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Annual Equality, Diversity & Inclusion Report

April 2021 – March 2022



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English

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

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

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

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

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

We recognise some people may face unintended barriers presented by our working practices and whilst accessing our services. People have the right to be treated fairly by having their needs met as much as possible and where appropriate. 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 the workforce and non-workforce areas of the Trust. In doing so, the Trust seeks to meet its legal and contractual obligations regarding these matters. Action plans will have been created for both sections to address imbalances in diversity in the workforce and to improve accessibility for our local communities.

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

Introduction

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

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 the 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 in which we carry out our daily business. These include:

- The NHS Constitution sets out what patients, the public and staff can expect from the NHS
- The Care Quality Commission's (CQC) compliance with its fundamental standards, including person-centred care, dignity and respect, safety and safeguarding
- EDI and human rights run throughout the CQC outcome requirements
- NHS England's Equality Delivery System (EDS2) was 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, Asian and Minority Ethnic (BAME) backgrounds are treated fairly at work and have access to career opportunities
- Progress is demonstrated against a number of workforce race equality indicators
- NHS England's Accessible Information Standard (AIS) aims to ensure that disabled patients (including carers and parents, where applicable) receive accessible information and have appropriate support to help them communicate

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

This annual report contains information relating to the 12 month period from **1 April 2021 – to 31 March 2022** (unless indicated otherwise).

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

Analysis of this information will be used to:

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

The Local Context and Demographics

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

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

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





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

- **Wolverhampton**

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

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

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

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

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

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

Governance and reporting for EDI

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

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



Section 1 – Non Workforce Information

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

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

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

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

1.0 Patient Access to Services

The Trust saw a total of 420,351 patients in the year (an increase of 95,078 or 29 per cent from the previous year's figure of 325,273).

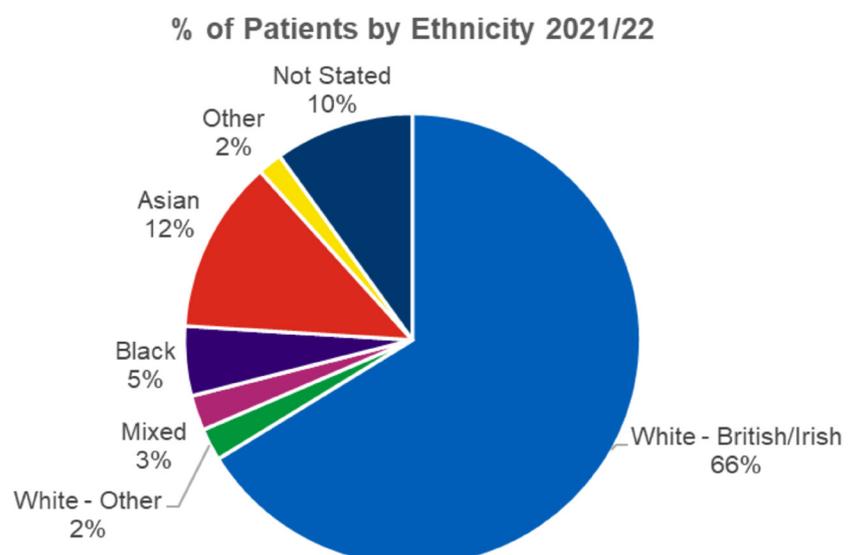
The summary data below summarises available information desegregated by protected characteristics (where available) as far as possible:

Gender: There is a fairly even representation, with 54 per cent being female and 46 per cent 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 two per cent difference between females (51 per cent and 49 per cent Male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census. There was 18 indeterminate (unable to be classified as either male or female), as defined by the NHS data dictionary. In addition, 29 patients did not declare their gender.

Marital Status: 145,428 people, or 35 per cent of the overall total of patients, did not have their marital status recorded. This is a one per cent increase in volume compared to the previous year. Departmental recording of information is crucial to improving these statistics. The service area where there is the highest 'not knowns' category recording is Accident & Emergency Department, and the next highest is Outpatients. The lowest continues to be Maternity Services. 30 per cent of patients were married, and 27 per cent 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 per cent). The largest group is White – British at 66 per cent, with the second-largest group being Asian at 12 per cent. The least represented group is Mixed Race at three per





Age: The largest age groups of patients accessing services are the 51-60, 61-70 and 71-80-year-olds, each group representing 13 per cent of the total service users.

The smallest proportion of patients is the age group of 91 plus and represents four per cent of the overall total. Closely followed by the age group 11-20 at seven per cent. Within this group, 45 per cent were seen as outpatients, and 40 per cent visited the Emergency Department.

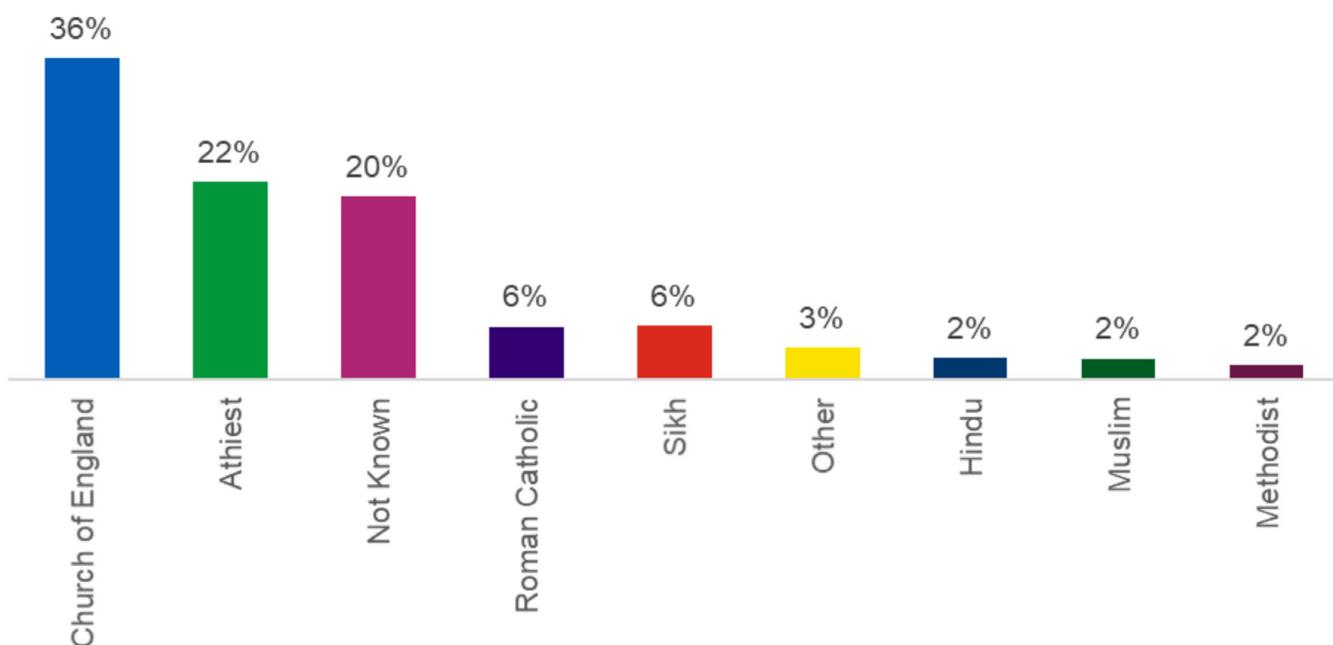
Religion or Belief: There are 33 different religions represented by patients of the Trust. The largest represented religion known of the patients who accessed services is the Church of England, which represents 36 per cent of all patients, a three per cent decrease from last year. The smallest representation is Methodist, which represents two per cent of all patients, which remains the same as last year. There is still a high percentage of 'not known' at 20 per cent, which is a slight increase of one per cent from the previous year.

It is recognised, however, that there are a high group (22 per cent) 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 is a range of other religions that access our services, demonstrating the diversity of the people who use our services.

% of Patients by Religion 2021-22



2.0 Performance information relating to health outcomes

Due to the limited information available and the large proportion of 'unknown' categories, it is difficult, at this stage, to identify health outcomes for specific different groups. For example, in some service areas, it is clear that there is an under-representation of data from members of the BAME community and people with disabilities.

It is intended that future action will be targeted in areas of low recording of equalities data to enable better analysis of service take up. Work is already underway to address this issue in the complaints service and Friends and Family Test (FFT). Furthermore, we hope to provide more information on health outcomes as a result of the working group on health inequalities which has been recently set up by the Trust.



3.0 Patient Experience Metrics Data

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 FFT, Patient Advice and Liaison Service (PALS) concerns and information and feedback directly from patients. The data collected is used to check our progress, strengthen our accountability and find new ways of doing things better.

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

3.1 Formal Complaints Monitoring

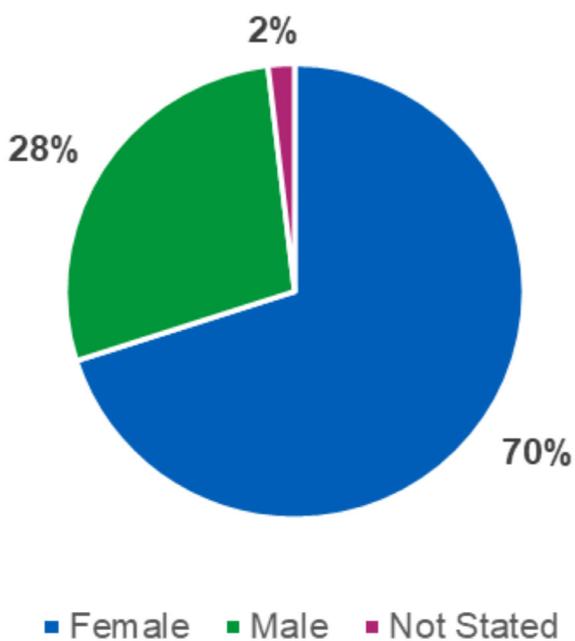
The development and Trust-wide dissemination of a patient feedback leaflet, which includes an equalities monitoring form, has aided the capturing of equalities data in relation to PALS concerns and formal complaints. The implementation of a departmental telephony system which advises service users of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

588 formal complaints were received from April 2021 to March 2022.

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

Gender

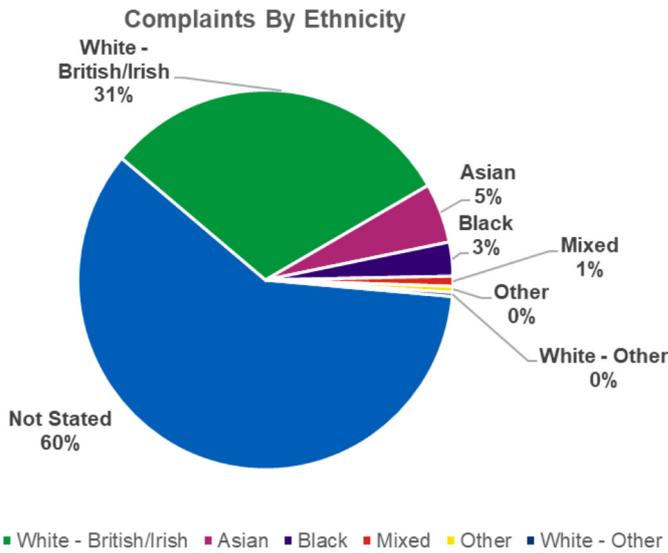
Complaints By Gender





Of the 588 complaints in this period, 70 per cent relate to females and 28 per cent from males. In comparison to the previous year, 2020/21, complaints made by females have stayed at 70 per cent. The one per cent of gender unknown has increased to two per cent now.

