NHS

The Royal Wolverhampton
NHS Trust

Annual Equality, Diversity & Inclusion Report

April 2019 - March 2020

English

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

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

Lithuanian

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

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

Polish

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

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

Punjabi

ਜੋ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ,

ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

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

Romanian

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

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

Traditional Chinese

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如果您需要口译人员或帮助，请告诉我们。

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Executive Summary

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

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

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

The Trust values its workforce and wants to create working environments in which everyone 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 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 will 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 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. 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 protected characteristics as defined by the Equality Act 2010.

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

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

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

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

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

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

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

This annual report contains information relating to the 12 month period 1 April 2019 – 31 March 2020 (unless indicated otherwise).

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

Analysis of this information will be used to:-

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

The Local Context and Demographics

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

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

We are the largest employer in Wolverhampton, with more than 10,000 staff.

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

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

- Cannock Chase Hospital has a local demographic make-up that, in some aspects, is quite different than that of Wolverhampton and residents of both communities could be treated or receive a service at any of the Trusts sites.
- Detailed from the 2011 census, it is noted that Cannock have 96% white population and 4% BAME, where Wolverhampton has 65% white and 35% BAME.
- Wolverhampton has a population of about 263,257 people, whilst Cannock Chase has a population of around 100,762 (Source: Office for National Statistics Mid-Year Estimates 2019).
- The life expectancy at birth was 77.2 years for males and 81.4 years for females in Wolverhampton and 79.0 and 82.4 respectively for Cannock Chase. (Source: ONS Life expectancy at birth 2016 to 2018). At a national level, the life expectancy at birth was 79.3 years for males and 82.9 years for females. (Source: ONS Life expectancy at birth 2016 to 2018).
- The percentage of the local populations of Cannock and Wolverhampton who are of Black, Asian and Minority Ethnic backgrounds (BAME) differ greatly, with Cannock also having a higher percentage than the UK average of people aged 50+ years.
- Age demographics between Wolverhampton and Cannock are almost identical.
- Wolverhampton have 64% population as White British, 18% Asian, 7% Black, 6% All Other White, 3% Mixed and 2% Other ((Source: Office for National Statistics Population in the United Kingdom by ethnic group: June 2016)
- Wolverhampton has a population of about 263,257 people, whilst Cannock Chase has a population of around 100,762 (Source: Office for National Statistics Mid-Year Estimates 2019).
- Wolverhampton's gender pay gap (15.4%) and Cannock Chase's gender pay gap (10.7%) as recorded in 2019, are both lower than the United Kingdom's average of 17.3%.

Governance and Reporting for Equality, Diversity and Inclusion

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

The Trust has an Equality, Diversity and Inclusion steering group 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 EDI reports are presented to Compliance Oversight Group, various internal workforce groups and to external Clinical Quality Review Meetings.

Section 1 – Non Workforce Information

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, and victimisation and promoting equality by providing safe, accessible and fair services to the diverse communities we serve.

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

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

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

1.0 Patient Access to Services

The Trust saw a total of **419,342** patients in the year (a decrease of 1,949 or 0.5% from last year's figure of 421,291).
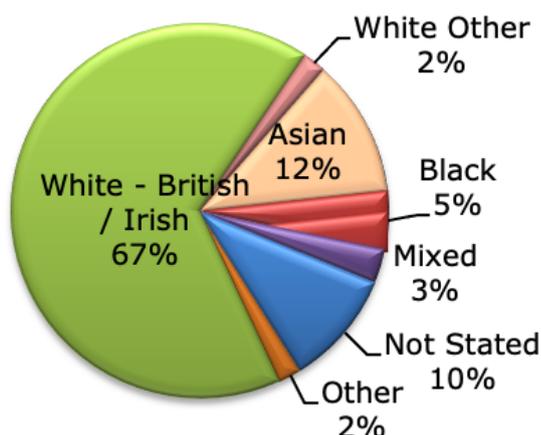
The summary data below summarises available information desegregated by protected characteristics (where available) as far as possible:-

Gender - There is a fairly even representation with 54% being female and 46% being male. This data is identical to last year's information. This is not mirrored by the demographics of Wolverhampton and Cannock where there is a 2% difference between Female (51% and 49% Male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census. There were 10 indeterminate (unable to be classified as either male or female), as defined by the NHS data dictionary. In addition, there were 53 patients who did not declare their gender.

Marital Status – 147,400 people or 35% of the overall total of patients did not have their marital status recorded. This is an increase in volume compared to the previous year. Departmental recording of information is crucial to improve these statistics. The service areas where there is the highest of 'not knowns' category recording is Accident & Emergency Department with the lowest being Maternity Services.

Ethnicity - The group with the lowest represented group who accessed services during this reporting period were people who identified as having a Chinese origin (0.18%). This is a 0.02% increase in comparison to the data within last year's report.

% of Patients by Ethnicity 2019/20

- White Other 2%
- Asian 12%
- Black 5%
- White - British / Irish 67%
- Mixed 3%
- Not Stated 10%
- Other 2%

Age - The largest age group of patients accessing services are the 0-10 year olds representing 15% of the overall total. This is similar to last year where the largest group accessing services was 0-10 year olds and representing 14.73%. Having looked at this in more detail, it is noted that the volume for this category appear to be from community services where 22,449 patients within the age group of 0-10 received treatment.

The smallest proportion of patients in this category falls into the age group for 11-20 year olds and represents 7% of the overall total. Upon further analysis, activity relates to acute outpatients where 13,090 patients received treatment. These figures are similar to last year (12,999).

Religion or Belief - The largest represented religion known of the patients who accessed services is the Church of England which represents 37% of all patients. The smallest representation is Methodist which represents 2% of all patients. There is still a high percentage of 'not known' at 20% however this is consistent for the previous year.

It is recognised however that there are a high group (21%) of patients who accessed services who state their religious status as 'Atheist' and this is also consistent from the demographics of those who completed the CQC National

Inpatient Survey 2019 where 12% cited no religion and a further 2% preferred not to say.

