NHS
The Royal Wolverhampton
NHS Trust

Annual Equality, Diversity and Inclusion Report

April 2025 – March 2026





Authors

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Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਕਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੰਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriţi acest pliant în limba română, vă rugăm să vă adresaţi echipei de relaţii cu pacienţii.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو، براہ کرم
پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.

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

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1. Introduction

It is essential that The Royal Wolverhampton NHS Trust (RWT) understands the impact of its policies and practices on both the people who use our services and our staff. Embedding equality, diversity and inclusion (EDI) in everything we do enables RWT to continue as a high-performing NHS organisation. By actively addressing discrimination, bullying, harassment and victimisation, we strengthen trust and confidence in RWT as a care provider and improve patient experience and outcomes.

Our aim is to deliver services that are safe, accessible and fair for the diverse communities we serve. Dignity and respect are central to creating an environment where individuals can thrive. When services are equitable and staff are fully engaged, both patients and colleagues are better supported to reach their full potential.

We recognise that unintended barriers can arise from our ways of working and from how services are accessed. It is important that individuals are treated fairly and that their needs are met wherever possible. In some cases, additional support is required to ensure equitable access, experience and outcomes for all.

This report brings together data across both workforce and non-workforce areas of the Trust, supporting our legal and contractual responsibilities. Action plans are in place to address areas of inequality and to improve equitable access for our communities.

While challenges remain, RWT is committed not only to meeting its legal obligations but also to fulfilling its moral responsibility to drive meaningful change and improve the lives and health of the communities we serve.



1.1 The purpose of this report

Equality, diversity and inclusion (EDI) is fundamental to RWT. The Trust is committed to breaking down barriers and ensuring every individual has fair access to healthcare and receives outcomes which are equitable. This report is conducted annually, using the best available data (disaggregated by personal protected characteristics as defined under the Equality Act 2010), to gain a clear understanding of inequalities within our services and workforces.

1.2 What is equality, diversity and inclusion and why does it matter?



EDI is not only a legal requirement and moral responsibility, but also central to quality and safety. When services are not accessible or responsive to differing needs, outcomes suffer. Inequalities affect access to healthcare, trust in services, communication and understanding, diagnosis and treatment, and long-term health outcomes. Embedding EDI into everything we do helps us deliver high-quality care, ensuring that no one gets left behind.

The Equality Act 2010 replaced previous anti-discrimination laws with a single act by legally defining the nine protected characteristics, as seen in Image 1.

The Trust recognises that protected characteristics can impact health inequalities, whilst understanding other factors not protected may also contribute to negative outcomes. These factors may include being socially excluded, including people who are experiencing poverty, low socio-economic status, unemployment, homelessness, asylum seekers' status (this list is not exhaustive).

1.3 Legal processes

Our work is guided by key legislative and national standards designed to protect people's rights and promote fairness in healthcare. Together, these frameworks shape how we deliver equitable and inclusive care, and they underpin the work described throughout this report.

Equality Act 2010: Public Sector Equality Duty (General Equality Duty)

The Equality Act 2010 outlines the nine personal characteristics that are protected by law. It highlights behaviour that is unlawful and sets out our role as a public sector organisation.

The aim of the act is to help Britain become a fairer society, improve public services, and help business perform well. Section 149 (1) of the Equality Act (2010) imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard for the need to:

1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This duty applies across all protected characteristics and informs how we design services to improve patient access. We meet this duty through data analysis and by publishing annual equality information, including this report.

Health and Social Care Act 2012

Requires NHS organisations to reduce inequalities in access and outcomes.

NHS Constitution

Sets out rights for patients to be treated with dignity, respect, humanity and compassion.

Accessible Information Standard (AIS)

A statutory requirement to ensure that people with communication needs receive information in a format they can understand, and that they can communicate effectively with our staff.

Human Rights Act 1998

Protects people's rights to safety, respect, privacy, dignity and autonomy.

NHS England Health Inequalities Improvement Framework

Guides work to address disparities across the protected characteristics and in areas of deprivation or vulnerability.

2. Who we serve

2.1 Wolverhampton and Cannock Chase overview

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. For this report, demographic data from Wolverhampton and Cannock will be reviewed.

Wolverhampton and Cannock are diverse communities, each with their own cultural identities and health needs. Understanding the demographics of the areas we serve is an essential part of delivering equitable care. It helps us to recognise who is in our local population and where groups may be at risk of poorer access or outcomes.

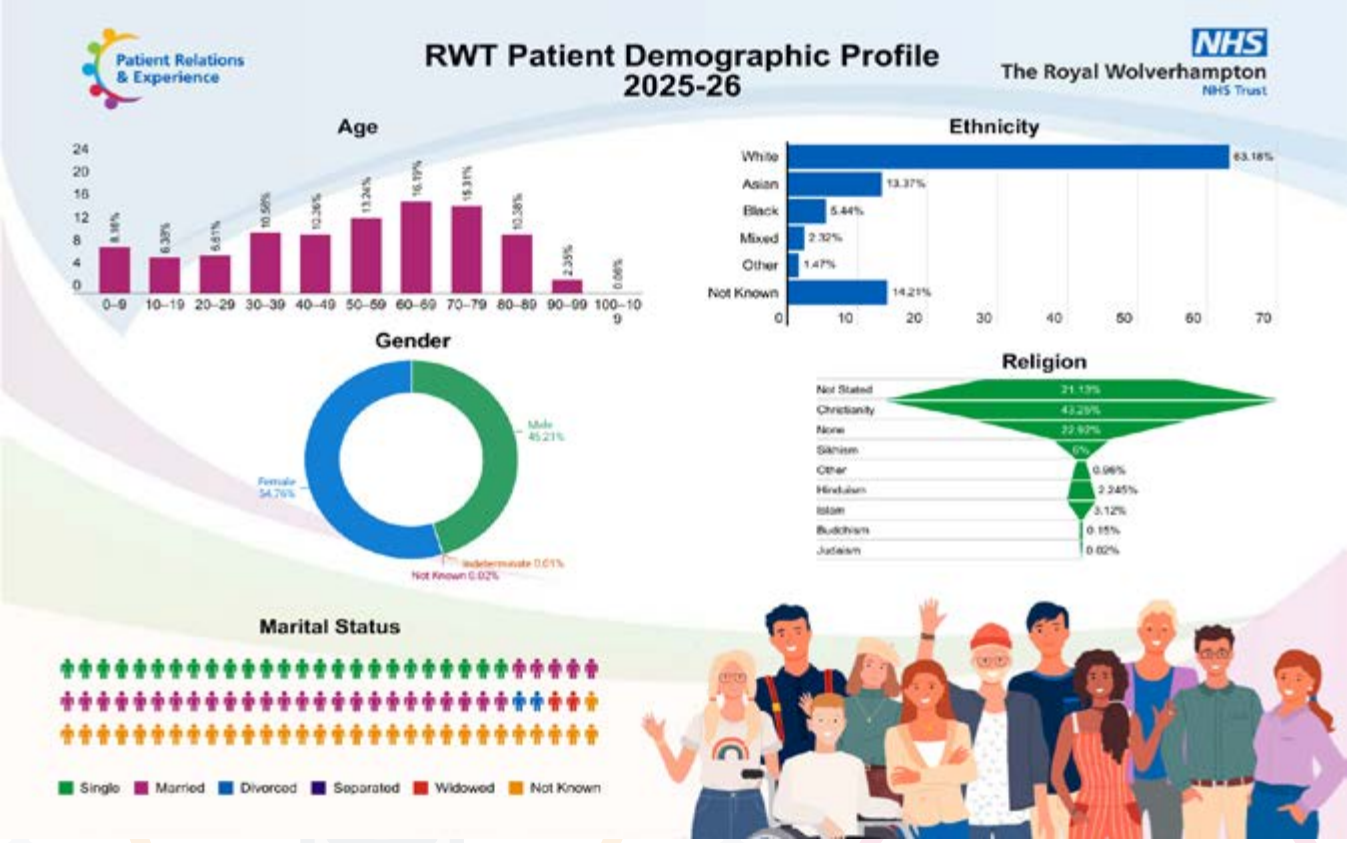
Diversity is often the result of inclusive environments. By understanding the make up of Wolverhampton and Cannock, we can ensure our services are designed around the people who live here. Please see Appendix 1 for Census 2021 demographic information for Wolverhampton and Cannock.