Ethnicity

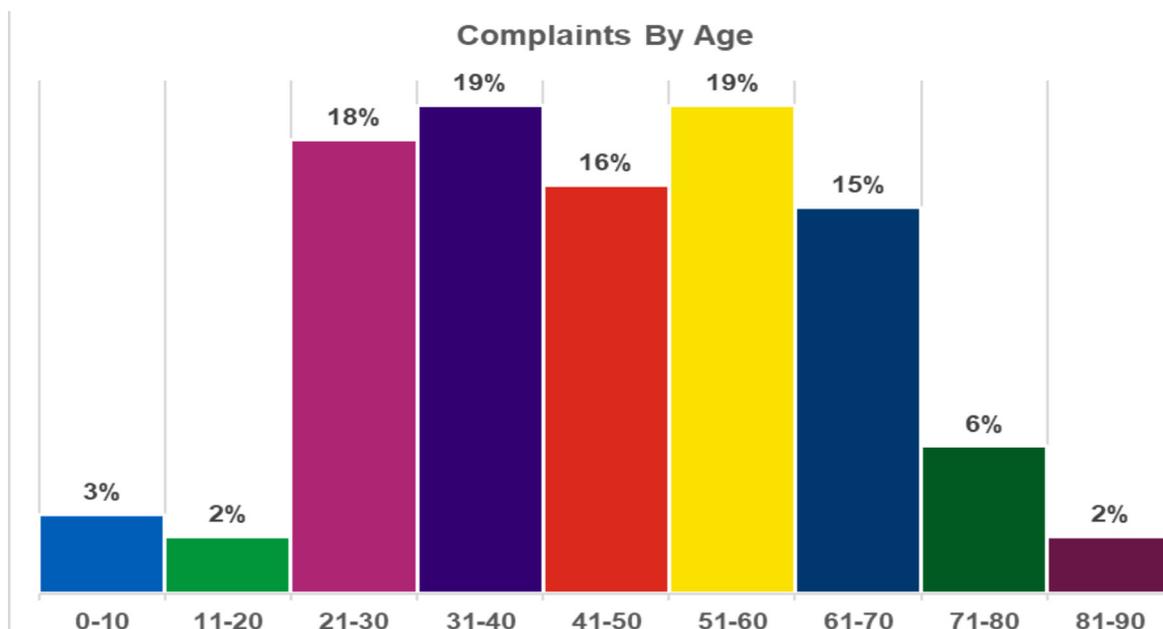


Wherever possible, the Trust collects personal data relating to ethnicity (race) for each complainant. Of the 588 formal complaints raised in this period, 60 per cent of the complainant's ethnicity has not been stated, an increase of 50 per cent. 31 per cent of complaints are from the White – British/Irish category which is a decrease of 40 per cent.

Unfortunately, there has been a decrease from 19 per cent to eight per cent from members of the BAME community who complained during this reporting period, it should be noted that the not stated category increased from 10 per cent to 60 per cent. The Trust are currently assessing why there is a significant difference and will take appropriate actions to remedy.

Age

For those complaints where age had been identified, complainants from the age groups 31-40 and 51-60 made the most complaints, which differs from last year's highest which was the 81 plus category.





3.2 The CQC National Inpatient Survey 2021

The 2021 Inpatient Survey was part of a National Survey Programme run by the 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 the patient experience.

The 2021 National Inpatient Survey used the “mixed mode” methodology for the second time.

- Mailing one – a letter with a link to an online survey, followed by an SMS reminder
- Mailing two – a letter with a link to an online survey, followed by an SMS reminder
- Mailing three – a letter with a paper questionnaire

The paper questionnaire covers eight pages and includes 49 questions about care, 10 background questions and three free-text questions.

The online version was available in English and 19 other languages. A British Sign Language version was also provided.

The Adult Inpatient 2021 benchmark reports (due in October 2022) will include an overview of the number of questions at which the Trust's performance has significantly improved, significantly declined, or not significantly changed compared with the result from the previous year. There will be details of the demographics of patients who responded, and these will be analysed. Once the results are known, the Trust will compile a comprehensive action plan to make service changes to improve inclusivity and 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.

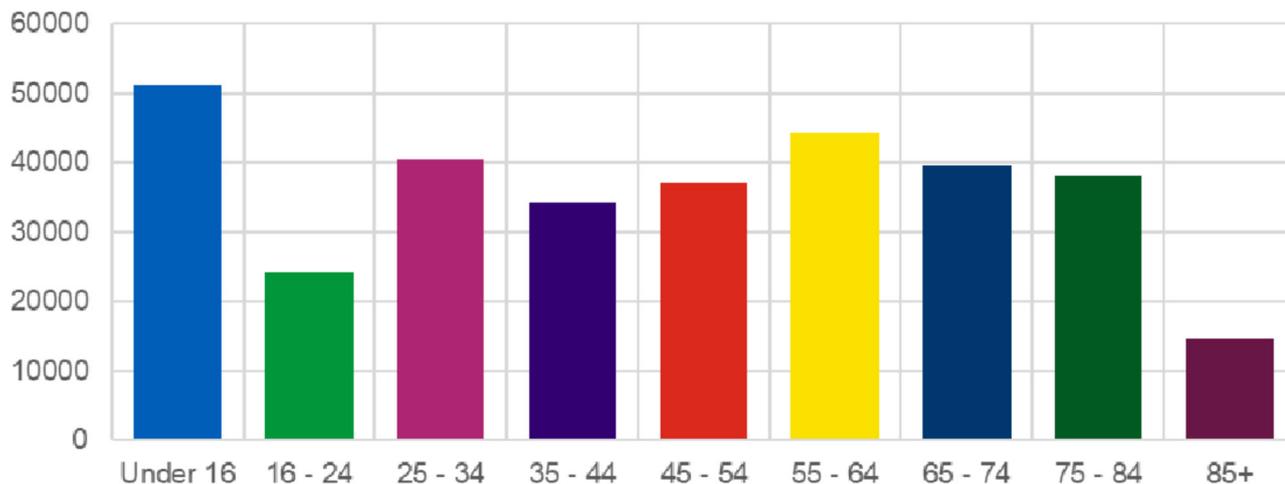
Improvements and actions included:

- The Patient Experience team to implement and monitor the use of the ENVOY system to ensure that clinical staff can use the real-time data to effect timely change
- Negotiation has taken place with CQC's agencies to 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
- The 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 under 16s, this is a change from last years highest group which was 25-34 years old. The lowest age group of responses remains the same as before at 85 plus. In overall terms, this year's returns continue to show an even spread across all age groups.





FFT Responses by Disability

The highest proportion of responders has 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 or have made a conscious decision not to disclose.

FFT responses by Ethnicity

From the data collected, the largest group of responses were in the 'White British' ethnic category, followed by 'Asian', similarly to last year. This broadly follows access to services ethnicity data and trends for the previous year. It is worth noting that there has been a notable increase in the number of Asian people responding to FFT surveys. This may be linked to a considerable decrease in the 'Not Stated' category which has gone from 7.4 per cent to 1.9 per cent.

Ethnic Group	Overall Total	Percentage
White	227361	72.2%
Asian	44357	14.1%
Black	17897	5.7%
White Other	9557	3.0%
Not Stated	5842	1.9%
Other	5324	1.7%
Mixed	4207	1.3%
Chinese	520	0.2%



FFT Responses by Gender

In terms of responses to FFT surveys, it is noted that the lowest number of responses continue to be from males, 46 per cent which represents a three per cent increase from last year. Females represent 54 per cent of responses which is a three per cent decrease since last year.

Gender: Overall Total



4.0 Key activities for awareness and engagement and a focus on inclusivity

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 and to help compliance towards statutory equality requirements.

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

- Regular meetings take place with external providers as and when required, with the engagement leads for the clinical commissioning group and Healthwatch
- The Trust also attends regular meetings with representatives (both patients and staff) from the Patient Participation Groups for the Primary Care GP practices (Primary Care)
- Proactive engagement with the community continues to be monitored by the Patient Experience team. The team has been looking at ways in which engagement of young people in care can be improved
- Addressing health inequalities: A project has been underway with the University of Wolverhampton regarding a new co-design approach. Workshops continue to be rolled out across pathways (Stroke, Learning Disabilities and Paediatrics), involving clinical staff and patient representatives who identify key improvement projects

The subject of health inequalities in the population was also brought into sharp focus during the pandemic. Work is currently underway at a senior level to address health inequalities amongst the local communities

- Updated care passport (for patients with learning disabilities): The Learning Disability team has introduced a new and updated care passport which replaces the hospital passport designed with a traffic light system
- Care of People with Learning Disabilities Policy: This new policy sets out the principles and framework for caring for patients with learning disabilities and their carers in line with the Mental Capacity Act 2005, the Equality Act 2010 and the Children's Act 2004. The policy's primary purpose is to ensure that the Trust reduces health inequalities faced by people with learning disabilities
- The Trust has also made steady progress on the Race Code in securing charter mark status



- Mandatory training. Two new courses have been added to My Academy, which all staff are expected to complete.
 - Learning disability module
 - Autism session to raise awareness and acceptability of autistic people who access RWT services and work for RWT
- The Trust was proud to support the International Day of Women and Girls in Science. The day recognised the role of women and girls in science as beneficiaries and as agents of change
- The Patient Experience team continues to work with RWT's HR department to formulate transgender guidance – to be ultimately formatted into a formal policy. This will ensure that staff can welcome transgender patients into care services appropriately and with dignity and respect. This same document will simultaneously address the needs of staff who have transitioned or who are in the process of transitioning
- An initiative is also underway with nurse training to help some international nurses understand issues around LGBT+ patients they might not understand in a British context
- A short life working group is addressing issues for patients with sickle cell and thalassemia conditions. The group, which includes patient and community representation, will look at existing services, identify gaps, and consider the findings of the recently published report following a national inquiry into avoidable deaths and failures of care for sickle cell patients. The 'No One's Listening' report published by an All-Party Parliament Group calls for significant changes in care for sickle cell patients after finding "serious care failings" in acute services and evidence of attitudes underpinned by racism

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 has seen a slight drop in number during 2021/22 and continued 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)

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 AIS. Following a fundamental review of the Trust's AIS action plan, an 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 is live, and the operational service is now canvassing patients for registration/use. Once a good cohort of patients is established, the portal will be used in preference to patient paper letters via post

Currently, all patients are asked if they have specific information or communication requirements as part of their registration. This information is flagged, and the flagging system can identify people with hearing or sight impairments and learning disabilities or dementia. It is mainly developed in the Learning Disability Services. This information is shared with other relevant organisations, e.g., at the point of referral to care homes, patient discharge etc. The flag remains on the patient records, enabling them to be identified when they use the Trust services again

- Review of patient appointment letters: Officers continue to work with Synatec (hybrid mail provider) on letter content requirements. They have developed an Easy Read template for appointment letters for those patients identified with learning disabilities
- AIS model for patient leaflets: Some work has been carried out on scoping exercises led by the learning disabilities service.



