

Annual Equality, Diversity and Inclusion Report

April 2015 – March 2016

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Safe &
Effective

Kind &
Caring

Exceeding
Expectation

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English

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Lithuanian

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Punjabi

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

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

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

Traditional Chinese

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Executive Summary

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

The Trust strives to deliver safe, accessible and fair services to the diverse populations that we serve. The Trust values its workforce and wants to create working environments in which everyone is able to reach their full potential and deliver fair and equitable services. There is a link between the level of staff engagement and positive patient outcomes.

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

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

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

The Trust recognises that there are some challenges ahead but is committed to making a difference to our communities and our workforce.

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), in order to gain a clearer picture of possible gaps and identify possible patterns of inequality in relation to access to services and workforce activities. There are many reasons for this which include:-

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

The Public Sector Equality Duty (PSED) 2011 is made up of a general overarching equality duty supported by specific duties intended to help performance of the general equality duty.

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

- Eliminate unlawful discrimination, harassment, victimisation
- Foster good relations
- Advance equality of opportunity. Particularly, having due regard to:
 - Remove or minimise disadvantages for people due to their protected characteristics.
 - Take steps to meet individual needs.
 - Encourage participation in public life or in other activities where people with protected characteristics is 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; age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race (includes colour, nationality, ethnic or national origins), religion or belief (includes lack of religion or belief), sex / gender, sexual orientation. There are different levels of protection and areas of coverage for each PPC.

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

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

- The [NHS Constitution](#) which clearly sets out what patients, public and staff can expect from the NHS.
- The Care Quality Commission's ([CQC](#)) compliance around their [fundamental standards](#) including person-centred care, dignity and respect, safety and safeguarding. Equality, diversity, inclusion and human rights run throughout the CQC outcome requirements.
- NHS England's Equality Delivery System was formally launched in 2011 and refreshed [EDS2](#). The main purpose is to help NHS organisations (in discussion with local partners and people), review and improve their performance for people with protected characteristics. The EDS2 is a **continuous evolving system**, it has four goals :-

Goal 1 - Better health outcomes

Goal 2 - Improved patient access and experience

Goal 3 - A representative and supported workforce

Goal 4 - Inclusive governance / Leadership

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

An [EDS2](#) report was presented at October 2015's Trust Board and outlines that *Goal 3* will be taken forward for our first year of implementing EDS2 and is addressed in section 1 of this report.

Further to this, EDS2 was discussed at the Trust's Equality, Diversity and Inclusion Steering group in July 2016, agreement was made for human resources to take forward goals 3 and 4 (April 2016 – March 2017). Actions need to be included within Equality Objectives. See [EDS2 video](#)

- NHS England's NHS Workforce Race Equality Standard [WRES](#) aims to ensure employees from black and minority ethnic (BME) backgrounds are treated fairly at work and have access to career opportunities. Progress is demonstrated against a number of workforce race equality indicators.
- NHS England's [Accessible Information](#) Standard aims to ensure that disabled patients (including carers and parents, where applicable) receive information in accessible ways and have appropriate support to help them communicate.

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

About The Royal Wolverhampton NHS Trust

The Royal Wolverhampton NHS Trust is one of the largest acute and community providers in the West Midlands having more than 800 beds on the New Cross site including intensive care beds and neonatal intensive care cots.

It also has 80 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

As the second largest employer in Wolverhampton the Trust had 8,210 employees as at 30th June 2016.

The Trust provides its services from the following locations:

- New Cross Hospital - secondary and tertiary services, maternity, Accident & Emergency, critical care and outpatients.
- West Park Hospital - rehabilitation inpatient and day care services, therapy services and outpatients.
- More than 20 Community sites - community services for children and adults, Walk in Centres and therapy and rehabilitation services.
- Three General Practices.
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy).

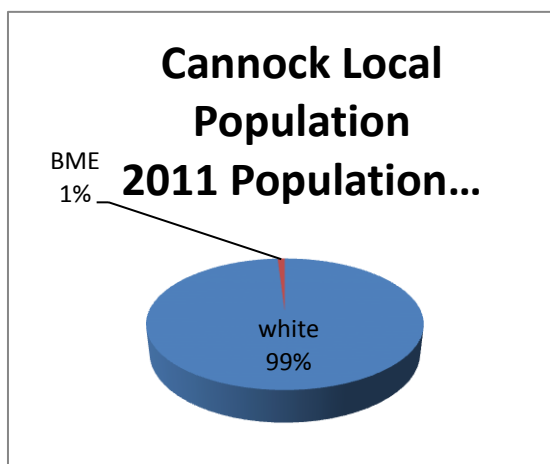
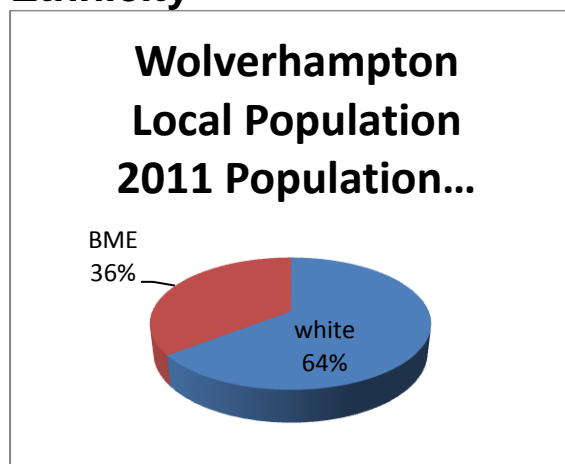
The Trust has also been hosting the West Midlands Local Clinical Research Network for the first year since its establishment in April 2014.

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

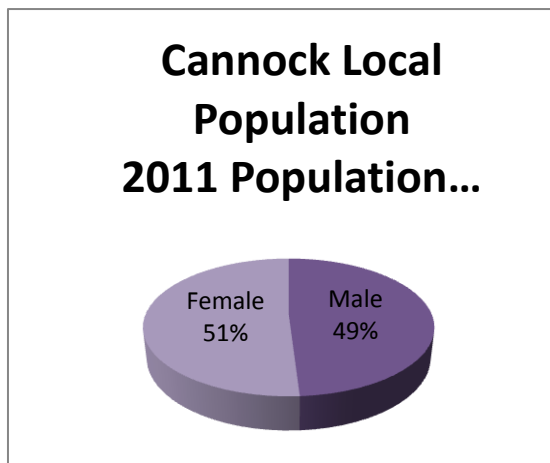
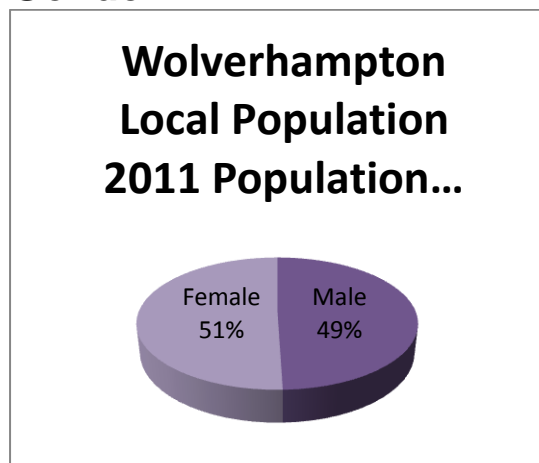
Local Populations

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

Ethnicity

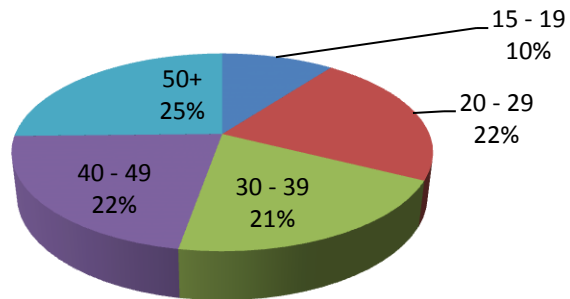


Gender



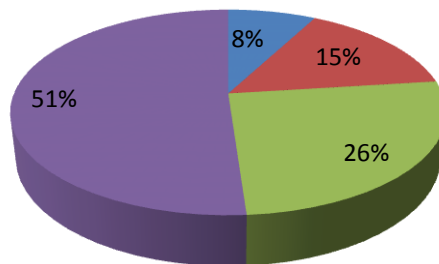
Age

Wolverhampton Local Population 2011 Population Census by Age

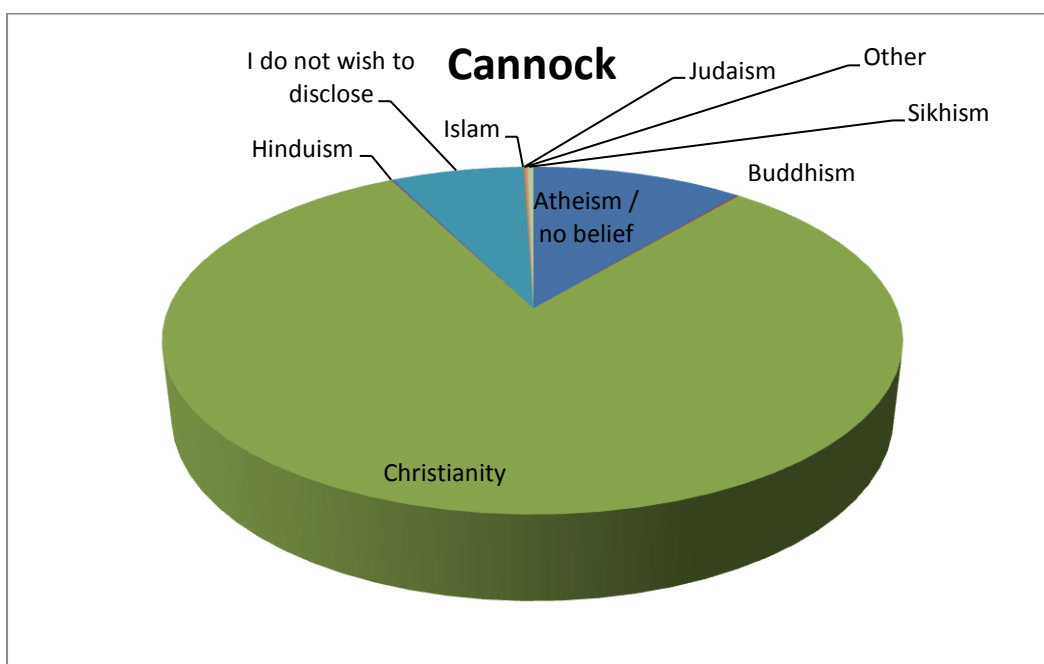
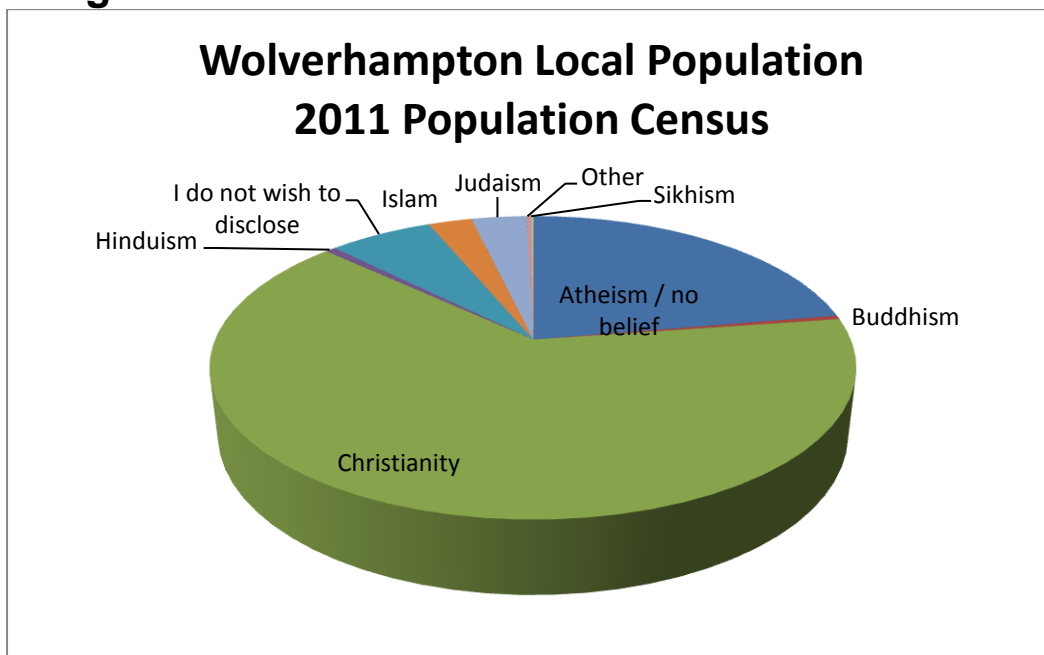


Cannock Local Population 2011 Census - Age

■ 15 - 19 ■ 20 - 29 ■ 30 - 44 ■ 45 - 59



Religion or Belief



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

Equality Information : where are we?

This report contains information relating to the 12 month period **1 April 2015 – 31 March 2016** (unless indicated otherwise).

The report consists of two sections and aims to bring together the equality information available for **workforce** (section 1) and **non workforce** (section 2) areas of the Trust.

Analysis of this information will be used to:-

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

Section 1

Workforce Equalities Report

Introduction

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

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

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

The Trust Workforce of 8,210 (as at 31st March 2016) is spread across the multiple Trust sites, and in provision of some services a proportion of staff work across more than one site, with some employees who are residents of Wolverhampton or Cannock travelling to work at either or both sites. Some members of the Trust Workforce travel from outside of the communities served to work at the Trust workplace sites.

From the local Chatback survey (2016), 86% of the respondents agreed that the Trust values diversity and recognised and respects the value of differences in race, gender, age etc. From the NHS National Staff Survey 2015 it can be seen that 69% of the respondents would recommend their organisation as a place to work; this is an improved position from 2014 (63%).

Overall staff engagement within the Trust is 3.91 (weighted key finding from the NHS Staff survey, 2015) which is above the Sector average of 3.82.

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1 **Executive Summary**

Strengths

- Women are well represented in the workforce as compared to the communities that the Trust serves.
- BAME communities are well represented in the workforce as compared to the combined communities that are served by the Trust.

Challenges

- To improve the data held on employee personal details on ESR to enable more detailed analysis of workforce distribution for the purpose of Equality and Diversity monitoring
- To identify and seek to address areas of service or service provision where there is a gender bias
- To identify and address areas of concern where there is an Equal pay gap
- To identify key themes relating to protected characteristics in ER issues and address any inequalities that may exist.
- To address any areas of concern regarding flexible working ; to improve level of employee satisfaction with flexible working opportunities within the Trust
- To ensure that Managers are implementing the Trust's flexible working policy consistently and fairly
- To increase the representation of BAME within the Trust Board membership
- To ensure that recruitment and selection processes are fair and transparent at all levels ; more robust collection of data relating to recruitment and selection processes to monitor and evaluate the fairness and equality in practise

Recommendations

- To carry out a Trust Wide exercise to improve level of personal data relating to Equality and Diversity which is recorded on ESR
- To progress towards centralised Recruitment procedures and administration
- Review of flexible working in practise within the Trust.
- In consideration of this report, and specifically those indicators which are contained with the Workforce Race Equality Standard [WRES](#) the Trust Board note that there are some reported areas of concern regarding Equality, within the Trust workforce. The Royal Wolverhampton Trust and The Trust Board are committed to undertaking further exploration of these concerns and will take appropriate steps to redress any areas of inequality or discrimination found.

2. **Key Trends and Findings**

- Those employees aged 50+ represent 33.64% of the total workforce – the highest percentage of any of the age categories – but has decreased from 35.54% since 2015
- There is a significant under representation of younger people in the workforce as compared to the local communities
- With increasing age there is a wider distribution across the pay bands
- 41% of part time workers are aged 50+, and 50% of part time workers are aged between 30 – 49 years.
- The Trust is over-represented in respect of women in the workplace as compared to the local population.
- Women are well represented in bands 1 to 7 inclusive, but less well represented in the higher bands (Pay Band 8 and onwards)
- 94% of the part time workforce are women
- Highest percentages of women are employed within Nursing and Midwifery , and Admin and Clerical ; whilst the highest percentages of men are employed within Medical and Dental, and Admin and Clerical ; Medical and Dental attracting the higher income.
- As compared to the Wolverhampton local demographics the Trust is under-represented in respect of BAME employees ; but if compared to the combined demographics of Cannock and Wolverhampton the Trust is over-represented in respect of BAME employees.
- Of those jobs recruited to via NHS Jobs there is little difference in success at shortlisting stage whether a disability is declared or not ; and the success rate at interview is marginally less for those applicants who declare a disability.
- High number of employees personal details recorded as ‘undisclosed’ or ‘ I do not wish to disclose’ are thought to be due, in part, to incomplete collection of personal data – this high percentage of ‘undisclosed’ data in areas specifically relating to Disability, Sexual Orientation and Religious Belief make it difficult to undertake a robust analysis of these aspects of the workforce.
- From Chatback 2016 86% of respondents agreed that the Trust values diversity and recognises and respects the value of differences in race, gender, age etc.

