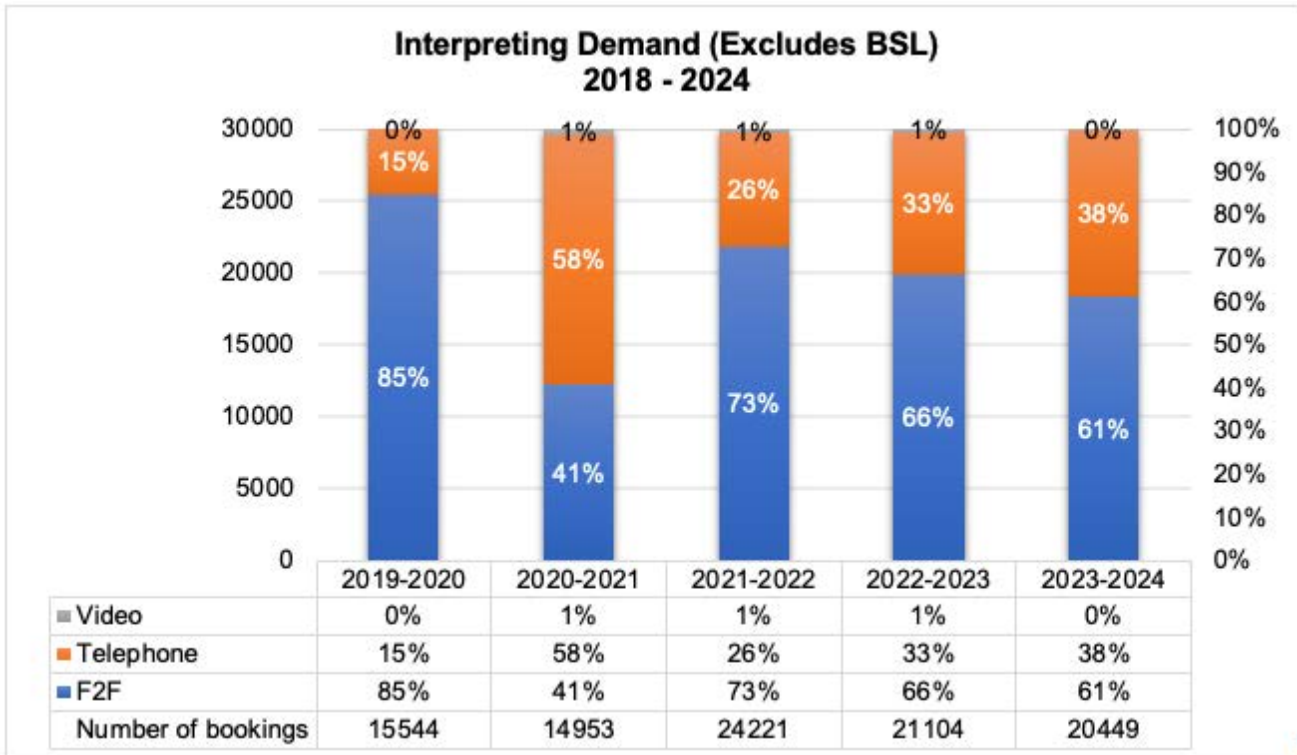
The costs for providing an interpreting and translation provision have risen year by year. This continues to be evaluated to determine how costs can be controlled using less costly options such as telephone and video interpreting.

The Trust continues to undertake analysis of interpreting data. The most noteworthy trends from the latest analysis have been the decrease in volume of bookings from 21104 in 2022/23 to 20449 in 2023/24. There has been a decrease in overall demand with face-to-face bookings still being used as the most preferred option. Promotion of using alternative methods has shown a reduction in the face to face method chosen.

During the reporting period, the top five languages featuring in bookings were:

- Punjabi
- Romanian
- Polish
- Kurdish- Sorani
- Arabic

As with the previous year, Punjabi continues to be the most requested language with little variation in the other top five languages provision.



Throughout the year, staff have received regular communications about making the most effective use of the interpreting and translation service. In addition, RWT's intranet was updated with the latest guidance from the service provider.



6.0 Meeting religious and cultural needs of service users

The Chaplaincy— Spiritual, Pastoral, and Religious Care (SPaRC) Team has made significant strides towards its mission of engaging, inspiring and empowering our patients and staff through spiritual, pastoral, and religious care. This report will detail the concrete steps taken to fulfil its mission 2023/24, all of which have positively impacted the community.

The Chaplains regularly visit each of the three hospital sites and patients who require and/or request support, are visited by the bedside. Prayer resources and devices are available on all wards or may be obtained by contacting the team directly. There are four multi-faith prayer spaces and reflection rooms within the Trust, located within New Cross and Cannock Chase Hospitals. These spaces are open and available for private prayer and reflection. Compassionate support is provided to those who are affected by illness, injury, trauma and distress. This support is also taken up by visitors, relatives and, increasingly and significantly, staff across the Trust.

The multi-faith team has grown in numbers and the diversity of faiths represented. This growth is a testament to the Trust's commitment to inclusivity and ability to cater to the spiritual needs of the community. The figures below illustrate the significant encounters in providing support, a trend we are confident will continue to grow.

- Total encounters = 6223
- Highest referral reason = general visiting
- Staff support offered = 1061 encounters (88 episodes per month)
- Average time we spent providing support = 15 minutes (equivalent to **at least** 690 working hours or 18.4 weeks of full-time work)

These figures represent the Trust's desire to be a visible presence throughout the stages and changes of life. They also indicate our value for staff support, which has been called upon at personal and collective times of need across Cannock, New Cross, and West Park hospitals.


The team's work has been recognised and awarded locally and nationally, and we will continue to deliver engaging, inspiring, and empowering care as we implement the SPaRC Plan. We will recruit volunteers, develop our team with faith and non-faith representation, celebrate religious festivals, and embody our Living Wells values: Love Well, Live Well, Give Well, Serve Well, and Forgive Well.

7.0 Learning Disabilities and Autism

The Trust's Learning Disabilities and Autism Team continues to provide advice and support to all staff across our services to meet the additional needs of our patients. The team has recently expanded to support the needs of our autistic patients who do not have an intellectual disability. This is a new and developing service that will not only be able to support the needs of our patients but will work closely with the Trust's Health and Wellbeing Service and Human Resources department to support the needs of our neurodiverse staff. An electronic flagging system has the addition of the autism flag, which currently identifies approximately 1000 autistic people.

The service operates during office hours, where a member of the team is available on call to answer and manage concerns. The open referral system allows for patients, carers, and staff to contact the team directly via a mobile phone. Outside of office hours, the team has an internet site which provides staff with useful information to support the additional needs a person may have as a result of a Learning Disability or autism.

The team continues to use the electronic flagging system to be able to identify children, young people, and adults with a learning disability. This system currently recognises approximately 3000 people. Using this flagging system, the team has been able to recognise areas where improvements can be made. The team has recently led on the development of a reasonable adjustments tab on individual electronic patients' records. This tab is available for all staff to add and gain information which will help support the patient.



The team works closely with Paediatric Consultants to support young people transitioning from children's services to adult health services. The team supports Trust GPs to meet the requirements of the Directed Enhanced Service (DES) and ensure that young people aged 14–17 are registered and supported to have their annual health check.

Section 2 - Workforce Equality Diversity and Inclusion information 2023/2024

The Trust workforce equality and diversity information is for the reporting period 1 April 2023 to 31 March 2024. It provides data and information on the Trust's performance on Equality Diversity and Inclusion along with analysis of gaps or possible unacceptable variations in the employee experience by protected characteristic. The Trust employed 11,817 staff as at the end of 31 March 2024, increasing from 11,371 in 2023. The workforce profile information has been presented by protected characteristics and analysed to identify any gaps or possible barriers for staff.

8.0 Workforce EDI Context and Strategic Drivers

The Trust works to several strategic EDI drivers and priorities which are determined through legislation, NHSEI mandates and local directives, these include:

- New Trust Equality Objectives 2023-2027 (Appendix 1) [NHS People Plan](#) and [Model Employer](#)
- [The People Promise](#)
- The [RACE Code](#)
- NHSEI [Workforce Race Equality Standard](#)
- [NHSEI Midlands Race and Inclusion Strategy](#): 6 High Impact Actions
- NHSEI [Workforce Disability Equality Standard](#)
- [Equality Delivery System 2](#)
- [Reducing Workforce Health Inequalities](#)
- [Black Country Integrated Care System Equality Diversity and Inclusion Strategy 2023](#)

The NHS People Plan

One of the founding pillars of the NHS People Plan is 'Belonging in the NHS', reflected in an organisational culture that is open and inclusive, where staff have a voice, and where leaders are compassionate and inclusive at all levels.

Our regional strategic priorities include:

- Leading with compassion and inclusion
- Removing barriers to help staff to speak up
- Tackling racism and other types of discrimination (including bullying and harassment)
- Eliminating racism and bias in disciplinarys
- Reward and celebration when good practice is identified









The NHS Equality Diversity Inclusion Improvement Plan 2023 has been introduced and sets out six high impact actions for NHS organisations, addressing inequalities across the nine protected characteristics as prescribed in the Equality Act 2010.

The plan focuses on addressing all forms of discrimination and inequalities to enable our workforce to use its full range of skills and experience to deliver the best possible care. The plan supports the objectives of the forthcoming Long Term Workforce Plan by setting out actions to improve the culture of our workplaces and the experiences of our workforce, benefiting retention and the attraction of new talent to the NHS.

By promoting equality of opportunity for progression and growth within the NHS we can have a positive impact on health inequalities and social mobility, enhancing the NHS's role as an anchor institution within the communities we serve and attracting diverse talent to our workforce.

