The Royal Wolverhampton NHS Trust

Annual Equality, Diversity and Inclusion Report

April 2017 – March 2018

This report has been co-produced by the Workforce and Patient Experience and Public Involvement Teams

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English

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

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Lithuanian

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

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

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

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

Punjabi

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

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

Romanian

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

Traditional Chinese

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Contents

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 we serve, and ensure that they are treated with dignity and respect.

The Trust values its workforce and wants to create working environments in which everyone 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 aims to bring together the equality information available for workforce and non-workforce areas of the Trust. In doing so, the Trust seeks to meet its legal and contractual obligations regarding these matters. Action plans have been created for both sections in order to address 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, 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 drives 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.

- 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

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

As at March 2018, nine GP Practices are now part of the Trust. This means that we are directly responsible for the delivery of primary care. This vertical integration programme offers a unique opportunity to redesign services from initial patient contact, through ongoing management to end of life care.

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

We are the largest employer in Wolverhampton, with more than 8,000 staff, providing 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
- Community Services - More than 20 community sites providing services for children and adults, Walk-in Centres, and Therapy and Rehabilitation services
- Cannock Chase Hospital - General Surgery, Orthopaedics, Breast Surgery, Urology, Dermatology, and Medical Day Case investigations and treatment (including Endoscopy)
- Primary Care - Nine GP practices have now joined us across Wolverhampton and Staffordshire

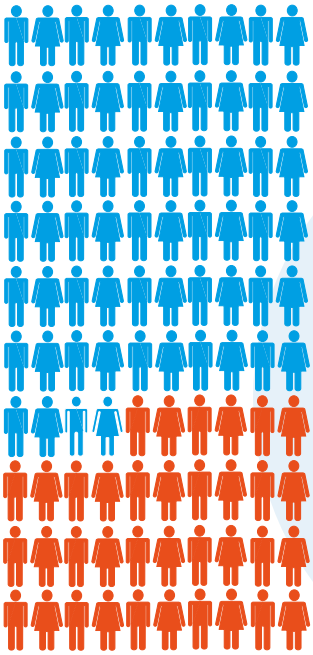
Cannock Chase Hospital has a local demographic make-up that, in some aspects, is quite different than that of Wolverhampton and residents of both communities could be treated or receive a service at any of the Trusts sites. The percentage of the local populations of Cannock and Wolverhampton who are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

