



Annual Equality, Diversity and Inclusion Report

April 2018 – March 2019

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*Please note that for statistical purposes percentages have been rounded up to the nearest 0.02 figures unless indicated



English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

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ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

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

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Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

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如果您需要口译人员或帮助，请告诉我们。

Executive Summary

The Trust recognises the importance of embedding equality, diversity and inclusion principles and practices throughout the organisation. The Trust wants our service users, the local population and our workforce to be confident about our commitment to eliminating discrimination, bullying, harassment, victimisation and promoting equality, whether they are service users or part of the workforce providing those services.

The Trust strives to deliver safe, accessible and fair services to the diverse populations that we serve, and ensure that they are treated with dignity and respect.

The Trust values its workforce and wants to create working environments in which everyone is able to reach their full potential, thrive and deliver equitable services. There is also a link between the level of staff engagement and positive patient outcomes.

The Trust recognises that some people may face unintended barriers presented by our working practices and in accessing our services. People have the right to be treated fairly by having their needs met as much as possible and where appropriate, therefore, some people may need support to ensure they receive the same level of service, access, treatment and outcomes.

The Trust is committed to creating a culture of openness and transparency. As a requirement of the Public Sector Equality Duty, the Trust must capture a range of equality related information and report on it. By analysing this information the Trust is able to identify possible issues of inequality and to seek to address them; specifically for people who have protected characteristics as defined by the Equality Act 2010.

The Trust has an Equality, Diversity and Inclusion steering group which has been running since May 2016. It is attended by senior managers across the Trust and hopes to build a culture that celebrates equality, diversity and inclusion.

The two sections of this report aims to bring together the equality information available for 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 have been created for both sections in order to address imbalances in diversity in the workforce and to improve accessibility for the communities that the Trust serves.

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



Introduction

The purpose of this report is to use the best available data (disaggregated by protected characteristics as defined under the Equality Act 2010), in order to gain a clearer picture of possible gaps and identify possible patterns of inequality in relation to access to services and workforce activities. There are many reasons for this, including:-

The Equality Act 2010 replaces 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 performance of the general equality duty.

The General Equality Duty: In summary, in the exercise of functions, the Trust has to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation
- Foster good relations
- Advance equality of opportunity. Particularly, having due regard to:
 - Remove or minimise disadvantages for people due to their protected characteristics
 - Take steps to meet individual needs
 - Encourage participation in public life or in other activities where people with protected characteristics are disproportionately low

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

Having due regard means we must **consciously think** about the **aims of the general equality duty** in our day to day business and as part of our decision making processes.

Protected Characteristics covered under the Equality Act 2010 are; age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race (includes colour, nationality, ethnic or national origins), religion or belief (includes lack of religion or belief), sex / gender, sexual orientation. There are different levels of protection and areas of coverage for each Protected Characteristic.

The Specific Duties require public bodies to; gather and analyse equality information, accessibly publish relevant, proportionate equality information, and to 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 manner that we carry out our daily business. These include:

- The [NHS Constitution](#) which sets out what patients, public and staff can expect from the NHS
- The Care Quality Commission's (CQC) compliance around their [fundamental standards](#) including person-centred care, dignity and respect, safety and safeguarding. Equality, diversity, inclusion and human rights run throughout the CQC outcome requirements

- NHS England's Equality Delivery System was formally launched in 2011 and refreshed EDS2. Its main purpose is to help NHS organisations review and improve their performance for people with protected characteristics. The EDS2 is a **continuous evolving system** containing four goals :-
 - **Goal 1** - Better health outcomes
 - **Goal 2** - Improved patient access and experience
 - **Goal 3** - A representative and supported workforce
 - **Goal 4** - Inclusive governance / Leadership
- These goals contain 18 outcomes, against which the Trust has to assess and initially grade itself, using a range of evidence. The process must be done in collaboration with local interest groups/ stakeholders and the grades must be finally agreed. Equality Objectives must also be prepared.
- NHS England's NHS Workforce Race Equality Standard WRES aims to ensure employees from black and minority ethnic (BME) 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) Standard 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, equality, diversity and inclusion principles are threaded throughout our Vision and Values. Our workforce is responsible for leading and driving forward change in the Trust, as well as improving standards in health.



About The Royal Wolverhampton NHS Trust

The Trust is one of the largest acute and community providers in the West Midlands having more than 850 beds on the New Cross site including intensive care beds and neonatal intensive care cots. It also has 56 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital and a number of GP practices. The Trust provides its services from the following locations:

New Cross Hospital - secondary and tertiary services, maternity, accident and emergency, critical care and outpatients.

West Park Hospital - rehabilitation inpatient and day care services, therapy services and outpatients.

Cannock Chase Hospital - general surgery, orthopaedics, breast surgery, urology, dermatology/ plastic surgery and medical day case investigations and treatment (including endoscopy, rheumatology and dermatology), rehabilitation inpatient and day care services, therapy services and outpatients.

More than 20 community sites - community services for children and adults, walk-in centres and therapy and rehabilitation services.

Primary care - nine GP practices have now joined us and offer extended opening hours to patients.

Our staff

As the largest employer in Wolverhampton the Trust employs more than 9,400 staff.

Our patients are cared for by more than 2,500 nurses and midwives and 900 doctors. In addition, we employ more than 900 estates and facilities staff, and more than 400 allied health professionals, such as physiotherapists and speech therapists. In April 2019, The Black Country Pathology Services was created. RWT hosts this network of four acute Trusts' Pathology services with more than 600 staff.

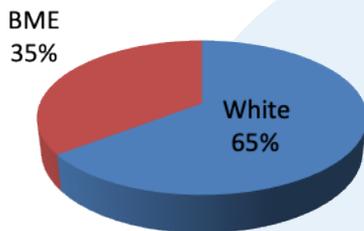
Cannock Chase Hospital has a local demographic make-up that, in some aspects, is quite different than that of Wolverhampton and residents of both communities could be treated or receive a service at any of the Trust's sites. The percentage of the local populations of Cannock and Wolverhampton who are of Black, Asian and Minority Ethnic backgrounds (BAME) differ greatly, with Cannock also having a higher percentage than the UK average of people aged 50+ years.

Local Populations

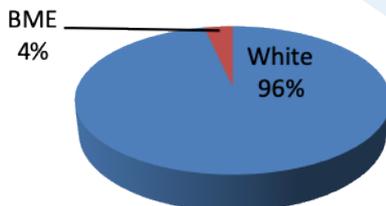
The graphs below are a summary of the local populations for Cannock and Wolverhampton; these have been desegregated by protected characteristics as far as possible. Not all protected characteristics have been included as the information recorded by the Trust and the 2011 Census are not directly comparable.

Ethnicity

Wolverhampton Local Population
2011 Population Census



Cannock Local Population
2011 Population Census

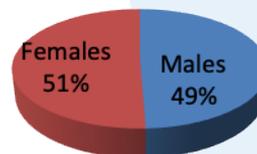


Gender

Wolverhampton Local Population
2011 Population...



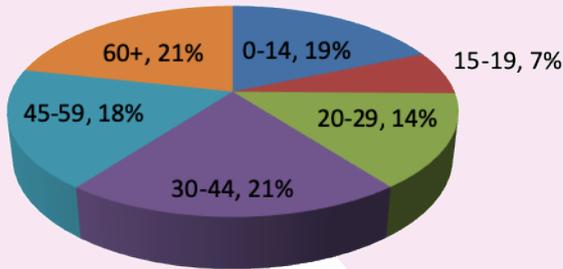
Cannock Local Population
2011 Population Census...



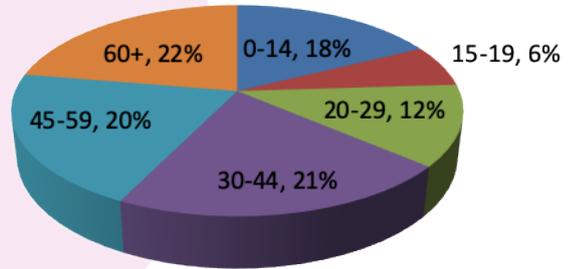


Age

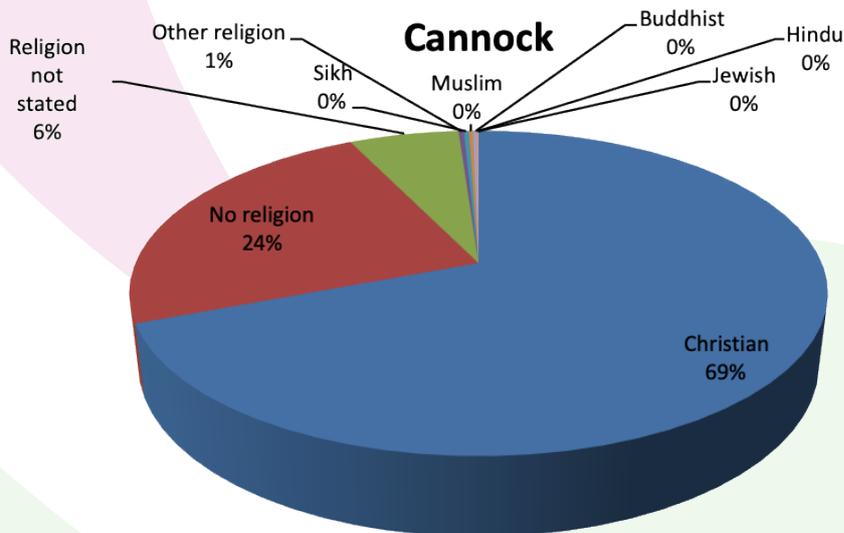
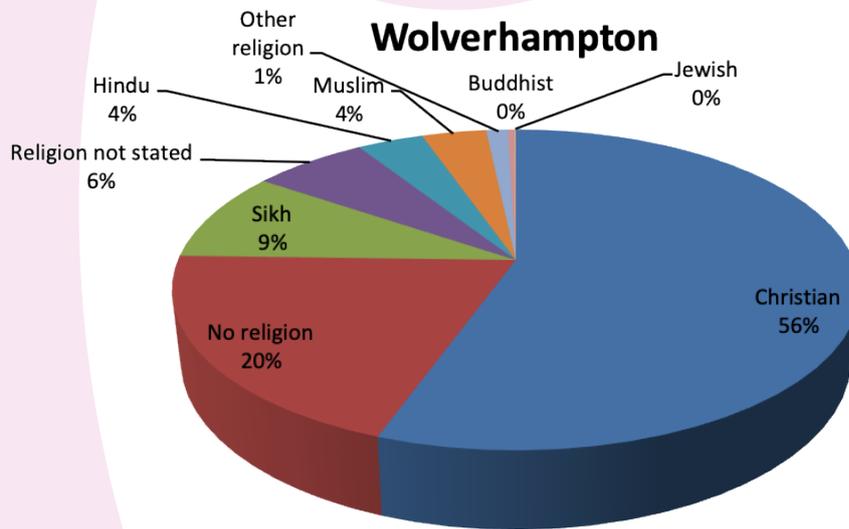
Wolverhampton Local Population 2011 Population Census by Age



Cannock Local Population 2011 Population Census by Age



Religion or Belief



NB – Statistics presented are based on “Population Census of 2011”

Equality Information: where are we?

This annual report contains information relating to the 12 month period **1 April 2018 – 31 March 2019** (unless indicated otherwise).

The report consists of two sections and aims to bring together the equality information available for **workforce** (section 1) and **non-workforce, i.e. patient and service provision** (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

Equality Objectives

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

The minimum publication for Equality Objectives is every 4 years, the Trust has included objectives that build on data within various reports, outstanding actions and other work streams to enable a succinct and current and relevant set of objectives to be developed.

However, should future annual equalities information (which will be contained within our annual equality, diversity and inclusion reports) identify inequalities that require immediate attention, our objectives will be reviewed and published accordingly.

Objective 1 - Workforce

To ensure our people policies and strategies promote good practice in diversity and to work towards best practice.

- To build on Widening Participation, through ongoing engagement with our local community and education providers, ensuring that those people from diverse backgrounds are encouraged and have equal access to opportunities for career development.
- To ensure the workforce data, employee engagement data, patient data and HR metrics are reviewed to identify any contra-trends relating to protected characteristics and agree appropriate actions in response.



Objective 2 – Workforce

To further progress our response to the analysis from the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES)

- We will develop our inclusive leadership approach, open to all levels of the workforce and as part of this aim for a year on year improvement in staff from a BAME background taking up leadership roles.
- As part of ensuring a representative workforce, we will aim for a year on year improvement in the percentage of our workforce coming from a BAME background.

Objective 3 - Patient Experience

Improve how we monitor, use and report complaints from people in connection to an individual's protected characteristic. Completion date expected March 2019.

Objective 4 - Patient Experience

To aim to provide a positive patient experience for all patients regardless of their identity, we will develop metrics, where appropriate, to track and understand patient experience by protected characteristic. Completion date expected March 2020.

Objective 5 - Patient Experience

Improve access to services, with a particular focus on improved information and communication, recognising that the Trust needs to provide fair access to all. Completion date expected to be March 2022.

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

This report contains information relating to the 12 month period 1 April 2018 – 31 March 2019 (unless indicated otherwise); it consists of two sections and aims to bring together the equality information available for workforce (section 1) and non-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 process
- Undertake relevant initiatives both in service provision and workforce planning
- Action planning

Governance and Reporting for Equality, Diversity and Inclusion

The Trust has an Equality, Diversity and Inclusion steering group which has been running since May 2016. It is attended by senior managers across the Trust and hopes to build a culture that celebrates equality, diversity and inclusion.

Regular reports are presented to Compliance Oversight Group, Workforce and Organisational Development Committee and to external Clinical Quality Review Meetings.

Section 1 – Workforce Information

Workforce Equalities Report

Introduction

The Cannock Chase community has a local demographic make-up that is, in some aspects, quite different than that of Wolverhampton; residents of both communities could be treated or receive a service at any of the Trust's sites. The percentage of the local population of Cannock and Wolverhampton who are of Black, Asian and Minority Ethnic backgrounds (BAME) differ greatly, with Cannock also having a higher percentage than the UK average of people aged 50+ years.

As the Trust workforce can be drawn from either of the areas that it serves, along with employees who travel to work from outside of the catchment areas for the communities the Trust serves, it is difficult to undertake a site specific comparison with its local demography. Therefore, the Trust workforce make up has been compared to both of its communities and also against the 'combined' community of Cannock and Wolverhampton.

This section of the report considers The Royal Wolverhampton NHS Trust workforce and compares it to known and published equality statistics of the local communities that it serves, and with the NHS as a whole. Where information is collected in different groupings or categories than that of the Trust Workforce no comparison or analysis has been possible.

The NHS National Staff Survey 2018 results (Key Finding 1) show that overall our staff would recommend The Royal Wolverhampton NHS Trust as a place to work or to receive treatment; the overall Trust staff engagement score is 7.2 (key finding from the NHS staff survey which is above the sector average of 7.00, and increased score from 2017 (7.00). This is a positive outcome that reflects well on the Trust and the work that has been carried out in this 12 month period to further improve Staff Engagement levels.

1.0 Executive Summary – Workforce

The Trust is fairly typical of the NHS as a whole in that it is predominantly female, with women under-represented in higher graded posts.

In respect of other Protected Characteristics the Trust's workforce is broadly comparable with the local communities that it serves.

The Trust has a contractual requirement to analyse and publish aspects of its workforce annually and to report on the workforce distribution and some organisational characteristics. These reports are the Workforce Race Equalities Standards (WRES), Workforce Disability Equality Standards (WDES) and the Equality and Diversity Standards 2 (EDS2); this report encapsulates the outcomes from those reports and provides further analysis and information on the workforce distribution and performance in respect of equality and diversity.



In consideration of this report and specifically those indicators which are contained within the Workforce Race Equality Standards, the Workforce Disability Equality Standards and some identified by the NHS Staff Survey, the Trust Board notes that, whilst there are improvements in the performance indicators this year as compared to the previous year, there remain some areas of concern regarding Equality and Diversity within the Trust workforce. The Trust is committed to undertaking further exploration of these concerns and will take appropriate steps to redress any areas of inequality or discrimination found.