High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

<p>Measurable objectives on EDI for Chairs Chief Executives and Board members.</p> <p>Success metric</p> <p>1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).</p> 	<p>Overhaul recruitment processes and embed talent management processes.</p> <p>Success metric</p> <p>2a. Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>2b. NSS Q on access to career progression and training and development opportunities</p> <p>2c. Improvement in race and disability representation leading to parity</p> <p>2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity</p> <p>2e. Diversity in shortlisted candidates</p> <p>2f. NETS Combined Indicator Score metric on quality of training</p> 	<p>Eliminate total pay gaps with respect to race, disability and gender.</p> <p>Success metric</p> <p>3a. Improvement in gender, race, and disability pay gap</p> 
<p>Address Health Inequalities within their workforce.</p> <p>Success metric</p> <p>4a. NSS Q on organisation action on health and wellbeing concerns</p> <p>4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training</p> <p>4c. To be developed in Year 2</p> 	<p>Comprehensive Induction and onboarding programme for International recruited staff.</p> <p>Success metric</p> <p>5a. NSS Q on belonging for IR staff</p> <p>5b. NSS Q on bullying, harassment from team/line manager for IR staff</p> <p>5c. NETS Combined Indicator Score metric on quality of training IR staff</p> 	<p>Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.</p> <p>Success metric</p> <p>6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)</p> <p>6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)</p> <p>6c. NETS Bullying & Harassment score metric (NHS professional groups)</p> 

The full plan can be found [here](#)





Black Country Integrated Care System (ICS) Leadership and Culture

The Black Country ICS has published its first Workforce Equality, Diversity and Inclusion (EDI) Strategy for 2023-27. The strategy has been developed in consultation and collaboration with system partners to address the ongoing inequalities that persist in our society and across our NHS and social care organisations. The Black Country has a rich diversity of people who are our staff, patients and service users and we are committed to addressing the workforce inequalities experienced by staff with protected characteristics in the workplace. The strategy focuses on the support available to the health and social care workforce, as well as the priorities and actions that will be taken to improve their work experience.

The [EDI e-brochure](#) for the Healthier Futures Black Country ICS was developed to showcase the breadth of EDI good practice that is taking place across health and care in the Black Country, contributing to making it the best place to work for everyone. The recent work undertaken by system partners is highlighted in this e-brochure and demonstrates how each partner organisation is working towards fulfilling our core purpose - to reduce the gap in different experiences and outcomes for all of our colleagues, service users and patients living in our local communities.

Black Country ICS Equality Objectives and System Pledges

Data collection and analysis: We will publish an annual ethnicity pay gap report, adopting a standardised system approach.

Leadership accountability and visibility: We will ensure an EDI representative or Cultural Ambassador sits on every Board (Executive and Non-Executive) appointment panel and will submit an annual report of Board recruitment and development activity (approach to advertisement, mentoring or coaching beneficiaries, aspiring leader training participants, recruitment panellists) and outcomes (application, shortlisting, and appointment) by gender, ethnicity, and disability to the ICB.

Inclusive people practices: We will ensure every staff member has an equality, diversity and inclusion objective identified as part of their role or annual appraisal.

Improve staff health and wellbeing: We will ensure all staff have access to a Disability Health Inequalities Passport to support reasonable adjustments and improve health and wellbeing of our staff.

Improve systemwide learning and development: We will commit to becoming an anti-racist organisation and ensure anti-racism training is available to all staff.

Improve communications and engagement of staff: We will support our staff networks to engage at a system level (through a system staff network forum) to shape and influence system decision-making.

NEW Equality Delivery System

The EDS was introduced in 2011 to support NHS organisations to assess and improve their performance on equality, diversity and inclusion. A refreshed version, EDS2, was issued in 2013 and a third revision (called EDS) was introduced in 2022/23.

The Trust has completed the full assessment and the scoring can be found [here](#).

Further details about the new EDS can be found in section 16.





RWT Equality Diversity Inclusion Delivery Plan 2023 – 25

The Trust sets out its plans for implementing its strategic equality priorities within its EDI Delivery Plan 2023 - 2025. The plan was refreshed in 2023 to reflect emerging priorities identified through the NHS Staff Survey results, WRES and WDES indicators and Equality Delivery System Assessment. The plan is regularly monitored, and progress is reported to the Equality, Diversity, and Inclusion Steering Group, Chaired by the Chief People Officer and People and OD Committee. The plan is a live document to ensure a responsive approach to the EDI challenges and opportunities. It is available upon request.

RWT Equal Opportunities Policy

The Equality of Opportunity Policy HR05 ensures the Trust complies with statutory and legal requirements to ensure compliance with the Equality Act 2010. A review of the policy was undertaken during the year. The policy is available on the Trust's web pages.

9.0 Highlights and Achievements 2023/24

This section reports on the key activities and achievements that took place to enhance equality, diversity, and inclusion for the Trust.

Employee Voice Groups

Supporting our workforce and understanding the diverse needs of staff has been crucial since COVID-19 and will continue to be a priority for the Trust. Employee Voice Groups (EVGs) are an important part of building a workforce culture that is included and engaged, where staff concerns can be raised safely, and staff have opportunities to connect with their peers. The Trust EVGs are available to all staff who identify with a particular protected characteristic or support a particular protected characteristic as an ally.

EVGs act as a safe space for staff to come together, network, raise issues or concerns, and be heard. The EVGs are represented on the Trust Equality Diversity and Inclusion Steering Group as a means of actively participating in decision-making, including planning Trust EDI events, shaping EDI priorities and responding to issues.

The Trust has six employee voice groups now with the most recent ones introduced in 2023. The Trust is committed to growing its EVGs. The following table illustrates the growing membership levels of the EVGs from 2021 to 2024

Employee Voice Group (EVG)	Executive Sponsor	Membership April 2024	Membership April 2023	Membership April 2022	Membership April 2021
Black Asian and Minority Ethnic (BAME) EVG	Dr Brian McKaig	155	149	110	105
Lesbian Gay Bi-sexual Trans (LGBT+) EVG	Simon Evans	322	279	220 members and allies	62 members and allies
Disability and Long-Term Conditions (D<C) EVG	Debra Hickman	84	78	55	42
Carers EVG	Gwen Nuttall	38	32	25	12
NEW Armed Forces Staff Network	Alan Duffell	25	12	-	-
NEW Health and Wellbeing Employee Voice Group	Sally Evans	19	10	-	-

- All Employee Voice Groups are nominated a named EVG Executive Sponsor to provide support, senior leadership commitment, and a point for escalation
- The EVGs work jointly and came together as part of Staff Networks Day 2023 to promote the importance of employee voice and speak to staff about their respective groups
- The Trust supported the development of two new EVGs in 2023. The Armed Forces Staff Network has come together to provide a network of support for Armed Forces personnel, reservists, and veterans. The Trust is working with the network to support inclusion for this group and preventing any unfair disadvantage in employment. The group is working closely with the Trust to support the Veteran Aware accreditation

- The Trust is currently in the process of developing a new EVG for our Neurodivergent staff. There are several members of the Trust who have already expressed an interest in this group to help to support each other and to help managers have an understanding of Neurodiversity.
- The new Health and Wellbeing Employee Voice Group brings together staff who are impacted by health and wellbeing issues or have an interest in supporting health and wellbeing within the Trust. The group is in its early stages of development

Our Employee Voice Groups

Chair of the BAME Employee Voice Group
Committed to eliminating discrimination and promoting equality of opportunity in all we do.
rwh-trust.com/employeevoicegroups@rwh.nhs.uk

Chair of the LGBT+ Employee Voice Group
Supporting LGBT+ employees and caring members of those in the workplace.
rwh-trust.com/employeevoicegroups@rwh.nhs.uk

Chair of the Disabilities and Long Term Conditions Employee Voice Group
Raising awareness on key disability matters.
rwh-trust.com/employeevoicegroups@rwh.nhs.uk

Chair of the Carers Employee Voice Group
Supporting staff who have caring responsibilities through offering access to a highly network of support.
rwh-trust.com/employeevoicegroups@rwh.nhs.uk

Our newest staff networks

Interim Chair of the Armed Forces Staff Network
Providing support for members of the armed services and those associated with the armed services, including serving personnel, veterans, cadets, reservists.




Chair of the Health and Wellbeing Employee Voice Group
A safe space for members to voice their opinion and contribute to improving and maintaining the physical and mental wellbeing of Trust staff.
rwh-trust.com/healthandwellbeing@rwh.nhs.uk

To find out about the Employee Voice Groups, please see:
Staff Intranet > Working at RWT > Employee Voice Groups



Safe & Effective | Kind & Caring | Exceeding Expectations

M. Nelson 20/04/24 v.22

The following table sets out EVG activity in 2022/23 and future plans.

Employee Voice Group	Achievements and Highlights	Top 3 Priorities for Each EVG Going Forward
<p>Black Asian & Minority Ethnic (BAME)</p> 	<ul style="list-style-type: none"> • Race Code Charter Mark • Zero Tolerance to Racism Campaign • Black History Month art installation, Mayoral Visit and Race Equality Showcase Event • Race Equality Week – race infographic • Exploring use of terminology ‘BAME’ • Surveying members • Working jointly with Walsall BAME Staff Network • Listening events • Launch of anti-racism training bite-sized sessions 	<ol style="list-style-type: none"> 1. To continue work with the Integrated Care Board (ICB) on the joint Cultural Ambassadors programme 2. Submit re-accreditation for the Race Code 3. Continue to promote the anti-racism training bite-sized sessions
<p>Disability and Long-Term Conditions (D&LTC)</p> 	<ul style="list-style-type: none"> • Support for employees requiring the Health Adjustment Passport • Raising the profile of disability through a Disability Infographic • Supporting improvements and escalation of disabled parking issues impacting members • Putting together a case to support the sunflower scheme and our colleagues with hidden disabilities • Awareness raised on how to record D&LTC on ESR 	<ol style="list-style-type: none"> 1. Promotion of sunflower scheme across the Trust 2. Re-accredit for disability confident with the possibility of achieving stage 3 3. Improving staff experience of reasonable adjustments
<p>Lesbian, Gay, Bi- sexual Trans+ (LGBT)</p> 	<ul style="list-style-type: none"> • Celebrating Carers’ Week • Raising awareness of support services available to Carers • Updating our intranet page with Carers’ support - not just for Wolverhampton based users but also for those living within the Cannock catchment area and beyond • Continuing to support and advertise the Carers’ Passport • Awareness raising of how to record Carer status on ESR 	<ol style="list-style-type: none"> 1. To support awareness raising of the emerging Transgender Guidance for Staff and Patients 2. To support member issues and escalate where appropriate 3. To promote information on how to be an effective LGBT+ Ally



