

Annual Equality, Diversity & Inclusion Report

April 2024 – March 2025



Authors

Alison Dowling, Associate Director of Patient Relations (Patient Experience)
and **Kerry Flint**, Head of Equality Diversity Inclusion (Workforce)



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.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

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 ਦੁਆਲੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

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

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

Russian

Если вы хотели бы получать информацию в другом виде, например, крупным шрифтом или на другом языке, пожалуйста, сообщите нам об этом. Если вам нужен переводчик или требуется помощь, сообщите нам об этом.

Should you require this document in an alternative format, please do not hesitate to contact us rw-h-tr.EqualityandDiversity@nhs.net



Contents

Executive summary	2
Introduction	2
The local context and demographics	7
Governance and reporting for EDI	8
Section 1 – Non-workforce information	8
1.0 Patient access to services	8
2.0 Patient experience metrics data	10
3.0 Addressing health inequalities and key activities	14
4.0 Accessible information standard	18
5.0 Interpreting and translation provision	19
6.0 Meeting religious and cultural needs of service users	21
7.0 Learning disabilities and autism	21
Section 2 – Workforce Information	22
8.0 Workforce Equality Diversity Inclusion Context and Strategic Drivers	22
9.0 Highlights and Achievements	25
10.0 Workforce Equality Data and Achievements	38
11.0 Recruitment and Selection Data	50
12.0 Workforce Race Equality Standard (WRES)	52
13.0 Workforce Disability Equality Standard (WDES)	56
14.0 Gender Pay Gap	60
15.0 Moving Forward	62
16.0 Equality Duty Compliance	64
Appendix 1 – Equality Objectives 2023 – 2027	
Appendix 2 – Protected Characteristics under the Equality Act 2010	
Appendix 3 – Terms and Definitions	
Appendix 4 – 2024-25 Equality Analysis Register (Equality Impact Assessment)	

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



Executive Summary

It is essential that The Royal Wolverhampton NHS Trust (RWT) understands the impact of our policies and practices on the people who use our services and on our staff. The inclusion of equality, diversity and inclusion in all our practices will ensure that RWT continues to maintain its status as a high-performing NHS organisation. Better care outcomes and better patient experiences will happen when we ensure that discrimination, bullying, harassment and victimisation are addressed wherever they happen within the RWT care estate. This will create confidence in RWT as a care provider.

Our aim is to deliver services that are safe, accessible and fair to the wide range of populations that we serve. Dignity and respect lie at the heart of creating this environment to enable individuals to thrive. When equitable services are delivered, patients and staff will reach their full potential. Engagement with RWT's staff will further improve positive patient outcomes.

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

It would be easy to overlook how policies and practices, however well-intentioned, might sometimes create unintended barriers for patients to access RWT's services. People have the right to have their needs met fully and appropriately. RWT is well aware of this and will try to ensure additional support so that all patients from all backgrounds receive the same level of attention.

This report is delivered in two sections that bring together data relating to both the workforce and non-workforce areas of the Trust. The Trust aims to meet its legal and contractual obligations in doing so. Actions plans will have been put in place for both workforce and non-workforce areas to address imbalances in diversity and to enable local communities to access RWT's services equitably.

There are many challenges ahead. RWT is determined not only to meet its legal and contractual obligations but also its moral obligations to make real changes that improve the lives and health of the communities we serve.

Introduction

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

There are many reasons for this, including:

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

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



The General Equality Duty:

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

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

This includes considering the needs of people with disabilities and treating some people more favourably.

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

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

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

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

- The NHS Constitution sets out what patients, the public and staff can expect from the NHS
- The Care Quality Commission's (CQC) compliance with its fundamental standards, including person- centered care, dignity and respect, safety and safeguarding
- EDI and human rights run throughout the CQC outcome requirements
- NHS England's Equality Delivery System (EDS2) was originally launched in 2011 and has been refreshed. Its main purpose is to help NHS organisations review and improve their performance for people with protected characteristics
- NHS England's NHS Workforce Race Equality Standard (WRES) aims to ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds are treated fairly at work and have access to career opportunities
- Progress is demonstrated against a number of workforce race equality indicators
- NHS England's Accessible Information Standard (AIS) aims to ensure that disabled patients (including carers and parents, where applicable) receive accessible information and have appropriate support to help them communicate
- RWT's Behavioural Framework sets out clear standards of respect and professional behaviour to be exhibited to both patients and staff regardless of their background
- An **Equality Objectives three year plan** was laid out in by the Patient Relations Team in April 2023 and progress is monitored against this

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

This annual report contains information relating to the 12-month period from **1 April 2024 – to 31 March 2025**. (Unless indicated otherwise).



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

Analysis of this information will be used to:

Improve access to services and employment opportunities.

Identify areas where there could be possible discrimination, victimisation, bullying and harassment.

Influence decision-making processes.

Undertake relevant initiatives both in service provision and workforce planning.

Action planning

The Local Context and Demographics

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

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

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

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

Wolverhampton

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

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

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

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

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

- Statistics population in the United Kingdom: June 2016, indicates that Wolverhampton has a population of about 263,257 people, whilst Cannock has a population of around 100,762 people (Source: Office for National Statistics, Mid-Year Estimates 2019)

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

Governance and reporting for EDI

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

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



Section 1 – Non-Workforce Information

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

The Trust not only has legal and contractual requirements to adhere to, but recognises 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 to 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.

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

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

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

What the data is telling us

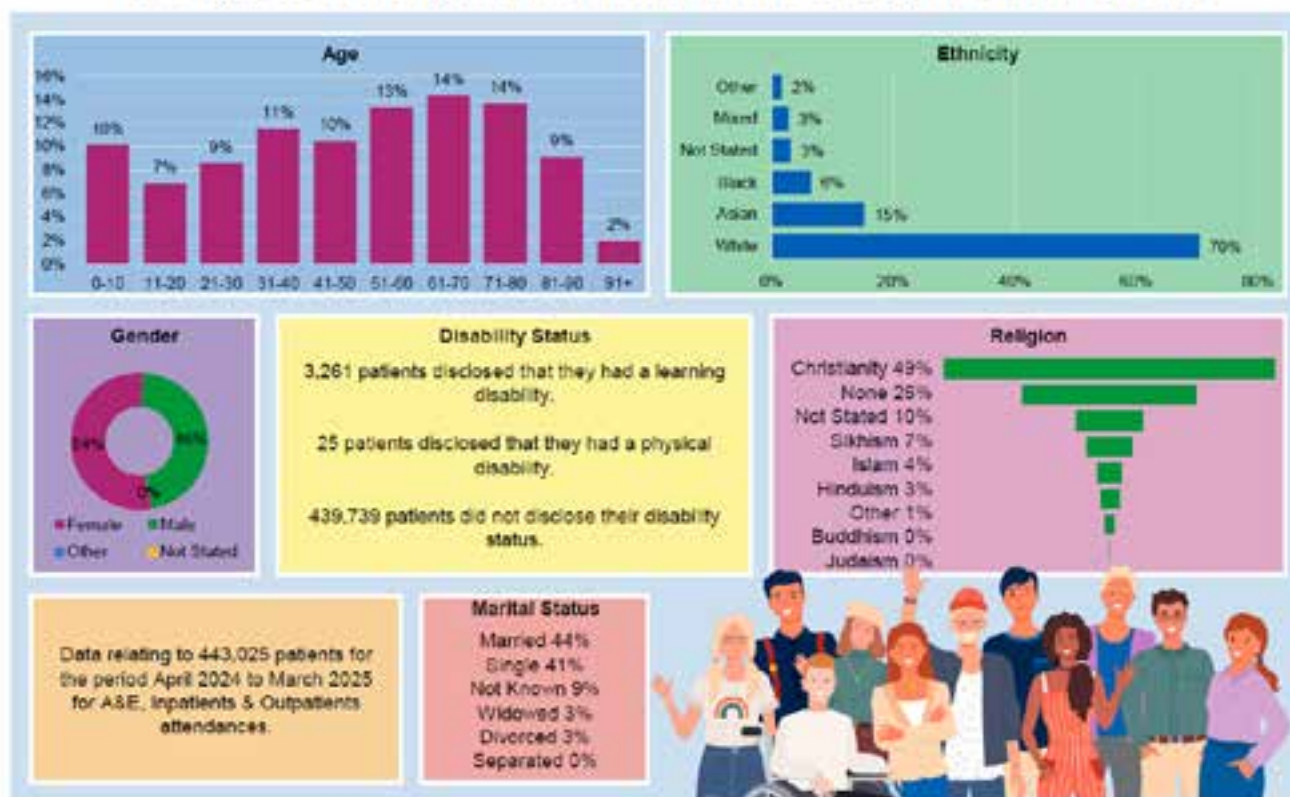
1.0 Patient Access to Services

The Trust saw a total of 443,025 patients in the year (a decrease of 44,237 or 9% from the previous year's figure of 487,262).

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

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

The Royal Wolverhampton NHS Trust's Patient Demographic Profile - 2024/25



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

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

There were 31 indeterminate patients (unable to be classified as either male or female), as defined by the NHS data dictionary. In addition, 29 patients did not declare their gender.

Marital Status: A total of 31,864 people, or 9% of the overall total, did not have their marital status recorded. Recording information around marital status continues to improve as records show that for 2023/24 there were 29% recorded as 'unknown'.

Ethnicity: The groups with the lowest representation who accessed services during this reporting period were people who identified as having a Bangladeshi origin (0.2%), White/Black African (0.2%), Chinese (0.2%) . The largest group is White – British at 68%, with the second-largest group being Indian at 12%.

Age: The largest age groups of patients accessing services are 61-70 and 71-80-year-olds, each group representing 14% of total service users. This is closely followed by age group 51-60 at 13% of service users.

The smallest proportion of patients is the age group of 91 plus and represents 2% of the overall total. This is closely followed by the age group 11-20 at 7%.

Religion or Belief: There are 32 different religions represented by patients of the Trust. The largest represented religion of patients who accessed services is Christianity, which represents 49% of all patients. This is higher than last year's data of 44%. The smallest represented groups are Judaism (0.02%) and Buddhism (0.2%). Several other religions are combined as the other category which is 1%. It is recognised that 26% of patients who accessed services state their religious status as 'none'.

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

2.0 Patient Experience Metrics Data

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

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

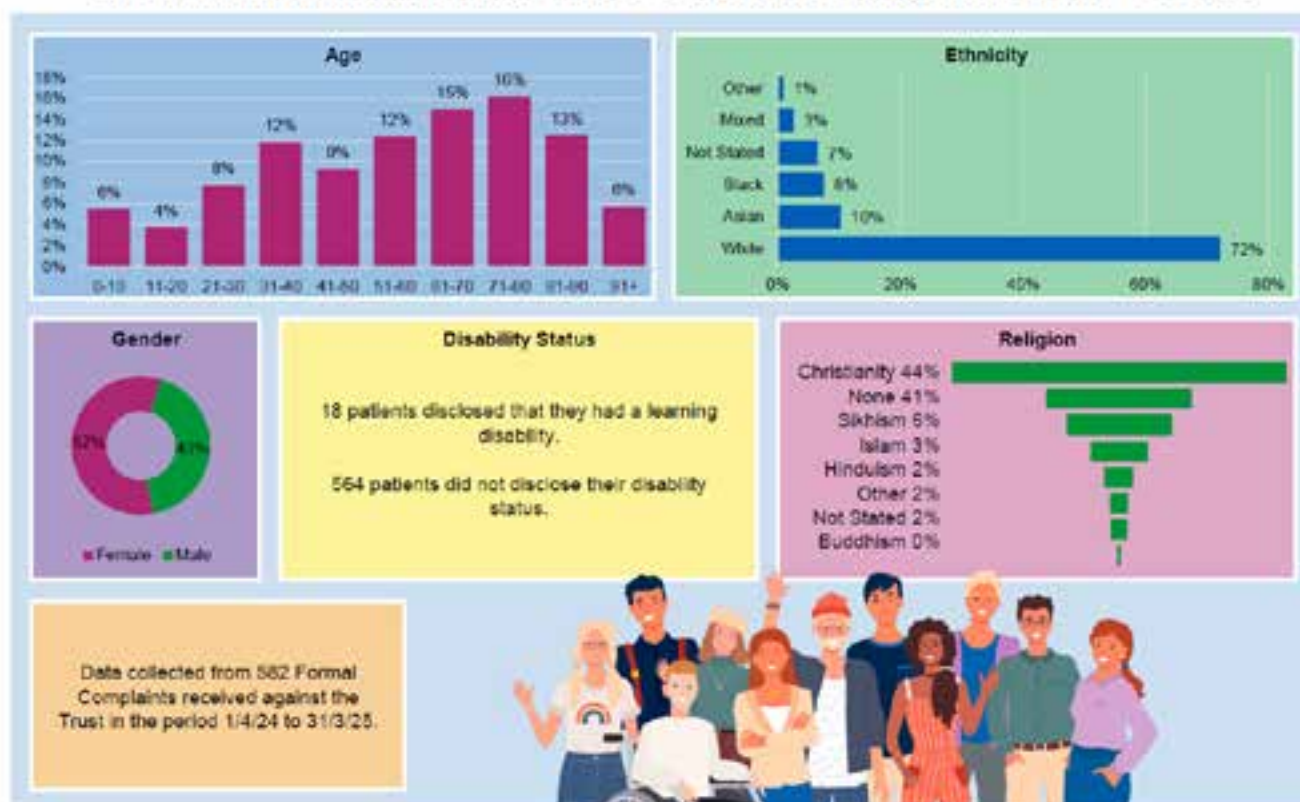
2.1 Formal Complaints Monitoring

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

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

A total of 581 formal complaints were received from April 2024 to March 2025. This data extract was at 6 May 2025 and may be subject to variation from other reports due to late complaint activity.