1.0 Ethnicity

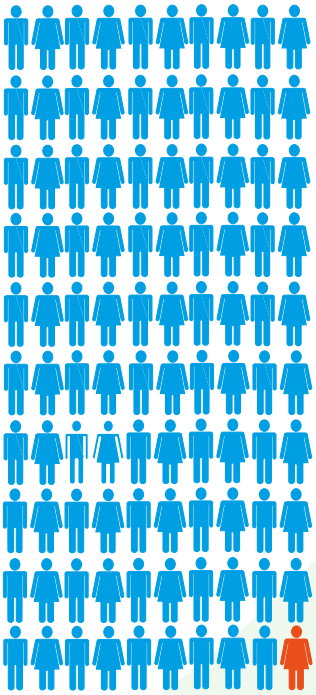
2011 Wolverhampton Local Population



White: 64%

BME: 36%

2011 Cannock Local Population

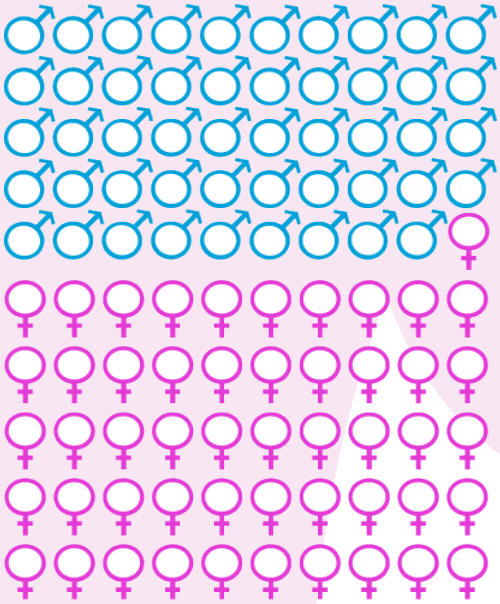


White: 99%

BME: 1%

2.0 Gender

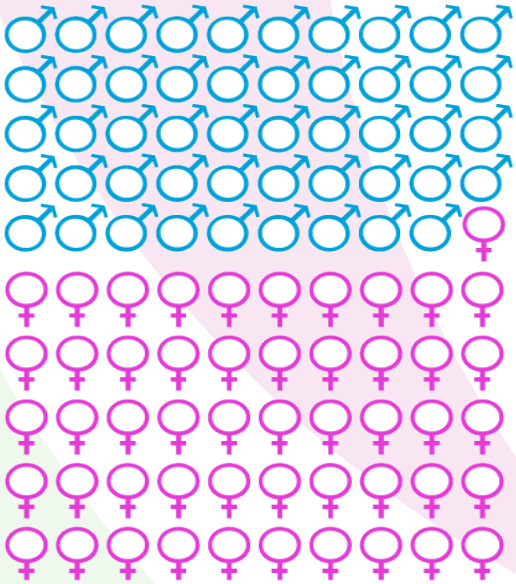
2011 Wolverhampton Local Population



Male: 49%

Female: 51%

2011 Cannock Local Population

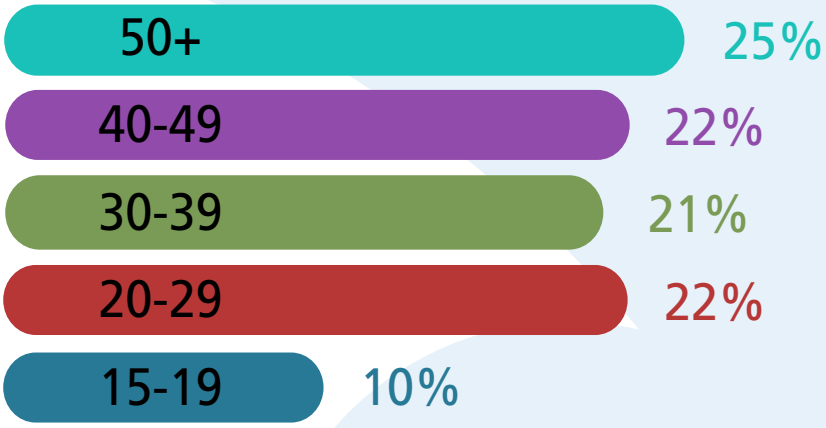


Male: 49%

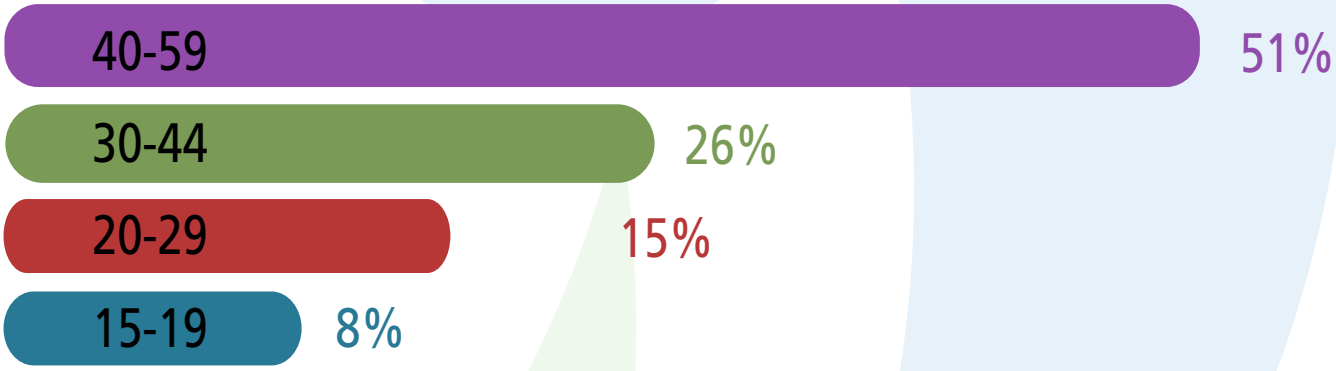
Female: 51%

3.0 Age

2011 Wolverhampton Local Population Census by Age

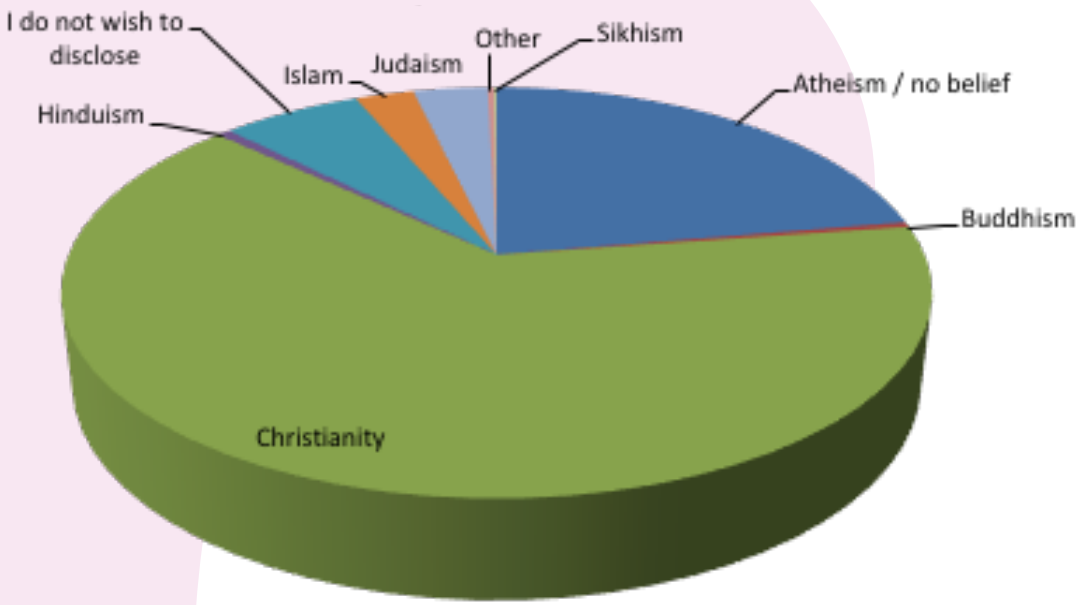


2011 Cannock Local Population Census by Age

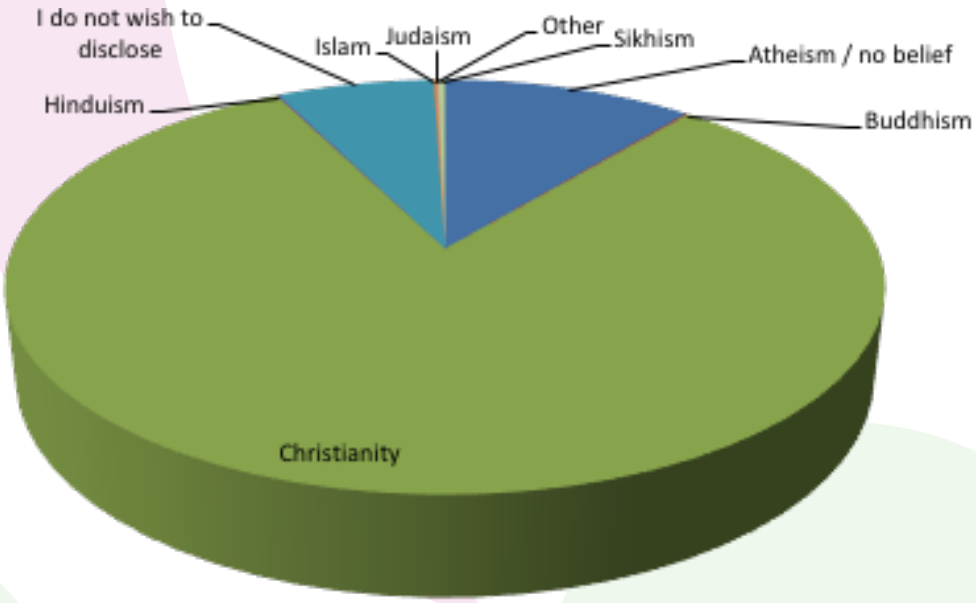


4.0 Religion or Belief

2011 Wolverhampton Local Population Census by Religion or Belief



2011 Cannock Local Population Census by 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.

Governance and Reporting for Equality, Diversity and Inclusion

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.

Regular reports are presented to Compliance Oversight Group; Workforce and Organisational Development Committee and to external Clinical Quality Review Meetings.

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 Trust's 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 section of the report considers the Royal Wolverhampton NHS 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 NHS National Staff Survey 2017 results (Key Finding 1) show that our staff would recommend The Royal Wolverhampton NHS Trust as a place to work or to receive treatment; The overall Trust staff engagement score is 3.83, (weighted key finding from the NHS Staff survey, 2017) which whilst being a marginal decrease from 2016 (3.86) is still above the sector average of 3.75, and is a positive outcome that reflects well on the Trust. Whilst the overall decrease in the staff engagement score is small, we recognise the need for renewed focus on reversing the trend and have started to put in place a number of interventions and plans.

1.0 Executive Summary - Workforce

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.

On an annual basis the Trust has a contractual requirement to analyse and publish aspects of its workforce and to report on the workforce distribution and some organisational characteristics. These reports are the Workforce Race Equality Standards (WRES) and the Equality Delivery System 2 (EDS2); this report encapsulates the outcomes from those reports and provides further analysis and information on the workforce distribution and performance in respect of equality and diversity.

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, whilst there are improvements in the performance indicators this year as compared to last year, there remain some areas of concern regarding Equality within the Trust workforce. The Trust is 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 workforces 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 report that they are proud to say that they work for The Royal Wolverhampton NHS 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 Trust's recruitment and selection processes.
- Identify and address any potential key themes of inequality that may exist relating to Protected Personal Characteristics within Employee Relations processes and procedures. To continue to build on the current initiatives and interventions already in place.
- To improve the offer of Flexible Working arrangements on offer to employees.

2.0 Key Trends and Findings

- Staff engagement, as measured by NHS Staff Survey, is reported at 3.82 (weighted key finding) which is marginally above the sector average.
- The largest age category of the Trust workforce is those aged 45 - 54 years representing 28.46% of the whole workforce.
- The median age of the workforce is 44 years, with 21% of the workforce being over 55 years of age. Young people aged 16 – 19 years only represent 0.51% of the total workforce with only 4.78% of the workforce being aged under 25
- Highest number of job applications are received from 20 – 29 year olds, they have the 4th 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.
- Whilst the Trust has more women in Bands 8a - 9 than the overall NHS average they are still proportionately under-represented in AFC Bands 8a - 9 as compared to the workforce gender make-up– which is also typical of the NHS as a whole.
- Men in the workforce are relatively more likely to occupy higher graded posts which impacts on the Equal Pay Analysis.

- Men occupy a higher level of Medical and Dental posts than women (55% and 45% 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 (78.5% and 21% 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 38.82% of women who work part-time, and only 2.45% of men who work part-time
- The part-time workforce is made up of 94.06% of women, and women report less satisfaction with flexible working arrangements than men.
- In this 12 month period, 3.6% of the female workforce commenced a period of maternity leave the highest incidence were recorded in Nursing and Midwifery, and Admin and Clerical workforce.
- The Trust workforce comprises of 73.75% from a White background and 26.25% 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
- 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 an overall decrease of 1% from 2016 in the levels of staff experiencing harassment, bullying or abuse. This further breaks down to a this is a 3% decrease for White staff and 2% increase for BAME staff.
- Despite reported levels of negative experiences in the workplace BAME staff report a higher level of staff engagement than white staff (3.80 and 3.89 respectively) and both are above the sector average of 3.78.
- The Trust has 1.2% of the workforce declaring a disability or long term illness. NHS staff survey suggests that the Trust is actually likely to have 15% 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.
- The Trust Board is not representative of its workforce profile in respect of members who are women or of a BAME background.

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. (Appendix 1)

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. (Appendix 2)

The 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 Trust's 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)

https://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions

3.3 Protected Personal Characteristics

There are 9 protected personal 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 is 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 Well-being; 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.

4.0 Distribution of the Workforce

The Trust Workforce of 8,484 (as at 31st March 2018) 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.

4.1 Age Profile

The Royal Wolverhampton NHS Trust currently uses the following ranges 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 2018 the largest single age category of our workforce were those aged 45 to 54 years representing 28.46% of the total workforce, with the lowest age category being those aged 65+ years, and then under 25 years (2.06% and 4.78% respectively), This is a marginal change from last year (1.96% and 5.28% 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 for 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, the difficulties in recruitment to apprenticeships nationally has also impacted on the Trust and proves to be an ongoing challenge as typical across the NHS and nationally.

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 our workforce are aged between 25 and 54 years of age (74.77% of the workforce) with a median age of 44; 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.

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

	Under 25	25-34	35-44	45-54	55-64	65+
% RWT Workforce	4.78	22.79	23.53%	28.46%	18.39%	2.06%
		Majority of Workforce = 74.77% Median Age = 44 years				
NHS Workforce	6%	23%	24%	29%	17%	2%
England's Working Population	12%	23%	23%	21%	17%	4%

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 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 18.39% are within pensionable age groups (aged 55 – 64 years and 2.06% are aged over 65).

The proportion 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.

RWT Recruitment and Selection information by Age

Age Group	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Under 19	790	2.8%	204	25.8%	6	2.96%
20 – 29 yrs	9370	33.5%	2583	27.6%	169	6.50%
30 – 39 yrs	7823	28.0%	2457	31.4%	161	6.50%
40 – 49 yrs	6107	21.8%	2092	34.2%	148	7.07%
50 – 59 yrs	3341	12.0%	1254	37.5%	80	6.37%
60 – 64 yrs	460	1.6%	170	37.0%	3	1.76%
65 – 69 yrs	33	0.1%	16	48.5%	0	0.00%
70 yrs +	12	0.04%	3	25.0%	0	0.00%
Undisclosed	21	0.1%	4	19.0%	0	0.0%

There has been an increase of 4,085 (17%) in job applications received by the Trust through NHS Jobs as compared to the same period last year.

The greatest number of applications received by the Trust continues to be from those in age group 20 – 29 years (33.5%). Applicants in this age group have a low level of success rate at shortlisting stage; however, those proceeding to interview have the second highest level of success and are appointed. The majority of appointments to the Trust was the group who are aged between 20 and 49 years (23,300 applications representing 83.34% of all applications through NHS Jobs and 478 of 567 total appointments representing 84.3% of appointments. The turnover rate for this age group is 9.9% which is below the Trust average of 10.91%. This is an improvement from previous years and it is hoped that this will begin to address the potential challenges faced by the Trust in having an 'aging workforce'.

The process up to and including shortlisting is anonymised, i.e. There is no information given regarding any protected 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 continues to be for those aged 40 – 49 year.

The age profile of the local Wolverhampton population, as reported in the 2011 Population Census, shows 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%.

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; 28% . 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.

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 80.13% Female and 19.87% 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 NHS Trust is over-represented by women in the workforce as a whole, when 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 (80.13%) 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 19.87% 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 NHS Trust Workforce	NHS Workforce
Female	51.00%	47.00%	80.13%	77.00%
Male	49.00%	53.00%	19.87%	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%	15.09%	20.00%
AfC Bands 5-7	85.65%	82.00%	14.35%	18.00%
AfC Bands 8a-9	73.20%	69.00%	26.80%	31.00%
AfC Workforce Total	**84.70%**	**80.00%**	**15.64%**	**20.00%**

Within the Trust workforce graded within the Agenda for Change pay bands (1 - 9 inclusive) women represent 84.70% of that part of the workforce which is above the NHS workforce figure (80%), and above the figures for that of the local communities (51%) and England's working population (47%).

The percentage of women in AFC posts within the Trust graded 1 - 4 (84.59%) and 5 – 7 (85.65%) is broadly similar but is greater than the percentage of women in AFC posts graded 8a - 9 (73.20%). These figures are higher than those of the NHS on average, and in particular is 4.20% higher in grades 8a - 9.

Whilst under-represented in the total of AFC graded posts men employed in these posts are relatively more likely to occupy higher graded posts.

The percentage of men in AFC posts graded 1 - 4 (15.09%), bands 5 - 7 (14.35%) and bands 8a-9 (26.81%) are below average for the NHS.

The representation of women in job bands 8a - 9 (73.20%) is below the overall percentage of women in the Trust (at 80%) but 4.20% higher than the NHS average. Conversely, men who hold posts graded as bands 8a – 9 (26.80%) are, proportionately, over represented as compared to the overall workforce but under represented when compared to the NHS average.

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 Trust's Medical and Dental workforce, women make up 45.7% of those posts and men 54.3% which means that this staff group is not representative of the gender make-up of the overall workforce or of the NHS workforce as a whole.

