The Royal Wolverhampton
NHS Trust

Annual Equality, Diversity and Inclusion Report

April 2016 – March 2017

Author (s)
Alison Dowling - Head of Patient Experience and Public Involvement
Shelly Feaver - HR Manager (Workforce)

Patient Experience
Listen Learn Share

Safe & Effective | Kind & Caring | Exceeding Expectation

Contents

Page

Section 2 – Non-Workforce Information Contents

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

English

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

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

Lithuanian

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

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

Polish

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

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

Punjabi

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

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

Romanian

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

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

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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 are service users or part of the workforce providing those services.

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

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

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

The 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 possible 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 Trust has an Equality, Diversity and Inclusion steering group which has been running since May 2016. It is attended by senior managers across the Trust and hopes to build a culture that celebrates equality, diversity and inclusion.

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

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

Introduction

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, including:-

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

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

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

- The NHS Constitution which 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. Its main purpose is to help NHS organisations review and improve their performance for people with protected characteristics. **The EDS2 is a continuous evolving system** containing 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.

It is planned to take goal 2 forward from April 2017 – Mach 2018.

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

Further to this, equality, diversity and inclusion principles are threaded throughout our Vision and Values. Our workforce 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 8300 staff as at 31 March 2017. (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.
- Four General Practices (Lea Road Medical Practice, Alfred Square Medical Practice, MGS Medical Practice, West Park Surgery (formally known as 80 Tettenhall Road Surgery)
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy).

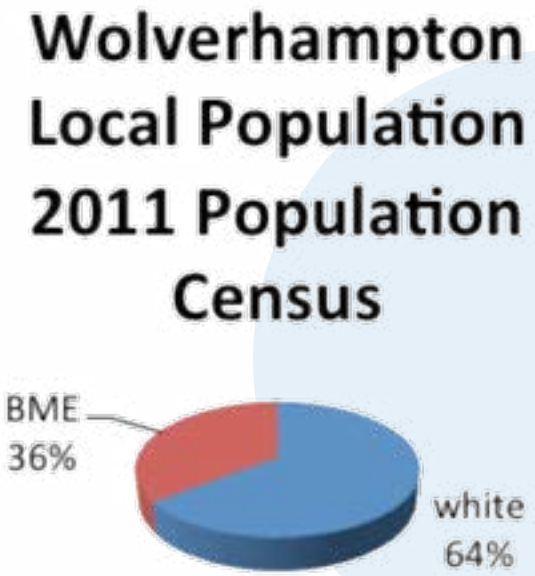
The Trust has also been hosting the West Midlands Local Clinical Research Network since April 2014.

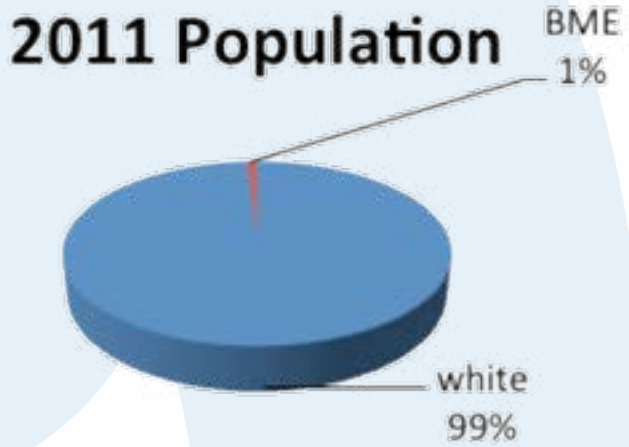
Cannock Chase Hospital has a local demographic make-up that, in some aspects, is quite different than that of Wolverhampton and residents of both communities could be treated or receive a service at any of the Trusts sites. The percentage of the local populations of Cannock and Wolverhampton who are 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

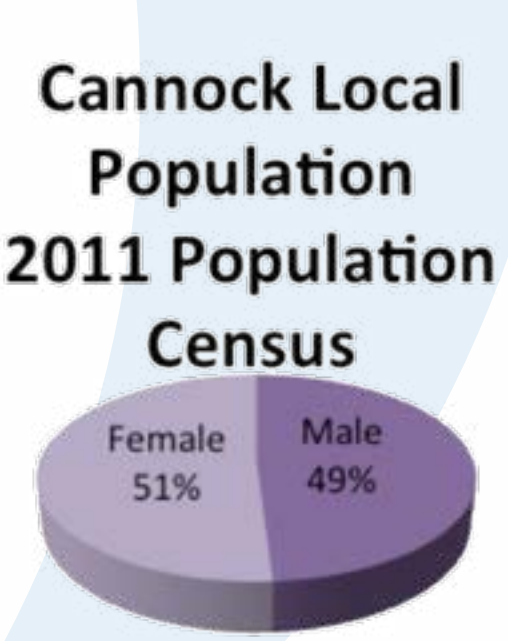
The graphs below are a summary of the local populations for Cannock and Wolverhampton, these have been desegregated by protected characteristics as far as possible. Not all protected characteristics have been included as the information recorded by the Trust and the 2011 Census are not directly comparable.