The Royal Wolverhampton NHS Trust's Complaints Demographic Profile - 2024/25





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

Gender

Of the 581 complaints in this period, 57 per cent relate to females and 43 per cent from males.

Ethnicity

Wherever possible, the Trust collects personal data relating to ethnicity (race) for each patient. Of the 581 formal complaints raised in this period, 7% of the complainants' ethnicities have not been stated. This represents a decrease of 30%, indicating a positive improvement in data capture. A total of 72% of complaints are from the White category, which is an increase of 23%.

Age

For those complaints where age had been identified, complainants from the age groups 71-80 made the most complaints at 16%, followed by 61-70 at 15%. The lowest age group represented in complaints was 11-20 at 4%.

2.2 National Adult Inpatient Survey

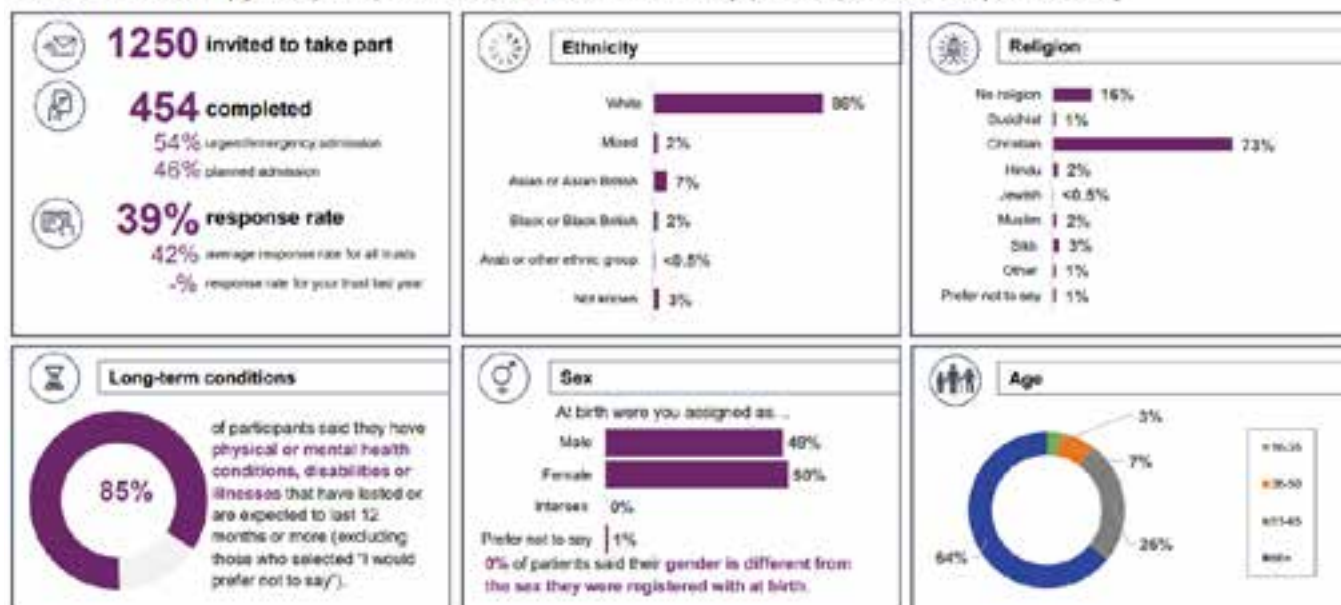
A total of 1,250 patients were invited to take part in the survey, with 454 completing it, giving a 39% response rate.

Responses were predominantly from White (86%), Christian (73%), and aged 66 or older (64%). There was a balanced gender distribution, with 49% male and 50% female (1% prefer not to say). Notably, 85% of participants reported having a physical or mental health condition, disability, or illness lasting or expected to last 12 months or more.

The demographic data for the survey highlights a patient group that is largely older, White, and managing long-term health conditions, with limited ethnic and age diversity among respondents.

Who took part in the survey?

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





2.3 Friends and Family (FFT) Test

The FFT gives patients the chance to share feedback with the Trust by answering a simple question about their experience of our service, rating it on a scale from very good to very poor. Throughout 2024/25, the Trust has monitored the experience of patients based on the three key demographics of age, ethnicity and gender, and has calculated the FFT scores against these groups.

Recommendation Scores

The below three charts illustrate the average FFT scores for 2024/25 by the different demographics.

Age: Aside from patients aged 0-15, it's clear that age influences patient experience. Generally, the older a patient is, the more likely they are to report a positive experience. There's a 35% score difference between age groups, highlighting a noticeable variation in experiences.

Ethnicity: There are clear variations in patient experience scores across different ethnic groups. Patients identifying as White reported the highest average score at 94%, while the Asian/Asian British and Not Stated groups reported lower scores of 74% and 71% respectively. Other ethnic groups, including Black, Black British, Caribbean or African (80%), Mixed/multiple ethnic groups (75%), and Other ethnic group (81%) fell in between.

These results suggest that patient experience is not consistent across all ethnic backgrounds with an average score difference of 23%.

Gender: Gender does not appear to significantly influence patient experience, with similar scores recorded for females (85%) and males (86%). Patients who identify as a gender other than male or female reported a higher experience score of 100%, though this result should be interpreted with caution due to the small number of responses within this group.

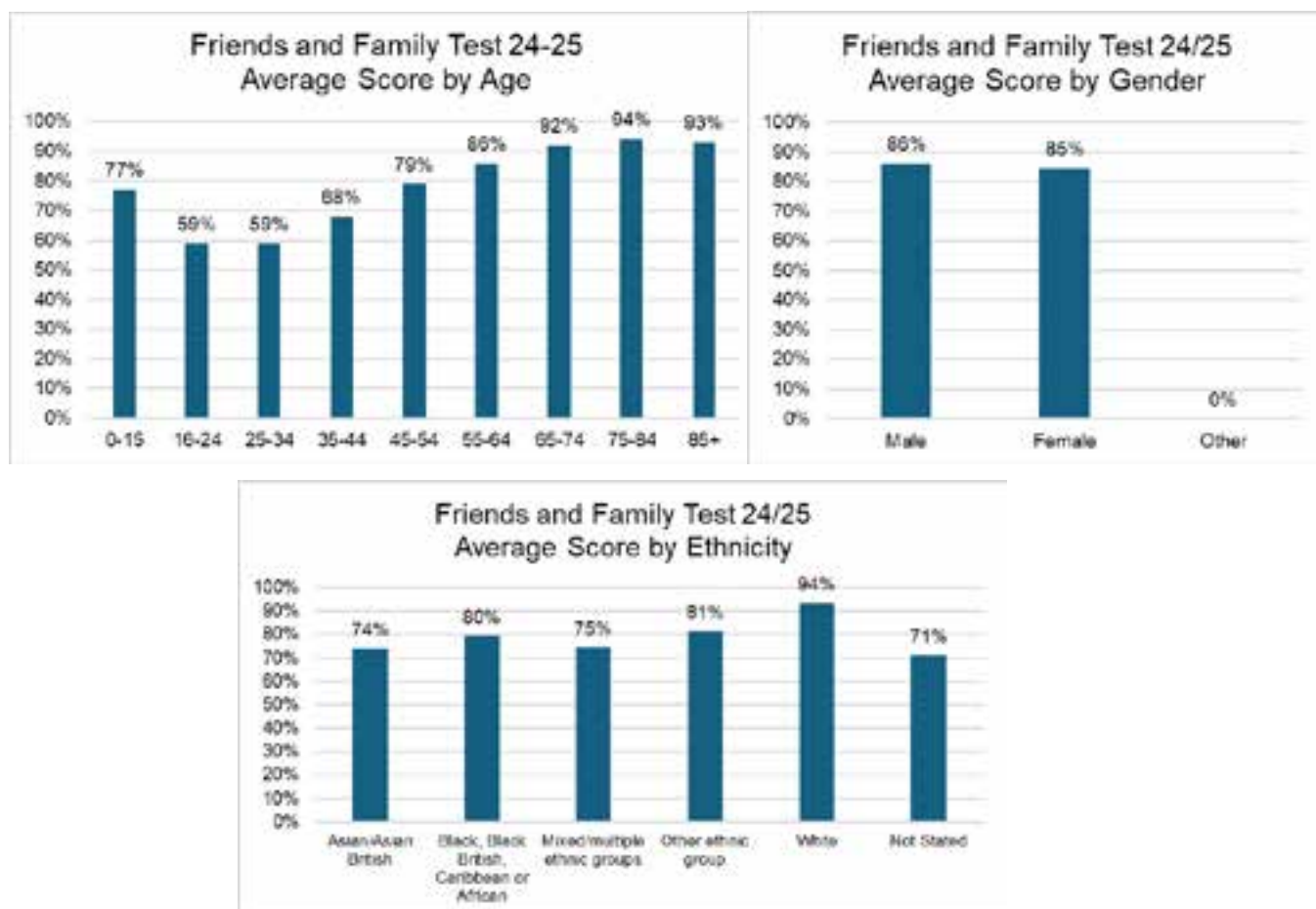




Response Rates

The charts below illustrate FFT responses by age, gender, and ethnicity.

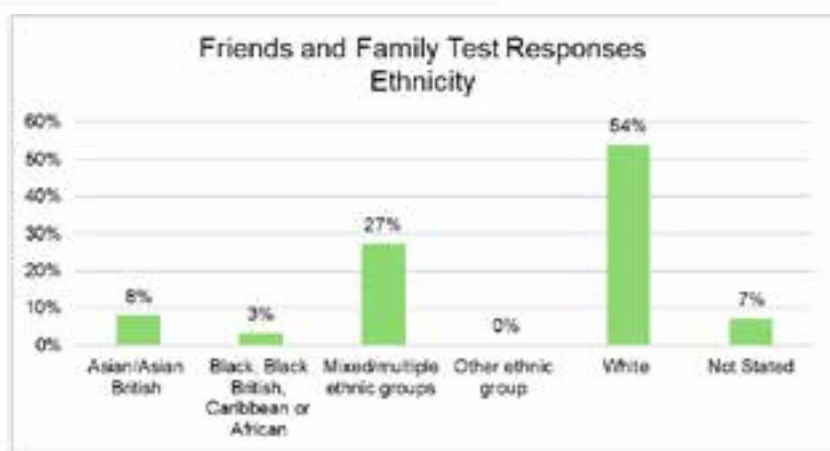
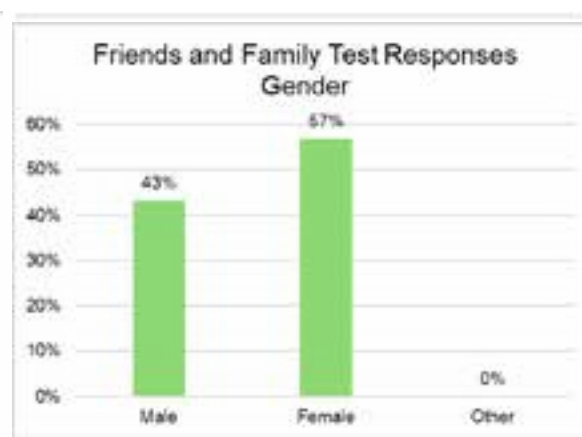
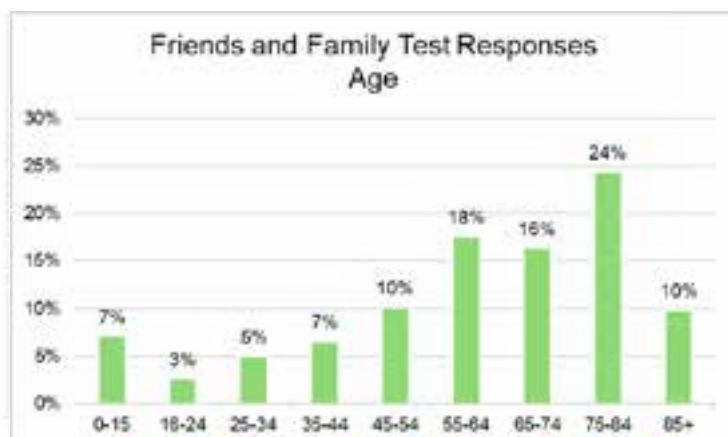
Age: Response rates increase with age, peaking in the 75–84 age group at 24%, followed by 55–64 (18%) and 65–74 (16%). Younger age groups, particularly 16–24 (3%) and 25–34 (5%), remain under-represented.



Gender: The majority of responses came from females (57%) compared to males (43%). While the chart shows 0% for those identifying as a gender other than male or female, this actually represents three individual responses in the year.

Ethnicity: Most responses were from White patients (54%), and Mixed/Multiple ethnic groups (27%). Lower response rates were recorded from Asian/Asian British (8%), Black, Black British, Caribbean or African (3%), and Other ethnic group (0%). Of the responses, 7% did not state an ethnicity.

The data highlights a demographic imbalance in FFT response rates, with a higher proportion of feedback from older, White, and female patients.



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

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

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

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

1. Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and indices of multiple deprivation (IMD) quintile.
2. Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, IMD quintile.
3. Ensuring datasets are complete and timely, improving data collection on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning.
4. Accelerating preventative programmes: flu and COVID-19 vaccinations, annual health checks for those with severe mental illness and learning disabilities, continuity of carers for maternity services, targeting long-term condition diagnosis and management.
5. Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above, with system and provider health inequality leads having access to Health Equity Partnership Programme training, as well as the wider support offer, including utilising the new Health Inequalities Leadership Framework.