Employee Voice Group	Achievements and Highlights	Top 3 Priorities for Each EVG Going Forward
<p>Carers EVG</p>  <p>Carers Employee Voice Group</p>	<ul style="list-style-type: none"> • Carers' Week • Raising awareness of support services available to Carers • Lunch and Learn Session with Wolverhampton Carers Support Service • Promoted awareness of the experience of working and caring with a Carer Podcast with Executive Sponsor • Launched the Carer Passport • Awareness raising of how to record carer status on ESR 	<ol style="list-style-type: none"> 1. Promote awareness of wellbeing support available to Carers through Carers Week 2. Further promote the Carers' Passport so staff are aware of support available 3. Promote awareness of Carer Support Services available locally and in surrounding areas
<p>Armed Forces Staff Network</p> 	<ul style="list-style-type: none"> • Continued to support the Gold Employer Recognition scheme. Have taken on Clinical champions and also a Therapies champion within the Trust • Successfully achieved Veteran Aware Accreditation • Secured a permanent Chair for the group • Celebrated Armistice Day and Armed Forces Day allowing employees, where appropriate, to wear their uniform at work • Building relationships with other neighbouring Trusts and also local organisations such as Wolverhampton Council and local Regiments. • Agreed on a Terms of Reference for the group 	<ol style="list-style-type: none"> 1. Embed terms of reference and link in with Armed Forces policy 2. Celebrate Armed Forces Week and support armed forces family members across the Trust as well as Veterans and Reservists 3. Re-pledge to Step into Health



Inclusive Recruitment

The Trust has reviewed its Recruitment and Selection Policy and Procedures and is working to improve representation of diversity across all levels of the organisation. A number of inclusion initiatives are underway including:

Disability Confident

Disability Confident is a national scheme designed to enable employers to recruit and retain disabled staff and people with long term conditions. There are three levels to the Disability Confident scheme. The Trust has previously achieved level 2 ensuring that disabled applicants have access to a guaranteed interview as long as they meet the essential criteria, provides reasonable adjustments, ensures access to the recruitment and selection process and monitors the recruitment outcomes for disabled applicants.

The Trust is committed to progressing to level 3 of the standard which will include taking steps towards:

- Improving disability information on its workforce
- Improving staff and manager awareness of disabilities and making reasonable adjustments
- Introducing a Disabled Workers' Passport

Recruitment and Selection Training

In line with the requirements of the NHS People Plan and Model Employer goals, the Trust has undertaken an end-to-end review of recruitment and selection processes to ensure that equality and inclusion are firmly embedded throughout. The Trust will work towards a long- term target of being representative of its communities and demographic population, across the employee pipeline by 2028 and employ the legislative tools available including sections 158 and 159 positive action provisions of the Equality Act 2010.

The Trust has reviewed its Recruitment and Selection Policy as part of its approach to overhaul its recruitment and selection processes and has developed its Inclusive Recruitment Guidance and Toolkit for managers



Positive Action in Recruitment

The Trust is committed to fairness in its recruitment practices and is working towards a workforce profile that is reflective of its local population at all levels of the organisation. It launched a programme of Positive Action on targeted vacancies where there are known areas of under-representation in the workforce.

In 2023 all Nursing and Midwifery vacancies at Band 7+ were eligible to apply for a positive action.

The Trust has launched its **Inclusive Recruitment Toolkit for managers** and guidance which sets out the following actions and activities:

- How to apply a positive action in recruitment for under-represented BAME and Disabled applicants at Band 7 and above vacancies/roles
- How to widen vacancy reach into 'seldom heard' and protected characteristic communities through wider advertising through our local diverse employers and communities
- How to encourage our BAME and disabled staff to progress and apply for senior leadership roles
- Vacancy sponsorship from senior leaders from BAME, disabled, female backgrounds
- Providing access to interview skills coaching for internal candidates
- Signposting all external candidates to free tools and tips for interview skills
- Introduce a new diversity statement for candidates on Trust web pages, job advertisements, and correspondence
- Develop inclusive selection processes guidance for recruiting managers
- Cultural Ambassadors to sit on recruitment panels
- Continue to roll out training to recruiting managers in inclusive recruitment and selection methods

RACE

The Race Code

The Trust became the first in the Black Country to adopt the Race Code, a framework to tackle race inequality and discrimination in the boardroom and workforce.

The Race Code principles are:

- Reporting
- Action
- Composition
- Education



The Trust takes a committed anti-racist approach across everything that we do.



Anti-Racism

The Race Fluency sessions were accompanied by an engagement exercise with staff across all levels of the organisation asked to share their views on what is most important to becoming an anti-racist organisation.

The Trust's Anti-Racism training was launched during Race Equality Week 2024 and was made up of five bite-sized sessions to support the Anti-racism Statement.

Anti-racism Statement commitments

Our senior leaders will act as role models – showing positive and assertive behaviours at all times, while striving to create inclusive, anti-racist environments.

Every person should be treated with empathy and feel respected, regardless of race or ethnicity.

Where this is present, positive patient outcomes should follow. The full statement can be found on the [Trust Website](#)



Civility and Respect

The [People Plan](#) for 2020/21 sets a vision which places a compassionate and inclusive culture at the very heart of the NHS and emphasises that all NHS employees and employers are responsible for tackling bullying and harassment and creating a civil and respectful culture.

The Civility and Respect programme was launched in August 2022. The first phase of delivery included the roll out of two-hour awareness sessions to departments that requested support with improving their culture. Online open access workshops were designed to raise awareness of the topic and to create an interactive space where attendees are invited to consider and share impacts of behaviour. A Train the Trainer model of delivery was then adopted for staff volunteering to run the session in their department or division. Whilst this led to significant engagement with a variety of individuals and teams, the need to scale delivery across the Trust was evident. It was therefore discussed with the Corporate Education Steering Group which gave approval for Civility and Respect to be introduced as a mandatory training topic. The Education and Training Team has worked with the OD Team to create the content for this e-learning, which is due to be launched in June 2024. We hope to have 90% compliance for the module by the end of 2024.

In October 2022, RWT and Walsall Healthcare NHS Trust (WHT) launched the first joint strategy, 'Our Strategy' 2022-2027 reflects the closer working taking place between the two organisations. It was agreed through a committee in common, that both organisations would retain their existing Trust values for a period, and progress working on a set of joint behaviours. Following extensive consultation with a variety of senior leaders, staffside colleagues, Employee Voice Groups, Executives, services across the HR Directorate and via all staff engagement sessions, the final content was agreed in November 2023 and the framework was rolled out across the Trust.

The final framework outlines the behaviours we want to see from all our staff and connects to both organisations' respective values, the [NHS People Promise](#) and the [NHS Leadership Way](#). The framework shows our commitment to being a listening, kind, inclusive and professional organisation



Cultural Ambassador Programme

The Cultural Ambassador programme was developed by the Royal College of Nursing (RCN) to support employee relations processes within NHS organisations, with a view to enhance fairness and remove the potential of cultural bias occurring. The need for the programme arose out of the national Workforce Race Equality Standard (WRES) data which highlighted Black and Minority Ethnic BAME staff as over-represented in employee relations cases and experiencing poorer outcomes, compared to their white counterparts. The Cultural Ambassador (CA) Programme was relaunched in 2021 with 27 Cultural Ambassadors recruited and trained. Our number has fallen to 23 active CAs, due to staff changing roles and CAs stepping into other commitments.

There continues to be a strong leadership commitment to the programme and a recognition of continuous learning. The Trust has invested in the ongoing development and support for CAs including action learning sets and regular meetings with the HR Advisory Team.

The Trust is proud of the work it has done over the past few years to ensure fairness is achieved within its disciplinary procedures and recognises that more needs to be done to ensure staff from Black Asian and Minority Ethnic backgrounds experience fair outcomes.

The Trust has supported a just culture approach along with establishing CAs within the Case Assessment and Disciplinary Approach.

The Trust is committed to revitalising its Cultural Ambassador Programme as part of the Integrated Care System (ICS) with the possibility of sharing CAs across the ICS to allow neighbouring Trusts to share their teams, improve availability of CAs and to standardise our training throughout.

Carers

Working Carer Passport

The Trust introduced its Working Carer Passport as part of Carers' Week 2021 and has continued to promote its use and access. There are currently an estimated 250,000 carers working in the NHS, many of whom are aged between 45-64 so are likely to be among our most experienced and skilled staff.

Keeping our working carers in work can help to reduce health inequalities, improve employee experience, and benefit the Trust in retaining its staff. Ensuring our staff who have caring responsibilities and our managers are aware of this is really important.

The Carer Passport is a tool for managers and staff, that care for or look after someone, to have a safe conversation about their caring role and how it impacts on their work. It can be taken with the member of staff so there is less need to repeat caring and working needs with different managers. It also enables the identification of any adjustments or flexible working needs that can be met.

The Trust has further integrated the Carer Passport within the HR Managers Toolkit and Induction and on-boarding processes. This was further promoted during Carers' Week in June 2024.

The Trust is also promoting the recording of Carer status on its Employee Support Service (ESR) to ensure accurate data on the number of people who are caring or looking after someone in the organisation.





Disabilities and Long-Term Conditions

Health Adjustments Passport

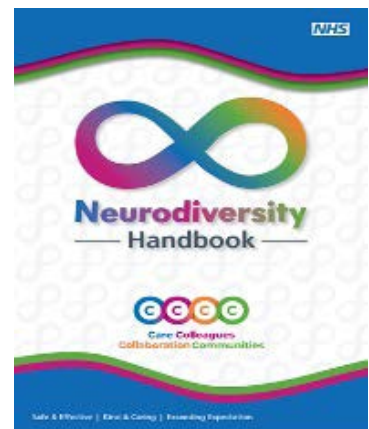
The Trust launched its Health Adjustments Passport in 2022 to make it easier for staff and managers to identify, discuss and put in place reasonable adjustments. The Health Adjustments Passport is designed to store any information about a disability, long-term health condition, mental health issue or learning disability/difficulty. The aim is to minimise the need to re-negotiate workplace adjustments every time an employee moves post, moves between departments or is assigned a new line manager.

The Trust worked collaboratively with the Disability and Long-term Health Conditions EVG to co-produce the passport along with creating an animation about how it works.



Neurodiversity EVG

The Trust is currently working towards putting together a new EVG for Neurodivergent colleagues, this is following the production of our Neurodiversity booklet which was launched in March 2024.