Ethnicity

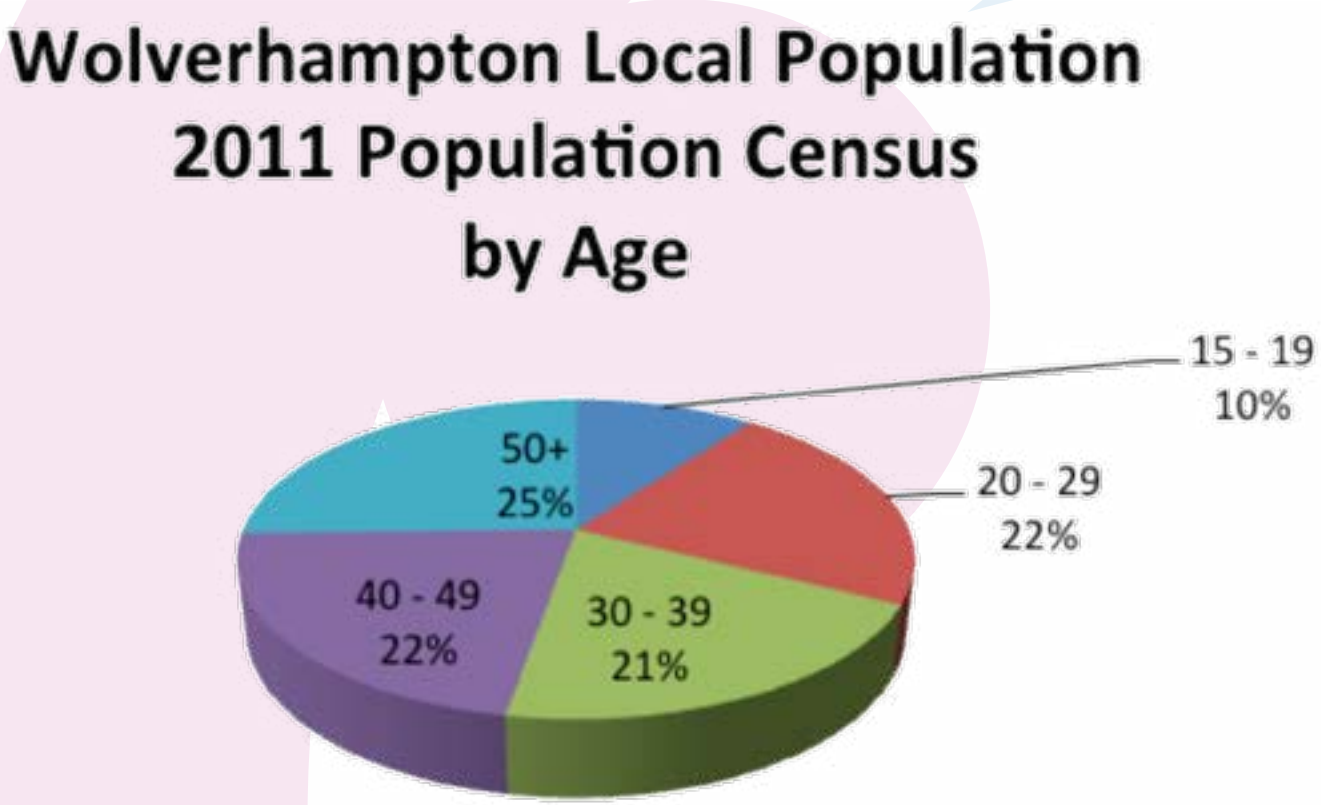


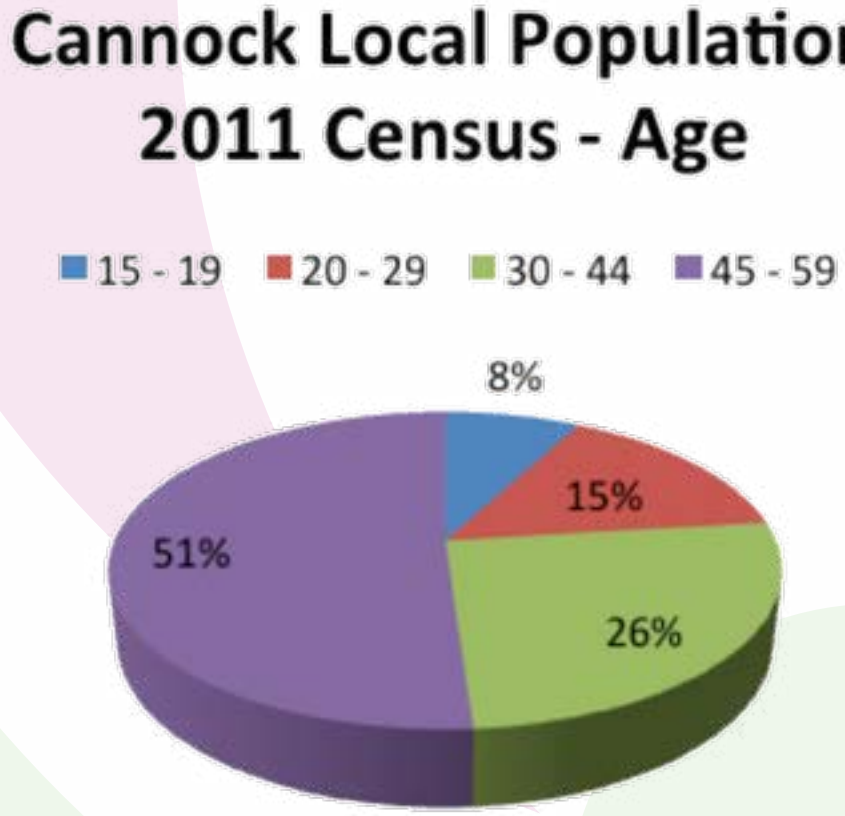


Gender

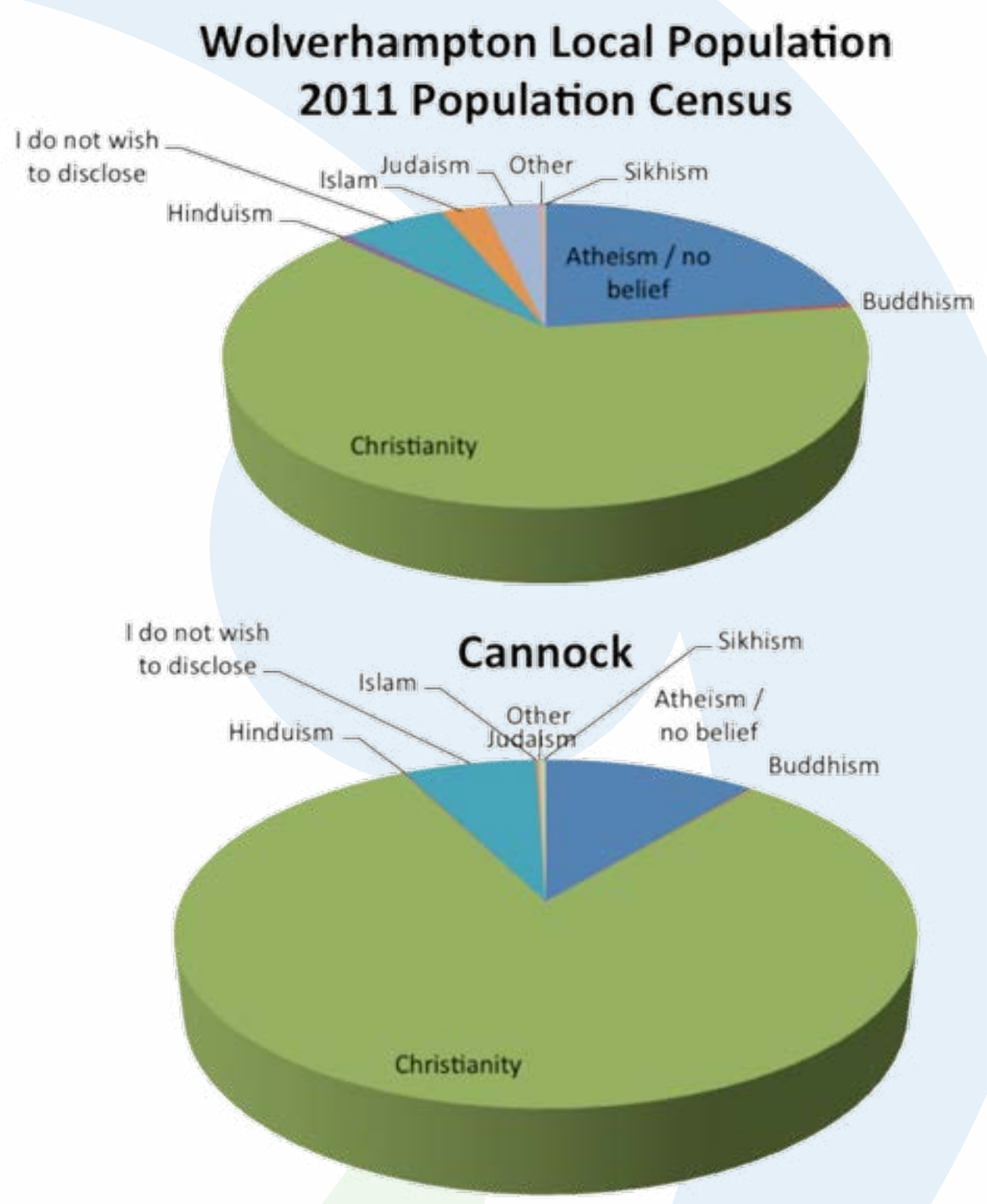


Age


Wolverhampton Local Population
2011 Population Census
by Age
15 - 19
10%
20 - 29
22%
30 - 39
21%
40 - 49
22%
50+
25%


Cannock Local Population
2011 Census - Age
15 - 19
20 - 29
30 - 44
45 - 59
8%
15%
26%
51%

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 2016 – 31 March 2017** (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

The Cannock Chase community 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 population 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 Hospital 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 8,335 as at 31st March 2017 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 (2017) 73% of respondents are likely to recommend The Trust as a place to work and 83% would recommend the Trust as a place to receive treatment. From the NHS National Staff Survey 2016 (Key Finding 1) it can be seen that overall staff who responded to the survey would recommend their organisation as a place to work or to receive treatment; Overall staff engagement within the Trust is 3.86, (weighted key finding from the NHS Staff survey, 2016) which whilst being a marginal decrease from 2015 (3.91) is still above the sector average of 3.8, and is a positive outcome that reflects well on the Trust

1.0 Executive Summary

Workforce

The Trust has a workforce of 8,335 spread over multiple sites providing services and care for the communities of Wolverhampton and Cannock. The Trust is fairly typical of the NHS as a whole in that it is predominantly female, with women under-represented in higher graded posts.

In respect of other Protected Personal Characteristics the Trusts workforce is broadly comparable with the local communities that it serves.

Overall, the workforce is positive about the Trust as both a place to work and to receive treatment, and the level of staff engagement is marginally above average for the comparable sector.

On an annual basis the Trust has a contractual requirement to analyse aspects of its workforce and to report on the workforce distribution and some organisational characteristics. These reports are the Workforce Race Equalities Standards and the Equality and Diversity Standards 2 – which require that the Trust publishes the information and makes it accessible to the public. This report encapsulates the outcomes from those reports and reports further on the workforce distribution and performance in respect of equality and diversity.

Analysis of the Workforce distribution and equality performance has highlighted some potential areas of concern which are detailed within the report and identified as areas of recommended action at the end of the report. A more detailed action plan will be created to ensure movement in these areas.

In consideration of this report and specifically those indicators which are contained within the Workforce Race Equality Standard and some identified by the NHS Staff Survey, the Trust Board notes 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.

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
- Staff engagement levels are reported as above average for the comparable sector which is recognised as a good indicator for positive patient experience
- Overall, staff would recommend the Trust as a place to work and to receive treatment
- The majority of staff are proud to say that they work for the Royal Wolverhampton Trust

Challenges

- To continue to improve the data held on employee personal details on ESR and continue to develop the quality and accuracy of analysis of the workforce for the purpose of Equality and Diversity monitoring
- To identify and seek to address areas of service where there is a gender bias, and identify and address any barriers or bias in respect of any other Protected Personal Characteristics within the Trusts recruitment and selection processes.
- To identify and address areas of concern where there is an Equal Pay gap
- Identify and address any potential key themes of inequality that may exist relating to Protected Personal Characteristics within Employee Relations processes and procedures.
- To improve the offer of Flexible Working arrangements available to employees

2.0 Key Trends and Findings

- The workforce has increased by 125 since last year's report.
- Staff engagement, as measured by NHS Staff Survey, is reported at 3.86 (weighted key finding) which is marginally above the sector average.
- 73% of Chatback respondents would recommend the Trust as a place to work – and NHS Staff Survey respondents overall would recommend the Trust as a place to work and to receive treatment
- 86% of Chatback respondents (2016) agreed that the Trust values diversity and recognises and respects the value of differences in race, gender, age etc.
- The largest age category of the Trust workforce is those aged 50+ years representing 34.25% of the whole workforce. The Trust continues to be 'an aging workforce'
- Young people aged 16 – 19 years only represent 0.34% of the total workforce
- Highest number of job applications are received from 20 – 29 year olds , they have the lowest level of success in shortlisting but the second highest level of success at interview
- The Trust is predominantly female (80%) and women are over represented as compared to local communities. This is typical of the NHS as a whole.
- Women are proportionately under-represented in AFC Bands 8a-9 – which is also typical of the NHS as a whole.
- Men in the workforce are relatively more likely to occupy higher graded posts
- Men occupy a higher level of Medical and Dental posts than women (59% and 41% respectively) – whilst this is typical of the NHS – the Trust has a slightly higher percentage of male consultants than average for the NHS
- The Trust receives many more job applications from women than men (76% and 24% respectively) they have broadly similar levels of success in shortlisting but women have a higher level of success at interview.
- The whole Trust workforce is made up of 41.44% of women who work part-time, and only 2.54% of men who work part-time
- The part-time workforce is made up of 93.5% of women, and women report less satisfaction with flexible working arrangements than men

- In this 12 month period 3.4% of the female workforce commenced a period of maternity leave- the highest incidence were recorded in Nursing and Midwifery, and Additional Clinical Services.
- The Trust workforce comprises of 74.25% from a White background and 25.10% from a BAME background- if compared to Wolverhampton community the Trust is under-represented in BAME employees but over-represented if compared to the combined communities of Cannock and Wolverhampton
- 81% of the part-time workforce is from a White background with only 18% from a BAME background – white women are more likely to work part time hours in lower graded posts within the Trust.
- BAME job applicants are less successful at interview than White applicants
- Medical and Dental have a higher percentage of BAME staff with a higher proportion also being male than female
- Nursing and midwifery have the second highest percentage of BAME staff – with a much higher proportion also being female than male
- NHS Staff Survey reports a similar level of experiencing harassment, bullying or abuse for White staff and BAME staff – this is a 12% increase for White staff and 4% increase for BAME staff- both figures are above the sector average
- Within NHS Staff Survey 4% of White staff and 19% of BAME staff report personally experiencing discrimination at work (Team Manager or Team Leader) – this is a significant increase for BAME staff (+14%) and a slight decrease for White staff (-2%)
- Despite reported levels of negative experiences in the workplace BAME staff report a higher level of staff engagement than white staff (3.87 and 3.86 respectively) and both are above the sector average of 3.80.
- The Trust has 2.5% of the workforce declaring a disability or long term illness. NHS staff survey suggests that the Trust is actually likely to have 13% of employees with a disability or long term illness. Both figures are typical of the NHS as a whole
- Staff with a disability report a less favourable experience in the workplace than their non-disabled colleagues, and have lower levels of staff engagement.
- After the data cleanse exercise the percentage of staff declaring themselves as Lesbian/gay/bisexual did not significantly alter. The percentage of Heterosexual declarations did increase significantly
- The highest recorded figures for "I do not wish to disclose" on Protected Personal Characteristics are within Medical and Dental (65.26%) and Estates and Ancillary (50.75%)
- 40% of employees entering into a disciplinary process were from a BAME background – which is disproportionate to the Trusts Ethnicity profile
- NHS Staff Survey reports a 3% increase in the number of staff reporting experiencing harassment, bullying or abuse from other staff- 21% from a BAME background and 79% from a White background – which reflects the Trusts Ethnicity profile.
- 50% of NHS Staff Survey respondents were happy with flexible working arrangements on offer – an improved position from last year (+5%) and now comparable with the sector average
- The Trust Board gender make-up is lower representation than that of the Trust workforce and is also lower in representation relative to the Trust workforce ethnicity profile

3.0 Definition of Terms

3.1 WRES

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

The Workforce Race Equality Standard seeks to tackle a 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 System (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 (e.g. 32 year 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 National Staff survey is the largest survey of staff opinion in the UK and may be the largest in the world.

Each year NHS staff is 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 from 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 recognised as 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 and based on the Trusts Visions and Values. The results are grouped into service areas and departments in order to identify any specific areas of concern within the Trust .

4.0 Distribution of the Workforce

The Trust Workforce of 8,335 (as at 31st March 2017) 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 or both sites.

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 2016 it can be seen that overall the respondents would recommend their organisation as a place to work or receive treatment with a weighted key finding of 3.84 ; this is a slight decrease in the position from 2015 (3.87) but still remains above the sector average (3.71).

Overall, staff engagement within the Trust is reported as positive with a score of 3.86 (weighted key finding from the NHS National Staff Survey 2016), a slight decrease from 2015 (3.91) but still remains better than the sector average of 3.80. There are recognised positive links between the level of staff engagement and patient experience.

4.1 Age Profile

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

16 – 19 years, 20 – 29 years, 30 – 39 years, 40 – 49 years, and 50+ years .

The figures have also been further collated into categories to enable a closer comparison with the NHS, as a whole, and also the recorded National population of working age.

As at the 31st March 2017 the largest single age category of the Trusts workforce were those aged 50+ representing 34.25% of the total workforce , with the lowest age category being those aged 16 – 19 years, representing 0.34% of the total workforce. This is a very marginal change from last year (34% and 0.35% respectively) . The lower numbers of younger people in the work place is in part likely to be as a result of 'minimum age restrictions' in key areas and time taken to gain required qualifications in specific occupations. It was anticipated that the appointment of Apprentices to the Trust would impact on the age profile and increase the percentage of the workforce who were of a younger age.

As compared to the NHS workforce age profile as a whole The Royal Wolverhampton Trust is broadly similar, and is comparable with the age profile of England's working population , with the exception of those aged under 25 years , which may be explained by the age restrictions and qualification requirements of some professions within the NHS . A similar pattern is seen within the overall NHS age profile.

The majority of the Trust workforce are aged between 20 and 49 years of age (65.41% of the workforce) with a median age of 43 years and 11 months – this represents a slight decrease from last year in both aspects. The average age in the NHS workforce is reported as 43 years for both men and women, the Trust is comparable with this figure.

Age Profile of RWT Workforce / NHS Workforce / England's Working Population

	Under 25	25-34	35-44	45-54	55-64	65+
% RWT Workforce	5.28%	22. 87%	23.50%	29.21%	17.18%	1.96%
		Majority of Workforce = 75.58% Median Age = 43y 11m				
NHS Workforce	6%	23%	24%	29%	17%	2%
England's Working Population	12%	23%	23%	21%	17%	4%

Admin and Clerical staff continue to have the highest percentage of workforce aged 50+ years (25.08%) although this is a slight decline from 31st March 2016 of 1.27%. Nursing and Midwifery have the second highest percentage of workforce aged 50+ years (23.57%) which represents a marginal increase of 0.35% as compared to 31st March 2016. 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 e.g. 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 seeking to retain key skills and experience. With the variations now within retirement provisions and pension rules it is difficult to predict at what point an employee may retire. However, with a large proportion of staff aged over 50 years (34.25%) there is a significant risk to the Trust of losing a high percentage of staff within a

relatively short period of time. Further analysis of this age group shows that 17.18% are aged 55 – 64 years and 1.96% are aged over 65 – these staff are considered as at a pensionable age.