RWT is also undertaking work on several key workstreams which link directly to the five national priorities for tackling health inequalities and some projects are outlined below, all of which underline RWT's commitment to its responsibilities under the **'Public Sector Equality Duty'** as defined by paragraph **149** of the **Equality Act 2010**:

- Community Phlebotomy Service operates an adapted clinic offering longer appointments for patients with needle phobia, anxiety, physical/special needs such as Learning Disabilities
- Community Ambulatory Service (CAS) has set up a co-production group with patients to help patients to design services that they can access. CAS has also set up a seven day per week, ground floor mobility clinic for larger patients with bariatric chairs and hoist transfer facilities for patients who cannot safely transfer independently to the couch
- Community Anticoagulation Team has set up self-testing at home which means that patients only have to attend hospital twice per year for observation and tests
- The Patient Portal has now been introduced to give patients easier access to information about their appointments, to reduce the chance of lost letters and confusion about their appointment dates and times, show information online which is available to them wherever they are and to provide with options about how they receive information from the Trust
- New Same Day Emergency Care (SDEC) pathways are in place to help patients to navigate to the right place
- A telephone Pre-Op Option is now available for people who would find it difficult to come into the hospital. This may be due to anxiety, distress or other needs
- The Trust has embarked on an outpatient transformation programme which focuses on increasing the use of 'Patient Initiated Follow Up' (PIFU), the use of advice and guidance and reducing the number of DNAs (Did Not Attend)
- End-of-Life Care and Advanced Care Planning is now in place for people with a learning disability (LD). Together with the Palliative Care Team and the Black Country Healthcare NHS Trust, support is given to patients with LD to plan the end stage of their lives using an 'Easy Read' planning document.
- The Ophthalmology Service offers a size 14 font on letters or can print up letters to extra-large size (direct response)
- The Estates Team ensures all buildings remain accessible and that lifts are functioning for patients with restricted movement.
- The Catering Team has had its English language menus translated into RWT's five most common languages: Polish, Kurdish, Punjabi, Urdu and Lithuanian, to enable access and informed choice to people whose first language is not English.
- Covid Medical Dispensing Unit has produced and distributed a multilingual poster to inform availability of service to non-English speaking groups
- Paediatrics HDU- A four-bedded high dependency care area is now fully up and running on A21 children's ward which is allowing children who are more unwell or require a higher level of care to stay within their local hospital rather than being sent to Birmingham to be cared for. The benefit to patients and families is huge and has helped reduce stress levels, reduce transport costs, and keeps the patient near to home and family
- Upgraded menus and snack boxes: A working group has been developing new child friendly menu options following release of the NHSE menu book called "more please." RWT will be inviting a local primary school to come and taste test our food before the options are added to the menu. A snack box option has been added for those young people spending time in RWT's PAU to ensure their hydration and food needs are met even if they are not an inpatient.
- 'Sophie's Legacy': Following a successful pilot of feeding parents whilst their child is in hospital with the grant received from the Sophie's Legacy charity, we have agreed to continue offering this to all parents in the form of a meal voucher they can redeem against food at Trust-owned food outlets.



- Little Voices: A local primary school assisted RWT with its 'Little Voices' project and sent 10 "little inspectors" to review our services and inspect everything from how friendly our staff were to how comfortable the beds were. A report was written with their feedback which was presented to the Chief Nursing Officer, Head of Nursing and the Divisional Medical Director.
- Important to me boards: Every bed space on the ward now has an "important to me board" which we encourage patients and their families to write on themselves about anything they want us to know. This can be questions they want to ask when a Doctor comes round, things they are worried about or simply a message for their Nurse. We update this with the patient's plan for the day so they feel informed. Boards also ask for patient pronouns to ensure they are being referred to in the correct way by staff members.
- Dementia About Me is a patient-centred document for patients with dementia which catalogues their likes, their preferences and acts as a resource for staff to ensure that patient-centred care is put into effect.
- 'Discharge Safely': Post Discharge support for patients with LD. Patients with LD who live in Wolverhampton or have a South Staffordshire GP will receive 72 hours (or longer if needed) additional support via the Virtual Care Ward
- In order to enhance access to information, the Trust has engaged with the Parliamentary Health Service Ombudsman's mediation process. The aim is to navigate the barriers which may have prevented explanations or learning from being accepted and to provide the opportunity for both complainants and the Trust to speak to and listen to each other.
- Hospital Passport for patients with LD. This is used to ensure that staff are aware of the individual patient's support needs.
- The 'Ready, Steady, Go' document is a national programme to support people with long term health conditions and mild to moderate learning disabilities to transition into adult services. The Transition Passport is used similarly to assist individuals with severe learning disabilities to transition from children's to adult services.
- Reasonable Adjustment Alerts: The Trust has a system where the individual patient's reasonable adjustments are document on the electronic records in line with the NHS' reasonable adjustment standard
- The Easy Read Template letter, sent to all adults over 18 with an LD flag, went live in June 2023, and Badgernet App went live in Maternity Services at the same time.
- Learning Disability Champions are a team of LD champions who can provide support in ward areas for people they see. They are also a point of support for staff who support patients with LD.
- 'Stay and Play' has been established for LGBTQ+ parents who encounter difficulty in discussing health issues in mainstream playgroups
- Virtual Ward arranges:
- Caseload reviews and multidisciplinary team meetings arranged daily to reduce social disparity and access to Nursing intervention
- All patients have been issued with a central point of access contact number
- Daily staffing discussions to ensure continuity across the city
- Feedback gained from patients and their families to allow the team to make appropriate changes





Maternity Services EDI Workstreams new and established

- Baby Bloom
- Pride in Pregnancy - This group is targeted support for service users who are pregnant from the LGBTQ+ community. Men and women are encouraged to attend and share their views and experiences of their maternity journey
- “New to the UK clinic” started in May 2024 for women planning to become pregnant. Here, they are educated on the importance of taking folic acid, pregnancy multivitamins, and/or aspirin if required. This clinic follows on from the “Life in the UK” drop-in session provided by Adult Education.
- Proud Parents
- ‘Mantenatal’ is a group that has been set up to enable fathers to understand the potential of their role in supporting pregnancy and to enhance their parenting skills
- A Maternity Pathway is now in place for mothers and fathers with LD to ensure that they have the reasonable adjustments required and support
- Women who are new to the UK do not always understand when they should access the hospital for assessment. These women are referred to the EDI Lead Midwife who will be seeing them to support with complex social factors if necessary and raise awareness of when and why they should contact triage for assistance
- After identifying that women and families from the LGBT+ community had gaps in provision of care, the group was set up in July 2023. Engagement took place with individuals who had accessed RWT’s Maternity Services and found they had a lot of suggestions aimed at catering for their specific needs. They talked through their experiences, which were sometimes distressing, and reported that there is no specific service available in the Wolverhampton area encouraging inclusivity. One family who were using a surrogate found that despite being prospective parents, care and education was focused on the mother. Their need was for information on what to expect and how to care for a newborn
- A support group was suggested and has since been accessed by local gay and transgender parents antenatally and postnatally. This group, like the Sahara Group, is responsive to the needs of the families who use it and therefore doesn’t follow a set programme
- The Community Midwives have access to make referrals to supportive services on badgernet (tobacco dependency, infant feeding support, Pride in pregnancy, New to the UK clinic, healthy pregnancy to name a few).
- The Sahara maternity support group was set up to support women and families from a diverse background, or with mental health issues and complex social factors, this included providing parent education in different languages with the use of interpreters. The six-month pilot led to an additional 12 months funded by Positive Participation. Due to funding issues, however, the group has now ended, and the EDI Lead Midwife is liaising with the Wolverhampton family hubs to shift the service there.
- Pregnancy multivitamins are encouraged in pregnancy. Healthy start vitamins are available to all women at RWT in the Antenatal Clinic at their dating and anomaly scan appointments, however the EDI Lead Midwife plans to make the healthy start vitamins available to women earlier when their pregnancy is confirmed, rather than wait for their dating scan appointment
- The ending of the Sahara maternity support group has given the opportunity for this service to be started in the family hubs. The EDI lead is currently rebranding the group and looking at the target group for the drop-in service. It will continue to provide support to women and families from a diverse background, mental health and complex social factors, including parent education in different languages with the use of interpreters. The plan is to offer it to all families in Wolverhampton that would benefit from face-to-face parent education

- 
- Financial inequalities can affect health and therefore, in addition to the above, the EDI Lead Midwife runs an **independent baby bank** which provides baby essentials to mothers who cannot afford Items (nappies, clothes, sterilisers, Moses baskets/bedding etc). Midwives, Health Visitors and Social Workers refer women to this free service for people facing deprivation and the Trust has a refund scheme where travel costs can be reimbursed (means tested, proof of benefits required by main reception).

In partnership with Walsall Healthcare, the Trust published a Patient Experience Enabling Strategy 2022/ 23, which sets out how the Trust will achieve its objective to strengthen patient and public involvement across the organisation and to help compliance towards statutory equality requirements. This strategy is under review and there will be an overarching theme of inclusivity in the strategy for future objectives.

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

4.0 Accessible Information Standard (AIS)

The anticipated review of the Accessible Information Standard did not take place as anticipated and the Accessible Information Group was re-established. A review of plans in progress was undertaken and new key workstreams were generated. The group now meets bi-monthly to monitor and to progress work to ensure adherence to AIS throughout the Trust.

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

In addition to this, the Trust is undertaking a landmark digital transformation with its new Electronic Patient Record (EPR) BluePrint. This will change how it works to provide the best quality care for patients. It is anticipated that stage 1 of BluePrint will go live in September 2025, giving clinicians a single point on which personal characteristics can be recorded.

In designing the programme, the BluePrint Team engaged with RWT's Lesbian, Gay, Transgender, Queer + Employee Voice Group to seek advice on appropriate gender and sexuality-related wording.

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

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

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

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



5.0 Interpreting and Translation Provision

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

Community language services provided:

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

A trial project to enhance video interpreting took place between April and July 2024. Four standalone video units were leased. The analysis of the trial project revealed that patients and staff found the enhanced facility especially useful. On-demand and pre-booked video interpreting replaced face-to-face interpreter present) interventions. This enabled faster consultation between patients whose first language is not English with consultants and Nursing staff as travelling times were eliminated and an improved service was offered to this group of patients.

People who are d/Deaf or hard of hearing:

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

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

The Trust used BSL interpreters a total of 380 times during this reporting period, which is a slight increase from the previous year's figure of 377.

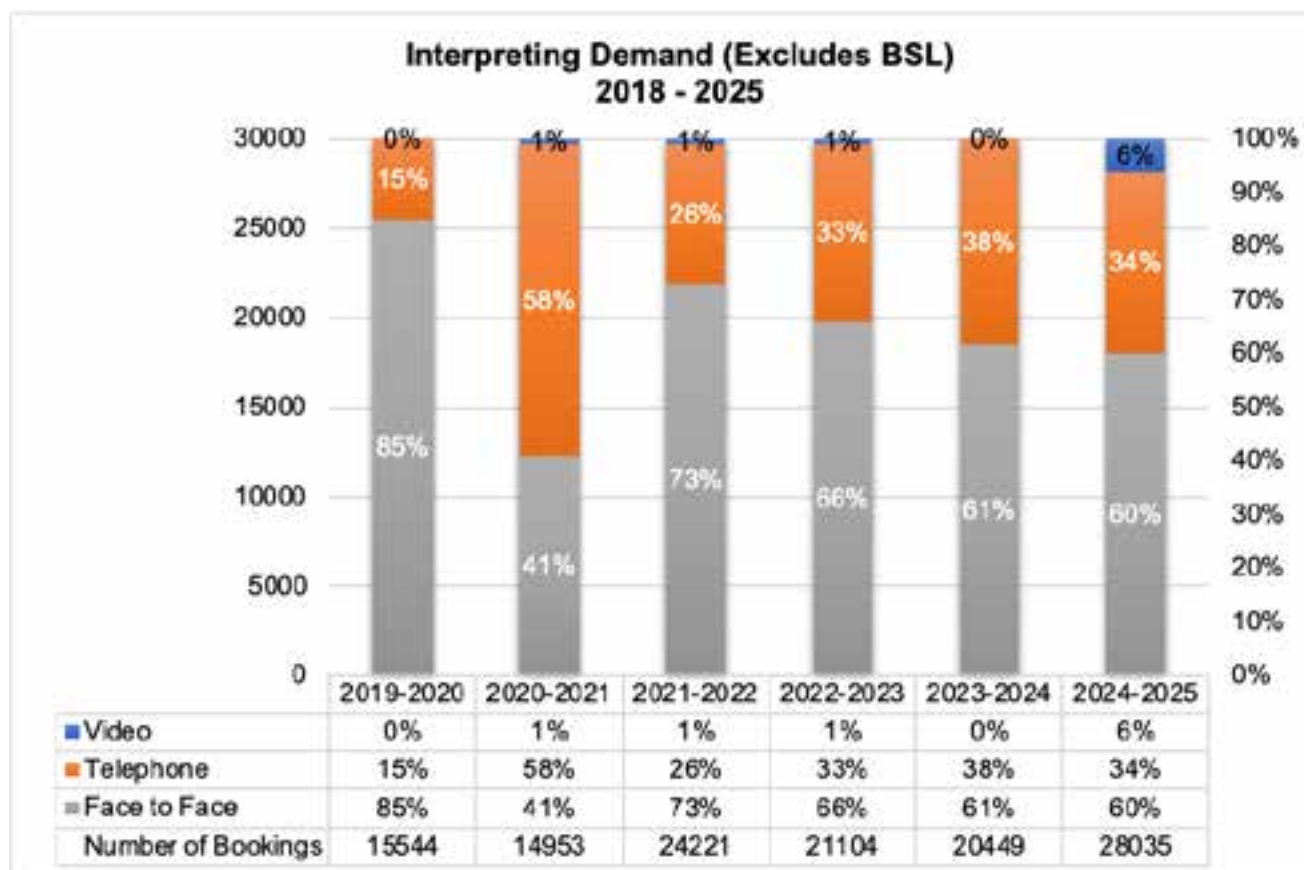
Interpreting summary

The costs for providing interpreting and translation provision have risen year by year. This continues to be evaluated to determine how costs can be controlled through the use of cheaper options such as telephone and video interpreting.