2.0 Key Trends and Findings

2.1 Strengths

- Staff engagement levels, as measured by the NHS Staff Survey, are higher than the comparable sector average.
- The Trust attracts a large number of applications for jobs and 27% of those are of an acceptable standard for interview.
- As compared to the Local communities, applications to the Trust broadly reflect the profile of the communities that the Trust serves.
- The current workforce (as at 31st March 2019) is broadly representative of the community profile of BAME and White Backgrounds.
- From the National Staff Survey it can be seen that there has been a decrease in the percentage of staff from a BAME background declaring that they have been subjected to Bullying & Harassment, or discrimination.
- The Freedom to Speak Up approach, with a dedicated Freedom to Speak Up Guardian, is well embedded and is pro-actively helping to address concerns raised.
- Of the NHS Staff Survey respondents who declared a disability 73% stated that the Trust had made adequate adjustments to enable them to carry out their jobs. A further 82% of these respondents with a disability reported being happy with the opportunities provided by the Trust for their career progression.
- Overall, staff report positively in the NHS Staff survey about their satisfaction in the opportunities that the Trust provides for career progression.
- The Trust has established a network of Employee Voice Groups which will assist the organisation in addressing any cultural barriers and challenges for patients and staff, providing a unique informed insight into aspects of Protected Characteristics.
- The Workforce Religious Belief profile reflects the communities that the Trust serves and the Trust has a proactive Chaplaincy Service, providing a vital support for the entire workforce irrespective of Religious Belief, including those who do not have a faith based religion.
- The Trust is now reliably able to report on the Gender Pay Gap and to analyse the results meaningfully to inform Organisational plans to address any issues.
- The Trust has an effective working partnership with Staff Side Trade Unions.

2.2 Challenges

- Whilst the median age for the workforce has fallen slightly the Trust has an aging workforce; which presents challenges for future resourcing.
- The Trust attracts an appropriate number of applications from people aged under 24, but they have less success at interview as compared to older applicants.
- The Trust has disproportionate representation in gender in some roles and professions – this gender bias is common to the NHS as a whole. This dis-proportionality affects the equal pay calculation as men are more likely to occupy higher graded posts, which attract a greater salary, as compared to their female colleagues. Reducing this aspect of gender bias would impact favourably on the equal pay calculation for the Trust.
- The number of staff who work part time hours suggests that there are more flexible working arrangements in the Trust than formally recorded and therefore reportable. More robust recording of such agreements through the formal Flexible Working procedure and process would enable more robust reporting and monitoring of this.
- Men are less likely to work part time or have a flexible working arrangement than their female colleagues. The option of flexible working should be promoted as a positive step and encourage men to consider it as an option. If men were able to undertake sharing of parental caring duties and women were able to remain in the workforce, albeit part-time this would help to reduce the Gender Pay Gap as women would be able to remain active in the workforce, retaining valuable knowledge and experience – thus reducing impact on their career overall.
- At 31st March 2019 a total of 502 women were on maternity leave representing 5.5% of the workforce – this is a significant number of staff who were not in the workplace, but had duties requiring backfill or cover.
- The data available for Trust performance at interview stage of the Recruitment and Selection process suggests that bias or barriers may exist for applicants from some Protected Characteristics.
- Within the existing workforce there is evidence to support that some staff from a number of protected characteristic groups report having a negative experience in the workplace in particular BAME, Disability and LGBTQ.
- There has been an increase in the percentage of staff from a white background experiencing bullying, harassment, or discrimination.
- The self-declaration rates for some of the Protected Characteristics in ESR is low, and impacts on the robustness of reporting, in particular for Disability and LGBTQ.
- Turnover rates for some protected characteristic groups are higher than the Trust average in particular LGBTQ, Men and Disability.
- The Trust's Executive Board is under-represented in Women and those from a BAME background.



3.0 Definition of Terms

3.1 WRES (Workforce Race Equality Standards) and EDS2 (Equality Delivery System)

The Workforce Race Equality Standard seeks to tackle a particular aspect of equality; the consistently less favourable treatment of the Black, Asian and Minority Ethnic workforce in the NHS generally, both in respect of their treatment and experience. It draws on new research about the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care. (Appendix 1)

The Workforce Race Equality Standard seeks to improve the experience in the workplace of people with a Disability or Long Term Medical condition, and to ensure that no barriers exist in the Trust's recruitment processes.

The Equality Delivery System (EDS2) was designed to secure improvement across both health services and staff in respect of all aspects of equality, it was launched in June 2011 and amended and refreshed in 2013. (Appendix 2)

The Trust has to respond to the standards as defined in the WRES, WDES and EDS2 and to report and publish its findings. This Equalities Report forms part of the Trust's response to these standards and details its findings and future plans to improve on these standards, where appropriate or needed. This report will address those aspects which are related to its workforce.

3.2 General Equality Duties

Equality Act 2010

A public authority must, in the exercise of its functions, give due regard to the need to (in relation to the nine protected characteristics):

- Eliminate discrimination, harassment, victimisation and any other prohibited conduct
- Advance equality of opportunity (remove or minimise disadvantage; meet people's needs ; take account of disabilities ; encourage participation in public life)
- Foster good relations between people (tackle prejudice and promote understanding)

'Due Regard' means that proper attention should be given to the proposals in relation to how they affect different groups (the Protected Characteristics) and decisions should be proportionate.

3.3 Equal Pay Gap / Gender Pay Gap

The gender pay gap is the difference between women's and men's average weekly full-time equivalent earnings, expressed as a percentage of men's earnings. This is a mandatory reporting requirement for all public bodies under the Public Sector General Equality Duty.

4.0 Distribution of the Workforce

The Trust Workforce of **9,414** (as at 31st March 2019) is spread across the multiple Trust sites and, in provision of some services, a proportion of staff work across more than one site, with some employees who are resident in Wolverhampton or Cannock travelling to work at either or both sites.

4.1 Age Profile

The Royal Wolverhampton NHS Trust currently uses the following ranges for monitoring the age of its workforce:

Under 25 years, 25 to 34 years, 35 to 44 years, 55 – 64 years, 65+ years. The figures have also been further collated into categories to enable a closer comparison with the NHS, as a whole, and also the recorded national population of working age.

As at the 31st March 2019 the largest single age category of our workforce were those aged 45 to 54 years representing 27.32% of the total workforce, with the lowest age category being those aged 65+ years, and then under 25 years (2.23% and 4.99% respectively). The lower number of younger people in the work place is in part likely to be as a result of 'minimum age restrictions' in key areas and time taken to gain required qualifications for specific occupations. It was anticipated that the appointment of apprentices to the Trust would impact on the age profile and increase the percentage of the workforce who were of a younger age, the difficulties in recruitment to apprenticeships nationally has also impacted on the Trust and proves to be an ongoing challenge as it is typical across the NHS and nationally.

The Trust is developing a Young Persons Forum to enable an understanding of the needs and challenges in the workplace of staff under the age of 25 and to help develop a working environment and employment that is attractive to Younger People.

As compared to the NHS workforce age profile as a whole The Royal Wolverhampton Trust is broadly similar, and is comparable with the age profile of England's working population, with the exception of those aged under 25 years, which may be explained by the age restrictions and qualification requirements of some professions within the NHS. A similar pattern is seen within the overall NHS age profile.

The majority of our workforce is aged between 25 and 54 years (73.93% of the workforce) with a median age of 44; this represents a slight decrease from last year in both aspects. The average age in the NHS workforce is reported as 43 years for both men and women.

Age Profile of RWT Workforce / NHS Workforce / England's Working Population

	Under 25	25-34	35-44	45-54	55-64	65+
% RWT Workforce	4.99%	23.40%	23.21%	27.32%	18.84%	2.23%
	Majority of Workforce = 73.93%					
NHS Workforce	6%	23%	24%	29%	17%	2%
England's Working Population	12%	23%	22%	21%	18%	4%

The distribution of employees in each of the age categories across pay bands widens with increase in age. It is anticipated that the removal of the default retirement age and the incremental steps for award of both statutory and occupational pensions, along with people living longer and healthier lives, will see an increase in those staff continuing to work beyond the age of 65. Some categories of employment e.g. Nursing still retain the right to access their pension at an earlier age due to the nature of their employment.



The aging workforce presents the Trust with both challenges and opportunities; a proportion of the workforce with potentially increasing health issues but also seeking to retain key skills and experience. With the variations now within retirement provisions and pension rules it is difficult to predict at what point an employee may retire. However, with a large proportion of staff aged over 50 years there is a significant risk to the Trust of losing a high percentage of staff within a relatively short period of time. Further analysis of this age group shows that 21.07% are within pensionable age groups (aged 55 – 64 years and those aged over 65).

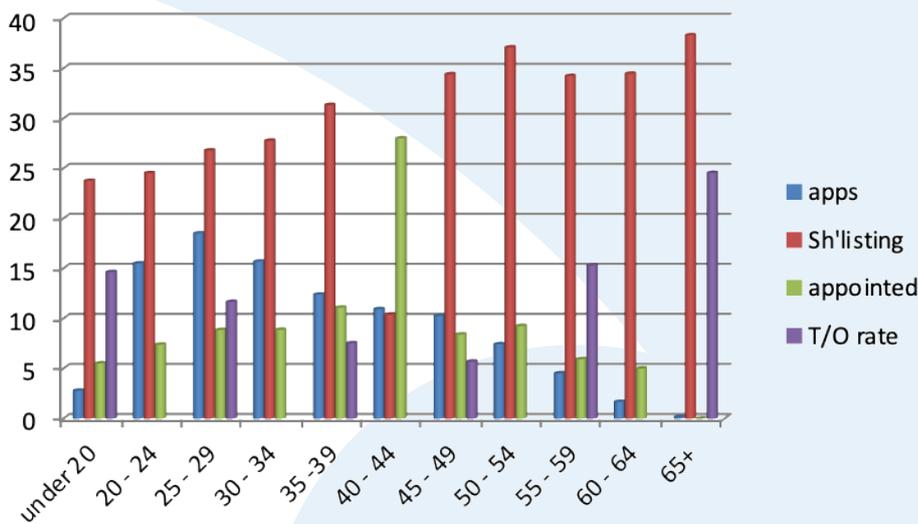
The proportion of the workforce aged below 50 years is not currently rising at a significant rate to be able to mitigate this potential loss of workforce as it stands.

The Trust is currently looking at health related issues affecting people in the workplace that impact on performance and attendance in order to identify any specific trends, including any patterns relating to age and/or gender. Further development work will then be done to identify steps or interventions which can be taken in order to support staff further in remaining healthy and able to be an active part of the workforce, and potentially for longer working lives.

RWT Recruitment and Selection information by Age

Age Group	Applications	%	Shortlisted	Success at short-listing %	Appointed	Success at interview %
Under 20	1064	2.80	253	23.78	14	5.53
20 – 24	5889	15.51	1445	24.54	107	7.4
25 - 29	7027	18.51	1884	26.81	167	8.86
30 - 34	5961	15.70	1656	27.78	147	8.88
35 - 39	4711	12.41	1477	31.35	164	11.10
40 – 44	4152	10.94	432	10.40	121	28.01
45 - 49	3901	10.27	1343	34.43	113	8.41
50 – 54	2824	7.44	1048	37.11	97	9.26
55 – 59	1719	4.53	589	34.26	35	5.94
60 – 64	638	1.68	220	34.48	11	5.00
65+	60	0.16	23	38.33	0	0.00
Undisclosed	22	0.06	4	18.18	0	0.00

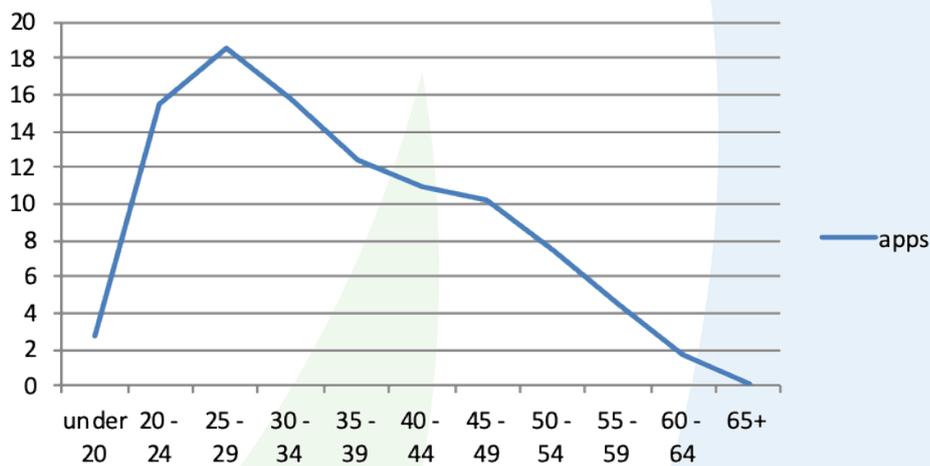
The process up to and including short-listing is anonymised, i.e. there is no information given regarding any protected characteristics to the short-listing panel.



The Trust attracts a higher proportion of applications from people aged 25 – 29 years than any other age category, with those applicants aged 50 – 54 years experiencing a higher success rate at short-listing stage, whilst the highest success rate at interview is for those applicants who are aged 40 – 44 years.

The average rate of applications across the age profile is 9%; applications received from people aged 20 to 49 years are above the Trust average; whilst those aged under 20 years, and those between 50 to 65+ years are below the Trust average.

% Applications Age



Of the 37,968 applications 10,374 were assessed by short-listing process to be of an acceptable standard for interview; therefore 27% of all applications received were of an acceptable and potentially appointable standard.

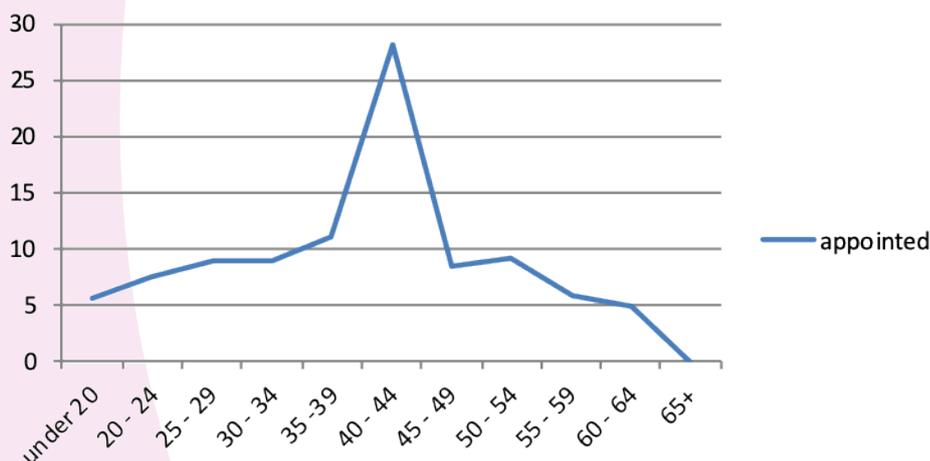


% Shortlisted Age



Of those applicants Shortlisted those aged 45 years to 65+ are above the Trust average of 29% and the remainder of the age groups are below the Trust average for short-listing. Notably those aged 40 to 44 years have the lowest success level at short-listing, but have the highest rate at interviews.

% Appointed Age



The Trust average success rate at interview is 9% with those aged between 34 and 49 years being above the Trust average. All other ages are either equal to or below the Trust average.

A total of 976 applicants were successful at interview, which represents 10.36% of the workforce. The Trust turnover rate at 31st March 2019 was 10.42%, which is only marginally more than the percentage of the workforce which was appointed in this reporting period.

The age profile of the local Wolverhampton population, as reported in the 2011 Population Census, shows that 15 – 19 year olds represent 10% of the local population and 25% of the local Wolverhampton population are aged 50+ years. In these two aspects, the Trust is under-represented in the younger category but has a higher representation of 50+ years in comparison to the local demography.

Cannock local population has a different demographic age profile than that of Wolverhampton with only 8% of the population being aged between 15 and 19, and 51% being aged 45 – 59 years. The 2011 census reports that Cannock has a higher percentage of older people within its community (37%) than the national average (34%) – whereas Wolverhampton has 25% of its community recorded as aged 50+ years (population census 2011) which is significantly less than the UK average of 34%.

Of England's working population it is reported by NHS Employers that 21% are aged 45 to 54 years and within the NHS as a whole; 28% . The age group 55 to 64 years represents 18% of both England's working population and the NHS as a whole; whilst those aged 65 and over represent 4% and 2% of England's working population and the NHS total workforce, respectively.

4.2 Gender Profile

Only the categories of Male and Female are collected and recorded in the Trust.

