

# Annual Equality, Diversity & Inclusion Report

April 2020 - March 2021





### **English**

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

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

### **Lithuanian**

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

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

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

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

### **Punjabi**

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

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

### **Romanian**

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

### **Traditional Chinese**

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如果您需要口译人员或帮助，请告诉我们。

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





## Executive Summary

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

The Trust wants our service users, the local population and our workforce to be confident about our commitment to eliminating discrimination, bullying, harassment, victimisation and promoting equality, whether they are service users or part of the workforce providing those services.

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

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

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

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

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

## Introduction

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

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



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

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

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

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

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

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

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

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

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

This annual report contains information relating to the 12 month period **1 April 2020 – 31 March 2021** (unless indicated otherwise).

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

Analysis of this information will be used to:-

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





## The Local Context and Demographics

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### **Black Country and West Birmingham Integrated Care System**

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

There are 31 neighbourhoods and Primary Care Networks (PCN's) covering 216 GP Practices.

There are 15 Statutory Partners (4 Hospitals, 2 Mental Health Trusts, 5 Local Authorities, 1 Clinical Commissioning Group, Community Trust, Ambulance Service, NHS Midlands) +2 associates in Birmingham Community and BSMHFT.

### **Wolverhampton**

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

We are one of the largest acute and community providers in the West Midlands providing c800 beds at our New Cross site (including intensive care beds and neonatal cots). There are a further 56 rehabilitation beds at West Park Hospital, and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, with more than 10,340 staff.

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

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

- Cannock Chase Hospital has a local demographic make-up that, in some aspects, is quite different from that of Wolverhampton and residents of both communities could be treated or receive a service at any of the Trusts sites.
- Detailed from the 2011 census, it is noted that Cannock has 96% white population and 4% BAME, where Wolverhampton has 65% white and 35% BAME.
- Wolverhampton has a population of about 263,257 people, whilst Cannock Chase has a population of around 100,762 (Source: Office for National Statistics Mid-Year Estimates 2019).
- The life expectancy at birth was 77.2 years for males and 81.4 years for females in Wolverhampton and 79.0 and 82.4 respectively for Cannock Chase. (Source: ONS Life expectancy at birth 2016 to 2018). At a national level, the life expectancy at birth was 79.3 years for males and 82.9 years for females. (Source: ONS Life expectancy at birth 2016 to 2018).
- The percentage of the local populations of Cannock and Wolverhampton who are of Black, Asian and Minority Ethnic backgrounds (BAME) differ greatly, with Cannock also having a higher percentage than the UK average of people aged 50+ years.
- Age demographics between Wolverhampton and Cannock are almost identical.
- Wolverhampton have 64% population as White British, 18% Asian, 7% Black, 6% All Other White, 3% Mixed and 2% Other ((Source: Office for National Statistics Population in the United Kingdom by ethnic group: June 2016)

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- Wolverhampton has a population of about 263,257 people, whilst Cannock Chase has a population of around 100,762 (Source: Office for National Statistics Mid-Year Estimates 2019).
  - The life expectancy at birth is 77.2 years for males and 81.4 years for females in Wolverhampton and 79.0 and 82.4 respectively for Cannock Chase (Source: ONS Life expectancy at birth 2016 to 2018).
  - Wolverhampton's gender pay gap (15.4%) and Cannock Chase's gender pay gap (10.7%) as recorded in 2019, are both lower than the United Kingdom's average of 17.3%.

## Governance and Reporting for Equality, Diversity and Inclusion

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

The Trust has an Equality, Diversity and Inclusion steering group (EDISG) which has been running since May 2016. The EDI SG is attended by senior managers across the Trust and hopes to build a culture that celebrates equality, diversity and inclusion. Regular EDI reports are presented to Compliance Oversight Group, various internal workforce groups and external Clinical Quality Review Meetings.

The EDI SG reports into the People and Organisational Development Group Committee.

## Section 1 – Non Workforce Information

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

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

Capturing and analysing equalities information can help to identify if there are possible barriers in accessing Trust services. This is a crucial step; not only in identifying possible barriers, but the data will also support initiatives and action planning to improve equality performance by tackling inequalities for people with protected characteristics as defined by the Equality Act 2010.

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

### 1.0 Patient Access to Services

The Trust saw a total of 325,273 patients in the year (a decrease of 94,069 or 22% from the previous year's figure of 419,342).

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

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

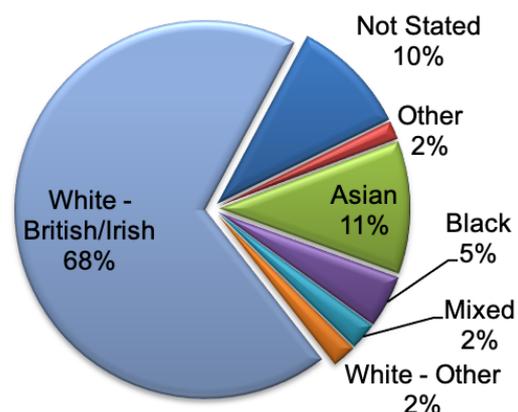
This is not mirrored by the demographics of Wolverhampton and Cannock where there is a 2% difference between Female (51% and 49% Male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census. There were 10 indeterminate (unable to be classified as either male or female), as defined by the NHS data dictionary. In addition, 35 patients did not declare their gender.

**Marital Status** – 109,953 people or 34% of the overall total of patients did not have their marital status recorded. This is a 1% decrease in volume compared to the previous year. Departmental recording of information is crucial to improve these statistics. The service areas where there is the highest of 'not knowns' category recording is Accident & Emergency Department with the lowest being Maternity Services. 33% of patients were married, 27% of patients were single.

**Ethnicity** - The group with the lowest representation who accessed services during this reporting period were people who identified as having a Bangladeshi origin (0.1%). The largest group is White – British at 68%, with the second-largest group being Asian or Asian British – Indian at 9%.

**Age** - The largest age group of patients accessing services are the 71-80-year-olds, followed by 61-70-year-olds. This differs drastically from the previous year, which saw 0-10-year-olds as the most represented group. This shift is likely due to the impact of Covid-19.

**% of Patients by Ethnicity 2020/21**





The smallest proportion of patients is the age group of 91-99-year-olds and represents 2% of the overall total. Upon further analysis, the majority of patients in this category were seen as acute outpatients where 1,990 patients received treatment.

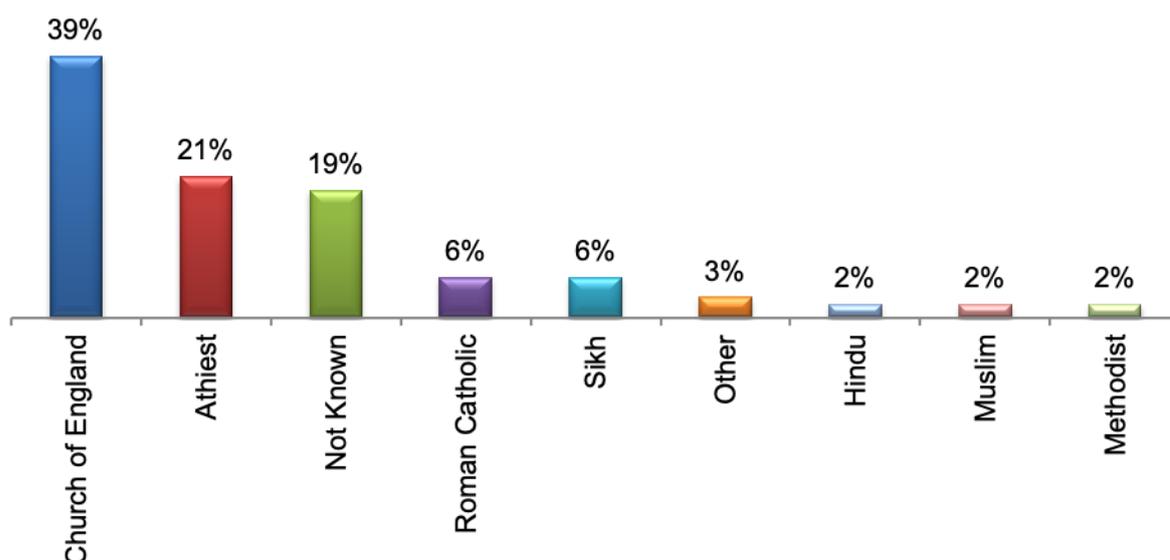
**Religion or Belief** – There are 33 different religions represented by patients of the Trust. The largest represented religion known, of the patients who accessed services is the Church of England, which represents 39% of all patients, a 2% increase from last year. The smallest representation is Methodist, which represents 2% of all patients, which remains the same as last year. There is still a high percentage of ‘not known’ at 19% which is a decrease of 1% from the previous year.

It is recognised however that there are a high group (21%) of patients who accessed services who state their religious status as ‘Atheist’.

This will help shape our Chaplaincy Services and ensure that we continue to offer support that is non-religion specific and holistic for those with no specific religious faith.

However, there are a range of other religions that access our services, demonstrating the diversity of the people who use our services.

**% of Patients by Religion 2020-21**



## 2.0 Performance information relating to health outcomes

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Due to the limited information available, and the large proportion of ‘unknown’ categories, it is difficult, at this stage, to identify health outcomes for specific different groups. It is clear however that there is an underrepresentation of data from members of the BAME community.

It is intended that future reporting mechanisms should enable the Trust to progress in undertaking such analysis relating to outcomes for patients.