- Compliance with the AIS through the Badgernet App in maternity services: The App meets accessibility standards with all user needs to be recorded from when someone downloads the app. A presentation demonstrated this to the AIS working group at its meeting on 17 February 2022
- Investigate potential for making AIS training mandatory: Following enquiries into this, it has not been possible to include the eLearning training package as a mandatory module due to competing demands from other areas. However, an AIS information sheet is included in the electronic Trust induction package

The AIS is currently being reviewed.

6.0 Interpreting and Translation Provision

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:

Community language services provided:

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

People who are d/Deaf or hard of hearing:

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

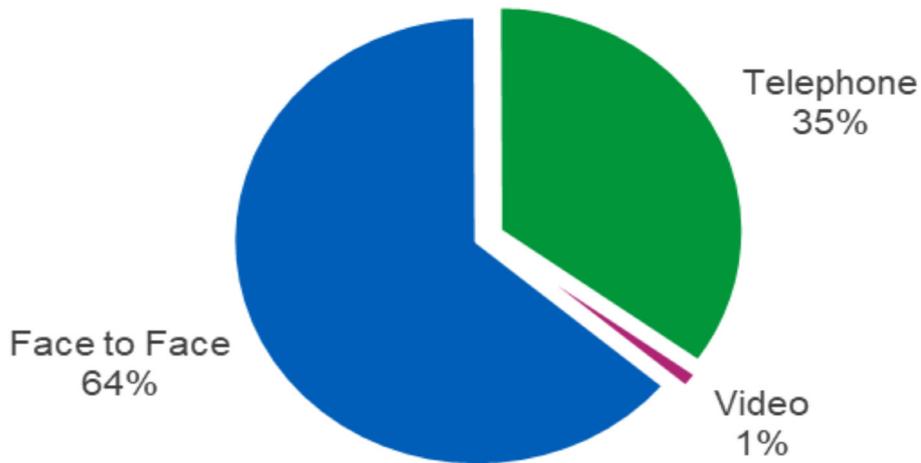
- a) British Sign Language (BSL)
- b) Sign Supported English (SSE). Relay interpreter
- c) International interpreter for d/Deaf people
- d) Note taker (manual)
- e) Note taker (electronic)
- f) Lip speaker for d/Deaf people
- g) Deaf blind hands-on interpreter
- h) FaceTime for basic non-clinical information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



Interpreting summary

The costs for providing a interpreting and translation provision has risen quarter by quarter. This is currently being evaluated to determine whether increased costs are due to increased demands (which may be addressing increased waiting lists) or changes in usage (more preference to method of delivery).

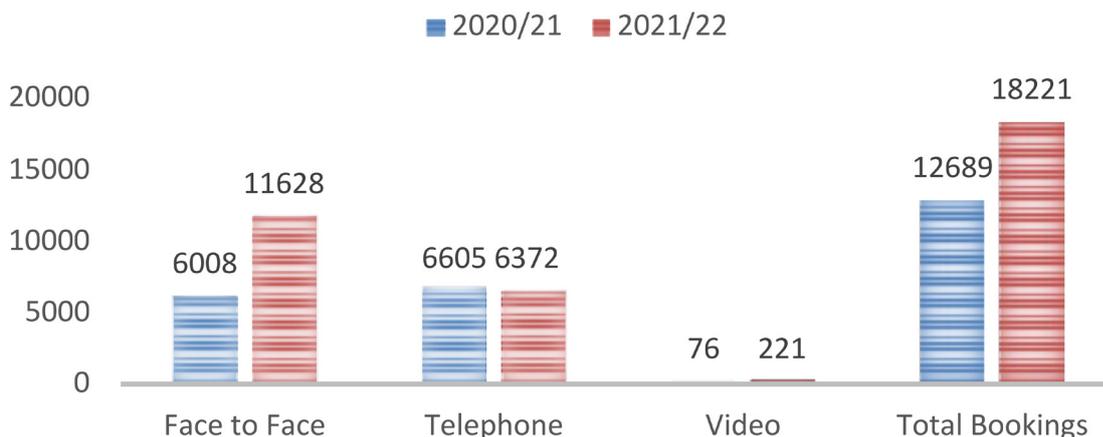
Total Booking By Type - 2021-22



The Trust continues to undertake analysis of interpreting data. The most noteworthy trends from the latest analysis have been the increase in overall demand with face-to-face bookings are being used as the most preferred option resulting in increased expenditure. Overall, the Trust made 18221 bookings for community languages which represents an increase of 43.6 per cent over the previous year (12689). Breakdown by booking type was as follows:

- Face-to-face language interpreters: The Trust made a total of 11628 face-to-face bookings compared to 6008 in the previous year. 11628 face-to-face bookings represents 64 per cent of the total bookings compared to 47 per cent for the previous financial year
- Telephone Language Interpreting: The Trust used telephone interpreting a total of 6372 times. (representing 35 per cent of the total bookings). There has been a downward trend of using this method of interpreting for 2021/22 of 35 per cent compared to 6605 (or 52 per cent for 2020/21)
- Video Interpreting: The Trust used video interpreting on 221 occasions compared to 76 in the previous year. This is a welcome shift as the Trust has been promoting the use of video interpreting as an alternative to face-to-face sessions

METHOD OF DELIVERY OF INTERPRETING





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

- Punjabi
- Romanian
- Polish
- Kurdish- Sorani
- Lithuanian

As with the previous year, Punjabi continues to be the most requested language, with Urdu and Arabic dropping out of the five languages.

The Trust used BSL interpreters a total of 292 times in this reporting period compared to a figure of 206 for the previous year.

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

7.0. Meeting Religious and Cultural Needs of Service Users

The Multi-Faith Chaplaincy and Spiritual Care 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 twenty-four-hour period across our hospital sites.

The 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 hospital sites and, patients who require and/or request support, are visited by the bedside. Prayer resources and devices are available on all wards or may be obtained by contacting the team directly.

There are four multi-faith prayer spaces and reflection rooms within the Trust, located within New Cross and Cannock Chase Hospitals. These spaces are open and available for private prayer and reflection.

Throughout the pandemic and, in moving forward, despite various restrictions, the team remain proactive in their approach to specific events that affect the life and work of the Trust. As such, the Team continue to mark important dates and deliver annual services on behalf of the Trust, albeit virtually at present, utilising the Trust intranet and social media platforms.

The team continue to nurture their ongoing involvement and collaborative working with key stakeholders and local community groups and services. The team have also been active participants in an area of innovative service development, which has subsequently led to international academic journal publication and funding for further qualitative enquiry.

There are three key performance Indicators set out by the Trust, which relate to the scope and frequency of ward presence and response to emergency call outs. The team has once again successfully met these three standards.



8.0. Learning disabilities

The Trust's Learning Disabilities team continue to provide advice and support to all staff across our services to meet the additional needs our patients.

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 continue to use the electronic flagging system to be able to identify children, young people and adults with a learning disability. This system currently recognises approximately 2500 people.

The team work closely with the paediatric consultants to support young people IN transition from children to adult health services. The team support Trust GPs to meet the requirements of the Directed Enhanced Service (DES) and ensure that young people, 14–17-year-olds registered, are supported to have their annual health check.

The team has recently expanded to support the needs of autistic patients who do not have an intellectual disability who access our service. This is a new and developing service that will not only be able to support the needs of our patients but will work closely with the Trust's Health and Wellbeing service and Human Resources department to support the needs of our neurodiverse staff. An electronic flagging system has the addition of the autism flag, which currently identifies approximately 800 autistic people.



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 EDI along with analysis of gaps or possible unacceptable variations in the employee experience by protected characteristic.

The Trust employs 10,609 staff as at the end of 31 March 2022. 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

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 People Promise](#)
- [The RACE Code](#)
- [NHSEI Workforce Race Equality Standard](#)
- [NHSEI Midlands Race and Inclusion Strategy: 6 High Impact Actions](#)
- [NHSEI Workforce Disability Equality Standard](#)
- [Equality Delivery System 2](#)
- [Reducing Workforce Health Inequalities](#)
- Black Country Integrated Care System Equality Diversity Inclusion Strategy, due to be published in October 2022

9.1 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



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

The Black Country and West Birmingham ICS has formally been established as a statutory body on 1 July 2022. The Leadership and Culture work stream encompasses EDI and reports into the People Board. A System-wide EDI Leads group is established and meet fortnightly.

A focus for the system is the development of an EDI Strategy for the Black Country 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 – a shared Black Lives Matter resources pack was launched in the year available to all system partners
- Diversity Reverse Mentoring scheme delivered across system partners – 10 Diversity Reverse Mentors trained
- Commissioned the development of a system EDI Strategy – a detailed consultation exercise including focus group sessions and a survey was undertaken from February 2022
- A system wide commitment to the Race Code Charter mark is in place with all Trusts undertaking race equality work as a priority

9.3 COVID-19 – restoration and recovery

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 last twelve months have seen the Trust implement the restoration and recovery phase and has continued to ensure the equality impacts on staff have been identified and responded to. 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:

- Reasonable adjustments for disabled staff returning to work from a period of shielding
- 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
- Continuation of 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
- Completion of an Equality Impact Assessment on Vaccination as Condition of Deployment regulations, since redacted
- Continued engagement with the Employee Voice Groups (EVGs) to highlight any pertinent issues impacting on protected characteristic staff



9.4 Workforce health inequalities

A Health Inequalities Steering Group has been established with a focus on reducing the impacts of health inequalities on clinical outcomes. The group has also identified a scope to minimise the impacts that health inequalities can have on the workforce.

The Trust will be reviewing the Department for Health (DFE) Health Equity Assessment Tool (HEAT) to ensure all policies and processes are assessed for their impact on reducing health inequalities.

The Trust recognises the positive benefit that employment has on reducing health inequalities and is working proactively to ensure access to its employment opportunities. There is also a robust health and wellbeing support offer in place for staff.

9.5 RWT Equality Diversity Inclusion Delivery Plan 2021 – 23

The Trust sets out its plans for implementing its strategic equality priorities within its EDI Delivery Plan 2021/23. The Plan was refreshed in 2021 to reflect emerging priorities identified through the NHS Staff Survey results, Race Code assessment, and regional NHS England Race and Inclusion Strategy publication.

The plan is regularly monitored, and progress is reported to the Trust Operational Workforce Group and Equality, Diversity, and Inclusion Steering Group, Chaired by the Chief People Officer. The plan is a live document to ensure a responsive approach to the EDI challenges and opportunities. The plan is available upon request.

9.6 RWT Equal Opportunities Policy

The Equal Opportunities Policy HR05 ensures the Trust complies with the statutory and legal requirements to ensure compliance with the Equality Act 2010. A review of the policy was undertaken during the year. The Policy is available on the staff intranet.

9.7 RWT Equality Objectives

The Trust Equality Objectives ensure compliance with the Public Sector Equality Duty and were developed in consultation with stakeholders in 2018. The Equality Objectives can be found in Section 18. The Equality Objectives are due for review during 2022/23.