The Trust continues to analyse interpreting data. The most noteworthy trends from the latest analysis have been the increase in the volume of bookings from 20449 in 2023/24 to 29186 in 2024/5, representing an increase of 29%.

This includes 147 appointments where patients did not attend and 1004 cancellations. Face-to-face bookings remain the preferred option. Promotion of using alternative methods has shown a reduction in the face-to-face method chosen.

During the reporting period, the top five languages featured in bookings were Punjabi, Romanian, Polish, Kurdish-Sorani and Arabic. As with the previous year, Punjabi continues to be the most requested language with little variation in the top five language provision.



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



6.0 Meeting Religious and Cultural needs of service users

The Chaplaincy – Spiritual, Pastoral and Religious Care (SPARC) team has a renewed focus on its mission of engaging, inspiring and empowering patients and staff this year. This report will capture the steps taken from April 2024 – March 2025, as it pursues its mission by considering the Trust values, Patient Experience pillars, and the SPaRC Living Well pastoral framework.

The SPaRC team provides compassionate support to those affected by illness, injury, trauma, and distress, through being a daily visible presence, on the wards, to engage patients and staff, offering whatever support their situation requires. It is committed to serving the diverse community and all who are part of RWT across all Trust inpatient sites. This drives the team to ensure multi-faith prayer spaces are equipped with sufficient resources and maintained to allow for reflection, meditation, and prayer. Over the past 12 months, the team has seen increasing support and involvement from visitors, relatives, and staff across both RWT and Walsall healthcare NHS Trust.

Across RWT, the quality and specialism of the team has been recognised by other departments and has led to repeated requests for advice and training within the orientation and integration of international nurses, fourth year medical students, ICCU, Radiology, Swan Champions, Midwives / Bereavement Midwives, End-of-Life steering group, Therapy Services (Cannock), Palliative Care MDT's and facilitated Schwartz Rounds.

The figures below illustrate the significant encounters:

- Total encounters = 5400 (That's equivalent to 450 encounters per month, or approximately 20 encounters per working day).
- Highest referral reason = general visiting
- Staff support offered = 864 encounters (16%)
- Average time we spent providing support = 15 - 30 minutes

There has been a rise in senior managers contacting Chaplaincy to provide pastoral and spiritual support to various staff teams, mainly due to the sudden death of multiple team members across various Trust departments which has had an understandable impact on the wellbeing and morale of their teams.

Five Chaplaincy Volunteers have been recruited resulting in the team having a greater diversity of faith and belief backgrounds being represented. This has enabled the team to support the development of a Christian prayer and reflection group run by staff for staff, as well as multi-faith services of prayer and meditation, one-to-one pastoral support and the celebration of religious festivals across all Trust sites. This demonstrates the Living Well values: Love Well, Live Well, Give Well, Serve Well, and Forgive Well.

7.0 Learning Disabilities and Autism

Learning Disabilities:

The Trust's LD Team continues to support patients of all ages who have an LD and access the Trust. Patients with LD are identified by an LD alert on the individual electronic patient records. The system currently has approximately 3,500 people identified.

The team operates an open referral system, allowing referrals from staff and patients themselves. It works from 8.30am to 4.30 pm, Monday to Friday. The 'Health Passport' is promoted by the team, and if patients do not have one and need one, they will be supplied by the team. This document holds information about the individual and supports continuity of care between the individual's home setting and the hospital. The team supports staff to provide reasonable adjustments to ensure a safe and effective service is delivered for people who have additional needs due to their LD.



The team continues to work closely with the Trust's Primary Care Network (PCN) and the local Special Educational Needs and Disabilities (SEND) schools to ensure that young people are effectively transitioned into adult services. The PCN practices are supported to ensure all young people aged 14-17 are offered an LD annual health check in line with the Directed Enhanced Services (DES).

Autism:

The Trust has a Lead Nurse for LD and Autism who works closely with the Occupational Health Team to raise awareness of the reasonable adjustments a person may require due to their neurodiversity. Work is ongoing within Maternity Services to ensure people are supported in a way that meets their individual needs. The Trust has continued to raise awareness of neurodiversity and has developed a handbook for managers to help them support staff. The Trust has an intranet site that provides information for staff on the additional support needs a person may have as a result of their neurodiversity.

The Trust has an electronic flagging system on the individual's patient records; this is able to identify approximately 1600 autistic people.

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

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

8.0 Workforce EDI Context and Strategic Drivers

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

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

The NHS People Plan

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

Our regional strategic priorities include:

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

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

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

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

High-impact actions

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

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

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



Black Country Integrated Care System (ICS) Leadership and Culture

The Black Country ICS has published its first Workforce Equality, Diversity and Inclusion (EDI) Strategy for 2023/27. The strategy has been developed in consultation and collaboration with system partners to address the ongoing inequalities that persist in our society and across our NHS and social care organisations. The Black Country has

a rich diversity of people who are our staff, patients and service users and we are committed to addressing the workforce inequalities experienced by staff with protected characteristics in the workplace. The strategy focuses on

the support available to the health and social care workforce, as well as the priorities and actions that will be taken to improve their work experience.

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

Black Country ICS Equality Objectives and System Pledges

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

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

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

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

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

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

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

NEW Equality Delivery System

The EDS was introduced in 2011 to support NHS organisations to assess and improve their performance on equality, diversity and inclusion. A refreshed version, EDS2, was issued in 2013 and a third revision (called EDS) was introduced in 2023/24.

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

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



RWT Equality Diversity Inclusion Delivery Plan 2023 – 25

The Trust sets out its plans for implementing its strategic equality priorities within its EDI Delivery Plan 2023/25. The plan was refreshed in 2023 to reflect emerging priorities identified through the NHS Staff Survey results, WRES and WDES indicators and Equality Delivery System Assessment. The plan is regularly monitored, and progress is reported to the Equality, Diversity, and Inclusion Steering Group, chaired by the Chief People Officer and People and OD Committee. The plan is a live document to ensure a responsive approach to the EDI challenges and opportunities. It is available upon request.

RWT Equal Opportunities Policy

The Equality of Opportunity Policy HR05 ensures the Trust complies with statutory and legal requirements to ensure compliance with the Equality Act 2010. This policy is due for renewal during 2025 and is available on the Trust's web pages.

9.0 Highlights and Achievements 2024/25

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

Employee Voice Groups

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

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

RWT has seven employee voice groups now with the most recent ones introduced in 2024. The Trust is committed to growing its EVGs. The following table illustrates the growing membership levels of the EVGs from 2021 to 2025.

Employee Voice Group (EVG)	Executive Sponsor	Membership April 2025	Membership April 2024	Membership April 2023	Membership April 2022	Membership April 2021
Black Asian and Minority Ethnic (BAME) EVG	Dr Brian McKaig	144	155	149	110	105
Lesbian Gay Bi-sexual Trans (LGBT+) EVG	Simon Evans	326	322	279	220 members and allies	62 members and allies
Disability and Long-Term Conditions (D<C) EVG	Debra Hickman	87	84	78	55	42
Carers EVG	Gwen Nuttall	36	38	32	25	12
Armed Forces Staff Network	Alan Duffell	29	25	12	-	-
Health and Wellbeing Employee Voice Group	Sally Evans	22	19	10	-	-
NEW Neurodiversity Employee Voice Group	Pauline Boyle	83				

- All Employee Voice Groups are nominated a named EVG Senior Sponsor to provide support, leadership commitment, and a point for escalation
- The Trust supported the development of a new EVGs in 2024. The Neurodiversity Staff Network has come together to provide a network of support for Neurodiverse personnel, across the Trust. The Trust is working with the network to support inclusion for this group and preventing any unfair disadvantage in employment.



Equality, Diversity
and Inclusion



The Royal Wolverhampton
NHS Trust

Our Employee Voice Groups

  	Chairs of the BAME Employee Voice Group Committed to eliminating discrimination and promoting equality of opportunity in all we do. rwht-tr.rwthbameemployeevoicegroup@nhs.net	
	Chair of the LGBTQ+ Employee Voice Group Supporting LGBTQ+ employees and raising awareness of issues in the workplace. rwht-tr.LGBTEmployeeVoiceGroup@nhs.net	
 	Chairs of the Disabilities and Long Term Conditions Employee Voice Group Raising awareness on key disability matters. rwht-tr.DLTCEmployeevoicegroup@nhs.net	
	Chair of the Carers Employee Voice Group Supporting staff who have caring responsibilities through offering access to a friendly network of support. rwht-tr.carersemployeevoicegroup@nhs.net	
	Chair of the Neurodiversity group Employee Voice Group Support Neurodiverse staff across Wolverhampton and Walsall rwht-tr.neurodiversitynetwork@nhs.net	
Our newest staff networks		
	Interim Chair of the Armed Forces Staff Network Providing support for members of the armed services and those associated with the armed service, including serving personnel, veterans, cadets, reservists.	
	Chair of the Health and Wellbeing Employee Voice Group A safe space for members to voice their opinion and contribute to improving and maintaining the physical and mental wellbeing of Trust staff. rwht-tr.healthandwellbeing@nhs.net	

To find out about the Employee Voice Groups, please see:
[Staff intranet](#) > [Working at RWT](#) > [Employee Voice Groups](#)

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

Employee Voice Group	Achievements and Highlights	Top three Priorities for Each EVG Going Forward
Black Asian & Minority Ethnic (BAME) 	• Working towards the renewal of the Race Code Charter • Re-launch of Zero Tolerance to Racism Campaign • Celebrations for Black History Month, Race Equality Week, Windrush and South Asian Heritage Month • Working jointly with Walsall BAME Staff Network where possible • Listening events • Launch of the BAME Strategic Council	1. To continue work with the Integrated Care Board (ICB) on the joint Cultural Ambassadors programme 2. Submit re-accreditation for the Race Code 3. Exploring options for allyship / active bystander training.



Employee Voice Group	Achievements and Highlights	Top three Priorities for Each EVG Going Forward
Disability and Long-Term Conditions (D&LTC) 	• Support for employees requiring the Health Adjustment Passport ongoing and work to improve access but some staff who are off sick or do not have a Trust laptop cannot access without using a PDF version • Raising the profile of Disability and long-term conditions through regular spotlight at meetings and support of National awareness days/ weeks e.g. Deaf Awareness Week, Mental Health and Wellbeing, and Disability Awareness Month • Supporting improvements and escalation of disabled parking issues impacting members- ongoing and working closely with Heads of Service to resolve • Implemented sunflower scheme and awareness raising continues across Trust • Continue to promote recording of D&LTC status on ESR • 2025 group member survey results and key findings shared with members, allies and Chief Executive to address issues and create action plans • Ongoing support to current and new members • Working more closely with other EVG Chairs/co-chairs in RWT and Walsall Healthcare • Networking with other Disability Chairs from other local Trusts	1. Action plan from survey 2. Ongoing promotion of hidden disabilities 3. Health Passport improvement and awareness raising of this specifically and D&LTC related information in general



Employee Voice Group	Achievements and Highlights	Top three Priorities for Each EVG Going Forward
Lesbian, Gay, Bi- sexual Trans+ (LGBT) 	• Monthly meetings throughout the year • Mutual support to colleagues who encounter negative attitudes and behaviours • Dissemination of information to members on local LGBTQ+ inclusive events, resources and social activities. • Group opinions sought and shared with management when consulted regarding appropriate phrasing of policies, and wording of drop-down identity labels • Trust's Policy Sub-Group alerted when outdated, unintentionally discriminatory wording identified in policies • Events dates highlighted and publicised (Pride Week, LGBTQ History Month, Lesbian Visibility Day.	1. To support awareness raising of the 1. To identify and develop a co-Chair role within the group 2. To consider name change for the group to make it clearer and more accessible 3. To ensure quick and effective communication to all members across the Trust



Employee Voice Group	Achievements and Highlights	Top three Priorities for Each EVG Going Forward
Carers EVG 	• Carers' Week • Raising awareness of support services available to Carers • Linking in with local councils from surrounding areas • Continue to support and promote the Carers 'passport • Awareness raising of how to record carer status on ESR	1. Promote awareness of wellbeing support available to carers through Carers Week 2. Further promote the Carers' Passport so staff are aware of support available 3. Promote awareness of carers' support services available locally and in surrounding areas
Armed Forces Staff Network 	• Continued to support the Gold Employer Recognition scheme. Have taken on Clinical Champions and also a Therapies Champion within the Trust • Renewed the Veteran Aware Accreditation • Celebrated Armistice Day and Armed Forces Day allowing employees, where appropriate, to wear their uniform at work • Celebrated the 80th Anniversary of VE day involving and educating staff not currently involved in Armed Forces • Building relationships with neighbouring Trusts and local organisations such as Wolverhampton Council and local Regiments. • Discovering other links within our own Trust such as Adult Cadet Volunteers • Re-pledged Step into Health	1. Increase the awareness of Armed Forces members and family members applying for roles within the Trust, learning about terminology and transferrable skills. 2. Celebrate Armistice Day and other commemorative events and continue to advertise them for our staff and patients. 3. Re-sign the Gold Employer Recognition Scheme



Inclusive Recruitment

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

Disability Confident

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

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

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

Recruitment and Selection Training

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

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

RACE

The Race Code

The Trust is in the process of re-signing the Race Code, a framework to tackle race inequality and discrimination in the boardroom and workforce.