2.2 Access to services

During 2025/26, Trust activity increased across inpatient, emergency and outpatient services. Key changes compared to 2024/25 are summarised below:

- For inpatients, 102,610 individual patients were admitted, accounting for 183,562 admissions. This represents an increase of 1047 (+1.03%) and 1998 admissions (+1.1%), indicating higher inpatient activity rather than a substantial change in the overall inpatient population
- 144,600 ED attendances were recorded, involving 98,974 individual patients. Compared to 2024/25, attendances decreased by 7518 (-4.94%) and individual patients by 4910 (-4.73%), suggesting a marginal decline of increased repeat use which correlates to a similar decline in the number of people presenting
- 958,948 outpatient attendances were recorded, involving 247,364 individual patients, compared to 936,107 attendances and 239,748 patients in 2024/25

Due to a change in data capture methodology in 2025/26, with attendances now reflecting true repeat appointments, for comparable reasons, the previous year's data is indicative of the new methodology.



Gender: The gender profile of patients accessing services in 2025/26 remains stable and consistent with last year, with a slight female majority. This broadly aligns with the local population profile in both Wolverhampton and Cannock Chase and reflects expected patterns of healthcare use, particularly within older age groups.

Age: Patients accessing Trust services continue to be predominantly older adults, with the majority aged 60 and above. This pattern is consistent with the 2024/25 profile.

Ethnicity: Cannock Chase: Patient ethnicity broadly reflects the predominantly white population, with no significant mismatch. Wolverhampton: The Trust continues to see a less ethnically diverse patient population than the local community, particularly in relation to Asian and Black communities. While some variation is expected due to age structure and health needs, this pattern is consistent with last year and remains an area for continued monitoring.

Religion or Belief: The religious profile broadly reflects ethnicity patterns. Christian and "no religion" categories dominate, aligning with Cannock Chase demographics. In Wolverhampton, where Sikh, Hindu and Muslim communities represent a large proportion of the population, these faith groups are present but under-represented in RWT patient data. This is consistent with last year's findings and may reflect engagement patterns with services.

Marital Status: Most patients are married, civil-partnered or widowed. This pattern remains unchanged from last year and differs from the younger, more single working-age group seen particularly in Wolverhampton. This difference is age-related rather than indicative of access inequality.

Disability: Disability data remains limited by incomplete recording, consistent with previous years. While population data (Census 2021) suggests a significant proportion of residents live with a disability, Trust data continues to show high levels of "unknown" or "not recorded" entries. This remains primarily a data quality issue, limiting meaningful interpretation.

3. Health inequalities

3.1 Wolverhampton and Cannock

Addressing health inequalities remains a core priority for the Trust, with a focus on understanding local need and delivering services more equitably.

Wolverhampton and Cannock Chase experience different but significant patterns of inequality, shaped by deprivation, population health, age profile, and social factors. These differences influence both health outcomes and how people engage with NHS services, reinforcing the importance of using demographic and activity data to inform action.

The Trust's Health Inequalities work is delivered in line with the Joint Health Inequalities Enabling Strategy 2024/27, which aligns with national NHS priorities and the CQC Well-Led domain.

4. What we did this year

4.1 Addressing health inequalities

During 2025/26, the Trust continued to address health inequalities through Trust-wide initiatives and service level improvements aimed at reducing barriers to access and improving patient experience. This included work to support reasonable adjustment access and better respond to the needs of patients.

People's health is shaped by where they live, their income, their background, and how easily they can access services. Across Wolverhampton, some people live shorter and less healthy lives than others. These differences are unfair and can often be avoided.

Our Health Inequalities Steering Group across The Royal Wolverhampton and Walsall Healthcare NHS Trusts has continued this year to work towards reducing these gaps in health and healthcare.

Nearly half of our patients live in the 20% most deprived areas in England. Our communities are diverse, with people from many ethnic backgrounds and life experiences. Some groups face extra barriers, such as low income, language barriers, poor access to information, or lack of trust in services. These barriers can lead to worse health outcomes.

To tackle this, both Trusts are working together through a shared Health Inequalities Strategy.

We focus our work on five main areas:

- **Prevention** – helping people stay well and reducing avoidable illness
- **Information** – using better data and clearer communication to understand and reduce gaps in care
- **Research** – making sure research includes people from all communities
- **Inclusive services** – designing services that meet people's needs
- **Leadership** – supporting staff at all levels to consider inequalities in their work

This year, we tested a new Specialist Support Navigator role in New Cross Hospital's Emergency Department to support people with issues such as homelessness, domestic abuse or other complex needs.

We carried out work to understand and improve how ethnicity is recorded, so we can better identify and address inequalities. We increased participation in research from Asian communities, by working more closely with patients, families, and community groups. This helps ensure new treatments and studies are more relevant to local people.

We shared examples of inclusive services, including outreach healthcare for people who are living in hostel accommodation, and work to improve access to diabetes technology for children and young people from deprived areas.

For full details, please refer to the Trust's 2025/26 Health Inequalities Annual Report Supplement.

Please see Appendix 2 for the full list of recent and ongoing projects across the Trust.

Interpreting

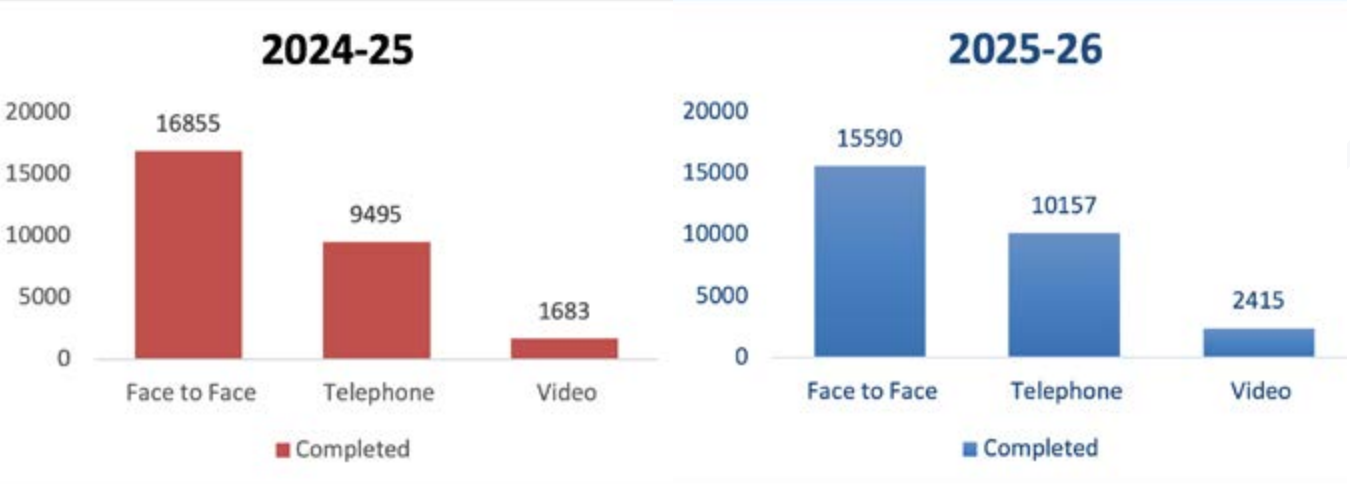
The Trust continues to provide interpreting and translation services to support equitable access to care and reduce communication barriers, using face-to-face, telephone and video interpreting delivered through an external provider.