The percentage of the workforce who are aged below 50+ years is not currently rising at a significant rate to be able to mitigate this potential loss of workforce as it stands.

The Trust is currently looking at health related issues affecting people in the workplace that impact on performance and attendance in order to identify any specific trends, including any patterns relating to age and or gender. Further development work will then be done to identify steps or interventions which can be taken in order to support staff further in remaining healthy and able to be an active part of the workforce, and potentially for longer working lives.

The Royal Wolverhampton Trust Recruitment and Selection information by Age

Age	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Under 19	375	2.00	98	26.13%	6	6.12%
20 – 29 yrs	8,588	35.80	2,129	24.79%	178	8.36%
30 – 39 yrs	6,599	27.60	2,032	30.79%	140	6.89%
40 – 49 yrs	4,982	20.70	1,665	33.42%	150	9.01%
50 – 59 yrs	2,919	12.20	1,053	36.07%	78	7.41%
60 – 64 yrs	349	1.50	100	28.65%	6	6.00%
65 – 69 yrs	35	0.10	15	42.86%	0	0.00%
70 yrs +	2	0.00	0	0%	0	0.00%
undisclosed	23	0.10	4	17.39%	0	0.00%

The greatest number of applications received by the Trust are from those aged 20 – 29 years; this group have the lowest level of success at the shortlisting stage(the process up to and including shortlisting is 'blind' i.e. there is no information given regarding any personal characteristics to the shortlisting panel), but this group have the second highest level of success at interview and are subsequently appointed.

The highest success rate at interview is for those aged 40 – 49 year.

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. The 2011 census reports that Cannock has a higher percentage of older people within its community (37%) than the national average (34%) – whereas Wolverhampton has 25% of its community recorded as aged 50+ years (population census 2011) which is significantly less than the UK average of 34%. The percentage of the Trust workforce aged 50+ years is equal to that of the national UK average of 34%

Of England's working population it is reported by NHS Employers that 21% are aged 45 to 54 years and within the NHS as a whole; 29% . The age group 55 to 64 years represents 17% of both England's working population and the NHS as a whole ; whilst those aged 65 and over represent 4% and 2% of England's working population and the NHS total workforce, respectively

The age profile of Registered Nursing and Midwifery staff remains broadly constant across the age categories 20 – 29 years (31.83%) , 30 – 39 years (30.14%) and 40 – 40 years (33.50%) which is only marginally different to those figures for the previous year. There is however a tail off at 50+ years (23.57%) which is a continuing pattern from the previous year and likely to be due to retirement and the early retirement pension provision for their profession. There are no employees aged 16 – 20 years in this Staff Category due to the age and qualification requirement for employment as a qualified nurse or midwife.

4.2 Gender Profile

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 80.28% Female and 19.72% male . This represents a very small increase in men employed within the Trust and a corresponding small decrease in women employed within the Trust.

The Royal Wolverhampton Trust is over-represented by women in the workforce as a whole as compared to both the local communities, individually or combined, and also England's working population. However the Trust is only slightly higher in representation from women in the workforce (80.28%) as compared to the NHS as a whole (77%) , due in part to the number of job roles which are traditionally more likely to be carried out by women.

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 at 19.72% is below that for the NHS as a whole at 23% , despite the slight increase in this 12 month period.

Gender Profile by Trust Workforce / Local Population / England's Working Population / NHS Workforce

	Local Population	England's Working Population	The Royal Wolverhampton Trust Workforce	NHS Workforce
Female	51.00%	47.00%	80.28%	77.00%
Male	49.00%	53.00%	19.72%	23.00%

Gender and AFC Pay Band Profile by Trust Workforce / NHS Average

AFC Pay Bands	Female	NHS Average	Male	NHS Average
AfC Bands 1-4	84.59%	80.00%	15.31%	20.00
AfC Bands 5-7	85.29%	83.00%	14.71%	17.00%
AfC Bands 8a-9	71.39%	71.00%	28.61%	29.00%
AfC Workforce Total	84.36%	81.00%	15.64%	19.00%

Within the Trust workforce graded within the Agenda for Change pay bands (1-9 inclusive) women represent 84.36% of that part of the workforce which is above the NHS workforce figure (77%), and above the figures for that of the local communities (51%) and England's working population (47%) .

The percentage of women in AFC posts graded 1-4 (84.59%) and 5 – 7 85.29%) is broadly similar but greater than the percentage of women in AFC posts graded 8a-9 (71.39%). These figures are broadly similar to those of the NHS as a whole, but the Trust has a marginally higher percentage of bands 1 -4 and 5 -7 being held by women.

Whilst under-represented in AFC graded posts men employed in these posts are more likely, proportionately, to occupy higher graded posts.

The percentage of men in AFC posts graded 1-4 (15.31%), bands 5-7 (14.71%) and bands 8a-9 (28.61%). These figures are below that of the NHS as a whole, with bands 5-7 and 8a-9 being a marginal difference, but a 5% reduction from the NHS average in bands 1- 4.

The representation of women in jobs graded bands 8a-9 (71.39%) is below the overall percentage of women in the Trust and indicates that women are under-represented, proportionately, in these bands as compared to the overall workforce. Conversely, men who hold posts graded as bands 8a – 9 (28.61%) are, proportionately, over represented as compared to the overall workforce .

This, in part, is due to the gender bias which still exists in some roles within the NHS. Men have a much higher relative representation within those jobs categorised as Medical and Dental and are not graded within the AFC pay structure.

Within the Trusts Medical and Dental jobs women make up 40.9% of those posts and men 59.1% which is not representative of the gender make-up of the overall workforce. This is also an under-representation of women as compared to the NHS workforce as a whole in which women make up 45% and men 55%. This is generally reflected throughout the whole of the NHS with only 5% of the NHS female staff being doctors and dentists but 22% of NHS male staff occupying the same roles – which considering that men represent 23% of the NHS workforce and women represent 77% indicates a significant under-representation of women in these jobs generally within the NHS, and a similar situation is reflected in the Trust gender / role make up.

Therefore, whilst men are under- represented within the Trust they are more likely, proportionately, to occupy higher graded posts or to be in a Medical and Dental post.

Gender and Medical and Dental grades profile by Trust Workforce / NHS Average

Medical & Dental Categories	Female	NHS Average	Male	NHS Average
Consultants	30.72%	80.00%	69.28%	20.00%
General Practitioners	35.71%	8.00%	64.29%	17.00%
Junior Medical	58.00%	71.00%	42.00%	29.00%
Other Medical	39.24%	81.00%	60.76%	19.00%

Within the Trust Medical and Dental workforce the Trust has a lower representation of women as Consultants and a slightly higher representation of women as Doctors under training as compared to the NHS as a whole, and as a consequence the representation of men as Consultants is higher than the NHS workforce average and is lower for Doctors under training .

Recruitment and Selection Analysis by Gender

Gender	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Male	5538	23.10%	1450	26.18%	66	4.55%
Female	18329	76.40%	5628	30.71%	491	8.72%
Undisclosed	115	0.50%	18	15.65%	1	5.56%

Of all the applications for jobs received through NHS jobs 76.4% were from women, with 30.71% of those applications being shortlisted and called to interview. Of these 8.72% of applicants were successful at interview and appointed.

Of the 23.10% of applications received from men, 26.18% were shortlisted and called to interview, with 4.55% of these applicants being successful at interview and appointed.

Whilst there were many more applications from women than men, the success rate at shortlisting stage was only slightly higher for women than man. The process up to and including the shortlisting stage is done 'blind' without information regarding personal characteristics. But at interview women did significantly better than men and were appointed.

The Royal Wolverhampton Trust Workforce Analysis by Gender

	Female	Male	Total
Full Time Workforce	3454	1432	4886
Part Time Workforce	3237	212	3449
Total Workforce	6691	1644	8335

The Trusts entire workforce is made up of 41.44% women who work Full time and 38.84% work part time, whilst 17.18% are men who work full time and 2.54% who work part time. Therefore 41.38% of the Trusts workforce work part time. 58.62% work full time.

Of the part time workforce 93.85% are women and 6.15% are men, therefore as compared to the gender make-up of the entire Trust workforce there is a higher representation of women than men who work part time. Female employees in the Trust are relatively more likely to work part time than their male colleagues.

The Royal Wolverhampton Trust Analysis by Gender and Full Time / Part Time working

	Female	Male
% of Full Time Workforce	70.69%	29.31%
% of Part Time Workforce	93.85%	6.15%

	Female	Male
Full Time	41.44%	17.18%
Part Time	38.84%	2.54%

Within the NHS Staff Survey 2016, of the respondents, 50% reported being satisfied with the opportunities for flexible working patterns, which is an improvement on 2015 (45%) and is equal to the sector average. There were a total of 396 responses to the NHS Staff survey, and within this key finding there were 98 positive responses , of which 52 were women. Therefore, men employed in the Trust , relatively report greater satisfaction with the opportunities for flexible working than women.

Of the full time workforce 70.69% are women and 29.31% are men, and 93.85% of the part time workforce is female with 6.15% being male.

4.3 Pregnancy and Maternity

During the period of 1st April 2016 to 31st March 2017 a total of 224 of women commenced Maternity Leave, of these, as at 31st March 2017 a total of 95 women had already returned and 129 women remained on Maternity leave. Within this group of returners 6 returned for less than 3 months and resigned, and 3 returned for a period of 3 to 6 months and then resigned.

Therefore, 3.4% of the female workforce commenced a period of maternity leave during this 12 month period. This does not take into account those women who will have been pregnant but not have taken maternity leave or those women who would have started their maternity leave in the preceding 12 months.

The highest number of episodes of maternity leave is recorded as being amongst Nursing and Midwifery staff (86 episodes) with Additional Clinical Services being the area with the second highest number of episodes (43 episodes) .

During this period 6.8% of the female Medical and Dental workforce and 6.2% of the female Allied Health Professionals commenced a period of Maternity Leave, both these areas are above the Trust average of 3.4%.

The Royal Wolverhampton Trust Analysis of Employees commencing Maternity Leave

Staff Category	Total Number of Episodes	Percentage of Female workforce in this area taking Maternity Leave
Additional Prof. Scientific and Technical	10	5%
Additional Clinical Services	43	3.4%
Admin and Clerical	29	1.9%
Allied Health Professionals	23	6.2%
Estates and Ancillary	5	1%
Healthcare Scientists	4	2.5%
Medical and Dental	23	6.8%
Nursing and Midwifery	86	3.8%
Student	1	3.3%
Total	224	Trust Average = 3.4%

In addition to Pregnancy and Maternity being a Protected Personal Characteristic as prescribed in law, the Trusts Employee Health and Wellbeing agenda is developing initiatives to support pregnant Employees and New Mothers returning to work. These initiatives will be reported on in future reports.

On a quarterly basis the Trust now runs a Maternity Workshop to advise and support pregnant staff in the workplace. The workshop advises on matters relating to maternity pay and leave, Health and Safety during pregnancy, good back care and pelvic health, Healthy Lifestyle advice etc.

4.4 Ethnicity Profile

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.

The demographics local to Cannock and Wolverhampton have very different profiles of ethnicity as reported in 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 Ethnic make-up of the whole Trust workforce is 74.25% from a White Background and 25.10% from a BAME Background , which is a marginal change from 2016 (73.47% and 26.58% respectively) . If these figures are compared only to the Wolverhampton demographics the Trust is under-represented in terms of employees from a BAME Background. 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, then the Trust appears to be well represented in respect of BAME employees as compared to the communities The Trust serves.

The Royal Wolverhampton Trust workforce and Local Populations by Ethnicity

	Local Population			Staff in Post		Staff in Profile	
	W'hampton	Cannock	Combined	2016	2017	Leavers	Turnover
White	64.50%	99.00%	80.75%	73.47%	74.25%	778	12.58%
BAME	35.50%	1.00%	18.25%	26.48%	25.10%	225	11.42%

Within the Part Time workforce there are 81% from a White Background and 18% from a BAME Background; this is not reflective of the overall Trust Ethnicity profile (74.25% and 25.10% respectively) and, consequentially, there is a lower representation of employees from a BAME Background who work Part Time as compared to the Trust Ethnicity Profile.

In the Part Time workforce 16.23% are women from a BAME Background and 77% are women from a White Background; and 2% are men from a BAME Background and 4% from a White Background.

The Trust Part Time workforce is made up predominantly of women from a White Background.