The Race Code principles are:

- Reporting
- Action
- Composition
- Education

The Trust takes a committed anti-racist approach across everything it does.





Anti-Racism

The Trust's Anti-Racism training continues to be available for staff to complete - this was launched originally as part of Race Equality Week 2024 and was made up of five bite-sized sessions to support the Anti-Racism Statement.

Anti-racism Statement commitments

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

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

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



Civility and Respect

Civility and Respect work was established prior to the introduction of the Joint Behavioural Framework at RWT. Initially, a Civility and Respect workshop was designed to deliver across the organisation and a Train the Trainer model was utilised. To adequately scale the work to improve the reach of the training, however, an e-learning module was introduced as a mandatory training topic. At RWT, 95% of staff have completed the e-learning. Early indications from the embargoed NHS Staff Survey results indicate we need to pay attention to support teams to improve their staff engagement scores to continue to cultivate and achieve a civil and respectful culture. The four-part culture series will be promoted to selected teams where staff survey results are below the national average.

Joint Behavioural Framework

The Joint Behavioural Framework 'Caring for All: Our Standards of Behaviour' outlines the behaviours we want to see from all our staff and connects to both organisations' respective values, the [NHS People Promise](#) and the [NHS Leadership Way](#). The framework has been implemented over the last 14 months and embedded within our policies and people practices. Based on early measures of the frequency of these behaviours, staff told us we need to improve across all behaviours within the framework, especially staff showing that they listen and are inclusive. At RWT, we asked staff in the NHS Staff Survey whether they were personally aware of the framework and whether it was being implemented. Whilst 62% of staff were aware of the framework, only 32% of staff feel confident using it and only 22% of staff have seen the framework being used. This suggests there is more work to do to embed the framework and ensure staff feel confident using it. The Behavioural framework will be promoted as part of an Organisational Development culture series 'Want to Improve the VIBE in your Team'. The outline is illustrated below.



Values	A session on: Discovering personal values and alignment with Trust and team values are key to building trust in teams
Interpersonal Relationships and Inclusivity	A session on: Managing conflict positively in teams and the importance of being inclusive. Including Appreciative Inquiry, Lencioni Team Players, holding a compassion circle, and Debono's 6 thinking hats
Behaviours	A session on: How confident are you at embedding the BF in your team?
Engagement	A session on staff engagement, empowering teams to have a voice, including how to embed the People Promise

The People Promise

As part of the People Promise, certain projects were agreed as part of the programme for RWT including:

We are compassionate and inclusive:

- Caring for all our managers – Managers Essentials 'How To' course **(also falls under We are a team)**
- Embedding the Trusts' Joint Behavioural Framework **(also falls under We are a team)**
- Civility and Respect Programme
- Equality Diversity and Inclusion
- Building a Compassionate Leadership Offer - Compassionate and Authentic Leaders and Managers (CALM) Leadership Course

We each have a voice that counts:

- Freedom to Speak Up
- Employee Voice Group Networks
- Exit interviews
- People Promise roadshow sessions

We are always learning:

- Appraisal process
- Mandatory Training

The project ran for just under a year. During this time, great progress was made with the above and RWT will continue to embed the People Promise and create a great employee experience for its staff, making the organisation an employer of choice.





Cultural Ambassador Programme

The Cultural Ambassador Programme was developed by the Royal College of Nursing (RCN) to support employee relations processes within NHS organisations, with a view to enhance fairness and remove the potential of cultural bias occurring. The need for the programme arose out of the national Workforce Race Equality Standard (WRES) data which highlighted Black and Minority Ethnic BAME staff as over-represented in employee relations cases and experiencing poorer outcomes, compared to their White counterparts. The Trust currently has 18 active Cultural Ambassadors on the list.

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

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

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

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

Carers

Working Carer Passport

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

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

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

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

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


The Royal Wolverhampton
NHS Trust

**Carer
Passport**


carerpassport.uk



Disabilities and Long-Term Conditions

Health Adjustments Passport

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

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

RWT is now a member of the Hidden Disabilities Sunflower scheme, allowing people to wear the sunflower logo to show that they have a hidden disability or are an ally for this. The training which sits alongside this has to be completed to enable our staff to access the merchandise.

And Your RWTC, our Trust charity, has supported the implementation of the scheme.

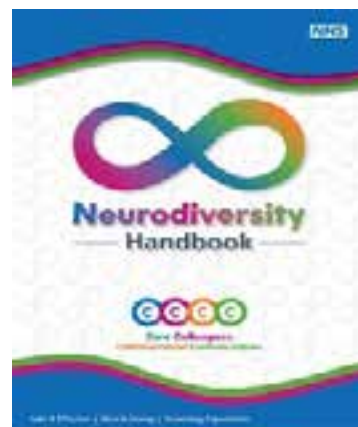


Neurodiversity EVG

The Trust launched its Neurodiversity EVG in November 2024. The group spans across RWT and Walsall Healthcare and already has a strong membership of more than 80 employees.

It has initially focused on providing a supportive, safe space for neurodivergent employees. This work will continue to ensure there is inclusion and a feeling of community.

Future work involves increased education around neurodiversity and how conditions co-occur. This includes strengths, challenges and adjustments that can be made to reduce barriers for neurodivergent employees





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

The Trust has rolled out the Rainbow Badge. Wearing the Rainbow Badge symbolises a pledge to play an active part in showing openly that our Trust offers non-judgmental and inclusive support and care for all, regardless of how people identify themselves. It's hoped that the LGBTQ+ community will be comfortable and confident in our care



as a result. LGBTQ+ patients who see the badge and identify with it will feel assured, knowing we are supportive. If necessary, badge wearers will be able to offer contact details for a range of external support agencies.

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

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

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

LGBT History Month – Celebrating our Past Present and Future

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

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

Pride 2024

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

The aim of Birmingham Pride is to build a community where all people are free to live without fear or prejudice – committed to challenging injustices, inequality

and discrimination for all in the LGBTQ+ community. The theme was '25 years of pride and protest' demonstrating a commitment to stand in unity with all members of the LGBTQ+ community, fighting against any form of transphobia, biphobia, homophobia and hate.

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





Equality and Faith Celebrations

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

During 2024/25 the Trust has supported a range of key equality events and faith celebrations and works in collaboration with its EVG, Chaplaincy Service, Health and Wellbeing Team, and other departments. Events and days celebrated included:

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

10.0. Workforce Equality Data Information

RWT is committed to investing in and developing its diverse workforce and employs a total of 11,815 people as at 31 March 2025, who are responsible for delivering nationally recognised excellence in healthcare. It recognises the impact that high levels of workforce engagement can have upon patient satisfaction, creating a positive experience and Outcomes. The Trust pro-actively works to maximise this relationship and demonstrate positive effect on patient experience.

The workforce data contained within the report is for the period 1 April 2024 to 31 March 2025. Where possible the data has been benchmarked to the new Wolverhampton Population Census 2021 data.

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



a. Board Composition

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

- The ethnic representation is White 86 % and BAME 14 %.
- The gender breakdown of the Board is 45.5 % female and 55.5% male. The representation of females on the Board has risen by 10% since 2024.

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

b. Age

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

Age	% Workforce 2025	% Workforce 2024	% Workforce 2023	% Workforce 2022
Under 25	7%	7%	8%	8%
26 - 35	26%	27%	26%	25%
36 - 45	24%	24%	23%	22%
46 - 55	23%	23%	24%	24%
56 - 65	18%	17%	17%	17%
66 +	2%	2%	2%	2%
Total	100%	100%	100%	100%

- There is a lower proportion of young people aged under 25 in the workforce
- There has been a slight percentage decrease in the middle-aged groups, with 26% in the 26 – 35 age group and the 36 – 45 and 46 – 55 age groups have remained the same as the previous year.
- There has been a slight increase in percentage of staff in the 56 – 65 age group to 18%, and fewest staff represented in the 66+ years group, at 2%, remaining the same as previous years.

c. Disability

The proportion of staff that have declared a disability stands at 4.7% increasing from 4.5% 2024. According to the Census 2021, 19.5% of residents in Wolverhampton are disabled or have a long-term condition that limits their day-to-day activities to some degree. This has fallen by 1% since the 2011 Census (20.5 %).

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

Disability Status	% Workforce 2025	% Workforce 2024	% Workforce 2023	% Workforce 2022
No	83.3%	77%	75.5%	73%
Not Declared or Prefer not to answer	12%	18.5%	20.5%	25%
Yes	100%	4.5%	4%	2%
Total	100%	100%	100%	100%

- A total of 4.7% of the workforce has declared disability. The proportion of staff declaring a disability has more than doubled since 2022 with a slight increase since 2023 and 2024
- The proportion of staff who have not declared their disability has reduced by 6.5% since 2024. The Trust continues to work to improve its disability declaration rates and raising awareness of disability within the Trust
- The Trust Disability and Long-Term Conditions EVG is available to staff who identify as disabled or want to support disability equality within the Trust. A range of initiatives have been delivered during the year to raise awareness of disability and promote reasonable adjustments in the workplace.
- The Trust continues to promote its Health Adjustments Passport. The passport is embedded into Trust induction and onboarding processes, ensuring accessible support for disabled staff and new starters.
- The Trust has also signed up to the Hidden Disability Sunflower with training sessions available, helping people understand that not all disabilities are visible.
- See section 13.0 on the Workforce Disability Equality Standard

d. Ethnicity

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

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

Ethnicity Status	% Workforce 2025	% Workforce 2024	% Workforce 2023	% Workforce 2022	Wolverhampton Census 2021
BAME	37.9%	37.5%	36%	32%	39%
Not Stated/Not Given	1.9%	1.5%	1%	2%	-
White	60.2	61%	63%	66%	61%
Total	100%	100%	100%	100%	100%



e. Ethnicity by Workforce Group

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

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

Medical and Dental (All Bands)

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

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

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



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

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

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



Analysis of BAME representation by Workforce Group - The Trust's overall BAME, profile has increased annually and has seen a significant rise since last year, increasing by 1.5%. Comparison with the City demographic data indicates the Trust is not representative of the local population of 39% - The proportion of BAME. staff at Band 7+ has also seen an increase rising from 22% in 2023 to 22.25% in 2024. The Trust is committed to increasing the representation of BAME staff in senior leadership roles through overhauling its recruitment processes and developing its talent management framework	
Nursing and Midwifery	Nursing and Midwifery has the highest proportion of staff accounting for 37% of the total workforce, 52% of the Nursing workforce. The highest number of BAME staff across the Trust are within Nursing and Midwifery roles. There is a high proportion of BAME staff at Band 5 and 6 and the proportion of BAME staff at Band 7 and above has increased from 7% in 2023 to 7.59% in 2024.
Additional Clinical Services	Additional Clinical Services are the second largest workforce group. The proportion of BAME staff in the group represent 6% of the workforce with the largest number in Band 2.
Administrative and Clerical Roles	BAME staff are evenly represented across the bands (5% BAME at Band 7+, and 5% BAME at Bands 3-6). Seven % of the total BAME workforce are within Administrative and Clerical roles.
Allied Health Care Professional	BAME staff are evenly represented in Allied Healthcare Professional (AHP) Roles.
Estates and Ancillary	BAME staff are significantly under-represented in Estates and Ancillary Roles. Only 1% of estates and ancillary roles are occupied by BAME staff compared to 6% White.

f. Workforce Ethnicity Profile Compared to Local Population

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

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

	RWT Workforce 2025%	RWT Workforce 2024%	RWT Workforce 2023%	Wolverhampton Population % (Census 2011)	Wolverhampton Population % (Census 2021)
White	60.25%	61%	63%	68%	61%
Black	11.93%	12%	11%	7%	9%
Asian	21.64%	20%	20%	18%	21%
Mixed	2.95%	3%	3%	5%	5%
Other	1.36%	3%	1%	2%	4%
Undefined	1.88%	1%	2%	-	-
Total	100%	100%	100%	100%	100%

- The ethnic population of Wolverhampton has grown by 7% since the 2011 Census with growth seen in the Asian, Black and Other ethnic categories.
- The Trust's overall ethnic profile has also seen year on year growth and currently sits at 37.9% BAME, which is 1.1% below the BAME profile of the local population.
- The Trust has in place commitments and actions to ensure it is representative of the local population across all levels of the organisation. The Workforce Race Equality Standard metrics offers a more complete picture of the Trust's performance on race equality. See section 12.0

g. Gender

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

Gender	Headcount	Headcount %
Female	9267	79%
Male	2548	21%
Grand Total	11815	100%

	Headcount %		Total Headcount %
Full/Part Time	Female	Male	
Full Time	43.12%	18.27%	61.39%
Part Time	35.81%	2.80%	38.61%
Grand Total	78.9%	21.0%	100.00%

- The Trust employs a significantly higher proportion of women, with a 78.5% female workforce
- Overall, significantly more women work full-time hours compared to men.
- Of all the staff that work part-time hours, 93% are female and around 7% are male. This table illustrates the gender breakdown of the workforce by Band

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

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

h. Maternity and Adoption Leave

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

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

i. Religion or Belief

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

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

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

j. Sexual Orientation

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

Sexual Orientation	Workforce Headcount %	% Population Census 2021
Not stated (person asked but declined to provide a response)	23.74%	8%
Heterosexual or Straight	73.87%	89%
Bisexual	0.84%	1%
Gay or Lesbian	1.18%	1%
Undecided	0.13%	-
Other sexual orientation not listed	0.14%	-
Grand Total	100%	

- The proportion of staff across the workforce that identify as LGB in 2024 is 2.02%, the Wolverhampton population profile shows 2%
- The proportion of staff across the workforce that identify as heterosexual is has increased from 69.99% in 2023/24 to 73.87% in 2024/25
- The proportion of the workforce that prefers not to state its sexual orientation has fallen from 28% in 2024 to 23.74% in 2025



k. Transgender

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

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

The Wolverhampton Council Equality, Diversity and Inclusion Strategy 2022/24 states that the government Equalities Office figures estimate 0.007% of the population is Transgender, giving Wolverhampton an estimate of around 18 people within its local community. There has not been a further release of this strategy as of the time of writing this report.

l. Marriage and Civil Partnership

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

Marital Status	Workforce 2023	% Wolverhampton Population 2021 Census
Divorced	4.88%	8%
Legally Separated	0.44%	2%
Married or Civil Partnership	52.58%	42%
Single	34.44%	42%
Unknown	6.75%	-
Widowed	0.92%	7%
Grand Total	100%	

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



m. Disciplinary Data

The Trust monitors its disciplinary data. There was a total of 75 disciplinarys entered in the period

Disciplinary cases - all staff (excl. medical & bank)	BAME	White	Undisclosed	Total
1. Number of disciplinary investigations commenced (BAME / White)	31	44	0	75

- A total of 41% of all disciplinarys entered into were for BAME staff. This is disproportionately higher than the BAME workforce profile of 37%, however the total has reduced significantly from 2023/23 where the figure was 55%
- All Disciplinary and Case Assessment Panels for BAME and disabled staff have a Cultural Ambassador. The Cultural Ambassador process is embedded into the disciplinary process and helps to ensure a diversity of perspective and lived experience to a panel, ensuring any issues of cultural bias are identified and considered
- The Trust also applies a Just Culture approach to reduce the numbers of formal disciplinarys being entered into
- Please see section 12.0 on the Workforce Race Equality Standard for further data on the WRES Metric 4 relating to disciplinary

n. Bullying and Harassment Data

The Trust monitors all formal reports of bullying and harassment. There were a total of 14 formal bullying and harassment reports recorded during the period. The Trust has commitments and actions to tackle formal and informal complaints and issues of bullying and harassment through Freedom to Speak Up and its Bullying and Harassment Policy.