The NHS Medical and Dental workforce is made up of 45% women and 55% men, so in this respect the Trust is comparable to the NHS total workforce.

This is generally reflected throughout the whole of the NHS with only 6% 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 workforce 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	28.90%	36.0%	71.10%	64.0%
General Practitioners	47.62%	53.0%	52.38%	47.0%
Junior Medical	53.07%	54.0%	46.93%	46.0%
Other Medical	53.36%	47.0%	46.64%	53.0%

Within the Trust Medical and Dental workforce there is a lower representation of women at Consultant level and also a slightly lower representation of female Doctors in Training, when compared to the NHS as a whole, and as a consequence the representation of male Consultants is higher than the NHS workforce average. The Trust has an under-representation of women as General Practitioners as compared to the NHS total workforce – with a corresponding over-representation by men in the same job role.

Recruitment and Selection Analysis by Gender

Gender	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Male	5883	21.0%	1649	28.1%	68	4.1%
Female	21995	78.5%	7097	32.3%	499	7.0%
Undisclosed	119	0.4%	37	31.1%	0	0%

Of all the applications for jobs received through NHS jobs 78.5% were from women, with 32.3% of those applications being shortlisted for interview. Of these 7% of applicants were successful at interview and appointed.

Of the 21% of applications received from men, 28.1% were shortlisted and called to interview, with 4.1% 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 men. The process up to and including the shortlisting stage is done anonymously without information regarding personal characteristics. But at interview women did significantly better than men and were therefore appointed.

RWT Workforce Analysis by Gender

	Female	Male	Total
Full Time Workforce	3504	1478	4982
Part Time Workforce	3294	208	3502
Total Workforce	6798	1686	8484

The Trust's entire workforce is made up of 41.31% women who work Full time and 38.82% who work part time, whilst 17.42% are men who work full time and 2.45% who work part time. Therefore 41.27% of the Trusts workforce work part time. 58.73% work full time.

Of the part time workforce 94.06% are women and 5.94% 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.

RWT Analysis by Gender and Full Time / Part Time working

	Female	Male
% of Full Time Workforce	70.31%	29.69%
% of Part Time Workforce	94.06%	5.94%

	Female	Male
Full Time	41.30%	17.42%
Part Time	38.82%	2.45%

Within the NHS Staff Survey 2017, of the respondents, 51% reported being satisfied with the opportunities for flexible working patterns, which is an improvement on 2015 and 2016 (45% and 50% respectively) and is equal to the sector average.

The NHS Staff Survey for 2017 was sent to the entire workforce instead of a random sample, as in previous years. There was a total of 3,275 staff who responded which represents 40%, whilst this is below the average for the sector (43%) but is an improvement on responses for 2016 which was 32%.

Of the 3,105 NHS Staff Survey responses 53 women and 50 men expressed satisfaction with the opportunities for flexible working patterns, which represents 52% and 48% of this response. Therefore men are relatively more likely than women to express satisfaction in the opportunities for flexible working patterns, but only 2.45% of the workforce are men who work part time, whilst 38.82% of the workforce are women who work part time.

Of the full time workforce 70.31% are women and 29.69% are men, and 94.06% of the part time workforce is female with 5.94% being male. These figures remain similar to previous years.

4.3 Pregnancy and Maternity

During the period of 1st April 2017 to 31st March 2018 a total of 245 of women commenced Maternity Leave

Therefore, 3.6% 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 and remain on Maternity leave.

The highest number of episodes of maternity leave is recorded as being amongst Nursing and Midwifery staff (103 episodes) with Admin and Clerical Services being the area with the second highest number of episodes (42 episodes) .

The Trust average for percentage of women taking maternity leave is 2.85%; Healthcare Scientists, Nursing and Midwifery, and Allied Health Professionals are above the Trust average at 4.73%, 4.31% and 3.10% respectively.

RWT 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	4	1.50%
Additional Clinical Services	37	2.44%
Admin and Clerical	42	2.21%
Allied Health Professionals	14	3.10%
Estates and Ancillary	10	1.29%
Healthcare Scientists	13	4.73%
Medical and Dental	19	2.01%
Nursing and Midwifery	103	4.31%
Student	0	0.00%
Total	245	Trust Average = 2.85%

In addition to Pregnancy and Maternity being a Protected Personal Characteristic as prescribed in law, as part our Employee Health and Well-being agenda, initiatives have been developed to support pregnant Employees and New Mothers returning to work.

On a quarterly basis the Trust runs Maternity Workshops 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.

The Trust is developing an interim protocol for Employees Breastfeeding in the workplace, whilst more permanent facilities are explored.

4.4 Ethnicity Profile

The Royal Wolverhampton NHS 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 73.75% from a White Background and 26.25% from a BAME background, which is a marginal change from 2017 (74.25% and 25.10% 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.

RWT workforce and local populations by Ethnicity

	Local Population			Staff in Post		Staff in Profile	
	W'hampton	Cannock	Combined	2017	2018	Leavers	Turnover
White	64.50%	99.00%	80.75%	74.25%	73.75%	743	9.7%
BAME	35.50%	1.00%	18.25%	25.10%	26.25%	427	10.85%

Recruitment and Selection analysis by ethnicity

Ethnicity	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
White	16481	58.95%	5464	33.15%	401	7.33%
BAME	10946	39.15%	3135	28.6%	163	5.19%
Undisclosed	530	1.89%	184	34.7%	3	1.63%

The Trust attracts 58.95% of its job applications from people of a white background, almost 20% more than BAME applicants. The differential in success at shortlisting is less at just 5%. Success at interview is greater for applicants from a White background than those from a BAME background. Up to and including shortlisting is carried out anonymously and without any knowledge of Personal Protected Characteristics.

The Medical and Dental staff group have the highest percentage of staff from a BAME Background (62.49%) which is higher than the overall Trust BAME Background representation (26.25%). Nursing and Midwifery staff group have the second highest BAME representation (28.55%) which is only slightly higher than the overall Trust BAME representation (26.25%) and is therefore largely proportionate to the Trust Ethnic profile. In all of the remaining Staff groups there is an under representation of employees from a BAME Background.

RWT Trust Staff Categories by Ethnicity

	% of BAME staff group	% of staff group from white background
Nursing and Midwifery	28.55%	71.45%
Medical and Dental	62.49%	37.51%
Admin and Clerical	16.18%	83.82%

The Medical and Dental staff group have the lowest percentage of staff from a White Background (37.51%) and are significantly lower than the overall Trust White Background representation (73.75%). The Nursing and Midwifery staff group are marginally above the overall percentage of the workforce who are BAME (28.55% and 26.25% respectively).

Trust Workforce Ethnicity Profile as at 31st March 2018

	2018
A White – British	73.26%
C White - Any other White background	1.30%
F Mixed - White & Asian	0.77%
H Asian or Asian British – Indian	10.95%
J Asian or Asian British - Pakistani	1.82%
L Asian or Asian British - Any other Asian background	3.22%
N Black or Black British – African	2.11%
P Black or Black British - Any other Black background	3.75%
Undefined	2.82%

In the NHS Staff Survey 2017, 28% of BAME staff reported experiencing bullying, harassment or abuse from other staff in the last 12 months, with 22% of white staff reporting the same experience. This is a 2% decrease for BAME staff and a 3% decrease for White staff as compared to 2017.

Despite the percentage of BAME staff reporting having 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 (3.80 and 3.89 respectively) and also higher than the average score for the comparable sector (3.78).

The turnover rate for BAME staff (10.85%) is marginally lower than the Trust average (10.91%), with the turnover rate for white staff (9.70%) being also lower than the Trust average (the statistics are also made up of those from an unknown ethnicity at 6.11%).

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 the entire workforce.

Freedom to Speak Up Guardian

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

4.5 Disability

The Trust collects workforce data on disability in the following categories; Disability, No disability, Not Declared and Prefer not to answer. 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.".

In 2017 The Trust 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. The process of 'self-reporting of Protected Personal Characteristics continues to be actively encouraged by the Trust through ES.

As at 31st March 2018, 1.2% of the workforce declared themselves as having a disability, with 66.70% declaring that they have no disability, and 32.10% with 'not declared' status. This is a significant improvement in the number of 'self-declarations' but is a decrease in the number of staff declaring themselves to have a disability or long term health condition(s).

The results from the NHS Staff Survey 2017 suggest that the workforce is likely to be made up of approximately 15% of employees who have a long term illness, health condition or disability and of the survey respondents declaring a disability, 74% stated that the Trust has made adequate adjustments to enable them to carry out their work – a significant improvement on the previous year (56%) and is comparable to the sector average. 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 1,262 employees are likely to have a disability, long term illness or health condition.

Staff engagement recorded by the NHS Staff Survey for employees with a disability is 3.68 (as compared to their non-disabled colleagues at 3.84) . Staff engagement for employees with a disability is lower than the overall workforce staff engagement level (3.86) and also lower than the sector average (3.78).

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.

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 having a less than favourable experience in the workplace than their non-disabled colleagues, similar to the experience reported in the NHS as a whole.

The Workforce Disability Equality Standards (WDES) were to be implemented from 1st April 2018 but implementation of this reporting requirement has been deferred nationally until 1st April 2019. 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.

RWT Workforce Analysis by Disability Declaration

	Declared with a disability	Declared with no disability	Not Declared
% of Workforce	1.2%	66.70%	32.10%

Analysis of Recruitment and Selection by Disability Declaration

Disability	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Yes	876	3.1%	309	35.3%	14	4.5%
No	26671	95.4%	8351	31.3%	549	6.6%
Undisclosed	410	1.5%	123	30.0%	4	3.3%

The Trust attracts a relatively small number of applications from people with a disability (3.1%) 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 1.5 % were undisclosed, with a definitive declaration of 'No disability' being made by 95.4% of applicants.

The levels of success at shortlisting stage are broadly similar, (with a small increase for those who declare as having a disability). At interview, applicants who made a declaration of having no disability had a higher success rate than those with a disability and those who did not disclose. 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.

4.6 Religious Belief Profile

The Royal Wolverhampton NHS 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 has allowed 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%.

41.28% of the Trust's workforce have declared themselves 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 40.45% of the workforce who 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 actively encourage the workforce to make a full disclosure regarding their protected personal characteristics via the ESR Self Service Portal which will enable more detailed and fuller reporting in future.

