NHS

The Royal Wolverhampton
NHS Trust

Annual Equality, Diversity & Inclusion Report

April 2022 – March 2023

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English

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Lithuanian

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Punjabi

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

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

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Traditional Chinese

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*Please note that for statistical purposes, percentages have been rounded up to the nearest 0.5 figures unless indicated

Executive Summary

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

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

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

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

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

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

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

Introduction

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

There are many reasons for this, including:

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

The Public Sector Equality Duty (PSED) 2011 is made up of a general overarching equality duty supported by specific duties intended to help the performance of the general equality duty. The Trust must capture a range of equality-related information and report on it. By analysing this information, the Trust can identify possible issues of inequality and seek to address them, specifically for people who have personal protected characteristics as defined by the Equality Act 2010.

The General Equality Duty:

In summary, in the exercise of functions, the Trust must 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. Removing or minimising disadvantages for people due to their protected characteristics.

2. Taking steps to meet individual needs.

3. Encouraging participation in public life or in other activities where people with protected characteristics are disproportionately low.

This includes taking into account the needs of people with disabilities and treating some people more favourably.

Having due regard means we must think consciously about the aims of the General Equality Duty in our day-to-day business and as part of our decision-making processes.

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

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

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

- The NHS Constitution sets out what patients, the public and staff can expect from the NHS.

- The Care Quality Commission's (CQC) compliance with its fundamental standards, including person-centred care, dignity and respect, safety and safeguarding.

- EDI and human rights run throughout the CQC outcome requirements.

- NHS England's Equality Delivery System (EDS2) was originally launched in 2011 and has been 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 that employees from Black, Asian and Minority Ethnic (BAME) backgrounds are treated fairly at work and have access to career opportunities.

- Progress is demonstrated against a number of workforce race equality indicators.

- NHS England's Accessible Information Standard (AIS) aims to ensure that disabled patients (including carers and parents, where applicable) receive accessible information and have appropriate support to help them communicate.

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

This annual report contains information relating to the 12-month period from 1 April 2022 – to 31 March 2023 (Unless indicated otherwise).

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

Analysis of this information will be used to:

- Improve access to services and employment opportunities.

- Identify areas where there could be possible discrimination, victimisation, bullying and harassment.

- Influence decision-making processes.

- Undertake relevant initiatives both in service provision and workforce planning.

- Action planning

The Local Context and Demographics

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

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

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

There are 15 Statutory Partners (four hospitals, two mental health Trusts, five local authorities, one Clinical Commissioning Group, one community trust, one ambulance service, plus two associates in Birmingham Community and Birmingham and Solihull Mental Health NHS Foundation Trust.

Wolverhampton

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

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

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

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

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

- Statistics population in the United Kingdom: June 2016, indicates that Wolverhampton has a population of about 263,257 people, whilst Cannock has a population of around 100,762 people (Source: Office for National Statistics, Mid-Year Estimates 2019)

- Wolverhampton has 64 per cent population as White British, 18 per cent Asian, seven per cent Black, six per cent All Other White, three per cent Mixed and two per cent Other (Source: Office for National Statistics, June 2016)

- Cannock has an overall BAME profile of around three per cent, compared to Wolverhampton which is 39 per cent (Census 2021)

- The life expectancy at birth is 77.2 years for males and 81.4 years for females in Wolverhampton and 79.0 and 82.4 respectively for Cannock (Source: Office for National Statistics, Life expectancy at birth 2016 to 2018)

- Age demographics between Wolverhampton and Cannock are almost identical with the exception of Cannock having a higher percentage than the UK average of people aged 50 plus years

- Wolverhampton's gender pay gap (15.4 per cent) and Cannock's gender pay gap (10.7 per cent), as recorded in 2019, are both lower than the United Kingdom's average of 17.3 per cent

Governance and reporting for EDI

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

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

Section 1 – Non-Workforce Information

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

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

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

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

1.0 Patient Access to Services

The Trust saw a total of 436,249 patients in the year (an increase of 15,898 or 3.7 per cent from the previous year's figure of 420,351).

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

Gender: There is a fairly even representation, with 54 per cent being female and 46 per cent being male. This data is identical to last year's information.