Bullying and Harassment	BAME	White	Undisclosed	Total
Number of Bullying and Harassment	5	9	0	14
%	36%	64%	%	100%

- The number of formal bullying and harassment complaints made by BAME staff represented 36% of all complaints which is a reduction on 2024 where it was 43%. This also now sits in line with the BAME staff profile of 37%.
- The WRES section 12.0 provides more detailed information on bullying and harassment based on the national staff survey indicators
- The Trust has a range of commitments in place to tackle bullying and harassment in the workplace including the introduction of Civility and Respect and the Race Code and Trust Anti-Racism Statement



11.0 Recruitment and Selection Data

The following tables illustrate the Trust's recruitment and selection data for the period 1 April 2024 to 31 March 2025. There was an overall total of 43,135 applicants during the period, which is a significant decrease in 2023/24 from 52,380. There was a total of 996 appointments compared to 1,792 appointments in the same period last year.

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

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

a. Recruitment and Selection Ethnicity Data

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

Ethnicity	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
White	8766	2936	570	20.32%	42.23%	57.23%
BAME	32806	3755	370	76.05%	54.01%	37.15%
Unknown	1563	261	56	3.62%	3.75%	5.62%
Total	43135	6952	996	100	100	100

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

Ethnicity	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
White	213	151	94	30.00%	35.70%	37.60%
BAME	441	228	126	62.11%	53.90%	50.40%
Unknown	56	44	30	7.89%	10.40%	12.00%
Total	710	423	250	100	100	100

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



b. Recruitment and Selection Disability Data

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

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

There were 996 appointments during the period with a total of 61 disabled applicants appointed during the period (compared to 82 disabled people recruited in the same period last year). The following tables illustrate the relative success rates of disabled and non-disabled applicants throughout each stage of the recruitment process.

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

Disability	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
No	41037	6332	878	95.14%	91.08%	88.15%
Yes	1578	450	61	3.66%	6.47%	6.12%
Unknown	520	170	57	1.21%	2.45%	5.72%
Total	43135	6952	996	100.00%	100.00%	100.00%

- The overall representation of disabled people in the workforce has increased during the period from 4.35% to 4.7 %
- The proportion of disabled people appointed is proportionate to the numbers which applied
- See section 13.0 on the Workforce Disability Equality Standard for further details of the disabled staff experience

12. Workforce Race Equality Standard (WRES)

The WRES data for 2024/25 has been analysed, together with annual WRES metric data that has been gathered annually since 2018/19. The following table illustrates the Trust WRES performance against the nine metrics.

WRES Metric	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Proportion of workforce from a BAME background	37.9%	37%	36%	32%	31%	29.4%	28.8%
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	1.5	1.6	1.4	1.5	1.44	1.41	1.38
Relative likelihood of BAME staff entering a disciplinary process*	0.7	1.2	2.0	1.1	1.0	1.33	1.59
Relative likelihood of white staff accessing non- mandatory training**	1.05	1.42	1.0	0.95	1.3	1.18	1.33

*This calculation is based on year-end disciplinary data

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

- The Trust's Black Asian and Minority Ethnic (BAME) profile has increased since last year, rising from 37% in 2024 to 37.9% in 2025. Whilst the overall BAME profile of the Trust has steadily risen, it is not in line with the local BAME population of Wolverhampton, which is 39%, according to the most recent Census 2021 information
- The likelihood of White applicants being appointed is 1.5 times higher than BAME candidates. This has improved from previous years. The Trust has introduced Cultural Ambassadors on to recruitment panels where a positive action has been applied to senior Nursing and Midwifery roles. A further recruitment drive to the CA programme will be undertaken to ensure there are a sufficient number of CAs to sit on recruitment panels. This is also now being reviewed from an ICS perspective to see if we can collaborate with CAs across the system
- The likelihood rate of BAME staff entering a disciplinary process has improved significantly from last year at 0.7 times likelihood rate compared to their White colleagues

Analysis of Disciplinary Outcomes indicates there was a much higher percentage of 'no case to answer' for BAME staff at 9%, compared to White staff at 13%. A higher percentage of white staff experienced a sanction or dismissal at 28%, compared to BAME staff at 20%.

According to staff who requested to access non-mandatory study leave or leadership training, White staff are 1.05 times more likely to do so than BAME staff - this has improved since the previous year where the data showed that white staff were 1.42 times more likely to access non-mandatory study leave or leadership training compared to BAME staff.



Staff Survey Metrics

WRES Staff Survey Metric	2024		2023		2022		2021		2020	
	BAME	White	BAME	White	BAME	White	BAME	White	BAME	White
Percentage of staff experiencing harassment, bullying or abuse from										
a) Patients, relatives or the public	23.42%	19.99%	22.1%	20%	24%	23%	26%	22%	23%	23%
b) Staff	28.53%	24.07%	25.3%	23.7%	29%	23%	26%	22%	24%	20%
Percentage of staff who believe	47.44%	61.08%	48.9%	64.5%	46%	64%	46%	63%	48%	64%
the Trust provides equal opportunities for progression or promotion	17.47%	7.60%	15.3%	7.1%	15%	7%	14%	5%	13%	5%
Percentage of staff who have personally experienced discrimination at work from managers	17.47%	7.60%	15.3%	7.1%	15%	7%	14%	5%	13%	5%



Analysis of Bullying, Harassment, and Discrimination

In summary, the WRES staff survey metrics indicate variation between BAME and White colleagues across all four staff survey metrics. The largest variation in employee experience by ethnicity is on the metric “Percentage of staff who believe the Trust provides equal opportunities”, where there is a 13.64% point difference between BAME and White colleagues which has improved since the previous year where there was a 15.6% difference. There has also been an increase in BAME staff and White staff experiencing bullying and harassment from colleagues since 2024, and 1.3% increase in BAME staff experiencing bullying and harassment from patients.

- There has been a 2.1% increase in the percentage of BAME and 0.5% increase in the percentage of White staff reporting experiencing discrimination at work from managers

Bank WRES

The Trust has a total of 1,329 active Bank workers who hold a zero hours contract.

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

The following table illustrates the results of the Bank survey 2024

A total of 217 survey responses were received from Bank staff.



	Bank Staff 2024
4a: Percentage of Bank workers experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in last 12 months.	20.83%
4b: Percentage of Bank workers experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	18.96%
4c: Percentage of Bank experiencing harassment, bullying or abuse from managers in the last 12 months.	9.52%
5a: Percentage of Bank workers that have personally experienced physical violence from patients / service users, their relatives, or other members of the public in the last 12 months.	15.81%
5b: Percentage of Bank staff who experienced physical violence at work who then proceeded to report it?	68.97%
6a: Percentage of Bank staff who would, in the next 12 months, consider moving to work in a form of permanent employment in the NHS.	12.63% at Trust 8.63% average at another NHS organisations
6b: Percentage of Bank workers that feel there are opportunities to develop their career in the organisation.	35.35%
6c: Percentage of Bank workers whose main paid source of work is on the Bank	69.91%
6d: How long have Bank only workers solely worked on the bank	Less than a year 21.96% 1-2 years 43.46% 3-5 years 22.43% 6-10 years 6.54% 11-15 years 1.87% More than 15 years 3.74%
7a: Percentage of Bank workers that have in the last 12 months personally experienced discrimination at work from managers / team leader or other colleagues.	12.26%
7b: Percentage of Bank workers that have in the last 12 months personally experienced discrimination at work from patients, relatives, or members of the public.	9%
8a: Percentage of Bank workers who feel that the organisation values their work contribution.	51.38%
8b: Percentage of Bank workers that feel safe to speak up about anything that concerns them in their organisation.	68.18%
8c: Percentage of Bank workers that think the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)	71.76%
8d: Percentage of Bank workers that feel they receive the respect they deserve from colleagues at work.	68.22%
9: Percentage of Bank workers who were originally recruited to the NHS from outside of the UK and now work in a Bank only position	2.73%

- 
- A higher proportion of BAME staff are active on the Bank (representing 52% of all Bank staff) compared to the BAME profile of the organisation, which sits at 37.9%
 - The number of Bank staff undergoing disciplinary, and dismissal is very low
 - A large number of Bank staff have five years or less service

WRES actions 2024/25

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

- Civility and Respect which is a mandatory online training package
- Race Code and Anti-Racism statement
- Joint Trust Behavioural Framework
- Inclusive Talent Management plans
- Inclusive Recruitment Toolkit and positive action initiative
- Development of EDI Scorecard
- Managers Essentials Training
- Race Code Renewal for three years

Further work for 2025 will include:

- Allyship Training
- Cultural Ambassadors Programme
- Continuation of the Civility and Respect programme
- Anti-racism and zero tolerance campaigns

13.0 Workforce Disability Equality Standard (WDES)

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



RWT Workforce WDES Metric Outcomes 2024/25

WDES Metric	RWT 2024/25	RWT 2023/24	RWT 2022/23	RWT 2021/22	RWT 2020/21	RWT 2019/20
Relative likelihood of non- disabled applicants being appointed from shortlisting compared to disabled applicants	1.1	1.2	1.2	0.94*	0.22	1.63
Relative likelihood of disabled staff entering a formal capability process compared with non-disabled staff (note this is a two-year rolling metric)	0.3	0.01*	0*	3.25 (based on a count of below 5)	2.4	2.86
Percentage of disabled staff saying the employer has made adequate adjustments	74.4%	73.9%	74%	71.8%	77.9%	75.7%

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

Analysis of Disabled Representation

- Non-disabled applicants were 1.1 times more likely to be appointed compared to disabled applicants. The Trust is a Disability Confident Employer and provides reasonable adjustments and positive action for disabled candidates during the recruitment process
- There has been a slight improvement in the data from disabled staff reporting that the Trust has made adequate reasonable adjustments from 73.9% to 74.4%. The Trust continues to promote the Health Adjustments Passport and the Hidden Disability Sunflower. The Trust works closely with its Disability and Long-Term Conditions EVG and is seeking to survey members on their experience of reasonable adjustments to gauge more information on disabled people's experiences

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

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

WDES Staff Survey Metric	RWT 2024/2025		RWT 2023/2024		RWT 2022/2023		RWT 2021/2022	
	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
Staff engagement score	6.38	6.85	6.5	7.1	6.5	7	6.6	7.1
Percentage of staff experiencing harassment, bullying or abuse from patients, in the last 12 months	26.9%	18.9%	46.2%	31.2%	28%	22%		
Percentage of staff experiencing harassment, bullying or abuse from managers, in the last 12 months	16.8%	9.5%	46.2%	31.2%	17%	10%		
Percentage of staff experiencing harassment, bullying or abuse from colleagues, in the last 12 months	28.6%	18.6%	46.2%	31.2%	24%	19%		
Percentage of staff experiencing harassment, bullying or abuse in the last 12 months and reported it	57.3%	52.1%	49.7%	49.5%	49%	47%		
Percentage staff who believe the Trust provides equal opportunities for progression / promotion	51.3%	59.1%	52.9%	63.3%	55%	60%	52.9%	59.6%
Percentage Staff who have reported feeling pressure from their line manager to attend work despite feeling unwell	28.9%	24.2%	32.2%	21.1%	30%	25%	34.1%	25.6%
Percentage staff saying the organisation values their work	35.5%	45.1%	39%	49.3%	39%	47%	35.1%	47.7%

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



Analysis of Disabled staff experience in the workplace

- A significantly higher percentage of disabled staff report experiencing bullying and harassment from patients, colleagues, and managers, compared to non-disabled staff
- There has been a 1.6% reduction in the proportion of disabled staff who believe the Trust provides equal opportunities
- There has been a 3.3% reduction in the proportion of disabled staff reporting attendance at work due to manager pressure when unwell
- The proportion of disabled staff saying their organisation values their work has declined by 3.5% since last year

WDES Actions

The Trust has identified a range of measures to improve its WDES metrics as part of the RWT Workforce Equality, Diversity and Inclusion Delivery Plan 2024/25 including:

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

14.0 Gender Pay Gap

Gender Pay Gap

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

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

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

The data analysis snapshot for this report is as of 31 March 2025 and is taken from the Electronic Staff Record System (ESR). The total number of employees was 13860, of which 77.01% were female, and 22.99% male, and includes all employees holding an employment contract with the Trust. **For the purposes of this report staff who work Bank shifts have been included.**

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

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

Overall GPG Trust Results

		2025		2024	
GPG		£	%	£	%
Overall Gender Pay Gap	Mean Ordinary	7.24	26.52	£6.13	27.07%
Overall Gender Pay Gap	Median Ordinary	6.10	12.83	£3.34	19.65%

- This data shows that on average there is a mean average difference in favour of male employees of 26.52% with men earning on average £7.24 more an hour
- There is a median gender pay gap of 12.83% in favour of male employers with men earning £6.10 more an hour.
- The NHS overall has a higher percentage of female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded Medical and Dental professions. Although the amounts have increased for 2025, the percentage for each has decreased which for the purpose of this report is positive



Average Bonus Gender Pay Gap

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

The Trust employs 579 substantive Consultants of which 36.44% are female. Of the total number of eligible Consultants, 419 are in receipt of a local Clinical Excellence Award, of which 35.32% are awarded to female Consultants. Of eligible female Consultants, 70.14% are in receipt of CEAs compared to 73.64% of eligible male Consultants. The following table illustrates the average bonus gender pay gap:

	Mean	Median
Gender Bonus Gap (%)	22.62%	0.00%

The table above shows there is a mean average difference in favour of male employees of 22.62% with men receiving on average £1770.78 more per year than female award recipients. The median average difference in favour of male employees is 0.00% with men receiving on average £0.00 more per year than female award recipients.