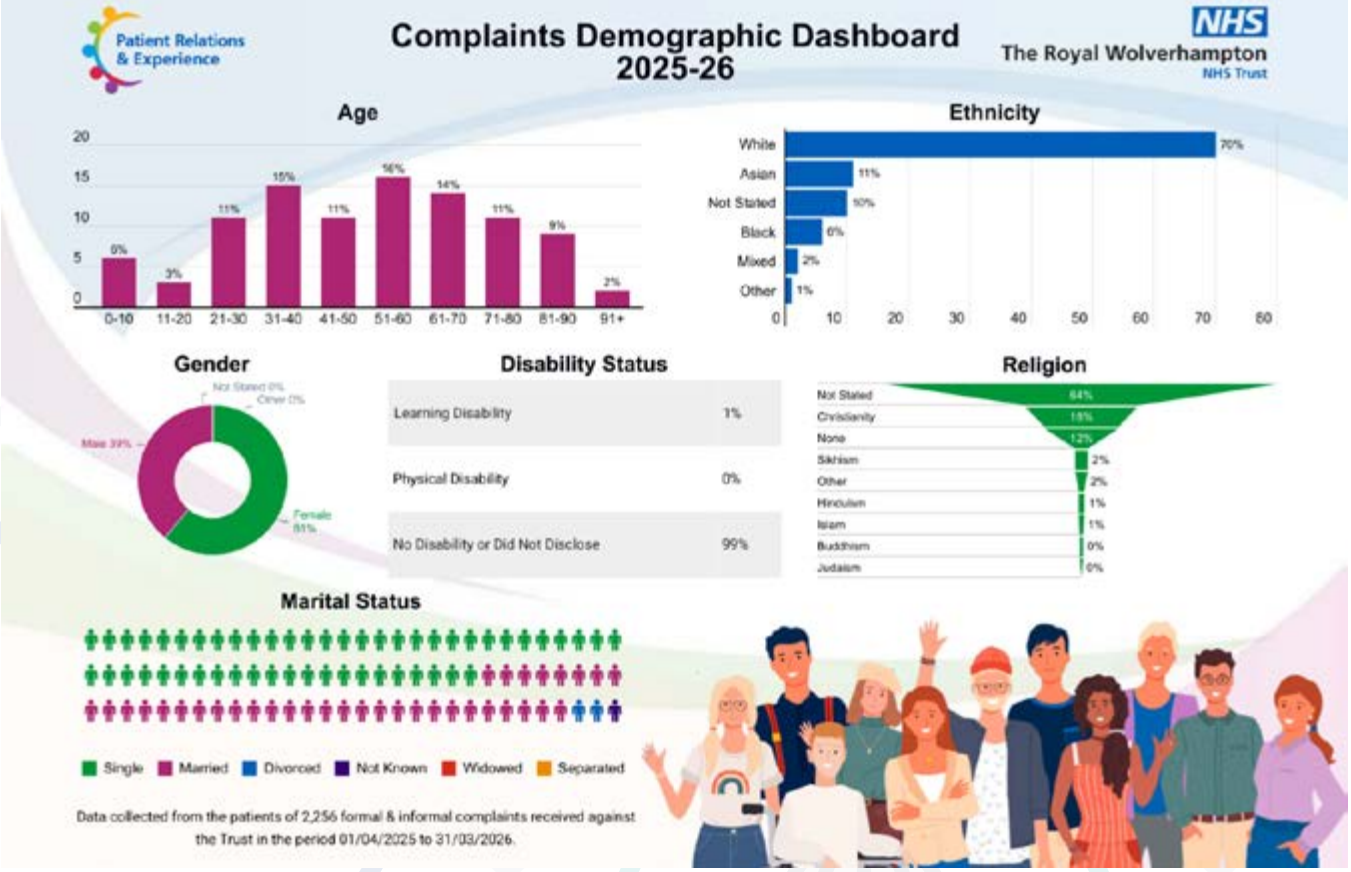
During 2025/26, the Patient Relations Team further developed the use of Wordskii on Wheels (WoW), a portable video interpreting device that enables staff to access professional interpreters on demand at the point of care. WoW supports timely clinical communication and reduces delays associated with booking and travel. Use of video and telephone interpreting alongside face-to-face provision continues to be promoted to ensure services remain responsive and proportionate.

During the reporting period, interpreting services were booked 29,120 times across the Trust.

The increased use of WoW and other video interpreting options has supported more efficient access to interpreters and contributed to cost avoidance compared to face-to-face interpreting. The graphs below show an increase in telephone and video interpreting and a decrease in face-to-face.

4.2 Strengthening patient voices





The Trust reviews demographic information relating to patients referenced within complaints, rather than complainants. In 2025/26, this analysis was expanded to include both formal and informal complaints, whereas in previous years it focused on formal complaints only. This change limits direct comparability with earlier reports but provides a more complete view of patient experience.

Comparison of the 2024/25 and 2025/26 datasets shows broadly consistent patterns across age, sex and ethnicity. Significant gaps remain in some areas, however, particularly disability status, where most records include no disclosed information. Marital status data also remains limited due to the historical constraints of Datix response options.

From 2026/27, the Trust will review both patient and complainant demographic data. Amendments to Datix demographic fields, aligned to ONS Census categories, have now been implemented, and further improvements are being developed in partnership with the Electronic Patient Record (Blueprint) project. These changes are intended to improve the accuracy of future complaints demographic data.

4.3 Maternity Services

Maternity Services continued to deliver targeted EDI activity during 2025/26, focused on improving access, communication and support for women and families experiencing greater barriers to care. This included the continuation of face to face parent education through the Baby Bloom programme, development of EDI outreach support for women with complex social needs, and targeted engagement with communities affected by language barriers, deprivation and social isolation.

During the year, Maternity Services also adapted provision in response to service user feedback, strengthened links with community partners, and continued work to improve inclusivity for groups including LGBTQ+ parents, neurodivergent service users and women who are new to the UK.

Please see Appendix 2 for detailed information regarding recent projects.

4.4 Friends and Family Test (FFT)

- FFT results during 2025/26 showed variation across services and population groups. Community Services continued to achieve high recommendation scores. In contrast, inpatient and Outpatient Services recorded lower recommendation scores compared to the previous year
- Emergency Department (ED) experience remained variable, reflecting sustained operational pressure
- Within Maternity Services, FFT results varied significantly. Antenatal and Birth Services consistently achieved higher recommendation scores, while Postnatal Ward and Community Services showed lower scores

Analysis of FFT data by demographic group:

- **Gender** did not appear to significantly influence recommendation scores, with similar experiences reported by male and female respondents
- **Age** showed a clear gradient: younger patients consistently reported lower recommendation scores, while those aged 65 and over reported the highest levels of satisfaction. This suggests differing expectations, access challenges and communication needs for younger adults
- **Ethnicity** analysis shows that White British patients reported the highest overall experience, with lower recommendation scores among some minority ethnic groups, particularly Asian or Asian British and "Other" ethnic groups. Patients who identified as Black, Black British, Caribbean or African reported mid range experiences

When benchmarked against national averages, the Trust performed below average across most acute service areas, while Community and Birth Services aligned with or exceeded national performance.

These comparisons underline where targeted improvement is required and where learning can be shared, particularly from high performing Community and Maternity touchpoints.



4.5 Local engagement

Local surveys and engagement activity played a critical role in deepening understanding of inclusion and equity.

Examples include:

- LGBTQ+ Voices in Health Survey, which highlighted positive staff interactions but identified opportunities to improve visibility, inclusive signage and staff confidence in discussing identity. This insight is now shaping training and the development of a new LGBTQ+ Voices in Health Forum
- Urgent and Emergency Care Experience Survey, which reinforced the importance of communication and clarity during long waits, particularly for vulnerable patients
- Stroke Rehabilitation engagement, where people from diverse communities emphasised the need for clearer information, better co-ordination and more consistent community support after discharge
- Children's experience surveys, influencing improvements to entertainment, food choice and autonomy for young patients

Taken together, FFT and engagement data show that experience is not uniform across all population groups. Younger adults and some ethnically diverse communities consistently report different experiences and are under-represented in some feedback channels.