10.0 Highlights and Achievements 2020 /21

This section reports on the key activities and achievements that took place to enhance EDI at the Trust.

10.1 Employee Voice Groups (EVGs)

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

EVGs act as a safe space for staff to come together, network, raise issues or concerns, and be heard. The EVGs are represented on the Trust's EDI 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 EVGs. The Trust is committed to growing its EVGs. The following table illustrates the growing membership levels of the EVGs from 2021 to 2022

Employee Voice Group	Executive Sponsor	Membership April 2022	Membership April 2021
Black Asian and Minority Ethnic (BAME) EVG	Dr Brian McKaig	110	105
Lesbian Gay Bi-sexual Trans (LGBT+) EVG	Simon Evans	220 members and allies	62 members and allies
Disability and Long Term Conditions (D<C) EVG	Debra Hickman	55	42
Carers EVG	Gwen Nuttall	25	12

- All EVGs were nominated a **named EVG Executive Sponsor** in 2021 to provide support, senior leadership commitment, and a point for escalation
- The Carers EVG was 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 2022 and involved in developing and promoting the **Trust Working Carers Passport**
- The LGBT+ EVG has seen the most significant increase in membership through its focus on involving allies through and promoting the **Rainbow Badge Scheme**
- The EVGs 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 **National Day for Staff Networks**, demonstrating a focus on inclusion, intersectionality, and belonging for all staff
- The EVGs 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 its 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**



10.2 'Inclusion Starts with I'

As part of National Inclusion Week 2021 the EVGs supported the development of the Trust's 'Inclusion Starts with I' video. This was an opportunity to share what inclusion meant to individuals and the behaviours that promoted inclusion. The video has been shared as a training resource.

Watch the video [here](#).

10.3 Inclusive recruitment

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

Disability Confident

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

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

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

Recruitment and Selection Training

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

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

All recruiting managers will be issued with role-specific recruitment and selection e- learning encompassing learning on inclusive recruitment practice.

'Positive Action' in recruitment

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

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 wider advertising through our local diverse employers and communities



- Encourage our BAME and disabled staff to progress and apply for senior leadership roles
- Vacancy sponsorship from senior leaders from BAME, disabled, female backgrounds
- Providing access to interview skills coaching for internal candidates
- 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 method

10.4 RACE

10.4.1 The Race Code

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

The Race Code principles are:

- Reporting
- Action
- Composition
- Education



Following two RECA diagnostic sessions the Trust has in place its first **Race Action Plan** which is an integral component of the Trust's EDI Delivery Plan. It sets out the actions that we must, should, and could undertake to ensure race equality for our workforce.

The Trust has made improvements in its race equality data and information and promoted its first race infographic.

The Trust successfully launched its [Zero Tolerance to Racism](#) campaign as part of **Race Equality Week 2021** with a guide and poster for staff to display. The week was launched with a message from Chief Executive Officer, David Loughton:

"As we mark Race Equality Week I want to reaffirm my commitment and that of the Board to stamping out racism in all its forms and recognise that we alongside our leadership team have a particular responsibility to lead the way in this work."

"It is important for me to support the 'Zero Tolerance to Racism' campaign. No matter what our role is it is our job to build a workplace where diversity and inclusion are valued and celebrated and equality is at the heart of everything we do".

The Trust is building on the zero tolerance to racism campaign with the development of its **anti-racism statement with associated anti-racism training**. Work is underway to engage staff on what it looks and feels like to come to work in an organisation and environment where ethnic diversity is valued and celebrated and there is an anti-racist approach across everything that we do.





10.4.2 Diversity Reverse Mentoring

The Trust has successfully ran a reverse mentoring programme for executive mentees paired with more junior BAME staff. The programme was evaluated and identified a range of benefits to the organisation.

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; tackling 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.

This means that both individuals will have skills, knowledge, expertise and individual strengths that have value and provide a different perspective.

The Trust has commenced plans to extend its Diversity Reverse Mentoring programme to the second tier of managers and across a wider range of protected characteristic groups. This will initially commence within division one and rolled out across the remaining divisions thereafter. The Trust has plans to recruit and train 20 plus mentors from summer 2022.

10.4.3 Civility and Respect

The Trust is working on promoting civility and respect in the workplace and is developing the Civility and Respect toolkit. The toolkit covers the following themes:

- Values
- Bystander and restorative culture
- Inclusion –‘having inclusive conversation in the workplace’

A number of departments have been identified as possible sites to commence the adoption of the Civility and Respect programme. Following this the programme will be rolled out Trust-wide.

10.4.4 Cultural Ambassador programme

The Cultural Ambassador programme was developed by the Royal College of Nursing 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 WRES data which highlighted BAME staff as over-represented in employee relations cases and experienced poorer outcomes, compared to their white counterparts. The Cultural Ambassador programme was relaunched in 2021 with **27 cultural ambassadors** recruited and trained.

Following a detailed review in 2020, the role was expanded to staff at all levels of the organisation, and across all backgrounds and protected characteristics. The Trust has successfully embedded the CA role into the Disciplinary policy and process and the case assessment process. Any case brought forward where there is a staff member from a BAME background or where a staff member has a known/declared disability, are eligible for a cultural ambassador (pending their availability).

There is a strong leadership commitment to the programme and a recognition of continuous learning. The Trust has invested in the on-going development and support including action learning sets and regular meetings with the HR Advisory team. The Trust is proud of the work it has undertaken over the past few years to ensure fairness is achieved within its Disciplinary processes the year on year improvements in its disciplinary WRES indicator (see section 13).



10.4.5 Changing the Cultural Conversation - Cultural Competence Manager Training

The Trust has engaged the Royal College of Nursing to work with us to develop and deliver a unique programme of training on enhancing cultural competencies across our senior leadership team. A proposal is being worked up by the RCN and will focus on:

- Cultural competence: knowing oneself, valuing diversity, recognising unconscious bias, micro-aggressions
- Anti-racism and tying into the emerging work on anti-racism
- How to address poor behaviours in the workplace micro-aggressions, and enhance civility and respect
- The training is due to be rolled out from September 2022

10.4.6 Black Internship Programme

RWT was one of 20 organisations who signed up to partner with Health Data Research UK (HDRUK) in launching the Black Internship Programme in the summer of 2021.

The purpose of the programme is to provide paid work experience to future Black data scientists; a group that is identified to be under-represented within the health data research.

RWT hosted two graduate interns over a period of six weeks in 2021, one in Health Informatics team and the other in the Public Health team (led by Kate Warren).

The interns were paid at the London living wage rate and this was funded by the hosting departments. Following an evaluation, the programme received positive feedback. One of the RWT participants featured on the HDRUK website reporting on their positive experience of the programme at the Trust. Feedback on his experience is featured on the [HDRUK website](#).

The Trust is committed to continuing the programme and is working with HDRUK to explore further placements for internships in 2022.

10.5 CARERS

10.5.1 Working Carers 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.



carerpassport.uk



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.

The Trust has integrated the Working Carer Passport within the HR Managers Toolkit and further promoted it during **Carers Week in 2022**. The Trust recorded a [podcast](#) explaining more about the Working Carer Passport and ran a 'lunch and learn' session with the Wolverhampton Carers Service for staff and managers to find out more about the support and resources available to working carers.

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

10.6 DISABILITIES AND LONG-TERM CONDITIONS

10.6.1 Disabled Workers Passport

The Trust is working proactively to ensure its disabled staff receive timely support and reasonable adjustments. To facilitate this we will be introducing a new Disabled Workers Passport as a tool and resource for managers and disabled staff to have inclusive and compassionate conversations about how their needs can be met.

A small working group has been brought together with representation from the Disability and Long-term Conditions Employee Voice Group to undertake a review of the available Disabled Worker Passports available. The group has had its initial meeting and a first draft of the RWT Disabled Workers Passport has been shared for review. Further work is under-way to ensure the passport can be piloted with some disabled staff and also considered and integrated into the HR Managers Toolkit.

10.6.2 Disability Access and Planning Group

A new Access and Planning Group has been established and held its first meeting in March 2022. The purpose of the group is to review all building projects and designs and advise on disability access to support and influence disability access from the point of project design and refurbishment. The group is undertaking work to progress the following:

Not all disabilities are visible campaign

The Trust is committed to improving its disability signage and promote awareness of the "not all disabilities are visible" campaign. The campaign recognises that not all disabilities are visible and some disabled people can experience challenge and even hostility when using disabled toilets. A promotional campaign will take place to raise awareness on invisible disabilities.

Changing Places

Three potential sites have been identified for a 'Changing Places' facility. The Capital Planning team are exploring funding options. The group is considering creating a business case to improve accessible toilet provision, introducing 'not all disabilities are visible' signage and a review of the provision of disabled toilets.



Disabled car parking

The Trust is committed to ensuring adequate disabled car parking facilities for staff and patients and ensuring that disabled parking needs are planned as part of all rebuilds and planning.

Site accessibility

A small subgroup will come together to undertake a tour of the site, initially starting with New Cross Hospital to review and assess the accessibility provision for disabled staff. It will be an informal review that will enable the group to gauge a better understanding of where there may be a priority need. The focus of the first tour will be to look at disabled toilet provision.

10.7 Lesbian, gay, bi-sexual, trans+ (lgbt+) inclusion

10.7.1 Rainbow Badge scheme

Wearing the Rainbow Badge symbolises a pledge to play an active part in showing openly that our Trust offers non-judgmental and inclusive support and care for all, regardless of how people identify themselves. It's hoped that the 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).

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

Staff have completed to complete training before receiving their badge. Further information on the Rainbow Badges can be found on the Trust's intranet site.

10.7.2 LGBT+ History Month 2022

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

The month involved sharing staff stories and a piece around challenging LGBT+ stereotypes. There was also a focus on celebrating the work of the LGBT+ EVG and the achievements made to promote and enhance LGBT+ inclusion:

10.7.3 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.

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.

RWT, alongside twelve other NHS Trusts in the region sponsored an NHS vehicle and bill board. The event helped to recognise the hard work of staff (after 18 months of battling against COVID-19) while also celebrating the rich diversity of our workforce.

The Trust supported Pride 2022 and supported staff to participate in the parade.

10.7.4 Trans guidance

The Trust is developing its first staff and patient trans guidance and has established a working group with representation from a range of relevant departments across the Trust to inform its development. The guidance and to raise awareness of LGBT+ equality and particularly trans equality and is in conversation with local LGBT+ charity, Wolverhampton LGBT Alliance to develop staff training with the following learning outcomes:

- Awareness of where our own beliefs and experiences impact on the care that we deliver
- Consider the journey that a transgender person travels during transition
- Awareness of the Equality Act 2010
- Avoiding unintentional discrimination
- Tackling trans/bi/homophobic language

10.8 Equality and Faith Celebrations

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

During 2021/22 the Trust has supported a range of key equality events and faith celebrations and works in collaboration with its EVGs, Chaplaincy Service, and other departments. Events and days celebrated included:

- Race Equality Week
- Black History Month
- LGBT+ History Month
- International Women's Day
- Disability History Month and International Day for Disabled Persons
- Equality and Human Rights Week
- National Staff Networks Day
- International Day Against Homophobia and Transphobia
- Deaf Awareness Week
- Mental Health Awareness Conference
- Carers Week
- South Asian Heritage Month
- Pride Month

- Anti-bullying Week
- National Inclusion Week
- Faith days including Christmas, Easter, Ramadan, EID, Diwali, and Vasakhi

Key themes explored during events included:

- Sharing lived experiences
- 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.