- Both Wolverhampton and Cannock local populations are equal in gender make up (51% female and 49% Male)
- The working population of England is 47% female and 53% male
- The overall gender make-up of the Trust workforce is 79.43% Female and 20.55% male. This represents a very small increase in men employed within the Trust and a corresponding small decrease in women employed within the Trust, this slight increase has been a year on year improvement for the preceding 2 years reported.

The Royal Wolverhampton NHS Trust is over-represented by women in the workforce as a whole, when compared to both the local communities, individually or combined, and also England's working population. However the Trust is only slightly higher in representation from women in the workforce (79.45%) as compared to the NHS as a whole (77%), due in part to the number of job roles which are traditionally more likely to be carried out by women.

Men are significantly under-represented as a percentage of the whole workforce as compared to both the local communities and England's working population. The percentage of male employees in the Trust workforce at 20.55% is below that for the NHS as a whole at 23%, despite the further slight increase in this 12 month period.

Gender Profile by Trust Workforce / Local Population / England's Working Population / NHS Workforce

	Local Population	England's Working Population	The Royal Wolverhampton NHS Trust Workforce	NHS Workforce
Female	51.00%	47.00%	79.45%	77.00%
Male	49.00%	53.00%	20.55%	23.00%

Gender and AFC Pay Band Profile by Trust Workforce / NHS Average

AFC Pay Bands	Female	NHS Average	Male	NHS Average
AfC Bands 1-4	84.58%	80%	15.42%	20%
AfC Bands 5-7	84.66%	83%	15.34%	17%
AfC Bands 8a-9	70.21%	71%	29.79%	29%
AfC Workforce Total	83.89%	81%	16.11%	19%



Within the Trust workforce graded within the Agenda for Change pay bands (1-9 inclusive) women represent 83.89% of that part of the workforce which is above the NHS workforce figure (81%) and above the figures for that of the local communities (51%) and England’s working population (47%).

The percentage of women in AFC posts within the Trust graded 1-4 (84.58%) and 5 – 7 (84.66%) is broadly similar but is greater than the percentage of women in AFC posts graded 8a-9 (70.21%). The figures for bands 1 - 4 and 5 – 7 are higher than those of the NHS on average. However the number of women in posts grade 8a – 9 is less than the NHS average (71%) at 70.21%. This figure has decreased from the previous year by 3%.

Whilst under-represented in the total of AFC graded posts men employed in these posts are relatively more likely to occupy higher graded posts.

The percentage of men in AFC posts graded 1-4 (15.42%), bands 5-7 (15.34%) are below average for the NHS, and in bands 8a – 9 at 29.79% is comparable with the NHS as a whole.

The representation of women in job bands 8a-9 (70.21%) is below the overall percentage of women in the Trust (at 79.45%) but comparable with the NHS average. Conversely, men who hold posts graded as bands 8a – 9 (29.79%) are, proportionately, over represented as compared to the overall workforce but comparable to the NHS average. This represents a worsening picture, as compared to last year, for women in the higher graded Agenda for Change posts (a decrease of 3%).

This, in part, is due to the gender bias which still exists in some roles within the NHS. Men have a much higher relative representation within those jobs categorised as Medical and Dental and are not graded within the AFC pay structure.

Within the Trust’s Medical and Dental workforce, women make up 44.5% of those posts and men 55.5% which means that this staff group is not representative of the gender make-up of the overall workforce or of the NHS workforce as a whole.

The NHS Medical and Dental workforce is made up of 45% women and 55% men, so in this respect the Trust is comparable to the NHS total workforce.

This is generally reflected throughout the whole of the NHS with only 6% of the total NHS female staff being doctors and dentists but 22% of total NHS male staff occupying the same roles – which considering that men represent 23% of the NHS workforce and women represent 77% indicates a significant under-representation of women in these jobs generally within the NHS, and a similar situation is reflected in the Trust workforce gender / role make up.

Therefore, whilst men are under-represented within the Trust they are more likely, proportionately, to occupy higher graded posts or to be in a Medical and Dental post.

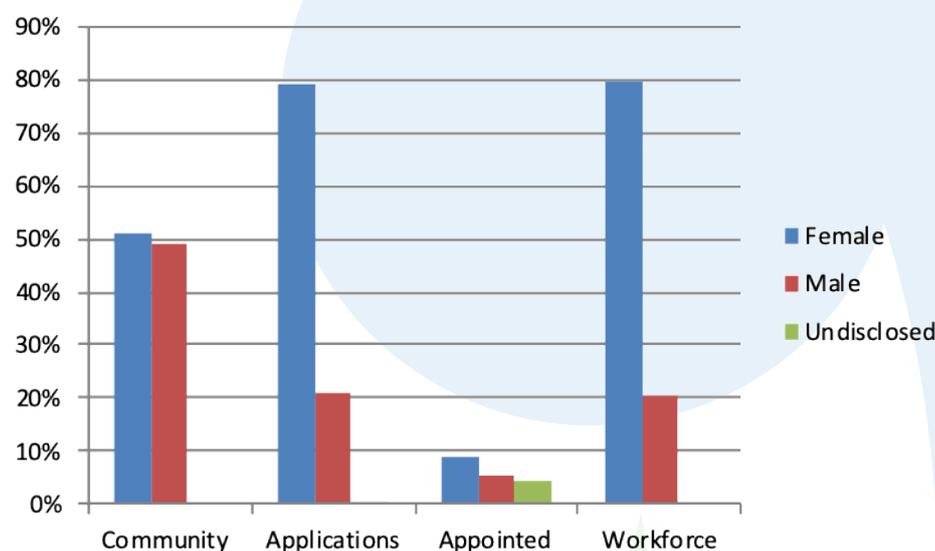
Gender and Medical and Dental grades profile by Trust Workforce / NHS Average

Medical & Dental Categories	Female	NHS Average	Male	NHS Average
Consultants	32.07%	37%	67.93%	63%
GPs	51.72%	54%	48.28%	46%
Junior Medical	54.52%	53%	45.48%	47%
Other Medical	39.74%	48%	60.26%	52%

Within the Trust Medical and Dental workforce there is a lower representation of women at Consultant level, General practitioners and other medical and dental when compared to the NHS as a whole, and as a consequence the representation of male Consultants in these areas is higher than the NHS workforce average. There have been improvements in the representation of women in these roles from last year but the Trust remains under-represented overall.

Recruitment and Selection Analysis by Gender

Gender	Applications	%	Shortlisted	Success at short-listing	Appointed	Success at interview %	Turnover Rate %
Male	7993	21.05	2085	26.09%	122	5.85	11.49
Female	29829	78.56	9159	30.71%	822	8.97	9.58
Undisclosed	146	0.38	46	31.51%	2	4.35	



The vast majority (78%) of all applications received by the Trust are from women, whilst at short-listing stage there is less disparity in the representation with men only experiencing a relatively lower success rate than women: at interview stage women are more likely to be appointed than men with 5.85% of male interviewees being appointed as compared to 8.97% of female interviewees.

The turnover rate for men at 11.49% is higher than that of women (9.58%) and higher than the Trust average of 10.42%. In this reporting period, and consistent with previous reporting years, men are less likely to apply for posts in the Trust than women, those that apply are relatively as likely to be Shortlisted as female applicants, but at interview have a lower success rate than female interviewees. Up to and including the short-listing stage the recruitment and selection process is anonymised. Therefore, during this reporting period men were more likely to leave the Trust than their female colleagues and men were also less likely to be appointed than female applicants.

The Trust has a slightly higher than the NHS average of women in its workforce, and consequentially a lower than the NHS average of men in its workforce. This is a slightly improved situation in the gender profile of the Trust as from the previous reporting year.



RWT Workforce Analysis by Gender

	Female	Male	Total
Full Time Workforce	3887	1709	5596
Part Time Workforce	3592	226	3818
Total Workforce	7479	1935	9414

The Trust's entire workforce is made up of 41.2% women who work Full time and 38.15% who work part time, whilst 18.00% are men who work full time and 2.4% who work part time. Therefore 40.6% of the Trust's workforce work part time. 59.4% work full time.

Of the part time workforce 94.08% are women and 5.92% are men, therefore as compared to the gender make-up of the entire Trust workforce there is a higher representation of women than men who work part time. Female employees in the Trust are relatively more likely to work part time than their male colleagues. These figures have remained relatively constant for the last 3 year reporting period.

RWT Analysis by Gender and Full Time / Part Time working

	Female	Male
% of Full Time Workforce	69.46%	30.54%
% of Part Time Workforce	94.08%	5.92%

	Female	Male
Full Time	41.2%	18%
Part Time	38.15%	2%

Within the NHS Staff Survey 2018, of the respondents, 51.8% reported being satisfied with the opportunities for flexible working patterns. This is a year on year improvement since 2015 (45%).

The NHS Staff Survey 2018 had 3,141 respondents which represents 38% of the workforce; this is below the average for the sector (41%) and a decrease of 2% for The Trust from last year. Despite the decline in responses for 2018 there has been an overall improvement from 2016 (32%). The Trust is looking at further ways to engage with its workforce to increase the completion rate of the Staff Survey.

Of the full time workforce 69% are women and 41% are men, and 94% of the part time workforce is female with 6% being male. These figures remain similar to previous years.

4.3 Pregnancy and Maternity

During the period of 1st April 2018 to 31st March 2019 a total of 302 women commenced Maternity Leave

Therefore, 4.03% of the female workforce commenced a period of maternity leave during this 12 month period. This does not take into account those women who will have been pregnant but not have taken maternity leave or those women who would have started their maternity leave in the preceding 12 months and remain on Maternity leave. As at 31st March 2019 there were a total of 520 women who were on maternity leave (having commenced in this 12 month period or in the preceding 12 month period); therefore as at 31st March 2019 5.5% of the total workforce were on maternity leave.

The highest number of episodes of maternity leave is recorded as being amongst Nursing and Midwifery staff (92 episodes) with Additional Clinical Services and Admin and Clerical Services being the areas with the next highest number of episodes (56 and 54 episodes).

The Trust average for percentage of women taking maternity leave is 4.03%.

RWT Trust Analysis of Employees commencing Maternity Leave

Staff Category	Total Number of Episodes	Percentage of Female workforce in this area taking Maternity Leave
Additional Prof. Scientific and Technical	10	4.55%
Additional Clinical Services	56	3.72%
Admin and Clerical	54	3.13%
Allied Health Professionals	35	9.00%
Estates and Ancillary	6	1.14%
Healthcare Scientists	18	5.56%
Medical and Dental	30	7.58%
Nursing and Midwifery	92	3.87%
Student	1	7.14%
Total	302	Trust Average = 4.04%

In addition to Pregnancy and Maternity being a Protected Characteristic as prescribed in law, as part our Employee Health and Wellbeing agenda, initiatives have been developed to support pregnant Employees and New Mothers returning to work.

On a quarterly basis the Trust runs Maternity Workshops to advise and support pregnant staff in the workplace. The workshop advises on matters relating to maternity pay and leave, Health and Safety during pregnancy, good back care and pelvic health, Healthy Lifestyle advice etc.

The Trust has developed an interim protocol for Employees Breastfeeding in the workplace, whilst more permanent facilities are explored.

4.4 Ethnicity Profile

The Royal Wolverhampton NHS Trust collects personal data relating to Ethnicity (Race) in the following categories; White British/Irish, White Other, Asian, Black, Chinese, Mixed, Other and Not Stated. For the purpose of this report, Ethnicity is grouped and discussed in the following categories; BAME (Black, Asian and Minority Ethnic) Background and White Background.

The demographics local to Cannock and Wolverhampton have very different profiles of ethnicity as reported in the 2011 population census.

Wolverhampton has a white population of 64% with a BAME population of 36%, and Cannock has a white population of 99% with only 1% coming from a BAME background.

The ethnic make-up of the whole Trust workforce is 71.18% from a White Background and 28.82% from a BAME background. The Trust has had a year on year improvement since 2017 in the representation of BAME in its workforce (2017 – 25.10%, 2018 – 26.25%, and 2019 – 28.82%).



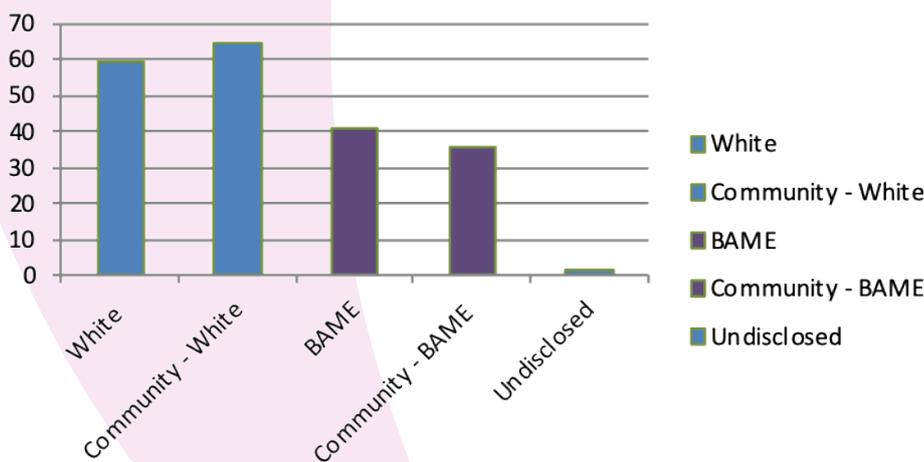
If these figures are compared only to the Wolverhampton demographics the Trust is under-represented in terms of employees from a BAME background. However, if the population information for both Cannock and Wolverhampton are combined, giving an average of 87.75% from a White Background and 18.25% from a BAME background, then the Trust appears to be well represented in respect of BAME employees as compared to the communities the Trust serves.

RWT workforce and local populations by Ethnicity

	Local Population			Staff in Post		Staff in Profile	
	W'hampton	Cannock	Combined	2018	2019	Leavers	Turnover
White	64.50%	99.00%	80.75%	73.75%	71.18%	751	9.93%
BAME	35.50%	1.00%	18.25%	26.25%	28.82%	454	10.39%

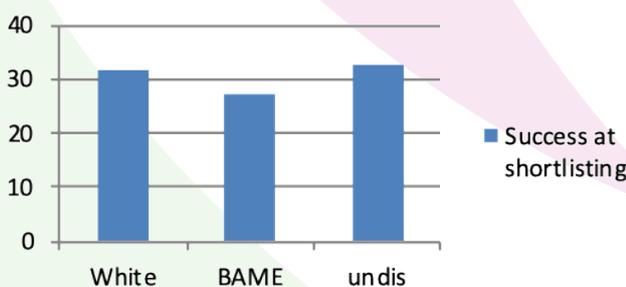
Ethnicity	No of Applications	%	Shortlisted	Success at short-listing	Appointed	Interview Success%	Turnover Rate
White	22165	59.51	6973	31.46%	667	9.57	9.93%
BAME	15078	40.49	4080	27.06%	283	6.94	10.39%
Undisclosed	724	1.94	236	32.60%	6	2.54	5.77%

Applications



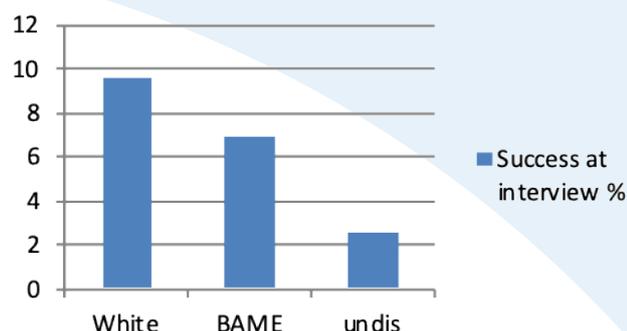
The Trust attracts applications from the BAME community broadly proportionate to the BAME representation in the community served by the Trust.

Success at shortlisting



BAME applicants have a reasonably comparable success at short-listing stage as white applicants. But, it is not known what impact there would be if the applicants who did not disclose, had done so.

Success at interview %



At interview stage BAME applicants experience a significantly lower success rate than White applicants. It is not known what impact the ‘undisclosed’ applicants would have on these figures if they were to disclose their ethnicity.

Therefore, the Trust attracts appropriate numbers of applications from BAME people, who do equally as well as the White applicants in short-listing, but at interview have a lower level of success at being appointed.