Recruitment and Selection analysis by ethnicity

Ethnicity	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
White	13,092	57.60%	4395	31.8%	412	9.37%
BAME	10,161	42.40%	2,701	26.58%	146	5.41%
Undisclosed	412	1.7%	113	27.43%	6	5.31%

The Trust attracts 57.6% of it's job applications from people of a white background, with only a slightly higher percentage of these applications (as compared to BAME applicants) being successfully shortlisted and called to interview. Up to and including shortlisting is carried out 'blind' and without any knowledge of Personal Protected Characteristics. At interview applicants of a white background have a significantly higher success rate at interview than BAME applicants, and are therefore appointed.

The Medical and Dental staff group have the highest percentage of staff from a BAME Background (59.55%) which is higher than the overall Trust BAME Background representation (25.10%) . Nursing and Midwifery staff group have the second highest BAME representation (27.89%) which is only slightly higher than the overall Trust BAME representation (25.10%) and is therefore largely proportionate to the Trust Ethnic profile. The Additional Professional Scientific and Technical Staff group are broadly similar to the Trust Ethnicity profile (24.95% and 25.10% respectively) . In all of the remaining Staff groups there is an under representation of employees from a BAME Background, with significant under-representation within Estates and Ancillary at 13.22%.

The Royal Wolverhampton Trust Staff Categories by Ethnicity

	% of BAME staff group	% of staff group from white background
Nursing and Midwifery	27.89%	71.57%
Medical and Dental	59.55%	40.20%
Admin and Clerical	15.98%	83.42%

The Medical and Dental staff group have the lowest percentage of staff from a White Background (40.20%) and are significantly lower than the overall Trust White Background representation (74.25%). The Nursing and Midwifery staff group are marginally below the overall Trust White Background representation (71.57% and 74.25% respectively) . All other Staff groups within the Trust are represented above the overall Trust Ethnicity profile for employees from a White Background. The staff categories with the highest representation of employees from a White Background are Estates and Ancillary (86.16%) and Administrative and Clerical (83.42%) as compared to the overall Trust figure of 74.25%.

Trust Workforce Ethnicity Profile as at 31st March 2017

	2017
A White – British	65.63%
C White - Any other White background	3.13%
F Mixed - White & Asian	3.13%
H Asian or Asian British – Indian	6.25%
J Asian or Asian British - Pakistani	3.13%
L Asian or Asian British - Any other Asian background	6.25%
N Black or Black British – African	6.25%
P Black or Black British - Any other Black background	3.13%
Undefined	3.13%

In the NHS Staff Survey of 2016 BAME staff and staff from a White Background report a similar level of experiencing harassment, bullying or abuse from staff in the previous 12 months; 26% and 25% respectively. This represents a 12% increase for White staff and a 4% increase for BAME staff; for both White and BAME staff this is above the sector average of 22%.

Also within the NHS Staff survey it is recorded that 4% of White respondents and 19% of BAME respondents reported personally experiencing discrimination at work from their manager or team leader. This is a significant increase for BAME staff of 14% and a 2% decrease for White staff.

From The Trusts Human Resources Employee Relations Case database there were only 2 formal Bullying and Harassment cases recorded ; of these 1 was from an employee of BAME background.

Despite the percentage of BAME staff reporting having reported personally having experienced discrimination at work from their team manager or team leader, the NHS Staff Survey also reports that BAME staff have a slightly higher level of staff engagement than their white colleagues (3.87 and 3.86 respectively) and also higher than the average score for the comparable sector (3.80).

The Trust is committed to taking steps to identify potential areas of concern which may lead to incidents of bullying, harassment and discrimination and working towards a positive, inclusive working environment which is free from unwanted behaviours for all of the workforce.

Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian has now been in place for 12 months and the role is key in assisting the Trusts efforts to identify any issues of culture leading to bullying, harassment and discrimination and to address these areas.

4.5 Disability

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

A disability as defined by The Equality Act 2010 describes 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 recently carried out a data cleanse exercise and has undertaken a confidential collection of personal data and declarations from its workforce. This has produced a much more detailed and more complete picture of a number of Personal Protected Characteristics (as defined by the Equality Act 2010) including declarations appertaining to disability status. Consequentially, the statistics on disability for this annual report are significantly different from the previous year’s report.

As at 31st March 2017 The Trust had 2.5% of the workforce who declared themselves as having a disability, with 66.71% declaring that they have no disability, and 30.8% with ‘not declared’ status. This is a significant improvement on the previous year when there were 64.57% of the workforce recorded as ‘not declared’ .

The results from the NHS Staff Survey 2016 suggest that the workforce is likely to be made up of approximately 13% of employees who have a long term illness, health condition or disability – and of the respondents to the NHS Staff Survey declaring a disability 56% stated that the Trust has made adequate adjustments to enable them to carry out their work. The sample size of the NHS Staff survey has a statistical significance of 95% confidence that these numbers are enough to be representative of the whole Trust workforce with a potential of 2% variance. Therefore, if this statistic were to be applied to the whole workforce then approximately 1,083 employees are likely to have a disability, long term illness or health condition.

The Department of Work and Pensions statistics (2014) show 16% of the working population of England have declared themselves as having a disability.

The Disability Research Report and the Workforce Disability Equality Standard Report prepared for NHS England in 2014 explored the issues and measures that a Workforce Equality Standard for Disability should contain. Within this it was reported that the levels of disability reported in the NHS survey were on average 17% but only 3% recorded as such on ESR – therefore, the Royal Wolverhampton Trusts reported levels within the NHS Staff survey and on ESR are broadly similar and comparable to other Trusts in the NHS.

The most likely reasons for this disparity in reporting between the NHS Staff survey and ESR records are ;

- Differences in definition of disability used in the 2 data sets
- Differing conditions for self-disclosure encouraging or discouraging reporting (NHS Staff survey is anonymous, ESR records are directly linked to employee details)
- The time of disclosure, ESR reports disability at the time of staff appointment, and is not reliably updated . The Trust has recently conducted a data cleanse exercise so this is not as valid within the Royal Wolverhampton Trust at this point.

Within the NHS Staff Survey employees with a disability report overall a less than favourable experience in the workplace than their non-disabled colleagues, similar to the experience reported in the NHS as a whole.

In April 2018 the Trust will be contractually required to publish a Workforce Disability Equality Standards Report and leading up to that date further work will be done within the Trust to enable better identification of, and plans to address, any areas of inequality and less favourable treatment experienced by employees with a disability.

The Royal Wolverhampton Trust Workforce Analysis by Disability Declaration

	Declared with a disability	Declared with no disability	Not Declared
% of Workforce	2.50%	66.71%	30.80%

Analysis of Recruitment and Selection by Disability Declaration

Disability	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Yes	780	3.30%	230	29.49%	15	6.52%
No	23,024	96.00%	6810	29.58%	539	7.91%
Undisclosed	178	0.70%	56	31.46%	4	7.14%

The Trust attracts a relatively small number of applications from people with a disability (3.3%) which is less than the percentage of the working population who are reported as having a disability, and significantly less than the number of employees predicted as having a disability or long term condition. This may be due to a reticence to declare at the point of application – only a further 0.7 % were undisclosed, with a definitive declaration of 'No disability' being made by 96% of applicants.

The levels of success at shortlisting stage is broadly similar, and success at interview levels are broadly similar also. The use of NHS Jobs ensures that all processes up to and including shortlisting are anonymous and personal protected characteristics are not made available to the recruitment panel.

Experience in the Workplace for Employees with a Disability

From the NHS Staff Survey it can be seen that employees with a disability report a less favourable experience in the workplace than their non-disabled colleagues. Levels of staff engagement for employees with a disability are also lower than their non-disabled colleagues. (3.56 and 3.89 respectively), and lower than the Trust overall score of 3.86).

It is intended to report in the next annual report of the steps taken by the Trust to identify the areas and seek to address these areas of concern.

4.6 Religious Belief Profile

The Royal Wolverhampton Trust 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.

As a result of the Trusts data cleanse exercise there has been a significant decrease in the number of 'I do not wish to declare' . Prior to the data cleanse there were 60% and after the exercise there are 39.6%. Whilst this is still in excess of the local communities figure it is a significant improvement in Trust information and allows for more meaningful and robust analysis for Equality reporting and initiatives.

Christianity is the highest reported Religious Belief by the Trust workforce, with all other Religious Beliefs being reported as very significantly lower – a combined total of 17.78%.

The Royal Wolverhampton Trust Workforce Analysis by Religious Belief

Religious Belief	Total
Atheism	5.91%
Buddhism	0.25%
Christianity	42.63%
Hinduism	2.29%
I do not wish to disclose my religion/belief	39.59%
Islam	1.50%
Jainism	0.04%
Other	4.69%
Sikhism	3.10%

The Trust has only 42.63% of its workforce declaring itself as having a Christian belief as compared to the average of its combined communities as 74%. Of significant note is that despite the recent data cleanse there remains 39.59% of the workforce who still have recorded that they do not wish to disclose their religion or belief. It is not clear whether this is an active declaration or as a result of the default for non declaration. Further work is being done to encourage the entire workforce to make a full disclosure regarding their protected personal characteristics which will enable more detailed and fuller reporting in future.

Recruitment and Selection Analysis by Religious Belief

Religious Belief	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Atheism	2,261	9.40%	752	33.26%	66	8.78%
Buddhism	200	0.80%	52	26.00%	4	7.69%
Christianity	12,010	50.10%	3,746	31.19%	335	8.94%
Hinduism	1,106	4.60%	295	26.67%	14	4.75%
Islam	1,827	7.60%	466	25.51%	8	1.72%
Jainism	10	0.00%	3	30.00%	0	0.00%
Judaism	14	0.10%	8	57.14%	1	12.50%
Sikhism	1,920	8.00%	462	24.06%	23	4.98%
Other	2,473	10.30%	649	26.24%	54	8.32%
undisclosed	2,161	9.00%	663	30.68%	53	7.99%

The Trust receives the highest number of applications for jobs from those applicants declaring themselves as Christian, with 'undisclosed', 'Atheism' and 'other' being the next significant categories of disclosure at 9%, 9.4% and 10.3% respectively. Up to and including the shortlisting stage the process within NHS Jobs is anonymous without any reference to protected personal characteristics. At shortlisting stage all religious beliefs experience a broadly similar success rate (with the exception of Judaism which has a higher level of success) but the levels of success at interview vary; those areas that are significantly different are for interviewees who declare a religious belief as Sikhism, Hinduism and Islam.

4.7 Sexual Orientation Profile

The Royal Wolverhampton Trust collects personal data on sexual orientation in the following categories; Bisexual, Gay, Heterosexual, Lesbian, and 'I do not wish to disclose'.

In last year's Annual Equality reporting period it was recorded that 61.57% of the workforce 'did not wish to disclose' – it was unclear whether this was a data collection issue or that those employees have actively made that declaration. Since the personal data cleanse exercise ESR records have been updated and the Trust can now report that 38.39% of the workforce have a declaration of 'I do not wish to disclose' – which is a significant improvement and enables a more accurate and detailed reporting for this protected characteristic in the Workforce, but further work continues to encourage the workforce to make active declarations of all protected personal characteristics, including sexual orientation.

The Royal Wolverhampton Trust Workforce Analysis by Sexual Orientation

Sexual Orientation	Total
Bisexual	0.55%
Gay	0.30%
Heterosexual	60.46%
I do not wish to disclose my sexual orientation	38.39%
Lesbian	0.30%

The percentages of declarations as Bisexual, Gay, and Lesbian have not changed significantly since the 2016 annual report. The most significant changes since 2016 have been an increase in the number of declarations as Heterosexual (increase of 22.84%) and a decrease in the number of declarations of 'I do not wish to disclose' (decrease of 23.18%) .

The staff categories which have the highest recorded figure for 'I do now wish to disclose' are Medical and Dental and Estates and Ancillary (65.26% and 50.75% respectively) . Non-disclosures are also recorded on ESR as 'I do not wish to declare' so it is not possible at present to determine whether these high percentages are due to failure to make any declaration or a positive statement of ' I do not wish to declare' .

Recruitment and Selection Analysis by Sexual Orientation

Sexual Orientation	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Lesbian	128	0.50%	47	36.72%	5	10.64%
Gay	160	0.70%	50	31.25%	6	12.00%
Bisexual	192	0.80%	59	30.73%	5	8.47%
Heterosexual	21,720	90.60%	6,456	29.72%	508	7.87%
Undisclosed	1,782	7.40%	484	27.16%	34	7.02%

Through NHS jobs it can be seen that 90.6% of all applicants for jobs in the Trust declare themselves as being Heterosexual. At shortlisting stage all applicants experience a broadly similar level of success and at interview the level of success for those declaring as Lesbian or Gay is higher than those declared as Heterosexual.