Equality, Diversity and Inclusion
The Royal Wolverhampton NHS Trust

LGBT+ History Month 2021

We can all play our part in supporting our LGBT+ colleagues and patients to feel included and valued.

Search LGBT+ on the staff intranet.

Safe & Effective | Kind & Caring | Exceeding Expectation



Equality, Diversity and Inclusion
The Royal Wolverhampton NHS Trust

Black History Month October 2021

Black History Month recognises, rewards and celebrates the contribution made to our society over many years by the African and Caribbean communities.

Here at RWT, we are now inviting staff to take part in the campaign by submitting a 'Proud to be' testimonial along with a photo to wh-tr.CommunicationsDept@nhs.net (to be shared on social media – @RWT_NHS). Email the Communications Team for guidance on how to snap photos on a mobile phone.

By asking people to share what they are 'Proud to be' we can share individual stories and celebrate the rich diversity of our workforce. We look forward to hearing from you!

Staff are invited to attend our virtual Black History Month event, hosted jointly by RWT and Walsall Healthcare's Black and Minority Ethnic Employee Voice Groups, on Wednesday, October 27th 2021, 1pm-2pm.

Email aradhika.heer@nhs.net for a link.

Equality, Diversity and Inclusion
The Royal Wolverhampton NHS Trust

Disability and RWT

1.45% of trust staff have declared a disability.

The Trust is a Level 2 'Disability Confident' employer – part of a government scheme committed to improving how we recruit, retain and develop disabled people. This is the second of three levels.

89% of disabled staff believe they have equal opportunities for career progression compared to a national average score of 73%.

78% of disabled staff reported that the Trust has made adequate reasonable adjustments, compared to a national average of 74%. The Trust works closely with its Disability and Long Term Conditions Employee Voice Group to address concerns around reasonable adjustments.

46% of disabled staff said they felt the organisation values their work. This is significantly higher than the national average of 30%.

The Trust has rolled out its **Civility and Respect Toolkit** in response to those staff members who have experienced poor behaviour in relation to their disability or ill health.

Based on 2020 data. Read more on the Disability Confident campaign: <https://disabilityconfident.campaign.gov.uk/>

Safe & Effective | Kind & Caring | Exceeding Expectation

International Women's Day

TODAY IS INTERNATIONAL WOMEN'S DAY

MARCH 8

Learn more at www.internationalwomensday.com

Equality, Diversity and Inclusion
The Royal Wolverhampton NHS Trust

Race at RWT Black History Month 2021

- The Black and Minority Ethnic (BAME) Employee Voice Group has 105 members.
- 28 Cultural Ambassadors support fairness and equity in disciplinary and recruitment processes.
- 17 per cent of the Trust Board are from a BAME background.
- Eight per cent of our workforce is Black and 18 per cent is Asian, in line with the total population.
- 62 per cent of trust medical and dental staff are from a BAME background.
- 16 per cent of the population of Wolverhampton were born overseas.
- The Trust's overall BAME profile has increased by 5 per cent since 2017 and sits at 31 per cent in line with the city's BAME profile of 32 per cent.
- The Trust has fewer BAME staff in senior leadership roles with 22 per cent of BAME staff at Board and above. The Trust is working to attract and develop more BAME staff into senior roles.
- The likelihood rate of BAME staff entering a disciplinary has fallen from 1.9 in 2018 to 1.0 in 2021 – making it equal to white staff.

White staff are 1.44 times more likely to be appointed from advertising compared to BAME staff. The Trust is introducing positive action measures to promote inclusion in recruitment and selection.

Safe & Effective | Kind & Caring | Exceeding Expectation



11.0 Workforce Equality Data and Information

The workforce data contained within the report is for the period 1 April 2021 to 31 March 2022. Where possible the data has been benchmarked to Wolverhampton Population Census 2011 data.

11.1 Board composition

The make-up of the Trust Board including our executives, non-executives and very senior managers (VSM) as of 31 March 2022 is as follows:

- The ethnic representation is **86 per cent White and 13 per cent BAME**, indicating no significant change in representation since 2021. In 2021 the ethnic profile of Board was 16 per cent BAME.
- The gender breakdown of the Board is **47 per cent female and 53 per cent male**, representing a gender balanced board and indicative of an improvement in female representation since 2021 (In 2021 the gender profile of the Board was 30 per cent female and 70 per cent male).

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

11.2 Age

The majority of our workforce is within the 25 to 54 age range; eight per cent 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 per cent) and fewer older people (16.8 per cent) compared to England (19 per cent and 17.7 per cent, respectively):

Age	% Workforce 2022	% Workforce 2021
Under 25	8%	7%
26 - 35	25%	26%
36 - 45	22%	23%
46 - 55	24%	24%
56 - 65	17%	18%
66 +	2%	2%
Total	100%	100%

- There is a lower proportion of young people aged under 25 years in the workforce
- There is an even distribution across the middle-aged groups, ranging from 25 per cent in the 26 – 35 years age group, 22 per cent in the 35 – 45 years age group, and 24 per cent in the 46 – 55 years age group
- There are fewer staff in the 56 – 65 years group at 17 per cent, and fewest staff represented in the 66 plus years group, at two per cent



11.3 Disability

The proportion of staff that have declared a disability stands at two per cent, increasing from 1.45 per cent in 2021. According to the Census 2011, 20.5 per cent 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.

Disability Status	% Workforce 2022	% Workforce 2021
No	73%	72%
Not Declared	24%	26%
Prefer Not To Answer	1%	0.5%
Yes	2%	1.45%
Total	100%	100%

- Two per cent of the workforce have declared a disability. Although this has seen an increase since 2021 it remains a low disclosure rate for disability across the workforce
- The proportion of staff who have not declared their disability status has fallen from 26 per cent in 2021 to 24 per cent in 2022
- The Disability and Long-Term Conditions EVG is available to staff who identify as disabled or want to support disability equality within the Trust. A range of initiatives have been delivered during the year to raise awareness of disability and promote reasonable adjustments in the workplace
- See section 15.0 on the Workforce Disability Equality Standard

11.4 Ethnicity

The Trust's BAME profile has increased from 31 per cent in 2021 to 32 per cent in 2022, representing a steady year on year improvement in the make-up of our workforce over the last five years. The overall BAME profile of the Trust is broadly proportionate to the local overall BAME population of Wolverhampton of 32 per cent, according to the Census 2011.

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

Ethnicity Status	% Workforce 2022	% Workforce 2021
BAME	32%	31%
Not Stated/Not Given	2%	2%
White	66%	67%
Total	100%	100%



11.5 Ethnicity by workforce group

The following tables illustrates the breakdown of BAME staff by workforce group as of 31 March 2022:

Staff group	BAME (percentage)	White (percentage)	Unknown (percentage)
Add Prof Scientific and Technical	One	Two	Zero
Additional Clinical Services	Six	13	Zero
Administrative and Clerical	Five	17	Zero
Allied Health Professionals	One	Four	Zero
Estates and Ancillary	One	Seven	Zero
Healthcare Scientists	Two	Three	Zero
Medical and Dental	Six	Three	One
Nursing and Midwifery Registered	10	One	Zero
Students	Zero	Zero	Zero
Grand total	32	Six	Two

Staff group Bands 1-6	BAME (percentage)	White (percentage)	Unknown (percentage)
Add Prof Scientific and Technical	One	Two	Zero
Additional Clinical Services	Eight	17	Zero
Administrative and Clerical	Five	19	Zero
Allied Health Professionals	One	Three	Zero
Estates and Ancillary	Two	Eight	Zero
Healthcare Scientists	Two	Two	Zero
Nursing and Midwifery Registered	12	17	Zero
Students	Zero	Zero	Zero
Grand Total	30	69	Zero
Staff Group Ethnicity: Bands 7 plus	BAME	White	Unknown
Add Prof Scientific and Technical	Four	Three	Zero
Additional Clinical Services	Zero	Zero	Zero
Administrative and Clerical	Five	19	Zero
Allied Health Professionals	Two	13	Zero
Estates and Ancillary	Zero	Zero	Zero



Staff group Bands 1-6	BAME (percentage)	White (percentage)	Unknown (percentage)
Healthcare Scientists	Three	12	Zero
Medical and Dental	Zero	Zero	Zero
Nursing and Midwifery Registered	Six	33	Zero
Grand total	19	80	One

Analysis of BAME representation by workforce group	
<ul style="list-style-type: none"> The Trust's overall BAME profile has increased by six per cent since 2017 and sits at 32 per cent and is broadly proportionate to the overall City BAME demographic population of 32 per cent 19 per cent of our BAME workforce is at a Band 7 plus compared to 80 per cent of White staff. The Trust is committed to increasing the representation of BAME staff in senior leadership roles through overhauling its recruitment processes and developing its talent management framework 	
Nursing and Midwifery	<p>The highest number of BAME staff across the Trust are within nursing and midwifery roles with around one-third of all RWT BAME staff working in nursing and midwifery roles.</p> <p>BAME staff are over-represented in Band 5, under-represented in Band 6,7 and 8a, and significantly under-represented in Band 8b and above (Band 8b two per cent BAME; Band 8a 15 per cent BAME; Band 7 15 per cent BAME; Band 6 26 per cent BAME; Band 5 54 per cent BAME)</p>
Additional Clinical Services	<p>The second largest number of BAME staff in the Trust representing 13 per cent of all BAME staff are within additional clinical service roles. 100 per cent of BAME staff are in Bands 1-7 with the largest number in Band 2.</p>
Medical and Dental (M&D)	<p>BAME staff are over-represented across all roles (87 per cent BAME M&D Career Grade; 61 per cent BAME consultant)</p>
Administrative and Clerical Roles	<p>BAME staff are under-represented in Bands 1-6 reflecting 20 per cent. BAME staff are proportionately represented at Band 7 at 31 per cent, and BAME staff are under-represented at Band 8a and above at 14 per cent.</p>
Allied Health Care Professional	<p>BAME staff are under-represented in allied health care professional roles</p>
Estates and Ancillary	<p>BAME staff are under-represented in estates and ancillary roles</p>



11.6 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.

	Workforce 2022 (percentage)	Wolverhampton population (Census 2011)
White	66	68
Black	Eight	6.9
Asian	19	17.5
Mixed	Three	5.1
Other	Two	1.9
Undefined	Two	-
Grand total	100	100

- The Trust overall ethnic profile broadly reflects the overall profile of the local population, however the workforce is made up of a significant proportion of overseas staff drawn in from international recruitment which impacts on our over ethnicity profile figure.
- The Trust has in place commitments and actions to ensure it is representative of the local population across all levels of the organisation. The Workforce Race Equality Standard metrics offers a more complete picture of the Trusts performance on race equality. See section 13.0.