Lesbian, Gay, Bi-Sexual, Transgender and Questioning + (LGBTQ+ Rainbow Badge scheme)

The Trust has rolled out the Rainbow Badge. Wearing the Rainbow Badge symbolises a pledge to play an active part in showing openly that our Trust offers non-judgmental and inclusive support and care for all, regardless of how people identify themselves. It's hoped that the LGBTQ+ community will be comfortable and confident in our care as a result. LGBTQ+ patients who see the badge and identify with it will feel assured, knowing we are supportive. If necessary, badge wearers will be able to offer contact details for a range of external support agencies.

The NHS Rainbow Badge was created by Guy's and St Thomas' NHS Foundation Trust in London, in partnership with Evelina London Children's Hospital. Badges are handed to NHS staff who have pledged to reduce inequalities and provide support and signposting to LGBTQ+ people. The scheme is supported by NHS England, Stonewall, and GLADD (The Gay and Lesbian Association of Doctors and Dentists).



The Trust has promoted the Rainbow Badges scheme during a range of LGBTQ+ awareness campaigns and events and has developed a Rainbow Badge poster for display in patient and staff areas.

A total of 322 staff members of staff have completed the Rainbow Badges awareness raising and received their Rainbow Badge, increasing from 279 in 2023 and 220 in 2022. Further information on the Rainbow Badges can be found on the Trust's web pages.

LGBT History Month – Celebrating our Past Present and Future

LGBT History Month is celebrated annually in February and is an opportunity to raise awareness for staff of LGBT history and the impacts of stereotyping, discrimination and exclusion on the LGBTQ+ community.

The month involved sharing staff stories and celebrating the work of the LGBTQ+ EVG and the achievements made to promote and enhance LGBTQ+ inclusion.

Pride 2024

The Trust is proud to continue its support for Pride. Over the following years, it has become one of the most important LGBT+ festivals in the UK, attracting more than 40,000 people over the course of the weekend. This year the Birmingham Pride march had more than 8,000 people involved which is the highest number so far.

The aim of Birmingham Pride is to build a community where all people are free to live without fear or prejudice – committed to challenging injustices, inequality and discrimination for all in the LGBTQ+ community. The theme was '25 years of pride and protest' demonstrating a commitment to stand in unity with all members of the LGBTQ+ community, fighting against any form of transphobia, biphobia, homophobia and hate.

RWT, along with a number of other NHS Trusts in the Black Country ICS, came together to support LGBTQ+ staff to participate in the Pride parade.





Equality and Faith Celebrations

The Trust is committed to recognising and valuing the rich diversity of its workforce and actively promotes opportunities to raise awareness and engage with its diverse staff groups through events and awareness days.

During 2023 /24 the Trust has supported a range of key equality events and faith celebrations and works in collaboration with its EVG, Chaplaincy Service, Health and Wellbeing Team, and other departments. Events and days celebrated included:

- Race Equality Week
- Black History Month
- LGBT History Month
- International Women's Day
- Disability History Month and International Day for Disabled Persons
- National Staff Networks Day
- International Day Against Homophobia and Transphobia
- Mental Health Awareness Day
- Carers Week
- South Asian Heritage Month
- Pride Month
- Anti-bullying Week
- Menopause
- Faith days including Christmas, Easter, Ramadan, EID, Diwali and Vaskhi

10.0. Workforce Equality Data Information

RWT is committed to investing in and developing its diverse workforce and employs a total of 11,817 people as at 31 March 2024, who are responsible for delivering nationally recognised excellence in healthcare. It recognises the impact that high levels of workforce engagement can have upon patient satisfaction, creating a positive experience and Outcomes. The Trust pro-actively works to maximise this relationship and demonstrate positive effect on patient experience.

The workforce data contained within the report is for the period 1 April 2023 to 31 March 2024. Where possible the data has been benchmarked to the new Wolverhampton Population Census 2021 data.

All data is rounded up or down to the nearest 0.5%.



a. Board Composition

The make-up of the Trust Board including our Executives, Non-Executives and Very Senior Managers (VSM) as of 31 March 2024 is as follows:

- The ethnic representation is White 86 % and BAME 10 % with 4 % unknown. The 2023 figures showed white 86% and BAME 14%.
- The gender breakdown of the Board is 34.5 % female and 65.5% male. The representation of females on the Board has fallen by 8.5 % since 2023, it fell by 4 % between 2022 and 2023. (In 2022 the gender profile of the Board was 47 % female and 53 % male)

The Trust's workforce statistics covering key protected characteristics are presented in the following sections.

b. Age

The majority of our workforce is within the 26 to 55 age range with 7% under the age of 25. The following table illustrates the breakdown of our age profile by age group. In Wolverhampton, there are more children (20.4%) and fewer older people (16.8%) compared to the England average (19 % and 17.7%, respectively).

Age	% Workforce 2024	% Workforce 2023	% Workforce 2022
Under 25	7%	8%	8%
26 - 35	27%	26%	25%
36 - 45	24%	23%	22%
46 - 55	23%	24%	24%
56 - 65	17%	17%	17%
66 +	2%	2%	2%
Total	100%	100%	100%

- There is a lower proportion of young people aged under 25 in the workforce
- There has been a slight % increase in the middle-aged groups, with 27% in the 26 – 35 years age group and 24% in the 36 – 45 years age group

c. Disability

There remains the same percentage of staff in the 56 – 65 years group at 17%, and fewest staff represented in the 66+ years group, at 2% also remaining the same.

The proportion of staff that have declared a disability stands at 4% increasing from 4 to 4.5 % in 2024. According to the Census 2021, 19.5% of residents in Wolverhampton are disabled or have a long-term condition that limits their day-to-day activities to some degree. This has fallen by 1% since the 2011 Census (20.5 %).

The following table illustrates the percentage of disabled people within our workforce.

Disability Status	% Workforce 2024	% Workforce 2023	% Workforce 2022
No	77%	75.5%	73%
Not Declared	18%	20%	24%
Prefer not to answer	0.5%	0.5%	1%
Yes	4.5%	4%	2%
Total	100%	100%	100%

- A total of 4.5% of the workforce has declared disability. The proportion of staff declaring a disability has more than doubled since 2022 with a slight increase since 2023.
- The proportion of staff who have not declared their disability has reduced by 2% since 2023. The Trust continues to work to improve its disability declaration rates and raising awareness of disability within the Trust
- The Trust Disability and Long-Term Conditions EVG is available to staff who identify as disabled or want to support disability equality within the Trust. A range of initiatives have been delivered during the year to raise awareness of disability and promote reasonable adjustments in the workplace.
- The Trust continues to promote its Health Adjustments Passport. The passport is embedded into Trust induction and onboarding processes, ensuring accessible support for disabled staff and new starters.
- See section 15.0 on the Workforce Disability Equality Standard

d. Ethnicity

The Trust's Black Asian and Minority Ethnic (BAME) profile for the organisation has increased by 1.5% since last year. The overall BAME profile of the Trust is not in line with the local BAME population of Wolverhampton which is 39%, according to the Census 2021 information. Analysis by band in the following tables indicates the Trust has seen a 2 percentage increase in BAME staff in senior roles (Band 7+).

The following table illustrates the overall ethnicity workforce profile across the organisation.

Ethnicity Status	% Workforce 2024	% Workforce 2023	% Workforce 2022	Wolverhampton Census 2021
BAME	37.5%	36%	32%	39%
Not Stated/Not Given	1.5%	1%	2%	-
White	61%	63%	66%	61%
Total	100%	100%	100%	100%



e. Ethnicity by Workforce Group

The following tables illustrate the breakdown by ethnicity staff by Trust Workforce Group 2023. Students have been removed from the count due to the small numbers.

Staff Group	Headcount			Total Headcount %
	BAME	White	Unknown	
Add Prof Scientific and Technic	1.11%	1.77%	0.03%	2.90%
Additional Clinical Services	6.21%	11.70%	0.14%	18.05%
Administrative and Clerical	4.90%	16.76%	0.18%	21.83%
Allied Health Professionals	1.85%	3.94%	0.06%	5.86%
Estates and Ancillary	1.24%	5.85%	0.04%	7.13%
Healthcare Scientists	1.79%	2.84%	0.13%	4.76%
Medical and Dental	7.40%	2.51%	0.59%	10.50%
Nursing and Midwifery Registered	12.85%	15.63%	0.25%	28.72%
Grand Total	37.37%	61%	1.41%	99.76%

Medical and Dental (All Bands)

Ethnicity Grouped	(M&D) Headcount	(M&D) Headcount %	% Total Workforce
Asian	681	54.88%	21.32%
Black	111	8.94%	11.74%
Mixed	29	2.34%	2.86%
Other	54	4.35%	1.53%
Unknown	69	5.56%	1.40%
White	297	23.93%	61.15%
Grand Total	1241	100.00%	100.00%

A significant proportion of BAME staff occupy roles within medical and dental fields.

The following table illustrates the breakdown of staff by ethnicity at Band 7 and above 2024. (Students have been removed from the count due to the small numbers).



Staff Group	Headcount %			Total Headcount %
	BAME	White	Unknown	
Add Prof Scientific and Technic	4.41%	2.94%	0.12%	7.47%
Additional Clinical Services	0.06%	0.06%	0.00%	0.12%
Administrative and Clerical	4.47%	17.48%	0.24%	22.19%
Allied Health Professionals	2.71%	12.71%	0.12%	15.54%
Estates and Ancillary	0.00%	0.41%	0.00%	0.41%
Healthcare Scientists	3.00%	10.06%	0.24%	13.30%
Medical and Dental	0.00%	0.12%	0.00%	0.12%
Nursing and Midwifery Registered	7.59%	32.96%	0.29%	40.85%
Grand Total	22.25%	76.75%	1.00%	100.00%

The following table illustrates the breakdown of staff by ethnicity at Bands 3–6 in 2024. (Students have been removed from the count due to the small numbers).