4.8 Marriage and Civil Partnership

As part of the Trust Data cleanse exercise information was collected relating to Marriage and Civil partnership status; and as a result there are only 4.34% of the workforce for whom this information now not known.

The Trust collects information about Marriage and Civil Partnership in the following categories ; Civil Partnership, Divorced, Legally Separated, Married, Single, Unknown, and Widowed.

The highest percentage of the workforce have declared themselves as Married (56.27%) ; with the second highest percentage of the workforce declaring themselves as single (32.56%).

The Royal Wolverhampton Trust Workforce Analysis by Marriage and Civil Partnership status

Marital Status	Total
Civil Partnership	0.38%
Divorced	4.80%
Legally Separated	0.90%
Married	56.27%
Single	32.56%
Unknown	4.34%
Widowed	0.74%

4.9 Gender Reassignment

Gender Reassignment status is not currently recordable on ESR. NHS England is leading a review of equality standards across the NHS and should Gender Reassignment be added to the standard applicable to Workforce then it will be reflected in ESR. As information relating to Gender Reassignment cannot be held securely and in confidence on personal records on ESR the Trust has not collected this information and is unable to report on it at present.

5.0 Employee Relations

Information has been collected from the Employee Relation Case Data base regarding cases of Bullying & Harassment and Disciplinary issues. ESR has also been interrogated for information relating to leavers from the Trust who were subject to formal dismissal.

Analysis of Disciplinary Case initiations by Ethnic Origin and Gender

Disciplinary Initiation						
	Male	%	Female	%	Total	%
BAME	12	16%	18	24%	30	40%
White	8	10%	37	50%	45	60%
Total	20	27%	55	67%	75	

From this information it can be seen that a total of 75 disciplinary cases were initiated and of those 75 cases 40% were employees from a BAME background - this is disproportionately high as compared to the ethnic profile of the workforce (74.25% White Background and 25.10% BAME background). Also it can be seen from this information that 27% of all disciplinary cases initiated involve male employees which is also, to a lesser degree, disproportionate to the gender profile of the workforce.

Further work is being done by the Trust to identify if there are any key themes in relation to Ethnicity, or any other areas of equality, and to seek to address any areas of inequality which may exist.

Dismissals

	2017
Dismissal - Capability	15.63%
Dismissal - Conduct	46.88%
Dismissal - Some Other Substantial Reason	31.25%
Dismissal - Statutory Reason	6.25%

Bullying and Harassment

During this period there were 2 formal cases of Bullying and Harassment recorded . Of these 2 cases there were 1 relating to an employee of BAME background and 1 case relating to an employee of White background. (of these 2 cases – 1 was related to a female employee and 1 was related to a male employee) .

Only those cases of Bullying and Harassment which will have moved into the formal stage of the procedure are recorded on the Employee Relations database; issues satisfactorily dealt with at an informal stage by Managers do not move onto the formal stage of the Bullying and Harassment policy and procedure.

The National Staff Survey reports that 26% of respondents stated that they had experienced harassment, bullying or abuse from staff in the last 12 months, which is a 3% increase on the previous year's report. Of the 385 respondents to this question 81 were from a BAME background and 304 from a white background (21% and 79% respectively) which is broadly representative of the Workforce ethnic profile.

Flexible Working

Flexible working applications are not routinely recorded by the Trust HR Employee Relations database. Only appeals against decisions made regarding flexible working applications are recorded. There were no appeals recorded in this 12 month period.

The National Staff Survey 2016 stated that 50% of respondents were happy with flexible working arrangements which is an increase of 5% from 2015 and is now comparable with the Sector Average.

The Trust part-time workforce is predominantly made up of women (93.85%) with only 6.15% being male. Of the entire workforce women who work part time represent 38.84% whilst men working part-time represent 2.54%. Men are relatively more likely to work full-time and are relatively more likely to report being satisfied with the flexible working arrangements offered by the Trust.

It is not possible at this time to identify how many staff are working part-time hours as a result of a successful flexible working request or have been appointed to jobs which only have part-time hours available.

6. Trust Board (Executive Members)

The Trust Board is made up of a relatively small number of persons and the implication being that even in the event of a single appointment to the Board it can make a significant difference in the percentages of the profile of the Trust Board.

Trust Board (Exec Members) by Gender

	Number	Percentage	Overall Trust Workforce	Wolverhampton and Cannock Communities
Female	3	37.5%	80.28%	51%
Male	5	62.5%	19.72%	49%

The Trust Board (Executive Members) gender profile indicates that women are under-represented on the Board as compared to the overall Trust Workforce and the local communities that the Trust serves.

Trust Board (Exec Members) by Ethnicity

	Number	Percentage	Overall Trust Workforce	Wolverhampton and Cannock Communities
White Background	7	87.5%	74.25%	80.75%
BAME Background	1	12.5%	25.10%	18.25%
Total	8			

The Trust Board (Executive Members) Ethnicity profile indicates that there is an under-representation of members of a BAME background as compared to the overall Trust Workforce and the local communities that the Trust service

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 men and women.

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

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 80 pence for every £1 earned by a man.

An Equal Pay audit and subsequent reporting was required by law by October 2016, but provision was made for public bodies to report at a later date. NHS England has issued guidance for NHS Trusts to enable effective and meaningful audits to be carried out in the context of the NHS pay structure and employment contracts. The Royal Wolverhampton Trust is now working towards being able to conduct an audit in line with NHS England guidelines and to subsequently report its findings.

In support of Equality of Pay, the Trust has in place the NHS Agenda for change policy and procedures to ensure that the existing internal processes in place ensure that fair, consistent and robust grading and pay decisions are made. The Trust has increased its number of staff who are formally trained in Agenda for Change job evaluation and job matching to ensure that there is a wider base of knowledge and skills to draw from to support these processes.

8. Learning and Development Activities and Equality and Diversity

The Learning and Development Department has begun the process of developing an E learning 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.

Currently the IT developers are in the process of scoping the E form with anticipated launch and introduction in early 2018.

Of the information available from Learning and Development records the relative likelihood of White staff accessing continuing professional development (CPD) is 1.34 times greater than that 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.

Information regarding evaluation of Learning and Development activities was not collected as part of 2017 Chatback, which moved to being value based to decrease the amount of duplication between staff surveys.

In the NHS National Staff Survey 2016 it is recorded that satisfaction with the quality of non-mandatory training, learning and development was recorded as a weighted score of 4.08 , which although that is a small decrease from 2015 (4.13) is still broadly comparable to the average for sector at 4.07. BAME staff report a higher level of satisfaction with this than the Trust overall score at 4.24, with their white colleagues reporting a level of 4.03. A more meaningful analysis of this will be possible once data is collectible after introduction of the E-learning form.

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.

10. Recommendations

- The Trust will continue to explore opportunities to attract and retain younger people into employment within the Trust
- Identifying and addressing any barriers or bias that may exist at interview level within the Trusts recruitment and selection processes
- Consider how gender bias could be reduced within some roles and areas of service provision within the Trust
- Review and address any barriers that may exist which reduce the likelihood of women moving into higher graded posts
- Consideration and further development of the Trusts current offer of Flexible Working arrangements – improve formal recording of such arrangements
- Explore the experience in the workplace for specific groups of staff who have reported a higher level of negative experience e.g. BAME employees and employees with a disability through focus groups and other employee voice forums
- Facilitate the setup of employee support networks e.g. Black Workers groups , Disability Support groups
- Encourage further self-declaration of Protected Personal Characteristics through use of ESR Self-service
- Analysis of any key themes relating to Protected Personal Characteristics which may exist within Employee Relations cases and take appropriate steps to address any areas of inequality.

Section 2

Non Workforce Equalities Report

Introduction

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

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

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

Non Workforce Information

The information below provides details of the range of data and information collected from **1 April 2016 – 31 March 2017** (unless indicated otherwise).

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.

Previously equality information could be found in a number of places, therefore, the Trust has reviewed its approach and is moving towards a 'one stop shop' aiming to publish its equality information in one place (this report), thus making access, comparisons and analysis easier.

To support this approach, a section of the Trust's external website (equality, diversity and inclusion\equalities information) has been reviewed to allow for easier access, historical information is also available on this page. This page will publish Annual Equality, Diversity and Inclusion Reports along with other reports.

1.0 Access to services

Within the Annual Equality, Diversity and Inclusion report (April 2015 – March 2016), there were 440,167 patients overall, however, in this report the total number of patients is 393,298. This is a reduction of 46,869 patients from the last financial year.

The data presented in this section has been **rounded to the nearest percentage (two decimal points)**. It has been gathered using 2 systems;

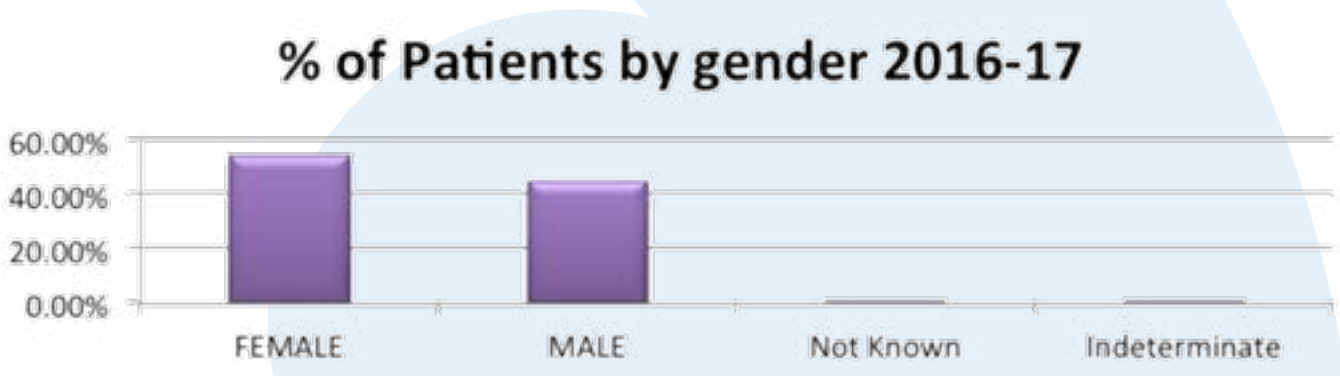
- **PAS** (Silverlink Patient Administration System).
- **MSS** (Patient First Emergency Department Management System).

Community services previously used a system called iPM, covering various locations, however, this system is no longer used. These patients are now recorded on the PAS system, therefore, there is a reduction in double counting of patients within this report as they are only recorded on one system.

This huge reduction of patients could be accounted for as the iPM system for community services was no longer being used.

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

Gender: Access to Services

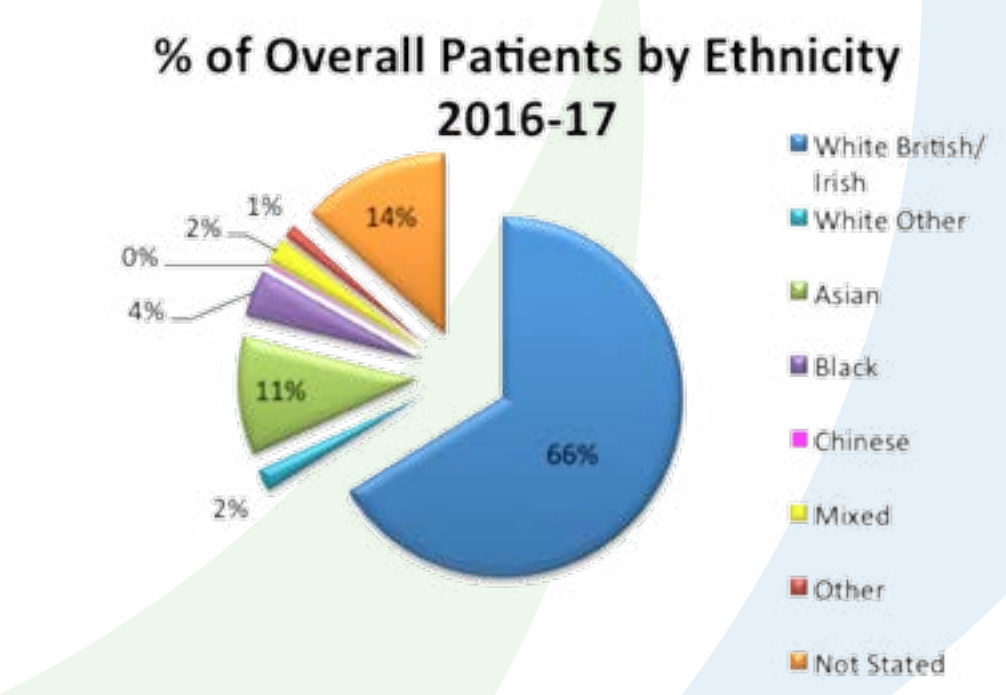


There appears to be a fairly evenly representation of access to services by gender with 54.26% being female and 45.64% being male (a difference of 8.62%).