3. Definition of Terms

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

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

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

As an NHS Trust the Royal Wolverhampton Trust has to respond to the standards as defined in both the WRES and EDS and to report and publish its findings. This Equalities Report forms part of the Trusts response to these standards and details its findings and future plans to improve on these standards where appropriate or needed. This report will address those aspects which are related to its workforce

3.2 General Equality Duties

Equality Act 2010

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

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

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

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

*(Definitions of the Equality and Human Rights Commission
<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions/>)*

3.3 Protected Characteristics There are 9 protected characteristics as defined by the Equality Act 2010

Age ; where this is referred to, it refers to a person belonging to a particular age (eg. 32 olds) or range of ages (e.g. 18 – 30 year olds).

Disability; A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender Reassignment ; the process of transitioning from one gender to another.

Marriage and Civil Partnership ; Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

Same sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act)

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 the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and Belief ; Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex ; A man or a woman.

Sexual Orientation ; Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Human Rights Commission 2016

- 3.4 **BAME** people from black, Asian and minority ethnic backgrounds,
- having ethnicity of Black, Asian, Mixed or other

3.5 **Equal Pay Gap/ Gender Pay Gap**

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

3.6 **NHS National Staff Survey**

The NHS Staff Survey is the largest survey of staff opinion in the UK and may be the largest in the world.

Each year NHS staff are offered the opportunity to give their views on their experience at work. The questions are grouped around the key areas highlighted in the NHS Staff Pledges and include;

Appraisal and development ; health and wellbeing ; staff engagement and involvement ; raising concerns.

It uses a method of assessing overall NHS performance on people management to enable organisations to understand and compare their own performance. In addition it includes the Care Quality Commission (CQC) which looks at the NHS in terms of delivery of patient care.

The staff engagement element of the survey looks at the three dimensions of engagement ;

Levels of motivation/satisfaction; involvement; willingness to be an advocate for the service.

It takes the scores across all three of these dimensions and converts them into an overall staff engagement score, which is an index of staff engagement in the organisation. Staff engagement is the only area for which the survey does this, it is designed to assist in tracking staff engagement within the service and enable comparison between organisations, with the aim of supporting engagement.

NHS Employers <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience>

Levels of staff engagement are known to be a good indicator of the culture of an organisation and are linked to equality, diversity and inclusion, and positive patient outcomes.

Weighted key findings ; these are summary scores for groups of questions which, taken together, give more information about an area of interest to the organisation e.g. Staff engagement. Key findings are presented either as a percentage score, or as a scale summary score (on a scale of 0-5 inclusive). The key findings are aligned to the pledges to staff in the NHS constitution.

3.7 Chatback

Chatback is an anonymous survey of the workforce carried out annually by The Royal Wolverhampton Trust. The survey seeks to explore some similar areas as the NHS National Staff Survey, but on a more local level, with results grouped into service areas and departments in order to identify any specific areas of concern within the Trust.

4. Distribution of the Workforce

The Workforce of 8,210 (as at 31st March 2016) is spread across the multiple Trust sites , and in provision of some services a proportion of staff work across more than one site, with some employees who are resident in Wolverhampton or Cannock travelling to work at either site.

From the local Chatback survey 2016 86% of the respondents agreed that the Trust values diversity and recognises and respects the value of differences in race, gender, age etc. From the NHS National Staff Survey 2015 it can be seen that 69% of the respondents would recommend their organisation as a place to work ; this is an improving position from 2014 (63%).

Overall staff engagement within the Trust is 3.91 (weighted key finding from the NHS Staff Survey,2015) which is above the sector average of 3.82.

4.1 Age Profile (Appendix 1)

The Royal Wolverhampton Trust currently uses the following categories for monitoring age of its workforce.

15 – 19 years, 20 – 29 years, 30 – 39 years,
40 – 49 years, and 50+ years

As at the 31st March 2016 the largest single age category of the Trusts workforce were those aged 50+ representing 34% of the total workforce, with the lowest category being those aged 15 – 19 year olds representing 0.35% of the total workforce. The lower numbers of younger people in the work place is likely to be as a result of 'minimum age restrictions' in key areas and time taken to gain required qualifications in specific occupations. However the introduction of increased number of young apprentices may show an increase in this number in future. (The Royal Wolverhampton Trust has a need to appoint 185 apprentices year on year starting April 2016). Although the age limit of sign up to an apprenticeship has been removed it is predicted that they will predominantly be from a younger age group. The impact on the age profile of the Trust Workforce will be reported in the next annual Workforce Equalities Report. (2017)

The majority of the Trust workforce are aged between 20 and 49 years (66%) with a Trust median age of 44.14 years.





	15 – 19 years	20 – 29 years	30 – 39 years	40 – 49 years	50 + years
%ge of workforce	0.35%	16.44%	22.61%	26.96%	33.64%
		Majority of Workforce = 66.01%			Largest single group in workforce
		Median age of workforce = 44.14 years			

Admin and Clerical staff have the highest percentage of workforce aged 50+ years (26.35%) followed by Nursing and Midwifery (23.22%) , The distribution of employees in each of the age categories across pay bands widens with increase in age. It is anticipated that the removal of the default retirement age and the incremental steps for award of both statutory and occupational pensions , along with people living longer and healthier lives, will see an increase in those staff continuing to work beyond the age of 65. Some categories of employment eg. Nursing , still retain the right to access their pension at an earlier age due to the nature of their employment.

The aging workforce presents the Trust with both challenges and opportunities ; a proportion of the workforce with potentially increasing health issues but also retaining key skills and experience. It is of note though that CIPD (Chartered Institute of Personnel and Development) recently reported in their report 'Focus on Mental Health in the Workplace' (July 2016) that there was a significant variation in their findings for the 55 plus age group, who reported a lower prevalence of mental health problems.

At present it is not possible to report on any themes or significant areas for sickness absence based on age profile, but within the categories of absences recorded on ESR related to blood disorders, employees aged 50+ make up 50.95% of the days lost to absence for this reason ; with 47.26% of days lost due to Heart, Cardiac and circulatory problems ; with 53.45% of days lost for back problems attributed to employees aged 46 plus.

The highest number of applications for jobs through NHS jobs are made by 16 – 29 year olds, but this age group have the lowest percentage of success at shortlisting and invite to interview. Of this age group those that are invited to interview have the highest success rate than all of the other age groups. (8%) . This age group has the highest leaver turnover rates; 19% for aged 15 – 19 years and 18% for aged 20 – 29 years. This would indicate that although we attract high numbers of applications for jobs from the younger age categories they are not as successful at the shortlisting stage as other age groups, but those that are interviewed have the joint highest success rate

	Applications	Success at shortlisting	Success at interview	Turnover rate	Trust average turnover rate	Turnover Rate indicator
16 – 29 years	41%	23%	8%	(15 -19) 19% (20 – 29) 18%	10%	
30 – 39 years	26%	30%	6%	10.96%		
40 – 49 years	19%	34%	8%	7.29%		
50+ years	13%	33%	6%	12.67%		






Applications for jobs from the age group 50+ is the smallest category in the Trust with only 13% of applications being received via NHS Jobs, with 33% being shortlisted and of those interviewed 6% are appointed.

Trust employees aged 50+ represent 13% of leavers. It is likely that a significant number of these leavers are people retiring, and some may be returning from retirement, having accessed their pension but continuing to work in some capacity within the Trust.

Further data collection and analysis of leavers, including improvement of take up of Exit Questionnaires and interviews is planned and will be reported on in future reports.

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

Cannock local population has a different demographic age profile than that of Wolverhampton with only 8% of the population being aged between 15 and 19 , and 51% being aged 45 – 59 years. It is difficult to make a direct comparison between Cannock and Wolverhampton populations with the Trust Workforce make up due to the differing age categories reported for Cannock. However, the 2011 census does comment that Cannock have a higher percentage of older people within its community (37%) than the national average (34%) – Wolverhampton has 25% of its community recorded as aged 50+ years (according to 2011 census) which is significantly less than the UK average of 34% . The percentage of Trust workforce aged 50+ years is equal to that of the national UK average at 34%.

	Local Population		Trust Workforce	Age Profile Indicator
	Wolverhampton	Cannock		
15 – 19 years	8.23%	6.30%	0.35%	
20 – 29 years	17.68%	12.30%	16.44%	
30 – 39 years	16.30%		22.61%	
(30 – 44 years)		(20.90%)		
40 – 49 years	17.51%		26.96%	
(45 – 59 years)		(41.30%)		
50+ years	20.26%		33.64%	

Registered Nursing and Midwifery staff remains constant in representation across the age categories of 20-29 years (30.79%), 30-49 years (31.48%) and 40-49 years (32.48%) with a tail off at 50+ years (23.22%) – likely to be a result of retirement and potentially early retirement. There are no staff aged 15 – 20 years in this Staffing Category due to the age and qualification requirement for employment as a qualified nurse or midwife.

The younger age group of 15-19 years are a very small group of staff only representing 0.35% of the Trust workforce and are predominantly employed in Admin and Clerical or Estates and Ancillary, and have the highest leaver turnover rate (19.27%) in the Trust and much higher than the Trust average leaver turnover rate (10%) . The high turnover rate for younger people may be, in part, due to ‘characteristics of their generation’.

Those people born between 1995 and 2010 are described as belonging to ‘generation z’. In ‘Mind the Gap’ report by Dr K Jones (*Mind the Gap; Exploring the needs of early career nurses and midwives in the workplace, Birmingham and Solihull Local Education and Training Council Every student Counts Project*) the characteristics of each of the generations of the current working population of early career nurses and midwives were researched and reported on. From this research and report it can be seen that “generation z will spend more time changing jobs and job hunting than any of the other generations ; ambitious but seek more flexibility than previous

generations and insist on work-life balance. Generation z are open minded, respectful and tolerant of others and expect to see diversity around them and they are collaborative and creative, they will change the workplace dramatically in terms of style and expectations. Generation z are technological multi-taskers and everything should be interconnected “. Increasing numbers of generation z are coming into the workforce, as they now approach 21 years old, will provide the Trust with both challenges and benefits. If the Trust is to retain this generation of workers, it will need to take into account these characteristics and ensure that the organisation is able to offer this generation those things that they value – including diversity - in order to retain them and their skills.

The introduction of the increased number of Apprentices may impact on the workforce age profile, in terms of numbers of younger people and their distribution across the staffing categories, although the age restrictions for apprentices has now been lifted, so apprentices may now be drawn from all age groups.

4.2 Gender Profile (Appendix 2)

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

- Both Wolverhampton and Cannock local populations are equal in gender make up (51% female and 49% male).
- The working population of England is 47% female and 53% male.
- The overall gender make-up of the Trust workforce is 81% female and 19% male.
- The gender make-up of the NHS as a whole is 77% female and 23% male.

The Royal Wolverhampton trust is over-represented by women in the workforce as a whole as compared to both the local communities and also England’s working population. However, the Trust is only slightly higher in representation by women in the workforce (81%) as compared to the NHS as a whole (77%).

Men are significantly under-represented as a percentage of the whole workforce as compared to both the local communities and England’s working population. The percentage of male employees in the Trust workforce is below that for the NHS as a whole.

	Local Population	England's Working population	The Royal Wolverhampton Trust Workforce	NHS Workforce
Women	51%	47%	81%	77%
Men	49%	53%	19%	23%

As compared to the local community populations and England's working population there is a higher representation of women in all of the Agenda for Change Bands (Bands 1 – 9 inclusive)

AFC Pay Bands	Female	NHS Average	Male	NHS Average
Bands 1 – 4	84.94%	80%	15.06%	20%
Bands 5 – 7	85.56%	83%	14.44%	17%
Bands 8a to 9	70.91%	71%	29.09%	29%
AFC Workforce Total	80.61%	81%	19.30%	19%

In Bands 1 -4, and Bands 5 -7 the Royal Wolverhampton Trust has a higher percentage of women than the overall make- up of the NHS – resulting in an under-representation of men in Bands 1 -4 and Bands 5 -7 as compared to the NHS as a whole.

The percentage of women occupying posts graded Bands 8a to 9 is lower than that of Bands 1 – 7, and not proportionate to the representation of women in the overall Trust workforce. The percentage of Band 8a to 9 posts occupied by women is equal to the NHS overall gender profile. Therefore, the percentage of posts occupied by women decreases in Bands 8a to 9, and whilst this is still a larger representation than that of the local communities and the working population, it is not proportionate with the gender make-up of the Trust as a whole.

Without further analysis it is not possible to determine whether this is as a result of internal promotions or success of external applicants in recruitment and selection processes. This will be considered for future reports.

The highest percentage of the female workforce are employed within Registered Nursing and Midwifery (33.18%) with the second highest percentage being employed within Admin and Clerical (24.48%). The highest percentage of the male workforce is employed within Medical and Dental (27.95%), with the second highest percentage being employed within Admin and Clerical (17.32%). Of the female workforce only 8% are employed in Estates and Ancillary as compared to 16% of the male workforce. Men are significantly under-

represented in Registered Nursing and Midwifery, and also of note is that women are under-represented in the areas of Medical and Dental, and Estates and Ancillary. This would indicate that there are particular professional and service provision areas within the hospital that are still more prone to gender bias.

Of The Trusts Medical and Dental workforce 42.49% are women and 57.51% are men, as compared to the NHS average of 45% women and 55% men – whilst the NHS workforce overall is 77% women and 23% men, the percentage of England’s working population is 53% men and 47% women.

Medical and Dental Categories	Female	NHS Average	Male	NHS Average
Consultants	29.57%	34%	70.43%	66%
General Practitioners	36.36%	52%	63.43%	48%
Junior Medical	56.77%	53%	43.23%	47%
Other Medical	42.31%	46%	57.69%	54%

Within the Trusts Medical and Dental workforce women are represented above the NHS average for Junior Doctors / Doctors in Training but below the NHS average for Other Medical, General Practitioners and Consultants i.e. once having completed training, and consequentially a higher percentage of men are employed in these areas. Women are well represented in the Medical and Dental workforce as compared to England’s working population but are not proportionately represented as compared to the NHS workforce average of 77% of women or The Trusts female workforce at 81%.

Of the Trusts female workforce 4.94% are doctors or dentists, which is slightly below the overall NHS figure of 6% ; whereas 27.95% of the Trusts male workforce are doctors and dentists , which is above the total NHS figure of 23%.

There are significantly higher numbers of men applying for jobs within the Trust compared to women, with 75% of all applications received via NHS jobs being from men. Men also have a higher success rate at shortlisting than women and then a higher success rate at interview than women also. The Trust leavers turnover rate for men (11.45%) is higher than for women (10.59%) and higher than the Trust average turnover rate of 10% . The percentage of the workforce made up by men has remained broadly constant since 2015 (19.31% - 2015, 19.13%- 2016). Not all recruitment and selection processes are conducted via NHS jobs and it is difficult to make many meaningful comparisons due to the limitations of the information available. It is proposed to improve and develop this area of data collection for future reporting.

	%age of applicants	Success at shortlisting	Success at interview
Male	75%	30%	8.24%
Female	24%	25%	3.31%
Undisclosed	1%	15%	12.50%

A significantly higher percentage of the part time workforce are women (94.42%) as compared to men (5.58%), with 70.87% of the full time workforce being women compared to 29.13% being men.

	Female	Male
%age of Full Time Workforce	70.87%	29.13%
%age of Part Time Workforce	94.42%	5.58%

4.3 Pregnancy and Maternity

Work is being undertaken to enable collection of this data from ESR records to enable future reporting.





During a 12 month period it is recorded on ESR that 258 women took maternity leave ; this does not include women who were pregnant and left without taking any maternity leave. As part of the development of reporting in this area The Trust will be seeking to identify those women who do not return to work after maternity leave, or those who return only for a short period of time.

4.4 Ethnicity Profile (Appendix 3)

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

Cannock and Wolverhampton local demographics have differing profiles of ethnicity according to the 2011 population census. Wolverhampton has a white population of 64% with a BAME population of 36% , and Cannock has a white population of 99% with only 1% coming from a BAME background.

The ethnicity make- up of the whole Trust workforce is 73% white and 27% BAME, which if compared to only the Wolverhampton local population means that the Trust is under-represented in terms of BAME employees. However, if the population information for both Cannock and Wolverhampton are combined, giving an average of 87.75% from a white background and 18.25% from a BAME background, the Trust is well represented in respect of BAME employees.

Population	Wolverhampton		Cannock	Wolverhampton and Cannock Combined		The Royal Wolverhampton Trust Workforce
BAME	36%		1%	18%		27%
White Background	64%		99%	82%		73%

The Trust Board is made up of a relatively small number of persons (currently 16) and 12.5% of those people come from a BAME background. The significance of it being a small number of people is that even in the event of a single appointment to the Board it came make a significant difference in the percentage profile of Ethnicity.

A significantly higher percentage of the Part time workforce come from BAME backgrounds (81.21%), and also a higher percentage of the full time workforce are from BAME backgrounds (67.67%).

Of the vacant jobs advertised through NHS jobs 40% are from BAME applicants who have a success rate for shortlisting of 26%, with a success rate at interview of 5.44%. There is a higher percentage of applications from people of a white background (59%), who in turn have a higher success rate at the shortlisting stage (30%) and also have a higher success rate at interview (8.33%) . The relative likelihood of a white applicant being shortlisted is 1.55 times greater than a BAME applicant being shortlisted.