11.7 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 2022 (percentage)	Workforce 2021 (percentage)	Wolverhampton gender profile (percentage)
Female	79	80	51
Male	21	20	49
Total	100	100	100

	Female	Male	Grand total
Full time	70	30	100
Part time	93	Seven	100
Grand total	80	20	100



- The trust employs a significantly higher proportion of women, with an 79 per cent female workforce.
- Overall more men work full-time hours compared to females
- Of all the staff that work part-time hours, 93 per cent are female and around seven per cent are male

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

Banding grouped for gender	Female (percentage)	Male (percentage)	Grand total (percentage)
AfC Bands 1-4	84	16	100
AfC Bands 5-7	84	16	100
AfC Bands 8a-9	73	27	100
Apprentices	68	32	100
Execs	36	64	100
Kickstarters	76	24	100
M&D	44	56	100
Non-Execs	58	42	100
VSM	43	57	100
Grand total	79	21	100

- 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

11.8 Maternity and Adoption Leave

A total of 244 staff went on maternity or adoption leave in the period, an increase of 35. The most significant increase can be seen in nursing and midwifery. 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 2022 (percentage)	Number of staff taking Maternity or Adoption Leave 2021 (percentage)
Add Prof Scientific and Technical	8	11
Additional Clinical Services	40	35
Administrative and Clerical	41	44
Allied Health Professionals	25	17
Estates and Ancillary	2	5
Healthcare Scientists	15	14
Medical and Dental	14	14
Nursing and Midwifery Registered	98	69
Grand total	244	209





11.9 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 2022 (percentage)	Workforce 2021 (percentage)	Wolverhampton population (percentage)
Atheism	Eight	7.47	20
Buddhism	Zero	0.29	0.4
Christianity	40	40.55	55
Hinduism	Three	2.43	Four
I do not wish to disclose my religion/belief	36	37.55	6.4
Islam	Three	2.72	Four
Jainism	Zero	0.03	-
Other	Six	5.36	1.2
Sikhism	Four	3.59	Nine
Judaism	Zero	0.01	Zero
Unspecified	Zero	0.01	-
Grand total	100	100	

- 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 per cent compared to overall profile of Christianity within the city which is 55 per cent
- There are significantly higher proportions of staff within the Trust who do not wish to disclose their religion or belief, at 36 per cent, compared to the city profile of 6.4 per cent
- The Trust has a diverse and multi-cultural and faith workforce, drawing from the local population as well as international community. The Trust provides a multi-faith chaplaincy service which is open and available to all Trust staff and patients. The Trust offers support and services to enable staff to observe their faith and celebrate key religious and cultural events through the calendar year.

11.10 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 per cent in 2012 to two per cent in 2017, although the latest figure is unchanged from 2016.



Sexual orientation	Workforce 2022 (percentage)	Workforce 2021 (percentage)
Bisexual	One	0.59
Gay or Lesbian	One	One
Heterosexual	65	63.38
Not stated (person asked but declined to provide a response)	33	34.95
Other sexual orientation not listed	Zero	0.05
Undecided	Zero	0.03
Grand total	100	100

- The proportion of staff across the workforce that identify as LGB in 2022 is two per cent compared to a national profile of two per cent, and an increase of 0.4 per cent since 2021
- The proportion of staff across the workforce that identify as heterosexual is 65 per cent
- There is a significant proportion of the workforce that prefer not to state their sexual orientation, at almost 33 per cent, although this has fallen slightly since 2021

11.11 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.

11.12 Marriage and Civil Partnership

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

Marriage and Civil Partnership Status	Workforce 2022 (percentage)	Workforce 2021 (percentage)	Wolverhampton Population (percentage)
Civil Partnership	One	0.94	0.2
Divorced	Five	5.31	10.1
Legally Separated	One	0.71	3.1
Married	50	52.78	39.6
Single	35	34.69	38.8
Unknown	Seven	4.69	-
Widowed	One	0.89	8.2
(blank)	100	Zero	-
Grand total	1	100	

- The Trust has high numbers of staff that are married, compared to the local population



11.13 Disciplinary and bullying and harassment Disciplinary data

The Trust monitors its disciplinary data. There were a total of 181 disciplinary cases during the period:

Disciplinary cases	BAME	White	Undisclosed	Total
1. Number of disciplinary investigations commenced (BAME/White)	32	46	One	79
2. Issued with a sanction or dismissal following a disciplinary hearing or fair blame	Five	18	Zero	23
3. Number of disciplinary hearings (BAME / White)*	Two	7	Zero	Nine
4. Number of fair blame meetings	Three	11	Zero	14
5. Number of cases stood down/ no case to answer/informal action taken	23	15	One	39
6. Number of cases ongoing	Four	13	Zero	17
Grand total	69	110	Two	181

- 38 per cent of all disciplinaries entered into were for BAME staff. This is disproportionately higher than the BAME workforce profile of 32 per cent
- There was a higher proportion of disciplinary cases for BAME staff that were stood down compared to White staff – 33 per cent of cases for BAME staff were stood down compared to 13 per cent for White staff. Further investigation will be undertaken to understand why more BAME staff are entering into disciplinary action resulting in higher proportions of cases being stood down
- All disciplinary and case assessment panels for BAME and disabled staff have in place a cultural ambassador. This process is embedded into the disciplinary process and helps to ensure a diversity of perspective and lived experience to a panel, ensuring any issues of cultural bias are identified and considered
- The Trust also applies a case assessment process to reduce the numbers of formal disciplinaries being entered into
- The Trust will further examine its disciplinary cases to understand the impacts on ethnicity

Please see section 13.0 on the WRES for further data relating to disciplinary over a rolling two-year period.

11.14 Bullying and harassment (B&H)

The Trust monitors all formal reports of B&H. There were a total of 12 formal reports recorded during the period, falling from 34 formal reports in the same period last year. The Trust has commitments and actions to tackle formal and informal complaints and issues of bullying and harassment through Freedom to Speak Up and its B&H Policy.

B&H	BAME	White	Undisclosed	Total
Number of B&H cases recorded	Seven	Five	Zero	12
Percentage	58	42	Zero	100



- The number of formal B&H complaints made by BAME staff represented 58 per cent of all complaints, compared to a BAME staff profile of 31 per cent. Whilst there is an over representation for BAME staff this is reflective of small numbers overall
- The WRES section 13.0 provides more detailed information on B&H based on the national staff survey results
- The Trust has a range of commitments in place to tackle bullying and harassment in the workplace including the introduction of Civility and Respect programme, the Race Code and an anti-racism statement

12.0 Recruitment and selection data

The following tables illustrate the Trust's recruitment and selection data for the period 1 April 2021 to 31 March 2022. The Trust has seen a substantial increase in recruitment activity with a significant rise in the number of vacancies and applicants. There was an overall total of **39,759 applicants during the period**, compared to a total of 25,251 applications in the same period last year. There were a total of **2597 appointments** compared to 908 appointments in the same period last year.

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

12.1 Recruitment and selection ethnicity data:

Total applicants, shortlisted, and appointments by ethnicity (not including bank roles)

	Applied		Shortlisted		Appointed	
	Number	Percentage	Number	Percentage	Number	Percentage
White	12924	33	6345	45	1382	53
BAME	25434	64	6677	47	814	31
Unknown	1401	Four	1107	Eight	401	16
Grand total	39759		14129		2597	100

Total applicants, shortlisted, and appointments to medical roles by ethnicity

	Applied		Shortlisted		Appointed	
	Number	Percentage	Number	Percentage	Number	Percentage
White	33	17	22	41	Three	100
BAME	154	80	29	54	Zero	
Unknown	Six	Three	Three	Six	Zero	
Grand total	193		54		Three	100



Total applicants, shortlisted, and appointed by ethnicity to overseas roles

	Applied		Shortlisted		Appointed	
	Number	Percentage	Number	Percentage	Number	Percentage
White	One	Zero	One	0	One	33
BAME	1526	96	1335	96	Two	67
Unknown	58	Four	58	Two	Zero	Zero
Grand total	1585		1394		Three	100

Analysis:

- The Trust **attracts a high proportion of applicants from a BAME background**, with almost two thirds of all applicants coming from a BAME background at 64 per cent, compared to a local population of 32 per cent
- 45 per cent of all shortlisted applicants were White background, compared to 47 per cent BAME shortlisted applicants
- **White shortlisted applicants were more successful at the appointment stage** (53 per cent of all appointments went to white applicants, compared to 31 per cent of BAME appointments). **The proportion of successful BAME applicants is representative of the local BAME profile** but significantly under-representative of the numbers of BAME applicants and shortlisted candidates. The Trust is making annual progress on its overall BAME profile and is as a whole broadly reflective of the communities it serves
- The Trust aims to be representative of the communities it serves across all its bands and levels
- **A majority of applicants to medical and overseas nursing roles were from a BAME background**, representing 80% and 96% 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. The Trust has developed its Inclusive **Recruitment Guidance and Toolkit** for Recruiting Managers following a review and **overhaul of its recruitment processes**. The Trust will be introducing positive action on its vacancies at Band 7 and above in certain roles in 2022/23
- See section 13.0 on the Workforce Race Equality Standard for further analysis

12.2 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 2597 appointments during the period. A total of 97 disabled applicants were appointed during the period (compared to 34 disabled people recruited in the same period last year). The following tables illustrate the relative success rates of disabled and non-disabled applicants throughout each stage of the recruitment process.

Total applicants, shortlisted and appointed by disability (including bank roles)

	Applied		Shortlisted		Appointed	
	Number	Percentage	Number	Percentage	Number	Percentage
No	37280	94	12459	88	2077	80
Yes	1176	Three	551	Four	97	Four
Unknown	1303	Three	1125	Eight	423	16
Grand total	39759		14135		2597	

- The overall representation of disabled people in the workforce has increased during the period to two per cent
- The proportion of disabled people appointed is proportionate to the numbers applied
- 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 2021/22 has been analysed together with annual WRES metric data that has been gathered annually since 2017/18. The following table illustrates the Trust WRES performance against the nine metrics.

WRES Metric	2021/22 Percentage	2020/21 Percentage	2019/20 Percentage	2018/19 Percentage	2017/18 Percentage
Proportion of workforce from a BAME background	32	31	29.4	28.8	26.1
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	1.5	1.44	1.41	1.38	1.41
Relative likelihood of BAME staff entering a disciplinary process*	1.1	One	1.33	1.59	1.97
Relative likelihood of white staff accessing non-mandatory training**	0.95	1.3	1.18	1.33	1.34

*This calculation is based on year end disciplinary data

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



WRES NHS Staff Survey metric	2021 Percentage		2020 Percentage		2019 Percentage		2018 Percentage		2017 Percentage	
	BAME	White								
Staff experiencing harassment, bullying or abuse from										
a) Patients, relatives or the public	26	22	23	23	25	22	24	25	28	22
b) Staff	26	22	24	20	28	2	21	17	28	22
Staff who believe the Trust provides equal opportunities for progression or promotion	46	63	48	64	48	6	46	63	52	63
Staff who have personally experienced discrimination at work from managers	14	Five	13	Five	12	Five	14	Six	13	Seven

13.1 Analysis of BAME staff representation in the workforce:

- The Trust's overall **BAME profile has increased by six per cent** since 2017 and sits at 32 per cent and is broadly reflective of the City BAME demographic population of 32 per cent
- Additional analysis of the ethnic workforce profile can be found in section 11.0.