RWT Workforce Analysis by Religious Belief

Religious Belief	Total
Atheism	5.76%
Buddhism	0.24%
Christianity	41.28%
Hinduism	2.45%
I do not wish to disclose my religion/belief	40.45%
Islam	1.70%
Jainism	0.04%
Other	4.85%
Sikhism	3.24%

Recruitment and Selection Analysis by Religious Belief

Religious Belief	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Atheism	2764	9.9%	954	34.5%	64	6.7%
Buddhism	156	0.6%	44	28.2%	2	4.5%
Christianity	13940	49.9%	4652	33.4%	357	7.7%
Hinduism	1265	4.5%	362	28.6%	10	2.8%
Islam	1914	6.8%	515	26.9%	9	1.7%
Jainism	12	0%	3	25.0%	0	0%
Judaism	4	0%	3	75.0%	0	0/%
Sikhism	2031	7.3%	533	26.2%	40	7.5%
Other	3390	12.1%	927	27.3%	51	5.5%
Undisclosed	2481	8.9%	790	31.8%	34	4.3%

The Trust receives the highest number of applications for jobs from those applicants declaring themselves as Christian (49.9%), with 'other', 'Atheism' and 'undisclosed' being the next significant categories of disclosure at 12.1%, 9.9% and 8.9% 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 with those applicants declaring as having a Christian belief or Sikh belief being more successful.

4.7 Sexual Orientation Profile

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

Since the personal data cleanse exercise in 2017, ESR records have been updated and 38.54% of the workforce have a declaration of 'I do not wish to disclose' – which is a significant improvement from the figure of 2016 (61.57%) and is consistent with last year's figures. This enables 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 through self-declaration on the ESR Self Service Portal.

RWT Workforce Analysis by Sexual Orientation

Sexual Orientation	Total
Bisexual	0.51%
Gay	0.34%
Heterosexual	60.20%
I do not wish to disclose my sexual orientation	38.54%
Lesbian	0.41%

The percentages of declarations as Bisexual, Gay, and Lesbian have not changed significantly since the 2017 annual report. The most significant changes since the 2017 data cleanse have been an increase in the number of declarations as Heterosexual and a similar decrease in the number of declarations of 'I do not wish to disclose'.

Recruitment and Selection Analysis by Sexual Orientation

Sexual Orientation	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Lesbian	216	0.8%	55	25.3%	9	16.4%
Gay	214	0.8%	66	30.8%	4	6.1%
Bisexual	219	0.8%	54	24.7%	2	3.7%
Heterosexual	25342	90.6%	8023	31.7%	520	6.5%
Undisclosed	1966	7.0%	585	29.8%	32	5.5%

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 is higher than those declared as Heterosexual, with applicants declaring as Gay having a similar success rate as those applicants declaring 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 6.3% of the workforce for whom this information is 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 (55.54%); with the second highest percentage of the workforce declaring themselves as single (30.50%).

RWT Workforce Analysis by Marriage and Civil Partnership status

Marital Status	Total
Civil Partnership	0.47%
Divorced	5.38%
Legally Separated	0.88%
Married	55.54%
Single	30.50%
Unknown	6.31%
Widowed	0.92%

Recruitment and Selection Analysis by Marriage and Civil Partnership Status

	Applications	%	Shortlisted	Success at shortlisting	Appointed	Success at interview %
Civil Partnership	692	2.5%	199	28.8%	10	5.0%
Divorced	1241	4.4%	456	36.7%	25	5.5%
Legally Separated	275	1.0%	88	32.0%	6	6.8%
Married	10623	38.0%	3623	34.1%	259	7.1%
Single	14156	50.6%	4058	28.7%	247	6.1%
Unknown	820	2.9%	317	38.7%	18	4.8%
Widowed	150	0.5%	42	28.0%	2	4.8%

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.

Analysis of Disciplinary Case initiations by Ethnic Origin

Number of Disciplinary Investigations commenced						
BAME		White		Unknown		Total
21	31%	41	61%	5	8%	67
Number of Disciplinary Hearings						
BAME		White		Unknown		Total
7	22%	23	72%	2	6%	32

From this information it can be seen that a total of 67 disciplinary cases were initiated and of those 31% were employees from a BAME background - this is an improvement from the same period in 2017 (decrease of 9%) but still indicates that there is a disproportionality as compared to the ethnic make-up of the whole Trust (26.25% BAME).

During this 12 month period the Trust has reviewed and refreshed its Disciplinary policy and procedures and has introduced more rigorous fact finding processes before proceeding to initiate a Disciplinary Investigation process.

The Trust has also implemented its Cultural Ambassador Programme. The programme currently has a team of staff volunteers, from a variety of professional areas and ethnic backgrounds who are trained to introduce appropriate questions in investigations and hearings to ensure that all aspects relating to BAME cultures and unconscious bias are explored and addressed.

From the Workforce Race Equality Standard 2018 (WRES) it can be seen that there has been a significant improvement in the relative likelihood of a Black member of staff entering into a disciplinary process as compared to their White colleague.

In 2017 the relative likelihood was 1.97 (meaning that a Black member of staff was almost twice as likely to be the subject of a disciplinary process as their White colleagues). The figure, as generated by WRES, for 2018 has reduced to 1.34. Work continues within the Trust to further reduce this.

Bullying and Harassment

During this period there were 3 formal cases of Bullying and Harassment recorded. Of these, 2 were initiated by employees of BAME background and 1 initiated by an employee of White background.

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 which are satisfactorily dealt with at an informal stage by Managers do not move onto the formal stage of the Bullying and Harassment policy and procedure.

At the end of this reporting period the Trust reviewed and evaluated its policies dealing with Bullying and Harassment, and Grievances. As a result the Trust implemented its new 'Dispute Resolution' policy to replace those policies. The new single policy and procedure places more emphasis on resolving disputes in the workplace as early as possible and to reduce the episodes of escalation to formal procedures.

The National Staff Survey reports that 24% of respondents stated that they had experienced harassment, bullying or abuse from staff in the last 12 months, which is a 1% decrease from the previous year's reported figure. Of the respondents to this question who were of Black heritage 28% stated that they had experienced harassment, bullying or abuse from staff in this reporting period : whilst 22% of their colleagues from a White background who responded to this question also reported having experienced this in the workplace. Both figures are below the average for the comparable NHS sector – but the percentage for staff of Black heritage has increased by 2%, and decreased by 3% for White staff since the report of 2016.

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 2 appeals recorded in this 12 month period. The National Staff Survey 2017 stated that 51% of respondents were happy with flexible working arrangements, which is an increase of 1% from 2016, an overall improvement of 6% since 2015. The Trust is comparable with the NHS sector average.

The Trusts part-time workforce is predominantly made up of women (94.06%) with only 5.94% being male. Of the entire workforce women who work part time represent 38.82% whilst men working part-time represent 2.45%.

The gender profile of staff who work part time hours has remained without significant change over the last two reported years. Men are relatively more likely to work full-time than their female colleagues, and conversely, relatively less likely to work part time than their female colleagues; but men are more likely to report being satisfied with the flexible working arrangements offered by the Trust than their female colleagues.

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.

6.0 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	2	25.00%	80.12%	51%
Male	6	75.00%	19.88%	49%
Total	8			

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%	73.75%	80.75%
BAME Background	1	12.5%	26.25%	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

7.0 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.

8.0 Learning and Development Activities and Equality and Diversity

The Learning and Development Department continue the process 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.

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.

In the NHS National Staff Survey 2017 it is recorded that satisfaction with the quality of non-mandatory training, learning and development was recorded as a weighted score of 4.09, which despite a slight decrease since 2016 is still above the sector average at 4.06 is. BAME staff report a higher level of satisfaction with this than the Trust overall score at 4.14, with their white colleagues reporting a level of 4.06. A more meaningful analysis of this will be possible once data is collectible after introduction of the E-learning form.

The Equality, Diversity and Inclusion agenda has become an important focus for the Trust as it recognised that the staff demographic was not representative of that of its communities. Further work continues to support this area with these principles being woven through all of the training programmes on offer to ensure that we recognise and include all staff at every opportunity.

Creating a culture of compassionate and inclusive leadership has also been embraced by RWT through the successful introduction of Schwartz Rounds, open to all members of staff with a range of clinical and non-clinical panel members presenting dilemmas around the challenges of working within Healthcare.

9.0 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.

10.0 Recommendations

- Continue to explore opportunities to attract and retain younger people into employment within the Trust.
- Identify and address 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 and establishment 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 2017 – 31 March 2018** (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 continues to move 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) was reviewed to allow for easier access. Historical information is also available on the page. The page publishes Annual Equality, Diversity and Inclusion Reports along with other reports.

1. Access to services

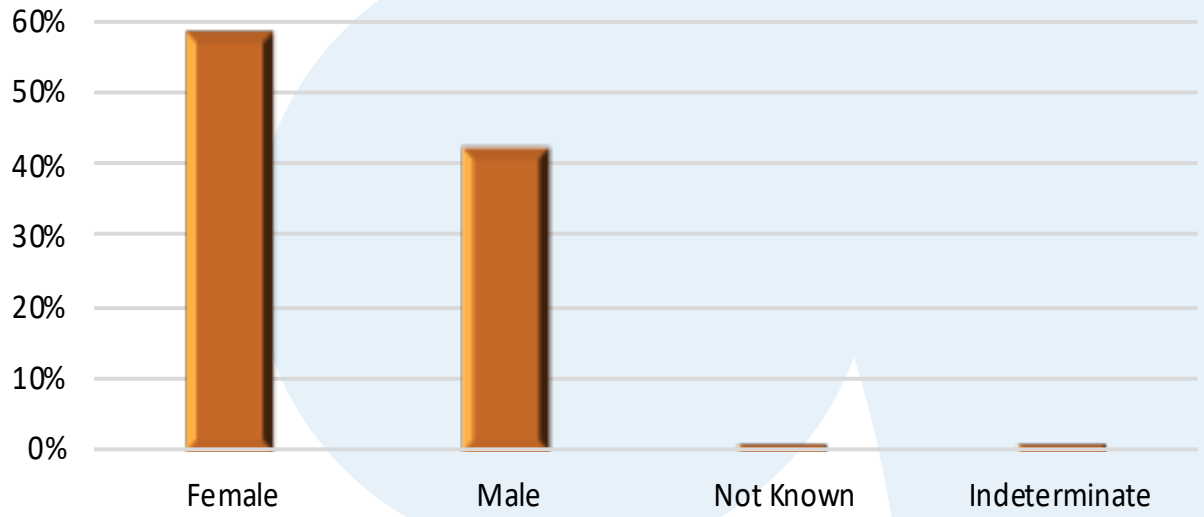
The data presented in this section of the report has been **rounded to the nearest percentage (two decimal points).** It has been gathered using 2 systems:

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

The Trust saw a total of **414,298** patients in the year (April 2017 – March 2018). The data below summarises available information desegregated by protected characteristics (where available) as far as possible:-

Gender: Access to Services

% Of Patients by Gender 2017-18



There appears to be a fairly even representation of access to services by gender with 54.35% being female and 45.55% being male (a difference of 8.8%). This data is almost identical to last year's information.