The Medical and Dental staff group have the highest percentage of BAME staff from a (62.49%) which is higher than the overall Trust BAME staff representation (26.25%). Nursing and Midwifery staff group have the second highest BAME representation (28.55%) which is only slightly higher than the overall Trust BAME representation (26.25%) and is therefore largely proportionate to the Trust ethnicity profile. In all of the remaining staff groups, there is an under representation of employees from a BAME background.

RWT Trust Staff Categories by Ethnicity

	% of BAME staff group	% of staff group from white background
Nursing and Midwifery	29.43%	70.57%
Medical and Dental	63.59%	36.41%
Admin and Clerical	18.70%	81.30%

The Medical and Dental staff group have the lowest percentage of staff from a White Background (36.41%) and are significantly lower than the overall Trust White Background representation (71.08%). The Nursing and Midwifery staff group are marginally above the overall percentage of the workforce who are BAME (29.43% and 28.82% respectively).



Trust Workforce Ethnicity Profile as at 31st March 2019

	2019
White – British	69.25%
White - Any other White background	1.93%
Mixed – White & Black Caribbean	1.12%
Mixed – White & Black African	0.37%
Mixed - White & Asian	0.42%
Mixed – Any Other Background	0.42%
Asian or Asian British – Indian	11.33%
Asian or Asian British - Pakistani	2.17%
Asian or Asian British – Bangladeshi	0.38%
Asian or Asian British - Any other Asian background	2.85%
Black or Black British – Caribbean	3.09%
Black or Black British – African	2.56%
Black or Black British - Any other Black background	0.64%
Chinese	0.53%
Any other Ethnic Group	1.57%
Undefined	1.36%

In the NHS Staff Survey 2018, 21% of BAME staff reported experiencing bullying, harassment or abuse from other staff in the last 12 months, with 17% of white staff reporting the same experience. This is a 7% decrease for BAME staff and a 5% decrease for White staff as compared to 2018.

The turnover rate (as at 31st March 2019) for BAME staff (10.39%) is marginally lower than the Trust average (10.42%) with the turnover rate for white staff (9.93%) also lower than the Trust average; the statistics are also made up of those from an unknown ethnicity at 5.77%.

The Trust is committed to taking steps to identify potential areas of concern which may lead to incidents of bullying, harassment and discrimination and working towards a positive, inclusive working environment which is free from unwanted behaviours for the entire workforce.

Freedom to Speak Up Guardian

The role of the Freedom to Speak Up Guardian is important in assisting the Trust's efforts to identify any issues of culture leading to bullying, harassment and discrimination and to seek to address these areas.

Freedom to Speak Up ensures the Trust's continuing commitment to promoting a culture of openness and transparency, evolving the journey to ensure that patient safety, staff experience and continuous improvement remain at the heart of the organisation.

The FTSU Guardian has a key role in:

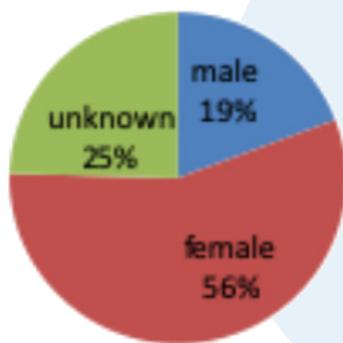
- Empowering and encouraging staff to speak up safely and in confidence;
- Acting as The Trust Independent lead on supporting a culture of openness and transparency;
- Providing confidential advice and support to concerns staff may have;
- Acting impartially to ensure that the Trust provides a safe environment for staff to speak up

This last year has seen a unique partnership form between the Trust’s Equality, Diversity and Inclusion work and the Freedom to Speak Up campaign. These two aspects of the Trust have been working in partnership to deliver staff engagement events, launching the recruitment of the Cultural Ambassadors and Contact Links simultaneously, enabling staff to participate and seek support from both the FTSU Lead and Equalities Lead to identify where their skills and qualities will be best utilised

Freedom to Speak Up is now a firm pillar of the Trust’s ‘Every Voice Matters’ approach, and with the growing culture of Employee Voice Groups, signposting and sharing of information between FTSU and the Employee Voice Groups will continue and further develop to improve staff experience and empower staff to speak up.

There were 57 Speaking Up Concerns raised between April 2018 to April 2019 through the Freedom to Speak Up & Contact Link route

Gender – Freedom to Speak up Cases



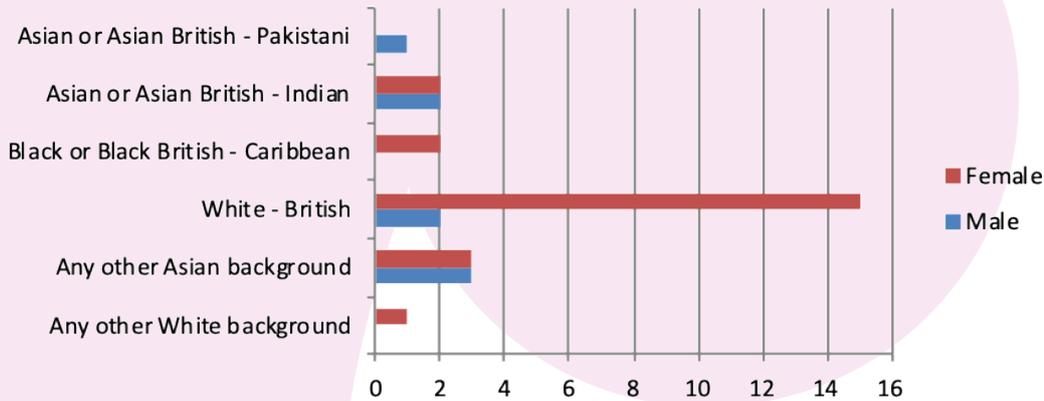
Of those cases in which the gender is reported more female staff have ‘spoken up’ than male staff.

A number of staff have not been identifiable due to concerns being raised anonymously or that data has not been recorded; this figure at 25% is significantly high to make robust analysis of any gender trends unreliable.



Ethnicity

The ethnic group has been recorded for 31 employees that have raised a concern via the Freedom to Speak up Guardian with a further 26 members of staff for whom the ethnicity has not been recorded due to anonymous reporting or inability to obtain that level of detail from the staff member. From the data available it can be seen that Female White British employees are the largest group speaking up within this 12 month reporting period.



Disability

One staff member has utilised the FTSU route to speak up and has declared that they have a disability.

The next year will see a stronger partnership between FTSU and the Employee Voice Groups, with continued promotion and staff engagement events to ensure our commitment to promoting a culture of openness and transparency, enabling speaking up to become business as usual.

4.5 Disability

The Trust collects workforce data on disability in the following categories; Disability, No disability, Not Declared and Prefer not to answer. The data is a matter of self-declaration by employees directly and is recorded on the employees own individual ESR record.

A disability as defined by The Equality Act 2010 describes a disabled person as “Someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.”

The process of ‘self-reporting’ of Protected Characteristics continues to be actively encouraged by the Trust through ESR Self Service portal.

As at 31st March 2019, 1.29% of the workforce declared themselves as having a disability, with 65.66% declaring that they have no disability, and 33.06% with ‘not declared’ status. These figures remain constant from last year’s report.

The results from the NHS Staff Survey 2018 suggest that the workforce is likely to be made up of approximately 15% of employees who have a long term illness, health condition or disability and of the survey respondents declaring a disability, 73% stated that the Trust has made adequate adjustments to enable them to carry out their work.

Staff engagement recorded by the NHS Staff Survey for employees with a disability is 3.68 (as compared to their non-disabled colleagues at 3.84). Staff engagement for employees with a disability is lower than the overall workforce staff engagement level (3.86) and also lower than the sector average (3.78).

The Department of Work and Pensions statistics (2014) show 16% of the working population of England have declared themselves as having a disability.

The Disability Research Report and the Workforce Disability Equality Standard Report prepared for NHS England in 2014 explored the issues and measures that a Workforce Equality Standard for Disability should contain. Within this it was reported that the levels of disability reported in the NHS survey were on average 17% but only 3% recorded as such on ESR; therefore, the Royal Wolverhampton Trust reported levels within the NHS Staff survey and on ESR are broadly similar and comparable to other Trusts in the NHS.

The most likely reasons for this disparity in reporting between the NHS Staff survey and ESR records are:

- differences in definition of disability used in the two data sets;
- differing conditions for self-disclosure encouraging or discouraging reporting (NHS Staff survey is anonymous, ESR records are directly linked to employee details);
- the time of disclosure, ESR reports disability at the time of staff appointment, and is not reliably updated. The Trust continues to actively encourage its workforce to declare protected characteristics, including disability, through ESR self-service;
- within the NHS Staff Survey employees with a disability report overall a less than favourable experience in the workplace than their non-disabled colleagues, similar to the experience reported in the NHS as a whole.

The Workforce Disability Equality Standards (WDES)

The Workforce Disability Equality Standards (WDES) has now been implemented and the first report with data as at 31st March 2019 will shortly be submitted and published on line.

The WDES has 10 key metrics which the Trust is benchmarked against, drawing data from the ESR system, National Staff Survey and the Trust's Employee Relations database. Further analysis of this data will provide information to enable the creation of a Trust wide action plan to address any areas of concern.

The initial findings for the Trust show that the majority of employees with a disability consider that the Trust has made adequate adjustments to enable them to carry out their work (73%), and the percentage of employees with a disability who feel that the Trust provides equal opportunities for career progression or promotion is only marginally less than non-disabled colleagues (82% and 86% respectively).

The initial metrics and data from the WDES suggest that there are areas of concern about the experience in the workplace for people with a disability. The Trust is now developing an action plan to begin to address these areas.

An Employee Voice Group for People with Disabilities has been set up and will be instrumental in changing the culture and experience of employment for people with a disability.

RWT Workforce Analysis by Disability Declaration

	Declared with a disability	Declared with no disability	Not Declared
% of Workforce	1.29%	65.66%	33.06%

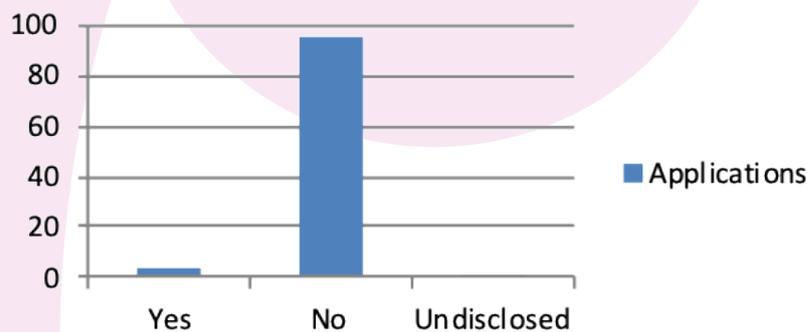


Recruitment and Selection Analysis by Disability Declaration

Disability	Applications	%	Shortlisted	Success at short-listing	Appointed	Success at interview %	Turnover Rate
Yes	1249	3.29	399	31.95%	23	5.76	12.03%
No	36093	95.06	10726	29.69%	915	8.54	9.68%
Undisclosed	626	1.65	175	27.96%	8	4.57	10.04%

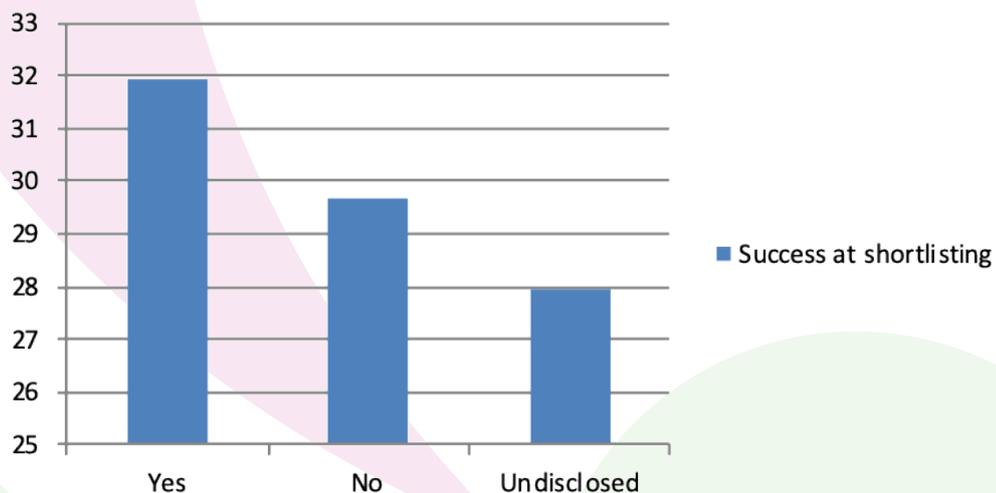
Of all job applications to the Trust in this period, 95% were from people who declared as having no disability, with 3.29% declaring themselves as having a disability or long term medical condition. A small percentage (1.65%) did not make any disclosure at all.

Applications



Of those applications that were suitable for short-listing, the percentage of those with a declared disability and those who declared had no disability was reasonably comparable (31.95% and 29.69%) with just a slightly higher percentage with a disability than without. The percentage for those who had not disclosed was similarly comparable. In this reporting period there was little difference between the success rates of applicants being Shortlisted who had a disability, those who do not and those who did not make any declaration.

Success at short-listing



At interview those applicants who did not have a disability achieved a significantly higher success rate than those applicants who did; (8.54% and 5.76%) but there were a further number of appointees, who did not disclose their status at a success rate of 4.57%. It is not known what impact there would have been on the success rates if these applicants had made a declaration.

The turnover rate for employees with a disability in this reporting period was 12.03%, which is higher than the Trust average (10.42%) and higher than for their colleagues without a disability. There is a further turnover percentage of 10.04% for those employees who have not made any declaration. If these employees had made a declaration it is not known what the impact would have been on the data.

4.6 Religious Belief Profile

The Royal Wolverhampton NHS Trust collects personal data regarding Religious belief in the following categories; Atheism, Buddhism, Christianity, Hinduism, Islam, Judaism, Sikhism, other and 'I do not wish to disclose'.

Religious Belief	Total	Communities of Wolverhampton and Cannock
Atheism	5.67%	21.01%
Buddhism	0.23%	0.34%
Christianity	37.75%	59.32%
Hinduism	2.31%	2.72%
I do not wish to disclose my religion/belief	44.14%	6.33%
Islam	1.89%	2.68%
Jainism	0.03%	Not available
Other	4.65%	0.96%
Sikhism	3.32%	6.62%

The local populations of Cannock and Wolverhampton differ in make-up in respect of Religious Belief, with a higher percentage declaring having a religious belief other than Christianity in Wolverhampton. Significantly, Cannock has 81% of its population declaring themselves as Christian as compared to 64% in Wolverhampton. Also of note is that 22% of the Wolverhampton population declare themselves as having 'no religious belief' as compared to 11% of the Cannock population with 6% of both populations declaring that they did not wish to disclose.

Trust Workforce Ethnicity Profile as at 31st March 2019

The Trust has a significantly higher percentage of staff who do not wish to disclose their religious belief (44.14%) as compared to the communities it serves. Staff are being encouraged to make self-declarations of all the Protected Characteristics, including faith and religious belief, through the self-service function of ESR.

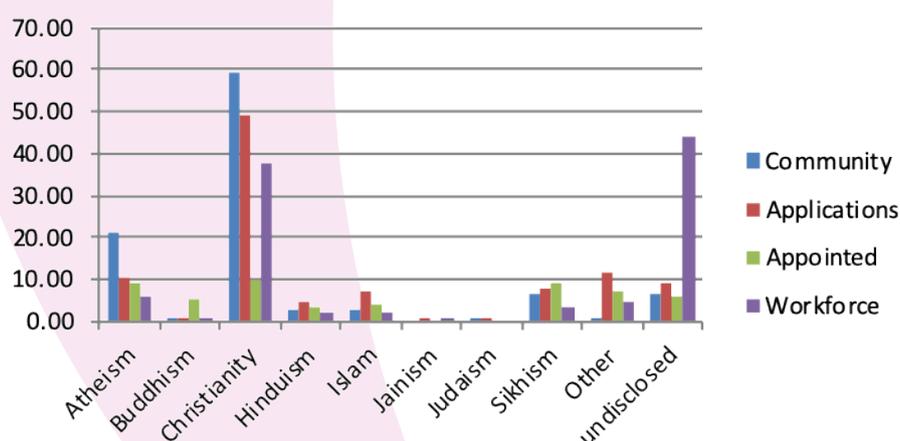
Christianity is the highest reported Religious Belief by the Trust workforce (37.75%), with all other Religious Beliefs being reported as very significantly lower – a combined total of 18.1%.