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

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

% of Patients by Religion 2019-20
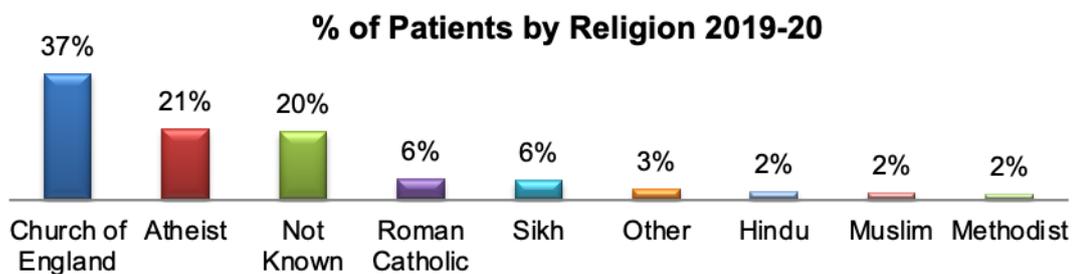
2.0 Performance information relating to health outcomes

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.

It is intended that future reporting mechanisms should enable the Trust to progress in undertaking such analysis relating to outcomes for patients. During 2020/21 we will be using the EDS2 system to drive this forward as we focus on Goal 1 which covers better health outcomes.

3.0 Patient Experience Metrics Data

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

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

3.1 Formal Complaints Monitoring

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 is used widely, and includes an equalities monitoring form.

The complaint data stored relates to the actual patient rather than the complainant. Where there is a high volume of 'unknowns, not stated, undisclosed, or not available' we have not been able to identify the protected characteristics required. Processes will be implemented to improve this information in the future.

A summary of some of the demographics recorded from complaints are as follows:

Gender: 71% relates to females and 28% from males with only 1% unknown. There has been a 12% increase this year of complaints relating to females; with complaints regarding males seeing a 7% decrease.

Ethnicity: 13% of the complainant's ethnicity has not been stated. Where identified there have been 17% of complaints in the BAME category and 69% being from the white/white other categories.

Age: Where age had been identified, complainants from the age group the 81+ age group made the most complaints, with the lowest age range being recorded as 0 to 11. Positively there has been a considerable increase received from the 11 to 20 age group. 4 complaints had no age recorded.

3.2 The CQC National Inpatient Survey 2019

Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital during July 2019 and were not admitted to maternity or psychiatric units. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between September and December 2019. This survey was sent via paper format and the Trust had a response rate of 43.69%.

Some notable demographics:

- The largest age group to participate was 66+, with the next highest being in the 51-65+ age bracket
- 50.30 % were female
- 86.5% were white
- Ethnicity - Asian or Asian British 5.9% and Black or Black British 2.0%
- Religion – 79.4% identified as Christian, 12% cited no religion and the next highest category was Sikh at 2.4%
- Sexuality – 94.5% identified as Heterosexual whilst the numbers for those identifying as Gay/Lesbian (0.60%) and Bisexual (0.20%) remain low. 3.6% preferred not to say.

3.3 Friends and Family (FFT) Test

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

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

Improvements and actions included:

- New national FFT guidance has been implemented giving ability to provide feedback at any point in a patient's journey.
- Timely and accurate real time feedback direct to ward level automatically, providing the ability to consider the feedback and take instant actions to improve the patient experience.
- The provision of new guidance posters and additional literature to raise awareness of FFT changes and additional mechanisms for capturing FFT feedback.
- The FFT Envoy system provides the opportunity for staff to respond to some concerns raised in real time. The FFT provider will review which staff members have access to Envoy and will provide further training which will not only increase their knowledge of the functionality of the system, but will ultimately assist in implementing measures which will improve the patient experience.
- To provide greater accessibility, the use of QR codes is being implemented. The QR codes will be published on posters in key areas.
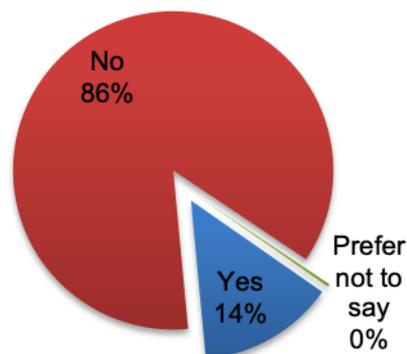
FFT Responses by Age
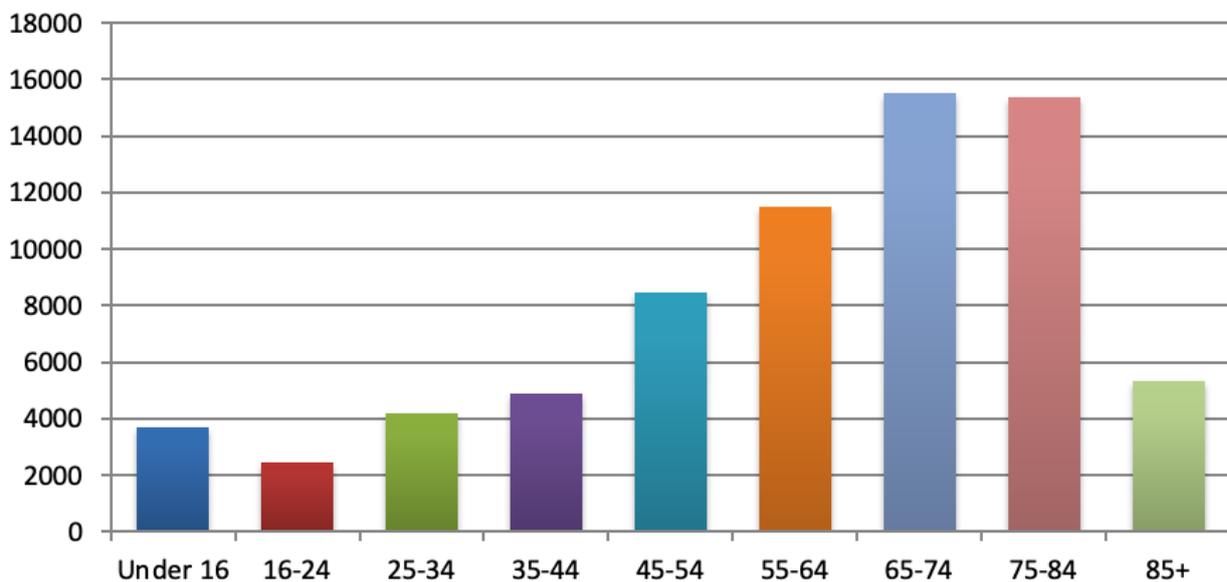
From the data collected electronically, the largest group of responses were in the age range of 65-74.

The lowest age group of responses was under 16-24. The Trust continues to make efforts to ensure that children & 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.