	Percentage of applications (NHS Jobs)	Success rate at shortlisting	Success rate at interview
BAME	40%	26%	5.44%
White Background	59%	30%	8.33%

The leavers turnover rate for White employees is 10.06%, which is equal to the Trust average turnover rate, and the Leavers turnover rate for BAME is 10.29% ; both of which are comparable to the Trust average turnover rate of 10.%. Not all of the Trusts jobs are advertised and recruited via NHS Jobs and the information available from NHS Jobs is not consistent enough to provide a 'robust' picture of recruitment.

The highest percentage of the BAME staff group are employed within Registered Nursing and Midwifery (32.27%), with 27.47% of the workforce from a White background employed in the same area. Of the BAME workforce, 23.45% are employed within Medical and Dental, whilst only 4.24% of the workforce from a white background make up Medical and Dental. 26.41% of the Trust workforce from White backgrounds are employed in Admin and Clerical roles, with only 14% of the BAME workforce being employed in this area.

	Percentage of BAME staff group	Percentage of staff group from white background
Nursing and Midwifery	32.27%	27.74%
Medical and Dental	23.45%	4.24%
Admin and Clerical	14%	26.41%

4.5 Disability Profile (Appendix 4)

The Trust collects workforce data on disability in the following categories ; Disability, No Disability and Not Declared. The data recorded is a matter of self- declaration from individual employees.

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

The Trust has a high percentage of staff whose disability status on ESR is recorded as ‘not declared ‘. (65.47%). It is difficult to determine whether this is an issue with data collection or whether the employees concerned have actively made a decision not to declare their Disability status. With such a high percentage of ‘undisclosed’ it is difficult to make a meaningful analysis of the information available, or to consider many correlations of data.

As at 31st March 2016 The Trust has less than 1% of staff declaring themselves with a disability, and 33.63% who have made a declaration of having no disability. Of those staff who have declared themselves with a disability the highest percentage work within Registered Nurses and Midwifery (45.95%) with the second highest area of employment being Admin and Clerical (25.68%).Also, of those staff who have declared themselves with a disability the highest percentage are employed within pay Band 5, followed by the second largest percentage of this group employed within pay Band 2.

	Declared with a disability	Declared with no disability	Not declared
%age of workforce	1%	33.63%	64.57%

Those jobs which are recruited to via NHS jobs more reliably collect the information on disability declaration. Of those applications 3% are received from applicants who declare themselves with a disability, with 96% coming from applicants who have declared themselves as not having a disability, only 1% of applications did not make any disclosure at all and are therefore recorded as ‘undisclosed’.

There is very little difference in the percentage success rate at the shortlisting stage, with 29% of applications from people declaring themselves with a disability being invited to interview, 28% of applicants declaring themselves as having no disability being invited to interview and 31% of applicants making no disclosure about disability status being invited to interview. At interview the success rate differs in that 9% of applicants interviewed who did not disclose were successful and appointed, 7% of applicants interviewed who had made a declaration of having no disability were successful and appointed, and 5% of applicants interviewed who had declared a disability were appointed.

	Applicants	Success at shortlisting	Success at interview
Declared with a disability	3%	29%	5%
Declared with no disability	96%	28%	7%
Not declared	1%	31%	9%

Not all jobs are recruited via NHS jobs so this information does not give a complete analysis of the Recruitment and Selection performance of the Trust in respect of people with a disability.

More rigorous data collection will enable a better analysis of this aspect of the workforce and will be reported on in future reports.

4.6 Religious Belief Profile (Appendix 5)

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

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

The Trust employee records show that a total of 60% of employee declarations are recorded as 'I do not wish to declare' which is far in excess of the percentages for each of the local populations. (6.20% Wolverhampton and 6.9% Cannock) It is believed that this is in fact an issue with data collection rather than a problem with the behaviours, performance and culture of the Trust . Further work needs to be done in ascertaining definitive declarations in this area to enable a more reliable and robust analysis to be undertaken and will be reported on in future reports.

4.7 Sexual Orientation Profile

The Royal Wolverhampton Trust collects personal data on sexual orientation in the following categories ; Heterosexual, Lesbian

The information recorded within the local population census of 2011 is not directly comparable with the information as collected by the Trust regarding Sexual Orientation. In addition there is a high percentage of employees who are recorded as 'not wishing to declare' 61.57%. It is not clear whether this is a data collection issue or that those employees have actively made that declaration. Further work is required within this area as part of the data cleanse and validation of personal details of employees in order to make a meaningful analysis of this aspect of the workforce, and will be reported on in future reports.

Within the Recruitment and Selection of vacant posts through NHS jobs the information on applicants is more complete and appropriate data has been captured. Of all of the applications received 91% of the applicants declared themselves as Heterosexual, 2% declared themselves as being Lesbian, Gay or Bisexual with only 7% not disclosing at all. The success rate at the shortlisting stage for all three categories is broadly similar (29%, Heterosexual, 28% Lesbian, Gay and Bisexual, and 26% Undisclosed). The success rate at interview is marginally higher for Heterosexual applicants at 7.33% , with 6.06% for Lesbian, Gay and Bisexual applicants and 6% for applicants who did not disclose their sexual orientation.

	%age of applications	Success at shortlisting	Success at interview
Heterosexual	91%	29%	7.33%
Lesbian, Gay or Bisexual	2%	28%	6.06%
Not disclosed	7%	26%	6%

There has been a slight decline in numbers since 2015 declaring their Sexual Orientation, with a marginal increase in those recorded as 'I do not wish to declare'. The leavers turnover rates for those employees declaring themselves as Gay and Lesbian (20.8% and 20% respectively) are both much higher than the Trust average turnover rate of 10% .

The 2 highest areas of 'non-disclosure' are Admin and Clerical and Nursing and Midwifery (23.96% and 22.95% respectively). Also the 3 highest pay bands of non-disclosure are Band 2, Band 5 and Band 6 (20.73%, 17.10% and 13.87% respectively) – Band 5 and 6 are typically linked with Staff Nurses which correlates to some degree with the statistics relating to highest staff categories who have not made any declaration.

4.8 Marriage and Civil Partnership

The Trust does not currently collect information on Marriage or Civil Partnership in respect of its employees.

4.9 Gender Re-Assignment

The Trust does not currently collect information on Gender Re-Assignment status in respect of its employees

5. Employee Relations

5.1 Trust Formal Disciplinary Processes




In accordance with the WRES relating to the Disciplinary Process the relative likelihood of BAME staff entering into the formal disciplinary process for this 12 month period is calculated at 1.34 times greater than employees from a white background, . It is not currently possible to look at key themes within this area but development work is being undertaken to identify appropriate categories and provide more information and analysis of this area. Improved data collection and analysis will enable more effective action plans to address any inequalities which may occur in this area. More detailed analysis will be included in future reports.

5.2 Bullying and Harassment complaints

In this 12 month period there was only 1 formal Bullying and Harassment complaint lodged with HR ; this single case was initiated by a white member of the workforce.

The local Chatback 2016 results record that 13% of staff report that they have experienced Bullying and Harassment at work during the last 12 months – this is exactly the same percentage as for 2015. This result does not specify whether the Bullying and Harassment behaviour experienced was from Patients and Relatives, or staff and Colleagues.

The National Staff Survey records that 20% of respondents reported having experienced harassment, bullying or abuse from the public in the last 12 months, with 12% of respondents stating they have experienced harassment, bullying and abuse from colleagues, and 12% reporting having experienced harassment, bullying and abuse from managers in the same period. All 3 figures are below the average recorded for the sector in 2015 (27%, 13% and 18% respectively) . Within 2015 Chatback 71% of the respondents reported that they were likely to recommend this organisation to friends and family as a place to work, with 68% of respondents reporting the same within the National Staff Survey, which is greater than the sector average at 61%.

Respondents reported having experienced harassment, bullying or abuse in the last 12 months	National Staff Survey Results 2016	Sector Average	The Royal Wolverhampton Trust compared to the Sector average
- From the public -	20%	27%	
- From colleagues -	12%	13%	
- From managers -	12%	18%	

5.3 Dismissals

An analysis of 'dismissals' from the Trust is not currently available, but will be made available for future reports in order to identify any trends or inequalities which may exist, along with action plans to address any issues which may arise.

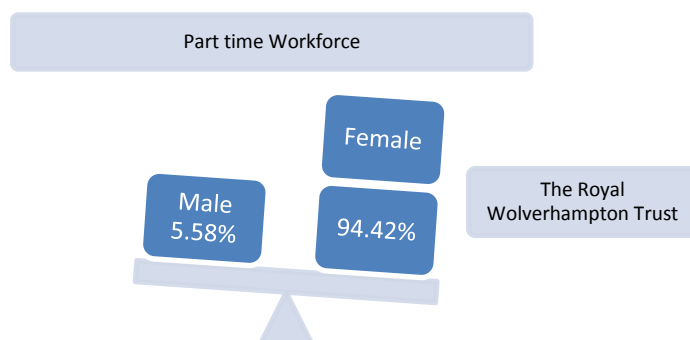
6. Flexible Working

Flexible working applications are not routinely recorded by the Trust HR Advisory database. Only appeals against decisions made regarding flexible working applications are recorded. There were 3 appeals recorded in this 12 month period ; all 3 appeals were made by employees coming from a white background.

The National Staff survey stated that 46% of respondents were happy with flexible working arrangements which is below the sector average of 51%. Further work is being undertaken by the HR team to consider this aspect of workforce engagement and satisfaction ; focus groups have been set up for employees to attend to discuss their concerns and views in this area.

Of the part time workforce 41% are aged 50+ years, with 50% of the part time workforce being aged 30 -49 years , a further 8.57% of the part time workforce are aged 20 – 29. The Trust part time workforce is predominantly made up of women (94.42%). More detailed analysis of the profile of employees working part time will be possible with improved collection of personal data and consideration will be given as to how to collect information regarding flexible working applications and outcomes.

With increase in grade and associated salary there appears to be a 'suggestion' that an increase in the percentage of part time staff who are male, combined with the greater distribution across the bands with increasing age there may some correlation between male employees grade, age and the take up of part time working – more women within lower grades are likely to work part time - further analysis of the up-take of part time working or flexible working is planned in order to establish any trends .



7. Equality of Pay and Gender Pay Gap

Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.

The Equality Act 2010 imposes a public sector equality duty on public authorities to have due regard to the need to eliminate unlawful discrimination, which includes discrimination in pay, and to advance equality between men and women.

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

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

An Equal Pay Audit and Reporting is required by Law by October 2016 and The Royal Wolverhampton Trust is currently developing it's reporting in accordance with NHS Employers guidance to enable an Equal Pay Audit to be undertaken across all of the Protected Characteristics.

The Trust has in place the NHS Agenda for Change policy and procedures and is currently reviewing the existing internal processes in place to ensure that fair, consistent and robust grading and pay decisions are made. Progress in this aspect will be reported in future reports.

8. Learning and Development Activities and Equality and Diversity

The Learning and Development Department have plans to develop an electronic Study form which will enable more in-depth and more accurate recording of data in respect of those Trust Employees who access or apply to access Learning and Development activities – especially those which are not part of mandatory training.

Of the information available from Learning and Development records the relative likelihood of White staff accessing continuing professional development (CPD) is 1.39 times greater than the relative likelihood of BAME staff accessing the same training. This is based on the number of episodes of training rather than the numbers of people who have attended at least one course or learning activity. A more accurate reflection of this will be possible with the development and implementation of the planned Learning and Development E-form.

From the local Chatback survey 2016 83% of respondents agreed that during the last 12 months they have had the opportunity to take up training , learning or development activities, with 72% of respondents stating that they had received training and development in the last 12 months.

87% of respondents in the National Survey agreed that training helped to do job more effectively, with 86% agreeing that training helped to deliver a better patient/ service user experience.

9. Engagement with Staff Side / Trade Unions

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

Appendix 1

The Royal Wolverhampton Trust and Local Populations Age Profile

Cannock has a higher concentration of people in the older age groups than average in UK - 34% / 37% in 2011 census 37% of Cannock population is recorded as being aged 50 or over.

	Local Population	Staff in Post Profile			Leaver	Turnover	Full Time	Part Time
	Wolv	Cannock	2015	2016				
15 - 19	8.23%	6.30%	0.15%	0.35%	9	19.27%	0.35%	0.34%
20 - 29	17.68%	12.30%	14.96%	16.44%	243	18.78%	22.25%	8.57%
30 - 39	16.30%		22.25%	22.61%	185	10.96%	22.52%	22.74%
(30 - 44)		20.90%						
40 - 49	17.51%		27.10%	26.96%	164	7.29%	26.69%	27.33%
(45 - 59)		41.30%						
50 +	20.26%		35.54%	33.64%	303	12.67%	28.19%	41.03%

Recruitment and Selection data by Age (Jan 15 to Dec 15)

	Apps Rcd	% of apps	Inv to Interview	success rate at sh'listing	app'td	success rate at interview
16 - 29	12489	41%	2867	23%	229	8.00%
30 - 39	7909	26%	2403	30%	154	6.00%
40 - 49	5872	19%	2015	34%	163	8.00%
50+	3950	13%	1311	33%	74	6.00%
Total	24348		6581		457	

Appendix 1 (contd)

The Royal Wolverhampton Trust and Local Populations Age Profile

Age Profile by Staff Group

	15 - 19	20 - 29	30 - 39	40 - 49	50+
Add Prof					
Scientific & Tech	0.00	3.57%	4.34%	2.97%	3.38%
Add Clinical					
Services	34.48	19.07%	13.44%	15.97%	18.10%
Admin and					
Clerical	44.83	16.16%	21.64%	24.27%	26.35%
Allied Health					
Profs	0.00	7.93%	6.67%	4.53%	4.20%
Estates and					
Ancillary	20.69	5.97%	5.13%	7.36%	16.07%
Healthcare and					
Scientists	0.00	3.13%	3.92%	3.46%	2.52%
Medical and					
Dental	0.00	12.45%	12.59%	8.83%	6.15%
Nursing and					
Midwifery	0.00	30.79%	31.48%	32.48%	23.22%
Students	0.00	0.93%	0.79%	0.13%	0.00%

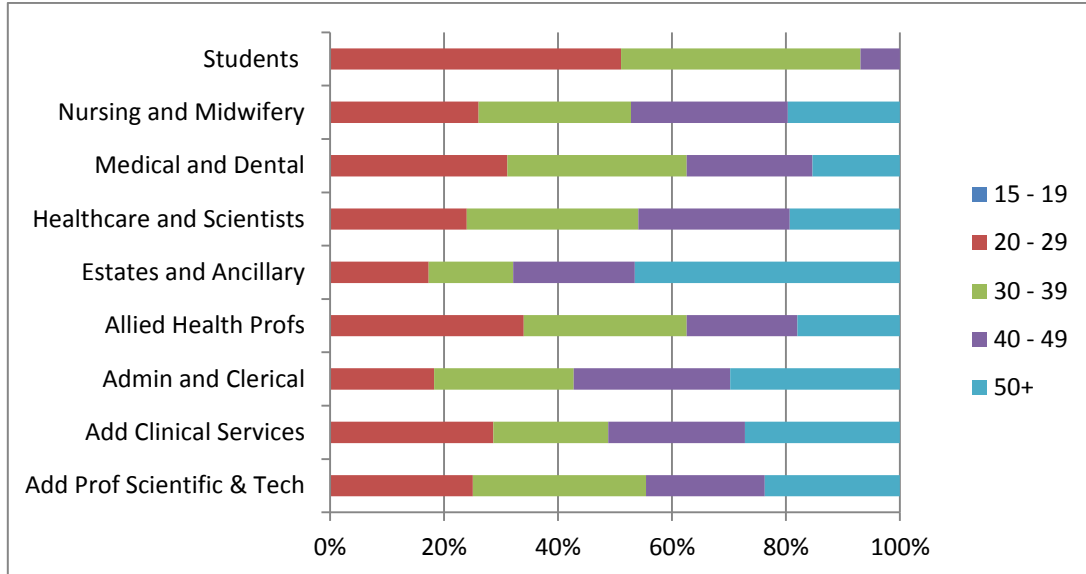
Age profile by Pay Band

	15 - 19	20 - 29	30 - 39	40 - 49	50+
Band 1	17.24%	3.64%	3.33%	5.50%	10.81%
Band 2	48.28%	21.03%	14.29%	18.77%	26.24%
Band 3	10.34%	8.52%	7.99%	8.74%	9.78%
Band 4	0.00%	4.80%	7.62%	8.12%	6.65%
Band 5	0.00%	32.75%	24.23%	18.28%	12.13%
Band 6	0.00%	12.81%	17.83%	16.15%	13.90%
Band 7	0.00%	1.75%	7.78%	9.54%	7.50%
Band 8A	0.00%	0.44%	2.22%	2.80%	2.52%
Band 8B	0.00%	0.07%	0.69%	1.82%	1.10%
Band 8C	0.00%	0.00%	0.26%	0.58%	1.03%
Band 8D	0.00%	0.00%	0.00%	0.22%	0.28%
Band 9	0.00%	0.00%	0.00%	0.00%	0.04%
Other	24.14%	14.19%	13.76%	9.49%	8.00%