## 3.0 Patient Experience Metrics Data

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

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

### 3.1 Formal Complaints Monitoring

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The development and Trust wide dissemination of a Patient Feedback leaflet, which includes an equalities monitoring form has aided the capturing of equalities data in relation to PALS concerns and formal complaints. The implementation of a departmental telephony system which advises service users of the need and rationale for gathering such sensitive information has also assisted in conjunction with a review of the subjects noted in the Trusts Datix Web version complaints module. The complaint data recorded relates to the actual patient rather than the complainant which accounts for any volume of 'unknowns, not stated, undisclosed, or not available' where we have not been able to identify the protected characteristics required.

472 formal complaints were received from April 2020 to March 2021.

A summary of some of the PPC's recorded from complaints are as follows:

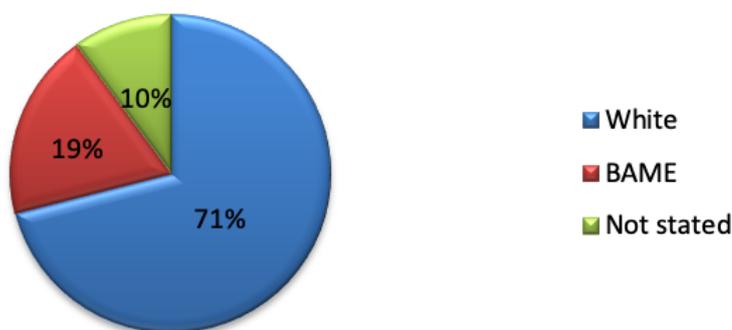
#### Gender

From the 472 complaints for this period, 70% relates to females and 29% from males with only 1% unknown. In comparison to the previous year 2019/20, complaints made by females has seen a 1% decrease this year; with complaints submitted by males seeing a marginal increase of 1%. The 1% of gender unknown remains consistent and may be due to complaints being made by external organisations of which we do not capture this information

**Ethnicity:** Wherever possible, the Trust collects personal data relating to Ethnicity (Race) for each complainant. Of the 472 formal complaints raised in this period 10% of the complainant's ethnicity has not been stated, 19% of complaints are in relation to BAME complainants and 71% being from the white/white other category.

Pleasingly, there has been a slight increase from 17% to 19% from members of the BAME community who complained during this reporting period, although it should be noted that white/white other categories increased also from 69% to 71%. The not identified category reduced from 13% to 10%.

#### Complaints by Ethnicity



A series of videos in five different non-english speaking languages was launched in Q4 to gain feedback from our diverse community. It is hoped that this will improve inclusivity.



## Age

For those complaints where age had been identified, complainants from the age group the 81+ made the most complaints, which is consistent with the previous year.

Age Range	Number of complaints received	Age Range	Number of complaints received
0-10	13	51-60	58
11-20	11	61-70	72
21-30	49	71-80	84
31-40	45	81+	95
41-50	40	Not Stated	5
51-60	58		

5 complaints had no age recorded. This could be due to external organisations or stakeholders where the information isn't specific to the complainant.

## 3.2 The CQC National Inpatient Survey 2020

The 2020 Inpatient Survey was part of a National Survey Programme run by Care Quality Commission (CQC) to collect feedback on the experiences of inpatients using the NHS services across the country. The results contribute to the CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS trusts, which they can then use to improve patient experience.

The CQC National Inpatient Survey for 2020 was postponed during the peak of COVID-19 Pandemic. However during January 2021 the survey commenced and patients were contacted to provide feedback, although results are not available until CQC release the official results late in 2021. Once the results are known the Trust will compile a comprehensive action plan to make service changes to improve the patient experience where possible.

## 3.3 Friends and Family (FFT) Test

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

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

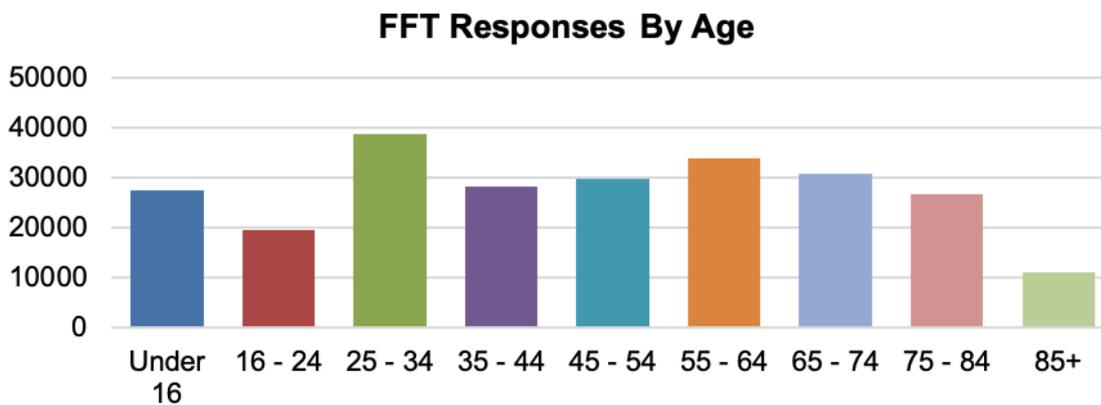
Improvements and actions included:

- The Patient Experience Team continues to implement and monitor the use of the ENVOY system to ensure that clinical staff can see the real-time data to effect timely change.
- Negotiation has taken place with CQC's agencies translate 'disclaimer' posters in surveys into two of RWT's 'five most prevalent languages [Kurdish Sorani and Romanian]. Speakers of those languages will now be aware of their right to withdraw from the survey sample.
- Patient Experience team continues to support the provision of QR codes for staff in key areas to localise feedback.



## FFT Responses by Age

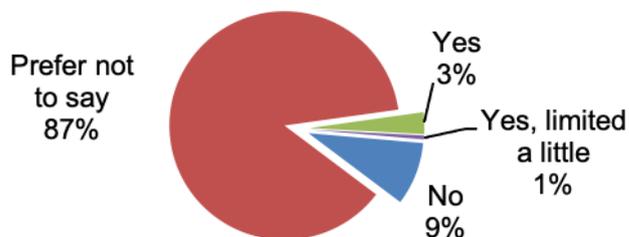
From the data collected electronically, the largest group of responses were in the age range of 25-34 years old. The lowest age group of responses was 85+. In overall terms this year's returns represent a much more even spread across age groups.



## FFT Responses by Disability

The highest proportion of responders have indicated that they prefer not to disclose their disability status. It is unknown whether such a high level of not declaring disability is an indication that many of our patients do not have chronic long-term conditions, which affect their daily life to some extent, or whether they do not feel that they consider themselves as having a disability.

### Disability: Overall Total



## FFT Responses by Ethnicity

From the data collected, the largest group of responses were in the 'White British' ethnic category followed by 'Asian'. This broadly follows access to services ethnicity data and trends for previous year.

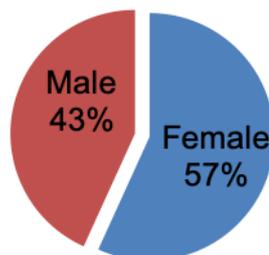
Ethnic Group	Overall Total
Asian	31427
Black	12899
Chinese	344
Mixed	6054
Not Stated	19616
Other	4842
White	181827
White Other	6415



## FFT Responses by Gender

In terms of responses to FFT surveys it is noted that the lowest number of responses were from males (43%) and the highest from females (57%). Female responses have increased by 1% for the year.

### Gender: Overall Total



## 4.0 Key activities for awareness and engagement

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

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

- Regular meetings take place with external providers as and when required, in particular with the engagement leads for the Clinical Commissioning Group and Health watch.
- The Trust also attends regular meetings with representatives (both patients and staff) from the Patient Participation Groups for the Primary Care GP practices (Primary Care).

Several initiatives have taken place throughout the year, with a focus on inclusivity:

- 'Observe and Act' – has been reviewed and updated. An 'e-training' package has been put online to enable greater ease of access to training for a wider range of staff
- PET's 'Engagement Toolkit' has been re-designed, updated and refreshed
- Appendices covering 'Patient Engagement in the Digital Age' and 'Engaging with Men'
- RWT's public-facing interpreting page now has video recordings in our five most prevalent languages (Arabic, Kurdish Sorani, Polish, Punjabi and Romanian) of feedback invitations and details of our Complaint, Compliments and Queries procedure. A British Sign Language video is currently underway.
- Display posters have also been produced in these languages requesting feedback.

The Neuro-Rehab team at West Park Hospital is now piloting an 'Always' event in service improvement

During the reporting period Trust preparations were carried out for the NHS Equality, Diversity and Human Rights Week, which took place in May 2021. For RWT, it provided an opportunity to encourage positive behaviour in all areas of the Trust; showing awareness of diversity issues and pledging to act. Teams were encouraged to make their contributions to the workplace in terms of increasing understanding of existing cultural issues. The week's programme included sessions on deaf awareness; rainbow badges scheme; race and space and; microaggressions in the workplace amongst other topics.

Midlands NHSEI Race Equality and Inclusion Strategy - As part of the consultation exercise, the Trust contributed to the development of the regional strategy

Inclusivity during COVID 19 Pandemic: several initiatives were recently introduced to improve inclusivity whilst there were restrictions during the COVID 19 Pandemic. Some of these included:

- a) For deaf inpatients, iPads were sourced and enabled specifically to be used not only for the use of BSL interpreters remotely but also to ease social isolation and keep patients in touch with their loved ones.