FFT Responses by Disability

In comparison to the previous year there has been a 10% increase in the number of patients who did not declare a disability. It is unknown whether such a high level of not declaring disability is an indication that many of our patients do not have chronic long-term conditions, which affect their daily life to some extent, or whether they do not feel that they consider themselves as having a disability.

FFT Responses by Ethnicity

Ethnic Group	Overall Total
African	385
Any other Asian background	390
Any other ethnic group	564
Any other mixed background	5
Asian Bangladeshi / British Bangladeshi	27
Asian/ Asian British	3525
Bangladeshi	3
Black Other	221
Black/ African/ Caribbean / Black British	27
Caribbean	1337
Chinese	86
Indian	47
Mixed/ Multiple ethnic groups	202
Not Stated	1289
Pakistani	466
White	312
White - Any Other	718
White - British	55917
White - Irish	207
White and Asian	93
White and Black African	46
White and Black Caribbean	346

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

FFT Responses by Gender

In terms of responses to FFT surveys it is noted that the lowest number of responses were from males (44%) and the highest from females (56%). This data does not differ from last year

4.0 Key activities for awareness and 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 Commissioning Group and Healthwatch.
- The Trust also attends regular meetings with representatives (both patients and staff) from the Patient Participation Groups for the Primary Care GP practices (Primary Care).

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

Patient Stories

Using education and reflection to improve the experience for patients by gathering stories shared Trust wide.

Stories have detailed patients' accounts of their experience in the following specialisms:

- Learning disability – which resulted in changes to ED protocols on admission.
- Oncology – resulting in a greater understanding of neutropenia by other specialisms.
- Clinical Trials – resulting in improved practice with regard to patient management.
- Occupational Therapy and rehabilitation – Limb loss, recovery and psychological effects.
- Stroke diagnosis and recovery.
- Sepsis and tissue transplants - resulting in modified practice for pain relief.
- Maternity and mental health - demonstrating the benefits of joint-agency working.
- Paediatric speech therapy - demonstrating the life-changing effects of early intervention.
- Chemotherapy and lung damage – resulting in improved practice and patient advice.

Observe and Act.

'Observe and Act' is a 360 degree view of care services from a patient perspective.

Developed by Shropshire Community Health NHS Trust, it has been introduced to RWT with five staff successfully being awarded 'Observer' status. RWT worked with Shropshire Community Health NHS Trust to develop a new section around observing equality and accessibility issues. This was presented to NHS regional conferences in the autumn and winter of 2019. The first year of 'Observe and Act' and its impact is currently under review.

Spotlight Articles

A series of 'Patient Spotlight' articles have featured in 'Trust Talk'. These are aimed at increasing staff's knowledge of different aspects of patient identity.

Articles have been written covering

'How to Engage Effectively',

'The Roma Community'

Use of Interpreters' and

'Making the Workplace Inclusive for Transgender patients and colleagues.

Deaf Awareness/Initial British Sign Language' training. A series of cohorts were delivered designed to enable staff to learn how to communicate better with Deaf people and to make the Deaf community feel less excluded and fearful when in hospital.	**Community Engagement Champions** In order to increase patient engagement, staff have been invited to act as ' Engagement Champions'. This aims to identify and share good practice in engagement and to act as a role model for other staff, whilst ensuring that patient engagement remains high on departmental agendas. A toolkit and training have been devised for staff.
Public Health England LGBT Health Outcomes for LGBTQ Community Conference. Improving the Health and Wellbeing Of LGBT communities in Wolverhampton. Continued meetings with the Wolverhampton LGBTQ Alliance and the Wolverhampton LGBTQ Youth Group X2Y to exchange information and build these relationships further as part of our engagement.	**Community Engagement Audit.** RWT departments' pro-active engagement with the community continues to be monitored by the Patient Engagement Team. Examples include: the continued development and growth of the Council of Members and their engagement in the development of the Transgender Policy; Cannock Hospital's engagement project to research the needs and attitudes to care of young people with epilepsy; Coalway Road Practice's engagement of 360 patients in developing services in co-production and development of a Deaf Liaison group ; Pathology Services' development of a 'Clinical Detection Game' to engage school-age children in careers in forensic medicine.
Wolverhampton Equality and Diversity Partnership Participation Following meetings with the Chair of the Ethnic Minority Council for Wolverhampton, attendance at the Wolverhampton Equality and Diversity Partnership meeting which bring together over 100 community organisations.	**Sight Loss Seminar** In conjunction with the Beacon Centre for the Blind, a local charitable organisation which provides services for people with sight loss, the delivery of a briefing seminar on sight loss.

Involvement by the Council of Members

The Council was established in 2017 and is a group of committed individuals from our local community with a wealth of different experiences to offer the Trust. All members have been recruited as they wish to support the Trust make improvements and provide a link between the work that we do and patient and public engagement, and be our 'critical friend'. They have been involved in a variety of different projects and work streams which involve equalities initiatives.

5.0 Accessible Information Standard (AIS)

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

A Trust AIS working group has been progressing to consider a task and finish approach towards some key projects which will achieve some of the criteria for meeting the Accessible Information Standards.

The group's most recent attention has been directed towards the following:

- A fundamental review of the action plan which has been in place since 2016. The new action plan will concentrate on a small number of items but will be more focussed.
- The Patient Administration Portal – The provider is currently able to meet some the AIS standards but is working with us to achieve further progress in the long term. Facility to record different needs of patients exists but this will be activated once staff has been trained
- The two specific areas of focus are Learning Disability patients to have letters that are appropriate for their needs, and provide a repository for patient leaflets that meet Easy Read standards. The ICT project Manager has worked with the Specialist Nurse for Learning Disabilities to specify requirements for this patient group. An appointment letter was piloted within Neurology with a view to rolling it out across the Trust.

6.0 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.

In January 2020 the Trust moved its services to a new provider with a track record of working within the health service across the region. Staff were provided training and guidance on using the service with the new provider. New guidance on how to book or use interpreting and translation services was issued on the Trust's Equality, Diversity and Inclusion page of the Intranet

A summary of interpreting and translation services is below:-

Services provided:

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

    2. Larger print.

    3. Braille.

    4. Easy Read.

    5. 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:-

1. British Sign Language (BSL) interpreter.

2. Sign Supported English (SSE) Interpreter.

3. Relay interpreter.

4. International interpreter for d/Deaf people.

5. Note taker (manual).

6. Note taker (electronic).

7. Lip speaker for d/Deaf people.

8. Deafblind hands-on interpreter.

9. FaceTime –for basic non clinical information only.

The Trust used BSL interpreters a total of 565 times in this reporting period.