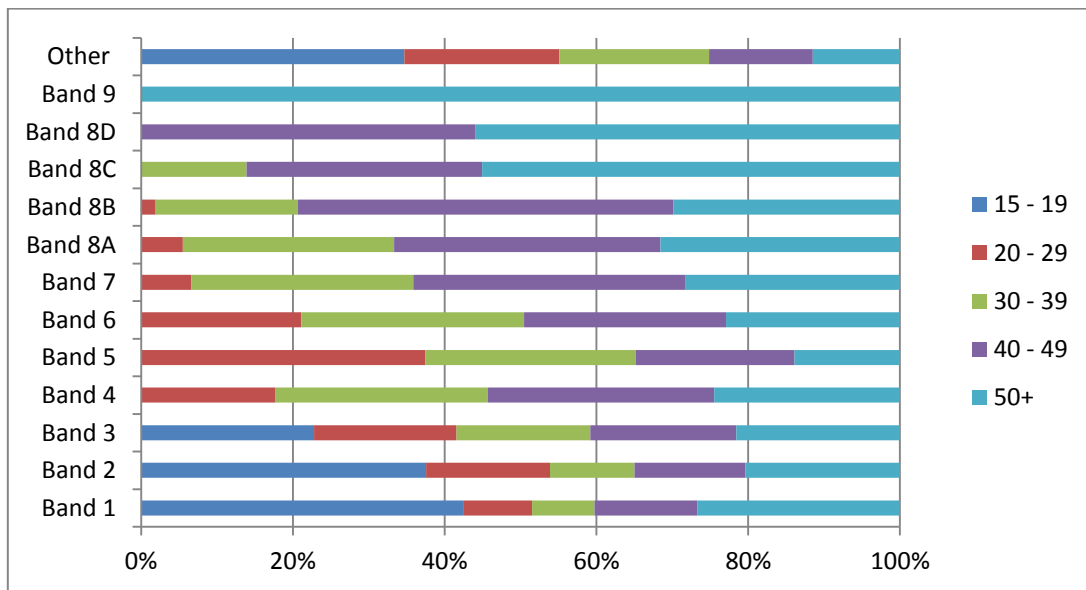
Appendix 1 (contd)

The Royal Wolverhampton Trust and Local Populations Age Profile

Staff in Post- Staff Group by age



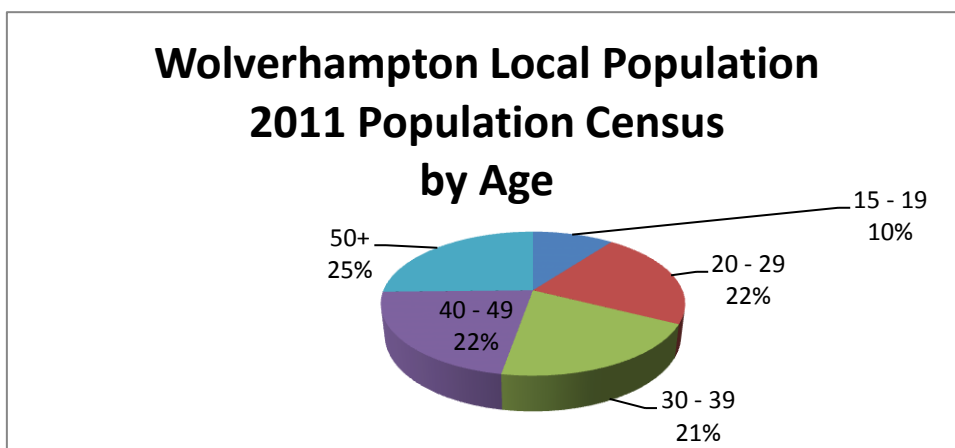
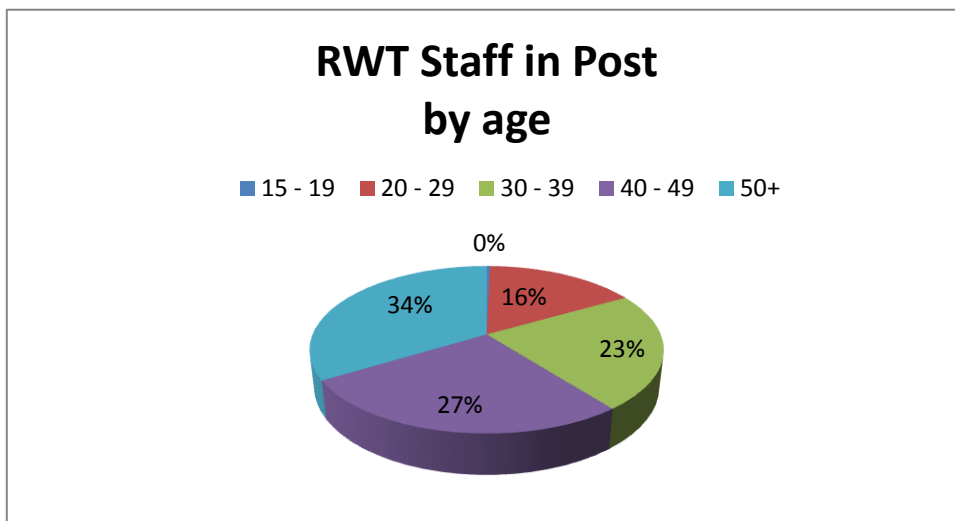
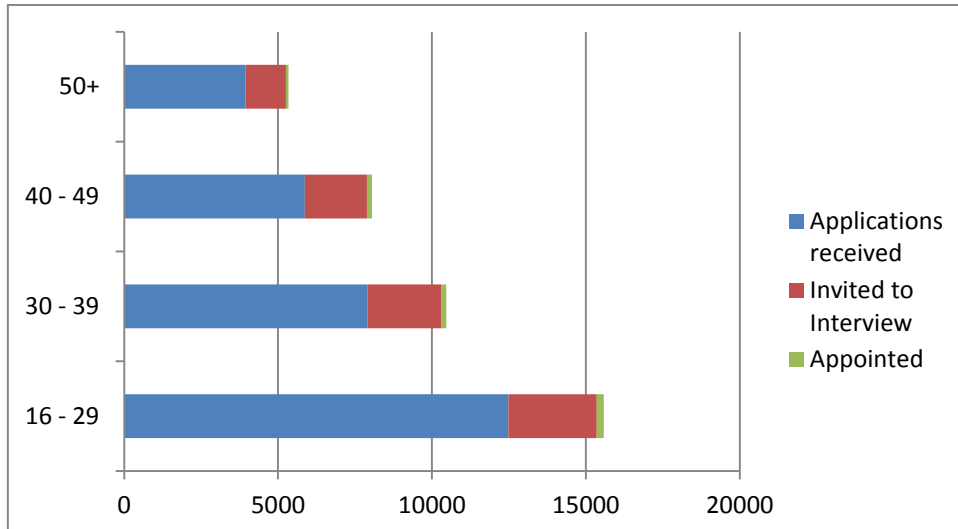
Staff in Post- Pay scale by age



Appendix 1 (contd)

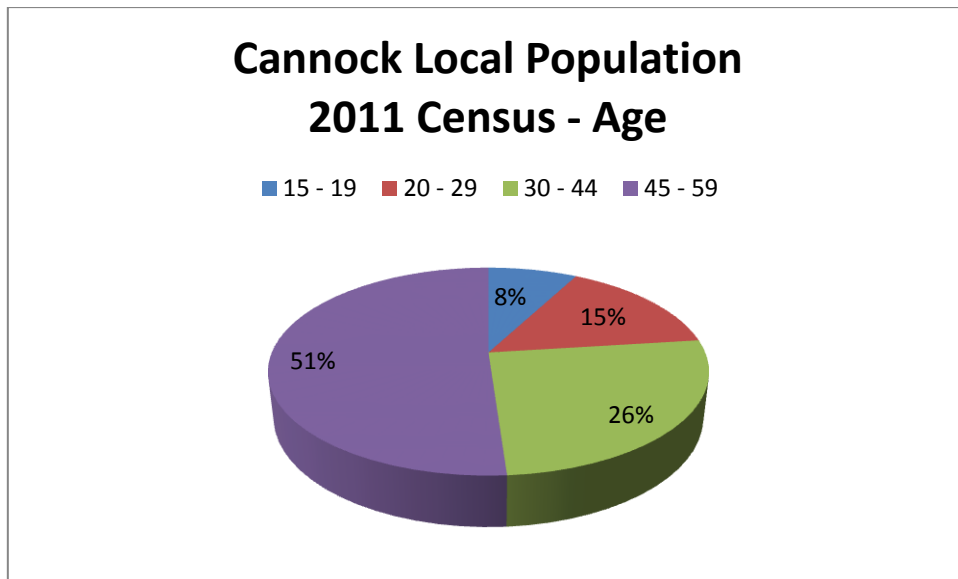
The Royal Wolverhampton Trust and Local Populations Age Profile

Recruitment and selection data by age (Jan 15 to Dec 15)



Appendix 1 (contd)

The Royal Wolverhampton Trust and Local Populations Age Profile



Appendix 2

The Royal Wolverhampton Trust and Local Populations Gender Profile

In terms of gender, W'hton and Cannock are similar

	Local Population		Staff in Profile		Staff in Profile	
	Wolv	Cannock	2015	2016	Leavers	Turnover
Male	49.50%	49%	19.31%	19.13%	189	11.45%
Female	50.50%	51%	80.69%	80.97%	720	10.59%

Recruitment and Selection data by Gender (Jan 15 to Dec 15)

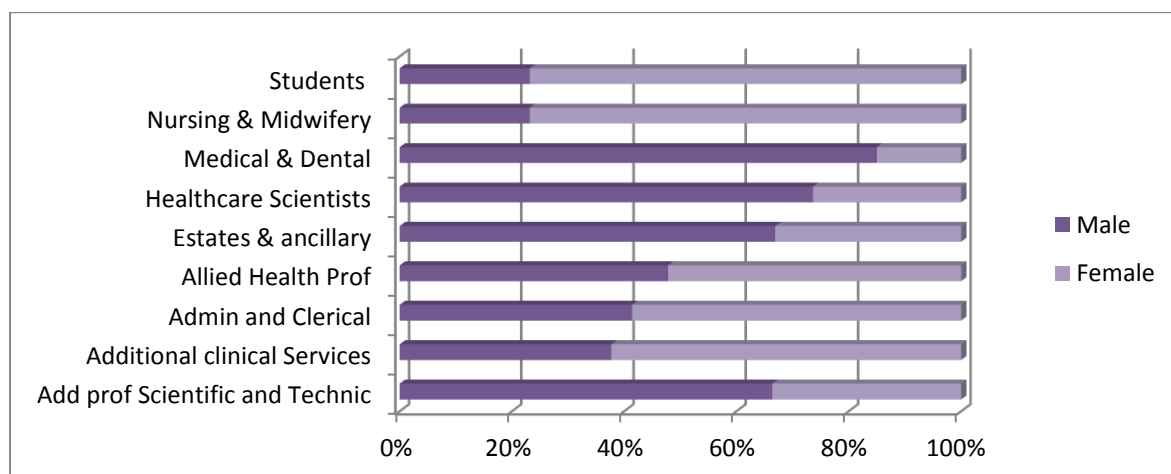
	Apps Rcd	% of apps	Inv to Interview	success rate at sh'listing	app'td	success rate at interview
Female	7350	24%	1811	25%	60	3.31%
Male	22712	75%	6761	30%	557	8.24%
Undis	158	1%	24	15%	3	12.50%
Total	30220		8596		620	

Appendix 2 (contd)

RWT Gender breakdown by staff groups, pay scales and employment type

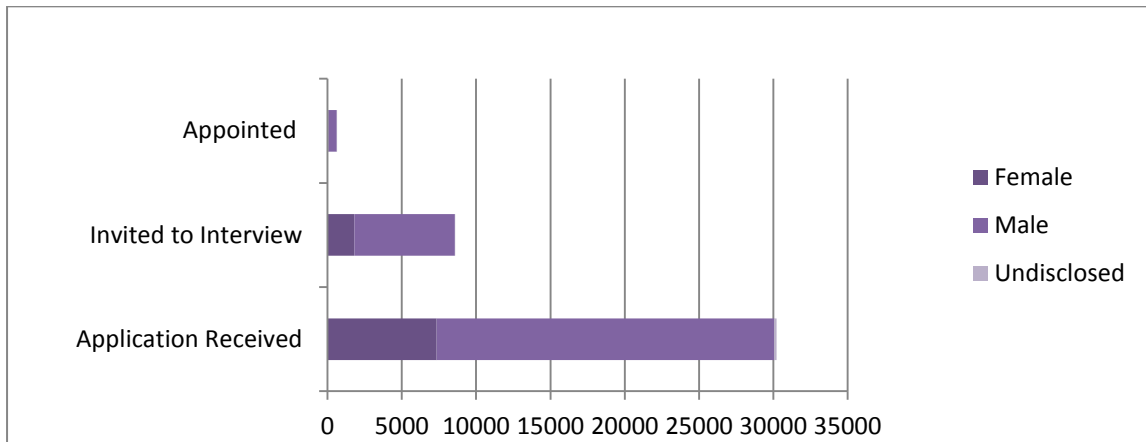
	Staff Group	%	Band		Full Time	Part Time	
Male	Add prof Scientific and Technic	5.69%	Band 1	2.31%	29.13%	5.58%	
	Additional clinical Services	10.94%	Band 2	19.26%			
	Admin and Clerical	17.32%	Band 3	6.38%			
	Allied Health Prof	5.07%	Band 4	5.25%			
	Estates & ancillary	16.26%	Band 5	15.57%			
	Healthcare Scientists	6.63%	Band 6	8.63%			
	Medical & Dental	27.95%	Band 7	7.38%			
	Nursing & Midwifery	10.01%	Band 8A	3.00%			
	Students		0.13%	Band 8B			1.63%
				Band 8C			0.88%
				Band 8D			0.44%
		Band 9		0.00%			
			Other	29.27%			
Female	Add prof Scientific and Technic	2.88%	Band 1	7.53%	70.87%	94.42%	
	Additional clinical Services	18.05%	Band 2	21.09%			
	Admin and Clerical	24.48%	Band 3	9.48%			
	Allied Health Prof	5.53%	Band 4	7.34%			
	Estates & ancillary	8.03%	Band 5	20.89%			
	Healthcare Scientists	2.37%	Band 6	16.72%			
	Medical & Dental	4.94%	Band 7	7.09%			
	Nursing & Midwifery	33.18%	Band 8A	1.98%			
	Students		0.43%	Band 8B			0.89%
				Band 8C			0.49%
				Band 8D			0.09%
		Band 9		0.01%			
			Other	6.41%			

Staff in Post- Staff Group by gender

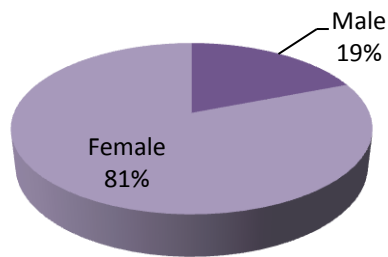


Appendix 2 (contd)

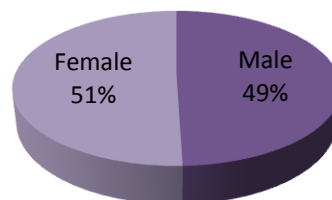
Recruitment and selection information by gender



RWT Staff in Post Profile

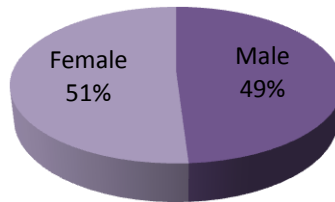


Wolverhampton Local Population 2011 Population Census Gender



Appendix 2 (contd)

**Cannock Local Population
2011 Population Census
Gender**



Appendix 3

The Royal Wolverhampton Trust and Local Populations Ethnicity Profile

Cannock and Wolverhampton Demographic profile added together make the picture look very different

	Local Population			Staff in Post Profile		Ethnicity	Leavers	Turnover
	Wolv	Cannock	Combined	2015	2016			
White	64.50%	99.00%	81.75%	74.15%	73.42%	white British/Irish	628	10.06%
						White Other	0.69	34.17%
BAME	35.50%	1.00%	18.25%	25.85%	26.58%	Asian	124	10.14%
						Black	59	12.40%
						Chinese	2	5.59%
						Mixed	15	10.31%
						Other	4	4.69%

Recruitment and Selection

White v Black & Minority Ethnic Groups (Monitoring Jan 15 to Dec 15)

	Apps Rcd	% of apps	Inv to Interview	success rate at sh'listing	app'td	success rate at interview
White	17703	59%	5331	30%	444	8.33%
BME	11978	40%	3141	26%	171	5.44%
Undisc	539	1%	124	23%	5	4.03%
Total	30220		8596		620	