Staff Group	Headcount %			Total Headcount %
	BAME	White	Unknown	
Add Prof Scientific and Technic	0.83%	2.36%	0.02%	3.21%
Additional Clinical Services	3.68%	9.87%	0.13%	13.68%
Administrative and Clerical	5.11%	18.57%	0.16%	23.84%
Allied Health Professionals	2.82%	4.07%	0.08%	6.97%
Estates and Ancillary	0.18%	2.23%	0.00%	2.41%
Healthcare Scientists	2.62%	2.69%	0.18%	5.49%
Nursing and Midwifery Registered	22.62%	20.93%	0.39%	43.94%
Students	0.15%	0.29%	0.02%	0.46%



<p>Analysis of BAME representation by Workforce Group</p> <ul style="list-style-type: none"> The Trust's overall BAME, profile has increased annually and has seen a significant rise since last year, increasing by 1.5%. Comparison with the City demographic data indicates the Trust is not representative of the local population of 39% The proportion of BAME. staff at Band 7+ has also seen an increase rising from 22% in 2023 to 22.25% in 2024. The Trust is committed to increasing the representation of BAME staff in senior leadership roles through overhauling its recruitment processes and developing its talent management framework 	
Nursing and Midwifery	Nursing and Midwifery has the highest proportion of staff accounting for 37% of the total workforce, 52% of the nursing workforce. The highest number of BAME staff across the Trust are within Nursing and Midwifery roles. There is a high proportion of BAME staff at Band 5 and 6 and the proportion of BAME staff at Band 7 and above has increased from 7% in 2023 to 7.59% in 2024.
Additional Clinical Services	Additional Clinical Services are the second largest workforce group. The proportion of BAME staff in the group represent 6% of the workforce with the largest number in Band 2.
Administrative and Clerical Roles	BAME staff are evenly represented across the bands (5% BAME at Band 7+, and 5% BAME at Bands 3-6). Seven % of the total BAME workforce are within Administrative and Clerical roles.
Allied Health Care Professional	BAME staff are evenly represented in Allied Healthcare Professional (AHP) Roles.
Estates and Ancillary	BAME staff are significantly under-represented in Estates and Ancillary Roles. Only 1% of estates and ancillary roles are occupied by BAME staff compared to 6% white.

f. Workforce Ethnicity Profile Compared to Local Population

According to the latest published Census 2021, Wolverhampton has a population of around 263,727. The City is ethnically diverse with 39% of the population coming from BAME heritage. Furthermore, 14% of the population has a non-UK identity.

The following table illustrates the ethnicity profile of the Trust by ethnic category, compared to the overall local demographic profile data for Wolverhampton, as of the Census 2021, compared to the Census 2011.

	RWT Workforce 2024%	RWT Workforce 2023%	Wolverhampton Population % (Census 2011)	Wolverhampton Population % (Census 2021)
White	61%	63%	68%	61%
Black	12%	11%	7%	9%
Asian	20%	20%	18%	21%
Mixed	3%	3%	5%	5%
Other	3%	1%	2%	4%
Undefined	1%	2%	-	-
Total	100%	100%	100%	100%

- The ethnic population of Wolverhampton has grown by 7% since the 2011 Census with growth seen in the Asian, Black and Other ethnic categories.
- The Trust's overall ethnic profile has also seen year on year growth and currently sits at 37.4% BAME, which is 1.6% below the BAME profile of the local population.
- The Trust has in place commitments and actions to ensure it is representative of the local population across all levels of the organisation. The Workforce Race Equality Standard metrics offers a more complete picture of the Trust's performance on race equality. See section 12.0



g. Gender

The following tables illustrate the gender breakdown of the Trust workforce, compared with the local demographic gender profile, along with the proportion of staff working full-time and part-time.

Gender	Headcount	Headcount %
Female	9327	79%
Male	2490	21%
Grand Total	11817	100%

Full/Part Time	Headcount %		Total Headcount %
	Female	Male	
Full Time	43.12%	18.27%	61.39%
Part Time	35.81%	2.80%	38.61%
Grand Total	78.93%	21.07%	100.00%

- The Trust employs a significantly higher proportion of women, with a 79% female workforce
- Overall, significantly more women work full-time hours compared to men.
- Of all the staff that work part-time hours, 93% are female and around 7% are male. This table illustrates the gender breakdown of the workforce by Band

Banding Grouped	Headcount %		% Staff Group
	Female	Male	
M&D	4.56%	5.93%	10.49%
AfC Bands 1-6, Apprentices, & Kickstarters	63.24%	11.79%	75.12%
AfC Bands 7+ and VSM/Execs	11.02%	3.36%	14.39%
Grand Total	78.92%	21.08%	100%

- Male representation is most significant in the middle Bands
- There is a significant proportion of female staff occupying Bands 1-6, Apprentice, and Kickstarter roles

h. Maternity and Adoption Leave

A total of 297 staff went on maternity or adoption leave in the period, an increase of 30 since 2023. The most significant increase in numbers of maternity and adoption leave taken can be seen in Nursing and Midwifery. The following table illustrates the breakdown of staff going on maternity or adoption leave by group.

Staff Group	Count of Employee Number
Add Prof Scientific and Technic	10
Additional Clinical Services	45
Administrative and Clerical	45
Allied Health Professionals	29
Estates and Ancillary	10
Healthcare Scientists	12
Medical and Dental	21
Nursing and Midwifery Registered	125
Grand Total	297

i. Religion or Belief

The following table illustrates the workforce profile by religion or belief, compared to the Wolverhampton city religion or belief population profile, as at the Census 2021.

Religion or Belief	Workforce 2023	Workforce % 2022	Wolverhampton Population Census 2011%	Wolverhampton Population Census 2021%
Atheism	9%	9%	20%	28%
Buddhism	-	0%	0.4%	0.3%
Christianity	41%	40%	55%	44%
Hinduism	3%	3%	4%	4%
I do not wish to disclose my religion/ belief	31%	34%	6.4%	-
Islam	4%	3%	4%	6%
Jainism	-	0%	-	-
Other	6%	6%	1.2%	1%
Sikhism	5%	4%	9%	12%
Judaism	-	0%	0%	-
Unspecified	-	0%	-	6%
Total	100%	100%		



- Previously, there had been a rise in the proportion of people that identify as Atheist, however, this has remained stable since the previous year
- There are some significant differences to the religion or belief profile of the Trust compared to the local Wolverhampton population. There are fewer people who identify as Christian within the Trust at 41% compared to the overall profile of Christianity within the city of 55%
- The number of people who have said that they do not wish to disclose has reduced by 3% since the previous year, however, this is still considerably higher than the data of the City profile at 6.4%
- The Trust has a diverse and multi-cultural and faith workforce, drawing from the local population as well as international community. The Trust provides a multi-faith Chaplaincy Service which is open and available to all Trust staff and patients. The Trust offers support and services to enable staff to observe their faith and celebrate key religious and cultural events through the calendar year

j. Sexual Orientation

The following table illustrates the sexual orientation profile of the Trust.

Sexual Orientation	Workforce Headcount %	% Population Census 2021
Not stated (person asked but declined to provide a response)	27.88%	8%
Heterosexual or Straight	69.99%	89%
Bisexual	0.83%	1%
Gay or Lesbian	1.11%	1%
Undecided	0.09%	-
Other sexual orientation not listed	0.1%	-
Grand Total	100%	

- The proportion of staff across the workforce that identify as LGB in 2024 is 1.94%, the Wolverhampton population profile shows 2%
- The proportion of staff across the workforce that identify as heterosexual is has increased from 67% in 2022/23 to 69.99% in 2023/24
- The proportion of the workforce that prefers not to state its sexual orientation, has fallen from 31% in 2023 to 28% in 2024



k. Transgender

Gender Reassignment status is not as yet recordable in the ESR system and therefore not included in the workforce standard. Furthermore, information relating to Gender Reassignment cannot be held securely and in confidence on personal records on ESR, therefore the Trust has not collected this information and is currently unable to report on this.

The Wolverhampton Census 2021 reports that 0.7% of residents declared a gender different from the sex registered at birth, and 7.2% did not answer this question.

The Wolverhampton Council Equality, Diversity and Inclusion Strategy 2022/24 states that the Government Equalities Office figures estimate that 0.007% of the population is Transgender, giving Wolverhampton an estimate of around 18 people within its local community.

I. Marriage and Civil Partnership

The following table illustrates the marriage and civil partnership status of the workforce compared with the local city demographic population.

Marital Status	Workforce 2023	% Wolverhampton Population 2021 Census
Divorced	5%	8%
Legally Separated	1%	2%
Married or Civil Partnership	51%	42%
Single	36%	42%
Unknown	7%	-
Widowed	1%	7%
Grand Total	100%	

The Trust has higher numbers of staff who are married, compared to the local population.



m. Disciplinary Data

The Trust monitors its disciplinary data. There was a total of 62 disciplinarys entered in the period

Disciplinary cases - all staff (excl. medical & bank)	BAME	White	Undisclosed	Total
1. Number of disciplinary investigations commenced (BAME / White)	34	28	0	62

- A total of 55% of all disciplinarys entered into were for BAME staff. This is disproportionately higher than the BAME workforce profile of 37%
- All Disciplinary and Case Assessment Panels for BAME and disabled staff have a Cultural Ambassador. The Cultural Ambassador process is embedded into the Disciplinary process and helps to ensure a diversity of perspective and lived experience to a panel, ensuring any issues of cultural bias are identified and considered
- The Trust also applies a Just Culture approach to reduce the numbers of formal disciplinarys being entered into
- Please see section 12.0 on the Workforce Race Equality Standard for further data on the WRES Metric 4 relating to disciplinary

n. Bullying and Harassment Data

The Trust monitors all formal reports of bullying and harassment. There were a total of 15 formal bullying and harassment reports recorded during the period. The Trust has commitments and actions to tackle formal and informal complaints and issues of bullying and harassment through Freedom to Speak Up and its Bullying and Harassment Policy.

Bullying and Harassment	BAME	White	Undisclosed	Total
Number of Bullying and Harassment	9	12	0	21
%	43%	57%	%	100%

- The number of formal bullying and harassment complaints made by BAME staff represented 43% of all complaints which is a huge reduction on 2023 where it was 75%, however still slightly higher than the BAME staff profile of 37%. Whilst there is an over representation for BAME staff this is reflective of small numbers overall
- The WRES section 13.0 provides more detailed information on Bullying and Harassment based on the national staff survey indicators
- The Trust has a range of commitments in place to tackle bullying and harassment in the workplace including the introduction of Civility and Respect and the Race Code and Trust Anti-Racism Statement

11.0 Recruitment and Selection Data

The following tables illustrate the Trust's recruitment and selection data for the period 1 April 2023 to 31 March 2024. There was an overall total of 52,380 applicants during the period, which is a slight decrease in 2022/23 from 52,705. There was a total of 1,792 appointments compared to 2,033 appointments in the same period last year.