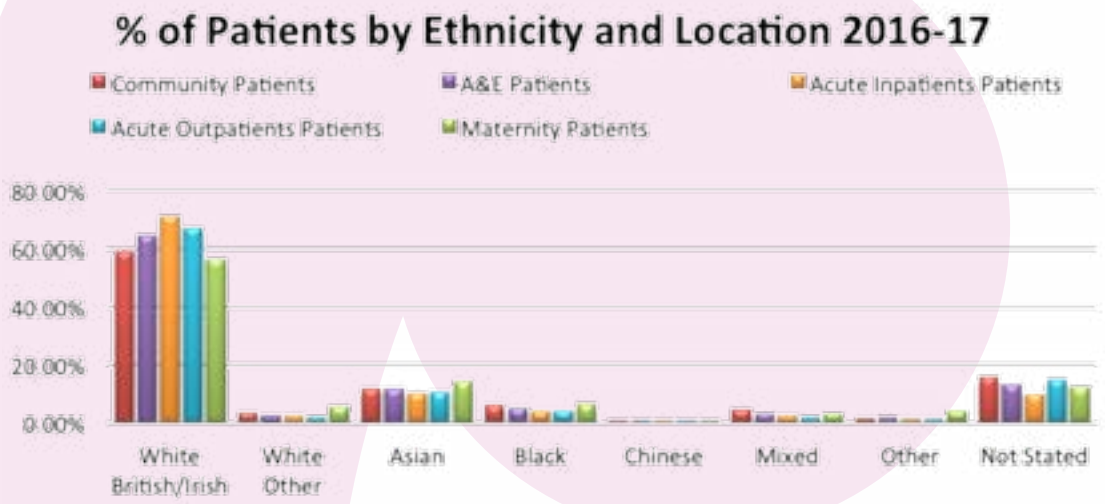
This is not mirrored by the demographics of Wolverhampton and Cannock where there is a 2% difference between Female (51% and 49% Male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census.

Indeterminate (unable to be classified as either male or female), as defined by the NHS data dictionary.

Ethnicity: Access to Services



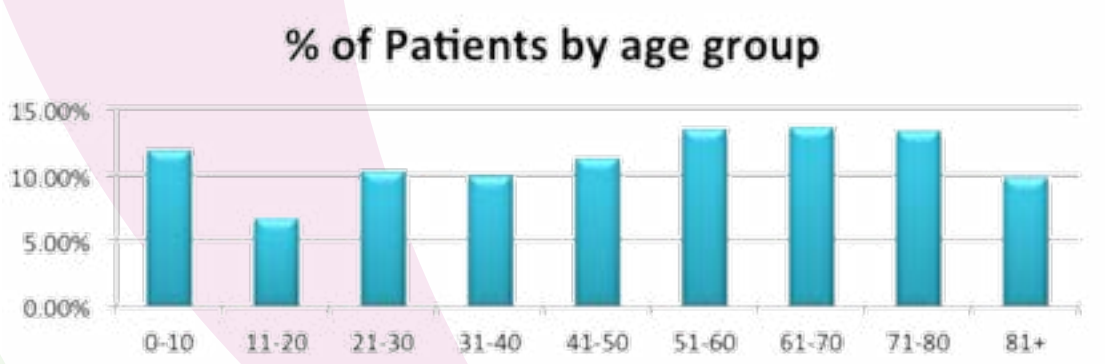
According to the data above, access to services for those who identify from Chinese origin are under-represented across all services i.e. 706 patients from 393,298 patients in this reporting period. This equates to 0.18% of the total number of patients.



Compared to figures contained in the Annual Equality, Diversity and Inclusion report (April 2015 – March 2016) the total figure for people who identified as Chinese origin have decreased. There were 836 patients from 440,167 patients in that reporting period, a decrease of 130 patients of Chinese origin; however, the total numbers of patients has decreased in this reporting period as mentioned previously.

There were 13.36% of patients who did not state their ethnicity which equates to over 52,500 people, indicating this information may not be routinely asked across the Trust.

Age: Access to Services

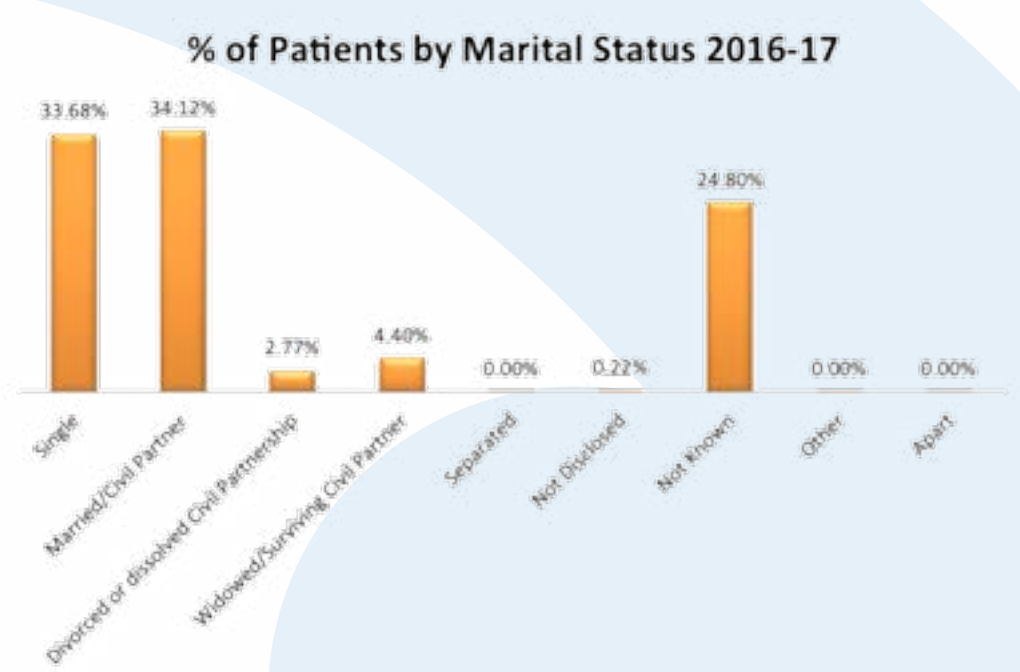


The largest age group of patients accessing services falls into the age group for 61-70 year olds and represents 13.60% of the overall total.

Having looked at this in more detail, it is noted that the volume for this category appear to be from acute outpatients where 32,319 patients received treatment at this location, followed by a further 10,372 for acute inpatients having accessed the services.

The smallest proportion of patients in this category falls into the age group for 11-20 year olds and represents 6.69% of the overall total, of which the highest volume for this category appears to be from acute out patients where 12,117 patients received treatment at this location.

Marital Status: Access to Services



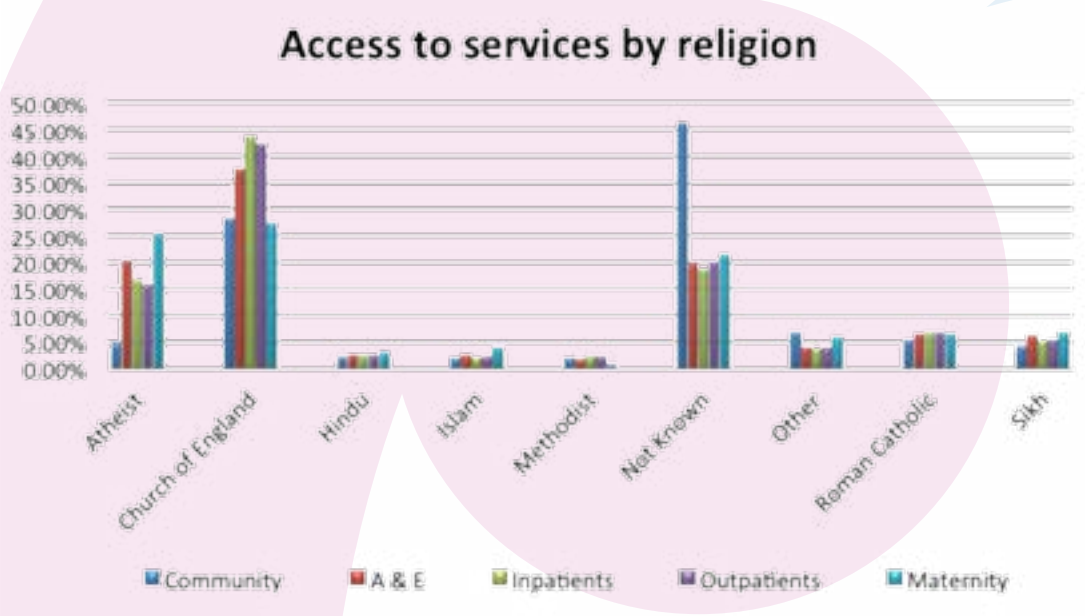
Across all services there appears to be a great volume of patients in the not known category equating to 97,528 people or 24.80%. The highest area being **acute outpatients**, followed by; **community services, acute inpatients, A&E** and **maternity**.

Area	Total in not known category
Acute Outpatients	54605
Community	16184
Acute Inpatients	13956
A&E	11499
Maternity	1284
Total	**97528**

Compared to figures contained in the Annual Equality, Diversity and Inclusion report (April 2015 – March 2016) the area that had the greatest number of not known was within community services, this is now the second highest number suggesting they have improved data collection activities.

Overall there may be an indication that this information is not routinely collected across the Trust.

Religion or Belief: Access to Services



The largest represented religion known of the patients who use our services is the Church of England which represents 40.34% of all patients. The smallest representation is Methodist which represents 1.96% of all patients. However, there are a range of other religions that access our services, demonstrating the diversity of the people who use our services.

The second largest identified category is not known, representing 21.19% of patients. This may be an indication that this information is not routinely collected across the Trust.

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 (Patient Advice and Liaison 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.

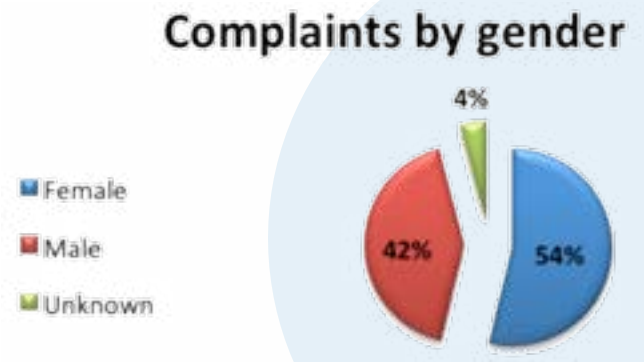
A PALS and complaints leaflet has been drafted and now includes an equalities monitoring form. It is envisaged that this will be piloted when people contact the PALS and complaints services. It has been based on RWT's workforce PPC data fields, as this should allow for easier analysis when comparing data across workforce and the PALS/complaints services. Discussions with IT with regard to capturing some or all of PPC's for services needs to be revisited.

Awareness of the importance of capturing this information within the patient experience team will also be required.

The Trust uses an IT system called Datix to record its PALS concerns and complaints.

The data represents information available for formal complaints, which has been desegregated by protected characteristics as far as possible.

Gender : Formal Complaints



There were 443 complaints for this period and it is noted that we collected data on gender for 425 formal complaints, of which 54% relates to females and 42% 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.

Within the Annual Equality, Diversity and Inclusion report (April 2015 – March 2016), there were 8 noted as unknown, of the 400 formal complaints received, however, this reporting period, 18 (4%) complaints were categorised as unknown or no data was collected from a total of 443 formal complaints.

It may be that the high volume of unknown may be due to complaints being made by an organisation or employee of an organisation and it is possible to identify their gender based on the information to hand.

Ethnicity : Formal Complaints

Wherever possible, the 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.

The Complaints information has been collected using the following categories: White - British, White - Irish, White - Other White, Mixed White and Black Caribbean, Mixed White and Black African, Mixed White and Asian, Other Mixed, Indian, Pakistani, Other Asian, Black Caribbean, Black African, Other Black, Other Ethnic Category, Not stated.