13.2 Analysis of relative likelihood of BAME appointments

The relative likelihood of White applicants being appointed from shortlisting compared to BAME staff is 1.5 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.

13.3 Analysis of BAME staff disciplinary

The rate of disciplinarys for BAME staff has fallen significantly over the period to 1.0 in 2020/ 2021 and **has risen slightly to 1.1 in 2021/2022** . The likelihood of BAME staff entering a disciplinary process is in line with white staff entering a disciplinary process. The Trust has undertaken a raft of work to improve fairness across its disciplinary processes including case assessment process and Cultural Ambassadors on panels and investigations.



13.4 Analysis of BAME access to non-mandatory training

The relative likelihood of white staff accessing non-mandatory training has fallen through 2017/2019 and saw a slight rise over the course of 2020 to 1.3. In 2021 the likelihood rate for white staff accessing non-mandatory training is proportionate to BAME staff and has fallen to **0.95**. There has been a significant investment in leadership training over the last 12 months (with an additional 388 staff members accessing leadership development). The number of BAME staff accessing leadership programmes has been proportionate to white staff. A slightly higher proportion of BAME staff accessed study leave during the period (35% per cent of all study leave was undertaken by BAME staff).

13.5 Analysis of B&H and discrimination

In sum, the WRES staff survey metrics indicate a slightly worsening position across all four staff survey metrics. The largest variation in employee experience by ethnicity is on the metric “**per cent of staff experiencing discrimination from their manager or colleagues**”, which is almost three times higher for BAME staff. There is also a significant **17 percentage point difference between white staff and BAME staff believing that the Trust provides equal opportunities** for career progression or promotion.

The WRES survey results mirror a worsening picture across all the staff survey indicators both locally for the Trust and nationally. **The Trust is performing higher than the national averages across all staff survey WRES metrics.** The WRES results will need to be considered within the context of the challenges experienced nationally by the NHS including COVID-19 Vaccination as a Condition of Deployment (VCOD) and ‘restoration and recovery’. Analysis of the WRES staff survey metrics indicate:

- Staff reporting experiencing bullying and harassment from patients and public has increased by 2.5 per cent for BAME staff, and has fallen by 1 per cent for White staff, since 2020. Nationally, 28.8 BAME staff reported experiencing B&H compared to 26.5 per cent white staff. RWT is performing better than the national averages on this indicator but has seen a rise over the last 12 months, compared to the national average which has remained static
- The Trust has seen around a one per cent increase in both BAME and white staff reporting experiencing bullying and harassment from other staff (26 per cent BAME staff, 21 per cent White staff reported experiencing B&H in 2021)
- There has been a reduction in both BAME staff and White staff reporting that the Trust provides equal opportunities for career progression or promotion. This has fallen from 64 per cent to 62 per cent for White staff, and has reduced by three per cent for BAME staff. RWT scores higher than the national averages for this indicator
- BAME staff are almost three times more likely to report experiencing discrimination from their managers or colleagues compared to white staff (5.4 per cent of white staff compared to 14.3 per cent BAME staff. Both white and BAME staff have seen an increase in this metric in the last 12 months

13.6 WRES and Race Code actions

The Trust is implementing a range of measures to improve its performance against the WRES metrics, which are detailed in the EDI Delivery Plan (WRES/Race Code Action Plan can be Found in Appendix 1) and will undertake the following additional actions to improve its WRES metrics:



13.7 Additional Actions:

1. Accelerate the cultural ambassadors onto recruitment panels
2. Explore and introduce additional targeted positive action measures to improve equitable outcomes for BAME candidates in recruitment and selection
3. Target civility and respect programme to priority departments as pilots

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.

14.0 Race Disparity Progression Ratio

As part of the Trust's response to NHS England's 'Six High Impact Actions for Recruitment' the race disparity ration for progression has been examined.

The Trust has a target to reduce the race disparity progression ratio to 1.5 and can report a reduction from 2.0 in 2021 to 1.95 in 2022. The 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')

Lower, Middle, Upper Count

Tier	BME	White	Not Stated/Not Given	Grand Total
Lower (Total of Band 1 - 5)	1946	4260	69	6275
Middle (Band 6+7)	630	1882	34	2546
Upper (Band 8+)	109	464	14	587
Grand Total	2685	6606	117	9408

2022

	White	BME
Lower to middle	2.20	3.00
Middle to upper	4.00	5.70
Lower to upper	9.10	17.80

Disparity ratio - lower to middle	1.30
Disparity ratio - middle to upper	1.42
Disparity ratio - lower to upper	1.95

2021

	White	BME
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 has fallen from 2.0 from the lower tier to upper tier in 2021 to 1.95 in 2022. There is a smaller variation from lower tier to the middle tier, which has reduced from 1.45 to 1.3 in 2022.

15.0 Workforce Disability Equality Standard (WDES)

15.1 The Workforce Disability Equality Standard (WDES) was introduced in 2018 with 2019 being the first reporting year. The WDES national report has been published for the first time in 2021 to allow and compare year on year progress into the career and workplace experiences of disabled staff in the NHS. The aims of this report are to:

- Compare the workplace and career experiences of NHS disabled and non- disabled staff nationally with the Trust's WDES reporting data in 2020.
- Present high-level findings and analysis of the WDES metrics data at a national level
- Highlight trends in NHS Staff Survey data for the period 2015 to 2019 where data is available
- Suggest actions that will improve the experiences of disabled staff against each metric

RWT Workforce WDES Metric Outcomes					
WDES Metric	National 2021 /22	RWT 2021/22	RWT 2020/21	RWT 2019/20	RWT 2018/19
Relative likelihood of non- disabled applicants being appointed from shortlisting compared to disabled applicants	1.1	0.94*	0.22	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)	1.94	3.25**	2.4	2.86	4.26
Percentage of disabled staff saying the employer has made adequate adjustments	76.6	71.8	77.9	75.7	73.4

*97 disabled staff were appointed during the period.

**This ratio reflects 2 disabled member of staff and 22 non-disabled staff members who entered into a formal capability process, over a two-year rolling period. There were 73 staff members whose disability status was undisclosed.



15.2 Analysis of disabled staff representation

- The Trust has out-performed the national average on disabled staff being appointed indicator and adequate provision of reasonable adjustments indicator.
- The relative likelihood rate for non-disabled staff being appointed in 2021 is 0.94, indicating that disabled applicants were more likely to be appointed than non-disabled applicants during the period. Trusts who are Disability Confident level three have a better relative likelihood rate. RWT is at level 2 of the Disability Confident Scheme. Nationally disabled staff were less likely to be appointed following shortlisting, with a likelihood of 1.1.
- The Trust has performed less well in the likelihood of disabled staff entering a formal capability, with a score of 3.25 compared to a national average of 1.94. However, this data reflects very small number of just two staff members. There is a high number of undisclosed disability. The Trust will be working on improving its disability disclosure records in 2022. The Trust has also introduced the Cultural Ambassador programme for any disabled staff member entering the Disciplinary Process.
- There has been a six per cent point decrease in the disabled staff reporting that the Trust has made adequate reasonable adjustments (falling from 77 per cent in 2020 to 71 per cent in 2021). The Trust has established a new Access and Planning Group in 2021 to look at a range of physical access issues including:
 - Accessible toilet provision
 - Not all disabilities are visible
 - Accessible car parking bays
 - Changing places provision

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

WDES Staff Survey Metric	National 2021/2022		RWT 2021/2022		RWT 2020/2021		RWT 2019 /20	
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
Staff engagement score	6.4	7.0	6.6	7.1	6.7	7.2	6.9	7.3
Percentage of staff experiencing harassment, bullying or abuse in the last 12 months	32	25.2	28.3	21.4	28.8	21.4	28.3	21.4
Percentage of staff who believe the Trust provides equal opportunities for progression/promotion	51.4	56.8	52.9	59.6	80.9	88.5	83.2	88.1
Percentage of staff who have reported feeling pressure from their line manager to attend work despite feeling unwell	32.2	23.7	34.1	25.6	32.6	22.8	33.4	22.5
Percentage of staff saying the organisation values their work	32.6	43.3	35.1	47.7	46	56.9	45.2	56

15.4 Analysis of disabled staff experience in the workplace

- Disabled staff experiencing B&H has remained unchanged and is higher than that of non-disabled staff and better than the national average
- Whilst the Trust has performed higher than the national average WDES scores on both the provision of equal opportunities indicator and work is valued indicator, both indicators have seen a sharp decline since 2020
- The Trust has seen an increase in staff reporting attending work due manager pressure when unwell
- There has been a significant 11 per cent decline in the proportion of disabled staff saying their organisation values their work, although still higher than the national average



- The experience of bullying and harassment is significantly higher for disabled staff than non-disabled staff at the Trust and nationally, with 28 per cent of disabled staff reporting experiencing B&H compared to 21 per cent of non-disabled staff. The Trust's B&H results have remained relatively unchanged over the four years of reporting
- There has been a significant decline in the proportion of disabled staff believing the Trust provides equal opportunities falling from 80% in 2020 to 52 per cent in 2021, bringing the Trust in line with the national average for this indicator
- The metric of staff experiencing pressure to attend work when unwell has remained relatively unchanged across the four years of reporting and is around 10 per cent higher for disabled staff than non-disabled staff and is also higher by two per cent for RWT (34 per cent RWT, compared to 32 per cent nationally)
- Disabled staff at RWT feel less valued by the organisation compared to non-disabled staff (35 per cent disabled staff say the organisation values their work, compared to 47 per cent of disabled staff). This indicator has fallen by 11 per cent since 2021 (falling from 46 per cent in 2020 to 35 per cent in 2021). A range of factors may be taken into account related to COVID-19 restoration and recovery, which may likely have impacted more significantly on disabled staff returning to work from a period of shielding

15.5 National recommendations

The following recommendations have been made in the National WDES Report 2021 for Trusts to improve organisational performance on the WDES indicators:

- Ensure all staff are aware of why disability declaration on ESR is important, and how to update this information
- Consult Disabled staff and networks to better understand the reasons why staff may not have declared a disability on ESR
- Set an organisation-wide target on disability declaration. This should be at least four per cent in 2022 and in the longer term, be closer to 20 per cent (the proportion of staff that have declared a disability or long-term condition in the NHS Staff Survey).
- Take action that can positively increase disability declaration rates. This could include:
 - Appointing a 'Board Champion' for disability, with reports to the Board
 - Running awareness campaigns about the organisational commitment to disability equality
 - Publishing and promoting case studies, blogs, podcasts and lived experience videos to raise awareness of disability in the workplace.
 - Running a programme that regularly monitors disability declaration rates, with data and actions reviewed at senior Trust workforce meetings
 - Focus on reducing the levels of 'Unknown', i.e., staff who have either indicated that they 'Prefer not to say' or have not responded to the disability monitoring question in ESR
- Review local data, including deep dives where relevant, and explore whether the evidence indicates a need to take action to address disparities in recruitment for Disabled staff
- Review how reasonable adjustments are managed within the recruitment and interview processes and identify actions for improvement