Analysis by Pay Grade

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

Quartile	Male	Female	Male %	Female %
Lower	585	2588	18.44%	81.56%
Lower Middle	563	2642	17.57%	82.43%
Upper Middle	552	2634	17.33%	82.67%
Upper	1120	2076	35.04%	64.96%

When ranking the pay of relevant employees, as of 31 March 2025, according to their average hourly earnings females have lower representation in the Upper Quartile.



15. Moving Forward

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

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

WRES Actions

1. Allyship training
2. Cultural Ambassador programme
3. Continuation of Civility and Respect programme
4. Anti-racism and Zero Tolerance campaigns

WDES and Carers Actions:

1. Continue to promote and improve disability declaration rates on ESR
2. Actions to develop and improve support to the disability and long-term conditions EVG. Survey members of the group to establish health issues
3. Implementation of the NHS accessible information standard
4. Renewal of membership to the sunflower scheme to promote disabilities that are non-visible
5. Raising awareness of disability and long-term conditions and lived experiences of staff, through events such as Disability History Month
6. Supporting reasonable adjustments for staff through the Health Adjustments Passport and Working Carers' Passport
7. Training managers on making reasonable adjustments in the workplace through Managers Essentials training package



LGBTQ+ Actions
1. To identify and develop a co-Chair within the group
2. To consider name change for the group to make it clearer and more accessible
3. To ensure quick and effective communication to all members across the Trust
Carers Actions
1. Promote awareness of wellbeing support available to carers through Carers' Week
2. Further promote the Carers' Passport so staff are aware of support available
3. Promote awareness of carer support services available locally and in surrounding areas.
Armed Forces
1. Increase the awareness of Armed Forces members and family members applying for roles within the Trust, learning about terminology and transferable skills.
2. Celebrate Armistice Day and other commemorative events and continue to advertise them for our staff and patients
3. Re-sign the Gold Employer Recognition Scheme

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



16.0 Equalities Duty Compliance

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

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

16.1 Equality Objectives

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

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

16.2 Equality Delivery System

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

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

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

Key Features

The EDS now comprises 11 outcomes spread across three domains:

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



Scoring and Rating system

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

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

Equality Analysis (EA)

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

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

The Trust's 'Undertaking 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. Engagement is an integral part of EA as it can help with developing an evidence base, decision making and transparency rather than making assumptions.

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

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

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

A copy of the 2024/25 register can be found at Appendix 4.



Appendix 1 – Equality Objectives 2023 - 2027

Patient Experience Objective 1

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

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

Patient Experience Objective 2

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

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

Workforce Equality Objective 3

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

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

Workforce Equality Objective 4

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

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



Workforce Equality Objective 5

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

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

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

Age - Refers to a person having a particular age (for example, 30 year olds) or being within an age group (for example, 18-30 year olds). This includes all ages, including children and young people

Disability - Includes significant and lengthy conditions that are physical as well as not seen, such as those relating to sight, hearing, speech, learning and mental health. Also includes HIV and cancer and other types of diseases

Gender reassignment* - This is the process of transitioning from one gender to another, whether proposing to undergo, undergoing or having already undergone a process (or part of a process) to reassign biological sex

Marriage and civil partnership - Marriage being a union between a man and a woman and civil partnership being legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples

Pregnancy and maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth and this includes treating a woman unfavourably because she is breastfeeding

Race - Refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins. Includes Asian, Black, Chinese, Mixed and Any Other Ethnic Group, as well as White British, Irish, Scottish and Welsh, Romany Gypsies and Irish Travellers

Religion or belief - Religion means any religion, including a reference to a lack of religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism)

Sex - Someone being a male or a female. Assigned at birth

Sexual orientation - This is whether a person's sexual attraction is towards their own or opposite sex or to both. Includes people that are gay (men who are attracted to men), lesbian (women who are attracted to women) and bisexual (people attracted to both sexes)



Appendix 3 - 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 who's preferred language is British Sign Language. (Association of Sign Language Interpreters). But do not assume all Deaf people use BSL.

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

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

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

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

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

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

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

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

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

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

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

LGBT: Lesbian Gay Bisexual Transgender.

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

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

Pregnancy: Condition of being pregnant.

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

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



Sex: A man or a woman.

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

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

Appendix 4 - 2024/25 Equality Analysis Register

Equality Analysis Register (Equality Impact Assessment)

For the Period 1.4.2024 – 31.3.2025

If you require this document in an alternative format e.g., larger print please contact Equality and Diversity Officer on 01902 694479 or e-mail Rwh-tr.EqualityandDiversity@nhs.net

An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing, and consulting on, the effects that a service or policy is likely to have on people from different characteristic groups.

The main purpose of an EIA is to pre-empt the possibility that any existing or proposed policy could affect some groups unfavourably. If appropriate, steps are taken to avoid this happening. EIAs are an ongoing process which is embedded in the Trust's policy development processes. All the policies listed below have received an initial screening as a minimum requirement. Existing policies will have an EIA on review.

	Policy No. (if applicable)	Name of policy, strategy, procedure or area being assessed	Aim of policy	Accountable Director	Responsible person, dept, or assessment carried out by	Date of Completion
1.	OP17	Preceptorship Policy	This document will explain how the Trust is meeting the Preceptorship standards set by Health Education England (HEE, 2015) in Appendix. This also will provide all registered healthcare staff with the specifications of the approach, structure, and delivery method of the RWT Preceptorship Programme.	Chief Nursing Officer	Preceptorship Lead	April 2024
2.	IP06	Prevention and Control of Clostridium difficile Diarrhoea	This policy will be implemented to reduce the risk of Clostridioides difficile infection (CDI) using a health- economy approach, when a single case or period of increased incidence of CDI is confirmed or suspected or when an outbreak of CDI is suspected. It contains attachments detailing specific management and preventative actions to take relating to CDI related deaths or clusters	Chief Nursing Officer	Infection Prevention Nurse	April 2024



3	SOP13	Maintaining Professional Registration Procedure	The purpose of this procedure is to provide a robust framework that provides ongoing assurance that all employees maintain their registration and have not been removed or cautioned by their professional registration body for misconduct whilst employed by the Trust.	Chief People Officer	Resourcing Manager	April 2024
4	HS10	Waste Management Policy	The policy has been developed to address and implement the requirements of all prevailing legislation, regulations, best practice guidelines, sustainability and to formulate a framework for a Trust-wide set of procedures (See Attachments 1, 2 and 3), covering the safe management of all categories of waste i.e. controlled, infectious, hazardous, domestic (including recyclable materials where appropriate) and radioactive waste and to clearly identify where responsibility lies at any point within the waste cycle from production to final disposal.	Chief Operating Officer	Waste Services Manager	April 2024
5	OP67	Patient Escort Policy	The purpose of this policy is to ensure that adult patients are safely transferred between departments internally within the hospital without compromising their condition, ensuring that appropriate personnel to escort them and equipment is identified.	Chief Nursing Officer	Matron for Capacity and Patient Flow	April 2024



6	CP19	Mental Capacity Act (2005) Policy	The purpose of this policy is to ensure that adult patients are safely transferred between departments internally within the hospital without compromising their condition, ensuring that appropriate personnel to escort them and equipment is identified.	Chief Nursing Officer	Safeguarding Adult Lead	April 2024
7	SOP10	Internal Transfer Scheme for Registered Nurses and Unregistered Healthcare Workers Procedure	The procedure is designed to facilitate internal movement of registered and unregistered nursing employees where it is mutually beneficial, supports staff engagement and long term workforce planning.	Chief People Officer	Resourcing Manager	April 2024
8	PRT04	Respiratory Illnesses Protocol	This protocol aims to reduce the spread of respiratory viruses such as seasonal, avian, pandemic influenza, respiratory syncytial virus (RSV) and severe acute respiratory syndromes (SARS).	Chief Nursing Officer	Senior Matron Infection Prevention	April 2024



9	HR22	Staff Dress Code and Uniform Policy	This policy sets out the expectations of the Trust in relation to corporate dress code and wearing of Trust uniforms. The Trust considers that the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its service, whether patients, visitors, clients or colleagues. a. Maximise infection prevention b. Minimise the risk of injury to patients c. Comply with Health and Safety Regulations d. Provide a Corporate image e. Enhance Trust security arrangements f. Comply with Food and Safety Legislation	Group Chief People Officer	Divisional HR Manager	April 2024
10	SOP08	Engagement of Temporary Workers Procedure	The purpose of this procedure is intended to provide guidance to all managers engaging temporary workers either agency or bank. Enabling the Trust to respond to staffing difficulties consistently and to be compliant with to NHSE rules regarding agency usage and IR35 Regulations, ensuring financial rigor. This procedure does not apply to The Royal Wolverhampton NHS Trust employees and other staff when SLAs, Honorary Contracts or Letter of Authorities).	Group Chief People Officer	Head of Resourcing	May 2024



11	CP65	The Safe Management of Sharps, Swabs, Instruments, Needles and other Accountable items used during surgical and interventional procedures within the Royal Wolverhampton NHS Trust	This policy describes the measures that must be used for the safe management of sharps during invasive procedures and for checking recording of swabs, instruments, needles, and other accountable items. The policy describes the correct procedures when discrepancies occur. In addition, it has been developed to ensure that staff do not breach their duty of care and are aware of their own and each other's individual responsibility and accountability for counts during a surgical / interventional procedure.	Chief Medical Officer	Matron, Critical Care Services Directorate,	May 2024
12	OP100	The use of safety checklists for patients undergoing surgical and interventional procedures	This policy defines the safety checks that must be used to improve the safety of patients undergoing surgery in operating theatres and the safety of patients undergoing interventional and surgical procedures outside the operating theatres. This will apply to appropriate inpatient, day case and outpatient procedures.	Chief Medical Officer	PDP Theatres	May 2024



13	OP03	Cancer Operational Policy	This policy sets out the RWT operational policy for the management of cancer pathways and associated clinical and non-clinical information required in association with patient whom a referral is made with a suspicion of cancer through to the treatment for cancer. It details how the organisation will approach the management of patients to optimise access and ensure a high quality of care is provided including compliance with the national Cancer Waiting Times (CWT) targets, Cancer Outcome Service Database (COSD). The overall purpose of the policy is to give a consistent approach to the management of cancer waiting times and associated information across the organisation.	Chief Operating Officer	Head of Cancer Services	May 2024
14	HR25	Expenses Policy	The purpose of this policy document is to set out the Trust's policy on the reimbursement of expenses incurred by staff when on Trust business away from their normal place of work. The expenses covered by this policy are: • Travel Expenses for official journeys (mileage, public transport, taxi fares) • Subsistence Allowances • Training/Study Leave Expenses • Telephone Expenses	Chief Financial Officer	Head of Financial Governance and Transactions	June 2024



15	MP11	1 Covid-19 Vaccine Handling and Management Policy	The objectives of this policy are as follows. Medical Director to ensure that all staff involved in delivery of the vaccination programme are aware of, and adhere to, correct procedures for the ordering, receipt, storage and administration of the product. To ensure that the physical and biochemical integrity and sterility of all vaccines and related medicines is maintained. To ensure that all staff involved in delivery of the vaccination programme are aware of the relevant characteristics of COVID-19 vaccines and the implications this has for vaccine efficacy and patient safety. To provide assurance that vaccine safety, sterility, quality and efficacy are protected. To define key roles and responsibilities needed to deliver this assurance. To ensure that all staff understand their critical roles and responsibilities in delivering these objectives.	Medical Director	Clinical Director of Pharmacy	June 2024
----	------	---	--	------------------	-------------------------------	-----------