- 
- b) The introduction of a 'message to a loved one' – involving the receipt of transfer of messages from the public and delivered daily to patients who were unable to keep in direct contact themselves. This proved to be hugely popular.
  - c) Introduction of video interpreting for patients whose first language is not English
  - d) Community Outreach. Primary Care staff at Alfred Squire Health Centre who, alongside local partners, hosted several clinics in Wolverhampton temples to vaccinate people from communities that may experience vaccine hesitancy. Vaccinations were carried out at both the Guru Tegh Bahadur Gurdwara and Shree Krishna Mandir. The Trust took initiatives to allay fears and concerns of BAME communities around the content and side effects of COVID-19 vaccine through regular communications including videos featuring staff from across all areas of the Trust. These have been recorded in English, Hindi, Punjabi and Urdu.

### **Involvement by the Council of Members**

The Council was established in 2017 and is a group of committed individuals from our local community with a wealth of different experiences to offer the Trust. All members have been recruited as they wish to support the Trust make improvements and provide a link between the work that we do and patient and public engagement, and be our 'critical friend'. The Council of Members grew in number during 2020/21 and continues to hold virtual meetings. However, active onsite involvement in Trust work streams has been limited due to the Covid-19 restrictions. The Trust is currently exploring new opportunities for member involvement.

## **5.0 Accessible Information Standard (AIS)**

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

A working group is progressing to consider a task and finish approach towards some key projects which will achieve some of the criteria for meeting the Accessible Information Standards. The working group has undertaken a fundamental review to streamline the action plan which had been in place since 2016. As part of the review, a comprehensive audit was undertaken of the completed actions to date, with evidence against those that are deemed as completed considered. The remaining actions have been reconsidered and streamlined for ease, combining others into themes; removing those that are longer relevant and reassigning lead officers where appropriate. Effort is being concentrated on smaller but more focused areas as follows:

- Patient Administration Portal - Investigating the facility to record different communication requirements with the IT supplier. The patient administration portal has gone live and the operational service is now in the process of canvassing patients for registration/use. Once a good cohort of patients is established, then the portal will be used in preference to patient paper letters via post
- Review of patient appointment letters via the recently set-up 'Outpatients Future Group'- Officers continue to work with Synatec (hybrid mail provider) at letter content requirements and investigate the cost of producing Easy Read letters.
- AIS model for patient leaflets – Some work has been carried out on scoping exercises led by the LD Service.
- Compliance with the AIS through the Badgernet App in maternity services-.. The App meets accessibility standards with all patient needs being recorded from when someone downloads the app.
- Potential for making AIS training mandatory- Following enquiries into this it's not possible to include the eLearning training package as a mandatory module due to competing demand from other areas. However, arrangements have been made for it to be as a leaflet at Trust Induction.

In addition to the above, we will continue with our efforts to raise awareness about the Standards through trust publications and encourage staff to take up the Accessible Information Standard eLearning package.



## 6.0 Interpreting and Translation Provision

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

A summary of interpreting and translation services is below: -

### **Services provided:**

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

### **People who are d/Deaf or hard of hearing:**

Face to Face Interpreters – available 24 hours per day all year round covering: -

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

The Trust used BSL interpreters a total of 206 times in this reporting period.

There has been a decrease in BSL appointments with 359 fewer appointments from this report compared to the last report.



## Face to Face Language Interpreters

The Trust made a total of 6008 face-to-face bookings (a decrease of 54.3% from the previous year). The most commonly interpreted languages were –

- Punjabi
- Polish
- Romanian
- Urdu
- Russian

Russian replaced Kurdish Sorani as the fifth-highest category required for face to face interpreting.

## Telephone Language Interpreting

The Trust used telephone interpreting a total of 6605 times. This shows an increase (177.75%) on last year's telephone interpreting usage. The shift towards telephone interpreting during this period coincides with the restrictions to onsite visits due the pandemic.

The top 5 languages for telephone interpreting for this period differed significantly from the face to face interpreting and were as follows: Punjabi, Romanian; Kurdish Sorani; Arabic and Polish

## Video Interpreting

The trust used video interpreting on 76 occasions

Throughout the year staff year staff have received regular communications on making the most effective use of the interpreting and translation service with RWT's intranet being updated with:

- Guidelines for translation of documents
- Guidelines for ensuring effective interpreting





## 7.0. Meeting Religious and Cultural Needs of Service Users

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The Multi-Faith Chaplaincy Team exist to meet the needs of those of faith and none, irrespective of age, gender, ability, race, religion, belief or sexual orientation. The service is accessible to all patients, their families and friends, staff and volunteers throughout the Trust and, is available throughout the 24 hour period across all three Trust sites. During the COVID-19 pandemic, the Multi-Faith Chaplaincy Team remained on-site, actively maintaining their on-site presence and, were available and readily accessible to all throughout this period.

The Multi-Faith Chaplaincy Team currently consists of representatives from the Christian, Hindu, Muslim and Sikh faith traditions and, representatives from other faiths may be available upon request. The Chaplains regularly visit each of the three Trust sites and, patients who require and/or request support, are visited by the bedside. Prayer resources are available on all wards or may be obtained by contacting the Multi-Faith Chaplaincy Team directly. During the pandemic, audio prayer devices were sought and made freely available to patients upon request.

There are four Multi-Faith Prayer spaces and reflection rooms within the Trust, located within New Cross and Cannock Chase Hospitals. Throughout 2020-2021, these spaces, whilst maintaining social distancing guidelines, remained open and, in addition, several temporary prayer and quiet reflection spaces throughout the three Trust sites were also sourced and, made available to all staff in areas closer to their work environment.

Despite the restrictions and the ongoing challenges encountered throughout 2020-2021, the Multi-Faith Chaplaincy Team remained proactive in their approach to specific events that affect the life of the Trust. During this time, the Multi-Faith Chaplaincy Team continued to deliver annual services on behalf of the Trust. These services, however, were delivered virtually, via the Trust intranet and social media platforms, enabling services of Thanksgiving and Remembrance and, major faith festivals to be celebrated throughout the year.

The Multi-Faith Chaplaincy Team continues to develop, by increasing their involvement and collaborative working with the Palliative Care, Dementia Outreach and Critical Care Teams. There are three Key Performance Indicators set out by the Trust which relate to the scope and frequency of ward visiting and response to emergency call outs. The Multi-Faith Chaplaincy Team have once again successfully met these three standards.

## 8.0. Learning Disability (LD)

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The Trusts Learning Disability Team continue to provide advice and support to staff across the Trust for supporting people with LD who access our services. The service operates during office hours where a member of the team is available on call to answer and manage concerns. The open referral system allows for patients, carers and staff to contact the team directly via a mobile phone.

The team can identify people with LD using the electronic flagging system available via the patient's records. This flagging system allows for the patient to be identified and additional support for reasonable adjustments to be made where required. The system currently identifies approx. 2100 children, young people and adults who may require additional support as a result of their learning disability.

The team have supported the Primary Care GP's to meet the requirements for the LD Directed Enhanced Service to undertake annual health checks for patients with an LD identified at the practices.

During the COVID pandemic, the team were proactive to support people with learning disabilities and sent out accessible COVID-19 leaflets to all people identified by the LD flagging system. The team maintained a visible presence on the wards throughout this period and continue to do so.



## Section 2 - Workforce Equality Diversity and Inclusion Information 2020 /2021

The Trust workforce equality and diversity information is for the reporting period 1 April 2020 to 31 March 2021. It provides data and information on the Trusts performance on Equality Diversity and Inclusion along with analysis of gaps or possible unacceptable variations in the employee experience by protected characteristic.

The Trust employs 10,340 staff as at the end of 31 March 2021. The workforce profile information has been presented by protected characteristic and analysed to identify any gaps or possible barriers for staff.

### 9.0 Workforce EDI Context and Strategic Priorities

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

- Trust Equality Objectives and EDI Delivery Plan (Appendix 1)
- NHS People Plan and Model Employer
- 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

#### **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:

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

#### **Black Country and West Birmingham Integrated Care System (ICS) Leadership and Culture**

The Black Country and West Birmingham ICS has established its Leadership and Culture work stream which reports into the People Board. EDI is included within the work stream, a System-wide EDI Leads group is established and meets fortnightly. A focus for the system is the development of an Equality Diversity Inclusion (EDI) Strategy for the BC ICS footprint to include EDI priorities to build a workforce that is representative of the communities served across the pipeline. The Trust is integral to supporting and leading on a range of ICS initiatives including:

- Becoming the first ICS in the country to set up a joint ICS Cultural Ambassador Programme.
- Becoming an anti-racist system through shared education and learning opportunities, as part of the Black Lives Matter work stream
- Reverse mentoring introduced to cut across system partners



## COVID-19

COVID-19 has had a significant impact on the NHS workforce along with recognised impacts for specific protected characteristic groups, as concluded by the Disparities in the risks and outcomes of COVID-19 Report 2020 , published by Public Health England. The Trust has adopted a pro-active response to identifying and addressing the health inequality impacts that COVID-19 has had on staff and patients, including:

- Vaccine take-up monitoring and promotion - Relevant and culturally appropriate communications have been deployed throughout the pandemic to ensure BAME staff and communities are able to access accurate, accessible and culturally appropriate information about the vaccine.
- Risk assessments – all staff are required to have a risk assessment to ensure any COVID-19 related risks are properly managed and mitigated
- Health and wellbeing support – a comprehensive health and wellbeing offer is in place for staff, including access to the Black Country Staff Psychological Wellbeing Hub. Culturally appropriate health and wellbeing support is also available to staff.
- Listening events for shielding staff – to support reasonable adjustments for staff working at home, and returning to work.
- Listen and learn meetings are regularly held with the BAME Employee Voice Group, as an opportunity for staff to raise issues directly with Executive and Board members.

## 10.0 Highlights and Achievements 2020 /21

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

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### Employee Voice Groups

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

EVG's act as a safe space for staff to come together, network, raise issues or concerns, and be heard. The EVG's 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, and shaping EDI priorities and responding to issues.