Recruitment and Selection analysis by Religious Belief

Religious Belief	No. of Applications	%	Shortlisted	Success at short-listing	Appointed	Success at interview %	Turnover Rate
Atheism	3835	10.10	1220	31.81%	114	9.34	10.92%
Buddhism	199	0.52	54	27.14%	3	5.56	19.5%
Christianity	18714	49.29	5939	31.74%	571	9.61	8.8%
Hinduism	1731	4.56	468	27.04%	15	3.21	5.99%
Islam	2641	6.96	678	25.67%	29	4.28	13.31%
Jainism	16	0.04	5	31.25%	0	0	0%
Judaism	6	0.02	4	66.67%	0	0	0%
Sikhism	2921	7.69	741	25.37%	66	8.91	8.80%
Other	4487	11.82	1147	25.56%	86	7.5	8.34%
Undisclosed	3418	9.00	1034	30.25%	62	6.00	11.39%

Comparison of Religious Belief profiles of Community, Applications, Appointments and current Workforce



The largest group by Religious Belief in the community is Christianity and that is reflected within applications to the Trust and the current workforce. The RWT workforce has a higher proportion of people who have not or choose not to disclose any religious belief as compared to the community. The Trust Workforce profile generally reflects the Religious Belief profile of the communities that it serves.

The Trust Chaplaincy Service

The Trust's Multi Faith Chaplaincy Team are available to meet the spiritual, pastoral and religious needs of those of faith and none within the Trust, irrespective of age, gender, ability, race, religion or belief or sexual orientation. The team currently comprises representatives from the Christian, Sikh, Hindu and Muslim faith traditions. Faith representatives from other world faiths may be available on request.

The Chaplains make regular visits to each ward within each hospital and Multi Faith prayer resources are available on each ward at all of the three Trust Sites and is accessible for both patients and staff.

There are Multi Faith prayer facilities available at both New Cross and Cannock Hospitals and, weekly Christian, Muslim and Hindu prayers are held at both of these sites, ensuring that staff are able to practice their faith whilst at work.

As a proactive team, the Trust Chaplaincy service constantly strive to develop their services to meet the individualised needs of all staff and, continue to explore new ideas in seeking to meet the pastoral and spiritual needs of all stakeholders within the Trust. The Chaplaincy service is creating closer working links with the Equality and Diversity functions within the Trust to help embed and support the creation of a supportive and diverse work environment.

Alongside the Multi faith prayer facilities, available at both New Cross and Cannock Hospitals, we are in the early stages of developing a quiet space, which will afford staff the opportunity to step aside from the busyness of the hospital environment.

'Being there – being visible – being present'

4.7 Sexual Orientation Profile

The Royal Wolverhampton NHS Trust collects personal data on sexual orientation in the following categories; Bisexual, Gay, Heterosexual, Lesbian, and 'I do not wish to disclose'.

RWT Workforce Analysis by Sexual Orientation

Sexual Orientation	Total
Bisexual	0.44%
Gay or Lesbian	0.79%
Heterosexual	56.67%
I do not wish to disclose my sexual orientation	42.07%
Other sexual orientation not listed	0.03%
Undecided	0.01%

The percentages of declarations as Bisexual, Gay, and Lesbian have not changed significantly since the 2018 annual report. There has been a slight increase in those who do not wish to disclose their sexual orientation (an increase of 3.53%). The Trust continues to encourage its workforce to make self-declaration of their protected characteristics via the self-service function of ESR.

The Trust has now facilitated the set-up of an Employee Voice Group for its LGBTQQ+ community. This group will not only provide peer support and a safe environment for sharing of experiences, but will be instrumental in helping to shape and develop the Trust's culture, practice, policy and service provision.

Sexual Orientation	Applications	%	Shortlisted	Success at short-listing	Appointed	Success at interview %	Turnover Rate
Lesbian / Gay	565	1.49	159	28.14%	22	13.84	16.92
Bisexual	361	0.95	84	23.27%	6	7.14	12.17
Heterosexual	34721	91.45	10356	29.83%	879	8.49	8.75
Undisclosed	2321	6.11	592	25.51%	32	5.41	11.72



The Trust attracts applications from the LGBTQ community in numbers which are proportionate to its existing workforce, and the majority of applications come from those who declare themselves as Heterosexual. The success rates of all the applicants at short-listing stage is broadly comparable, whilst at interview stage LGBTQ applicants have a significantly higher level of success and are appointed.

LGBTQ members of the workforce have a significantly higher Turnover rate than heterosexual members of the workforce and also much higher than the Trust turnover rate of 10.42%. Assisting the Trust in understanding the experience in the workplace for LGBTQ staff and any challenges or barriers that they face will be part of the remit for the LGBTQ Employee Voice group.

4.8 Marriage and Civil Partnership

The Trust collects information about Marriage and Civil Partnership in the following categories; Civil Partnership, Divorced, Legally Separated, Married, Single, Unknown, and Widowed. The highest percentage of the workforce have declared themselves as Married (54.49%); with the second highest percentage of the workforce declaring themselves as single (31.49%).

RWT Workforce Analysis by Marriage and Civil Partnership status

Marital Status	Total
Civil Partnership	0.55%
Divorced	5.15%
Legally Separated	0.84%
Married	54.49%
Single	31.49%
Unknown	6.54%
Widowed	0.93%

Recruitment and Selection Analysis by Marriage and Civil Partnership status

	Applications	%	Shortlisted	Success at short-listing	Appointed	Success at interview %	Turnover Rate
Civil Partnership	888	2.34	239	26.91%	18	7.53	10.34%
Divorced	1612	4.25	556	34.49%	36	6.47	11.14%
Legally Separated	373	0.98	109	29.22%	7	6.42	11.86%
Married	14338	37.76	4661	32.51%	441	9.46	9.41%
Single	19421	51.15	5254	27.05%	404	7.69	9.44%
Unknown	1140	3.00	415	36.40%	32	7.71	15.97%
Widowed	196	0.52	56	28.57%	8	14.29	16.57%

The Trust Workforce is predominantly made up of Staff who declare themselves as Married or Single, and similarly the Trust attracts applications from people who are either Married or Single.

There is no significant difference in the success rate at short-listing stage for all applicants based on Marital status or Civil Partnership status.

There is not enough data available to provide any evidence or inference of their being any discrimination based on Marital or Civil Partnership status alone.

4.9 Gender Reassignment

Gender Reassignment status is not currently recordable on ESR. NHS England is leading a review of equality standards across the NHS and should Gender Reassignment be added to the standard applicable to Workforce then it will be reflected in ESR. As information relating to Gender Reassignment cannot be held securely and in confidence on personal records on ESR the Trust has not collected this information and is unable to report on it at present.

The Trust is currently developing a comprehensive policy for Transgender Staff and patients which aims to meet the Trust's legal responsibilities for Transgender people, and to improve their experience and dignity in employment and provision of care and services.

5.0 Employee Relations for the 12 month period ending 31st March 2019

	Disciplinary Processes				Case stood down		Ongoing Case
	Number of Cases		Issued with a sanction or dismissal				
BAME	35	38.8%	14	40.0%	8	22.9%	13
White	52	57.7%	22	42.3%	17	32.7%	13
Unknown	3	3.3%	1	33.3%	1	33.3%	1
Total	90		37		26		27

The relatively likelihood of a member of staff from a BAME background entering into a disciplinary process, as compared to their White colleagues is reported annually as part of the Workforce Race Equality Standard (WRES) and the results are published on the Trust's internet page. At 31st March 2018 the relative likelihood was reported as 1.34 - this is an improved picture from 31st March 2017. The WRES report for 31st March 2019 is being compiled and will be published soon.

Bullying & Harassment, and Conflict Resolution Cases for the 12 month period ending 31st March 2019

	BAME	White	Unknown	Total
Recorded Cases	7	15	6	28
% of all cases	25%	54%	21%	

The Trust profile by Ethnicity is 71.18% from a White heritage and 28.82% from a BAME heritage. The recorded cases of Bullying & Harassment or Conflict Resolution have 21% of cases in which the Ethnicity is unknown. Of the known information the profile of such cases in terms of Ethnicity is not disproportionate to the ethnic makeup of the workforce. However, it is not known what impact there would be if the 21% of unknown ethnicity cases were able to be updated with an appropriate ethnicity; which is a matter of self-declaration by employees, and cannot be decided and assigned by the Trust.



Flexible Working

The Trust has a formal Flexible working request policy and procedure which is available for all staff to access. Currently it is believed there are many more flexible working arrangements in existence across the Trust than have been requested and agreed through the formal process of application and recording. In the NHS National Health Staff Survey (2018) 51.8% of staff who responded to this question expressed satisfaction with the opportunities for flexible working. There has been a year on year improvement since 2015 in this result, albeit by small increments.

In this reporting period there have been 5 recorded cases of appeal against rejection of a Flexible working request, whilst the number of successful applications is not recorded within the Trust.

The Trust recognises the important role that Flexible working has in the Health and Wellbeing and Work/Life balance of its workforce and is looking at ways in which it can support staff and managers to increase the opportunities for Flexible Working; encouraging it to be seen as a positive option with benefits to both the organisation and the employee.

6.0 Trust Board (Executive Members)

The Trust Board is made up of a relatively small number of persons and the implication being that even in the event of a single appointment to the Board it can make a significant difference in the percentages of the profile of the Trust Board.

Trust Board (Exec Members) by Gender

	Number	Percentage	Overall Trust Workforce	Wolverhampton and Cannock Communities
Female	2	22%	79.45%	51%
Male	7	78%	20.55%	49%

The Trust Board (Executive Members) gender profile indicates that women are under-represented on the Board as compared to the overall Trust Workforce and the local communities that the Trust serves.

Trust Board (Exec Members) by Ethnicity

	Number	Percentage	Overall Trust Workforce	Wolverhampton and Cannock Communities
White Background	8	89%	71.18%	80.75%
BAME Background	1	11%	28.82%	18.25%

The Trust Board (Executive Members) ethnicity profile indicates that there is an under-representation of members of a BAME background as compared to the overall Trust Workforce and the local communities that the Trust serves.

7.0 Equality of Pay and Gender Pay Gap

Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010. This Act imposes a public sector equality duty on public authorities to have due regard to the need to eliminate unlawful discrimination which includes discrimination in pay, and to advance equality men and women.

The gender pay gap is a measure of the difference between the average earnings of men and women across an organisation or the labour market. It is expressed as a percentage of men's earnings. New regulations came into force on 1st October 2016 regarding the Gender Pay Gap and reporting.

In Britain there is an overall gender pay gap of 20% (Is Britain Fairer, Equality and Human Rights Commission 2015) this shows that a woman on average earns around 80 pence for every £1 earned by a man.

An Equal Pay audit and subsequent reporting was required by law by October 2016, but provision was made for public bodies to report at a later date. NHS England has issued guidance for NHS Trusts to enable effective and meaningful audits to be carried out in the context of the NHS pay structure and employment contracts. The Royal Wolverhampton Trust is now working towards being able to conduct an audit in line with NHS England guidelines and to subsequently report its findings.

In support of Equality of Pay, the Trust has in place the NHS Agenda for Change policy and procedures to ensure that the existing internal processes in place ensure that fair, consistent and robust grading and pay decisions are made. The Trust has increased its number of staff who are formally trained in Agenda for Change job evaluation and job matching to ensure that there is a wider base of knowledge and skills to draw from to support these processes.

The Gender Pay Gap Indicators

The legislation requires an employer to publish six calculations:

- 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 (quartiles) ordered from lowest to highest pay.

The Gender Pay Gap report data is drawn from Employee Staff Record (ESR) system, and data relating to gender is recorded as self-declared by employees on recruitment or at key points in their career within the Trust. Employees are encouraged to make any amendments or to confirm and verify their own personal declarations and data via the self-service function in ESR. All data and information is anonymised for the purpose of this report. If an employee declines to declare their gender then their record will be withdrawn from the analysis. The Trust currently has no employees who decline to declare their



The Royal Wolverhampton Trust - Data and Analysis

From the information available on ESR it is reported that the total number of employees as at 31st March 2018 was 9,964, of which 77.9% were female, and 22.1% male, and includes all employees holding an employment contract with the Trust (including those who work shifts on the Trust's own Staff Bank). This represents a marginal decrease in number of staff overall and small changes to the gender profile of the Trust since reporting in 2018.

Overall mean Gender Pay Gap

	Percentage gap	Difference in average hourly rate
31st March 2017	28.11%	£5.58
31st March 2018	31.44%	£6.78

This data shows that there is a difference of 31.44% between the mean rate of pay for male employees and mean rate of pay for female employees, with men earning £6.78 per hour more on average. Unlike 2017, following updated advice; the figures for 2018 do not include the Clinical Excellence Awards payments – which are reported on separately later in this report.

Overall Median Gender Pay Gap

	Percentage gap	Difference in average hourly rate
31st March 2017	13.13%	£1.96
31st March 2018	16.20%	£2.54

This data shows that there is difference of 16.20% between the median rate of pay for male employees compared with that of female employees, with men earning on average £2.54 more an hour.

Medical Staff (mean)

	Percentage gap	Difference in average hourly rate
31st March 2017	15.65%	£5.46
31st March 2018	15.83%	£5.95

This data shows that amongst medical staff, there is a difference of 15.83% when comparing the mean ordinary pay of male employees with that of female employees in favour of male employees, with men earning on average £5.95 more an hour (a rise of £0.49 since 2017).

Non-Medical Staff (mean)

	Percentage gap	Difference in average hourly rate
31st March 2017	6.33%	£0.93
31st March 2018	4.85%	£0.71

This data shows that amongst non-medical staff, where the job evaluation system described above is in place, there is a difference in favour of male employees of 4.85% between the mean rate of pay to male employees and to that of female employees. This has improved by 1.68% since the data was first reported in 2017, with men on average earning £0.71 more an hour, an improvement of £0.22 since 2017.

On closer analysis of the available information this increase, and therefore widening of the pay gap, is seen to be due to an increase in the proportion of men in the medical workforce, where staff are paid more generally, and a corresponding decrease in the proportion of female employees in this area.

The Trust, as is common to the wider NHS, has a higher female workforce due to the gender bias that exists within the range of caring roles, which tend to be in the lower pay quartiles, and a predominantly male workforce in the more highly paid Medical and Dental professions. Therefore, changes in gender profile of Medical and Dental staff can have a significant impact on the Gender Pay Gap data.

Average Bonus Gender Pay Gap

The Trust operates an annual Local Clinical Excellence Award 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 388 consultants of which 30.93% are female. Of the total number of eligible consultants, 155 are in receipt of a local Clinical Excellence Award. 27.74% of Clinical Excellence Award Recipients are female consultants. This is an improved position from 2017 (24.32%) representing a 3.42% rise.

Of those female consultants who are eligible for a local Clinical Excellence Award, 66.15% are in receipt of such awards compared to 82.96% of eligible male colleagues. Whilst this is a significant improvement in the percentage of female consultants in receipt Clinical Excellence Awards, Male consultants have also experienced an even greater increase in the percentage in receipt of the award. (19.77% and 29% increase respectively).

Whilst the system for awarding Clinical Excellence Awards is locally administered, it is a national determined system and which has been recently overhauled in part to support actions to address the gender pay gap found in these payments.

Gender Bonus Gap

	Mean	Median
31st March 2017	28.55%	19.01%
31st March 2018	29.67%	17.80%

The table above shows that in respect of 'the Gender bonus gap' there is a 29.67% difference in favour of male employees in the level of mean bonus payments made to male employees when compared with female employees. Similarly, there is a 17.80% difference again in favour of male employees when comparing the median bonus level for male employees with that of female employees.

This variation is explained by the application of the Clinical Excellence Awards process, which, as described above is both nationally determined and has recently been reviewed.

Of the Trust's female workforce, 0.56% were in receipt of bonus pay in comparison to 5.35% of the Male workforce who received bonus pay, which represents a marginal increase for women and a 0.25% decrease for men.

Analysis by Pay Grade

This part of the required analysis shows the gender profile across four quartile pay bands; the Lower, Lower Middle, Upper Middle, and Upper Quartiles of earnings.