The data has been broken down by ethnicity and disability. The data is also broken down to illustrate the recruitment outcomes for vacancies as they apply to Bank roles.

Please note there are some variations in the data between ethnicity and disability as 'prefer not to say' and 'other' have not been included in the count

a. Recruitment and Selection Ethnicity Data

Total Applicants, Shortlisted, and Appointments by Ethnicity (not including Bank roles)

Ethnicity	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
White	11276	4692	1001	22%	46%	56%
BAME	40151	5133	608	77%	50%	34%
Unknown	953	410	183	2%	4%	10%
Total	52380	10235	1792	100	100	100

Total Applicants, Shortlisted and Appointments by Ethnicity (Bank roles)

Ethnicity	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
White	601	261	114	28%	29.5%	25.7%
BAME	1603	434	185	75%	49.2%	41.7%
Unknown	213	187	144	9.9%	21.2%	25.7%
Total	2417	882	443	100%	100%	100%

- White staff are more likely to be appointed compared to BAME candidates
- More BAME candidates apply for roles compared to white candidates
- White candidates are more successful in shortlisting and appointment stages
- More BAME candidates apply, are shortlisted, and appointed to Bank roles compared to white candidates
- See section 12.0 on the Workforce Race Equality Standard for further analysis



b. Recruitment and Selection Disability Data

The Trust monitors all applicants by disability status. The trust is a Disability Confident Employer, so ensures a guaranteed interview for all disabled candidates that meet the essential criteria of a vacancy.

There were 1,792 appointments during the period with a total of 82 disabled applicants were appointed during the period (compared to 88 disabled people recruited in the same period last year). The following tables illustrate the relative success rates of disabled and non-disabled applicants throughout each stage of the recruitment process.

Total Applicants, Shortlisted and Appointed by Disability (excluding Bank roles)

Disability	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
No	50034	9296	1509	95.52%	90.83%	84.21%
Yes	1664	569	82	3.18%	5.56%	4.58%
Unknown	682	370	201	1.30%	3.62%	11.22%
Total	52380	10235	1792	100.00%	100.00%	100.00%

- The overall representation of disabled people in the workforce has increased during the period to 4.35 %
- The proportion of disabled people appointed is proportionate to the numbers applied
- See section 13.0 on the Workforce Disability Equality Standard for further details of the disabled staff experience

12. Workforce Race Equality Standard (WRES)

The WRES data for 2023/24 has been analysed together with annual WRES metric data that has been gathered annually since 2017/18. The following table illustrates the Trust WRES performance against the nine metrics.

WRES Metric	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18
Proportion of workforce from a BAME background	37%	36%	32%	31%	29.4%	28.8%	26.1%
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	1.6	1.4	1.5	1.44	1.41	1.38	1.41
Relative likelihood of BAME staff entering a disciplinary process*	1.2	2.0	1.1	1.0	1.33	1.59	1.97
Relative likelihood of white staff accessing non- mandatory training**	1.42	1.0	0.95	1.3	1.18	1.33	1.34

*This calculation is based on year-end disciplinary data

**This calculation is based on staff who access non-mandatory study leave and leadership training

- The Trust's Black Asian and Minority Ethnic (BAME) profile of the organisation has increased by 1.5% since last year, rising from 36% in 2023 to 37.5% in 2024. Whilst the overall BAME profile of the Trust has steadily risen, it is not in line with the local BAME population of Wolverhampton, which is 39%, according to the most recent Census 2021 information
- The likelihood rate of white applicants being appointed is 1.6 times more compared to BAME candidates. This has increased slightly from previous years. The Trust has introduced Cultural Ambassadors on to recruitment panels where a positive action has been applied to senior Nursing and Midwifery roles. A further recruitment drive to the CA programme will be undertaken to ensure there are a sufficient number of CAs to sit on recruitment panels. This is also now being reviewed from an ICS perspective to see if we can collaborate our CAs across the system.
- The likelihood rate of BAME staff entering a disciplinary process has decreased significantly from two to a 1.2 times likelihood rate for BAME staff being entered into a disciplinary compared to their white colleagues.

Analysis of Disciplinary Outcomes indicates there was a much higher percentage of 'no case to answer' for BAME staff at 2.4%, compared to white staff at 8%. A higher percentage of white staff experienced a sanction or dismissal at 24%, compared to BAME staff at 11.2%

According to staff who requested to access non-mandatory study leave or leadership training, white staff are 1.42 times more likely than BAME staff, this has increased since the previous year where the data showed equal numbers for both white and BAME staff.



Staff Survey Metrics

WRES Staff Survey Metric	2023		2022		2021		2020		2019		2018	
	BAME	White	BAME	White	BAME	White	BAME	White	BAME	White	BAME	White
Percentage of staff experiencing harassment, bullying or abuse from												
a) Patients, relatives or the public	22.1%	20%	24%	23%	26%	22%	23%	23%	25%	22%	24%	25%
b) Staff	25.3%	23.7%	29%	23%	26%	22%	24%	20%	28%	22%	21%	17%
Percentage of staff who believe the Trust provides equal opportunities for progression or promotion	48.9%	64.5%	46%	64%	46%	63%	48%	64%	48%	66%	46%	63%
Percentage of staff who have personally experienced discrimination at work from managers	15.3%	7.1%	15%	7%	14%	5%	13%	5%	12%	5%	14%	6%



Analysis of Bullying, Harassment, and Discrimination

In summary, the WRES staff survey metrics indicate variation between BAME and white colleagues across all four staff survey metrics. The largest variation in employee experience by ethnicity is on the metric “Percentage of staff who believe the Trust provides equal opportunities”, where there is a 15.6%-point difference between BAME and white colleagues which has reduced since the previous year where there was an 18% difference. There has also been a decrease in BAME staff experiencing bullying and harassment from colleagues by 3.7% since 2022, and 1.9% reduction in BAME staff experiencing bullying and harassment from patients.

- The bullying and harassment indicators have improved slightly within the last year. There has been an increase, however, in the percentage, of BAME staff reporting that the organisation does not act fairly regarding career progression/promotion.
- There has been a 0.3% increase in the % of BAME and 0.1% increase in the percentage of white staff reporting experiencing discrimination at work from managers

Bank WRES

The Trust has a total of 1,339 active Bank workers who hold a zero hours contract.

	White No	White %	BAME No	BAME %	Not Stated no	Not Stated %
1. Active Bank Workers (who hold a zero hours contract)	613	46.12%	688	51.77%	28	2.11%
2. Number of Bank workers entering a formal Disciplinary in last 12 months	0	-	0	-	-	-
3. Number of Bank worker dismissals in last 12 months	0	-	0	-	-	-

The following table illustrates the results of the Bank Survey 2023

A total of 183 survey responses were received from Bank staff.



	Bank Staff 2022
4a: Percentage of Bank workers experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in last 12 months.	29.3%
4b: Percentage of Bank workers experiencing harassment, bullying or abuse from: other colleagues in the last 12 months.	19.49%
4c: Percentage of Bank experiencing harassment, bullying or abuse from: Managers in the last 12 months.	10.61%
5a: Percentage of Bank workers that have personally experienced physical violence from patients / service users, their relatives, or other members of the public in the last 12 months.	12.5%
5b: Percentage of Bank who experienced physical violence at work who then proceeded to report it?	77.78%
6a: Percentage of Bank who would, in the next 12 months consider moving to work in a form of permanent employment in the NHS.	37.57% at Trust 7.18% at another NHS organisation
6b: Percentage of Bank workers that feel there are opportunities to develop their career in the organisation.	58%
6c: Percentage of Bank workers whose main paid source of work is on the Bank	67.12%
6d: How long have Bank only workers solely worked on the bank	Less than a year 38.33% 1-2 years 38.89% / 3-5 years 14.4% / 6-10 years 6.11% / 11- 15 years 0.56% / More than 15 years 1.67%
7a: Percentage of Bank workers that have in the last 12 months personally experienced discrimination at work from managers / team leader or other colleagues.	7.32%
7b: Percentage of Bank workers that have in the last 12 months personally experienced discrimination at work from: Patients, relatives, or members of the public.	6.45%
8a: Percentage of Bank workers who feel that the organisation values their work contribution.	46.71%
8b: Percentage of Bank workers that feel safe to speak up about anything that concerns them in their organisation.	Not available
8c: Percentage of Bank workers that think the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)	74.32%
8d: Percentage of Bank workers that feel they receive the respect they deserve from colleagues at work.	78.14%
9: Percentage of Bank workers who were originally recruited to the NHS from outside of the UK and now work in a bank only position	3%



- A higher proportion of BAME staff are active on the Bank (representing 51.77% of all Bank staff) compared to the BAME profile of the organisation, which sits at 37.43%
- The number of Bank staff undergoing disciplinary, and dismissal is very low
- A large number of Bank staff have five years or less service

WRES actions 2023/24

The Trust is implementing a range of measures to improve its performance against the WRES metrics, which are detailed in the Equality Diversity and Inclusion Delivery Plan, and will undertake the following additional actions to improve its WRES metrics:

The Trust is continuing to build on its work programme to create inclusive and civil cultures through a raft of initiatives and programmes including:

- Civility and Respect (now online training)
- Race Code and Anti-Racism statement
- Joint Trust Behavioural Framework
- Inclusive Talent Management plans
- Inclusive Recruitment Toolkit and positive action initiative

Further work for 2024 will include:

- Development of EDI Scorecard
- Allyship Training
- Managers Essentials Training
- Cultural Ambassadors Programme
- Continuation of the Civility and Respect programme
- Anti-racism and zero tolerance campaigns
- Renewal of the Race Code

13.0 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was introduced in 2018 with 2019 being the first reporting year. The WDES national report compares year on year progress into the career and workplace experiences of disabled staff in the NHS.