In response, the Trust continues to prioritise:

- Targeted engagement with Core20 and PLUS populations
- Expanded use of interpreting and accessible communication tools
- Community based engagement hubs improving digital inclusion and access
- Greater use of lived experience partners to challenge assumptions and shape improvement

These actions are embedded within the Patient Experience Enabling Strategy 2025/28, ensuring that equity of experience is not addressed in isolation but as part of systemic, Trust wide improvement.



5. Looking Ahead

Over the coming year, the Trust will continue to build on the work outlined in this report through a focus on assurance, data quality, partnership working and service engagement.

- The Trust will complete an AIS self-assessment to strengthen understanding of accessibility impacts across services and to identify priorities for improvement
- We will continue to improve the quality of equality data across the Trust. This will include working closely with the Blueprint (new EPR) project team to ensure data collection processes are efficient without creating unnecessary burden for staff or patients
- The Trust will maintain a strong focus on working alongside clinical and non-clinical teams to improve engagement and access to services

This work will be supported through ongoing collaboration with the Health Inequalities Steering Group, ensuring that EDI activity aligns with wider health inequalities priorities and contributes to reducing avoidable differences in access and outcomes.

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 Trust workforce equality and diversity information is for the reporting period 1 April 2025 to 31 March 2026. 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 11,603 staff as at the end of 31 March 2026, decreasing from 11,817 in 2025. The workforce profile information has been presented by protected characteristics and analysed to identify any gaps or possible barriers for staff.

6. 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 2023/27 (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 disciplinaries
- 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. It 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.

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 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.

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 system-wide 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 will start this assessment again in 2026.

RWT Equality Diversity Inclusion Delivery Plan

The Trust continues to make progress against its Equality, Diversity and Inclusion (EDI) Delivery Plan 2023/25. In parallel, work is underway to refresh and extend the Delivery Plan beyond 2025, reflecting emerging priorities identified through workforce data, staff feedback, and evolving organisational and system-wide expectations.

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 was renewed during 2025 and is available on the Trust's web pages.



7. Highlights and achievements 2025/26

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

Staff Network 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. Staff Networks 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 Staff Networks are available to all staff who identify with a particular protected characteristic or support a particular protected characteristic as an ally.

Staff Networks act as a safe space for staff to come together, network, raise issues or concerns, and be heard. The Networks 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 Networks. The following table illustrates the growing membership levels of the Networks from 2021 to 2026.

Employee Voice Group (EVG)	Executive Sponsor	Members April 2026	Members April 2025	Members April 2024	Members April 2023	Members April 2022	Members April 2021
Black Asian and Minority Ethnic (BAME)	Dr Brian McKaig	143	144	155	149	110	105
Lesbian Gay Bi-sexual Trans (LGBTQ+)	Simon Evans	497 Inc Allies	326 Inc Allies	322 Inc Allies	279 Inc Allies	220 Inc Allies	62 Inc Allies
Disability and Long- Term Conditions (D&LTC)	Debra Hickman	91	87	84	78	55	42
Carers	Gwen Nuttall	37	36	38	32	25	12
Armed Forces	Vacant		29	25	12	-	-
Neurodiversity	Pauline Boyle	85	83	-	-	-	-

- The Health and Wellbeing network was stood down during 2025 due to minimal engagement. The Trust does still have a Health and Wellbeing Team which is available at staff request, and it attends all other Network meetings to support where needed
- All Staff Networks have changed this year following a vote as they were previously called Employee Voice Groups. Each group has a Senior Sponsor to provide support, leadership commitment, and a point for escalation

Equality, Diversity and Inclusion

The Royal Wolverhampton NHS Trust

Our Staff Network Groups



Harbinder Singh
Co-Chair



Ifeoma Ndukwe
Co-Chair

Chairs of the BAME Staff Network Group

Committed to eliminating discrimination and promoting equality of opportunity in all we do.

rwh-tr.rwtbameemployeevoicegroup@nhs.net

BAME Staff Network



Laura Partoon
Chair



Kerry Sirrell
Deputy Chair

Chairs of the LGBTQ+ Staff Network Group

Supporting LGBTQ+ employees and raising awareness of issues in the workplace.

rwh-tr.LGBTEmployeeVoiceGroup@nhs.net

NHS



Tanja Schulte



Parmjit Kang

Chairs of the Disabilities and Long Term Conditions Staff Network Group

Raising awareness on key disability matters.

rwh-tr.DLTCemployeevoicegroup@nhs.net

D&LTC Staff Network



Kay Bufton

Chair of the Carers Staff Network Group

Supporting staff who have caring responsibilities through offering access to a friendly network of support.

rwh-tr.carersemployeevoicegroup@nhs.net

Carers Staff Network



Kim Kinsella

Chair of the Neurodiversity Group Staff Network Group

Support Neurodiverse staff across Wolverhampton and Walsall

rwh-tr.neurodiversitynetwork@nhs.net

Neurodiversity Staff Network



Adam Wills

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.

ARMED FORCES Staff Network

To find out about the Staff Network Groups, please see:
Staff intranet > Working at RWT > Staff Network Groups

The following table sets out Staff Network activity in 2025/26 and future plans.

Staff Network	Achievements and highlights	Top three priorities for each Network going forward
Black Asian & Minority Ethnic (BAME)	• 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	1. To explore options for cultural ambassadors training 2. Integrate more with external organisations 3. Exploring options for anti-racism training

Staff Network	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 with 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 • Continue to promote recording of D&LTC status on ESR	1. Linking in with communities 2. Ongoing promotion of hidden disabilities 3. Health Passport improvement and awareness raising of this specifically and D&LTC related information in general
Lesbian, Gay, Bi- sexual Trans+ (LGBT)	• Mutual support to colleagues who encounter negative attitudes and behaviours • Dissemination of information to members on local LGBTQ+ inclusive events, resources and social activities. • Integration with Walsall Network colleagues to create a more collaborative approach to LGBTQ+ education	1. Continue to educate people about LGBTQ+ matters 2. To consider more gender-neutral toilet facilities across sites to support both staff and patients 3. Continue to support staff

Staff Network	Achievements and highlights	Top three priorities for each EVG going forward
Carers EVG Carers Staff Network	• 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. Looking at how we support Foster Carers working at the Trust 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 ARMED FORCES Staff Network	• Renewed the Gold Employer Recognition Scheme • Celebrated Armistice Day and Armed Forces Day allowing employees, where appropriate, to wear their uniform at work • Celebrated the 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 City Council and local Regiments	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. Linking in with local care homes to ensure that we can bridge that gap when patients are discharged from our Trust.

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.

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.



Organisational Development

The Organisational Development Team supports the Trust to create a positive and inclusive employee experience through a range of staff engagement activities and targeted cultural interventions.

A key example of this is the introduction of our joint behavioural framework, "Caring for All: Our Standards of Behaviour," which clearly sets out the behaviours expected of all colleagues. It reflects our ambition to be an organisation that listens, is kind, inclusive and professional. This framework is now embedded across our people practices, including our reward and recognition approach and our management development offer.

Our Managers' Essentials programme is central to this approach. It includes a dedicated Equality, Diversity and Inclusion (EDI) session and focuses on developing self-aware, confident managers with the skills required to lead inclusively and effectively support their teams.

In addition, the team offers a cultural and team development programme, "Want to Improve the VIBE in your Team?" This programme supports teams to explore shared values, strengthen interpersonal relationships, embed the behavioural framework in day-to-day practice, and create opportunities for staff to have a meaningful voice through high-quality engagement.

Together, these initiatives contribute to building a more inclusive culture, improving staff experience, and supporting the organisation's commitment to EDI.

Cultural Ambassador Programme

The Cultural Ambassador Programme was originally developed by the Royal College of Nursing (RCN) to support employee relations processes within NHS organisations, with the aim of enhancing fairness and reducing the potential for cultural bias. This need was identified through national Workforce Race Equality Standard (WRES) data, which highlighted that Black, Asian and Minority Ethnic (BAME) staff are over-represented in employee relations cases and experience poorer outcomes compared to their white counterparts.