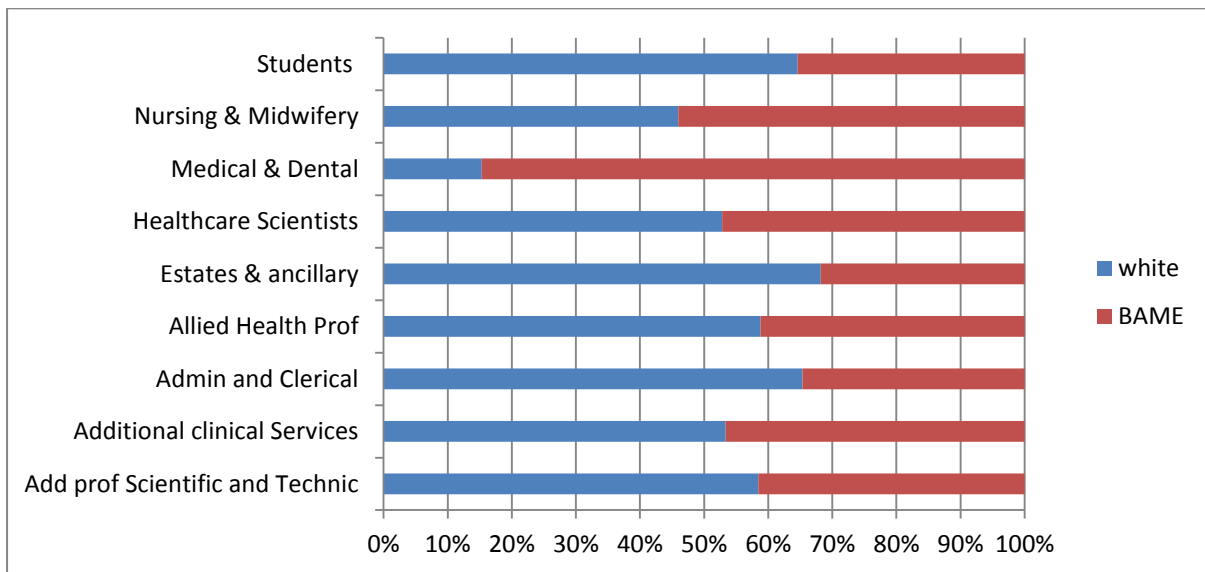
Appendix 3 (contd)

RWT Ethnicity breakdown by staff groups, pay scales and employment type

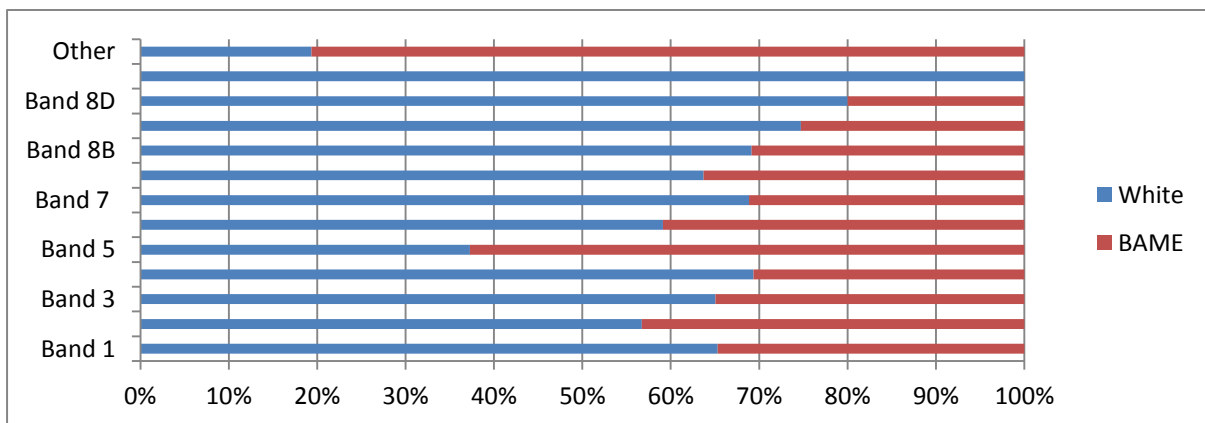
	Staff Group	%	Band	%	Full Time	Part Time
White	Add prof Scientific and Technic	3.80%	Band 1	7.46%	32.33%	18.79%
	Additional clinical Services	17.27%	Band 2	22.14%		
	Admin and Clerical	26.41%	Band 3	10.14%		
	Allied Health Prof	5.91%	Band 4	8.15%		
	Estates & ancillary	11.19%	Band 5	16.82%		
	Healthcare Scientists	3.28%	Band 6	16.52%		
	Medical & Dental	4.24%	Band 7	8.36%		
	Nursing & Midwifery	27.47%	Band 8A	2.46%		
	Students	0.42%	Band 8B	1.21%		
			Band 8C	0.68%		
			Band 8D	0.20%		
			Band 9	0.02%		
Other			5.85%			
BAME	Add prof Scientific and Technic	2.70%	Band 1	3.96%	67.67%	81.21%
	Additional clinical Services	15.08%	Band 2	16.88%		
	Admin and Clerical	14.00%	Band 3	5.45%		
	Allied Health Prof	4.14%	Band 4	3.60%		
	Estates & ancillary	5.22%	Band 5	28.31%		
	Healthcare Scientists	2.93%	Band 6	11.43%		
	Medical & Dental	23.45%	Band 7	3.78%		
	Nursing & Midwifery	32.27%	Band 8A	1.40%		
	Students	0.23%	Band 8B	0.54%		
			Band 8C	0.23%		
			Band 8D	0.05%		
			Band 9	0.00%		
Other			24.39%			

Appendix 3 (contd)

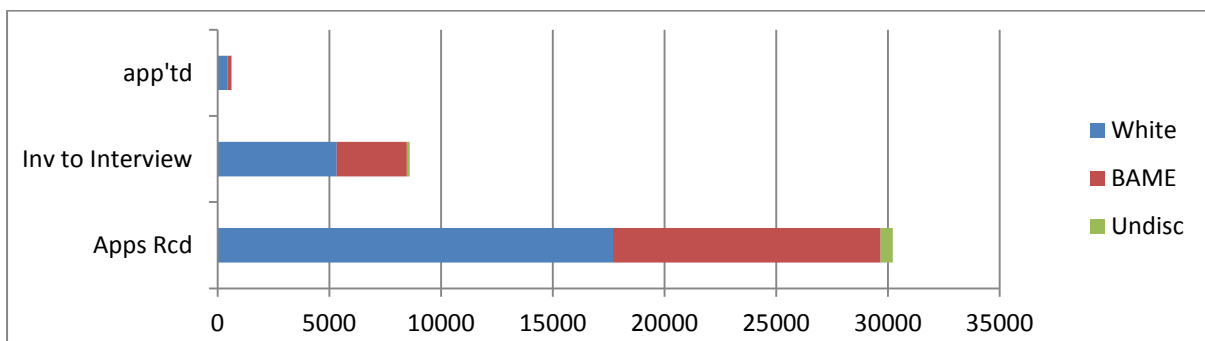
Staff in Post- Staff Group by Ethnicity



Staff in Post- Pay bands by Ethnicity

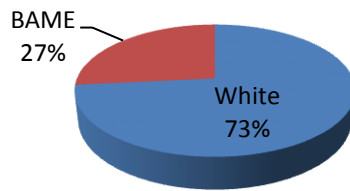


Recruitment and selection information by Ethnicity

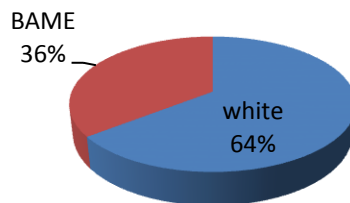


Appendix 3 (contd)

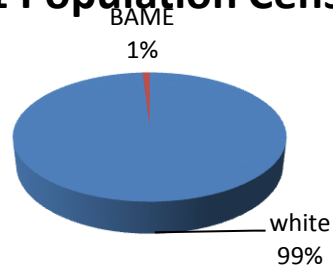
RWT Staff in Post Profile



**Wolverhampton Local Population
2011 Population Census**



**Cannock Local Population
2011 Population Census**



Appendix 4

The Royal Wolverhampton Trust by Disability Profile

W'hton census = 5% of population are permanently sick or disabled

Cannock census = 10.4% 'day-to-day activities limited a lot, 10.3% = 'day-to-day activities limited a little

	Staff in Profile		Leavers	Turnover	Full Time	Part Time
	2015	2016				
No	26.67%	33.64%	367	14.40%	37.63%	28.23%
Not Declared	72.92%	65.47%	537	9.18%	61.23%	71.23%
Yes	0.81%	0.89%	5	7.36%	1.14%	0.54%

Recruitment and Selection data by Disability (Jan 15 to Dec 15)

	Apps Rcd	% of apps	Inv to Interview	success rate at sh'listing	app'td	success rate at interview
Disabled	932	3%	270	29%	14	5.19%
Not Disabled	29037	96%	8249	28%	599	7.26%
Undisc	251	1%	77	31%	7	9.09%
Total	30220		8596		620	

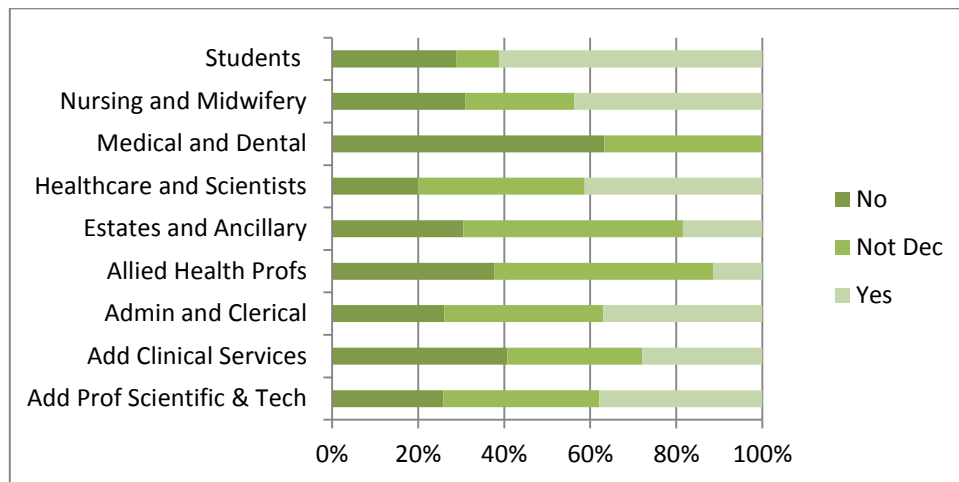
Staff Group by Disability

	No	Not Dec	Yes
Add Prof Scientific & Tech	2.77%	3.87%	4.05%
Add Clinical Services	19.70%	15.18%	13.51%
Admin and Clerical	18.17%	25.62%	25.68%
Allied Health Profs	4.45%	6.01%	1.35%
Estates and Ancillary	6.69%	11.18%	4.05%
Healthcare and Scientists	1.96%	3.80%	4.05%
Medical and Dental	13.05%	7.56%	0.00%
Nursing and Midwifery	32.57%	26.55%	45.95%
Students	0.64%	0.22%	1.35%

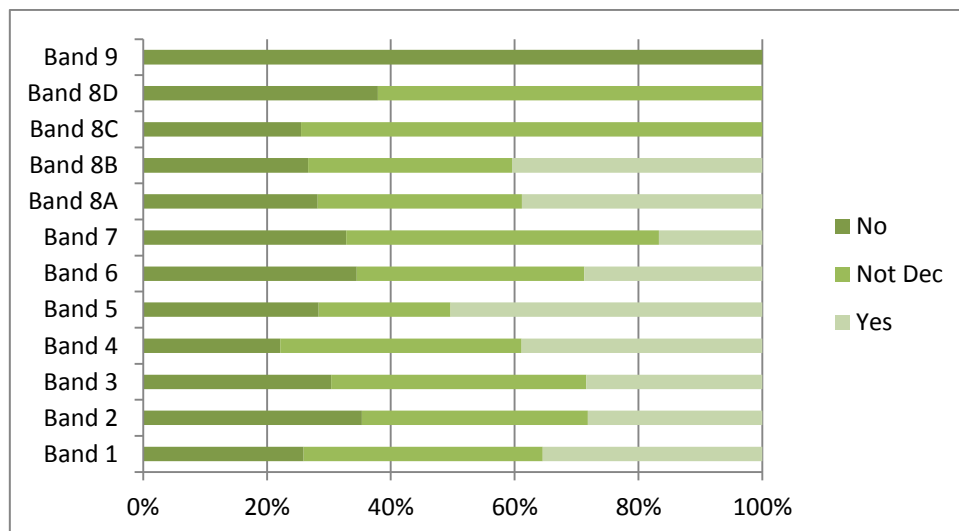
Pay Band by Disability	No	Not Dec	Yes
Band 1	4.94%	7.35%	6.76%
Band 2	20.34%	21.04%	16.22%
Band 3	7.22%	9.79%	6.76%
Band 4	4.62%	8.12%	8.11%
Band 5	23.58%	17.69%	41.89%
Band 6	14.58%	15.53%	12.16%
Band 7	5.30%	8.16%	2.70%
Band 8A	1.96%	2.29%	2.70%
Band 8B	0.89%	1.10%	1.35%
Band 8C	0.25%	0.73%	0.00%
Band 8D	0.11%	0.18%	0.00%
Band 9	0.04%	0.00%	0.00%
Other	16.18%	8.14%	1.35%

Appendix 4 (contd)

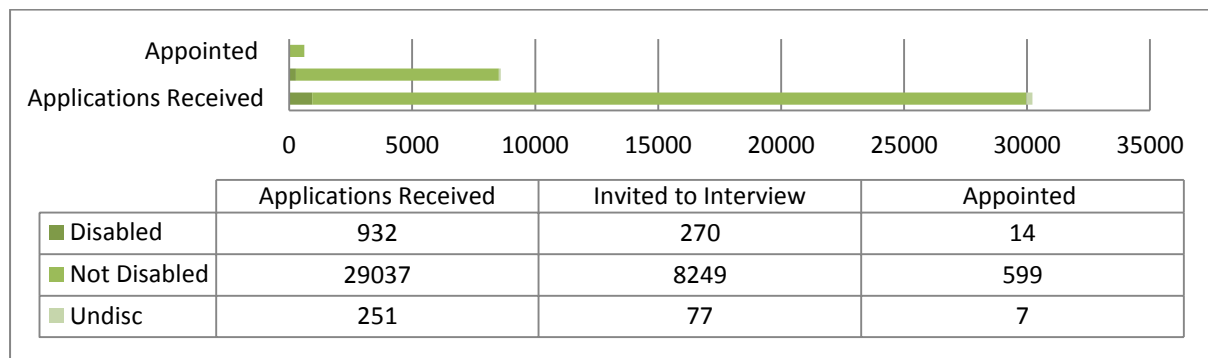
Staff in post- Staff Group by Disability



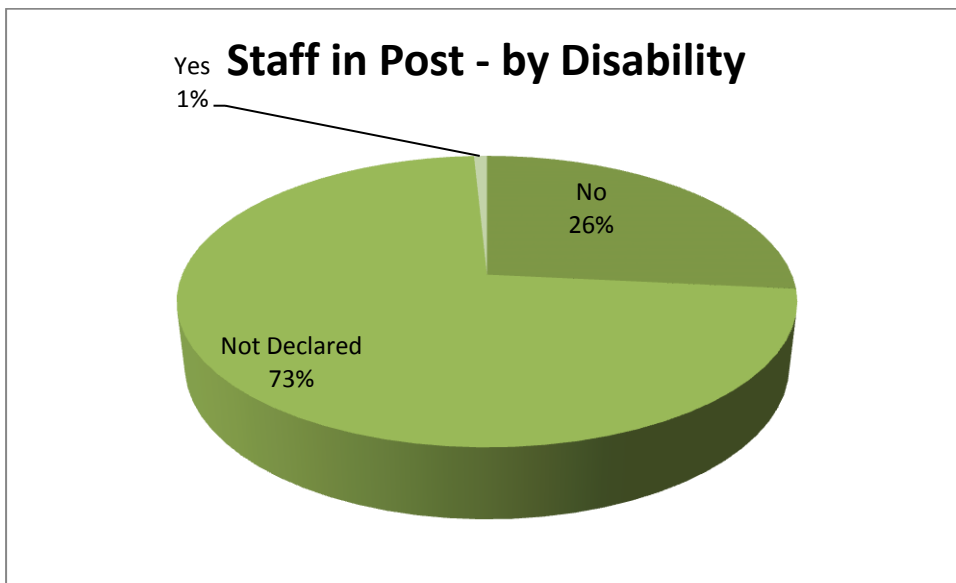
Staff in post- Pay band by Disability



Recruitment and Selection data by Disability (Jan 15 to Dec 15)



Appendix 4 (contd)