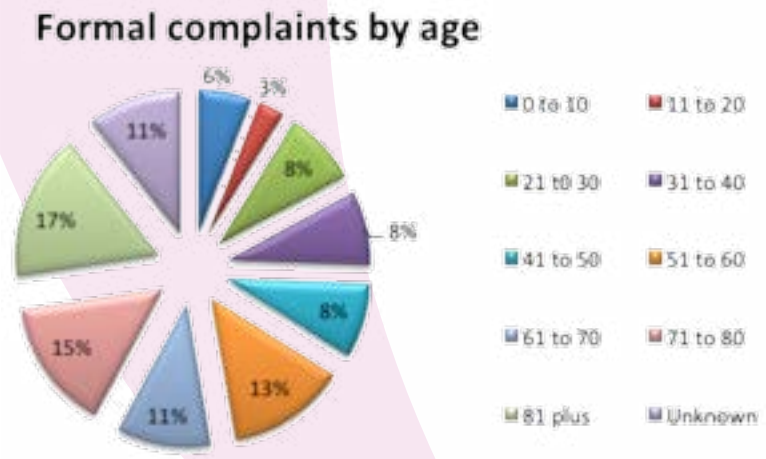
For the purpose of the complaints information BAME has been grouped as; Mixed White and Black Caribbean, Mixed White and Black African, Mixed White and Asian, Other Mixed, Indian, Pakistani, Other Asian, Black Caribbean, Black African, Other Black, Other ethnic category.

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 443 complaints received, data was only collected from 427 formal complaints in relation to ethnicity where it was recorded that 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 BAME people did not have cause to complain or they may be unaware of the complaints service.

There are 15% of people's ethnicity which is not stated, however, this figure is similar to those in the ethnicity: access to services, not stated category (13.36%), indicating this is a Trust wide data collection issue rather than a complaints specific issue.

Age: Formal Complaints



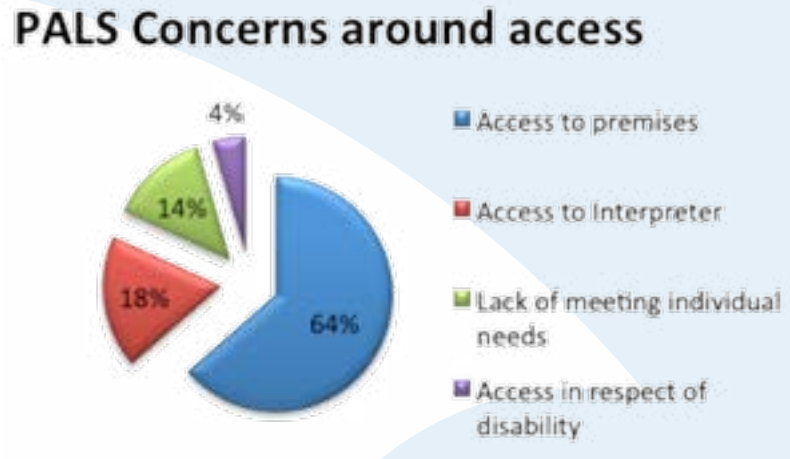
Data of age of complainants were captured for 442 formal complaints for the financial year.

The data shows the highest number of complainants were in the 81 plus age category at 17%, this does not reflect the data in the age : access to services data, as the largest proportion of patients overall in that category fell into the age group of 61-70 year olds, whereas the 81 plus category was second to last.

This indicates that the 81 plus age category are highest in making formal complaints but are the second to last age group in accessing services. This could suggest that they are disproportionately unhappy with the services they receive.

The lowest number of complaints was received by the 11 to 20 category, this does reflect the data in the age : access to services section as the smallest proportion of patients overall in that category fell into the same age group.

4. PALS Concerns



22 PALS Concerns were received under the category of Access to Services and upon further analysis these were broken down into sub categories of;

- Access in respect of disability (1).
- Access to Interpreter (4).
- Access to premises (14).
- Lack of meeting individual needs (3).

It is noted that for the financial year there were 393,298 patients who had access to services however the volume of PALS concerns raised about the lack of access is very minimal where it represents 0.01% of the total of patients accessing services.

There was 1 PALS concern under the category of harassment, the sub category was disability.

There were 6 PALS concerns under the category of communication, the sub category was communication in respect of disability.

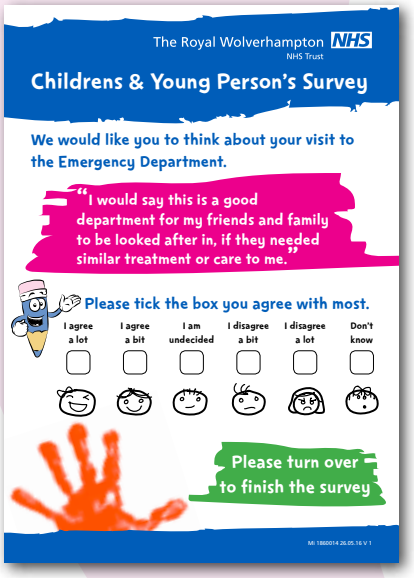
There were 5 PALS concerns under the category of general care of patient, the sub category was privacy and dignity.

5. Friends and Family (FFT) Tests

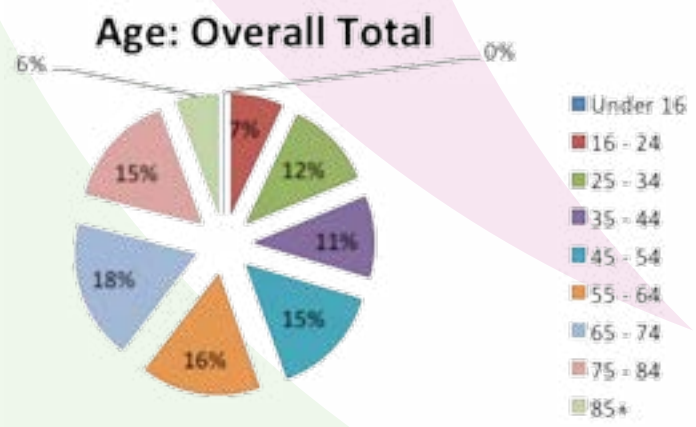
The Trust uses the national NHS Friends and Family Test which offers patients the opportunity to provide feedback on their experience. They are asked whether they would recommend services to friends and family in need of similar care, which is an important reflection of the quality of care they received.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

A variety of work has been undertaken by the Trust in the year 2016-2017 aiming to ensure that the Friends and Family Test is more inclusive and provides a greater level of accessibility. This has resulted in the following:

- A children and young people online survey with a printable form available
- Alternative formats such as Easy Read, larger print and braille
- A BSL video explaining the test
- Promotional posters in multi-language
- 'Browsealoud' functionality which provides an audio version of the survey
- Interactive Voice Message (IVM) this is a pre-recorded call where the patient uses the buttons on their phone to select from the options. A professional voice artist is used to avoid a robotic sounding voice. The patient has to choose their FFT rating (1-6), they then have the option to choose a theme for their rating by choosing from a list of themes. Additionally there is the option to leave up to a two minute recording.



FFT Responses by Age



From the data collected electronically, the largest group of responses were in the age range of 65 –

74, this broadly follows the age : access to services information as the highest age range of people using services was the 61 -70 year olds.

During the year 2017/18 the Trust has made changes to the method of data collection for FFT and has reduced the volume of surveys undertaken by paper/card. It is pleasing to note that the electronic methods are being accessed by broad spectrum of most ages.

The lowest age group of responses was under 16, this also broadly follows the age: access to services information as the lowest age range of people using services was the 11 – 20 year olds. The Trust have already made amendments to the accessibility of the Friends and Family Test to ensure that children and young people are able to provide feedback and participate in the survey.

The Trust needs to work with its provider to ensure the FFT age groups match the Trust's groups for age: access to services.

FFT Responses by Ethnicity

Ethnic Group	Overall Total
White British	325392
Indian	38133
Not Stated	13968
Black Caribbean	12662
Other White	7543
Pakistani	5125
Any Other Ethnic Group	4399
Any Other Asian	3820
Black African	3609
Mixed White & Black Caribbean	2760
Other Black	2000
White Irish	1586
Mixed Any Other	1036
Chinese	704
Mixed White & Asian	509
Bangladeshi	381
Mixed White & Black African	313

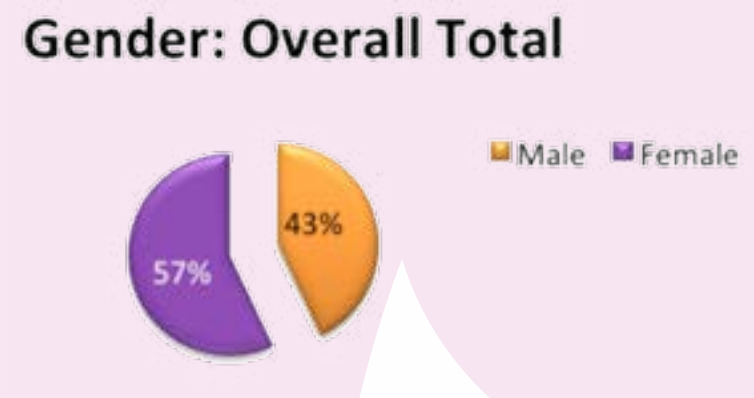
The lowest group of people who responded were mixed White and Black African. It is not possible to compare this against the ethnicity : access to services information as the groups differ to the groups for FFT.

The Trust needs to work with its provider to ensure the FFT groups match the Trust's groups for ethnicity : access to services.

The highest group of people who responded were White British. This broadly speaking follows the ethnicity : access to services information as the highest group of people accessing services was from White/British Irish people.

Please note there were 97 responses that were captured, however, the ethnicity was not recorded to match groups above, therefore, they have been omitted from the table above.

FFT Responses by Gender



In terms of responses to FFT surveys it is noted that the lowest number of responses were from males (43%) and the highest from females (57%).

There were a small number who did not specify their gender, this information has been removed from the graph due to the numbers being too small.

Additionally, there were 102 responses that were categorised as neither male or female, therefore, the Trust needs to work with its provider to improve collection of this information.

FFT Responses by Disability

The lowest number in this area is the 'prefer not to say' category, whereas the highest number is the no category. The number who have identified as having a disability represents 33% of respondents. There is a high proportion of people who have not chosen to identify whether they consider themselves to have a disability, this could be an indication that there may be a lack of awareness by staff of the need to collect this information.

6. 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. However the numbers of this group have dwindled in recent months. Therefore we will be looking at developing a Council of Members.

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

Regular meetings take place with external providers as and when required, in particular with the engagement leads for the CCG and Healthwatch.

The Trust also attends regular meetings with representatives (both patients and staff) from the Patient Participation Groups for the Vertical Integration GP practices.

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

The Trust routinely source patient feedback by the use of patient stories. Collecting Patient Stories is an important component in understanding 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.

Patient Stories assist staff in improving the experience for patients and can assist staff through education and reflection. Such stories feature through many of the staff forums which enables a wider level of audience for patient to carer engagement and learning.

Events / Engagement Activities

During **1 April 2016 – 31 March 2017** the Patient Experience Team attended the following events. The aim of attendance was to raise awareness of the range of work undertaken within the patient experience department and to promote awareness of the team's functions:-

Events Organised by External Organisations

- **April 2016**: Bring and Share Meeting organised by Interfaith. .
- **July 2016:** Community Event held at Tesco in Willenhall, aiming to raise awareness of the various services available to people in Willenhall, Darlaston and wider.

Events - Partnership Working

- **June 2016:** Summer fête to raise awareness of mental health in adults and young children, held at Low Hill Community Centre. MGS Medical Practice working with RWT.

Events Hosted by Royal Wolverhampton NHS Trust

- **January 2017**: Two BSL drop in interpreting events were held, where staff were able to find out more about BSL, a new service called FaceTime (for basic BSL communication only) and how to book BSL interpreters. A range of resources was also available. Sessions were facilitated by the Trust's external BSL provider and held at New Cross Hospital site.

- **February 2017:** Dignity Celebration.
- **February 2017:** RWT's Sexual Health Department held an event aiming to promote LGBT month and raise awareness of their service. The Terrance Higgings Trust also supported the event.
- **May 2016:** Equality, Diversity and Inclusion Event aiming to raise awareness of E,D&I, interpreting (language and BSL), the new interpreting policy on the Accessible Information Standard.

An E,D&I Events Page went live on the Trust's Intranet in February 2017.

Although work has been undertaken to ensure events attended/organised by the patient experience department has been captured, the events above may not be fully comprehensive. Therefore, future work will be required.

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

7. Accessible Information Standard (AIS)

The Trust's Interpreting Services policy was reviewed in March 2016 to include the Accessible Information Standard as far as possible; the name was changed to the Interpreting and Communication Policy and Procedure. Work throughout the year has been concentrating on re-enforcing the need for consideration of this standard. 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. Since this package has been available, 12 staff have accessed it, due to this, the Trust is looking to progress an awareness campaign.