The Trust has in place four EVG's. The Trust is committed to growing its EVGs. The following table illustrates the membership levels of the EVG's in 2020 and in 2021.

EVG	Membership Total April 2021
Black Asian and Minority Ethnic (BAME) EVG	105
Lesbian Gay Bi-sexual Trans (LGBT+) EVG	62 members and allies
Disability and Long Term Conditions (D&LTC) EVG	42
Carers EVG	12

- The Carers EVG was newly introduced in 2021 and is slowly growing its membership to support staff who have caring responsibilities or look after someone. The group was involved in supporting Carers Week 2021 and involved in developing the Trust Working Carers Passport
- The EVG's have supported a number of equality events and have worked together to support a programme of workshops to reflect a range of equality issues as part of Equality and Human Rights week, demonstrating a focus on inclusion, intersectionality, and belonging for all staff. See section on EDI Events and Faith Celebrations.



- The EVG's are actively involved in supporting listening events, allowing groups to talk openly about sensitive equality issues directly with Board members and senior leaders, and have their voices heard.
- The Trust is committed to growing our EVG membership.
- The groups allow a safe platform for staff to share their lived experiences and encouraging others to do the same
- There is strong engagement and collaborative working with HR / EDI leads.

### Round Table on Race

The summer of 2020 saw a spot light shine on race equality following the killing of George Floyd in America and the global protests that followed. In response, Trust leaders reflected and explored the topic of racism and inequality and its daily impacts on BAME staff, through a recorded "Round Table on Race" event.

A year on and the Trust revisited the discussions it had held then, during a workshop that took place in Equality and Human Rights week. This provided an opportunity to continue the dialogue about the impacts of racism, hear from staff about their experiences, and share reflections and ways forward on race, including becoming one of the early adopters of The Race Code.

### The Race Code

The Trust is proud to become an early adopter of the Race Code, a framework to tackle race inequality and discrimination in the boardroom and workforce. Following a successful joint board development session with Walsall Health Care NHS Trust there was an agreement that each Trust complete the Race Equality Code Assessment (RECA) to ensure a place-based approach, with a view to taking forward the RECA action plans in a joined-up and consistent way where possible.

The Race Code principles are:

- Reporting
- Action
- Composition
- Education



Following two RECA diagnostic sessions the Trust has in place its first **Race Equality Strategy [insert link to strategy when available]** and actions that we must, should, and could undertake to ensure race equality for our workforce.

### Reverse Mentoring

Also known as "upward mentoring", reverse mentoring turns the traditional hierarchical approach to mentoring on its head. Rather than having a senior leader take a less experienced player "under their wing", reverse mentoring relationships place the more senior person as the primary learner.

The objective of reverse mentoring is primarily to enable leaders and senior managers to stay in touch with their organisations to be more inclusive tackle, discrimination in all shapes and forms. The advantages go both ways as more staff have an opportunity to understand and be heard resulting in organisational cultural change.

The Trust has introduced seven reverse mentoring relationships and is looking to expand this further in the coming year an across a wider range of protected characteristic groups.

### Cultural Ambassador Programme Review and Re-Launch

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



There is a strong leadership commitment to the Cultural Ambassador Programme within the Trust and in 2020 a review of the programme commenced. It was recognised that the programme had a number of benefits to improving employee relations experiences for BAME staff and needed expanding within the organisation, due to the level of demand. Three workshops were undertaken with the HR Advisory Team and the existing Cultural Ambassadors, to support the review.

The review found:

- The CA role has a positive impact on disciplinary outcomes for BAME staff
- There is scope to widen the remit and scope of the CA Programme to other protected characteristics and other HR processes and other Trusts have successfully achieved this
- Having sufficient numbers of CA's is crucial to the stability of the programme
- On-going support for CA's is critical to success

The following elements of the programme worked well:

- The CA Programme enables a clear focus to reduce the disproportionate impacts of Disciplinary on BAME staff
- Enables check and balance to build rigour and scrutiny
- Builds confidence in the process for staff
- Recognises and enables training for CA's -RCN training valued and well received and having an external trainer allows for objectivity and challenge
- Meets a need to improve equity in the Disciplinary Process
- Monitoring data to identify any disproportionality in disciplinary outcomes for BAME staff

Following the successful review the Cultural Ambassador Programme was re-launched in May 2021 and the scope of the role is extended to include recruitment panels as well as disciplinary and case assessment panels. The role is also inclusive of all protected characteristic groups.

The Trust received 21 expressions of interest to the CA role and now has a total of X Cultural Ambassadors to support fairness in its disciplinary and recruitment processes.

The Trust monitors the impacts of its Disciplinary actions on BAME staff – see the Workforce Race Equality Standard Section.

### **Launch of the “Trust Relay NGT Guidance”- enabling disabled people to call the Trust**

As part of its duty to make reasonable adjustments, the Trust launched its Relay – “Next Generation Text Staff and Patient Guidance” – a provision to better support the communication needs of disabled people with hearing or speech impairments who want to call the Trust using BT Relay – Next Generation Text.

The guidance provides information for staff on how they can support colleagues, staff, and patients who rely on this type of communication support, and enables people with little or no hearing, or people with speech impairments or difficulties, to communicate with hearing people and or speaking people over the phone.

This forms part of an on-going raft of initiatives that are in development to support accessibility and reasonable adjustments for staff and patients across the Trust.

## Inclusive Recruitment

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

- Undertake positive action in recruitment for under-represented BAME and Disabled applicants at band 7 and above vacancies / roles
- Widen our vacancy reach into 'seldom heard' and protected characteristic communities through building links with our local diverse employers and communities
- Be more effective at encouraging our BAME and disabled staff to progress and apply for senior leadership roles
- Vacancy sponsorship from Senior leaders from BAME, disabled, female backgrounds
- Providing access to interview skills coaching
- Signpost all external candidates to free tools and tips for interview skills
- Introduce a new diversity statement for candidates on Trust webpages, job advertisements, and correspondence
- Develop inclusive selection processes guidance for recruiting managers
- Introduce Cultural Ambassadors to sit on recruitment panels
- Train recruiting managers in inclusive recruitment and selection methods

## Working Carer's Passport

The Trust launched its first Working Carer Passport as part of Carers Week 2021. There are currently an estimated 250,000 carers working in the NHS, many of whom are aged between 45-64 and so are likely to be among our most experienced and skilled staff. The care they give is unpaid and often helps to keep some of our most vulnerable members of society out of hospital or social care and improve their quality of life.

Supporting our staff with caring responsibilities has an overall benefit to our employees, patients, and wider community. Keeping our working carers in work can help to reduce health inequalities, improve employee experience, and benefit the trust in retaining its staff. So ensuring our staff who have caring responsibilities and our managers are aware of this is really important.

The Working 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.



## LGBT Inclusion

### Rainbow Badge scheme

The Trust has rolled out the Rainbow Badge. Wearing the Rainbow Badge symbolizes a pledge to play an active part in showing openly that our Trust offers non-judgemental and inclusive support and care for all, regardless of how people identify themselves. It's hoped that the LGBT+ Community will be comfortable and confident in our care as a result. LGBT+ 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 LGBT+ people. This scheme is supported by NHS England, Stonewall, and GLADD (The Gay and Lesbian Association of Doctors and Dentists).

### **Rainbow crossing**

The New Cross Hospital site introduced a LGBT+ rainbow pedestrian crossing to show acceptance and visibility of our LGBT+ patients and staff. The LGBT+ Employee Voice Group and the management teams have worked together to bring this to RWT.



### **RWT to support Birmingham Pride 2021**

Birmingham Pride held its first event back in 1997. Over the following years, it has become one of the most important LGBT+ festivals in the UK, attracting in excess of 40,000 people over the course of the weekend. This year, as a result of the COVID-19 pandemic, the Birmingham Pride festival will be held over the weekend of Saturday, September 25th and Sunday, September 26th 2021.

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

RWT, alongside four other NHS Trusts, are putting together an 'NHS float' which will be second in the grand procession of floats. By taking part, we hope to recognise our hardworking staff (after 18 months of battling against COVID-19!) while also celebrating the rich diversity of our workforce. Staff from each organisation will be in attendance to represent their organisation.

## Equality Diversity and Inclusion Events 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 2020 /21 the Trust has supported a range of key equality events and faith celebrations and works in collaboration with its Employee Voice Group, Chaplaincy Service, and other departments. Events and days celebrated included:

- Black History Month
- LGBT History Month
- International Women's Day
- Disability History Month and International Day for Disabled Persons
- Equality and Human Rights Week
- Mental Health Awareness Conference
- Carers Week
- Pride 2021
- Faith days including Easter, Ramadan, and Vasakhi.

Key themes explored during events included:

- Sharing understanding of the diversity of lived experience
- Allies – enabling staff to support each other to tackle exclusion and discrimination
- Recognising and challenging bias
- Promoting wellbeing
- Celebrating difference
- Promoting inclusion through education

Further information can be found on the Trust webpages.

There is a plan in place to broaden and build on the events and celebration days for next year, and an events calendar has been developed.





## 11.0 Workforce Equality Data and Information

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The Royal Wolverhampton NHS Trust is committed to investing in and developing its diverse workforce and employs a total of 10,340 people as at 31 March 2021, 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, experience and outcomes and proactively works to maximise this relationship and demonstrate positive effect on patient experience.

The workforce data contained within the report is for the period 1 April 2020 to 31 March 2021. Where possible the data has been benchmarked to Wolverhampton Population Census 2011 data.