Appendix 5

The Royal Wolverhampton Trust and Local Populations by Religious Belief Profile

Staff in Post and Local Populations

Religious Beliefs	Local Population			Staff in Profile		Leaver	Turnover	Full Time	Part Time
	Wolv	Cannock	combined	2015	2016				
Atheism / no belief	22.30%	11%	16.65%	3.18%	3.06%	32	12.85%	3.43%	2.56%
Buddhism	0.40%	0.10%	0.25%	0.15%	0.12%	3	28.96%	0.19%	0.03%
Christianity	64.20%	81.30%	72.75%	30.38%	28.80%	243	9.69%	27.88%	30.04%
Hinduism	0.60%	0.10%	0.35%	1.36%	1.29%	11	9.34%	1.68%	0.76%
I do not wish to disclose	6.20%	6.90%	6.55%	59.04%	60.84%	570	11.28%	60.73%	61.00%
Islam	2.60%	0.10%	1.35%	0.61%	0.63%	6	12.63%	0.73%	0.51%
Judaism	3.30%	0.00%	1.65%	0.04%	0%	3	100.00%	0%	0%
Other	0.30%	0.10%	0.20%	3.48%	3.49%	29	9.24%	3.51%	3.35%
Sikhism	0.10%	0.30%	0.20%	1.75%	1.77%	13	7.99%	1.79%	1.75%

Recruitment and Selection data by Religious Beliefs (Jan 15 to Dec 15)

	Apps Rcd	% of apps	Inv to Interview	success rate at sh'listing	app'td	success rate at interview
Christian	14931	49%	4676	31%	398	8.51%
All other	12355	41%	3129	25%	157	5.02%
Undisc	2934	10%	791	27%	65	8.22%
Total	30220		8596		620	

Appendix 5 (contd)

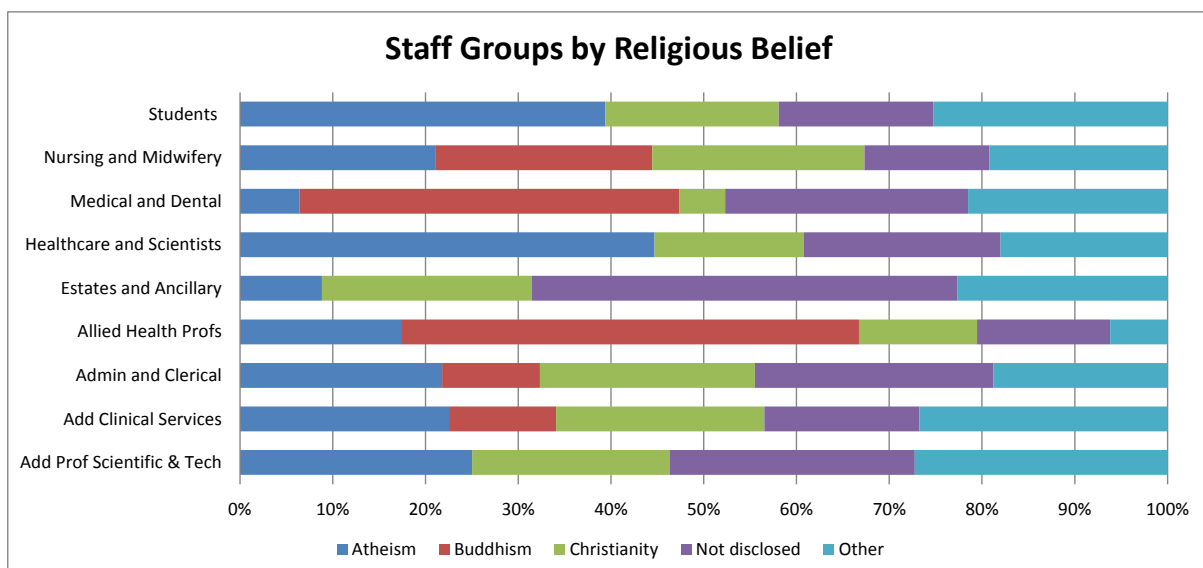
Staff Group by Religious Belief

	Atheism	Buddhism	Christianity	Not disclosed	Other
Add Prof Scientific & Tech	3.52%	0.00%	2.99%	3.72%	3.83%
Add Clinical Services	19.53%	10.00%	19.44%	14.49%	23.17%
Admin and Clerical	20.70%	10.00%	22.02%	24.40%	17.83%
Allied Health Profs	7.03%	20.00%	5.15%	5.82%	2.50%
Estates and Ancillary	2.34%	0.00%	5.98%	12.13%	6.00%
Healthcare and Scientists	7.03%	0.00%	2.53%	3.34%	2.83%
Medical and Dental	3.13%	20.00%	2.41%	12.78%	10.50%
Nursing and Midwifery	35.94%	40.00%	39.09%	22.98%	32.83%
Students	0.78%	0.00%	0.37%	0.33%	0.50%

Pay Band by Religious Belief

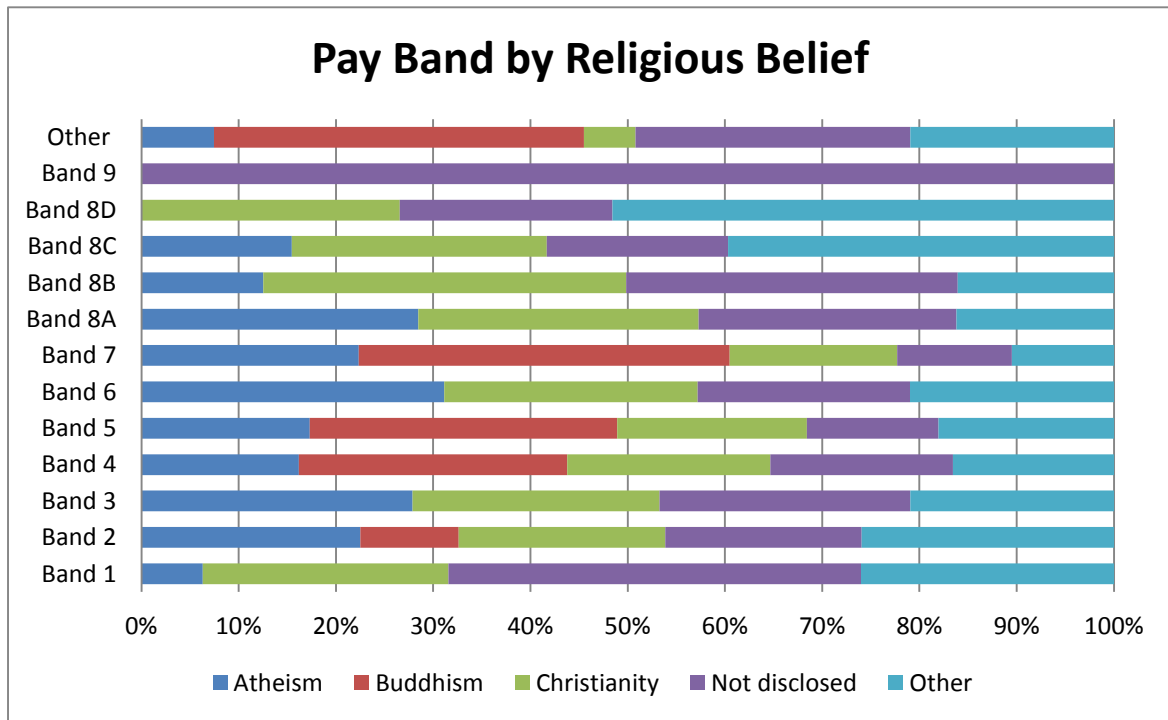
Band 1	1.17%	0.00%	4.69%	7.88%	4.83%
Band 2	22.27%	10.00%	21.02%	19.98%	25.67%
Band 3	9.77%	0.00%	8.89%	9.04%	7.33%
Band 4	5.86%	10.00%	7.56%	6.80%	6.00%
Band 5	21.88%	40.00%	24.68%	17.11%	22.83%
Band 6	20.31%	0.00%	16.99%	14.25%	13.67%
Band 7	11.72%	20.00%	9.02%	6.19%	5.50%
Band 8A	2.34%	0.00%	2.37%	2.18%	1.33%
Band 8B	0.39%	0.00%	1.16%	1.06%	0.50%
Band 8C	0.39%	0.00%	0.66%	0.47%	1.00%
Band 8D	0.00%	0.00%	0.17%	0.14%	0.33%
Band 9	0.00%	0.00%	0.00%	0.02%	0.00%
Other	3.91%	20.00%	2.78%	14.86%	11.00%

Staff in Post- Staff Group by Religious Belief

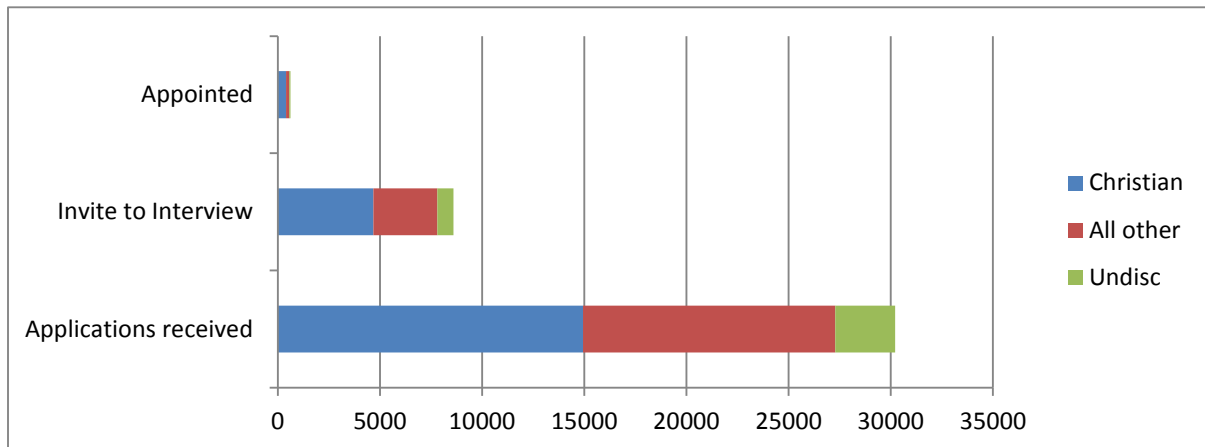


Appendix 5 (contd)

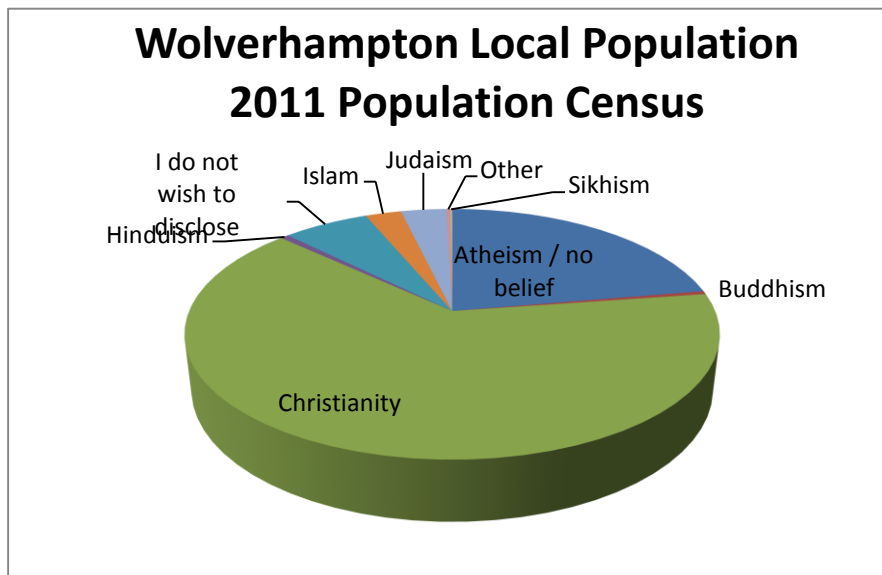
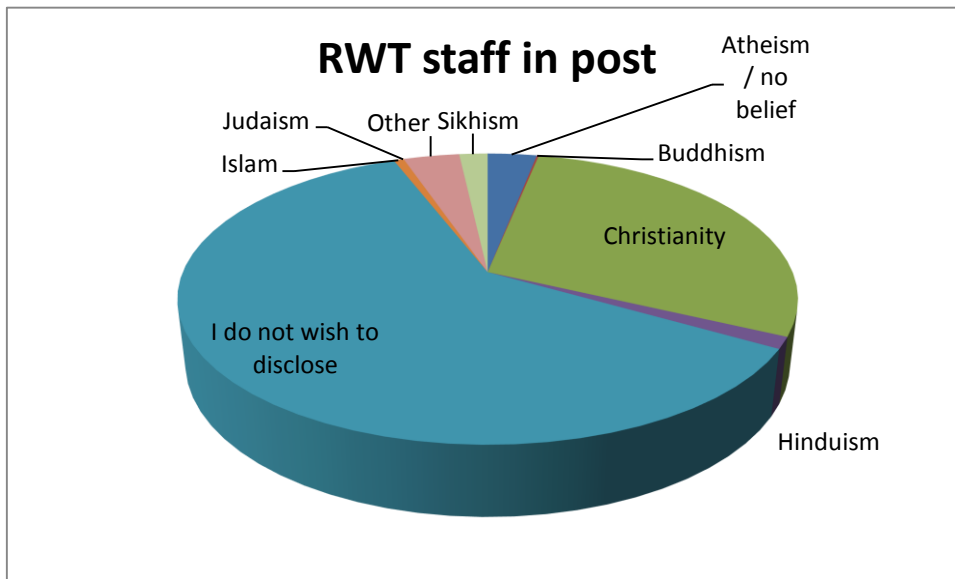
Staff in Post- Pay Band by Religious Belief



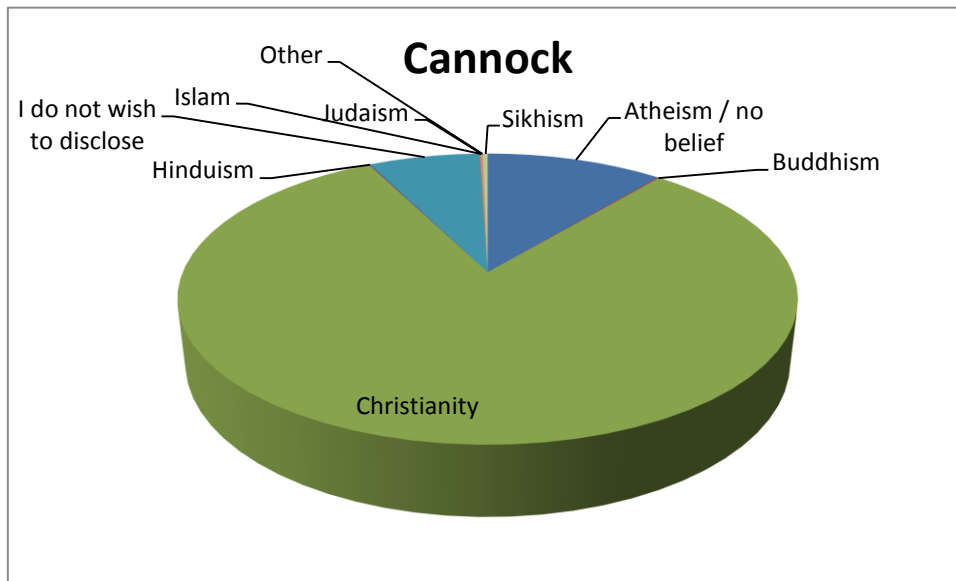
Recruitment and Selection Information by Religious Belief



Appendix 5 (contd)



Appendix 5 (contd)



Appendix 6

The Royal Wolverhampton Trust and Local Populations by Sexual Orientation

Staff in Post

	Staff in Post Profile					
	2015	2016	Leaver	Turnover	Full Time	Part Time
Bisexual	0.53%	0.45%	4	9.07%	0.40%	0.54%
Gay	0.19%	0.17%	3	20.80%	0.27%	0.03%
Heterosexual	38.93%	37.62%	320	9.94%	37.63%	37.62%
I do not wish to disclose	60.13%	61.57%	579	11.25%	61.50%	61.68%
Lesbian	0.23%	0.18%	3	20.00%	0.21%	0.14%

Recruitment and Selection data by Sexual Orientation (Jan 15 to Dec 15)

	Apps Rcd	% of apps	Inv to Interview	success rate at sh'listing	app'td	success rate at interview
Hetero	27403	91%	7848	29%	575	7.33%
L, G & B	590	2%	165	28%	10	6.06%
Undisc	2227	7%	583	26%	35	6.00%
Total	30220		8596		620	

Appendix 6 (contd)