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

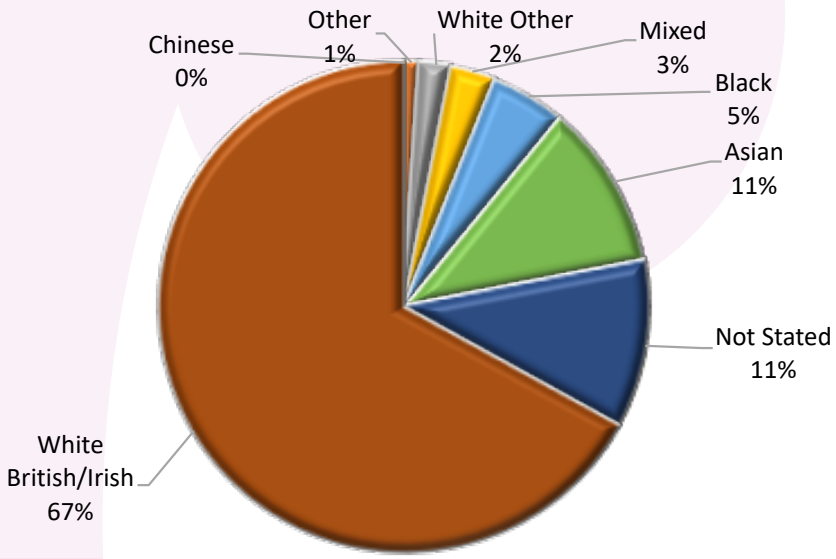
Indeterminate (unable to be classified as either male or female), as defined by the NHS data dictionary.

Ethnicity: Access to Services

According to the data below the least amount of people who accessed services during this reporting period were people who identified as having a Chinese origin, equating to 0.16%. This is similar to the data within last year's report for Chinese people accessing services, which was 0.18%.

The number of patients this year increased by 21,000 compared with the previous year (from 393,298 to 414,298).

% Of Patients by Ethnicity 2017-18

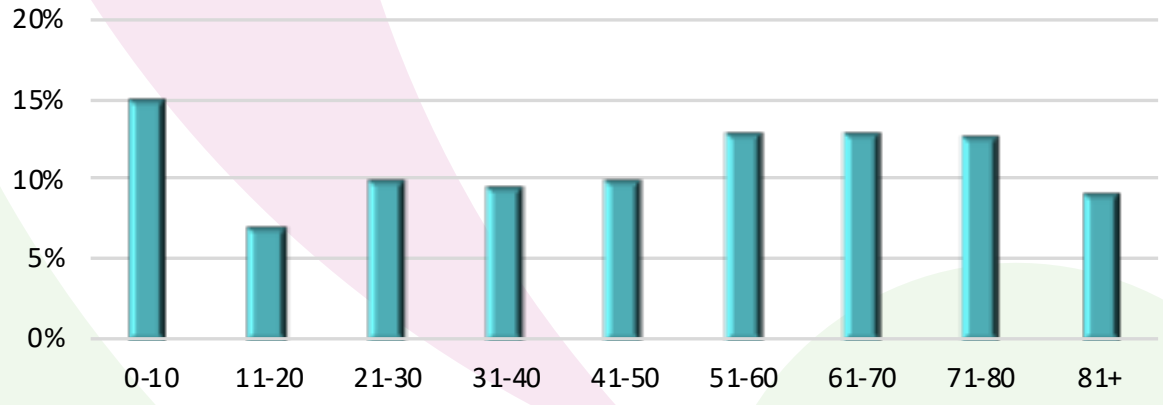


Age: Access to Services

The largest age group of patients accessing services falls into the age group for 0 - 10 year olds and representing 14.83% of the overall total. This is a change from last year where the largest group accessing services was the 61 - 70 age group.

Having looked at this in more detail, it is noted that the volume for this category appear to be from community services where 21,755 patients within the age group of 0 - 10 received treatment.

% Of Patients by Age Group

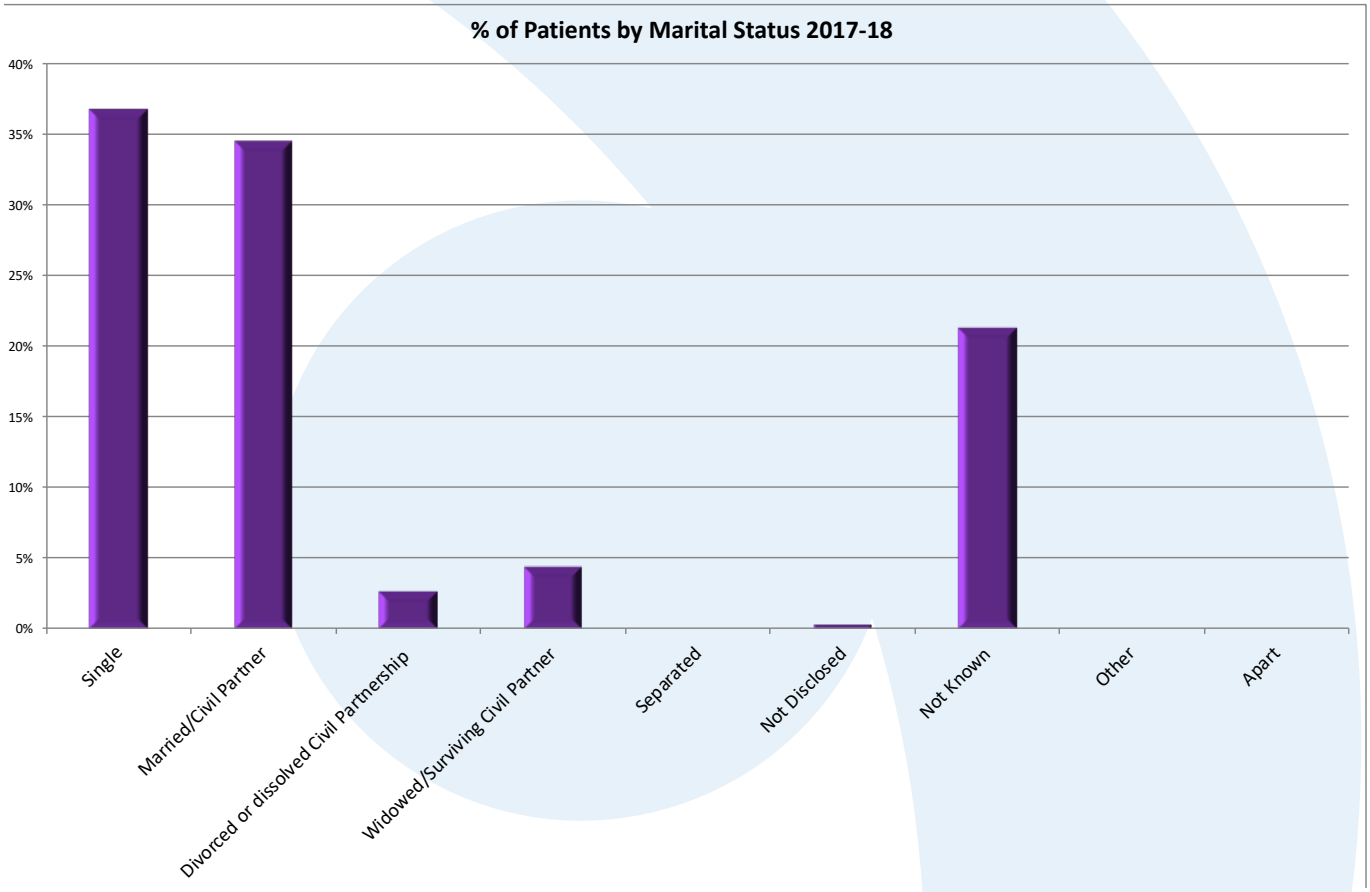


The smallest proportion of patients in this category falls into the age group for 11 - 20 year olds and represents 6.77% of the overall total, of which the highest volume for this category appears to be from acute out patients where 12,660 patients received treatment at this location. These figures are similar to last year.

Marital Status: Access to Services

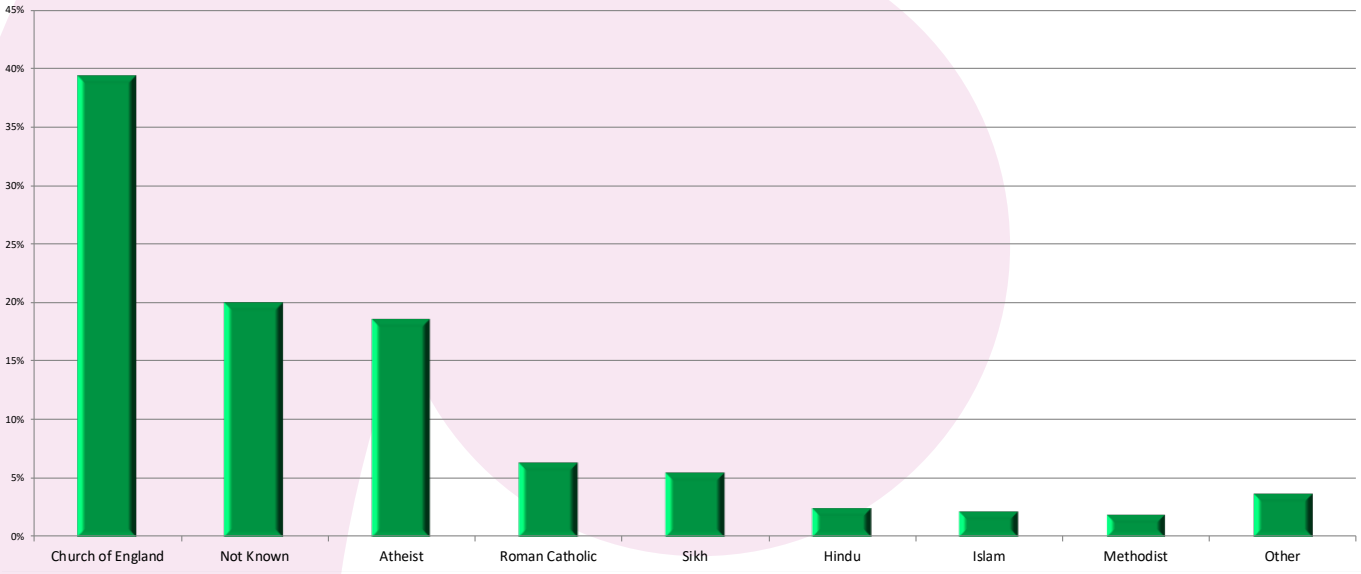
Across all services there still appears to be a great volume of patients in the not known category equating to 88,118 people or 21.27%. The highest of area 'not knowns' appears to be for acute outpatients, with the lowest being maternity. This is similar to last year's data.