There has been an increase in BSL appointments with 126 more BSL interpreting appointments from this report compared to the last report.

Face to Face Language Interpreters

The Trust made a total of 13166 face to face bookings (an increase of 32% from the previous year). The most commonly interpreted languages were –

• Punjabi

• Romanian

• Polish

• Lithuanian

• Kurdish Sorani

Telephone Language Interpreting

The Trust used telephone interpreting a total of 2378 times. This shows a small decrease (1%) on last year's telephone interpreting usage.

The top 5 languages for telephone interpreting for this period mirrored that for face to face interpreting with the exception of the fifth one. Russian replaced Kurdish Sorani as the fifth highest category required for telephone interpreting.

There has been some small movement as the top 5 languages during the previous year was Romanian, Punjabi, Sorani, Polish, and Albanian.

7.0. Meeting Religious and Cultural Needs of Service Users

The Royal Wolverhampton NHS Trust Multi Faith Chaplaincy team is based within New Cross Hospital. The team are available for all patients, staff members, visitors and volunteers within the Trust, irrespective of age, gender, ability, race, religion or belief or sexual orientation.

The team currently comprises representatives from the Christian, Hindu, Muslim and Sikh faith traditions, ordained and non-ordained, male and female members. They are available for those of faith and those with none.

Alongside a daily presence throughout the Trust, the Chaplaincy team provides a 24/7 on call emergency service to each of the three Trust sites. Information describing the work of the Chaplaincy team is available on each ward, alongside a resource box with various books and materials from different faith groups, for use by patients, their families, staff and volunteers.

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

Services of Worship, Remembrance and Thanksgiving are regularly held on each Trust site and, the team continues to celebrate various festivals (religious or non-religious) throughout the year.

The team is proactive in their approach to specific events that affect the life of the Trust, its patients, staff, visitors and wider communities, alongside both national and international incident response.

The Chaplaincy team provides training and educational placements to clergy in formation. The team continues to offer opportunities for volunteering experience within the department.

The Chaplaincy team have three Key Performance Indicators set by the Trust, relating to scope and frequency of ward visiting activity and response to emergency call outs.

All three Key Performance Indicators have been fully met for the last eight years.

8.0. Learning Disability (LD)

The Trust has a Learning Disability Outreach Team who provide specialist advice and support to all staff, to enable them to provide fair, accessible and dignified services that meet the needs of people with learning disabilities (children, young people and adults). The team offer an open referral system, this allows patient, relatives and carers to be able to contact them directly.

Work has continued to populate the electronic flagging system and currently has just under 2000 people identified as having a learning disability. The flagging system allows the Learning Disability team to know when a patient with a learning disability is admitted, ensuring that they are seen by one of the team during their admission.

The team support all staff to be able to make reasonable adjustments to meet the additional support needs of the individual that may arise as a result of their learning disability. The flagging system also allow that Trust to identify where the footfall of people with LD is within the Trust, to help shape the learning disability service that is provided.

Section 2 - Workforce Diversity Information

The Royal Wolverhampton NHS Trust has an exceptional record of investing in and developing its diverse workforce and employs more than 10,000 people who are responsible for delivering nationally recognised excellence in healthcare. It recognises the impact that high levels of workforce engagement can have upon patient satisfaction, experience and outcomes and proactively works to maximise this relationship and demonstrate positive effect on patient experience.

9.0 Workforce Statistics

The Trust's workforce statistics covering key protected characteristics are presented below:

Age

The majority of our workforce is within the 25 to 54 age range; 5% under the age of 25.

Age

Legend: Under 25 | 25-34 | 35-44 | 45-54 | 55-64 | 65+

- 2%
- 5%
- 25%
- 23%
- 26%
- 19%
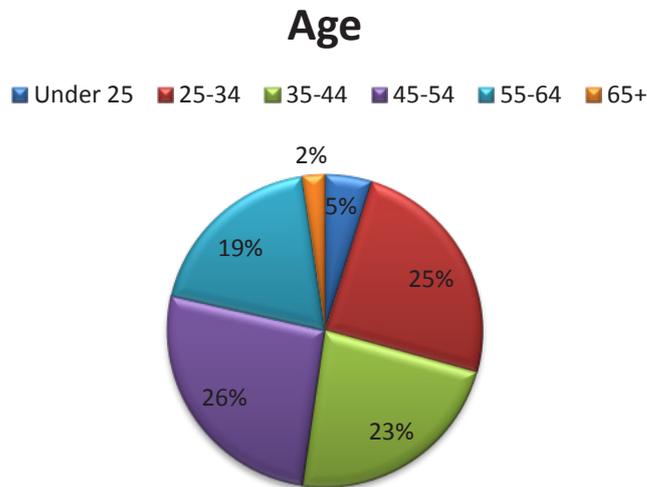
Disability

There has been a slight increase in the number of people who have declared having a disability however over 31% of our workforce have not declared any status.

Disability - % of Workforce

- 1%
- 31%
- 68%

Legend:
- Declared with a disability
- Declared with no disability
- Not Declared
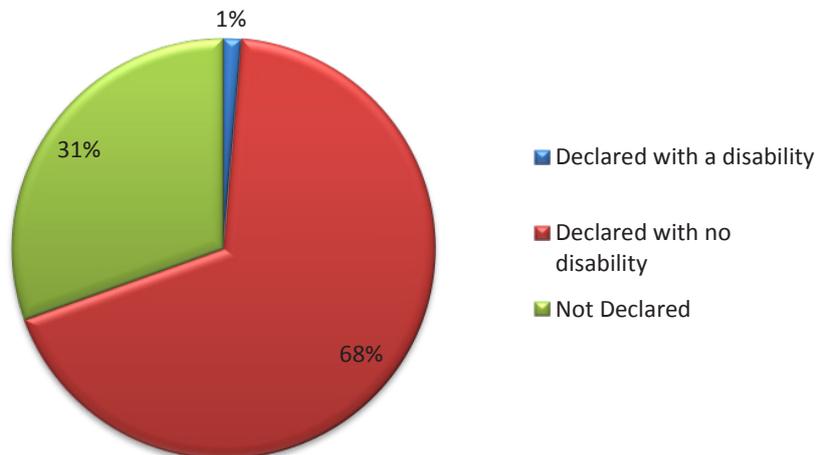
Ethnicity

The ethnic backgrounds of our workforce are shown below.   Whilst there has been a year on year improvement in the make-up of our workforce from a BAME background in the last four years, but there is still an under-representation compared to the local population of Wolverhampton.