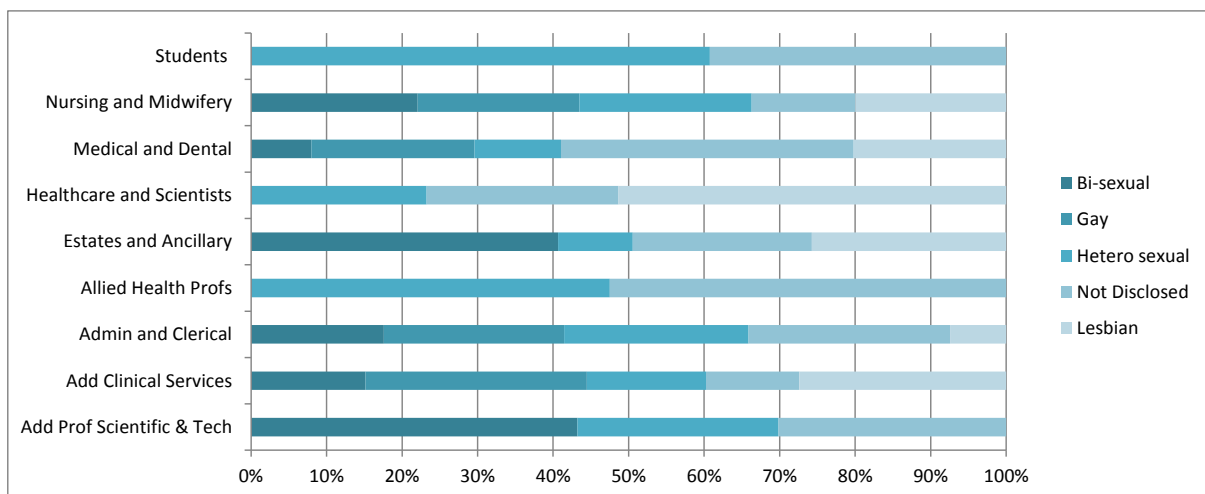
Staff Group by Sexual Orientation

	Bi-sexual	Gay	Hetero sexual	Not Disclosed	Lesbian
Add Prof Scientific & Tech	5.26%	0.00%	3.24%	3.67%	0.00%
Add Clinical Services	18.42%	35.71%	19.21%	15.04%	33.33%
Admin and Clerical	15.79%	21.43%	21.91%	23.96%	6.67%
Allied Health Profs	0.00%	0.00%	5.15%	5.69%	0.00%
Estates and Ancillary	21.05%	0.00%	5.12%	12.28%	13.33%
Healthcare and Scientists	0.00%	0.00%	3.02%	3.30%	6.67%
Medical and Dental	2.63%	7.14%	3.78%	12.80%	6.67%
Nursing and Midwifery	36.84%	35.71%	38.09%	22.95%	33.33%
Students	0.00%	0.00%	0.48%	0.31%	0.00%

Pay Band by Sexual Orientation

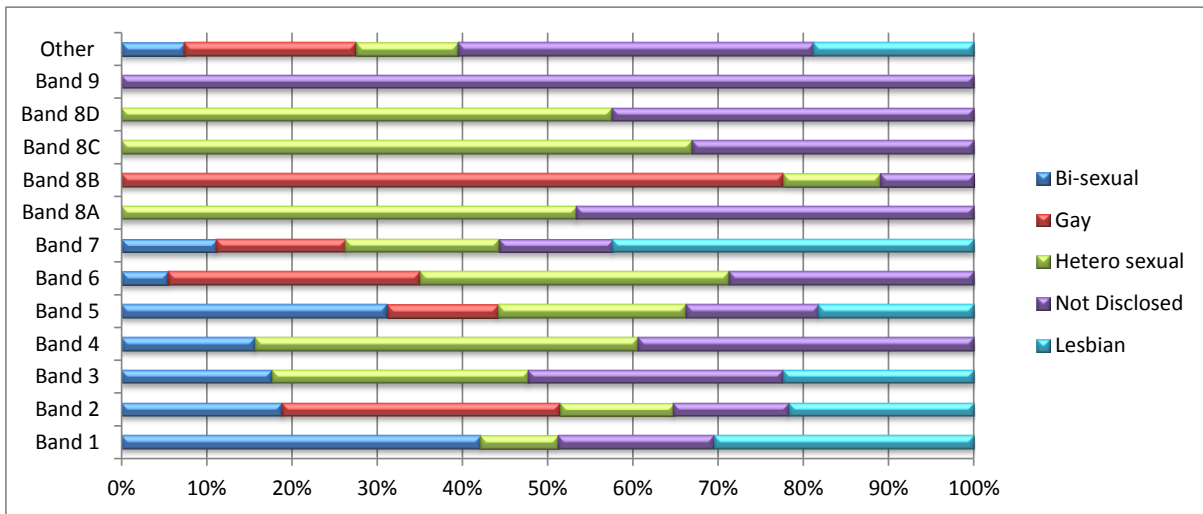
Band 1	18.42%	0.00%	3.97%	8.00%	13.33%
Band 2	28.95%	50.00%	20.48%	20.73%	33.33%
Band 3	5.26%	0.00%	8.97%	8.90%	6.67%
Band 4	2.63%	0.00%	7.57%	6.63%	0.00%
Band 5	34.21%	14.29%	24.26%	17.10%	20.00%
Band 6	2.63%	14.29%	17.52%	13.87%	0.00%
Band 7	5.26%	7.14%	8.52%	6.28%	20.00%
Band 8A	0.00%	0.00%	2.38%	2.08%	0.00%
Band 8B	0.00%	7.14%	1.05%	1.01%	0.00%
Band 8C	0.00%	0.00%	0.83%	0.41%	0.00%
Band 8D	0.00%	0.00%	0.19%	0.14%	0.00%
Band 9	0.00%	0.00%	0.00%	0.02%	0.00%
Other	2.63%	7.14%	4.26%	14.84%	6.67%

Staff Group by Sexual Orientation

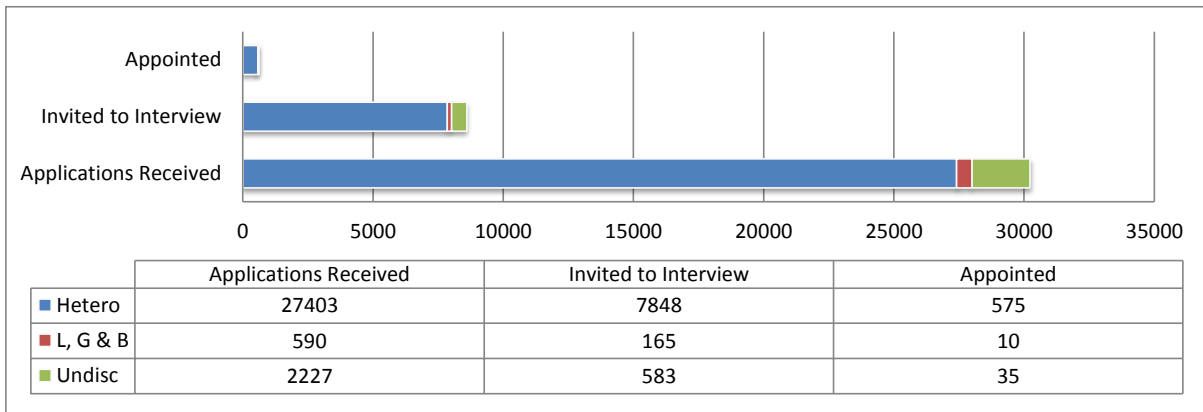


Appendix 6 (contd)

Pay Band by Sexual Orientation



Recruitment and Selection information by Sexual Orientation



Appendix 7	HR Action Plan		Characteristics									
Topic	Action	Directorate Lead	Age	Disability	Gender reassignment	Maternity and Pregnancy	Marriage and Civil Partnership	Race	Religion or belief	Gender	Sexual Orientation	
Data collection for the nine protected characteristics	<ul style="list-style-type: none"> Personal data collection exercise Input / recording onto ESR 	HR Workforce Team		x		x		x	x		x	
Monitoring of flexible working applications and success rates	<ul style="list-style-type: none"> Increase awareness of Flexible working request process Improve level of adherence 	Divisional HR Teams	x	x		x		x	x	x	x	
Increasing the level of equalities information held on the workforce	<ul style="list-style-type: none"> Raise awareness of importance and usage of equalities data. 	HR Workforce Team		x		x		x	x		X	
Employee Relations information	<ul style="list-style-type: none"> Develop Employee Relations Records to include all protected characteristics Develop categories on data base to identify any relevant key themes Monitor and report on reasons for dismissals 	Divisional HR Teams	x	x		x		x	x	x	X	

Topic	Action	Directorate Lead	Characteristics									
			Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion or belief	Gender	Sexual Orientation	
Collection of data on Learning & Development activities	<ul style="list-style-type: none"> Development of E-Learning / study request form 	Learning & Development	x	x			x	x	x	x	x	
Reducing incidents of Bullying and Harassment experienced by Staff	<ul style="list-style-type: none"> Implementation of Raising Concerns 	Divisional HR Teams	x	x		x	x	x	x	x	X	
Gender Pay Gap	<ul style="list-style-type: none"> Collection of personal data Development of key metrics 	HR Workforce Team								X		
Equal Pay Audit	<ul style="list-style-type: none"> Collection of personal data Development of key metrics 	HR Workforce Team	x	x				x	x	x	x	
Recruitment and Selection Information	<ul style="list-style-type: none"> Review of Recruitment and Selection processes to enable key metrics to be collected 	HR Workforce Team / Recruitment Teams	x	x	x		x	x	x	x	X	
Leavers from the Organisation	<ul style="list-style-type: none"> Develop and monitor Exit Questionnaires and Interviews 	HR Workforce Team/Divisional HR Teams	x	x	x		x	x	x	x	X	

Section 2

Non Workforce Equalities Report

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Introduction

The Trust recognises the importance of embedding equality, diversity and inclusion principles and practices throughout the organisation. The Trust wants to ensure our service users are confident about our commitment to eliminating discrimination, bullying, harassment, victimisation and promoting equality by providing safe, accessible and fair services to the diverse populations we serve.

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

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

Non Workforce Information

The information below provides details of the range of data and information collected from **1 April 2015 – 31 March 2016** (unless indicated otherwise).

The data presented has been rounded to the nearest percentage. It has been gathered using 3 systems; PAS (Silverlink Patient Administration System), MSS (Patient First Emergency Department Management System) and iPM, and covers various sites e.g., New Cross, Cannock Chase Hospital, West Park and various community locations.

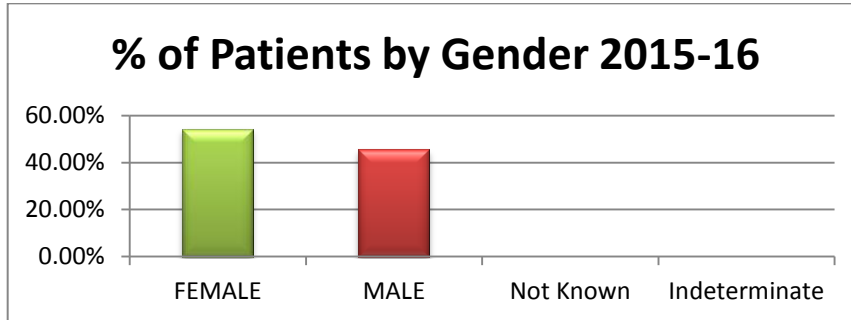
The analysis of this data will be used to; improve access to services, identify possible areas of discrimination, influence decision making processes and enable the production of action plans to improve equality performance throughout the Trust.

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

1. Access to services

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

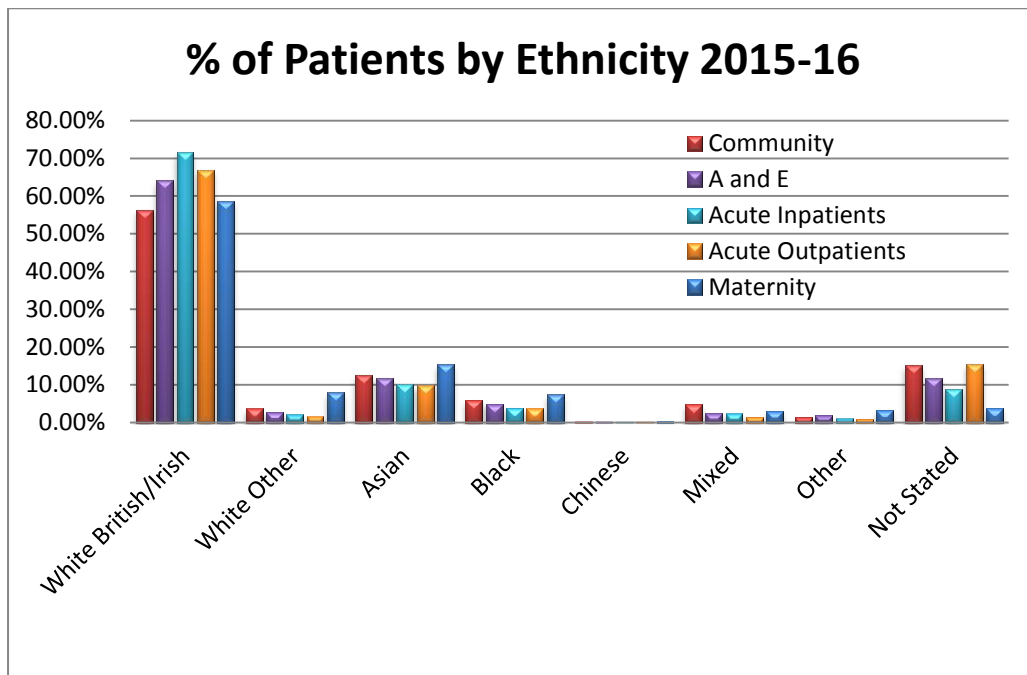
Gender: Access to Services



There appears to be a fairly evenly representation of access to services by gender with 54.22% being female and 45.69% being male (a difference of 8.53%). This is not mirrored to the demographics of Wolverhampton and Cannock where there is a 2% difference between Female (51% and 49% Male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census.

Indeterminate (unable to be classified as either male or female) which is what is in the NHS data dictionary.

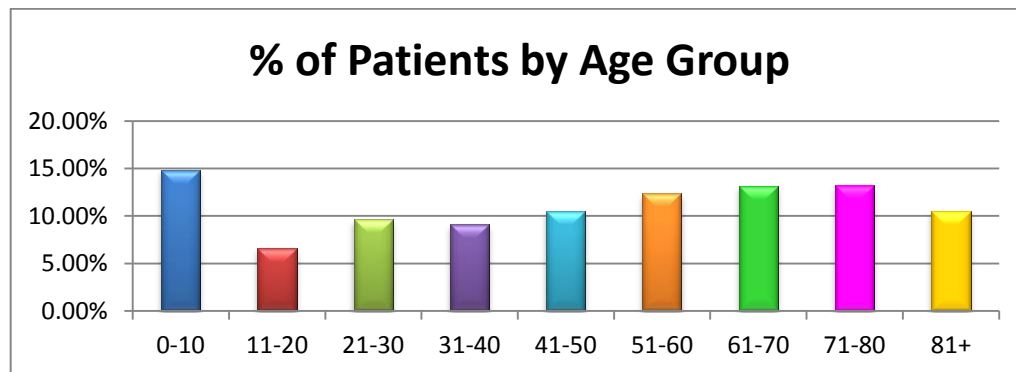
Ethnicity: Access to Services



According to the data above, access to services for those who identify from Chinese origin are under-represented across all services i.e. 836 patients from 440,167 patients in the reporting period.

However when considering the data available from the Trust's historical interpreting services provider, it appears that there has been a requirement for interpreters specifically for mandarin speaking patients 557 times during the period June 2015 to June 2016.

Age: Access to Services



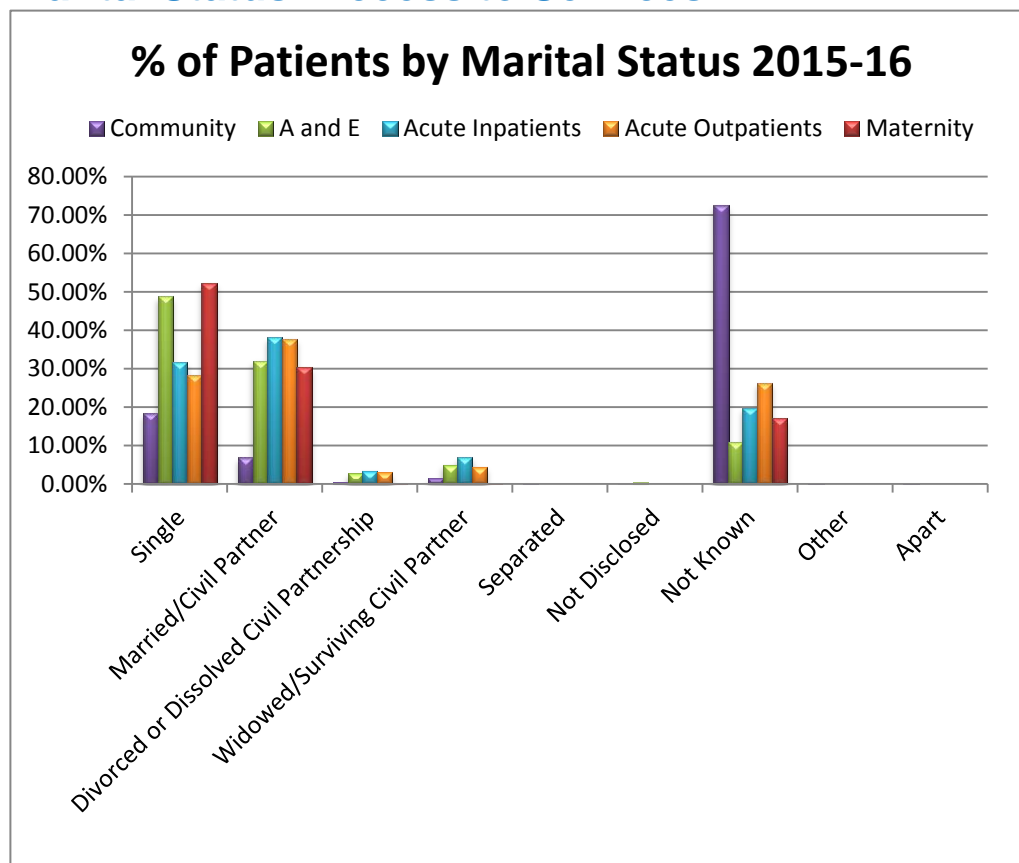
The largest proportion of patients overall, fall into the age group for 0-10 year olds and represents 14.84% of the overall Trust total.