### Board Composition

The make-up of the Trust Board including our Executives and Non-Executives as at 31 March 2021 is as follows:

- The Ethnic representation is White 84% and BAME 16%.
- 29% of the Board have not declared a disability, and 71% have no disability.
- The gender breakdown is 30% female and 70% male.

### Workforce Statistics

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

#### Age

The majority of our workforce is within the 25 to 54 age range; 7% are 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 England (19% and 17.7%, respectively).

Age	% Workforce
<b>Under 25</b>	7%
<b>26 - 35</b>	26%
<b>36 - 45</b>	23%
<b>46 - 55</b>	24%
<b>56 - 65</b>	18%
<b>66 +</b>	2%
<b>Total</b>	<b>100%</b>

- There is a lower proportion of young people aged under 25 years.
- There is an even distribution across the middle-aged groups, ranging from 24% in the 26 – 35 years age group, 23% in the 35 – 45 years age group, and 24% in the 46 – 55 year age group.
- There are fewer staff in the 56 – 65 years group at 18%, and fewest staff represented in the 66+ years group, at 2%.



## Disability

The proportion of staff that have declared a disability stands at 1.45%. According to the Census 2011, 20.5% of residents in Wolverhampton are disabled or have a long term condition that limits their day to day activities to some degree.

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

<b>Disability Status</b>	<b>% Workforce</b>
<b>No</b>	72%
<b>Not Declared</b>	26%
<b>Prefer Not To Answer</b>	0.5%
<b>Unspecified</b>	0%
<b>Yes</b>	1.45%
<b>Total</b>	100.00%
<b>Total</b>	<b>100%</b>

- 1.45% of the workforce have declared a disability, representing a low disclosure rate for disability across the workforce.
- The proportion of staff who have not declared their disability status has fallen from 31% in 2020 to 26% in 2021.
- The Trust Disability and Long Term Conditions Employee Voice Group 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.
- See the section on the Workforce Disability Equality Standard, on page X

## Ethnicity

The Trust BAME profile has increased from 30% in 2020 to 31% in 2021, representing a steady year on year improvement in the make-up of our workforce over the last four years. The overall BAME profile of the Trust is slightly below the local BAME population of Wolverhampton of 32%, according to the Census 2011.

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

<b>Ethnicity Status</b>	<b>% Workforce</b>
<b>BAME</b>	31%
<b>Not Stated/Not Given</b>	2%
<b>White</b>	67%
<b>Total</b>	<b>100.00%</b>



### Ethnicity by Workforce Group

The following table illustrates the breakdown of BAME staff by Trust Workforce Group:

Workforce Group	BAME	Not Stated/ Not Given	White	Total
Nursing and Midwifery Registered	35%	1%	64%	100.00%
Medical and Dental	62%	7%	31%	100.00%
Administrative and Clerical	19%	1%	80%	100.00%
Total	31%	2%	67%	100.00%

- The Medical and Dental group has the highest proportion of BAME staff at 62%. The Nursing and Midwifery group has a BAME profile that is slightly higher than the Trusts overall profile. The Administrative and Clerical group has the lowest proportion of BAME staff at 19%.

### Workforce Ethnicity Profile Compared to Local Population

Wolverhampton has a population of around 260,000. The City is ethnically diverse with 32% of the population coming from a BAME heritage according to the Census 2011. Furthermore 16.9% of the population in 2011 were not born in the UK.

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 2011.

	RWT Workforce %	Wolverhampton Population %
<b>White</b>	67%	68%
<b>Black</b>	8%	6.9%
<b>Asian</b>	18%	17.5%
<b>Mixed</b>	3%	5.1%
<b>Other</b>	2%	1.9%
<b>Undefined</b>	2%	-
<b>Total</b>	100%	100%

- The Trust overall ethnic profile closely reflects the overall profile of the local population.
- The Trust has in place commitments and actions to ensure it is representative of its local population across all levels of the organisation. The Workforce Race Equality Standard metrics offers a more complete picture of the Trusts performance on race equality. See section X.

## Gender

The following table illustrates 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.

Sex	% Workforce FTE	Wolverhampton Gender Profile
Female	80%	51%
Male	20%	49%
<b>Total</b>	<b>100%</b>	<b>100%</b>

	Female	Male	Grand Total
<b>Full Time</b>	70.0%	30%	100%
<b>Part Time</b>	93%	7%	100%
<b>Grand Total</b>	<b>80%</b>	<b>20%</b>	<b>100%</b>

- The trust employs a significantly higher proportion of women, with an 80% female workforce.
- Overall, more men work full-time hours compared to females.
- Of all the staff that work part-time hours, 93% are female and around 7% are male.

This following table illustrates the gender breakdown of the workforce by band.

Row Labels	Female	Male	Grand Total
AfC Bands 1-4	85%	15%	100%
AfC Bands 5-7	84%	16%	100%
AfC Bands 8a-9	71%	29%	100%
<b>Grand Total</b>	<b>84%</b>	<b>16%</b>	<b>100%</b>

- Male representation in the workforce increases across the higher bands.
- There is a higher proportion of females in bands 1-4 and bands 5-7.

The following table illustrates the gender breakdown within the Medical and Dental group, compared to the overall gender profile within the Trust.

Row Labels	Female	Male	Grand Total
Trust Workforce	80%	20%	<b>100%</b>
Medical and Dental	43%	57%	<b>100%</b>

- The gender profile within the Medical and Dental group is more evenly spread with 42% females and 58% males, compared to the overall gender workforce profile.



## Maternity and Adoption Leave

A total of 209 staff went on maternity or adoption leave in the period. The following table illustrates the breakdown of staff going on maternity or adoption leave by group.

Trust Department / Group	Number of staff taking Maternity or Adoption Leave
Add Prof Scientific and Technic	11
Additional Clinical Services	35
Administrative and Clerical	44
Allied Health Professionals	17
Estates and Ancillary	5
Healthcare Scientists	14
Medical and Dental	14
Nursing and Midwifery Registered	69
<b>Grand Total</b>	<b>209</b>

## 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 2011.

Religion or Belief	Workforce %	Wolverhampton Population %
Atheism	7.47%	20%
Buddhism	0.29%	0.4%
Christianity	40.55%	55%
Hinduism	2.43%	4%
I do not wish to disclose my religion/belief	37.55%	6.4%
Islam	2.72%	4%
Jainism	0.03%	-
Other	5.36%	1.2%
Sikhism	3.59%	9%
Judaism	0.01%	0%
Unspecified	0.01%	-
<b>Total</b>	<b>100.00%</b>	

- There are some significant differences to the religion or belief profile of the Trust compared to the local Wolverhampton population. There are fewer people who identify as Christian within the Trust at 40.5% compared to overall profile of Christianity within the City which is 55%.
- There are significantly higher proportions of staff within the Trust who do not wish to disclose their religion or belief, at 37.5%, compared to the City profile of 6.4%.
- It is not clear what the causes of these variations are. The Trust provides a multi-faith chaplaincy service which is open and available to all Trust staff and patients. The Trust offers support and services to enable staff to observe their faith and celebrate key religious and cultural events through the calendar year.



## Sexual Orientation

The following table illustrates the sexual orientation profile of the Trust. The sexual orientation data for the City is not currently available to compare this with. There are traditionally lower levels of disclosure of sexual orientation. According to the Office for National Statistics over the last five years, the proportion of the UK population identifying as lesbian, gay or bisexual (LGB) has increased from 1.5% in 2012 to 2.0% in 2017, although the latest figure is unchanged from 2016.

<b>Sexual Orientation</b>	<b>% Workforce</b>
Bisexual	0.59%
Gay or Lesbian	1.00%
Heterosexual or Straight	63.38%
Not stated (person asked but declined to provide a response)	34.95%
Other sexual orientation not listed	0.05%
Undecided	0.03%
<b>Grand Total</b>	<b>100.00%</b>

- The proportion of staff across the workforce that identify as LGB is 1.59%, compared to a national profile of 2%.
- The proportion of staff across the workforce that identify as heterosexual or straight is 63.38%.
- There is a significant proportion of the workforce that prefer not to state their sexual orientation, at almost 35%.

## Trans

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

## Marriage and Civil Partnership

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

<b>Marriage and Civil Partnership Status</b>	<b>% Workforce</b>	<b>% Wolverhampton Population</b>
Civil Partnership	0.94%	0.2%
Divorced	5.31%	10.1%
Legally Separated	0.71%	3.1%
Married	52.78%	39.6%
Single	34.69%	38.8%
Unknown	4.69%	-
Widowed	0.89%	8.2%
(blank)	0.00%	-
<b>Total</b>	<b>100.00%</b>	



## Disciplinary and Bullying and Harassment

### Disciplinary Data

The Trust monitors its disciplinary data. There were a total of 167 Disciplinary cases during the reporting period.

Disciplinary cases	BAME	White	Undisclosed	Total
1. Number of disciplinary investigations commenced (BAME / White)	18	46	1	65
2. Issued with a sanction or dismissal following a disciplinary hearing or Fair blame	10	26	1	37
3. Number of disciplinary hearings (BAME / White)	3	11	0	14
4. Number of fair blame meetings	7	15	1	23
5. Number of cases stood down/ no case to answer/ informal action taken	7	13	0	20
6. Number of cases ongoing	1	7	0	8
Total	46	118	3	167
%	<b>28%</b>	<b>70%</b>	<b>2%</b>	<b>100%</b>

- 28% of all disciplinary actions were undertaken by BAME staff, which is proportionate to the BAME workforce profile, of 31%.
- The Trust has undertaken a range of actions to improve fairness across its Disciplinary Processes including a comprehensive evaluation and re-launch of its Cultural Ambassador Programme, Case Assessment Pilot, and introduction of Fair Blame.
- Please see section X on the Workforce Race Equality Standard for further data on the WRES Metric 4 relating to disciplinary over a rolling two year period.