15.6 RWT WDES Actions

The Trust has identified a range of measures to improve its WDES metrics as part of the RWT Workforce EDI Delivery Plan 2021-2023 including:

- Adopting the national WDES recommendations to improve disability disclosure for disabled staff on ESR
- Actions to develop and improve support to the Disability and Long-Term Conditions EVGs
- Actions to deliver the Civility and Respect toolkit and address bullying and harassment in the workplace
- Implementation of NHS England's accessible information standard (AIS)
- Access and Planning Group to focus on:
 - 'Not all disabilities are visible' campaign
 - Changing Place facilities
 - Disabled parking spaces
 - Improving site access identifying hot spot areas
- Raising awareness of disability and long-term conditions lived experiences of staff, through events such as Disability Awareness Month and a Deaf Awareness 'lunch and learn' session for staff
- Supporting reasonable adjustments for staff through the development and launch of a new Disability Working Carers Passport, and review Trust mechanisms for the identification and assessment of reasonable adjustments in the workplace

16.0 Gender pay gap (GPG) 2022

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 was taken on **31 March 2022** and is taken from the Electronic Staff Record System (ESR). The total number of employees was 12,565, of which 77.95 per cent were female, and 22.05 per cent 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 results at RWT

GPG	£	Percentage
Overall Mean	£6.21	29.19
Overall Median	£3.40	21.09

- On average there is a mean average difference in favour of male employees of 29.19 per cent with men earning on average £6.21 more an hour
- On average there is a median average difference in favour of male employees of 21.09 per cent with men earning on average £3.40 more an hour
- The Office for National Statistics reported a mean average UK GPG in 2021 of 15.4 per cent for full time employees. This means that on average, nationally women earn just over 15 per cent less than men
- The NHS overall has had a higher percentage female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded medical and dental professions

GPG	£	Percentage
Medical Staff Mean	£6.23	16.57
Non-Medical Staff Mean	£0.73	4.42

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 4.42 per cent compared to medical staff, which has a gender pay gap of 16.57 per cent.

Average Bonus GPG

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 487 substantive consultants of which 34.70 per cent are female. Of the total number of eligible consultants, 164 are in receipt of a local Clinical Excellence Awards (CEA), of which 26.83 per cent are awarded to female consultants. Of eligible female consultants, 26.04 per cent are in receipt of CEAs compared to 37.74 per cent of eligible male consultants.

The following table illustrates the average bonus gender pay gap.

	Mean Percentage	Median Percentage
GPG	16.19	Zero

The table above shows there is a mean average difference in favour of male employees of 16.19 per cent with men receiving on average £1870.34 more per year than female award receipts.

The median average difference in favour of male employees is zero per cent 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 earnings across four quartile pay bands – the Lower, Lower Middle, Upper Middle and Upper.



The following table illustrates the proportion of gender in each quartile pay band:

Quartile	Male	Female	Male Percentage	Female Percentage
Lower	482.00	2106.00	18.62	81.38
Lower Middle	374.00	2227.00	14.38	85.62
Upper Middle	505.00	2089.00	19.47	80.53
Upper	853.00	1742.00	32.87	67.13

17.0 Moving Forward

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

Improving diverse representation across all levels of the organisation

Improving data – accuracy and presentation

Improving culture – addressing incivility and bullying and harassment

Improving access to support for staff

Improving awareness and understanding of diversity and exclusion

WRES actions

1. Accelerate the Cultural Ambassadors onto recruitment panels

2. Explore and introduce additional targeted positive action measures to improve equitable outcomes for BAME candidates in recruitment and selection

3. Roll out of e-learning on Recruitment and Selection and Inclusive Recruitment

4. Target civility and respect programme to priority departments as pilots - civility and allyship and tackling racism, discrimination, and B&H

5. Develop a Trust anti-racism statement and culture - through focus groups, workshops, and anti-racism training

6. Raise awareness of lived experience through development and roll out of the Trust Diversity Reverse Mentoring Scheme

7. Continued support and development of the Trust EVGs

8. Continue to develop the Cultural Ambassador programme

WDES actions:

9. Adoption of the National WDES recommendations to improve disability disclosure for disabled staff on ESR

10. Develop and improve support to the Disability and Long-Term Conditions EVG

11. Actions to deliver the Civility and Respect toolkit and address bullying and harassment in the workplace

12. Implementation of the NHS accessible information standard

Access and Planning Group to focus on:

‘Not all disabilities are visible’ campaign

Changing Places facilities

Disabled parking spaces

Improving site access identifying hot spot areas





14. Raising awareness of disability and long-term conditions lived experiences of staff, through events such as Disability Awareness Month and a Deaf Awareness 'lunch and learn' session for staff
15. Supporting reasonable adjustments for staff through the development and launch of a new Disability Working Carers Passport, and review Trust mechanisms for the identification and assessment of reasonable adjustments in the workplace
GBT+ actions
16. Explore membership of Stonewall Charter Mark and Employer Index
17. Develop and launch staff and patient trans guidance
18. Roll out LGBT+ awareness workshops with a focus on trans awareness
19. Support LGBT+ events and campaigns including Pride 2022
20. Continue to grow the Rainbow Badge scheme
Carers actions
21. Promote the Carers Passport
22. Build links with local care support services to signpost staff
23. Promote the recording of Carer Status on the Employee Self Service
24. Raise awareness of the role and impact of caring on working

The Trust EDI Delivery Plan 2021/23 will be reviewed to integrate the EDI themes and priorities highlighted within the Annual Equality Report 2021.

18.0 Equalities Duty Compliance

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

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

18.1 Equality objectives (EOs)

The Trust's EOs 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 EOs is every four 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.





18.2 Equality Delivery System (EDS2)

NHS England's Equality Delivery System (EDS) was formally launched in 2011 and then refreshed in 2013 as 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 2013 version of EDS2 toolkit was structured around four goals:

Patients:

- Goal One – Better health outcomes for all
- Goal Two – Improved patient access and experience

Workforce:

- Goal Three – Empowered, engaged and included staff
- Goal Four – Inclusive leadership at all levels

An evidence gathering exercise against the different outcomes within goal one has been completed, with the tasks related to the other three goals being completed previously. Full details of all self-assessments will be published once finalised.

EDS2 has been recently revised by NHS England in collaboration and co-production with stakeholders and partners from across the NHS system. The key features of the revised version (called EDS) are described below:

Structure

EDS2 now comprises eleven outcomes spread across three domains, which are:

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

The new structure includes several new outcomes whilst maintaining many of the outcomes from the previous EDS but with slight changes in wording.

Assessment and review cycle

EDS2 will be implemented once launched officially and the Trust will undertake reviews annually, and results will be published on organisation websites as directed. It is recommended that the yearly cycle is completed as follows:

- Reviews on domain one (commissioned or provided services) should occur during the summer months (quarter two of the financial year). NHS organisations should choose three services that they commission and/or provide for patients for testing against the domain outcomes
- Reviews of domain two (workforce health and wellbeing) should occur during the spring and/or summer months (quarters one and two of the financial year)
- Reviews of domain three (inclusive leadership) should occur during the autumn months (quarter three of the financial year)



Scoring and rating system

EDS2 works on a scoring system.

Each outcome is scored based on the evidence provided and scored between zero and three. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to give the overall score or the EDS organisation rating. The rating categories remain the same as before: Excelling, Achieving, Developing and Underdeveloped.

The changes to the EDS were presented to the Trust's EDI steering group in February 2022. In terms of implementation, the Black Country ICS are organising planning meetings with Trusts across the region from April onwards.

Equality analysis (EA)

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

All new and revised policies must adhere to procedure as part of the approval and review framework.

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

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

During this reporting period, over 80 significant policies were reviewed with completed EAs.

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

It has emerged that a new EA tool called Health Equity Assessment Toolkit (HEAT) may be mandated through the Black Country ICS. This will aim to:

- Systematically address health inequalities and equity related to a programme of work or service
- Identify what action can be taken to reduce health inequalities and promote equality and inclusion

Appendix 1 – Equality Objectives and EDI Delivery Plan (2018-2022) Summary Updates

Objective	Aim	How	Updates
1. Workforce	To ensure our people policies and strategies promote good practice in diversity and to work towards best practice	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Staff are given opportunities to engage through the growing membership within the EVGs The Equal Opportunities Policy was reviewed and refreshed Additional workforce data analysis has been undertaken to understand the areas of under-representation within the workforce The Race Code assessment provided a detailed insight into the Trust performance on race and was led by very senior leaders and executives
2. Workforce	To further progress our response to the analysis from the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> We are working with the Royal College of Nursing to develop cultural competence training for senior leaders within the Trust. We have developed a proposal to undertake positive action in recruitment to support fairness in recruitment and selection processes. This will include the expansion of the Cultural Ambassador programme. The Trust has seen year-in-year improvements in its overall BAME workforce representation The Trust will be responding to the NEW Equality Delivery System and undertaking a self assessment against the three domains.



Objective	Aim	How	Updates
3. Patient Experience	Improve how we monitor, use and report complaints from people in connection to an individual's protected characteristic.	<ul style="list-style-type: none"> • Ability to record and monitor effectively complainants protected characteristics. • Ensure feedback mechanisms are inclusive and available for those whose first language is not English. 	<ul style="list-style-type: none"> • Electronic recording system used for complaint handling configured to capture necessary data. • Feedback forms available in variety of other languages. • Video's created seeking feedback from underrepresented patient groups. • Promotion of PALS service specifically for BAME Community Groups undertaken • Protected characteristics data monitored frequently and appropriate actions taken where necessary to address any shortfall.
4. Patient Experience	To aim to provide a positive patient experience for all patients regardless of their identity	<ul style="list-style-type: none"> • We will develop metrics, where appropriate, to track and understand patient experience by protected characteristic 	<ul style="list-style-type: none"> • Electronic recording system used for complaint handling configured to capture necessary data • Feedback forms available in variety of other languages • Videos created seeking feedback from underrepresented patient groups. • Promotion of Patient Experience service specifically for BAME community groups • Protected characteristics data monitored frequently and appropriate actions taken where necessary to address any shortfall



Objective	Aim	How	Updates
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	<ul style="list-style-type: none"> • Understand underrepresented groups • Continue to drive progress against the accessible information standards • Quarterly review of interpreting and translation provision and actions take • Consider body language and impact on patient dissatisfaction and aggression 	<ul style="list-style-type: none"> • Continual ongoing work for those patient groups who are D/deaf delivered and future sessions planned to raise awareness and inclusivity • Accessible information standards workstreams evaluated and refined with emphasis on progress in certain areas as main focus. Work on-going with regard to Easy Read and appointment letters • Interpreting and Translation – promoted use of video translation with success in some areas. Resulting in reduced delays and instant provision at times when needed the most • Reviewed requirements for languages new to the patient population and sought provision of lesser-known languages from provider • Project set established and working towards delivery of robust action plan to address reasons for dissatisfaction and soft skills of communication in particular the Emergency Department • Creation of a visiting hub to inform and co- ordinate arrangements for visiting during COVID-19 pandemic and thereafter



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

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

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 etc.

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: 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 reassignment: 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 plus.

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'