% Of Patients by Marital Status 2017-18



Religion or Belief: Access to Services

% Of Patients by Religion 2017-18



The largest represented religion known of the patients who use our services is the Church of England which represents 39.40% of all patients. The smallest representation is Methodist which represents 1.88% 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 20.03% of patients. This is similar to last year's data. An objective for the Trust is to improve collection of information for people with PPCs.

2.0 Performance information relating to health outcomes

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

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

3.0 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.

The Patient Experience Department have developed a Patient Feedback leaflet, which has been disseminated to wards and departments in February 2018, and is being piloted Trust wide with regards to compliments, comments, concerns or complaints.

This new leaflet includes an equalities monitoring form which has been based on RWT's workforce PPC data fields, as this should allow for easier analysis when comparing data.

As this leaflet has recently been implemented it is too early to gather data for all PPCs in this area. After the pilot, discussions with IT with regard to capturing some or all of PPC's for services needs will require revisiting.

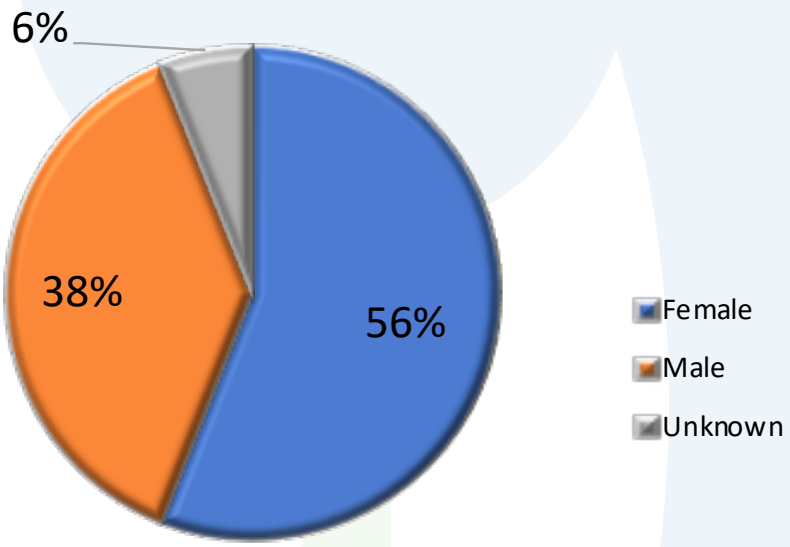
The Trust uses an IT system called Datix to record its PALS concerns, complaints, comments and compliments.

The data in this section represents information available which has been desegregated by protected characteristics as far as possible.

The complaint data which follows represents data stored on the actual complainant and not necessarily the patient. It may be that the high volume of 'unknowns, not stated, undisclosed, or not available' may be due to complaints being made by an organisation, or by an employee of an organisation and it is not possible to identify protected characteristics of the complainant.

Gender: Formal Complaints

Complaints by Gender



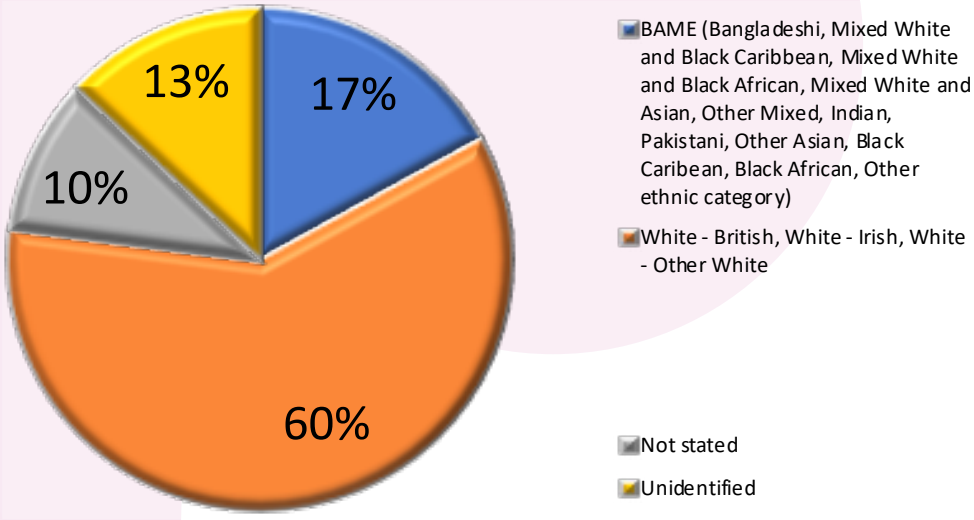
There were 404 complaints for this period, of which 56% relates to females and 38% from males with 6% unknown.

Within the Annual Equality, Diversity and Inclusion report (April 2016 – March 2017), there were 4% noted as unknown, of the 443 formal complaints received.

Formal Complaints by Ethnicity

Ethnicity : Formal Complaints

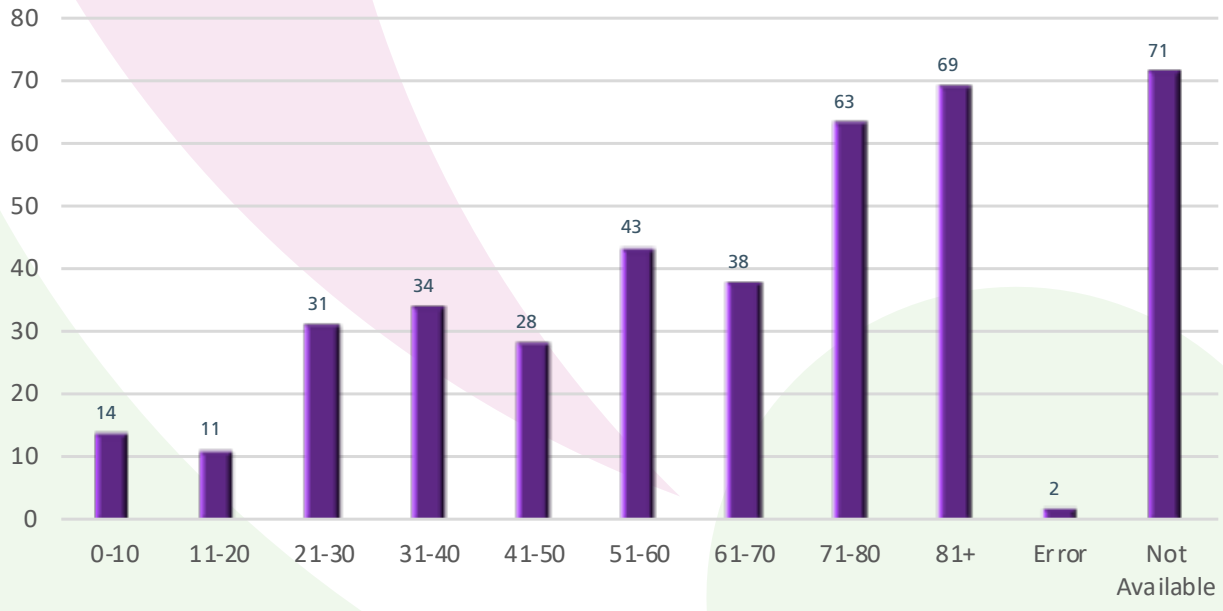
Wherever possible, the Trust collects personal data relating to Ethnicity (Race) for each complainant. There were 404 formal complaints raised in this period of which 10% of the complainant's ethnicity has not been stated, 13% of ethnicity has not been identified, 17% of complaints are in relation to BAME complainants and the largest percentage of 60% is from the white / white other category (see below).



Age: Formal Complaints

From the were 404 formal complaints raised in this period, the highest age range raising complaints fell into the group 81+, the lowest number was in the age range 11 - 20. These results are consistent with the previous year's report. However, the highest area was in the not available category. This could be an indication the information has not been provided or is not being recorded by the Patient Experience Team.

Formal Complaints by Age



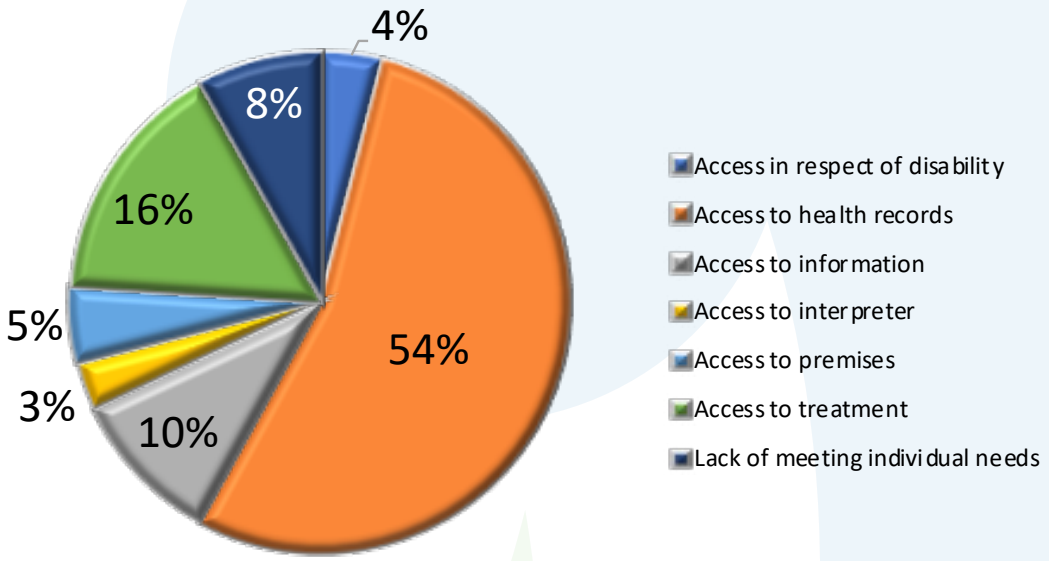
4.0 PALS Concerns

76 PALS concerns were received under the category of access to services which is an increase of 54 from the last report. Upon further analysis these were broken down into sub categories of;

- Access in respect of disability (4%).
- Access to Interpreter (3%).
- Access to premises (5%).
- Lack of meeting individual needs (8%).