### Bullying and Harassment

The Trust monitors all formal reports of Bullying and Harassment. There were a total of 34 formal 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.

B&H	BAME	White	Undisclosed	Total
Number of B&H cases recorded	8	25	1	34
%	<b>24%</b>	<b>74%</b>	<b>2%</b>	<b>100%</b>

- There were fewer complaints made by BAME staff at 24%, compared to a BAME staff profile of 31%, and a higher proportion of complaints from white staff.
- The WRES section X provides additional information on Bullying and Harassment.
- The Trust has a range of commitments in place to tackle bullying and harassment in the workplace including the introduction of the Civility and Respect Toolkit and implementation of the NHSEI Bullying and Harassment Standard.

## 12.0 Recruitment and Selection Data

The following tables illustrate the Trusts recruitment and selection data for the period 1 April 2020 to 31 March 2021. The Trust has an overall total of 25,251 applications and 908 appointments during the period. 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 medical roles, and to overseas nursing roles.

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

### Recruitment and Selection Ethnicity Data:

#### Total Applicants, Shortlisted, and Appointments By Ethnicity (not including bank roles)

	Applied		Shortlisted		Appointed	
	Number	%	Number	%	Number	%
<b>White</b>	12312	48%	3717	59%	617	68%
<b>BAME</b>	12461	49%	2493	39%	279	31%
<b>Unknown</b>	478	3%	121	2%	12	1%
<b>Total</b>	<b>25,251</b>	<b>100%</b>	<b>6331</b>	<b>100%</b>	<b>908</b>	<b>100%</b>

#### Total Applicants, Shortlisted, and Appointments to Medical Roles, By Ethnicity

	Applied		Shortlisted		Appointed	
	Number	%	Number	%	Number	%
<b>White</b>	12	1%	12	6%	4	9%
<b>BAME</b>	1396	95%	179	87%	37	82%
<b>Unknown</b>	54	4%	15	7%	4	9%
<b>Total</b>	<b>1462</b>	<b>100%</b>	<b>206</b>	<b>100%</b>	<b>45</b>	<b>100%</b>

#### Total Applicants, Shortlisted, and Appointed By Ethnicity to Overseas Nursing Roles

	Applied		Shortlisted		Appointed	
	Number	%	Number	%	Number	%
<b>White</b>	24	2%	10	2%	1	2%
<b>BAME</b>	1464	97%	548	97%	55	93%
<b>Unknown</b>	10	1%	7	1%	3	5%
<b>Total</b>	<b>1498</b>	<b>100%</b>	<b>565</b>	<b>100%</b>	<b>59</b>	<b>100%</b>

#### Analysis:

- The Trust attracts a high proportion of applicants from a BAME background, with almost half of all applicants coming from a BAME background at 49%, compared to a local population of 32%.
- White applicants were more likely to be shortlisted (59% of all shortlisted applicants were white, compared to 39% BAME shortlisted applicants)
- White shortlisted applicants were more successful at the appointment stage (68% of all appointments went to white applicants, compared to 31% BAME appointments)
- A majority of applicants to medical and overseas nursing roles were from a BAME background, representing 95% and 97% respectively.
- The Trust is committed to ensuring fairness across its recruitment and selection processes and procedures. Work is underway to build on our approach to ensure inclusion and ensure we have a workforce that is reflective of the communities we serve at all levels of the organisation.

- See the section on the Workforce Race Equality Standard for further analysis.

### Recruitment and Selection Disability Data:

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

There were 1053 appointments during the period. A total of 34 disabled applicants were appointed during the period. 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

Disability Status	Applied		Shortlisted		Appointed	
	Number	%	Number	%	Number	%
<b>Yes</b>	990	4%	279	4%	176	17%
<b>No</b>	23916	95%	5957	94%	861	82%
<b>Not Stated</b>	3	0%	3	0%	0	0%
<b>Not Disclosed</b>	<b>342</b>	<b>1%</b>	<b>92</b>	<b>1%</b>	<b>13</b>	<b>1%</b>
<b>Total</b>	<b>25,251</b>	<b>100%</b>	<b>6331</b>	<b>100%</b>	<b>1050</b>	<b>100%</b>

#### Total Applicants, Shortlisted, and Appointed To Medical Roles by Disability

Disability Status	Applied		Shortlisted		Appointed	
	Number	%	Number	%	Number	%
<b>Yes</b>	4	0%	2	1%	0	0%
<b>No</b>	1612	96.5%	237	93%	46	92%
<b>Not Stated</b>	12	1%	12	5%	4	8%
<b>Not Disclosed</b>	<b>42</b>	<b>2.5%</b>	<b>3</b>	<b>1%</b>	<b>0</b>	<b>0%</b>
<b>Total</b>	<b>1670</b>	<b>100%</b>	<b>254</b>	<b>100%</b>	<b>50</b>	<b>100%</b>

#### Total Applicants, Shortlisted, and Appointed to Overseas Nursing Roles by Disability

Disability Status	Applied		Shortlisted		Appointed	
	Number	%	Number	%	Number	%
<b>Yes</b>	8	0.5%	3	0.5%	1	2%
<b>No</b>	1461	99%	549	99%	56	95%
<b>Not Stated</b>	3	0.25%	3	0.5%	2	3%
<b>Not Disclosed</b>	<b>2</b>	<b>0.25%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>Total</b>	<b>1474</b>	<b>100%</b>	<b>555</b>	<b>100%</b>	<b>59</b>	<b>100%</b>

- The overall representation of disabled people in the workforce is 1.44%.
- The number of disabled people appointed is proportionate to the numbers applied, but slightly less than the numbers shortlisted.
- See section 15.0 on the Workforce Disability Equality Standard for further details of the disabled staff experience.

## 13.0 Workforce Race Equality Standard (WRES)

The WRES data for 2020/21 will be submitted to the national portal and available from August 2021.

The following table illustrates the Trust WRES performance against the nine metrics.

WRES Metric	2020/21	2019 /20	2018 /19	2017 /18
Proportion of workforce from a BAME background	31%	29.4%	28.8%	26.1%
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	1.44	1.41	1.38	1.41
Relative likelihood of BAME staff entering a disciplinary process*	1.0	1.33	1.59	1.97
Relative likelihood of white staff accessing non-mandatory training**	1.3	1.18	1.33	1.34

\*This calculation is based on a rolling two year average of disciplinary data

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

WRES Staff Survey Metric	2020		2019		2018		2017	
	BAME	White	BAME	White	BAME	White	BAME	White
Percentage of staff experiencing harassment, bullying or abuse from	23%	22%	25%	22%	24%	25%	28%	22%
a) Patients, relatives or the public								
b) Staff	24%	20%	28%	22%	21%	17%	28%	22%
Percentage of staff who believe the Trust provides equal opportunities for progression or promotion	74%	91%	76%	91%	73%	88%	76%	89%
Percentage of staff who have personally experienced discrimination at work from managers	13%	5%	12%	5%	14%	6%	13%	7%

### Analysis of BAME staff Representation:

- The Trusts overall BAME profile has increased by 5% since 2017 and sits at 31% compared to a City BAME demographic population of 32%, and is now closely in line with the local ethnic demographic profile for Wolverhampton.
- Further analysis by band indicates that the BAME profile at band 6 and above is 22%. The Trust will be undertaking a range of actions to improve the representation of BAME staff in senior roles.
- The relative likelihood of white applicants being appointed from shortlisting compared to BAME staff is 1.48, and has remained fairly static over the past four years. The Trust is taking proactive measures to ensure its workforce reflect the local population across all levels and during the course of the year will be introducing inclusive recruitment and positive action initiatives across its recruitment and selection processes.



### **Analysis of BAME staff Disciplinary and Bullying and Harassment:**

- The rate of disciplinaries for BAME staff has fallen significantly over the period to 1.0. The likelihood of BAME staff entering a disciplinary process is proportionate to white staff entering a disciplinary process. The Trust has undertaken a raft of work to improve fairness across its disciplinary processes (see further details in the highlights and achievements section).
- The staff survey metrics for bullying and harassment from patients has fallen by 2% for BAME staff since 2019 and remained unchanged for white staff. Bullying and harassment from staff has fallen by 4% for BAME staff and fallen by 2% for white staff. The Trust is developing its response to tackling bullying and harassment through a range of new work areas including Civility and Respect, EDI training and ally ship.

### **Analysis of BAME access to Non-mandatory Training**

- The relative likelihood of white staff accessing non-mandatory training has fallen trough 2017 – 2019, but has seen a slight rise over the course of the past year to 1.3. Due to COVID-19 the Trust has suspended a lot of its non-mandatory training, which has impacted this slight rise.

### **Analysis of BAME staff experience of Discrimination in the Workplace**

- The proportion of staff who believe the Trust provides equal opportunities has fallen slightly by 2% for BAME staff and remained the same for white staff.
- The percentage of staff who have experienced discrimination at work from their manager has remained unchanged for both BAME and white staff over the four year period.

**The Trust has developed its WRES Action Plan which details the measures and activity that will be undertaken to improve the Trusts performance on the WRES metrics, found in Appendix 4.**

## 14.0 Race Disparity Progression Ratio

As part of the Trusts response to the NHSEI Six High Impact Actions for recruitment the race disparity ratio for progression has been examined. The Trust has a target to reduce the race disparity progression ratio to 1.5. Race Disparity Ratio is the difference in proportion of BAME staff at various AfC bands in a Trust compared to proportion of White staff at those bands. It is presented at three tiers –

- bands 5 and below ('lower')
- bands 6 and 7 ('middle')
- bands 8a and above ('upper')

The following tables illustrates the race disparity progression ratio for BAME staff compared to white staff.