Ethnicity

White ■
Mixed/Multiple Ethnic Groups ■
Asian/Asian British ■
Black/African/Caribbean/Black British ■
Other Ethnic Group ■
Undefined ■

69% of the Trust's workforce is recorded as White compared to 30% of BAME backgrounds; 1% are not defined on the ESR system.
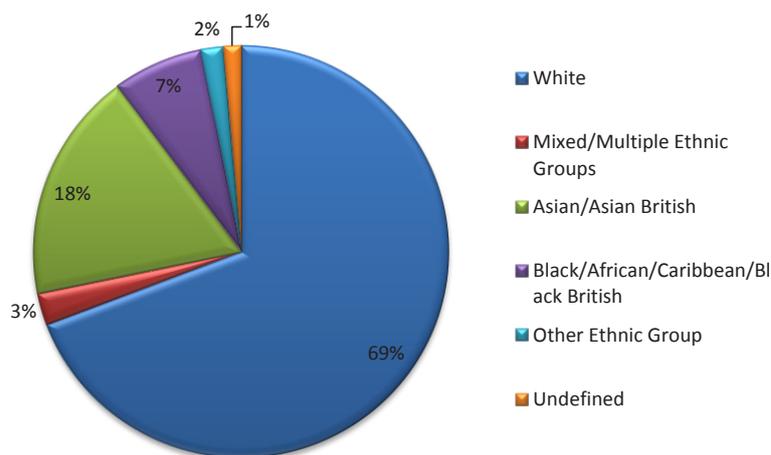
Gender Reassignment

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

Marriage or Civil Partnership

Marriage or Civil Partnership

Civil Partnership ■
Divorced ■
Legally Separated ■
Married ■
Single ■
Unknown ■
Widowed ■
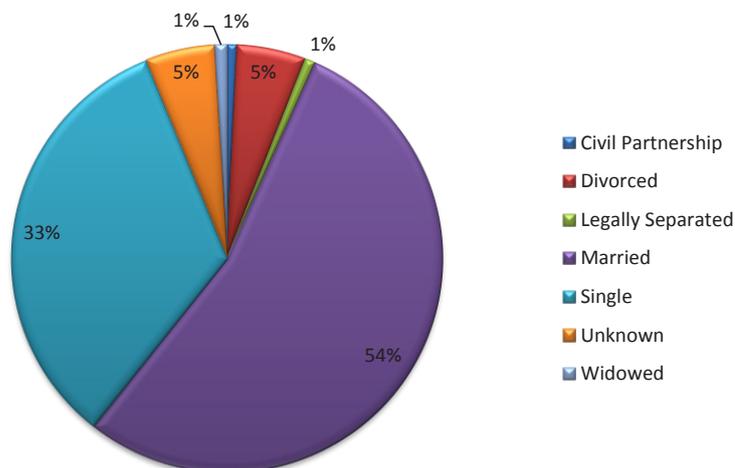
Pregnancy and Maternity

% of women taking Maternity Leave
By staff group

Legend:
- Additional Prof. Scientific and Technical
- Additional Clinical Services
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery

Pie chart values: 0%, 4%, 19%, 14%, 7%, 2%, 9%, 7%, 38%
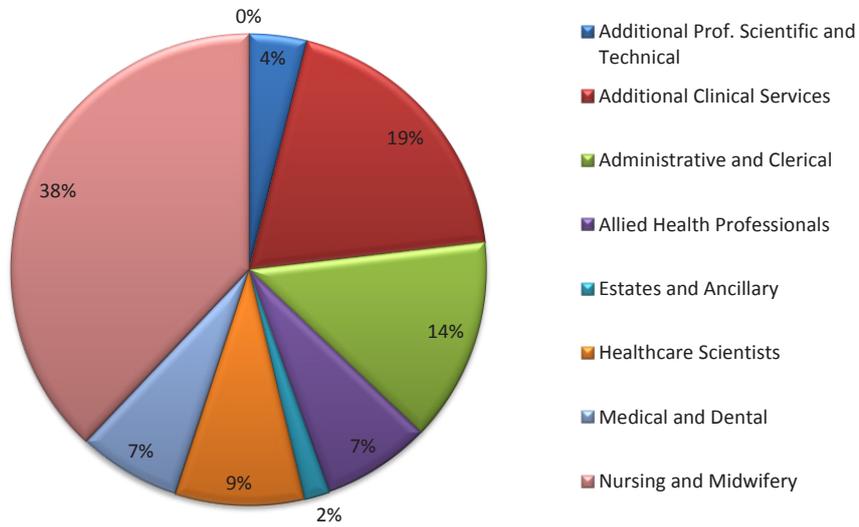
Religion and Belief

41% of the Trust's workforce is recorded to be of Christianity, with 3% Sikhism, 3% Hinduism and 2% Islam. However, 39% of staff have not disclosed their religion or belief and so further work will be undertaken to encourage staff to update their information through ESR self-service.

Religion and Belief

Legend:
- Atheism
- Buddhism
- Christianity
- Hinduism
- Islam
- Jainism
- Other
- Sikhism
- Undisclosed

Pie chart values: 0.30%, 7%, 39%, 0.04%, 3%, 2%, 3%, 5%, 41%
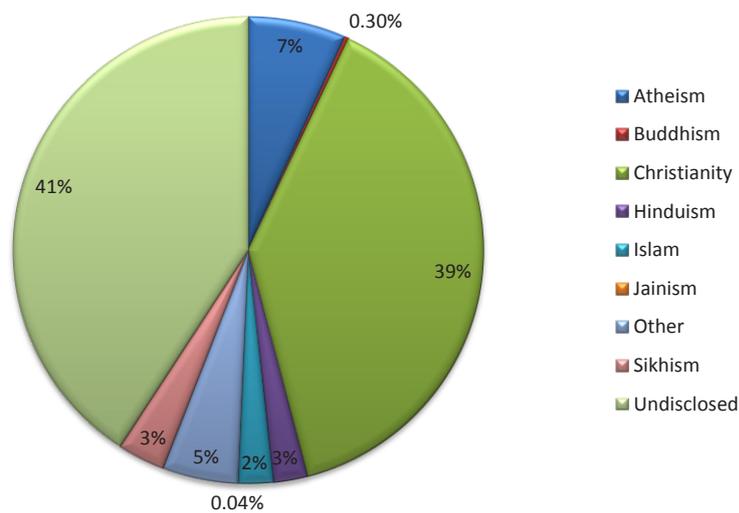
Sex (term used in the Equality Act 2010, specifically to refer to men and women)

The overall split in the Trust is 79% female and 21% male and is slightly higher than across the NHS (2019 = 77% women and 23% men).