Quartile	Male 2018 (2017)	Female 2018 (2017)	Male % 2018 (2017)	Female % 2018 (2017)
Lower	351 (322)	1,770 (1,750)	16.55% (15.54%)	83.45% (84.46%)
Lower Middle	357 (356)	1,764 (1,696)	16.83% (17.35%)	83.16% (82.65%)
Upper Middle	297 (314)	1,811 (1,780)	14.09% (15.00%)	85.91% (85.00%)
Upper	754 (692)	1,382 (1,381)	35.30% (53.38%)	64.70% (66.62%)

In considering the gender profile across these quartile pay bands it is evident that as at 31st March 2018, according to their average hourly earnings, women are less well represented in the Upper quartile.

8.0 Learning and Development Activities and Equality and Diversity

The Equality, Diversity and Inclusion agenda has become an important focus for the Trust as it recognised that the staff demographic was not representative of that of its communities. Further work continues to support this area with these principles being woven through all of the training programmes on offer to ensure that we recognise and include all staff at every opportunity.

Creating a culture of compassionate and inclusive leadership has also been embraced by RWT through the successful introduction of Schwartz Rounds, open to all members of staff with a range of clinical and non-clinical panel members presenting dilemmas around the challenges of working within Healthcare.

9.0 Engagement with Staff Side / Trade Unions

The Trust has regular meetings with Staff Side / Trade Unions to discuss at a corporate level business matters related to staffing e.g. new policies and procedures, restructuring and items of concern raised with the respective branch offices. The Trust actively engages and encourages partnership working with Staff Side and Trade Unions in discussions and initiatives regarding Equality, Diversity and Inclusion.

10. Recommendations

- The Trust’s Recruitment and Selection practices, in particular at interview stage, to be reviewed and assessed for any unconscious bias or barriers which may exist.
- Further work to improve the self-declaration rates on Protected Characteristics on ESR – to further inform and increase the accuracy of Equality Reporting.
- Continue to embed and develop the Employee Voice Groups and build on partnership working.
- Consider steps which could be taken to help address the Gender Pay Gap within the Trust.
- Continue to develop Equality, Diversity and Inclusion reporting to inform and support strategies and associated action plans.
- Increase awareness of flexible working as a positive option, and encourage the use of the formal policy, procedure and recording of such arrangements – to enable more effective monitoring and reporting.
- Consider how the Trust’s Executive Board membership could be developed to better reflect the communities and the workforce that it serves.

Section 2 – Patient/Service User Experience Equalities Report

Introduction

The Trust recognises the importance of embedding equality, diversity and inclusion 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, 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 social, moral and right thing to do.

Capturing and analysing equalities information can help to identify if there are possible barriers in accessing Trust services. This is a crucial step; not only in identifying possible barriers, but 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.

Patient/Service User Experience Information

The information below provides details of the range of data and information collected from **1 April 2018 – 31 March 2019** (unless indicated otherwise).

The analysis of this data will be used to; improve access to services, identify possible areas of discrimination, influence decision making processes and enable the production of action plans to improve equality performance throughout the Trust.

The Trust recognises that we do not hold comprehensive data for all the protected characteristics, 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.

Previously equality information could be found in a number of places, therefore, the Trust has reviewed its approach and continues to move towards a 'one stop shop' aiming to publish its equality information in one place (this report), thus making access, comparisons and analysis easier.

To support this approach, a section of the Trust's external website ([equality, diversity and inclusion\equalities information](#)) was reviewed to allow for easier access. Historical information is also available on the page. The page publishes Annual Equality, Diversity and Inclusion Reports along with other reports.



1.0 Access to services

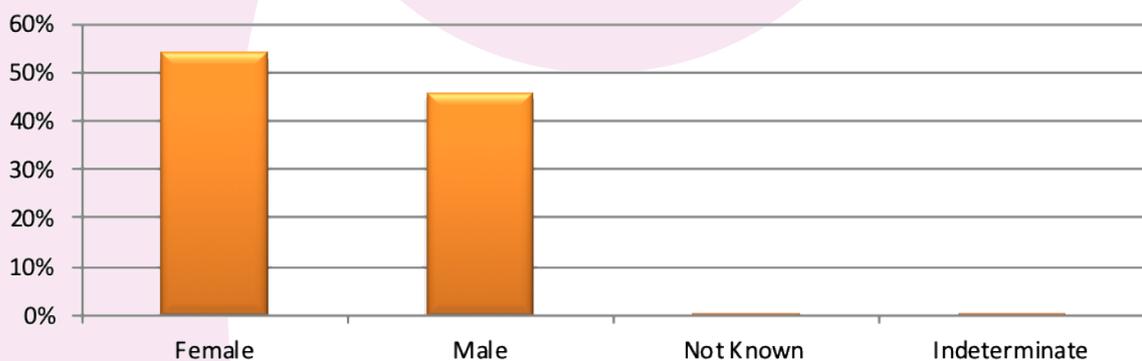
The data presented in this section of the report has been **rounded to the nearest percentage (two decimal points)**. It has been gathered using 2 systems:

- PAS (Silverlink Patient Administration System).
- MSS (Patient First Emergency Department Management System).

The Trust saw a total of **421,291** patients in the year (April 2018 – March 2019). The summary data below summarises available information desegregated by protected characteristics (where available) as far as possible:-

Gender: Access to Services

% Of Patients by Gender 2018-19



There appears to be a fairly evenly representation of access to services by gender with 54.06% being female and 45.88% being male. This data is almost identical to last year's information.

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

Indeterminate (unable to be classified as either male or female), as defined by the NHS data dictionary.

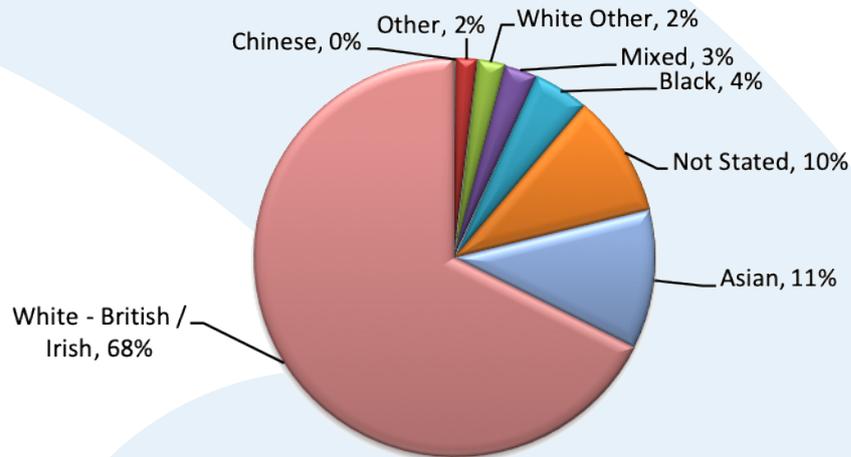
Ethnicity: Access to Services

According to the data below the least amount of people who accessed services during this reporting period were people who identified as having a Chinese origin, equating to 0.16%. This is exactly the same as the data within last year's report for Chinese people accessing services, which was 0.16%.

White British/Irish is the largest group recorded at 68%.

This year sees an increase of patients overall by 6,993 (from last year's figure of 414,298, to this years of 421,291).

% Of Patients by Ethnicity 2018-19

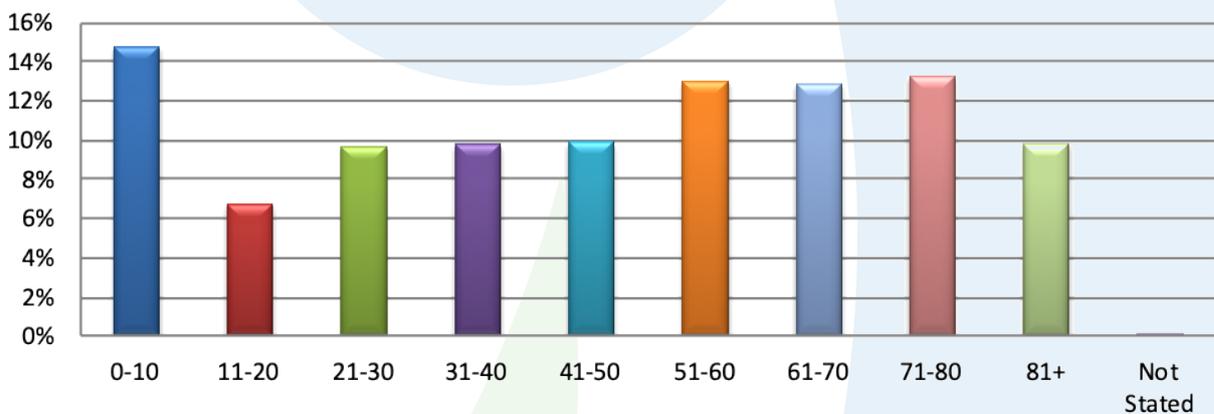


Age: Access to Services

The largest age group of patients accessing services falls into the age group for 0-10 year olds and representing 14.73% of the overall total. This is similar to last year where the largest group accessing services was 0-10 year olds and representing 14.83%.

Having looked at this in more detail, it is noted that the volume for this category appear to be from community services where 22,421 patients within the age group of 0-10 received treatment.

% Of Patients by Age Group 2018-19



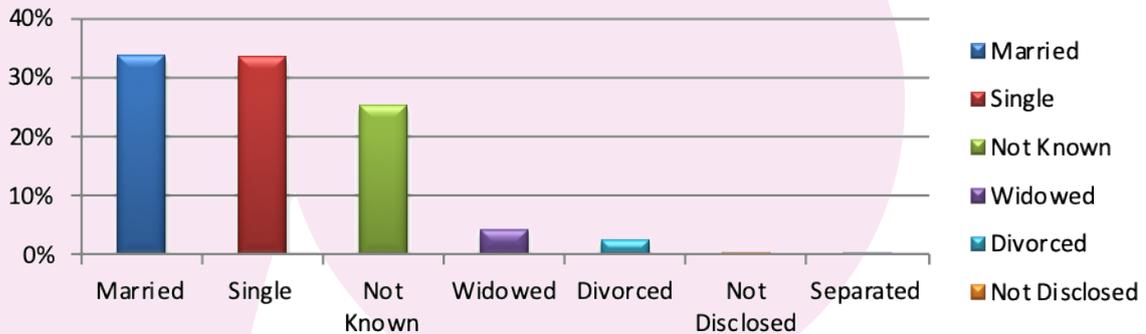
The smallest proportion of patients in this category falls into the age group for 11-20 year olds and represents 6.76% of the overall total, of which the highest volume for this category appears to be from acute outpatients where 12,999 patients received treatment at this location. These figures are similar to last year. (12,660)



Marital Status: Access to Services

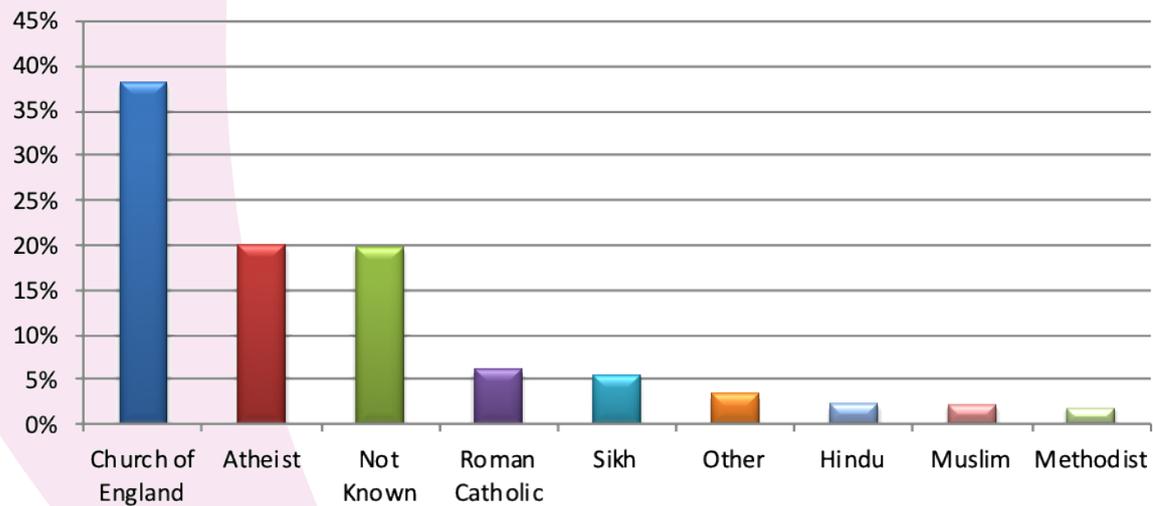
Across all services there still appears to be a great volume of patients in the not known category equating to 106,620 people or 25.31%. The highest of area 'not knowns' appears to be across acute outpatients, with the lowest being maternity. This is similar to last year's data.

% Of Patients by Marital Status 2018-19



Religion or Belief: Access to Services

% Of Patients by Religion 2018-19



The largest represented religion known of the patients who use our services is the Church of England which represents 38.28% of all patients. The smallest representation is Methodist which represents 1.86% of all patients. However, there are a range of other religions that access our services, demonstrating the diversity of the people who use our services.

The second largest identified category is Atheist, representing 20.14% of patients. This is similar to last year's data. An objective for the Trust is to improve collection of protected characteristic data of our workforce.

2.0 Performance information relating to health outcomes

Due to the limited information available, and the large proportion of 'unknown' categories, it is difficult, at this stage, to identify health outcomes for specific different groups.

Future reporting mechanisms should enable the Trust to progress in undertaking such analysis relating to outcomes for patients.

3.0 Complaints Information

Within the Patient Experience Department there are two ways people can raise concerns or complaints.

The PALS (Patient Advice and Liaison Service) aims to deal with concerns informally for a quick resolution, whereas, complaints follow a statutory process in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. These are dealt with in a formal manner and conclude with a letter signed by the Chief Executive of the Trust.

The capturing of equality data for PALS and complaints can be relatively challenging. Historically enquiring about people's protected characteristics has not been actively undertaken due to the nature of why people contact the service, and the sensitivity of the information needed to be gathered.

The Patient Experience Department have developed a Patient Feedback leaflet, which has been disseminated to wards and departments Trust wide and which captures compliments, comments, concerns or complaints. This leaflet is now accepted and embedded in our systems and is used widely.

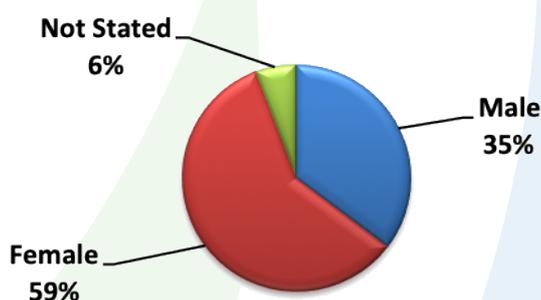
This leaflet includes an equalities monitoring form which has been based on RWT's workforce protected characteristics data fields, as this should allow for easier analysis when comparing data.

The Trust uses an IT system called Datix to record its PALS concerns, complaints, comments and compliments. The data in this section represents information available which has been desegregated by protected characteristics as far as possible.

The complaint data which follows represents data stored on the actual complainant and not necessarily the patient. It may be that the high volume of 'unknowns, not stated, undisclosed, or not available' may be due to complaints being made by an organisation, or by an employee of an organisation and it is not possible to identify protected characteristics of the complainant.

Gender: Formal Complaints

Complaints by Gender 2018-19



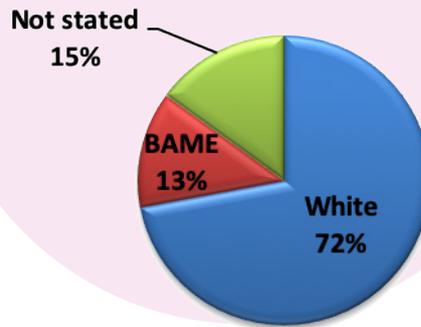
There were 414 complaints for this period, of which 59% relates to females and 35% from males with 6% unknown. In addition the complaints made by females have increased slightly this year, and the number of complaints made by males has lowered slightly. The 6% of gender unknown may be due to complaints being made by external organisations of which we do not capture this information.



Ethnicity: Formal Complaints

Wherever possible, the Trust collects personal data relating to Ethnicity (Race) for each complainant, There were 414 formal complaints raised in this period of which 15% of the complainant's ethnicity has not been stated, 14% of complaints are in relation to BAME complainants and the largest percentage of 72% is from the white/white other category (see below).