### Lower, Middle, Upper %

Tier	BAME	White	Not Stated/ Not Given	Grand Total
Lower	20.54%	47.41%	0.86%	68.81%
Middle	5.87%	19.41%	0.34%	25.63%
Upper	0.97%	4.54%	0.05%	5.56%
<b>Grand Total</b>	<b>27.38%</b>	<b>71.37%</b>	<b>1.25%</b>	<b>100.00%</b>

### Lower, Middle, Upper Count

Tier	BAME	White	Not Stated/ Not Given	Grand Total
Lower	2057	4747	86	6890
Middle	588	1944	34	2566
Upper	97	455	5	557
<b>Grand Total</b>	<b>2742</b>	<b>7146</b>	<b>125</b>	<b>10013</b>

	White	BAME
Lower to middle	2.40	3.50
Middle to upper	4.30	6.10
Lower to upper	10.40	21.20

Disparity ratio - lower to middle	1.45
Disparity ratio - middle to upper	1.40
Disparity ratio - lower to upper	2.00

- The Trust has a race disparity ratio of 2.0 from the lower tier to upper tier. There is a smaller variation from lower tier to the middle tier, at 1.45.



## 15.0 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was introduced in 2018 with 2019 being the first reporting year. The following table illustrates the Trusts performance against the WDES metrics over the last three years.

WDES Metric	2020/21	2019 /20	2018 /19
Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.2	1.63	1.48
Relative likelihood of disabled staff entering a formal capability process compared with non-disabled staff (note this is a two-year rolling metric)	2.4*	2.86	4.26
Percentage of disabled staff saying the employer has made adequate adjustments	77.9%	75.7%	73.4%

*\*This ratio reflects 2 disabled member of staff and 41 non-disabled staff members who entered into a formal capability process, over a two year rolling period. There were 75 staff members whose disability status was undisclosed.*

WDES Staff Survey Metric	2020/2021		2019 /20		2018/19	
	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
Staff engagement score	6.7	7.2	6.9	7.3	6.7	7.3
Percentage of staff experiencing bullying from:						
• Patients, relatives, public	28.8%	21.4%	28.3%	21.4%	30.7%	23.5%
• Manager	17.4%	8.3%	15.7%	9.2%	16.3%	9.8%
• Other staff	25.4%	15.1%	25.1%	16.8%	27.3%	16.3%
% staff saying last time they experienced harassment, bullying or abuse, it was reported	46.5%	48.6%	51.4%	46.3%	42.6%	49.1%
% staff who believe the Trust provides equal opportunities for progression / promotion	80.9%	88.5%	83.2%	88.1%	81.7%	86.3%
% Staff who have reported feeling pressure from their line manager to attend work despite feeling unwell	32.6%	22.8%	33.4%	22.5%	32.3%	24.3%
% staff saying the organisation values their work	46%	56.9%	45.2%	56%	39.3%	54.2%

### Analysis of Disabled Staff Representation

- There has been an improvement in the relative likelihood of non-disabled applicants being appointed from shortlisting in 2021 at a likelihood rate of 1.2
- The relative likelihood of disabled staff entering into a formal capability process compared to non-disabled staff is 2.4, and has fallen from 4.26 in 2018/19. However the overall numbers are very small, representing only 2 disabled staff members who have entered a formal capability process in the last two years.



## **Analysis of Disabled Staff Experience in the Workplace**

- There is a year on year increase in the proportion of staff indicating the Trust has provided adequate provision of reasonable adjustments in the workplace, rising to 77.9% in 2020. See the section on the Disability and Long Term Conditions Employee Voice Group which details the activities the Trust has undertaken to increase awareness of disability and support disabled staff in the workplace.
- The staff engagement score for disabled and non-disabled staff remains relatively unchanged for disabled and non-disabled staff. There is very little difference in the staff engagement scores of disabled and non-disabled staff.
- The experience of bullying and harassment is significantly higher for disabled staff than non-disabled staff, with highest scores of bullying from patients and other staff members. Bullying and harassment metrics have remained relatively unchanged over the three years of reporting.
- The metric of staff experiencing pressure to attend work when unwell has remained relatively unchanged across the three years of reporting, and is 10% higher for disabled staff than non-disabled staff.
- Disabled staff feel less valued by the organisation compared to non-disabled staff. However this has increased from 39% in 2018 to 46% in 2021

## **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, including:**

- Actions to develop and improve support to the Disability and Long Term Conditions Employee Voice Group.
- Actions to deliver the Civility and Respect toolkit and address bullying and harassment in the workplace.
- Implementation of the NHS Accessible Information Standard.
- Actions to improve access to communication support including the launch of the Relay Guidance for Staff.
- Raising awareness of disability and long term conditions through events such as Disability Awareness Month and a Deaf Awareness lunch and learn session for staff.
- Promoting accessibility across the trust buildings and facilities including disabled toilet signage campaign, Changing Places toilets facility, and accessible public phones.
- Supporting reasonable adjustments for staff throughout COVID-19 including staff who have been shielding, through listening events and promoting access to wellbeing support.





## 16.0 Gender Pay Gap 2021

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

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

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

The data analysis snapshot for this report is as at 31st March 2021 and is taken from the Electronic Staff Record System (ESR). The total number of employees was 12,141, of which 78.36% were female, and 21.64% 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

GPG	£	%
<b>Overall Mean Gender Ordinary Pay Gap</b>	£5.93	29.21%
<b>Overall Median Gender Ordinary Pay Gap</b>	£2.74	18.31%

- On average there is a mean average difference in favour of male employees of 29.21% with men earning on average £5.93 more an hour.
- On average there is a median average difference in favour of male employees of 18.31% with men earning on average £2.74 more an hour.
- The Annual Survey of Hours and Earnings (ASHE) 2020 reported a mean average UK Gender Pay Gap of 15.5% for all employees.
- The mean gender pay gap for the Public Sector economy (Office for National Statistics Annual Survey of Hours and Earnings, October 2017) is 17.7%. In comparison RWT's mean gender pay gap is above this average at 29.21%, .
- The NHS overall has had a higher % female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded Medical & Dental professions.

GPG	£	%
<b>Medical Staff Mean Gender Ordinary Pay Gap</b>	£5.76	16.02%
<b>Non-Medical Staff Mean Gender Ordinary Pay Gap</b>	£0.77p	5.12%

- When calculating the average mean difference between medical and non medical employee average earnings, both are in favour of men. There is smaller gender pay gap for non-medical staff at 5.12%, compared to medical staff, which has a gender pay gap of 16.02%



## Average Bonus Gender Pay Gap

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

The Trust employs 471 substantive consultants of which 34.39% are female. Of the total number of eligible consultants, 171 are in receipt of a local Clinical Excellence Award, of which 26.32% are awarded to female consultants. Of eligible female consultants, 27.95% are in receipt of CEAs compared to 40.77% of eligible male consultants.

The following table illustrates the average bonus gender pay gap.

	<b>Mean</b>	<b>Median</b>
<b>Gender Bonus Gap (%)</b>	14.87%	0.00%

- There is a mean average difference in favour of male employees of 14.87% with men receiving on average £1741.73 more per year than female award receipts. The median average difference in favour of male employees is 0.00% with men receiving on average £0.00 more per year than female award receipts.

## Analysis by Pay Grade

As part of the analysis, RWT are 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

<b>Quartile</b>	<b>Male</b>	<b>Female</b>	<b>Male %</b>	<b>Female %</b>
<b>Lower</b>	440.00	2002.00	18.02%	81.98%
<b>Lower Middle</b>	421.00	2192.00	16.11%	83.89%
<b>Upper Middle</b>	507.00	2256.00	18.35%	81.65%
<b>Upper</b>	843.00	1763.00	32.35%	67.65%

- When ranking the pay relevant employees as of 31 March 2021 according to their average hourly earnings it is clear that females are less well represented in the Upper Quartile.



## 17.0 Moving Forward

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The trust has identified the following themes and priorities for further enhancing and developing our EDI agenda:

- Civility and ally ship and tackling racism, discrimination, and bullying and harassment
- Compassionate and inclusive leadership
- Developing a workforce that is reflective of the local population we serve at all levels of the organisation, through positive action and inclusive recruitment
- Tackling the disciplinary gap by expanding our Cultural Ambassador Programme
- Supporting dynamic and growing Employee Voice Groups
- Tackling the WRES gaps – bullying and harassment, and opportunities for progression and development for BAME staff.
- Tackling the WDES gaps – supporting reasonable adjustments, accessibility of facilities and information, and tackling bullying and harassment.
- Implementing our Accessible Information Standard Action Plan.
- Supporting Carers and staff who look after someone through promotion of the Working Carers Passport and enabling better recording of carer status.
- Promoting inclusion for LGBT+ staff
- Celebrating diversity and promoting awareness and understanding of the diversity of our lived experiences
- Implementation of the Race Code and Race Equality Strategy
- To continue to grow, engage, and further develop the Trust Employee Voice Group



## 18.0 Equalities Duty Compliance

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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 due to be completed in 2020/21 for publication
- 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.

### 18.1 Equality Objectives (EO)

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.

The minimum publication for Equality Objectives is every 4 years, and the current priorities are for the period April 2018 – March 2022. The Trust has included objectives that build on data within various reports, outstanding actions and other workstreams to enable a succinct and current and relevant set of objectives to be developed.

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

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

### 11.2 Equality Delivery System (EDS2)

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

Goal 1 - Better health outcomes

Goal 2 - Improved patient access and experience

Goal 3 - A representative and supported workforce

Goal 4 - Inclusive governance / Leadership

These goals contain 18 outcomes, against which the Trust has to assess and initially grade itself, using a range of evidence. The process must be done in collaboration with local interest groups/stakeholders and the grades must be finally agreed upon.