There are a much higher proportion of women employed within roles on AfC pay bands, e.g. professions such as nursing, administration etc. Conversely, the medical profession has a much larger male representation particularly at Consultant grade. This is comparable to NHS statistics.

AfC Band Range
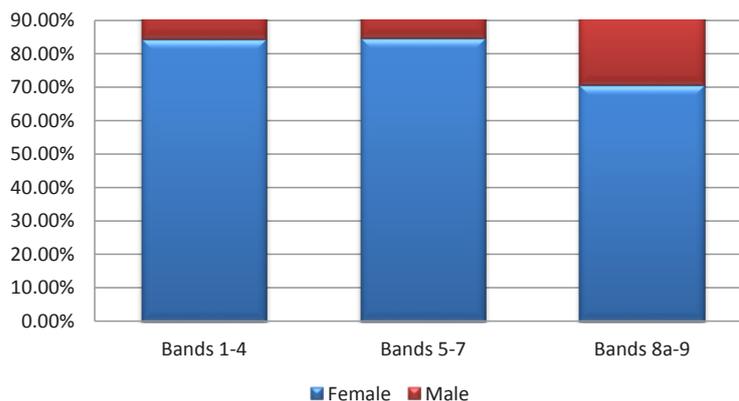
Medical & Dental Grades
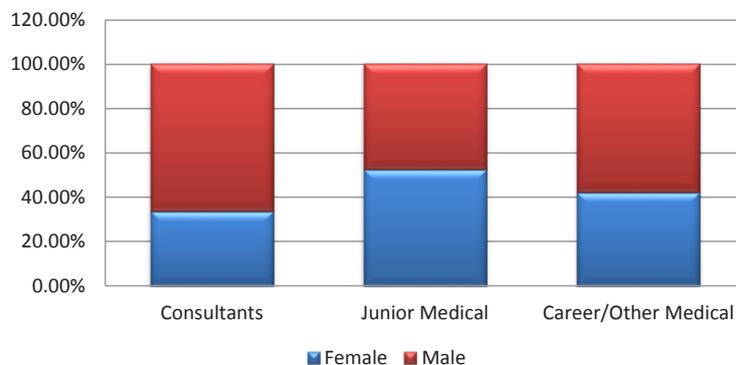
Full-time/Part-Time Working

The majority of those in part-time employment within the Trust are female (31%).

Full-time/Part-time split

Sexual Orientation

The data below is as recorded on the Electronic Staff Record (ESR) system. Of note is the high level of 'not stated' (ca. 39%). Similarly to other characteristics, such as disability, further engagement is required in order to encourage more staff to update their personal records.

Sexual Orientation

Legend:
- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Not stated
- Other sexual orientation not listed
- Undecided

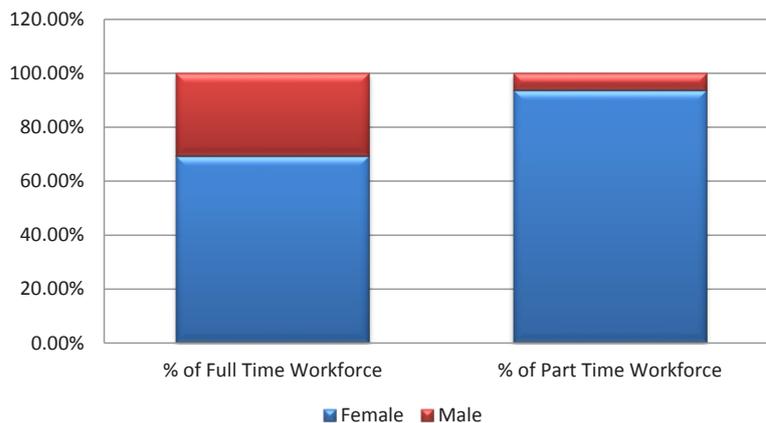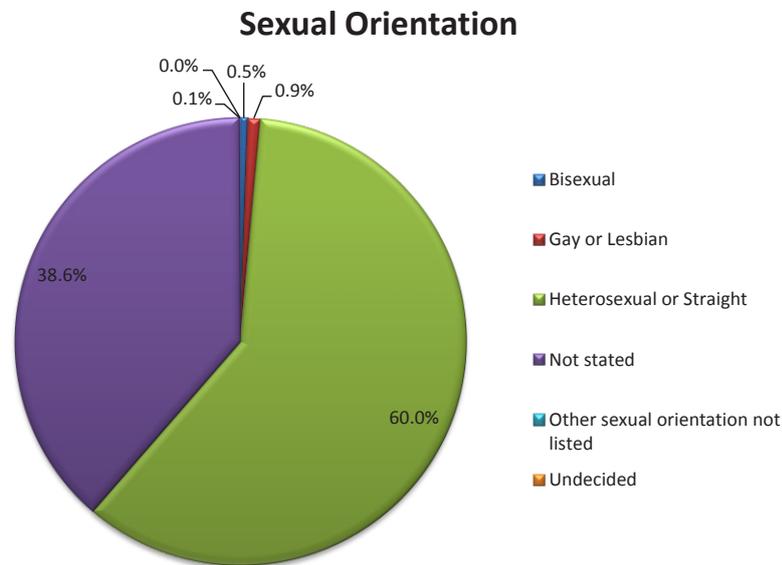Data labels: 0.0%, 0.5%, 0.1%, 0.9%, 38.6%, 60.0%