The Trust currently has 18 active Cultural Ambassadors and has demonstrated continued leadership commitment to the programme, alongside a strong emphasis on continuous learning. Investment has been made in the ongoing development and support of Cultural Ambassadors, including action learning sets and regular engagement with the HR Advisory Team.

The Trust is proud of the progress made in strengthening fairness within its disciplinary processes and continues to embed a just culture approach, including the integration of Cultural Ambassadors within case assessment and disciplinary procedures. The Trust recognises, however, that further work is required to ensure equitable outcomes for staff from Black, Asian and Minority Ethnic backgrounds.

In this context, the Trust is currently reviewing its Cultural Ambassador Programme to ensure it remains effective, sustainable, and aligned to best practice, as well as supporting the evolving needs of the organisation. This includes exploring opportunities to further strengthen the model, improve consistency of practice, and enhance impact measurement.

As part of this review, the Trust is also working collaboratively across the Integrated Care System (ICS), with the opportunity to share Cultural Ambassadors across neighbouring Trusts. This approach aims to improve availability, support consistency in training and standards, and strengthen collective capacity to promote fair and inclusive employee relations processes.

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 managers are aware of staff who have caring responsibilities is really important.

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

The Trust has further integrated the Carer Passport within the HR Managers Toolkit, 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 in the organisation who are caring for or looking after someone.

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.

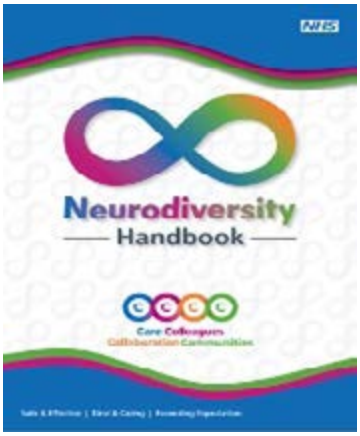
RWT is now a member of the Hidden Disabilities Sunflower Scheme, allowing people to wear the sunflower logo to show that they have a hidden disability or are an ally for this. The training which sits alongside this has to be completed to enable our staff to access the merchandise.

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 is constantly seeing an increase in members.

It 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. The Trust plans to roll out neurodiversity training during 2026 along with a neurodiversity adjustment passport.

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 is 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.

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 2025

The Trust is proud to continue its support for Birmingham Pride, one of the UK's most significant LGBTQ+ celebrations, bringing together thousands of people each year to celebrate diversity and inclusion.

Birmingham Pride continues to play a vital role in building a community where all people can live freely without fear or prejudice, and remains committed to challenging injustice, inequality, and discrimination affecting LGBTQ+ communities. The 2025 event continued this tradition, promoting unity, visibility, and collective action against all forms of discrimination, including transphobia, biphobia and homophobia.

RWT, alongside partner organisations across the Black Country Integrated Care System (ICS), came together to support LGBTQ+ staff to participate in the Pride parade, demonstrating a shared commitment to inclusion, allyship, and support for our workforce and communities.



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 2025/26 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

8. Workforce Equality Data Information

RWT is committed to investing in and developing its diverse workforce and employs a total of 11,603 people as of 31 March 2026, 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 proactively works to maximise this relationship and demonstrate a positive effect on patient experience.

The workforce data contained within the report is for the period 1 April 2025 to 31 March 2026. 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 2026 was as follows:

- The ethnic representation is White 86 % and BAME 14 %
- The gender breakdown of the Board is 43 % female and 57% male. The representation of females on the Board has fallen by 3% since 2025

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 2026	% Workforce 2025	% Workforce 2024	% Workforce 2023
Under 25	7%	7%	7%	8%
26 - 35	25%	26%	27%	26%
36 - 45	26%	24%	24%	23%
46 - 55	22%	23%	23%	24%
56 - 65	18%	18%	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 movement within the middle-aged groups, a decrease to 25% in the 26 – 35 age group and an increase to 26% for 36 – 45 years and the 46 – 55 age group has also decreased to 22%
- The percentage of staff in the 56 – 65 age group remains the same as last year at 18%
- The fewest staff represented are 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 5%, increasing from 4.7% in 2025. 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 2026	% Workforce 2025	% Workforce 2024	% Workforce 2023
No	78.2%	83.3%	77%	75.5%
Not Declared or Prefer not to answer	16.8%	12%	18.5%	20.5%
Yes	5%	4.7%	4.5%	4%
Total	**100%**	**100%**	**100%**	**100%**

- A total of 5% of the workforce has declared disability. The proportion of staff declaring a disability has risen steadily over the course of the last few years
- The proportion of staff who have not declared their disability has risen by 4.8% since 2025. 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% 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 0.18% increase in BAME staff in senior roles (Band 7+).

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

Ethnicity Status	% Workforce 2026	% Workforce 2025	% Workforce 2024	% Workforce 2023	% Workforce 2022
BAME	39%	38%	37.5%	36%	32%
Not Stated/Not Given	2.5%	2%	1.5%	1%	2%
White	58.5%	60%	61%	63%	66%
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	1.12%	1.74%	0.07%	2.93%
Additional Clinical Services	7.13%	10.88%	0.33%	18.34%
Administrative and Clerical	4.97%	15.78%	0.36%	21.11%
Allied Health Professionals	1.81%	4.06%	0.12%	5.99%
Estates and Ancillary	1.36%	5.86%	0.03%	7.25%
Healthcare Scientists	1.85%	2.82%	0.10%	4.76%
Medical and Dental	7.56%	2.53%	1.13%	11.22%
Nursing and Midwifery Registered	13.09%	14.96%	0.35%	28.40%
Grand Total	**38.89%**	**58.62%**	**2.50%**	**100.00%**

Medical and Dental (All Bands)

Ethnicity Grouped	(M&D) Headcount	(M&D) Headcount %	% Total Workforce
Asian	678	52.19%	22.24%
Black	107	8.24%	12.26%
Mixed	41	3.16%	2.99%
Other	49	3.77%	1.40%
Unknown	131	10.08%	2.50%
White	293	22.56%	58.61%
Grand Total	**1299**	**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 2026. (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	4.90%	2.88%	0.23%	8.01%
Additional Clinical Services	0.06%	0.06%	0.00%	0.12%
Administrative and Clerical	4.90%	17.05%	0.75%	22.70%
Allied Health Professionals	2.59%	12.73%	0.17%	15.50%
Estates and Ancillary	0.00%	0.40%	0.00%	0.40%
Healthcare Scientists	3.23%	9.79%	0.17%	13.19%
Nursing and Midwifery Registered	8.18%	31.62%	0.29%	40.09%
Grand Total	**23.85%**	**74.54%**	**1.61%**	**100.00%**

The following table illustrates the breakdown of staff by ethnicity at Bands 3–6 in 2026. (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	0.64%	2.17%	0.06%	2.88%
Additional Clinical Services	8.57%	13.61%	0.32%	22.50%
Administrative and Clerical	4.85%	16.09%	0.34%	21.28%
Allied Health Professionals	2.53%	3.81%	0.17%	6.51%
Estates and Ancillary	0.21%	2.02%	0.00%	2.23%
Healthcare Scientists	2.42%	2.39%	0.12%	4.93%
Nursing and Midwifery Registered	21.02%	18.11%	0.55%	39.68%
Students	**40.24%**	**58.20%**	**1.56%**	**100.00%**

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%. Comparison with the city's 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 **23.11% in 2025 to 23.85% in 2026.** 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 30.34% of the total 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 to 7.42% in 2026.
Additional Clinical Services	Additional Clinical Services are the third largest workforce group. The proportion of BAME staff in the group represents 7.12% of the workforce with the largest number in Band 3 roles.
Administrative and Clerical Roles	BAME staff are evenly represented across the bands (3.48% BAME at Band 7+, and 12.97% BAME at Bands 3-6). 12.74 % of the total BAME workforce are within Administrative and Clerical roles.
Allied Health Care Professionals	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 18.71% of estates and ancillary roles are occupied by BAME staff compared to 80.81% 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 2026%	RWT Workforce 2025%	RWT Workforce 2024%	Wolverhampton Population % (Census 2021)	Wolverhampton Population % (Census 2011)
White	58.61%	60.25%	61%	61%	68%
Black	12.26%	11.93%	12%	9%	7%
Asian	22.24%	21.64%	20%	21%	18%
Mixed	2.99%	2.95%	3%	5%	5%
Other	1.40%	1.36%	3%	4%	2%
Undefined	2.50%	1.88%	1%	-	-
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 38.89% 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	9107	78%
Male	2496	22%
Grand Total	**11603**	**100%**