It is noted that for the year there were 414,298 patients who accessed services. However the volume of PALS concerns raised about the lack of access (76) is very minimal where it represents 0.02% of the total of patients accessing services.

Access to services for PALS concerns



There were 176 PALS concerns under the category of communication, of which less than 1% fell into the sub category of communication in respect of disability.

There were 384 PALS concerns under the category of general care of patient category, of which less than 1.25% fell into the sub category of privacy and dignity. This is a drop compared to last year's figures.

There were 80 concerns raised under the category of facilities, of which less than 5.5% fell into the sub category of disabled car parking.

The figures for the category of disability discrimination were negligible (<5).

5.0 Friends and Family (FFT) Tests

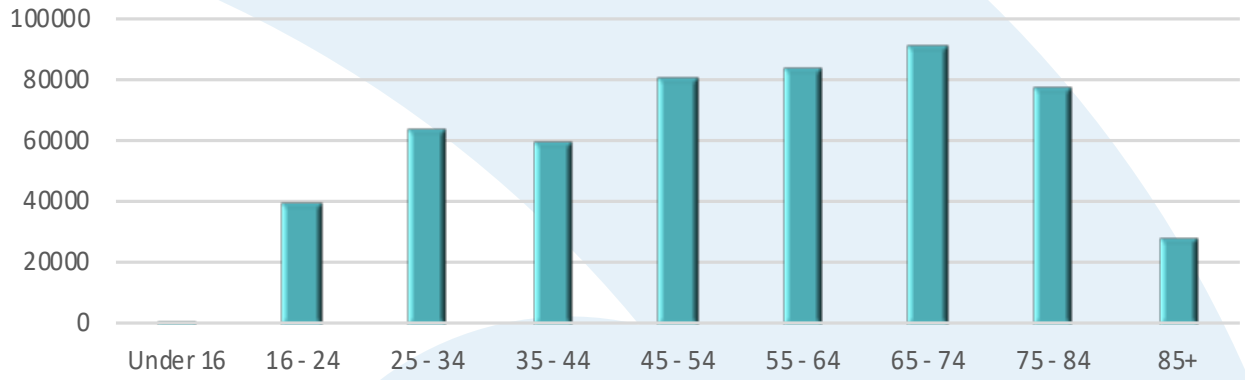
The Trust uses the national NHS Friends and Family Test which offers patients the opportunity to provide feedback on their experience. They are asked whether they would recommend services to friends and family in need of similar care, which is an important reflection of the quality of care they received.

A variety of work has been undertaken by the Trust in the years 2016-2018 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:

- Paper forms available on the wards for patients who require this format
- SMS Text messages
- Online versions which include:
  - Adult survey
  - Children's survey for ages 10 – 15 years
  - Children's survey for ages 0 – 9 years
- Alternative formats such as Easy Read, larger print and Braille
- A BSL video explaining the test
- An audio promotion explaining the test
- A slide pack explaining the test
- Promotional posters in multi-language
- 'Browsealoud' The Trust purchased and implemented Browsealoud which gives website visitors a better experience by improving accessibility such as an on screen text magnifier or a speech function.
- The Trust's Accessibility page has a link to My Computer, My Way, a website which shows the user how to adjust settings on their computer to make it easier to use. The free tool explains all the accessibility features built into common desktop computers, laptops, tablets and smartphones, and how the user can enable them on their device. For further information go to https://mcmw.abilitynet.org.uk/.
- Interactive Voice Message (IVM) agent calling, 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

Age: Overall Total



From the data collected electronically, the largest group of responses were in the age range of 65 - 74.

The lowest age group of responses was under 16. The Trust have made further 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 such as an age specific survey for 0 - 9 years and 10 - 15 years. The Trust needs to work with its provider to ensure the FFT age groups match the Trust's groups for age: access to services. An objective for the Trust is to improve collection of information for people with PPCs.

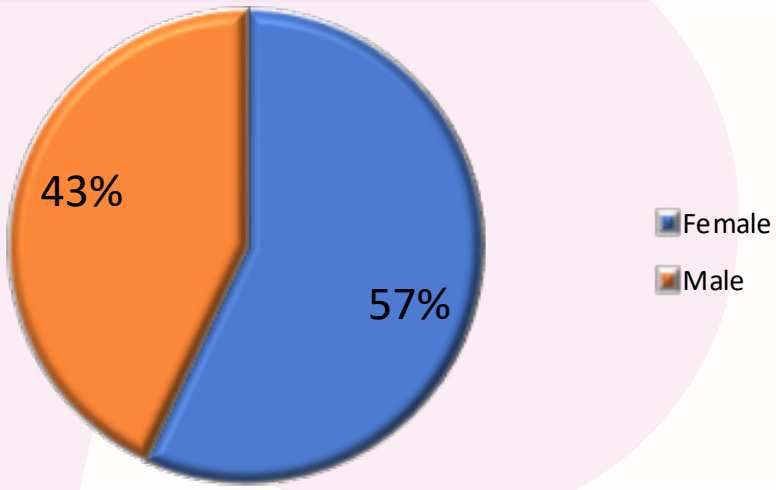
FFT Responses by Ethnicity

The ethnicity responses below broadly follows access to services ethnicity data.

Ethnic Group	Overall Total
White - British	469845
White - Irish	2419
White - Other	10406
Mixed - White and Black Caribbean	4554
Mixed - White and Black African	443
Mixed - White Asian	766
Any other mixed background	1648
Indian	54414
Pakistani	7192
Bangladeshi	645
Any other Asian background	5131
Caribbean	17908
African	5445
Any other Black background	2997
Chinese	973
Any other ethnic group	7406
Not stated	15194

FFT Responses by Gender

Gender: Overall Total

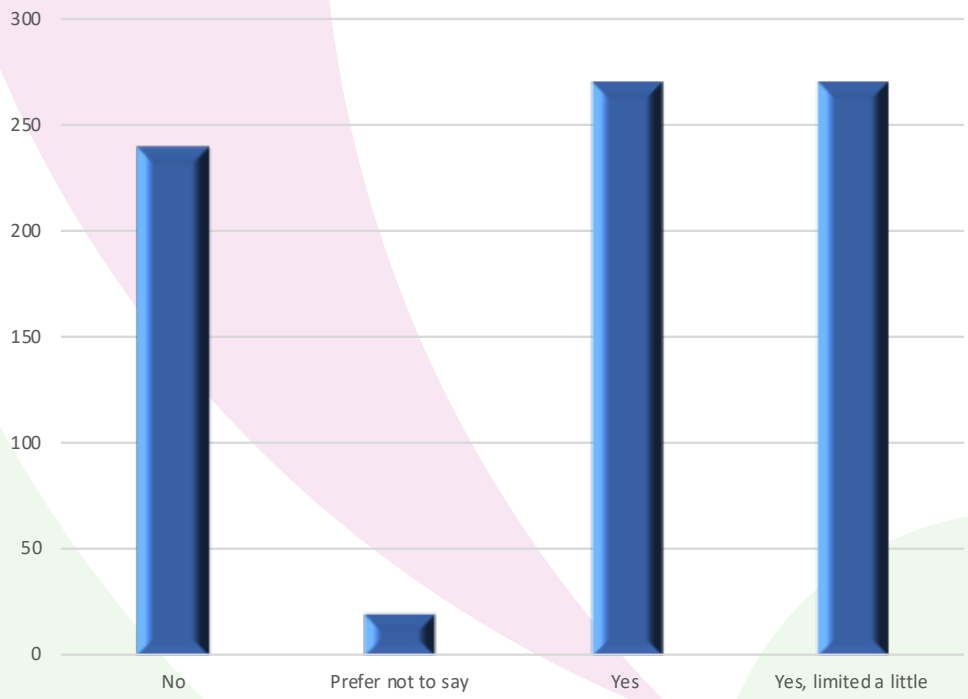


In terms of responses to FFT surveys it is noted that the lowest number of responses were from males (43%) and the highest from females (57%). This is the same as the data for last year.

Within last year's report, there were 4% of responses that were categorised as neither male or female, however, the data has improved for this financial year with no unknown genders.

FFT Responses by Disability

Disability: Overall Total



From the information provided last year, there has been an increase in people declaring their disability, with a slight decrease in people not declaring a disability (prefer not to say). This could be a result of improved awareness of the importance of collecting this information.

6.0 Service User Engagement

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

We endeavour to communicate with the wider community in an effort 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 Clinical Commission Group and Healthwatch.
- The Trust also attends regular meetings with representatives (both patients and staff) from the Patient Participation Groups for the Primary Care GP practices (Primary Care).
- 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' perceived 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 audience for patient and carer engagement and learning.

Events and Engagement Activities

The Patient Experience Team have fulfilled a range of promotional activities to support initiatives and projects, including the Council of Members, the Equality Delivery System's assessment session as well as raise awareness about the team's functions.

November 2017 – Every Voice Matters Staff Event:
The Patient Experience Department supported the Human Resources department, to deliver the Trust's first annual EDI staff event.

- The Theme for the Event was "Every Voice Matters", and related to the employee voice, and services which enable patients to have a voice and be heard.

- **December 2017 - Council of Members:** The Trust launched its volunteer Council of Members in December 2017 to support us with our patient and public engagement.

We are hoping that this exciting approach will provide many benefits for everyone, as members will have the opportunity become involved in various projects, which should help us to make a difference by improving our services.

At the time of the launch, six members had been successfully recruited.

Biographies and a short video for our Council of Members is available on our website, go to **http://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-and-public-engagement/**

The Council of Members have supported the Trust with the following projects:

- **January** - EDS2 Assessment and Grading event.
- **February** - Emergency Department's local joint survey in collaboration with Healthwatch Wolverhampton.

Council of Members Launch Day: Members meeting Cheryl Etches, RWT Chief Nurse

7.0 Accessible Information Standard (AIS)

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

8.0 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. Goal 2's outcomes are:

2.1 : People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

2.2 : People are informed and supported to be as involved as they wish to be in decisions about their care.

2.3 : People report positive experiences of the NHS.

2.4 : People's complaints about services are handled respectfully and efficiently.

The Trust implemented goal 2 in 2017 - 2018 and held an assessment and grading event which was held in January 2018 and supported by the Council of Members.