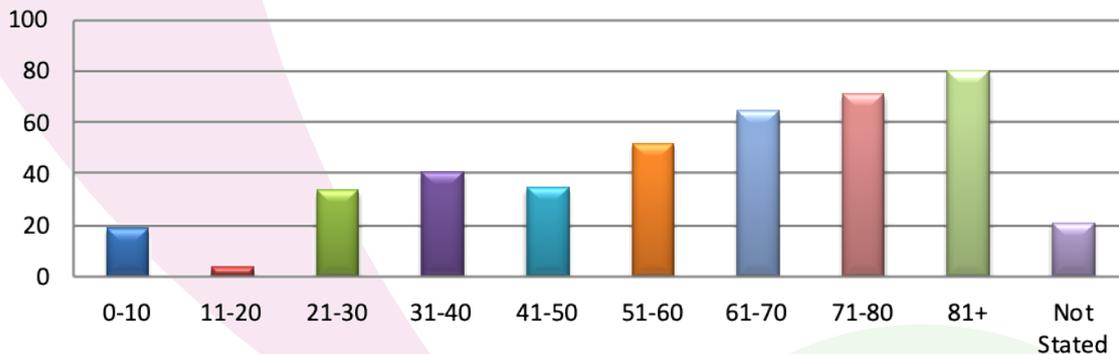
Formal Complaints by Ethnicity



Age: Formal Complaints

From the 414 formal complaints raised in this period, the highest age range raising complaints fell into the group 81+; the lowest number was in the age range 11-20. These results are consistent with the previous year's report. However, there continues to be a proportion of complaints where the complainant's age is unknown. This could be due to external organisations or stakeholders where the information isn't specific to the complainant who may be a patient or carer.

Formal Complaints by Age



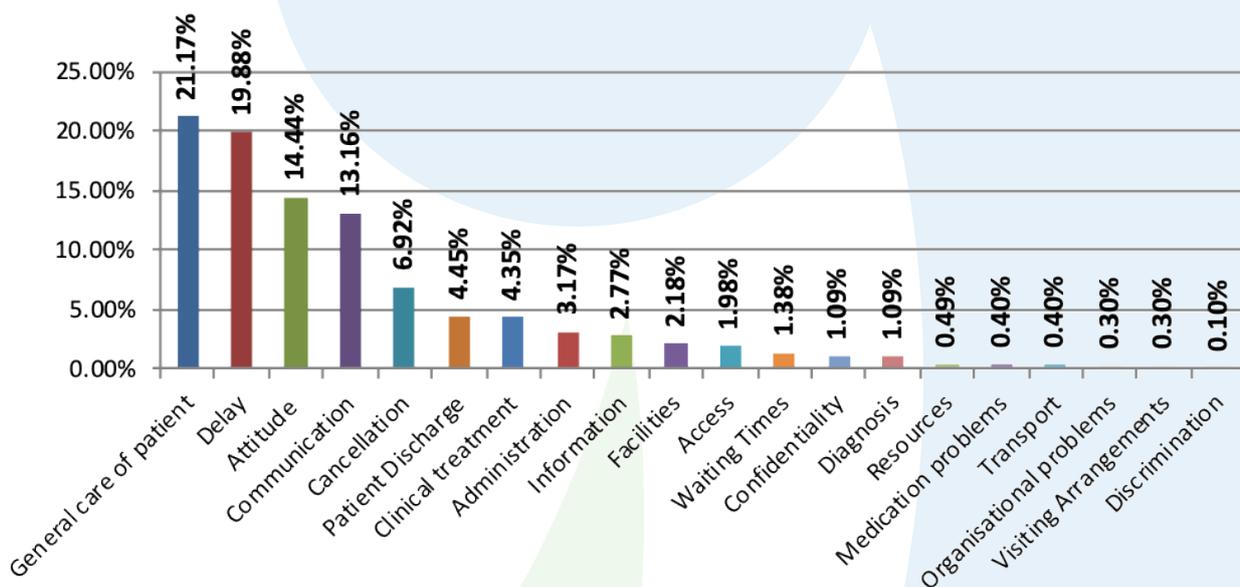
4.0 PALS Concerns

Within the reporting period, 1011 PALS concerns were received in total. From primary category recordings on the Trust Datix system, there were 20 concerns over access to services, 214 over general care of patient, 133 over communication, 1 for discrimination, and 22 for facilities, all of which categories could have some bearing on equalities and discrimination.

Within further analysis of sub categories of these subjects, the following data has been recorded more specifically around equality and discrimination themes:

- Access to premises - 2
- Access to information - 2
- Access to treatment - 9
- Access in respect of disability - 1
- Access to interpreter - 1
- Lack of meeting individual need - 5
- Patient’s inability to communicate - 1
- Disability- 1
- Disabled car parking facilities - 1
- Communication with patient - 87
- Communication with carers - 40

Access to services for PALS concerns



In providing this year’s data and providing analysis of comparison with last year’s, it does need to be noted that in the last 12 months due to the installation of a new and different PALS and complaints recording module, some categories of PALS concern previously cited, may now be different.

In addition, it is noted that due to the implementation and roll out of a PALS standard operating procedure and triage system of receiving concerns, numbers have fallen generally dramatically, as staff are becoming more empowered and accustomed to dealing with concerns in their areas as they arise before are escalated to PALS.

However, it is noted that this year’s data shows a decrease of 26% in PALS concerns recorded around access of services.



Of these 20 PALS concerns over service access:

- 10% are around access in respect of disability (an increase of 6%)
- 5% are around an access to interpreter (an increase of 2%)
- 10% are around access to premises (an increase of 5%)
- 25% are around lack of meeting individual needs (an increase of 17%)

As it is noted that this year 421,291 patients accessed services, the volume of PALS concerns raised over lack of access (20) is minimal as it represents only 0.005% of the total of patients accessing services.

There were 214 PALS concerns over the general care of patient, of which less than 1% fell into the category of privacy and dignity. This is a decrease from last year's data.

There were 22 concerns raised over facilities, of which 1 (4.5%) was around disabled car parking. This is a slight decrease on last year's data.

There is 1 PALS concern recorded over disability discrimination specifically, which represents 0.1% of all PALS concerns.

5.0 Friends and Family (FFT) Tests

The Trust uses the national NHS Friends and Family Test which offers patients the opportunity to provide feedback on their experience. They are asked whether they would recommend services to friends and family in need of similar care, which is an important reflection of the quality of care they received.

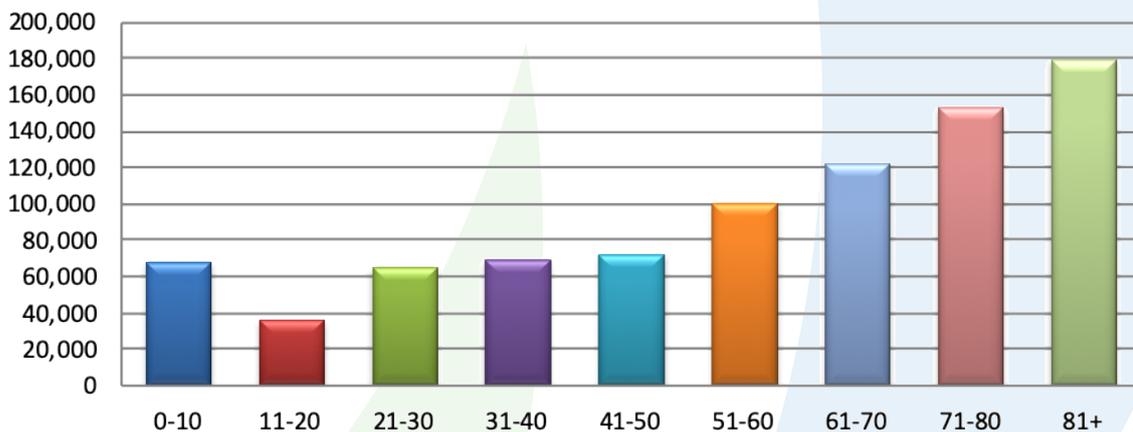
A variety of work has been undertaken by the Trust in the years 2016-2019 aiming to ensure that the Friends and Family Test is more inclusive and provides a greater level of accessibility. This has resulted in the following:

- Paper forms available on the wards for patients who require this format
- SMS Text messages
- Online versions which include:
 - Adult survey
 - Children's survey for ages 10 - 15 years
 - Children's survey for ages 0 - 9 years
- Alternative formats such as Easy Read, larger print and braille
- A BSL video explaining the test
- An audio promotion explaining the test
- A slide pack explaining the test
- Promotional posters in multi-language
- 'Browsealoud' The Trust purchased and implemented Browsealoud which gives website visitors a better experience by improving accessibility such as an on screen text magnifier or a speech function.

- The Trust’s Accessibility page has a link to My Computer, My Way, a website which shows the user how to adjust settings on their computer to make it easier to use. The free tool explains all the accessibility features built into common desktop computers, laptops, tablets and smartphones, and how the user can enable them on their device. For further information go to <https://mcmw.abilitynet.org.uk/>
- Interactive Voice Message (IVM) agent calling, this is a pre-recorded call where the patient uses the buttons on their phone to select from the options. A professional voice artist is used to avoid a robotic sounding voice. The patient has to choose their FFT rating (1-6); they then have the option to choose a theme for their rating by choosing from a list of themes. Additionally there is the option to leave up to a two minute recording.



FFT Responses by Age



From the data collected electronically, the largest group of responses were in the age range of 81+. This mirrors the volume of access to services and making formal complaints.

The lowest age group of responses was under 11-20. The Trust have made further amendments to the accessibility of the Friends and Family Test to ensure that children and young people are able to provide feedback and participate in the survey such as an age specific survey for 0-9 years and 10-15 years. An objective for the Trust is to improve collection of information for people with protected characteristics.

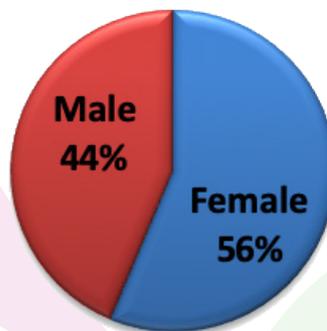


FFT Responses by Ethnicity

The ethnicity responses below broadly follows access to services ethnicity data.

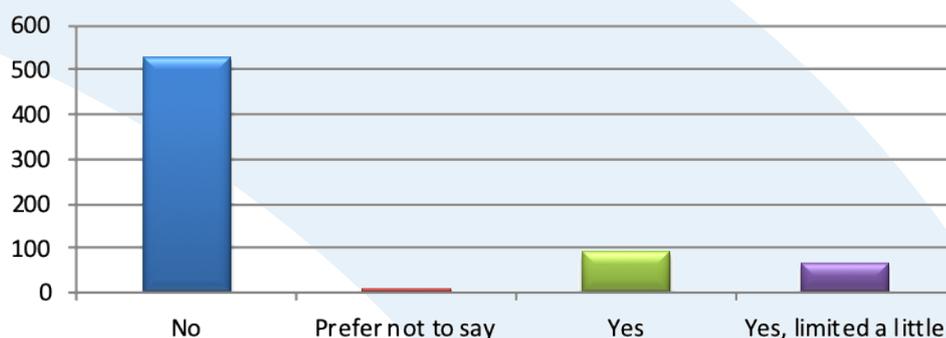
Ethnic Group	Overall Total
African	8,656
Any other Asian background	7,451
Any other Black background	5,793
Any other ethnic group	10,861
Any other mixed background	4,019
Any other White background	18,654
Asian / Asian British	96
Bangladeshi	856
Black/ African/ Caribbean / Black British	36
British	617,890
Caribbean	32,346
Chinese	1,135
Indian	73,430
Irish	3,221
Mixed/ Multiple ethnic groups	28
Not stated	16,045
Pakistani	11,818
White	651
White - Any Other	2
White - British	38
White and Asian	2,338
White and Black African	1,197
White and Black Caribbean	10,882

FFT Responses by Gender



In terms of responses to FFT surveys it is noted that the lowest number of responses were from males (44%) and the highest from females (56%). This data only differs marginally from last year (1% less for females and 1% more for males).

FFT Responses by Disability



76% of patients did not declare a disability with 13% declaring and a further 9% declaring limitations to some extent. It is unknown whether such a high level of not declaring disability is an indication that many of our patients do not have chronic long term conditions which affect their daily life to some extent or whether they do not feel that they consider themselves as having a disability.

However from the information provided last year, there has been an increase in people declaring their disability, with a slight decrease in people not declaring a disability (prefer not to say). This could be a result of improved awareness of the importance of collecting this information.

6.0 Service User Engagement

The Trust has a Patient Engagement and Public Involvement Strategy which sets out how the Trust will achieve its objective to strengthen patient and public involvement across the organisation.

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

- Regular meetings take place with external providers as and when required, in particular with the engagement leads for the Clinical Commissioning Group and Healthwatch.
- The Trust also attends regular meetings with representatives (both patients and staff) from the Patient Participation Groups for the Primary Care GP practices (Primary Care).
- The Trust has a section on the internal intranet that shows all policies currently under consultation.
- The Trust routinely source patient feedback by the use of patient stories. Collecting Patient Stories is an important component in understanding how patients' perceived the health care they have received and how we can improve on the many different aspects of service delivery in our hospitals, and in our community-based health care programs.
- Patient Stories assist staff in improving the experience for patients and can assist staff through education and reflection. Such stories feature through many of the staff forums which enables a wider level of audience for patient to carer engagement and learning.



Events and Engagement Activities

Throughout the reporting period, the Patient Experience team has been involved in several initiatives and events to promote inclusivity in the Trust:

- **September 2018** - A member of PET team attended training on 'Roma People and their Community' in Birmingham. A 'Patient Spotlight' article was written which awaits publication in the Trust, and a presentation was made to the Council of Members
- **October - November 2018** - Patient Experience Team funded and facilitated 5 'Initial Taster British Sign Language/Deaf awareness training sessions attended by 40 members of staff. As well as teaching simple signs to make Deaf people feel more included in the ward 'communities', awareness of the situation and communication needs of Deaf people was taught.
- **November 2018** - The first of a series of 'Patient Spotlight' articles appeared in Trust Talk –'Ten Top Tips for Working with Patients with Learning Difficulties'.
- **January 2019** - while participating in the national NHSI programme 'Observe and Act' it was picked up that guidance sheets were lacking with regard to inclusion and accessibility so an additional inspection checklist was devised which has been adopted for use within the programme.
- **February 2019** - PET staff met with 'Zebra' – an organisation representing the Deaf Community about how to meet the care needs of the Deaf community more inclusively. Following the meeting two patient focus groups were set up in New Cross Hospital to give deaf service users the opportunity to talk about their experiences of receiving care.
- **March 2019** - Following the deaf service users' focus groups, with their involvement, a patient Story (Deafness) was filmed.

Council of Members

The Council was established in 2017 and is a group of committed individuals from our local community with a wealth of different experiences to offer the Trust. All members have been recruited as they wish to support the Trust make improvements and provide a link between the work that we do and patient and public engagement, and be our 'critical friend'.

The Council:

- Provide patient and carer perspectives
- Review performance monitoring data
- Support review on the Trust's compliance with the Care Quality Commission's five quality domains
- Review the effectiveness of the patient experience strategy
- Advise the organisation on areas for improvement
- Engage with the organisation where required in terms of providing membership views

Within this reporting period, our Council of Members has increased in membership, now having 8 members. Age diversity of members has also expanded, and we have had success in appointing a young member to give views and insights of younger person's experiences of receiving care.

Other achievements in this reporting period are as follows:

- Sessions were held at locations including New Cross Hospital, Cannock Hospital, the Gem Centre, Pendeford Medical Centre, Penn Manor Medical Centre, to provide engagement opportunity and 'meet our members' style events
- A Chair and Vice Chair for the Council have been appointed
- Bi monthly meetings continue and involve all members, Patient Experience team staff and matron representatives as attendees. Talks have been provided in the meetings on safeguarding, vertical integration, health and social care, and working with the Roma community.
- Two members were on a Stakeholder Panel to recruit the new Chair of Board for the hospital.
- Members provided feedback to a proposal for the use of electronic patient appointment letters
- Members have joined steering groups in the Trust to give their views and perspectives, including, Infection Prevention, Equality and Diversity, Policy Group, and Patient leaflet Ratification Group.