9.1 Actions in place during 2019/20

- Equality & Diversity on-line mandatory training package
- A number of bespoke workshops delivered, with a focus on different 'lenses', experiences and behaviours
- EDI including B&H (Workforce and Patient Experience) presentation slot delivered at Trust Induction.
- Board Development sessions delivered.
- The Equality, Diversity and Inclusion Steering Group has become much more embedded with representation from the Employee Voice Groups and a Council of Member representative.
- Established programme with the Princes Trust 'Get Into' Programme and developing work to link with apprentice pipeline.
- Joint work with City of Wolverhampton Council, including work related to Wolves @ Work, interview practice and work experience.
- Armed Forces Covenant; Silver and recently Gold Award (Defence Employer Recognition Scheme), Step Into Health member and Finalist for 'Leading the Way as an Employer'.
- Established Employee Voice Groups covering: BAME, Disability & Long-Term Conditions and LGBTQ+ plus Armed Forces Network.
- BAME network that has grown and is actively involved in driving forward the Equality, Diversity and Inclusion agenda across the Trust.
- Cultural Ambassadors programme, linked to disciplinary cases.
- Trust 'Improving People Practices' plan.
- Fourth year of co-production of the Annual Equality, Diversity of Inclusion report.
- Cultural Events Calendar development.
- EDI Awareness and stakeholder events held.
- Working closely with FTSU Guardian on any matters raised in relation to EDI and bullying & harassment including joint interventions.
- Developed closer links with the Multi-faith Chaplaincy service in planning cultural celebrations and awareness, to help embed and support the creation of a supportive and diverse work environment.

9.2 Workforce Race Equality Standard (WRES)

The tables below represent the key indicators/measures for three years to end 2019/20:

Measure	19/20	18/19	17/18
Proportion of Workforce from a BAME background	29.4%	28.8%	26.1%
Relative likelihood of white applicants being appointed from shortlisting compared with BAME applicants	1.41	1.38	1.41
Relative likelihood of BAME staff entering a disciplinary process	1.33	1.59	1.97
Relative likelihood of white staff accessing non-mandatory training	1.18	1.33	1.34

Measure	19/20		18/19		17/18	
	BAME	White	BAME	White	BAME	White
Percentage of staff experiencing harassment, bullying or abuse from:						
i) Patients, relatives or the public	25%	22%	24%	25%	28%	22%
ii) Staff	28%	22%	21%	17%	28%	22%
Percentage of staff who believe the Trust provides equal opportunities for progression/ promotion	76%	91%	73%	88%	76%	89%
Percentage of staff who have personally experienced discrimination at work from managers	12%	5%	14%	6%	13%	7%

Key points:

- A year on year increase in the proportion of BAME staff alongside and overall increase in the Trust's workforce (8,483 in 2017 to 9,781 at 31 March 2020).
- 20% increase in BAME representation across the Trust over the last 4 years.
- Initially improved position in relation to relative likelihood of BAME staff being appointed from shortlisting, which has now remained static.
- Improvement in relative likelihood of BAME staff facing disciplinary action measure.
- Recent improvement in relative likelihood of BAME colleagues accessing training, new electronic study leave system in 2019/20.
- Overall gradual reduction in staff experiencing harassment from patients/public.
- Concern of overall recent increase in staff reporting increased incidences of bullying and harassment from colleagues.
- However, BAME more likely to experience bullying/harassment than white colleagues.
- Over last 2 years, overall reduction in the number of staff experiencing discrimination from managers; although BAME staff over twice as likely to experience discrimination than white staff.
- Overall slight improvement in proportion of BAME and white staff who consider the Trust provides equal opportunities, but BAME staff less likely to agree that the Trust provides equal opportunities.

9.3 Workforce Disability Equality Standard (WDES)

The tables below represent the key indicators/measures for the last two years; 2019 was the first year that the WDES was implemented and therefore was a benchmark reporting year with 2020 being the first year to compare.

Measure	19/20	18/19
Relative likelihood of non-disabled applicants being appointed from shortlisting compared with Disabled applicants	1.63	1.48
Relative likelihood of Disabled staff entering a formal capability process compared with non-disabled staff (Note: this is on a two-year rolling metric).	2.86	4.26
Percentage of disabled staff saying the employer has made adequate adjustments	75.7%	73.4%

Measure	19/20		18/19	
	Disabled	Non-Disabled	Disabled	Non-Disabled
Staff Engagement Score	6.9	7.3	6.7	7.3
Percentage of staff experiencing bulling from:				
i) Patients, relatives, the public	28.3%	21.4%	30.7%	23.5%
ii) Managers	15.7%	9.2%	16.3%	9.8%
iii) Other Staff	25.1%	16.8%	27.3%	16.3%
% of staff saying the last time they experienced harassment, bullying or abuse it was reported	51.4%	46.3%	42.6%	49.1%
% of staff who believe the Trust provides equal opportunities for progression/ promotion	83.2%	88.1%	81.7%	86.3%
% of staff reporting that they have felt pressure from the line manager to attend work despite being unwell	33.4%	22.5%	32.3%	24.3%
% of staff saying the organisation values their work	45.2%	56.0%	39.3%	54.2%

Key Points:

- Improved position in relation to relative likelihood of disabled applicants being appointed from shortlisting when compared to non-disabled applicants.
- Slight increase in likelihood of disabled staff entering formal capability process.
- Marked increase in disabled staff saying that the Trust has made adequate workplace adjustments.
- Reduction of disabled staff saying they have experienced bullying at work.
- Improvements overall in staff agreeing the Trust provides equal opportunities.
- An increase of disabled staff reported that they had felt pressure from the line manager to attend work despite being unwell.
- Marked increase in staff saying the organisation values their work (ca. 6% increased of disabled staff ca. 2% increase of non-disabled having responded the same).

9.4 Gender Pay Gap 2020

Overall Mean Gender Ordinary Pay Gap	Overall Median Gender Ordinary Pay Gap	Medical Staff Ordinary Pay (Mean)	Non-Medical Staff (Mean)
29.01%	16.59%	12.28%	5.14%
£6.20	£2.65	£4.50	£0.77

- The Trust's overall mean average difference in favour of male employees at end of March 2020 was 29% with men earning on average £6.20 more an hour.
- The overall median average difference in favour of male employees is 16.59% with men earning on average £2.65 more an hour.
- When calculating the average mean difference between medical and non-medical staff's average earnings, both are in favour of men.

The **mean gender pay gap** for the Public Sector economy **(Office for National Statistics Annual Survey of Hours and Earnings, October 2019)** is 18.9%. The Trust's mean gender pay gap was above this average at 29% (reduced by 2% since 2017). The NHS has a higher proportion of female workers due to the range of caring roles in the workforce, which tend to be in the lower bands, and a predominantly male workforce in more senior roles across the Medical & Dental professions.