See also Interpreting and Translation Provision for further information.

8. 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.

The Trust is currently scoping the work regarding goal 2 – improved patient access and experience, to ensure that this goal can be progressed in year 2017/2018.

9. 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.

The Trust's second set of EO's will include actions from annual equalities reports for April 2015 – March 2016 and April 2016 – March 2017.

Progress made on the Trust's Equality Objectives was published on the website via the Trust's annual Quality Accounts, however, this information will now be included within this report.

10. Interpreting and Translation Provision

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.

POLICY: 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.

FORMAT STATEMENT: The Trust's format statement has been revised aiming to be more inclusive especially around communication, information, translation and access needs. It has been included within leaflets produced by the Trust's Clinical Illustration Department from mid February 2017. The statement now reads:-

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

INFORMATION: 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.
- **FaceTime** – a new FaceTime facility (for basic non clinical information only) was launched by the Trust's BSL provider in January 2017. From the launch of the service to date, there has not been any use of the facility. The service usage has been incorporated within monthly reports to the Head of Patient Experience and Public Involvement

The Trust used BSL interpreters a total of **511** times from 1 April 2016 – 31 March 2017, specifically:-

- New Cross Hospital Site **332** times.
- Cannock Chase Hospital **13** times.
- West Park Hospital **81** times.
- Community services **63** times.
- Children GEM Centre **21** times
- County Hospital **1** time.

A further breakdown of usage is below:-

15 Patients did not attend their appointments.

1 Department failed to book interpreters for appointments.

0 Department booked the wrong date.

20 Patients booked direct with the service provider.

9 Interpreters were cancelled on arrival.

18 Appointments were over two hours.

0 Complaints were received during this period.

Face to Face Language Interpreters (1 April 2016 – 31 March 2017)

The Trust's usage of face to face language interpreters is listed below:-

- New Cross Hospital Site **7821** times.
- Cannock Chase Hospital **497** times.
- West Park Hospital **679** times.
- Community services **1706** times.

This totals **10,703** times face to face language interpreters were used Trustwide, of which:-

- **1565** Interpreters were cancelled on arrival, **736** of those, the patients did not attend.

The top 5 languages for face to face interpreting was **Punjabi, Polish, Romanian, Kurdish Sorani** and **Lithuanian** (highest first). These languages would be used as the Trust's standard translation language list, due to the higher proportion of face to face episodes.

Telephone Language Interpreting (1 April 2016 – 31 March 2017)

The Trust's usage of telephone language interpreting is listed below:-

- New Cross Hospital and Cannock Chase Site **1737** times equating to **22,394** minutes.
- Community services including West Park Hospital **382** times equating to **5292** minutes.

Totalling **2119** times equating to **27,686** minutes.

The top 5 languages for telephone interpreting was **Romanian, Punjabi, Polish, Lithuanian and Mandarin** (highest first).

Translations (1 April 2016 – 31 March 2017)

The Trust had 5 documents translated into or from another language.

Complaints (1 April 2016 – 31 March 2017)

Trustwide there were the following complaints about language interpreting and translation services :-

11 Complaints about face to face language interpreters:-

- 3 Of these complaints were about interpreters not attending (no show), the languages were Bengali, Polish, Gorani.
- 1 Of these complaints were about a late interpreter cancellation regarding a Portuguese interpreter.
- 7 Of these complaints were around no interpreter being available, the languages and incidences relating to these complaints were; 2 Russian interpreters, 2 Kurdish Sorani, 1 Gujarati, 1 Portuguese, 1 Latvian.

The average time to resolve these complaints was 2.27 days.

1 Complaint about was regarding telephone language interpreting. The complaint theme was 'unhappy with the conduct or the interpreting skill' regarding a Punjabi interpreter. This complaint was resolved in 3 days.

No complaints were received about translations.

Top Ten Languages (1 April 2016 – 31 March 2017)

Using the combined face to face and telephone interpreting information, the top 10 languages used within the Trust were:-

1. Punjabi
2. Polish
3. Romanian
4. Kurdish Sorani
5. Lithuanian
6. Mandarin
7. Russian
8. Urdu
9. Slovak
10. Arabic

11. Meeting Religious and Cultural Needs of Service Users

The Trust has a Multi Faith chaplaincy team based at New Cross Hospital.

The team comprises representatives from the Christian, Sikh, Hindu and Muslim faith traditions and, are here for those of faith and none.

The team provide a 24/7 on call emergency service to all of the three hospital sites, for all patients, their families/visitors and staff, and can be accessed by contacting the hospital switchboard.

Leaflets/information describing the work of the chaplaincy team are available on every ward, alongside a resource box with various books and materials from the different faith groups, for patient, staff and visitor use.

There are four prayer rooms within the Trust, located in two of its three hospital sites.

The team hold regular services of worship and remembrance on Trust grounds.

In addition to this, the team are proactive in their approach to specific events that effect the life of the hospital, its patients, visitors and staff, alongside both national and international incident response.

Members of the team regularly take part in the education of Trust staff, to ensure that all are informed of how to help meet the spiritual needs of patients and visitors.

The chaplaincy team provide training and educational placements to clergy in formation.

The team continue to offer opportunities for volunteering within this department.

The department has three Key Performance Indicators set by the Trust, relating to visiting and response to emergency call outs. All three Key Performance Indicators have been fully met for the last five years.

12. 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.

EAs that have been undertaken are then logged onto registers and published on the Trust's external website when possible.

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

13. Learning Disability (LD)

The Trust has a Learning Disabilities Specialist Nurse who provides specialist advice and support to all RWT staff to enable them to provide fair, accessible and dignified services that meets the needs of people with learning disabilities (children, young people and adults).

To support the Trust, the LD Specialist Nurse also provides LD Awareness Training via Nurse Induction. A full training package will be developed in line with Skills for Health and Health Education England, Learning Disabilities Core Skills Education and Training Framework 2016.

In relation to specific actions form last year's annual Equality, Diversity and Inclusion report, the sharing of information agreement had been obtained, and the LD Specialist Nurse has worked with Black Country Partnership NHS Foundation Trust to establish the LD flags and currently has flagged over 900 people with LD.

Additionally a Learning Disability Steering Group has been arranged for April 2017 where the whole Learning Disability agenda will be discussed and actions identified for the Trust.

14. Vertical Integration

In 2016 the Trust commenced the journey of Vertical Integration (VI), as of 1 April 2017, five GP Practices are now part of the Trust which will see the Trust directly responsible for the delivery of care.

The vertical integration (VI) Programme offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers will be removed and clinicians are in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

There have been a number of key challenges to date that have been identified across the VI practices as single entities. Whilst they remain challenging as we have integrated we have been able to develop and implement de fragmented processes and procedures and develop plans for the future to be able to provide the best care possible for our patients.

Demographic differences: End of Life Care

When comparing the age profile of patients, it is identified that VI practices have a higher proportion of patients aged 65 and over. Due to having more elderly patients, this will impact when comparing activity indicators such as emergency admissions and length of stay due to these cohorts of patients being more complex. As a result of a more elderly population, this will mean that VI practices face challenges for treating end of life patients.

Activity and Future Plans:

Joint working with the Gold Standards Framework by utilising data analytics to not only identify end of life patients earlier but also to implement policy and procedures for best practice when treating end of life patients.

Disease Prevalence:

The 2015/16 Quality and Outcomes Framework (QOF) Disease registers identify that overall the VI practices have a higher prevalence of diseases compared to the Wolverhampton average for Obesity, Smoking, Diabetes and Mental health related conditions. This will be influenced by the demographic differences between the VI practice population and the overall practice population for Wolverhampton.

Activity and Future plans:

Collaborative working with Public health to understand our patient population and working together improve the above areas. Key to improvement will be data analysis of primary, secondary and community care data to monitor performance.

15. Actions

From the data presented within this report and the annual equality, diversity and inclusion report for April 2015 – March 2016, actions will be included within Equality, Diversity and Inclusion work streams. In summary these are:-

No	Area	Action to be taken 2016 – 2017
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 improve Trust wide collection of data by staff, when patients access services. Specifically ethnicity and marital status.
3	**PALS and Formal Complaints** **(Patient Experience Team)**	To pilot equalities monitoring form within the team. Raise awareness within the team on the importance of capturing equality information.
4	**FFT**	To work with the Trust's external provider around improving data collection for people with PPCs. To work with FFT provider to ensure the FFT age and ethnicity groups match the Trust's groups access to services.
5	**Service User Engagement**	To develop a Council of Members and devolve The Patient Experience forum. Improve the recording of events organised or attended by the Patient Experience Department. Increase attendance at events where marginalised or under-represented groups may attend, so more people with PPCs can provide feedback and become aware of the department's services.
6	**Accessible Information Standard**	To progress an awareness campaign on the availability of the AIS training package.
7	**EDS2**	To progress goal 2.

16. Progress on Actions within the Equality Objectives

Previously progress made on actions contained in the Equality Objectives have been published within the Quality Accounts, however, the Trust is moving towards a 'one stop shop' aiming to publish its equality information in one place, thus making access, comparisons and analysis easier. Therefore, Equality Objectives action plan progress will now be included within this report, see below for a summary of key progress (April 2016 – March 2017) :-

Employment Action plan

- An Equality, Diversity and Inclusion strategy has been drafted.
- A mandatory Equality and Diversity e-learning online package entitled 'A brief introduction into Equality, Diversity and Inclusion Level 1 (including Bullying and Harassment)' has been developed. It is awaiting final sign off prior to launching.
- The Trust is undertaking a data cleanse exercise which is anticipated to conclude at the end of April 2017 in order to secure a 50% return. The ESR (Electronic Staff Record) update is scheduled to be completed by the end of June for protected characteristics for bulk upload.
- Equality Analysis policy (including guidance notes and templates) were reviewed, ratified and uploaded onto the Trust's intranet in June 2016.
- There is preparatory work on gender pay gap reporting to meet statutory deadlines, the date for release is to be confirmed.

Non Workforce Action Plan

- A new PALS and Complaints leaflet has been drafted and now includes an equalities monitoring form. It is envisaged that this will be piloted when people contact the PALS and Complaints services. It has been based on RWT's workforce PPC data fields, as this should allow for easier analysis when comparing data across workforce and the PALS/Complaints services. Discussions with IT with regard to capturing some or all of PPC's for services needs to be revisited.
- Framework Agreements' - Established that Collaborative Partners ensure compliance with Equality legislation as they incorporate the NHS Terms and Conditions of Contract for the Supply of Goods and/or Services, August 2013 for all Tenders issued.
- The Procurement Department is engaged with Partnership working with the Local Authority and University of Wolverhampton to promote awareness/opportunities for the local business community, supported by Wolverhampton City Growth Board.
- The Procurement Department reports local order activity as part of quarterly KPI's (Key Performance Indicators) reported to Finance and Performance Committee. Head of Procurement is working with Wolverhampton City Council whose Head of Procurement reports quarterly to the Wolverhampton City Board attended by the RWT Chairman.
- The patient bedside folder is in the final draft stages.
- Menu's with the format statement are planned for re-printing.
- Once menu's have been printed, alternative formats could be provided as PDF's on the intranet to be printed as and when required.

- Three items around the New Cross site were considered in relation to possibly improving disability access;

  i) Colour contrasted kerbs outside Ophthalmology : The Ophthalmology Department investigated and concluded that there is no guidance which recommends colour contrasting kerbs and that these are not a common feature at other eye treatment centres or RNIB buildings. There have been no complaints or concerns expressed by patients or visitors directly to the department, therefore, kerbs will not be painted at this time but the department will continue to monitor.

  ii) An Easy Access toilet in Out Patients One : A review has been undertaken and concluded that it complies with Part M of the Building Regulations. An oversized waste bin prevented a wheelchair user from accessing the WC, this was removed and a smaller bin provided in a more suitable location within the room.

  iii) A steep ramp outside maternity : A review has been undertaken and concluded that there no longer appears to be a steep ramp in situ. There used to be a steep ramp up the grass bank from maternity car park which has been replaced by steps and handrails.

Appendix 1

Terms and Definitions

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

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

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

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

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

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

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

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

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

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

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

Human Rights: The right to be treated fairly, respectfully, 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, androgyne/polygender people, and others who define as gender variant.

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

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

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

Equality, Diversity and Inclusion

- Age
- Disability
- Gender re-assignment
- Pregnancy and Maternity
- Marriage and civil partnership
- Race
- Religion or Belief
- Sex
- Sexual orientation