	Headcount %		Total Headcount %
Full/Part Time	**Female**	**Male**	
Full Time	40.10%	17.96%	58.06%
Part Time	38.39%	3.55%	41.94%
Grand Total	**78.49%**	**21.51%**	**100.00%**

- The Trust employs a significantly higher proportion of women, with a 78% female workforce
- Overall, significantly more women work full-time hours compared to men
- Of all the staff that work part-time hours, 91.53% are female and around 8.47% are male

The following table illustrates the gender breakdown of the workforce by Band:

	Headcount %		% Staff Group
Banding Grouped	**Female**	**Male**	
M&D	5.07%	6.13%	11.20%
AfC Bands 1-6, Apprentices, & Kickstarters	61.98%	11.87%	73.84%
AfC Bands 7+ and VSM/Execs	11.45%	3.52%	14.96%
Grand Total	**78.49%**	**21.51%**	**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 631 staff went on Maternity and Adoption Leave in the period, a decrease of 15 compared to 2025. The most significant increase in numbers of Maternity and Adoption Leave taken 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	23
Additional Clinical Services	77
Administrative and Clerical	73
Allied Health Professionals	46
Estates and Ancillary	10
Healthcare Scientists	24
Medical and Dental	65
Nursing and Midwifery Registered	313
Grand Total	**631**

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 2026	Workforce % 2025	Wolverhampton Population Census 2021%	Wolverhampton Population Census 2011%
Atheism	10%	10%	28%	20%
Buddhism	0%	0%	0%	0%
Christianity	43%	43%	44%	55%
Hinduism	3%	3%	4%	4%
I do not wish to disclose my religion/ belief	24%	26%	-	-
Islam	5%	4%	5%	4%
Jainism	0%	0%	0%	0%
Other	6%	6%	1%	1%
Sikhism	5%	5%	12%	9%
Unspecified	3%	2%	5%	6%
Total	**100%**	**100%**	**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 slight 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 43% compared to the overall profile of Christianity within the city of 44%
- The number of people who have said that they do not wish to disclose has reduced by 2% since the previous year
- 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)	22.49%	8%
Heterosexual or Straight	75.03%	89%
Bisexual	0.93%	1%
Gay or Lesbian	1.28%	1%
Undecided	0.11%	-
Other sexual orientation not listed	0.16%	-
Grand Total	100%	

- The proportion of staff across the workforce that identify as LGBT in 2026 is 2.21%, the Wolverhampton population profile shows 2%
- The proportion of staff across the workforce that identify as heterosexual is has increased from 73.87% in 2024/25 to 75.03% in 2025/26
- The proportion of the workforce that prefers not to state its sexual orientation has fallen from 23.74% in 2025 to 22.49% in 2026

k. Transgender

Gender Reassignment status is not, as yet, recordable in the ESR system and therefore not included in the workforce standard. 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 City 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	4.75%	8%
Legally Separated	0.48%	2%
Married or Civil Partnership	52.65%	42%
Single	34.52%	42%
Unknown	6.69%	-
	0.91%	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 71 disciplinaries entered in the period.

Disciplinary cases - all staff (excl. medical & bank)	BAME	White	Undisclosed	Total
Number of disciplinary investigations commenced (BAME / White)	39	29	3	**71**

- A total of 55% of all disciplinaries entered into were for BAME staff. This is disproportionately higher than the BAME workforce profile of 38.90%
- 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 disciplinaries 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 was 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	11	11	0	14
%	**50%**	**50%**	**%**	**100%**

- The number of formal bullying and harassment complaints made by BAME staff represented 50% of all complaints which is an increase on 2025 where it was 39%. This now sits above the BAME staff profile of 38.5%
- The overall number of cases for both BAME and white employees has increased from 14 cases in 2025 to 22 cases in 2026
- 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

9. Recruitment and selection data

The following tables illustrate the Trust's recruitment and selection data for the period 1 April 2025 to 31 March 2026. There was an overall total of 41,671 applicants during the period, which is a significant decrease in 2024/25 from 43,135. There was a total of 1,122 appointments compared to 996 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	8697	2962	609	20.90%	38.70%	54.30%
BAME	31231	4327	453	74.90%	56.60%	40.40%
Unknown	1743	357	60	4.20%	4.70%	5.30%
Total	41671	7646	1122	100.00%	100.00%	100.00%

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

Ethnicity	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
White	234	148	83	17.80%	25.40%	30.30%
BAME	1026	405	177	78.30%	69.60%	64.60%
Unknown	51	29	14	3.90%	5.00%	5.10%
Total	1311	582	274	100.00%	100.00%	100.00%

- 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. RWT is a Disability Confident Employer, so ensures a guaranteed interview for all disabled candidates that meet the essential criteria of a vacancy.

There were 1122 appointments during the period with a total of 58 disabled applicants appointed during the period (compared to 61 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	39186	6957	1000	94.00%	91.00%	89.10%
Yes	1871	502	58	4.50%	6.60%	5.20%
Unknown	614	187	64	1.50%	2.40%	5.70%
Total	41671	7646	1122	100.00%	100.00%	100.00%

- The overall representation of disabled people in the workforce has increased during the period from 4.7% to 5%
- The proportion of disabled people appointed is proportional to the numbers that applied
- See section 13.0 on the Workforce Disability Equality Standard for further details of the disabled staff experience



10. Workforce Race Equality Standard (WRES)

The WRES data for 2025/26 has been analysed, together with annual WRES metric data that has been gathered annually since 2019/20. The following table illustrates the Trust WRES performance against the nine metrics.

WRES Metric	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
Proportion of workforce from a BAME background	38.5%	37.9%	37%	36%	32%	31%	29.4%
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	0.51	1.5	1.6	1.4	1.5	1.44	1.41
Relative likelihood of BAME staff entering a disciplinary process*	2.03	0.7	1.2	2.0	1.1	1.0	1.33
Relative likelihood of white staff accessing non- mandatory training**	0.27	1.05	1.42	1.0	0.95	1.3	1.18

*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 37.9% in 2025 to 38.85% in 2026. 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 0.5 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 changed significantly from last year at 2.03 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 41%, compared to White staff at 28%. An equal percentage of white and BAME staff experienced a sanction or dismissal at 38% respectively.

According to staff who requested to access non-mandatory study leave or leadership training, White staff are 0.27 times more likely to do so than BAME staff - this has improved since the previous year where the data showed that white staff were 1.05 times more likely to access non-mandatory study leave or leadership training compared to BAME staff.

Staff Survey metrics

WRES Staff Survey Metric	2025		2024		2023		2022		2021	
	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	23.37%	20.82%	23.42%	19.99%	22.1%	20%	24%	23%	26%	22%
b) Staff Percentage of staff who believe	29.1%	22.84%	28.53%	24.07%	25.3%	23.7%	29%	23%	26%	22%
The Trust provides equal opportunities for progression or promotion	43.55%	54.57%	47.44%	61.08%	48.9%	64.5%	46%	64%	46%	63%
Percentage of staff who have personally experienced discrimination at work from managers	**17.56%**	**7.39%**	**17.47%**	**7.60%**	**15.3%**	**7.1%**	**15%**	**7%**	**14%**	**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 11.02% point difference between BAME and White colleagues which has improved since the previous year where there was a 13.64% difference. There has also been an increase in White staff experiencing bullying and harassment from colleagues since 2025, whereas the percentage of BAME staff has slightly improved.