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

As at end of March 2020, the Trust employed 425 substantive consultants, of which 33.41% are female. Of the total number of eligible consultants, 177 are in receipt of a local Clinical Excellence Award, of which 27.71% are awarded to female consultants. Of eligible female consultants, 33.80% are in receipt of CEAs compared to 45.58% of eligible male consultants.

	Mean	Median
Gender Bonus Gap (%)	19.50%	12.92%

The table above shows a mean average difference in favour of male employees of 19.50%, with men receiving on average £2189 more per year than female award receipts. The median average difference in favour of male employees is 12.92% with men receiving on average £779 more per year than female award receipts.

Proportion of gender in each quartile pay band

Quartile	Male	Female	Male %	Female %
Lower	407.00	1957.00	17.22%	82.78%
Lower Middle	417.00	1947.00	17.64%	82.36%
Upper Middle	368.00	1996.00	15.57%	84.43%
Upper	847.00	1517.00	35.83%	64.17%

When ranking the pay relevant employees as of 31 March 2020 according to their average hourly earnings it is clear that females are less well represented in the Upper Quartile.

9.5 Workforce Equality and Diversity – Priority areas

The following were agreed, with employee stakeholder groups, as priority areas to focus on first:

Priority Characteristics for Action:

- Black, Asian and minority ethnic (BAME)
- Disability and Long Term Conditions
- LGBTQ+

Priority Themes for Action:

- Experience and Results from the Recruitment Process (improving the relative success of underrepresented groups)
- Experience of Work, including engagement, access to development and bullying & harassment
- Formal processes – ensuring fairness for all

The action plan below provides further detail:

Workforce Equality and Diversity – Priority Themes – Overarching Action Plan

PRIORITY THEME / Equalities Objective linked to	AIMS/ACTIONS
Recruitment (Objective 1 and 2)	Regular Reporting of Recruitment Activity to EDI Workforce Action Group (Reporting in place)
	Practices in place to support BAME, Disability and LGBTQ+ Representation in the Senior Workforce, including diversity mentoring (commencing with BAME).
	EDI embedded in newly developed Recruitment and Selection Training and embedding learning in the recruitment process.
	Introduce Candidate Feedback from Recruitment Process (in place).
	Improved advertising to attract candidates from underrepresented groups.
Employee Voice and Engagement (Objective 1 and 2)	Greater voice and purpose of employee voice groups (Role of exec/non-exec sponsor defined, employee voice group reporting in place to steering group, employee voice group work plans in place, proposal to establish further employee voice group considered at EDI Steering Group)
	Practices in place to support increased employee voice within the Trust (Diversity mentoring proposal considered, 10 mentors and 10 mentees recruited, training provided to those recruited, feedback collated and reported to EDI steering group)
	A cultural calendar to be in place and a set of events/ campaigns delivered aligned to the EDI agenda (Calendar in place and publicised, at least 5 events held over the 12 month period)
Improving People Practices – A fair experience for all (Objective 1 and 2)	Review of Practices in Relation to Disciplinary Processes (Decision support tree in place and in use supporting decision making, monthly reports in place, audit undertaken, reduction in relative likelihood of BAME staff entering a formal disciplinary process to 1.25 by 2022)
	Ensure training of all those involved in the management of disciplinary matters
	Ensure qualitative audit of case of discipline using a multidisciplinary team approach. (Audit in place and reported to EDI steering group, formal improvement plan agree at EDI Steering Group) (Objective 2)

10.0 Equalities Duty Compliance

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

- Our Workforce Race Equality Standard (WRES) was published in line with requirements and will be refreshed as required
- Our Equality Delivery System (EDS2) self-assessment has been refreshed and due to be completed in 2020/21 for publication
- Our Gender Pay report is published in line with requirements
- We have submitted our initial data for the new Workforce Disability Equality Standard (WDES).
- The Trust has all appropriate policies and procedures to support equality and inclusion.

10.1 Equality Objectives (EO)

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

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

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

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

10.2 Equality Delivery System (EDS2)

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

Later in year 2019/20 saw the Trust begin work on Goal 1: Better Health Outcomes which involves focusing on the following outcomes:

1.1   Services are commissioned, procured, designed and delivered to meet the health needs of local communities

1.2   Individual people's health needs are assessed and met in appropriate and effective ways

1.3   Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed

1.4   When people use NHS services their safety is prioritised and they are free from mistakes

1.5   Screening, vaccination and other health promotion services reach and benefit all local communities

This work will continue into 2020/21 and as in previous years our approach will be to

- Gather evidence and identify gaps
- Undertake an internal grading involving key stakeholders
- Determine final grading and publish the EDS2 Summary Report on the RWT website

10.3 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.

During the reporting period a new process has been put in place for review and feedback on Equality Analysis (EA) attached to policies being presented to the   Trust Policy Group. On average around six polices are reviewed per month. The EAs are received by the Equality, Diversity, Inclusion and Engagement Officer in advance the policy approval process for quality checks. The policy authors are provided with timely feedback and advice prior to the meeting with final comments provided at the meeting.

The EA register for 2019–2020 is due to be published on the Trust website.

11.0 Looking Forward

Equality, Diversity and Inclusion Themes/ Priorities - 2021 / 22

Over the next year, the action plan includes the following priorities:

1. The Workforce EDI Delivery Plan has been developed around six key strands which have been identified as priorities to ensure success, these are as follows:

- Inclusive recruitment and selection
- Inclusive learning culture, including roll-out of Diversity Mentoring Programme across all groups.
- Talent management with an EDI focus
- Tackling the ethnicity disciplinary gap
- Alignment with the STP leadership and culture work stream
- Employee Voice Groups are active and growing in membership

2. In addition, the following joint patient experience and workforce priorities:

- Implement NHS England Guidance / recommended action on Covid -19 and equalities.
- Improve demographic data capture on protected characteristics for staff, volunteers and patients/service users; where there is evidence of low declaration.
- Review of Trust Equality Objectives.
- Launch Trust Transgender Policy.
- Implementation of the NHS Accessible Information Standard.
- Review Trust Equality Analysis process.
- Review and update the audit for Trust and Community premises to ensure buildings are accessible.

Appendix 1 – Equality Objectives

Aim 1 - Workforce

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

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

Aim 2 – Workforce

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

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

Objective 3 - Patient Experience

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

Objective 4 - Patient Experience

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

Objective 5 - Patient Experience

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

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

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

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

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

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

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

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

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

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

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

Appendix 3 - Terms and Definitions

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

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

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

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 Protected Characteristics, 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 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'

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