Having completed its work on goal two, three and four in previous years the Trust has been addressing goal 1 during 2020/21. A detailed evidence gathering exercise was completed focusing on the following outcomes.

- 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities
- 1.2 Individual people's health needs are assessed and met in appropriate and effective ways
- 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed
- 1.4 When people use NHS services their safety is prioritised and they are free from mistakes
- 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities



The draft document is due to be presented to stakeholders for their assessment of Trust performance. Following this exercise, the final grading summary report will be published on the RWT website

### **11.3 Equality Analysis (EA)**

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

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

The Trust's 'Undertaking an Equality Analysis' policy, which helps staff to determine the extent to which policies, procedures, practices and services impact upon people with protected characteristics, is embedded within this approval and review framework. EAs that have been undertaken are then logged onto registers and published on the Trust's external website when possible.

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

The process for carrying out EAs was reviewed during the reporting period.

In February / March 2021, the proforma used to record EAs was redrafted. Following consultation with the Trust ED&I Steering Group, a streamlined proforma was approved by the Trust Policy Group. The main change involved reducing the number of stages in carrying out an EA to make the process simpler and improve the quality of EAs. The Trust EA policy has been updated accordingly.

Policy authors continue to receive timely feedback and advice from the Equality, Diversity and Inclusion Officer on EAs prior to the Trust Policy Group meetings. This process represents a proactive and rigorous approach to checking EAs. On average around six major policies are reviewed per month and the Trust has noted an improved engagement with the process.



## Appendix 1 – Equality Objectives

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### Aim 1 - Workforce

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

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

### Aim 2 – Workforce

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

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

### Objective 3 - Patient Experience

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

### Objective 4 - Patient Experience

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

### Objective 5 - Patient Experience

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



# Royal Wolverhampton NHS Trust Workforce Equality Diversity Inclusion Delivery Plan April 2021 – March 2022

## Introduction

The EDI Delivery Plan is a two year plan setting out the Trusts approach to the equality requirements as laid out in the NHS People Plan and Model Employer guidance, and responds to Trust equality priorities highlighted through on-going staff engagement and local WRES and WDES data.

## Background

The EDI Delivery Plan has been developed to bring together the priority areas of work required to deliver on the trusts EDI duties and obligations. The importance and focus on EDI has been brought to the forefront following the findings of the COVID-19 Health Disparities Review along with the 'Black Lives Matter' protests witnessed over the summer. There has been a long standing commitment from NHSEI to reduce ethnic disparities across the NHS workforce pipeline - highlighted through the national WRES data. Improving the experiences and representation of Black and Minority Ethnic Staff (BAME) is a key feature within the NHS People Plan and Model Employer directive.

The RWT is taking proactive measures to meet its workforce and equality challenges and the EDI plan has been developed to address these issues.

## Prominent Drivers:

- Response to disproportionate impact of COVID-19 on health inequalities and vulnerable groups
- Black Lives Matter
- The Race Code
- NHSEI Race and Inclusion Strategy and Model Employer Goals
- BC&WB ICS People Plan
- RWT Equality Objectives, WRES, WDES, Annual Workforce Information Reports
- Equality Act 2010 and PSED

## Approach:

- Embedding and integration of EDI across workforce processes and systems
- Ownership and leadership of EDI across the trust
- Ambitious and challenging targets and actions
- Flexible and adaptable

## Key considerations

The Trust has identified six key areas for priority and delivery to ensure success:

- 1) Inclusive recruitment and selection
- 2) Inclusive learning culture
- 3) Talent management with an EDI focus
- 4) Tackling the ethnicity disciplinary gap
- 5) Alignment with the STP leadership and culture work stream
- 6) Employee Voice Groups are active and growing in membership

## Key deliverable 1: Inclusive Recruitment and Selection

In line with the requirements of the NHS People Plan and Model Employer we will deliver an end-to-end review of our recruitment and selection processes to ensure 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. The Trust will employ the legislative tools available including sections 158 and 159 positive action provisions of the Equality Act 2010.





The following activity will support this priority:

- Undertake positive action in recruitment for under-represented BAME and Disabled applicants at band 7 and above vacancies / roles
- Widen our vacancy reach into 'seldom heard' and protected characteristic communities through building links with our local diverse employers and communities
- Be more effective at encouraging our BAME and disabled staff to progress and apply for senior leadership roles
  - E.g. RWT Senior leaders from BAME, disabled, female backgrounds to email directly to BAME groups encouraging applying for under-represented roles
  - E.g. Access to interview skills coaching for shortlisted BAME candidates to be widened to other PC groups Women, Disabled groups – internal candidates
  - Signpost all external candidates to free tools and tips for interview skills
- Review and standardise our job descriptions and person specifications for inclusion
- Introduce a new diversity statement for candidates on Trust webpages, job advertisements, and correspondence
- Develop inclusive selection processes guidance for recruiting managers
  - E.g. batch interviews, split interviews, 'if-not, why-not'
- Representative panels for all positive action vacancies – diverse panel members database developed and training in place
- We will train all our recruiting managers in inclusive recruitment and selection methods
- Seek executive and NED endorsement for launch and promotion of Inclusive Recruitment across the Trust
- We will run a three month pilot of the inclusive recruitment and selection methods with a division
- We will monitor the impacts of inclusive recruitment through the development of quarterly EDI dashboard reporting

## **Key deliverable 2: Compassionate and Inclusive leadership culture**

Developing an inclusive learning culture will enable us to build on our work to support our workforce in an environment where everyone has a place and sense of belonging. To do this we will raise awareness of our rich workforce diversity through the work of our employee voice groups and develop opportunities for staff to learn more about one another and connect.

The following activity will support this priority:

- Implement the Race Code
- Reverse mentoring
- Deliver 'round table discussions' of the lived experiences of staff from protected characteristic backgrounds
- Launch Trust EDI Newsletter promoting sharing lived experiences and promoting access to EDI learning resources
- EDI lunch and learn sessions
- EDI interventions to support inclusive cultures in teams
- Further develop our approach to eliminating bullying and harassment





### **Key deliverable 3: Talent management with an EDI focus**

Ensuring there are relevant leadership and development opportunities to support staff to progress. We will take opportunities to integrate EDI across our leadership programmes, and enhance access to leadership development for under-represented groups.

The following activity will support this priority:

- Sponsorship programme for under-represented groups
- Career development workshops
- Access to interview skills coaching
- EDI conversations built into appraisals
- EDI embedded across leadership and development programmes

### **Key deliverable 4: Tackling the ethnicity disciplinary gap**

There is a concerted focus to close the gap in the disproportionate rates of disciplinary action between BAME and white staff across the healthcare system. A Fair Experience for All first published in July 2019 highlights the importance of equity in the employee experience for fully engaged and supported staff.

At an organisational level, there will be two related goals:

1. to ensure that the relative likelihood for BME staff entering the formal disciplinary process compared to white staff is within the non-adverse range of 0.8 – 1.25.
2. to reduce the overall likelihood and number of staff entering the formal disciplinary process for both white and BME staff.

The following activity will support this priority:

- Review and evaluate the CA programme learning from others
- Expand the Cultural Ambassadors Programme scope to include HR processes such as recruitment panels
- Continue the RWT Panel Assessment Pilot in line with A Fair experience for All
- Monitor 'Fair Blame' cases
- Develop internally or commission CA Training for CA's and HR Managers

### **Key deliverable 5: Black Country and West Birmingham Integrated Care System (ICS)**

BC ICS have identified the following priorities for EDI:

- Workforce transformation addresses inequality and equity for all
- Develop anti-racist approach
- Develop system approach for EDI

The following activity will support this priority:

- Develop recruitment campaigns that reach into diverse and hard-to-reach communities through partnership approaches with local partners:
- BCSTP wide voluntary sector database to target vacancy into diverse communities advertising across the Black Country
- Black Lives Matter – align RWT response to system wide approach to develop anti-racist dialogue opportunities
- COVID-19 – support systems and structures are in place for BAME workforce to address inequitable impacts:
- System wide Cultural Ambassador Programme with effective support to Primary care and social care



## **Key deliverable 6: Employee engagement – supporting dynamic, growing, and influential employee voice groups**

Supporting our workforce and understanding the diverse needs of staff has been crucial during COVID-19 and will continue to be a priority for the Trust. Employee Voice Groups (EVGs) are an important part of building a workforce culture that is included and engaged, where staff concerns can be raised safely, and staff have opportunities to connect with their peers. We will continue to support and grow our EVG's.

- We will commit to undertake the following activity to support this priority:
- Develop a forward planner for Employee Groups EDI and cultural events
- Develop a Communications Plan in collaboration with EVGs to support membership promotion and growth – inclusive communication channels
- Employee Voice Groups are supported and feed into RWT decision-making structures:
- Senior leadership sponsor continues to support and engage with EVGs
- Establish new Employee Voice Groups based on employee needs:
- Young Persons Group
- Veterans Group
- Explore EDI charters to support the networks

A detailed EDI Action Plan is available on request.





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

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**Age** - Refers to a person having a particular age (for example, 32 year olds) or being within an age group (for example, 18-30 year olds). This includes all ages, including children and young people.

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

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

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

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

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

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

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

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



## Appendix 3 - Terms and Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

**LGBT:** Lesbian Gay Bisexual Transgender.

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

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

**Pregnancy:** Condition of being pregnant.

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

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

**Sex:** A man or a woman.



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

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

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

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

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

*'The essential guide to the public sector equality duty'*