- There has been a 0.21% improvement in the percentage of White and 0.09% increase in the percentage of BAME staff reporting experiencing discrimination at work from managers

Bank WRES

The Trust has a total of 1,184 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)	435	36.74%	645	54.48%	104	8.78%
2. Number of Bank workers entering a formal Disciplinary in last 12 months	1	-	0	-	0	-
3. Number of Bank worker sanctions or dismissals in last 12 months	0	-	0	-	0	-

The following table illustrates the results of the Bank survey 2025

A total of 144 survey responses were received from Bank staff.

	Bank Staff 2025
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.	22.81%
4b: Percentage of Bank workers experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	23.21%
4c: Percentage of Bank experiencing harassment, bullying or abuse from managers in the last 12 months.	9.26%
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.	8.93%
5b: Percentage of Bank staff who experienced physical violence at work who then proceeded to report it?	48.65%
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.	8.94% at Trust 9.26% average at another NHS organisations
6b: Percentage of Bank workers that feel there are opportunities to develop their career in the organisation.	45.77%
6c: Percentage of Bank workers whose main paid source of work is on the Bank.	79.76%
6d: How long have Bank only workers solely worked on the bank.	Less than a year 22.54% 1-2 years 35.92% 3-5 years 28.17% 6-10 years 9.15% 11-15 years 0% More than 15 years 4.23%
7a: Percentage of Bank workers that have in the last 12 months personally experienced discrimination at work from managers / team leader or other colleagues.	7.25%
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.	7.86%
8a: Percentage of Bank workers who feel that the organisation values their work contribution.	53.57%
8b: Percentage of Bank workers that feel safe to speak up about anything that concerns them in their organisation.	64.29%
8c: Percentage of Bank workers that think the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	78.32%
8d: Percentage of Bank workers that feel they receive the respect they deserve from colleagues at work.	73.43%
9: Percentage of Bank workers who were originally recruited to the NHS from outside of the UK and now work in a Bank only position.	3.57%

- A higher proportion of BAME staff are active on the Bank (representing 54.48% of all Bank staff) compared to the BAME profile of the organisation, which sits at 38.5%
- There have been no Bank staff undergoing disciplinary or dismissed this year
- A large number of Bank staff have five years or less service

WRES actions 2025/26

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 2026 will include:

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

11. 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 2025/26	RWT 2024/25	RWT 2023/24	RWT 2022/23	RWT 2021/22	RWT 2020/21
Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.24	1.1	1.2	1.2	0.94*	0.22
Relative likelihood of disabled staff entering a formal capability process compared with non-disabled staff (note this is a two-year rolling metric)	0.0	0.3	0.01*	0*	3.25 (based on a count of below 5)	2.4
Percentage of disabled staff saying the employer has made adequate adjustments	68.3%	74.4%	73.9%	74%	71.8%	77.9%

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

Analysis of disabled representation

i. Non-disabled applicants were 1.24 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.

ii. There has been a decline in the number of people reporting that the Trust has made adequate reasonable adjustments from 74.4% in 2024 to 68.3% in 2025. The Trust works closely with its Disability and Long-Term Conditions and Neurodiversity Staff Networks and is now working with managers to ensure that people's experiences improve.

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

WDES Staff Survey Metric	RWT 2025/2026		RWT 2024/2025		RWT 2023/2024		RWT 2022/20223	
	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
Staff engagement score	5.91	6.58	6.38	6.85	6.5	7.1	6.5	7
Percentage of staff experiencing harassment, bullying or abuse from patients, in the last 12 months	27.71%	19.35%	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	16.39%	8.97%	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	28.1%	17.99%	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	52.69%	51.84%	57.3%	52.1%	49.7%	49.5%	49%	47%
Percentage staff who believe the Trust provides equal opportunities for progression / promotion	44.79%	53.65%	51.3%	59.1%	52.9%	63.3%	55%	60%
Percentage Staff who have reported feeling pressure from their line manager to attend work despite feeling unwell	35.68%	23.64%	28.9%	24.2%	32.2%	21.1%	30%	25%
Percentage staff saying the organisation values their work	28.55%	40.76%	35.5%	45.1%	39%	49.3%	39%	47%

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 6.51% reduction in the proportion of disabled staff who believe the Trust provides equal opportunities
- There has been a 6.78% 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 6.95% 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 2025/26 including:

- Continued promotion to improve disability declaration rates on ESR
- Actions to develop and improve support to the Disability and Long-Term Conditions Staff Network and the Neurodiversity Staff Network
- 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 with promotion of this via senior teams
- Training for managers on making reasonable adjustments in the workplace through Managers' Essentials training package

12. 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:

i. Average gender pay gap as a mean average.

ii. Average gender pay gap as a median average.

iii. Average bonus gender pay gap as a mean average.

iv. Average bonus gender pay gap as a median average.

v. Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment.

vi. 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 2026 and is taken from the Electronic Staff Record System (ESR). The total number of employees was 13759, of which 76.58% were female, and 23.42% 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

		2026		2025	
GPG		£	%	£	%
Overall Gender Pay Gap	Mean Ordinary	7.39	26.33	7.24	26.52
Overall Gender Pay Gap	Median Ordinary	2.74	12.84	6.10	12.83

vii. This data shows that on average there is a mean average difference in favour of male employees of 26.33% with men earning on average £7.39 more an hour

viii. There is a median gender pay gap of 12.84% in favour of male employees with men earning £2.74 more an hour

ix. The NHS overall has a higher percentage of female workforce due to the range of caring roles 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 in 2026 for the Mean Ordinary pay gap, the percentage has decreased which for the purpose of this report is positive



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 586 substantive Consultants of which 37.20% are female. Of the total number of eligible Consultants, 142 are in receipt of a local Clinical Excellence Award, of which 26.76% are awarded to female Consultants. Of eligible female Consultants, 17.43% are in receipt of CEAs compared to 28.26% of eligible male Consultants. The following table illustrates the average bonus gender pay gap:

	Mean	Median
Gender Bonus Gap (%)	16.35%	0.00%

The table above shows there is a mean average difference in favour of male employees of 16.35% with men receiving on average £1746.90 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	505	2361	17.62%	82.38%
Lower Middle	508	2318	17.98%	82.02%
Upper Middle	520	2389	17.88%	82.12%
Upper	1028	1840	35.84%	64.16%

When ranking the pay of relevant employees, as of 31 March 2026, according to their average hourly earnings, females have lower representation in the Upper Quartile.

13. 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
• Growing our Staff Networks
WRES Actions
1. Allyship training.
2. Cultural Ambassador programme.
3. Continuation of Civility and Respect Programme.
4. Anti-racism and Zero Tolerance campaigns.
5. Reverse mentorship programme.
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 a Group Staff network with Walsall Healthcare NHS Trust.
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. To encourage staff to ask if patients are members of the Armed Forces family when being booked in to allow us to record the data and offer additional support where required.

The Trust EDI Delivery Plan 2025/26 will be reviewed to integrate the EDI themes and priorities highlighted within this report.

14. 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

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.

Equality Delivery System

The Equality Delivery System (EDS) is a nationally recognised NHS framework designed to support organisations in assessing and improving equality, diversity and inclusion outcomes for patients, communities and the workforce. During 2025/26, the Trust did not undertake a formal EDS assessment. This decision was taken to allow a period of reflection and reprioritisation, ensuring that limited capacity was focused on delivering key organisational priorities, including strengthening core EDI infrastructure, data insights and alignment with regulatory frameworks such as the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). The Trust remains fully committed to the principles and ambition of the EDS and will start formal assessment again in 2026/27, with the intention of strengthening governance, stakeholder engagement and impact.