Our approach

Evidence: We identified initial evidence, however, there were gaps, so we did a Trustwide call out for evidence. This was gathered and separated into the relevant outcomes. Additional scoping also took place to further fill gaps.

Internal initial grading: An initial grading took place based on the evidence gathered.

Presenting the evidence: The Trust decided to present evidence in a PowerPoint presentation. This presentation was spread across the day, it was stopped and started after each outcome for goal 2 was presented to allow for group working. During group working the evidence, outcome, possible gaps or actions were discussed. The grade for each working group was also discussed and agreed. Groups were supported by a Trust moderator who led the group, and a volunteer facilitator. The facilitator recorded the working group's grade, a summary of discussions, potential gaps and outcomes on a summary sheet.

This format was chosen was due to the sheer volume of evidence available for all the specialities, departments and locations which may have been overwhelming for some people. Links were embedded into the presentation to allow for virtual tours of websites and policies. We hope that this style was more inclusive by supporting discussion and interaction, rather than each delegate going through folders of evidence.

Additionally some key information was available on working group tables, on display boards and tables. Further to this, all the evidence on the Powerpoint presentation via embedded links was available on laptops for assessors to use at their convenience.

Promotion of the Assessment and Grading Event: A campaign was launched in November 2017 comprising of events, articles on computer screens and staff bulletin.

Stakeholder Involvement: The following organisations and people were involved in the Trust's assessment and grading session held on 31 January 2018:

- Action on Hearing Loss
- Compton Hospice
- First Care Services Limited T/A Orchard House Nursing Home
- Healthwatch Wolverhampton
- Members of the public / service users
- Members of the Wolverhampton Equality Diversity Forum
- Refugee and Migrant Centre
- The Royal Wolverhampton NHS Trust staff from other departments
- The Royal Wolverhampton NHS Trust staff from patient experience team
- The Royal Wolverhampton NHS Trust volunteers (including Trust's Council of Members as facilitators)
- West Midlands Ambulance Service NHS Foundation Trust
- Wolverhampton City Council

Grading: The summary sheet containing group discussions, potential actions and group grades was collected at the end of the day. The potential actions were reviewed and grades averaged. Final grades are below:

EDS2 Goal 2 Outcomes : Improved Patient Access and Experience		Overall grade
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**Developing**
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	**Developing**
2.3	People report positive experiences of the NHS	**Achieving**
2.4	People's complaints about services are handled respectfully and efficiently	**Excelling**

Feedback: Information about EDS2 has been published on the EDI page of our external website. Relevant actions that support our equality objectives have been included within current action planning and monitoring processes.

9.0 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.

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** –for basic non clinical information only.

The Trust used BSL interpreters a total of 545 times from 1 April 2017 – 31 March 2018, specifically:-

Location	Number of times
New Cross Hospital Site	**335**
Cannock Chase Hospital	**16**
West Park Hospital	**95**
Community services	**34**
Community maternity	**25**
Children GEM Centre	**30**
County Hospital	**10**

A further breakdown of usage is below:-

Patients did not attend their appointments.	**6**
Departments failed to book interpreters for appointments.	**0**
Departments booked the wrong date.	**0**
Patients booked direct with the service provider.	**6**
Interpreter was cancelled on arrival.	**1**
Appointments were over two hours.	**14**
Complaints were received during this period.	**0**
Usage of FaceTime facility available for general conversation.	**0**

There has been an increase in BSL appointments (34) additional interpreting appointments from this report compared to the last report.

Face to Face Language Interpreters (1 April 2017 – 31 March 2018)

The Trust used face to face language interpreters a total of **9859** times in this period of which **1970** interpreters were cancelled. Compared to last year's report where there were **10,703** times where face to face interpreters were used and **1565** interpreters were cancelled.

This shows a decrease of 844 times where face to face interpreters were used over the 2 periods, this coupled with the increase in telephone interpreting (see below) could indicate the staff are moving towards the use of telephone interpreting, however, it is too early to ascertain if this is a trend, as more data needs to be reviewed in coming years.

The top 5 languages for face to face interpreting in the last report was; Punjabi, Polish, Romanian, Kurdish Sorani and Lithuanian (highest first).

There has been very little movement in the top 5 languages for face to face interpreting in this period with Polish and Romanian changing places; **Punjabi, Romanian, Polish, Kurdish Sorani and Lithuanian** (highest first).

Telephone Language Interpreting (1 April 2017 – 31 March 2018)

The Trust used telephone interpreting a total of **2240** times equating to **31,322** minutes. This is an increase on last year's telephone interpreting usage which was **2119** times equating to **27,686** minutes, representing an increase of **121** times or **3636** minutes.

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

There has been some small movement as the top 5 languages for telephone interpreting for this period was **Romanian, Punjabi, Sorani, Polish, Albanian** (highest first).

Translations (1 April 2017 – 31 March 2018)

The Trust had 7 documents translated into or from another language.

Complaints (1 April 2017 – 31 March 2018)

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

There were 13 complaints about face to face and telephone language interpreters. The nature of these complaints ranged from interpreter not attending (no show), non-availability, conduct or proficiency, and disconnection of service.

The average time to resolve these complaints was 2.69 days.

No complaints were received about translations.

Top Ten Languages (1 April 2017 – 31 March 2018)

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

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

10.0 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 and, continue to celebrate various festivals throughout the year, most recently Vaisakhi in April 2018.

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 six years.

11.0 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.

12.0 Learning Disability (LD)

The Trust launched the 'All aged Learning Disability Strategy' in January 2018, and a 'Creating Best Practice' work stream has been established to support the work required to deliver on the strategy.

The Trust has a Specialist Nurse for Learning Disabilities who provides specialist advice and support to all 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).

A LD core care plan has been implemented in January 2018, which is designed to ensure that all aspects of a person's care are considered and recorded on admission to hospital. Additionally, the Trust has developed a version of the hospital passport for adults, which gives practitioners valuable information in relation to making reasonable adjustments. The children's version, the health passport is currently being piloted.

A new Royal Wolverhampton NHS Trust LD Facebook Forum has been implemented in May 2018. This forum can be used to share news stories, promote examples of good practice and will welcome constructive discussions between members.

Work has continued with Black Country Partnership Trust to populate the electronic flagging system and currently has over 1500 people flagged as having a learning disability. The aim of flagging patients who have a learning disability aims to ensure that their needs are highlighted, so that adjustments can then be made in order to meet needs, such as providing accessible information and/or communication.

13.0 Primary Care (Vertical Integration)

In 2016 the Trust commenced the journey of Vertical Integration (VI), as of 1 April 2018, nine 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 in Wolverhampton by GP practice, 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 2017/18 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.

New ways of working:

The Trust has worked with the VI practices to implement new ways of working which will benefit both patients and staff. Examples include extended patient access hours by opening weekend clinic appointments for VI practice patients – this will make it easier for patients to obtain an appointment. Another example of a new way of working is the introduction of a 'In hours nurse visiting team". The purpose of this team is to visit suitable patients in their home who were previously seen by doctors. This will therefore reduce the work pressures of GP's in practices and allow them more time in planning and organising their practices.

Activity and Future plans:

Future collaborative working with Public health is planned 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.

Data Integration:

One of the big benefits of the Trust integrating with GP practices is that this has enabled integrating systems and data from different care settings so that clinicians can have access to more quality data and information which can help them make better informed decisions. A reporting dashboard has been set up which displays key information to GP's about their practice population. An example benefit of this will be that the dashboard will allow GP's to view up to date information on which patients have had recent emergency episodes / attendances at the trust and therefore prompting proactive management and earlier diagnosis.

14.0 Equality Objectives

We have set ourselves 5 equality objectives covering the period April 2018 to March 2022, which should have the most impact on people with protected characteristics and achieve to do any of the things set out in the general equality duty.

Our objectives reflect the Trust's key priorities in our Quality Account for Workforce, Patient Experience and Patient Safety. Our objectives will be supported by local action plans and embedded within existing monitoring and reporting processes.

The minimum publication for Equality Objectives is every 4 years, the Trust has included objectives that build on data within this and previous reports/information along with outstanding actions (see below). However, should future annual equalities information identify inequalities that require immediate attention, our objectives will be reviewed and published accordingly.

As we have changed our approach towards a one stop shop, by publishing our objectives within this document, we have reviewed the range of actions contained within previous documents (listed below), this means that some actions have been merged or removed to enable a succinct and current and relevant set of objectives to be developed:

- Actions outstanding carried forward or reviewed from previous Equality Objectives (2012 - 2016).
- Actions from the Trust's Annual Equalities Report April 2015 - March 2016.
- Actions from the Trust's Annual Equalities Report April 2016 - March 2017.
- Actions from the Trust's Annual Equalities Report April 2017 - March 2018.
- Actions from the Trust's EDS2 goal 2 assessment and grading event held January 2018.

Objective 1 – Workforce

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

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

Objective 2 – Workforce

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

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

Objective 3 - Patient Experience

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

Objective 4 - Patient Experience

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

Objective 5 - Patient Experience

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

15.0 Progress on Actions within the Equality Objectives

Key progress made on actions contained in the Equality Objectives for April 2017 - March 2018 is below:

Employment Action plan

- An Equality, Diversity and Inclusion strategy has been drafted and will require revisiting.
- Information has been gathered from the data cleanse exercise completed in May 2017, information has been updated within the ESR (electronic staff record) also in May 2017. The overall response rate was 62.72%, however, if rotational doctors are excluded, the overall response rate was 64.40%.
- Preparatory scoping work around the pay gap analysis has commenced.
- Human Resources and the Patient Experience department have delivered a face to face session at mandatory Trust Induction since June 2017, the session is entitled 'Brief Introduction into Equality, diversity and Inclusion (including Bullying and Harassment)'. As at 31.03.2018 - 664 Employees (linked to an employee record) have completed this training.
- Equality, Diversity and Inclusion training package: (developed by Human Resources and the Patient Experience department): This mandatory e-learning package called 'A brief introduction into Equality, Diversity and Inclusion Level 1 (including Bullying and Harassment)' was launched in November 2017. As at 31.03.2018 - 4574 employees (linked to an employee record) completed this package. NB Some people may have accessed this package more than once.

Non Workforce Action Plan

- A Patient Feedback Leaflet entitled 'A guide to making Compliments, Comments, Concerns or Complaints' has been produced and disseminated to wards and departments. This new leaflet now includes an equalities monitoring form.
- The equalities monitoring form has been based on RWT's workforce PPC data fields, as this should allow for easier analysis when comparing data. Discussions with IT with regard to capturing some or all of PPC's for services needs to be revisited.

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). 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