7.0 Accessible Information Standard (AIS)

NHS England's Accessible Information Standard (AIS) Standard aims to ensure that disabled patients (including carers and parents, where applicable) receive accessible information and have appropriate support to help them communicate. The Trust is working towards full compliance with this standard and is looking to progress an awareness campaign once all elements have been embedded.

Within this reporting period, some progress has been made in reviewing our health records system of capturing information on patients' protective characteristics, and then, aiming to implement technical improvements to allow this data to be captured more effectively.

To support this necessary change in our systems, a Business case for Patient Portal solution produced at the end March 2019, involved consulting the Council of Members for feedback about the use of electronic access to appointment letters and other details. A working group set up by a Head of Nursing, to progress AIS has now been established. Initial focus is for Learning Disability patients to have appropriate letters that are appropriate, and provide a repository for patient leaflets that meet Easy Read standards. The ICT project Manager is working with the Specialist Nurse for Learning Disabilities to specify requirements for this patient group.

The past year has seen the introduction of new initiatives in addition to considerable progress against Trust Dementia Strategy milestones. Our vision for a truly 'dementia friendly' workforce has been strengthened by the granting of mandatory status for our Level 1 Dementia Information and Awareness training for all disciplines of Trust staff. An e-learning module has been developed in addition to the provision of face-to-face and bespoke department specific sessions.

Service developments are underway in specific departments around the Trust, most noticeably Radiology, where an action plans have been put together to address staff training, environment, information and improving the patient's clinical experience. Improvement in the management of pain in dementia care has been championed with a Trust-wide awareness raising initiative called OUCH!, which encourages staff to Observe, Understand, Communicate and Help patients with dementia that may have unrecognised and untreated pain.



Our dementia volunteers, highly commended in this year's Volunteer Awards, continue to be a valued resource, working with patients with dementia and their family and carers; providing that extra bit of support and therapeutic intervention. We have created the 'Memory Lane Café' on our specialist ward, C22, where patients and their family and carers can enjoy afternoon tea, participate in creative activities and receive support from the local Alzheimer's Society. At a regional and national level, this year has seen the revision of the City of Wolverhampton Dementia Strategy; the regional Dementia Action Alliance (DAA) received a national award of 'Dementia Friendly Community of the Year' on behalf of the City; and the revised National Dementia Friendly Hospital Charter was launched.

8.0 Equality Delivery System

NHS England's Equality Delivery System was formally launched in 2011 and refreshed in 2013 EDS2. Its main purpose is to help NHS organisations (in discussion with local partners and people), review and improve their performance for people with protected characteristics. The EDS2 is a continuous evolving system, it has four goals:-

- Goal 1 - Better health outcomes
- Goal 2 - Improved patient access and experience
- Goal 3 - A representative and supported workforce
- Goal 4 - Inclusive governance / Leadership

These goals contain 18 outcomes, against which the Trust has to assess and initially grade itself, using a range of evidence. The process must be done in collaboration with local interest groups/ stakeholders and the grades must be finally agreed. Equality Objectives must also be prepared. Goal 2's outcomes are:

- 2.1: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
- 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care
- 2.3: People report positive experiences of the NHS
- 2.4: People's complaints about services are handled respectfully and efficiently.

Our approach

Evidence: We identified initial evidence; however, there were gaps, so we did a Trust wide call out for evidence. This was gathered and separated into the relevant outcomes. Additional scoping also took place to further fill gaps.

Internal initial grading: An initial grading took place in January 2018 which involved several key stakeholder groups.

Grading: The summary sheet containing group discussions, potential actions and group grades was collected at the end of the day. The potential actions were reviewed and grades averaged. Final grades are below:

EDS2 Goal 2 Outcomes : Improved Patient Access and Experience		Overall grade
2.1:	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
2.2:	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2.3:	People report positive experiences of the NHS	Achieving
2.4:	People's complaints about services are handled respectfully and efficiently	Excelling

Information about EDS2 has been published on the EDI page of our external website. Relevant actions that support our equality objectives have been included within current action planning and monitoring processes.

Year 2018/19 the Trust has focused on goal 3 and updates to this are given in the HR section of this report.

9.0 Interpreting and Translation Provision

The Trust provides interpreting and translation services to enable people to access services in a fair way and get the best care and information. These services are provided via external service providers.

POLICY: An Interpreting and Communication Policy and Procedure is available for staff and identifies the interpreting (oral) and translation (written) services available, including services for people who are d/Deaf, are learning disabled or do not speak English as a first language. Details of how to book or use interpreting and translation services is on the Trust's Equality, Diversity and Inclusion page of the Intranet.

FORMAT STATEMENT: The Trust's format statement has been revised aiming to be more inclusive especially around communication, information, translation and access needs. It has been included within leaflets produced by the Trust's Clinical Illustration Department from February 2017. The statement now reads:-

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.



A summary of interpreting and translation services is below:-

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).

Translation of written information into alternative formats:

- English to other languages or vice versa
- Larger print
- Braille
- Easy Read
- 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:-

- British Sign Language (BSL) interpreter
- Sign Supported English (SSE) Interpreter
- Relay interpreter
- International interpreter for d/Deaf people
- Note taker (manual)
- Note taker (electronic)
- Lip speaker for d/Deaf people
- Deafblind hands-on interpreter. **FaceTime** –for basic non clinical information only

The Trust used BSL interpreters a total of 439 times from 1 April 2018 – 31 March 2019, specifically:-

- New Cross Hospital Site **293** times (42 fewer year on year)
- Cannock Chase Hospital **26** times (16 more year on year)
- West Park Hospital **55** times (40 fewer year on year)
- Community services **32** times (2 fewer year on year)
- Community maternity **4** times (21 fewer year on year)
- Children GEM Centre **29** times (1 fewer year on year)
- County Hospital **0** times

A further breakdown of usage is below:-

- 1 Patients did not attend their appointment
- 0 Departments failed to book interpreters for appointments
- 0 Departments booked the wrong date
- 12 Patients booked direct with the service provider
- 2 Interpreters were cancelled on arrival
- 20 Appointments were over two hours
- 0 Complaints were received during this period
- 2 Usage of FaceTime facility available for general conversation

There has been a decrease in BSL appointments with 106 less BSL interpreting appointments from this report compared to the last report.

Face to Face Language Interpreters

(1 April 2018 – 31 March 2019)

The Trust used face to face language interpreters a total of 10313 times in this period, the five most commonly interpreted languages were unchanged Punjabi (5263 interventions),Romanian 901 interventions, Polish (777 interventions) Kurdish Sorani (548 interventions) and Lithuanian (414 interventions), of which 1699 (16.47%) of interpreters were cancelled.

Compared to last year's report where there were 9859 times where face to face interpreters were used and 1970 (19.98%) of interpreters were cancelled.

This shows an increase of 454 times where face to face interpreters were used over the period.

Telephone Language Interpreting (1 April 2018 – 31 March 2019).

The Trust used telephone interpreting a total of 2398 times equating to 33318 minutes. This shows a small increase on last year's telephone interpreting usage which was 2240 calls times equating to 31,322 minutes, representing an increase of 158 calls or 1996 minutes.

The top 5 languages for telephone interpreting in the last report were Romanian, (705 calls) Punjabi (339 calls), Polish (221 calls), and Kurdish Sorani which replaced Mandarin which was in fifth place in last year's statistics.

There has been some small movement as the top 5 languages for telephone interpreting for this period was **Romanian, Punjabi, Sorani, Polish, Albanian** (highest first).



10. Meeting Religious and Cultural Needs of Service Users

The Trust has a Multi Faith Chaplaincy team, based at New Cross Hospital.

The team currently comprises representatives from the Christian, Sikh, Hindu and Muslim faith traditions and, is here for those of faith and none.

The team provides a 24/7 on call emergency service to all of the three hospital sites, for all patients, their families / visitors and staff, and can be accessed by contacting the hospital switchboard.

Leaflets/information describing the work of the Chaplaincy team is available on every ward, alongside a resource box with various books and materials from the different faith groups, for patient, staff and visitor use.

There are four prayer rooms within the Trust, located in two of its three hospital sites.

The team holds regular Services of Worship and Remembrance on Trust grounds and continues to celebrate various festivals throughout the year, most recently Vaisakhi and Easter.

In addition to this, the team is proactive in their approach to specific events that affect the life of the Trust, its patients, visitors and staff, alongside both National and International incident response.

Members of the team regularly take part in the education of Trust staff, to ensure that all are informed of how to help meet the spiritual needs of patients and visitors.

The Chaplaincy team provides training and educational placements to clergy in formation.

The team continues to offer opportunities for volunteering within the department.

The department has three Key Performance Indicators set by the Trust, relating to visiting and response to emergency call outs.

All three Key Performance Indicators have been fully met for the last seven years.

11. Equality Analysis (EA)

The Trust must demonstrate how it has paid due regard to the general equality duty in decision and policy making, 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 an 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. EAs that have been undertaken are then logged onto registers and published on the Trust's external website when possible. Engagement is an integral part of EA as it can help with developing an evidence base, decision making and transparency rather than making assumptions.

12. Learning Disability (LD)

The Trust has a Specialist Nurse for Learning Disabilities who provides specialist advice and support to all staff, to enable them to provide fair, accessible and dignified services that meets the needs of people with learning disabilities (children, young people and adults).

A new Royal Wolverhampton NHS Trust LD Facebook Forum has been implemented in May 2018. This forum can be used to share news stories, promote examples of good practice and will welcome constructive discussions between members.

Work has continued with Black Country Partnership Trust to populate the electronic flagging system and currently has over 1500 people flagged as having a learning disability. The aim of flagging patients who have a learning disability aims to ensure that their needs are highlighted, so that adjustments can then be made in order to meet needs, such as providing accessible information and/or communication.

13. Primary Care (Vertical Integration)

In 2016 the Trust commenced the journey of Vertical Integration (VI), as of 1 June 2019, nine GP Practices are now part of the Trust which will see the Trust directly responsible for the delivery of care.

The Vertical Integration (VI) Programme offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers are removed and clinicians are in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

There have been a number of key challenges to date that have been identified across the VI practices as single entities. Whilst they remain challenging as we have integrated we have been able to develop and implement de fragmented processes and procedures and develop plans for the future to be able to provide the best care possible for our patients.

Demographic Differences: End of Life Care

When comparing the age profile of patients in Wolverhampton by GP practice, it is identified that VI practices have a higher proportion of patients aged 65 and over. Due to having more elderly patients, this will impact when comparing activity indicators such as emergency admissions and length of stay due to these cohorts of patients being more complex. As a result of a more elderly population, this will mean that VI practices face challenges for treating end of life patients.

Activity and Future Plans:

Joint working with the Gold Standards Framework by utilising data analytics to not only identify end of life patients earlier but also to implement policy and procedures for best practice when treating end of life patients.

Disease Prevalence:

The 2018/19 Quality and Outcomes Framework (QOF) Disease registers identify that overall the VI practices have a higher prevalence of diseases compared to the Wolverhampton average for Obesity, Smoking, Diabetes and Mental health related conditions. This will be influenced by the demographic differences between the VI practice population and the overall practice population for Wolverhampton.

Diabetes structured education to support patients to better manage their condition by raising awareness and supporting patient involvement.



New ways of working:

The Trust has worked with the VI practices to implement new ways of working which will benefit both patients and staff. Examples include extended patient Access hours by providing additional weekday and weekend appointments thorough a HUB model; this provides easier access for patients to obtain an appointment.

Another example of a new way of working is the introduction of a 'In hours nurse visiting team". The purpose of this team is to visit suitable patients in their home who were previously seen by doctors. This will therefore reduce the work pressures of GP's in practices and allow them more time in planning and organising their practices.

Practice Based MDTs - to enable us to identify those patients that are most vulnerable by utilising our Integrated Care Dashboard which provides the intel to pro-actively manage in turn avoiding or reducing hospital admission. This is especially effective for frailty patients.

Active signposting of patients towards the most appropriate source of help, including Web and app-based portals, which provide self-help resources.

New consultation types, such as online consultations, video calling etc. which increase wellbeing and independence.

Activity and Future plans:

Future collaborative working with Public health is underway to understand our patient population and working together improve the above areas. Key to improvement will be data analysis of primary, secondary and community care data to monitor performance.

Delivery of centralised services such as Learning Disability Checks, Minor Surgery, Sexual Health, Flu and NHS Health checks through our emerging Primary Care Network.

Implementation of new services in line with the Primary Care Network from 2020 - 2025 in relation to:

1. Medications Review and Optimisation
2. An Enhanced Health in Care Homes Service
3. Anticipatory Care
4. Personalised Care
5. Supporting Early Cancer Diagnosis
6. Cardiovascular Disease Prevention and Diagnosis
7. Inequalities

The Primary care Workforce will be expanded over the next 5 years to include: additional Clinical Pharmacists, Social Prescribing Link Workers, Physician Associates, First Contact Physiotherapists and Community Paramedics. This expansion of the workforce will provide the opportunity to deliver even more tailored services for our patient population based on their needs.

Data Integration:

One of the big benefits of the Trust integrating with GP practices is that this has enabled integrating systems and data from different care settings so that clinicians can have access to more quality data and information which can help them make better informed decisions.

A reporting dashboard has been set up which displays key information to GP's about their practice population. An example benefit of this is that the dashboard will allow GP's to view up to date information on which patients have had recent emergency episodes / attendances at the trust and therefore prompting proactive management and earlier diagnosis.

This data has played been integral to the identification of patients that are discussed at the practice based MDTs, allowing for the delivery of proactive management.

14. Equality Objectives (EO)

We have set ourselves 5 equality objectives covering the period April 2018 to March 2022, which should have the most impact on people with protected characteristics and achieve to do any of the things set out in the general equality duty.

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

The minimum publication for Equality Objectives is every 4 years; the Trust has included objectives that build on data within this and previous reports/information along with outstanding actions (see below). However, should future annual equalities information identify inequalities that require immediate attention, our objectives will be reviewed and published accordingly.

As we have changed our approach towards a one stop shop, by publishing our objectives within this document, we have reviewed the range of actions contained within previous documents (listed below), this means that some actions have been merged or removed to enable a succinct and current and relevant set of objectives to be developed:

- Actions outstanding carried forward or reviewed from previous [Equality Objectives \(2012- 2016\)](#)
- Actions from the Trust's Annual Equalities Report April 2015 – March 2016
- Actions from the Trust's Annual Equalities Report April 2016 – March 2017
- Actions from the Trust's Annual Equalities Report April 2017 – March 2018
- Actions from the Trust's Annual Equalities Report April 2018- March 2019
- Actions from the Trust's EDS2 goal 2 assessment and grading event held January 2018



Objective 1 – Workforce

To ensure our people policies and strategies promote good practice in diversity and to work towards best practice

To build on Widening Participation, through ongoing engagement with our local community and education providers, ensuring that those people from diverse backgrounds are encouraged and have equal access to opportunities for career development.

To ensure the workforce data, employee engagement data, patient data and HR metrics are reviewed to identify any contra-trends relating to protected characteristics and agree appropriate actions in response.

Objective 2 – Workforce

To further progress our response to the analysis from the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES)

We will develop our inclusive leadership approach, open to all levels of the workforce and as part of this aim for a year on year improvement in staff from a BAME background taking up leadership roles.

As part of ensuring a representative workforce, we will aim for a year on year improvement in the percentage of our workforce coming from a BAME background.

Objective 3 - Patient Experience

Improve how we monitor, use and report complaints from people in connection to an individual's protected characteristic. Completion date expected March 2019.

Objective 4 - Patient Experience

To aim to provide a positive patient experience for all patients regardless of their identity, we will develop metrics, where appropriate, to track and understand patient experience by protected characteristic. Completion date expected March 2020.

Objective 5 - Patient Experience

Improve access to services, with a particular focus on improved information and communication, recognising that the Trust needs to provide fair access to all. Completion date expected to be March 2022.

15. Progress on Actions within the Equality Objectives

Key progress made on actions contained in the Equality Objectives for April 2018 – March 2019 is shown at the back of this report.

Appendix 1

Appendix 1 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 Protected Characteristics 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 Protected Characteristic 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."

LGBTQ: 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, androgyne/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'





Equality, Diversity and Inclusion



Age



Disability



Gender re-assignment



Pregnancy and Maternity



Marriage and civil partnership



Race



Religion or Belief



Sex



Sexual orientation