Wolverhampton

Population

2024

281,251

people

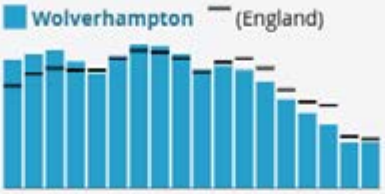
58,620,101 people in England

Source: ONS – Mid-year estimates

Small area: Output area

Age profile

2024



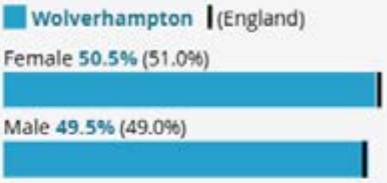
% of all people, 5 year age bands

Source: ONS – Mid-year estimates

Small area: Output area

Sex

2024



% of all people

Source: ONS – Mid-year estimates

Small area: Output area

Legal partnership status

2021



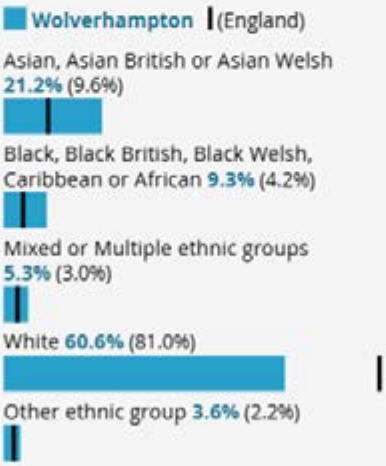
% of people aged 16 years and over

Source: ONS - Census 2021

Small area: Output area

Ethnic group

2021



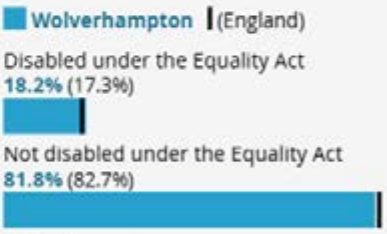
% of all people

Source: ONS - Census 2021

Small area: Output area

Disability

2021



% of all people

Source: ONS - Census 2021

Small area: Output area

Cannock Chase

Population

2024

104,088

people

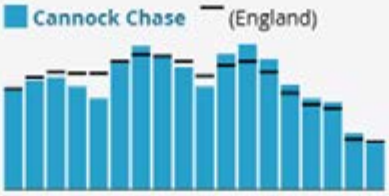
58,620,101 people in England

Source: ONS – Mid-year estimates

Small area: Output area

Age profile

2024



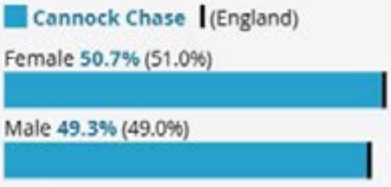
% of all people, 5 year age bands

Source: ONS – Mid-year estimates

Small area: Output area

Sex

2024



% of all people

Source: ONS – Mid-year estimates

Small area: Output area

Legal partnership status

2021



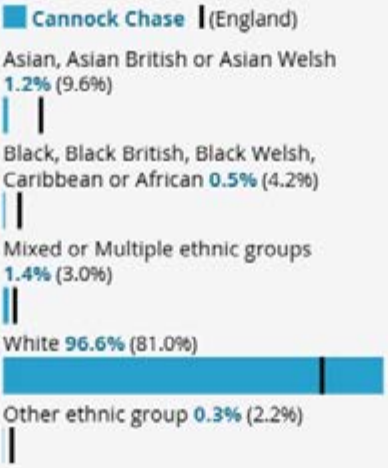
% of people aged 16 years and over

Source: ONS - Census 2021

Small area: Output area

Ethnic group

2021



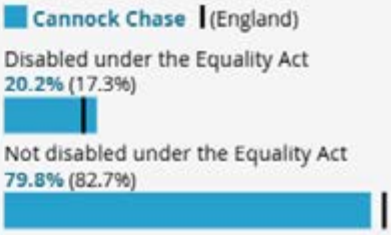
% of all people

Source: ONS - Census 2021

Small area: Output area

Disability

2021



% of all people

Source: ONS - Census 2021

Small area: Output area

Service	Project
0–19 School Nursing Service	Delivery of LGBTQ+ awareness training to staff following completion of a train the trainer programme with local charity X2Y. Training also delivered to Wolverhampton Youth Justice Service, with strong engagement and positive feedback.
0–19 School Nursing Service	Ongoing LGBTQ+ advocacy through participation in Wolverhampton Pride events.
Maternity Services	Baby Bloom parent education programme: weekly face to face parent education and support delivered via family hubs, supporting women and families experiencing language barriers, deprivation, neurodiversity and learning difficulties.
Maternity Services	EDI outreach caseload: targeted antenatal and postnatal support for women with complex social needs, including asylum seekers, homeless women, people new to the UK and those experiencing social isolation.
Maternity Services	LGBTQ+ parenting support (Proud Parents): monthly stay-and-play support group for LGBTQ+ parents.
Maternity Services	Community based pre conception care: bi-monthly drop in advice sessions on healthy pregnancy, vitamins, lifestyle and screening, delivered in partnership with public health and family hubs.
Maternity Services	Community engagement via multilingual media: pregnancy information delivered through local radio and TV in Punjabi and English to improve access for communities affected by language barriers.
Maternity Services	Sharing is Caring Baby Bank: provision of baby essentials to families experiencing deprivation, NRPF status or acute financial hardship, supporting safe discharge and early infant care.
Maternity Services	Partnership working with community organisations (e.g. ACCI): collaboration to reduce social isolation, improve engagement and provide low level mental health and social support.
Maternity Services	Neurodiversity and reasonable adjustments development: ongoing work to improve maternity pathways and guidance for neurodivergent service users.
Maternity Services	EDI training and staff engagement: embedding EDI themes through mandatory training contributions, community midwife forums and cultural conversations.

Age - A reference to a person's chronological age or age group. This applies to people of all ages, including children and young people.

d/Deaf - deaf (lower-case d) refers to people with hearing loss. Deaf (capital D) refers to people who identify as part of the Deaf community and often use British Sign Language (BSL). Not all deaf people use BSL.

Disability - Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment with a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. This includes sensory impairments, learning disabilities, and long-term health conditions.

Diversity - The recognition and value of individual differences, including background, experience, identity and perspective.

Engagement - The ways organisations involve, communicate and work with employees, patients, service users and other stakeholders, beyond routine service delivery or formal employment processes.

Equality - Ensuring fairness and equity of opportunity, recognising that different people may require different support to achieve comparable outcomes.

Equality Analysis (EA) - A systematic assessment to demonstrate due regard to the Public Sector Equality Duty when developing policies, making decisions or delivering services, identifying risks of discrimination and opportunities to advance equality.

Equality Information - Information relating to people with protected characteristics and the impact of organisational policies, practices and decisions on them.

Equality Objectives - Specific and measurable objectives that relevant public authorities must publish to demonstrate how they will meet the aims of the Public Sector Equality Duty.

Gender Reassignment - A protected characteristic under the Equality Act 2010. It applies to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex.

Harassment - Unwanted conduct related to a protected characteristic that violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment.

Human Rights - The rights and freedoms protected by the Human Rights Act 1998, underpinned in the NHS by the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy.

Inclusion - Creating environments where people feel welcomed, respected, valued and able to participate and contribute fully.

LGBT - Lesbian, Gay, Bisexual and Transgender.

Marriage and Civil Partnership - Marriage is the legal union of two people. Civil partnership is a legally recognised relationship for all couples.

Maternity - The period following childbirth. Protection from maternity discrimination applies in employment and, in non-work contexts, for 26 weeks after giving birth, including discrimination related to breastfeeding.

Pregnancy - The condition of being pregnant. Pregnancy and Maternity together form a protected characteristic under the Equality Act 2010.

Race - Includes colour, nationality (including citizenship), and ethnic or national origins.

Religion or Belief - Religion includes any religion or lack of religion. Belief includes philosophical beliefs or non-belief, provided they meet legal criteria.

Sex - A protected characteristic referring to a person being male or female.

Sexual Orientation - A person's sexual attraction towards people of the same sex, the opposite sex, or more than one sex.

Trans / Trans People - Umbrella terms for people whose gender identity and/or gender expression differs from the sex assigned at birth.

Transgender - An umbrella term for people whose gender identity differs from the sex assigned at birth. Transgender people may or may not seek medical or legal transition.



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 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 for effective communication

Patient Experience Objective 2

Ensure patients can 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