Having looked at this in more detail, it is noted that the volume for this category appear to be from community patients of this age group where over 28583 patients had access to services within the community location.

Patients who fall into the age groups of 41 to 80 there has been an increase of volume of patients accessing services for both community locations and acute inpatients.

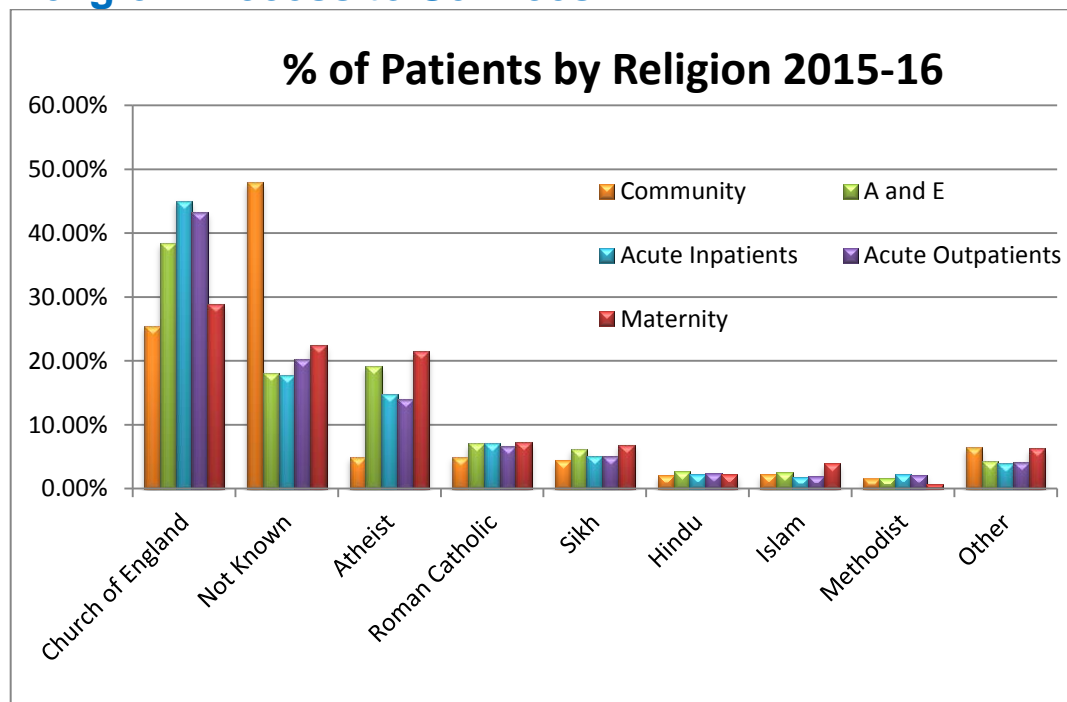
However the volume of patients for these age groups appear to not be prevalent in accessing accident and emergency.

Marital Status: Access to Services



There appears to be a great volume of patients in the Not Known category who access services within the community locations. This may be an indication that the data is not routinely collected.

Religion: Access to Services



The largest represented religion known of the patients of Royal Wolverhampton NHS Trust is Church of England which represents 39.10% of all patients. However access to maternity services from those patients who identify as Church of England faith is currently the least of the services this group access.

However for most other religions, particularly Atheist, Roman Catholic, Sikh, Islam and Other, access to maternity services is the service used the most frequently. This is an indication of a growing diverse population within Wolverhampton and Cannock.

There appears to be a great volume of patients in the Not Known category who access services within the community locations. This may be an indication that the data is not routinely collected.

2. Performance information relating to health outcomes

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

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

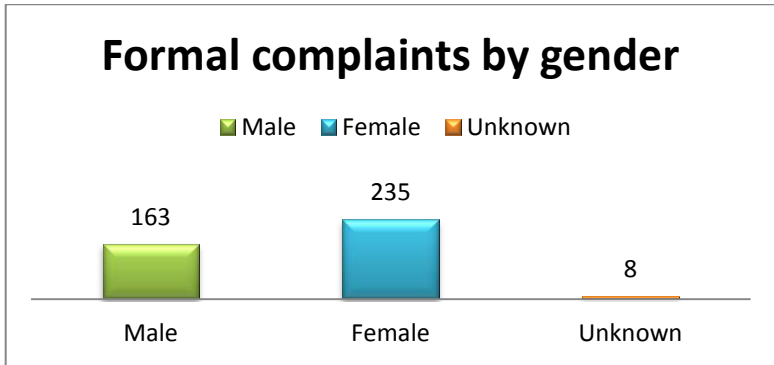
3. Complaints Information

Within the Patient Experience Department there are 2 ways people can raise concerns or complaints. The PALS service aims to deal with concerns informally for a quick resolution, whereas, complaints follow a statutory process in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. These are dealt with in a formal manner and conclude with a letter signed by the Chief Executive of the Trust.

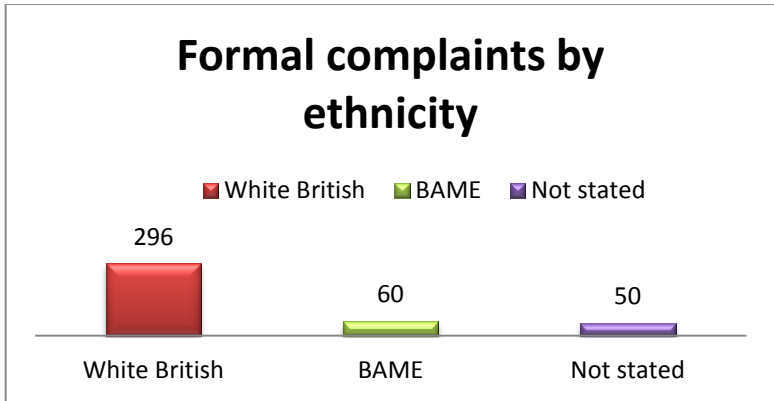
The capturing of equality data for PALS and complaints can be relatively challenging. Historically enquiring about people's protected characteristics has not been actively undertaken due to the nature of why people contact the service, and the sensitivity of the information needed to be gathered.

However, we will be working towards capturing the protected characteristic information by the development and implementation of an equalities monitoring form. This may take time as the Trust will need to review IT systems and internal processes in order ensure this will work.

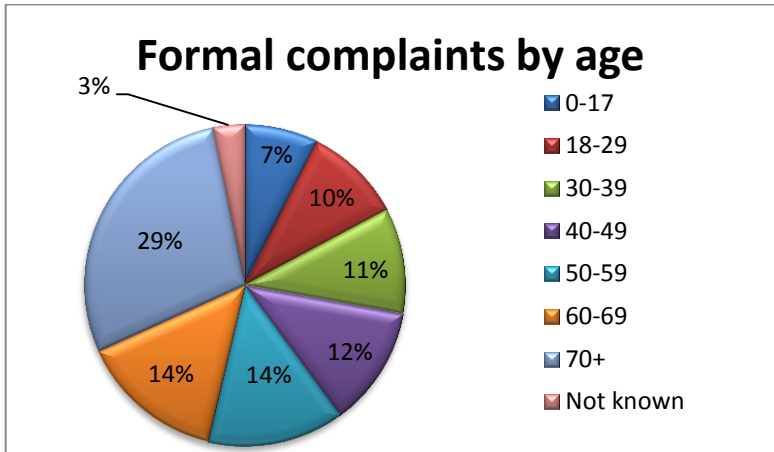
The Trust uses an IT system called Datix to record its PALS concerns and complaints. The data below represents information available for formal complaints, which has been desegregated by protected characteristics as far as possible:-



Analysis of the data captured for formal complaints indicate that 58% of patients to whom a complaint relates are from females and 40% are from males. This is not mirrored to the demographics of Wolverhampton and Cannock where there is a 2% difference between Female (51% and 49% Male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census.



It is not possible from the data available to identify specifically the geographical living location of the patient to whom the complaint relates. However it is noted that from the 406 formal complaints recorded 15% were from complainants from the BAME category. This may be an indication of an under-representation when matched to the demographics of Wolverhampton and Cannock, or may be an indicator that those from the BAME did not have cause to complain.



4. Friends and Family (FFT) Tests

The Trust uses the national NHS Friends and Family Test which offers patients the opportunity to provide feedback on their experience. They are asked whether they would recommend services to friends and family in need of similar care, which is an important reflection of the quality of care they received. This is currently in paper form on the wards, via SMS text message for outpatients and on our [website](#) for an online version.

There is also a specific FFT for [children and young people](#) online with a printable form available.

Extensive work is underway to improve accessibility to the test, for example; providing alternative formats such as Easy Read, larger print and alternative language versions.

There is limited information from the Trust's FFT provider in order to undertake any real analysis of the equality, diversity and inclusivity of those who have completed the test. This is an area for improvement that has been identified.

5. Service User Engagement Activities

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.

The Trust has a well-established Patient Experience Forum which works closely with Healthwatch (Wolverhampton). The Patient Experience forum helps us to take insight and advice from patients and carers so we can listen to the community to help improve and shape our services. We endeavour to communicate with the wider community to ensure that marginalised or underrepresented groups can become involved in shaping future services and decision making processes.

The Trust has a section on the internal intranet that shows all policies currently under consultation.

The homepage of the internal intranet has an advertisement asking for patient stories in order to understand how patients' perceive the health care they have received and how we can improve on the many different aspects of service delivery in our hospitals, and in our community-based health care programs.

External events

During **1 April 2015 – 31 March 2016** the Patient Experience Team attended the following events which were organised by external organisations. The aim of attendance was to raise awareness of the range of work undertaken within

the patient experience department and to promote the accessibility of the team's functions:-

- **June 2015** : Event organised by Healthwatch.
- **July 2015** : Wolverhampton Carers Free Outreach and Information Sharing Event organised by Omega.

These events do not reflect the full range of events attended by the department during the period, therefore, plans will be made to improve recording systems in this area.

Additionally, the team needs to increase attendance at events where marginalised or underrepresented groups may attend, so more people with PPCs can provide feedback and become aware of the department's services.

6. Accessible Information Standard (AIS)

The Trust's Interpreting Services policy was reviewed to include the Accessible Information Standard as far as possible; the name was changed to the Interpreting and Communication Policy and Procedure and was ratified in March 2016. The policy is available on the Trust's Intranet.

Since the end of July 2016, external AIS training has been available on the Trust's internal training system (Kite) and was advertised via staff PC desktop screen savers during the period 25 July - 5 August 2016. An article was also included in the staff bulletin in July about the AIS and the external training available.

Mechanisms are in place to evaluate effectiveness of interpreting provision in line with policy.

There are plans to evaluate effectiveness of training 12 months after implementation.

7. Equality Delivery System

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

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

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

Please see section 1 of this report, the Workforce Equalities Report for EDS2 goals 3 and 4 which are planned for implementation for April 2016 – March 2017.

With regards to goal 2 it is anticipated that planning work will commence in 2016/2017, so that this goal can be actioned in year 2017/2018.

8. Equality Objectives (EO)

[Equality Objectives](#) (with action plans) have been published on the website, actions are monitored on a monthly basis and reported regularly.

Actions derived from EDS2 should be included within EOs and embedded within existing monitoring and reporting processes.

[Progress](#) made on the Trust's Equality Objectives is published on the website via the Trust's annual Quality Accounts.

9. Interpreting and Translation Services

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

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

The Trust would like to provide more detailed information in future, and will therefore work with its external interpreting and translation service providers to secure more detailed and robust information.

A summary of interpreting and translation services is below:-

Services provided:

- **Face to Face language Interpreters** – available 24 hours per day all year round.
- **Telephone language Interpreters** - available 24 hours per day all year round. (Instant telephone access – no booking required).
- **Translation of written information into alternative formats :**
 - English to other languages or vice versa.
 - Larger print.

- Braille.
- Easy Read.
- Audio (Languages to English. English to languages).

People who are d/Deaf or hard of hearing:

- **Face to Face Interpreters** – available 24 hours per day all year round covering:-
 - British Sign Language (BSL) interpreter.
 - Sign Supported English (SSE) Interpreter.
 - Relay interpreter.
 - International interpreter for d/Deaf people.
 - Note taker (manual).
 - Note taker (electronic).
 - Lip speaker for d/Deaf people.
 - Deafblind hands-on interpreter.

The Trust used BSL interpreters 404 times from 1 April 2015 – 31 March 2016. No complaints were received during this period.

10. Meeting Religious and Cultural Needs of Service Users

The Trust has a Multi faith chaplaincy team with representatives from the Christian, Sikh, Hindu and Muslim faith traditions. It provides a 24/7 on call emergency service for patients. It has four prayer rooms on two of its sites.

Members of the team take part in the education of staff to ensure that all know how to help meet the spiritual needs of patients and visitors. The team also hold regular services on Trust grounds and can be contacted via switchboard. Leaflets describing the work of the team are available on every ward alongside a resource box with various books and materials from different faith groups.

There are also resources regarding the meeting of patient's spiritual and religious needs available on the department's intranet page.

The department has three Key Performance Indicators on visiting and responding to emergency call outs set by the Trust which has been fully met for the last three years.

11. Equality Analysis (EA)

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

All new and revised policies must adhere to our 'Development and Control of Trust policy and procedural documents' as part of the approval and review framework. The Trust's 'Undertaking an Equality Analysis' policy, which helps staff to determine the extent to which policies, procedures, practices and services impact upon people with protected characteristics, is embedded within this approval and review framework.

Any EA's that have been undertaken are then logged onto [registers](#) and published on the Trust's external website. The last register covered the period 22.6.2013 - 26.2.2015 and captured just over 60.

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

12. Learning Disability (LD)

The Trust has a full time Learning Disabilities Specialist Nurse who has reviewed the service.

- An audit, in line with the CIPOLD (Confidential Inquiry into the Premature Deaths of People with Learning Disabilities) recommendations was undertaken in August 2015.
- The Trust has linked in with Black Country Partnership NHS Foundation Trust (BCPFT) and there is now a specialist pathway for bowel scope for people with LD.

There is a pathway between BCPFT and the Trust to provide specialist dental services for people with LD.

BCPFT has undertaken a new piece of work with screening services (cervical and breast) that will automatically identify people with LD to ensure reasonable adjustments are made in advance of appointments.

- Sharing of information agreement between RWT and Wolverhampton Clinical Commissioning Group agreed to allow the transfer of LD status from GP registers to RWT.
- Patient concerns and complaints are able to identify themes relating to disabled people on internal IT systems (Datix), enabling information to be gathered for reports.

13. Actions

From the data presented within this report, a range of actions will be included within Equality, Diversity and Inclusion work streams. In summary these are:-

No.	Area	Action to be taken
1	Non Workforce Information	Review IT systems and internal processes to help improve data collection to produce more robust data.
2	Access to Services	To work with community services around improving data collection specifically for religion or belief and maternity protected characteristics.
3	PALS and Formal Complaints	Develop equalities monitoring form based on patient PPCs. Raise awareness within the Patient Experience Team on the importance of capturing equality information.
4	FFT	Investigate providing FFT in a range of formats to promote inclusivity e.g., Easy Read, larger print and alternative language versions. To work with the Trust's external provider around improving data collection for people with protected characteristics.
5	Service User Engagement	To investigate increasing the diversity of the Patient Experience Forum to ensure that people with PPCs are included in shaping our services. Improve the recording of events organised or attended by the Patient Experience Department. Increase attendance at events where marginalised or underrepresented groups may attend, so more people with PPCs can provide feedback and become aware of the department's services.
6	Accessible Information Standard	To evaluate effectiveness of training 12 months after implementation.
7	EDS2	Areas for improvement for goals 3 and 4, to be included within Equality Objectives.
8	Equality Objectives (EO)	Actions derived from EDS2 to be included within EOs and embedded within existing monitoring and reporting processes.
9	Interpreting and Translation	Organise regular meetings with interpreting and translation providers to identify potential savings, highlight possible issues with departments, review complaints made to providers.

Terms and Definitions

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

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

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

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

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

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

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

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

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

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

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

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

Inclusion: Miller and Katz (2002) defined inclusion as: "...a sense of belonging: feeling respected, valued for who you are; feeling a

level of supportive energy and commitment from others so that you can do your best.”

LGBT: Lesbian Gay Bisexual Transgender.

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

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

Pregnancy: Condition of being pregnant.

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

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

Sex: A man or a woman.

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

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

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

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

Some definitions have been taken/summarised from Equality and Human Rights Commission. (July 2014), 'The essential guide to the public sector equality duty'