RWT Workforce WDES Metric Outcomes 2023/24

WDES Metric	RWT 2023/24	RWT 2022/23	RWT 2021/22	RWT 2020/21	RWT 2019/20
Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.2	1.2	0.94*	0.22	1.63
Relative likelihood of disabled staff entering a formal capability process compared with non-disabled staff (note this is a two-year rolling metric)	0.01*	0*	3.25 (based on a count of below 5)	2.4	2.86
Percentage of disabled staff saying the employer has made adequate adjustments	73.9%	74%	71.8%	77.9%	75.7%

*This represents no disabled staff were dismissed on the grounds of capability

Analysis of Disabled Representation

- Non-disabled applicants were 1.2 times more likely to be appointed compared to disabled applicants. The Trust is a Disability Confident Employer and provides reasonable adjustments and positive action for disabled candidates during the recruitment process
- There has been a minimal change in the data from disabled staff reporting that the Trust has made adequate reasonable adjustments from 74% to 73.9%. The Trust continues to promote the Health Adjustments Passport and has recently been allocated funds and support to join the Sunflower scheme. The Trust works closely with its Disability and Long-term Conditions EVG and is seeking to survey members on their experience of reasonable adjustments to gauge more information on disabled people's experiences

WDES Metrics: Staff Experience (Based on Staff Survey Results)

The bullying and harassment reporting metrics have been broken down further this year. We therefore cannot provide the comparative analysis from previous years' reports for the bullying and harassment metrics, due to the change.

WDES Staff Survey Metric	RWT 2023/2024		RWT 2022/23		RWT 2022/2023		RWT 2021/2022	
	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
Staff engagement score	6.5	7.1	6.5	7	6.6	7.1	6.7	7.2
Percentage of staff experiencing harassment, bullying or abuse from patients, in the last 12 months	46.2%	31.2%	28%	22%				
Percentage of staff experiencing harassment, bullying or abuse from managers, in the last 12 months	46.2%	31.2%	17%	10%				
Percentage of staff experiencing harassment, bullying or abuse from colleagues, in the last 12 months	46.2%	31.2%	24%	19%				
Percentage of staff experiencing harassment, bullying or abuse in the last 12 months and reported it	49.7%	49.5%	49%	47%				
Percentage staff who believe the Trust provides equal opportunities for progression / promotion	52.9%	63.3%	55%	60%	52.9%	59.6%	80.9%	88.5%
Percentage Staff who have reported feeling pressure from their line manager to attend work despite feeling unwell	32.2%	21.1%	30%	25%	34.1%	25.6%	32.6%	22.8%
Percentage staff saying the organisation values their work	39%	49.3%	39%	47%	35.1%	47.7%	46%	56.9%

* These scores were bundled together for the staff survey results 2023/24



Analysis of Disabled Staff Experience in the Workplace

- A significantly higher percentage of disabled staff report experiencing bullying and harassment from patients, colleagues, and managers, compared to non-disabled staff
- There has been a 2.1% reduction in the proportion of disabled staff who believe the Trust provides equal opportunities.
- There has been a 2.2% reduction in the proportion of disabled staff reporting attending work due to manager pressure when unwell
- The proportion of disabled staff saying their organisation values their work has remained the same as the previous year

WDES Actions

The Trust has identified a range of measures to improve its WDES metrics as part of the RWT Workforce Equality, Diversity and Inclusion Delivery Plan 2023/24 including:

- Improve disability declaration rates on ESR
- Actions to develop and improve support to the Disability and Long-Term Conditions EVG. Survey members of the group to establish issues and improve disability declaration rates.
- Actions to deliver allyship training
- Implementation of the NHS Accessible Information Standard
- Membership to the Sunflower Scheme to promote disabilities that are not visible
- Raising awareness of disability and long-term conditions lived experiences of staff through events such as Disability Awareness Month
- Supporting reasonable adjustments for staff through further promotion of the Health Adjustment Passport
- Training for managers on making reasonable adjustments in the workplace through Managers Essentials training package.

14.0 Gender Pay Gap

Gender Pay Gap

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

This report presents the following gender pay gap indicators which have been calculated for:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay

The data analysis snapshot for this report is as of 31 March 2024 and is taken from the Electronic Staff Record System (ESR). The total number of employees was 14290, of which 76.62% were female, and 23.38% male, and includes all employees holding an employment contract with the Trust. For the purposes of this report staff who work Bank shifts have been included.

Agenda for Change (AfC) was introduced to the NHS in 2004 to ensure fair pay is delivered. The Trust uses this national job evaluation framework to determine appropriate pay bandings providing a clear process of paying employees equally for the same or equivalent work.

These results can also be accessed on the UK Government website: <https://gender-pay-gap.service.gov.uk/>.

Overall GPG Trust Results

		2024		2023	
GPG		£	%	£	%
Overall Gender Pay Gap	Mean Ordinary	£6.13	27.07%	£5.72	24.81%
Overall Gender Pay Gap	Median Ordinary	£3.34	19.65%	£2.96	16.25%

- This data shows that on average there is a mean average difference in favour of male employees of 27.07% with men earning on average £6.13 more an hour
- There is a median gender pay gap of 19.65% in favour of male employers with men earning £3.34 more an hour.
- The NHS overall has a higher percentage of female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded Medical and Dental professions



Average Bonus Gender Pay Gap

The Trust operates an annual Local Clinical Excellence Award (CEA) round for eligible Consultants. This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS.

The Trust employs 516 substantive Consultants of which 36.33% are female. Of the total number of eligible Consultants, 150 are in receipt of a local Clinical Excellence Award, of which 26.67 % are awarded to female Consultants. Of eligible female Consultants, 20.62% are in receipt of CEAs compared to 32.35% of eligible male Consultants. The following table illustrates the average bonus gender pay gap:

	Mean	Median
Gender Bonus Gap (%)	9.91%	0.00%

The table above shows there is a mean average difference in favour of male employees of 9.91% with men receiving on average £1014.47 more per year than female award receipts. The median average difference in favour of male employees is 0.00% with men receiving on average £0.00 more per year than female award receipts.

Analysis by Pay Grade

As part of the analysis, RWT is required to show the proportions of male and female across four quartile pay bands: the Lower, Lower Middle, Upper Middle, and Upper Quartiles of earnings as shown below. The following table illustrates the proportion of gender in each quartile pay band:

Quartile	Male	Female	Male %	Female %
Lower	565.00	2431.00	18.86%	81.14%
Lower Middle	444.00	2553.00	14.81%	85.19%
Upper Middle	589.00	2410.00	19.64%	80.36%
Upper	1010.00	1990.00	33.67%	66.33%

When ranking the pay of relevant employees, as of 31 March 2024, according to their average hourly earnings females have lower representation in the Upper Quartile.



Moving Forward

The Trust has identified the following themes for further enhancing and developing our Workforce EDI agenda:

- Improving diverse representation across all levels of the organisation
- Improving data – accuracy and presentation
- Improving culture – addressing incivility and bullying and harassment
- Improving access to support for staff
- Improving awareness and understanding of diversity and exclusion
- Grow our EVGs

WRES Actions

1. Initiate a recruitment drive for Cultural Ambassadors to meet the demands of Recruitment Panels
2. Evaluate and develop the positive action initiative on recruitment and selection programme
3. Roll out of e-learning on Recruitment and Selection and Inclusive Recruitment
4. Continue the roll out of Civility and Respect Toolkit.
5. Commission and deliver Bystander Training workshops
6. Roll out Managing Diverse Teams, Inclusive Leadership and Managers Essentials training for all managers at Band 7+
7. Continued support and development of the Trust BAME Employee Voice Groups
8. Continue to develop the Race Code and Anti-racism approach across the organisation
9. Explore informal approaches with the HR Advisory Team and International Team to Disciplinary activity, to minimise inequitable outcomes for BAME groups
10. Develop and improve support to the BAME EVG

WDES and Carers Actions:

1. Continue to improve disability declaration rates.
2. Develop and improve support to the Disability and Long-Term Conditions EVG including surveying staff on their experiences.
3. Commission and deliver training workshops for managers to promote awareness and understanding of reasonable adjustments in the workplace and HR policy and process
4. Promote awareness to address disability-related bullying and harassment campaign in collaboration with Communications Team and D<C EVG
5. Raising awareness of disability and long-term conditions lived experiences of staff, through events such as Disability History Month
6. Supporting reasonable adjustments for staff through the Health Adjustments Passport and Working Carers Passport.
7. Explore the Forward Carers Accreditation
8. Review the Trust performance on Disability Confident and progress the Trust to level 3 accreditation
9. Introduce and promote the Sunflower Scheme to support people with hidden disabilities



LGBT+ Actions
1. Support the LGBT+ EVG to grow its membership
2. Roll out the Trust Staff and Patient Trans Guidance
3. Roll out LGBT awareness workshops with a focus on Trans awareness
4. Support LGBT+ events and campaigns including Pride
5. Continue to grow the Rainbow Badges Scheme
Carers Actions
1. Promote the Carers Passport and Carers EVG to support working Carers'
2. Build links with local Care Support Services to signpost staff
3. Promote the recording of Carer Status on the Employee Self Service
4. Raise awareness of the role and impact of caring on working
Equality Delivery System Actions: Domain 2
Set up a new Equality Delivery System Working Group to oversee improvements and activity to improve Equality Delivery System outcomes:
1. Outcome 2a: Health and Wellbeing Employee Voice Group created and continues to promote services throughout the Trust with stands, posters, communications
2. Outcome 2b: Patterns and trends from Freedom to Speak Up to be reported to Trust Board. Instances where it is believed that people have been targeted due to protected characteristics to be reported in separate report to EDI Steering Group.
3. Outcome 2c: To continue with EDI steering group to address any issues raised elsewhere
4. Outcome 2d: Organisational Development team to continue with the Creating and Great Employee Experience Group reporting back on areas to improve.

The Trust EDI Delivery Plan 2024/25 will be reviewed to integrate the EDI themes and priorities highlighted within this report.



16.0 Equalities Duty Compliance

The Royal Wolverhampton NHS Trust strives to always be fully compliant with all duties under the Equality Act.