16	OP06	Media Relations Policy	This policy outlines the procedures for handling the media and what staff must do if they are approached by the media or are involved in a situation that will attract media attention. It applies to all staff employed by the Trust, including students, volunteer workers, contractors, temporary staff and those seconded to the Trust.	Group Director of Communications and Stakeholder Engagement	Head of Communications	June 2024
17	MP03 -	Medicines Reconciliation	The purpose of this policy is to guide all clinical staff when carrying out medicines reconciliation processes for patients. It also reduces the risk to patients of medicines errors and complies with the Medicines Reconciliation section of the March 2015 NICE guidance for Medicines Optimisation (1). Admission to hospital provides an opportunity to make appropriate changes to medication, however the process of medicines review is beyond the scope of this policy.	Chief Medical Officer	Assistant Director of Pharmacy – Clinical Services	June 2024
18	PRT02	Inclement Weather Protocol	There are occasions when inclement conditions may necessitate managers considering some alterations to normal working patterns. This protocol will assist in determining the most appropriate way to handle such situations; the following guidelines are provided.	Chief People Officer	HR Manager	June 2024



19	CP53	Safeguarding Adults Policy	The purpose of the Safeguarding Adults at Risk policy is to promote and develop a culture that values and protects the rights of RWT service users to live free from harm abuse or neglect. All aspects of this document regarding potential Conflicts of Interest should refer first to the OP109 - Conflicts of Interest Policy. In adhering to this policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding policy.	Chief Nursing Officer	Named Nurse for Safeguarding Adults.	July 2024
20	OP110	PREVENT Policy	The Prevent Statutory Duty issued under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act) including the health sector, in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism." This policy is applicable to all Trust staff members.	Chief Nursing Officer	Named Nurse, Safeguarding Children	July 2024
21	IP01	Hand Hygiene Policy	This policy aims to define to all staff the expected standards for hand hygiene to deliver safe care and comply with the Health and Social Care Act (2012): Code of Practice for the Prevention and Control of Infection (2012).	Chief Nursing Officer	Senior Infection Prevention Nurse	July 2024



22	MP09	ePMA Policy	The electronic Prescribing and Medicines Administration (ePMA) Policy outlines how the ePMA system must be used within the Trust. It provides an electronic system for prescribing, clinical checking, supplying, and administering medication. The system must enable the Trust to reduce the risk of medication errors. The ePMA system also provides a Decision Support System (DSS) to aid safer prescribing and administration.	Chief Medical Officer	Digital Lead Pharmacist & Director of Pharmacy	July 2024
23	CP11	Resuscitation Policy	The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust resuscitation service to the organisation. The strategy for resuscitation incorporates the current published guidelines for resuscitation (Resuscitation Council UK 2021).	Chief Medical Officer	Resuscitation Group	July 2024
24	OP52	Patient Identification Policy for Adults and Paediatric Inpatients and Day Case Units	The safety of many treatments and activities within the Trust depends on ensuring that correct patient identity has been established. This policy has been developed to provide guidance for ensuring that staff can correctly identify patients prior to the delivery of any care episode or intervention.	Chief Nursing Officer	Senior Adult Matron- Adult Community Services Group	July 2024
25	SOP33	The Verification Process to Ensure that the Correct Patient is Discharged to the Correct Destination	This Standard Operating Procedure (SOP) defines the process that is to be followed to ensure that the correct patient is discharged to the correct destination.	Chief Nursing Officer	Senior Matron Capacity and Patient Flow	Aug 2024



26	OP28	Management of Prisoner Attendance Policy	The purpose of this policy is to ensure: The maintenance of high standard of security for all Wards and Departments of the Trust, that under no circumstances will the personal safety and wellbeing of all parties be compromised. A standardised approach to the management of prisoners who are onsite receiving Clinical Care	Chief Operating Officer	Trust Security Manger /LSMS	Aug 2024
27	HR48	Workplace Health and Wellbeing Policy	This policy forms part of the Trust's arrangements to: Support the good health of staff; Support the wellbeing of staff; Support and develop the Trust health and wellbeing approach across RWT; Provide guidance to managers to enable them to support staff; Provide guidance and signposting to employees to support self-management of their health and wellbeing.	Director of Operational Human Resources and Organisational Development	Deputy Director of Operational Human Resources and Organisational Development	Aug 2024



28	CP42	Prevention and Management of Adult and Paediatric Inpatient Falls Policy	To ensure compliance with evidence-based best practice, guidance and national regulations as determined by the Royal College of Physicians, National Institute for Health Care Excellence, MHRA, NPSA, NHS Patient Safety Strategy, PSIRF, NHSI, NAIF and NHS Resolution to reduce the number of avoidable inpatient falls to improve patient safety, and quality of care, reduce harm to patients, improve outcomes and facilitate continual learning and improvements in practice.	Chief Nursing Officer	Senior Sister - Quality	Aug 2024
29	OP05	Adult Safeguarding Supervision Policy	This document outlines the process and expectations of supervisors and supervisees and provides documentation for the recording of supervision in safeguarding cases.	Chief Nursing Officer	Safeguarding Adults Lead	Sept 2024
30	OP103	Electronic Rostering Policy	This policy covers the standards required for the effective utilisation and management of the Trust's workforce through efficient electronic rostering.	Chief People Officer	E-Rostering Manager	Sept 2024



31	IP19	Blood and Body Fluid Spillage Management	This policy provides guidance on the management of blood and/or body fluid spillage. This poses a potential risk of infection, particularly to those who may be exposed while providing health care. The Trust is committed to reducing and managing this risk, ensuring effective and safe practice. This policy provides guidance on the management of blood and/or body fluid spillage.	Chief Nursing Officer	Infection Prevention Team	Sept 2024
32	IP09	Glove Policy	In recent years concern among health care workers and the general public, with regard to the hazards and modes of transmission of various pathogens, has led to the increased use of barriers against infection, with gloves forming a primary method of protection. This policy provides guidance for all staff on the purchase, selection and safe practice for the use of disposable gloves.	Chief Nursing Officer	Infection Prevention Team	Sept 2024
33	CP39	Criteria Led Discharge Policy	The purpose of the policy is to provide a structure and process to support registered healthcare practitioners (Nurses, Pharmacists, and Allied Health Professionals) to discharge a patient based on criteria set by the Lead Clinician (LC). This Policy complies with NHS England (NHSE) guidance for Criteria Led Discharge (2021).	Chief Nursing Officer	Chief Allied Health Professional and Research Lead	Oct 2024



34	CP05	Transfer of patients between wards, departments, specialist Units and Other Hospitals	This policy identifies the Trust's expectations for the safe transfer of patients internally to other departments and externally to specialist units or other hospitals. It applies to all RWT staff employed on a substantive or temporary contract, including Bank and Agency staff, who may be required at any time to undertake patient transfers internally and externally.	Chief Nursing Officer	Clinical Director, Critical Care Services (Div 1)	Oct 2024
35	HS01	Management of Health and Safety Policy	The purpose of this policy is to ensure the Trust complies with the requirements of Health and Safety Legislation; notably the key elements of the Health and Safety at Work Act 1974 and Regulations made under the Act. The Trust must have in place clear lines of accountability and responsibility at all levels within the Trust and for all aspects of health and safety.	Group Director of Assurance	Health and Safety Manager	Oct 2024
36	GDL15	Digoxin Prescribing Regimen	Digoxin is a cardiac glycoside that increases the force of myocardial contraction and reduces conductivity within the atrioventricular node. Digoxin is used to manage atrial flutter/fibrillation and heart failure. It has a narrow therapeutic index, thus careful dosing and sometimes monitoring is necessary.	Chief Medical Officer	Senior Pharmacist - Cardiac Service	Nov 2024



37	IP02	Preventing Infection Associated with the Built Environment	The objectives of this policy are: To ensure a risk assessment is undertaken for bespoke and routine estates maintenance works across the organisation. To ensure that the risk assessment is reviewed at regular intervals, as indicated in Appendix 1, with infection prevention and project managers to ensure continued compliance and highlight any further risks. For robust project management of infection prevention issues in relation to demolitions, excavations, new builds and refurbishments; To adequately investigate any infections which are suspected to have arisen from estates or development work across the organisation; To ensure building work adjacent to or in close proximity to the Trust sites are discussed with local authority in relation to probable risk to the safety of patients.	Chief Nursing Officer	Senior Matron, Infection.	Nov 2024
38	OP09	Corporate Policy and Framework for the Governance of Partnership Agreements	This policy and framework are intended to ensure effective arrangements are put in place for the governance of partnerships.	Group Chief Strategy Officer	Group Company Secretary	Nov 2024



39	OP109	Conflicts of Interest Policy (RWT/WHT Combined Policy)	1. The policy provides the instructions for declaration of: Gifts 2. Hospitality 3. Outside employment 4. Shareholdings and other ownership interests 5. Patents 6. Loyalty interests 7. Donations to Charitable Trusts 8. Clinical private practice 9. Sponsored events 10. Sponsored research 11. Sponsored posts 12. No declared interests (Nil Return)	Group Chief Financial Officer	Group Chief Strategy Officer	Group Company Secretary
40	HS26	Fire Safety Policy	This policy sets out how the Trust will comply and demonstrate its compliance with the requirements of fire safety legislation. It should be read in conjunction with the NHS PAM SH14 Safety Plan This policy sets out the clear lines of accountability and responsibility at all levels within the organisation in respect of fire safety.	Chief Operating Officer	Group Head of Fire Safety Services	Nov 2024



41	IP07	High Consequence Infectious Disease policy (HCID)	This policy directs what RWT staff should do on the identification, risk assessment, control of infection and options for isolation of High Consequence Infectious Disease (HCID) and viral haemorrhagic fever in the UK. This now includes isolation of VHF infection within a High-Level Isolation Unit (HLIU).	Chief Nursing Officer	Senior Infection Prevention Nurse	Nov 2024
42	CP08	Children and Young People in Care Policy	This policy provides guidance and support in relation to Children and Young People in care aimed at practitioners Trust wide. It provides support for practitioners in completing statutory health assessments, outlines roles and responsibilities of the team, organisation and individuals working for the trust ensuring safe and effective standards of care are delivered for Children and Young People in Care.	Chief Nursing Officer	Authors: Matron for Children & Young People in Care Named Nurse Children & Young People in Care Named Doctor Children & Young People in Care	Dec 2024
43	MP15	FP10 Prescriptions Policy	The purpose of this policy is to ensure FP10 prescriptions are used in an appropriate and consistent manner within the Trust. The security and issuing of FP10 prescriptions laid out in the policy are to minimise the risk of prescription pads being lost, stolen or used in an unauthorised way.	Clinical Director of Pharmacy	Senior Pharmacist Medication Safety Officer	Dec 2024



44	CP60	Management of Pleural Diseases Policy	This policy supports clinicians involved with managing pleural diseases to deliver high standards of care. It is expected that implementation of this policy will ensure that patients diagnosed with pleural diseases are managed appropriately, safely and within acceptable timescales, to result in satisfactory clinical outcomes.	Chief Medical Officer	Consultant Respiratory Physician	Dec 2024
45	MP07	Non-Medical Prescribing Policy	This policy identifies the organisational systems and processes required to support non-medical prescribing in RWT. It states the criteria for non-medical prescribing and identifies how practitioners can access training and maintain their necessary competencies.	Chief Nursing Officer	Assistant Director of Pharmacy – Quality and Governance	Dec 2024
46	SOP23	Survey Monkey SOP (RWT/WHT Combined SOP)	The Trust needs to undertake surveys as and when required, and to ensure they meet the required standards of good governance, data handling and security. The Trust has procured a license for access to and the use of Survey Monkey (henceforth referred to as 'Survey Monkey' or 'the product') to meet the governance, security and data handling requirements of such survey and data collection. This procedure describes the agreed and allowed process for undertaking such activity, access to and use of the product, and all requirements therein.	Group Director of Assurance	Group Company Secretary	Dec 2024



47	HR29	On-Call Policy Policy – Agenda for Change (AfC)	This policy sets out the Trust's local arrangements for the management and payment of on-call work and applies to the posts of all employees covered by the NHS AfC Terms and Conditions of Service.	Chief People Officer	Senior HR Manager	Jan 2025
48	GOP02	Patient Safety Incident Response Policy	This policy sets out The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust's ('The Group') commitment, and approach, to deliver the principles and requirements of the new national Patient Safety Incident Response Framework (PSIRF).	Group Director of Assurance	Group Patient Safety Specialist	Jan 2025
49	IP11	Infection Prevention: Management of Patients affected by Common UK Parasites	To ensure the relevant action and management of patients with ectoparasitic infestation is undertaken and to prevent further spread of infestation.	Chief Nursing Officer	Infection Prevention Nurse	Feb 2025
50	SOP16	Standard Operating Procedure for Mattress and Cushion Care	This SOP is intended for all RWT staff who provide clinical care for patients or have responsibility for storage, movement, disposal and care of Trust mattresses and cushions. The term mattress applies to bed and trolley mattresses.	Chief Nursing Officer	Senior Matron Infection Prevention	March 2025





51	CP67	Identification and Management of Female Genital Mutilation Policy (FGM)	The purpose of this policy is to reduce the risk of serious harm by offering early intervention in the lives of families affected by FGM. This document directs the consistent approach to managing cases of FGM within RWT. Effective pathways and a robust information sharing process between health and partner agencies are required to protect girls from risk of significant harm.	Chief Nursing Officer	Named Nurse Safeguarding Children	March 2025
52	HR03	Disciplinary Policy	This policy and its associated attachments provide standards of behaviour and conduct to be adhered to by staff, as well as a framework in which to manage misconduct and gross misconduct.	Group Chief People Officer	Senior HR Manager	March 2025
53	SOP18	Overseas Visitors Policy	Process to follow for Trust staff when an overseas visitor attends for treatment.	Chief Financial Officer	Directorate Manager/ Financial Controller	March 2025