- Our Workforce Race Equality Standard (WRES) was published in line with requirements and will be refreshed as required
- Our Equality Delivery System (EDS2) self-assessment has been refreshed and the Trust are now preparing to work towards the revised version and will publish when assessments have been completed.
- Our Gender Pay report is published in line with the requirements
- We have submitted our initial data for the new Workforce Disability Equality Standard (WDES).
- The Trust has all appropriate policies and procedures to support equality and inclusion.

16.1 Equality Objectives

The Trust's objectives reflect key priorities in the Quality Account for both Patient Experience and Workforce. Our objectives will be supported by local action plans and embedded within existing monitoring and reporting processes.

A copy of our current Equality Objectives and progress updates can be found in Appendix 1.

16.2 Equality Delivery System

The EDS was introduced in 2011 to support NHS organisations to assess and improve their performance on equality, diversity and inclusion. A refreshed version, EDS2, was issued in 2013, and a third revision (called EDS) was introduced in 2022/23.

The Trust has completed its assessment against Domain 1, Domain 2 and Domain 3. The Assessment and Scoring can be found [here](#).

The EDS is a simplified and easier-to-use version of EDS2. It has been designed to take account of the various changes within the health service including local and regional NHS re-organisation, formation of single regional-based Clinical Commissioning Groups (CCGs), local or place-based partnerships of NHS and local authority commissioners, providers and others and eventually Integrated Care Systems. It has also considered the impact of COVID-19 on BAME community groups and those with underlying and long-term conditions such as diabetes. As such, it requires organisations to make a better connection between the outcomes from EDS and other frameworks such as the WRES and WDES. There is a particular emphasis on the health and wellbeing of staff members.



Key Features

The EDS now comprises 11 outcomes spread across three domains:

1. Commissioned or provided services
2. Workforce health and wellbeing
3. Inclusive leadership.

Scoring and Rating system

Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to give the overall score or the EDS Organisation Rating. The scoring system will be as follows:

Undeveloped activity – organisations score 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score 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 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 3 for each outcome	Those who score 33, adding all outcome scores in all domains, are rated Excelling

Equality Analysis (EA)

The Trust must demonstrate how it has paid due regard to the general equality duty in decision and policymaking and publish information accordingly. We do this by using Equality Analysis to help demonstrate compliance.

All new and revised policies must adhere to our Development and Control of Trust policy and procedural documents as part of the approval and review framework.

The Trust’s undertaking of Equality Analysis policy, which helps staff to determine the extent to which policies, procedures, practices and services impact upon people with protected characteristics, is embedded within this approval and review framework. Engagement is an integral part of EA as it can help with developing an evidence base, decision making and transparency rather than making assumptions.

Policy authors continue to receive timely feedback and advice from the Equality, Diversity and Inclusion Officer on EAs before the Trust Policy Group meetings. This process represents a proactive and rigorous approach to checking EAs. The Trust Policy Group has noted an improved engagement with the process.

During this reporting period, more than 60 significant policies were reviewed with completed EAs.

The Trust is also compliant with its requirement to publish an annual register of completed EAs.



Appendix 1 – Equality Objectives 2023 - 2027

Patient Experience Objective 1

Review and improve service accessibility for those whose first language is not English. This is to understand patient demographics and interpreting requirements.

- We will continue to review and improve accessibility to services for those whose first language is not English – to understand the changes in demographics for our patient population and the subsequent provision of interpreting:
 - a. People who have left the UK due to Brexit. It is believed that this largely affects people from Eastern European countries. This is evidenced in the shortage of interpreters available as reported by the Trust's Interpreting and translation provider. Any gap of provision identified will need to be addressed
 - b. The likely increase in people from BAME communities in the local population because of (a) new arrivals, mainly as refugees and asylum seekers from countries such as Afghanistan and Ukraine (b) growth in the longstanding BAME communities in Wolverhampton
- We will engage with patient groups to understand barriers to effective communication

Patient Experience Objective 2

Ensure patients are able to have, and report having, positive experiences while using our services. We will ensure compliance against the Parliamentary Health Service Ombudsman complaint handling framework

- We will deliver inclusive engagement opportunities across the diversity of our patient groups including acute and community settings
- We will deliver a programme of outreach across all hospital sites to better understand the feedback from patients and their loved ones

Workforce Equality Objective 3

Ensure all practices/processes are inclusive and promote belonging and are supported by actions that address inequitable outcomes for protected groups.

- We will deliver year on year improvements against our Workforce Race Equality Standard and Workforce Disability Equality Standard Metrics
- We will support staff experiencing incivility, bullying or harassment, and provide access to advice, support and opportunities for reporting
- We will deliver inclusive engagement opportunities across the diversity of our workforce
- We will improve our equality data and reporting
- We will grow and develop the Cultural Ambassador Programme

Workforce Equality Objective 4

Our Executives and senior managers lead with compassion and routinely demonstrate their understanding of, and commitment to equality and diversity.

- We will create a workforce that reflects the communities we serve across all levels of the organisation
- We will provide inclusive leadership development opportunities for our leaders and managers including Reverse Mentoring
- We will grow our talent pool of under-represented groups through opportunities such as career conversations, coaching, and sponsorship
- We will progress the Trust's performance through the Race Code Charter Mark and will identify other relevant charter marks where improvement needs are identified



Workforce Equality Objective 5

Support staff health and wellbeing through the promotion of initiatives and healthy lifestyle services.

- We continue to build on our Mental Health First Aiders programme and Health and Wellbeing Champions
- We will continue to deliver Respond training to all staff to encourage a caring and compassionate workplace
- We will promote the Employee Assistance Programme to staff
- We will monitor participation in health and wellbeing services by protected characteristic and promote ease of access to services
- We will raise awareness of mental health and tackle stigma

Appendix 2 - Protected Characteristics as defined by the Equality Act 2010

- **Age** - Refers to a person having a particular age (for example, 30 year olds) or being within an age group (for example, 18-30 year olds). This includes all ages, including children and young people
- **Disability** - Includes significant and lengthy conditions that are physical as well as not seen, such as those relating to sight, hearing, speech, learning and mental health. Also includes HIV and cancer and other types of diseases
- **Gender reassignment*** - This is the process of transitioning from one gender to another, whether proposing to undergo, undergoing or having already undergone a process (or part of a process) to reassign biological sex
- **Marriage and civil partnership** - Marriage being a union between a man and a woman and civil partnership being legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples
- **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth and this includes treating a woman unfavourably because she is breastfeeding
- **Race** - Refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins. Includes Asian, Black, Chinese, Mixed and Any Other Ethnic Group, as well as White British, Irish, Scottish and Welsh, Romany Gypsies and Irish Travellers
- **Religion or belief** - Religion means any religion, including a reference to a lack of religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism)
- **Sex** - Someone being a male or a female. Assigned at birth
- **Sexual orientation** - This is whether a person's sexual attraction is towards their own or opposite sex or to both. Includes people that are gay (men who are attracted to men), lesbian (women who are attracted to women) and bisexual (people attracted to both sexes)





Appendix 2 - Terms and Definitions

Age: Refers to a person having a particular age (e.g., 30 year olds) or within an age group (e.g., 20-25 year olds), this includes all ages, including children and young people.

d/Deaf. Conventionally the use of the word deaf (with a lower case 'd') refers to any person with a significant hearing loss, whereas Deaf (with a capital D) refers to a person whose preferred language is British Sign Language. (Association of Sign Language Interpreters). But do not assume all deaf people use BSL.

Disability: A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disability could include sensory impairments, a learning disability or difficulty. Some conditions are automatically classed as a disability e.g., HIV infection, multiple sclerosis, cancer.

Diversity: Recognising and accepting that people are individuals with different needs and requirements.

Engagement: The range of ways that public authorities interact with employees, service users and other stakeholders. This is over and above service provision or within a formal employment relationship.

Equality: Treating people fairly, with reasonableness, consistency and without prejudice.

Equality Analysis (EA): Public authorities are required to have due regard to the aims of the general equality duty when making decisions and when developing policies. EA can help identify potential negative impacts or unlawful discrimination, as well as any positive opportunities to advance equality.

Equality information: Information held or will be collected about people with PPCs, and the impact of organisational decisions and policies on them.

Equality objectives: A duty for relevant public authorities to prepare and publish one or more objectives to meet the aims of the general equality duty.

Gender re-assignment: The process of transitioning from one sex to another. See also trans, transsexual, transgender.

Harassment: This is unwanted conduct related to a PPC that has the purpose or effect of violating a person's dignity or creates an intimidating, degrading, hostile, humiliating or offensive environment.

Human Rights: The right to be treated fairly, respectfully, dignified and courteously. Core values of the Human Rights Act - fairness, respect, equality, dignity and autonomy (FREDA).

Inclusion: Miller and Katz (2002) defined inclusion as: "...a sense of belonging: feeling respected, valued for who you are; feeling a level of supportive energy and commitment from others so that you can do your best."

LGBT: Lesbian Gay Bisexual Transgender.

Marriage and civil partnership: In England and Wales; marriage is no longer restricted to a union between a man and woman and includes a marriage between two people of the same sex. Same sex couples can also have their relationships legally recognised as civil partnerships. Civil partners must not be treated less favourable than married couples (except where permitted under the Equality Act 2010).

Maternity: The period after giving birth. Employment: linked to maternity leave. Non-work context: protection against maternity discrimination is for 26 weeks after giving birth, including discrimination as a result of breastfeeding.

Pregnancy: Condition of being pregnant.

Race: Refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins.

Religion or belief: Religion - any religion, including a reference to a lack of religion. **Belief** - includes religious and philosophical beliefs including lack of belief (e.g., Atheism).



Sex: A man or a woman.

Sexual orientation: A person's sexual attraction towards their own sex, the opposite sex or to both sexes.

Trans: The terms 'transgender people' and 'trans people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their sex at birth; including transsexual people, transvestite/cross-dressing people, androgynous/polygender people, and others who define as gender variant.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from their sex at birth. They may/may not seek to undergo gender reassignment hormonal treatment/surgery. Often used interchangeably with trans.

Transsexual: Is a person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). This could include part of the process. Transsexual people have the protected characteristic of gender reassignment under the Equality Act 2010. Once a transsexual person has a gender recognition certificate, it is probably the case they should be treated entirely as their acquired gender.

Some definitions have been taken/summarised from Equality and Human Rights Commission. (July 2014),

'The essential guide to the public sector equality duty'