This is not mirrored by the demographics of Wolverhampton and Cannock, where there is a two per cent difference between females (51 per cent and 49 per cent male) as recorded for both Wolverhampton and Cannock areas in the 2011 Census. There were 25 indeterminate (unable to be classified as either male or female), as defined by the NHS data dictionary. In addition, 38 patients did not declare their gender.

Marital Status: 166,102 people, or 38 per cent of the overall total of patients, did not have their marital status recorded. This is a two per cent increase in volume compared to the previous year. Departmental recording of information is crucial to improving this.

The service area where there is the highest 'not knowns' category recorded is the Emergency Department, and the next highest is Outpatients. The lowest continues to be Maternity Services. 30 per cent of patients were married, and 27 per cent of patients were single.

Ethnicity: The group with the lowest representation who accessed services during this reporting period were people who identified as having a Bangladeshi origin (0.1 per cent). The largest group is White – British at 65 per cent, with the second-largest group being Asian at 13 per cent.

% of Patients by Ethnicity 2022/23

- Not Stated 10%
- Other 2%
- White - Other 2%
- Mixed 3%
- Black 5%
- Asian 13%
- White - British/Irish 65%

% of Patients by Ethnicity 2021/22

- Not Stated 10%
- Other 2%
- Asian 12%
- Black 5%
- Mixed 3%
- White - Other 2%
- White - British/Irish 66%
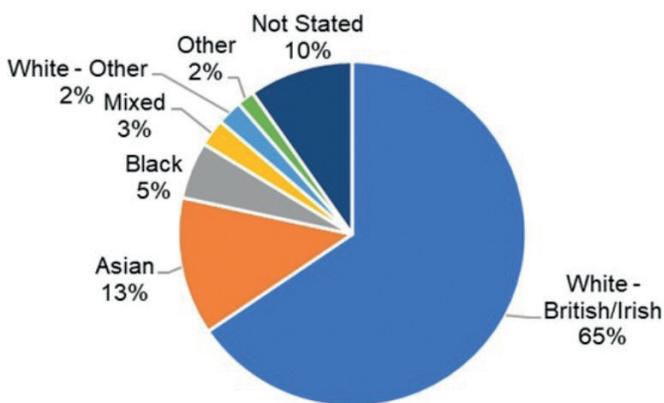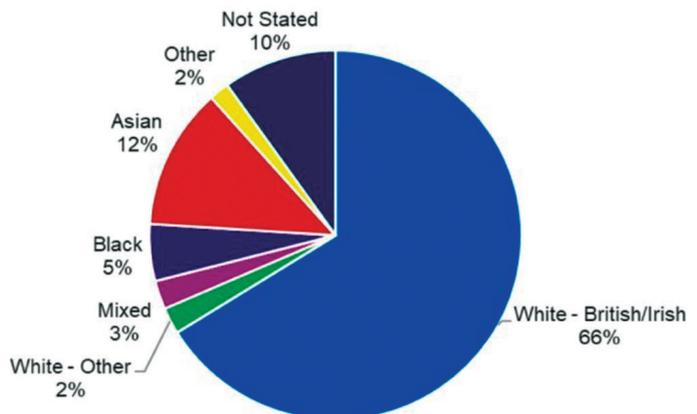
Age: The largest age groups of patients accessing services are the 51-60 and 71-80-year- olds, each group representing 14 per cent of the total service users.

The smallest proportion of patients is the age group of 91 plus and represents two per cent of the overall total. This is closely followed by the age group 11-20 at seven per cent. Trends show that older age groups tend to use Community, Inpatient and Outpatient Services more than younger age groups which tend to be represented in ED and Obstetrics.

Religion or Belief: There are 32 different religions represented by patients of the Trust. The largest represented religion, of the patients who accessed services, is Christianity, which represents 35 per cent of all patients. The smallest represented groups are Hinduism and Islam at two per cent each. A number of other religions are combined as the other category which is 11 per cent. There is still a high percentage of 'Not Disclosed' at 22 per cent, which is a slight increase of two per cent from the previous year.

It is recognised, however, that there is a high group (22 per cent) of patients who accessed services who state their religious status as 'Atheist'.

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

There is a range of other religions, however, that accesses our services, demonstrating the diversity of the people who use our services.

% of Patients by Religion 2022-23

Christianity	Atheism	Not Disclosed	Other	Sikhism	Roman Catholic	Hinduism	Islam
35%	22%	22%	11%	6%	6%	2%	2%

% of Patients by Religion 2021-22
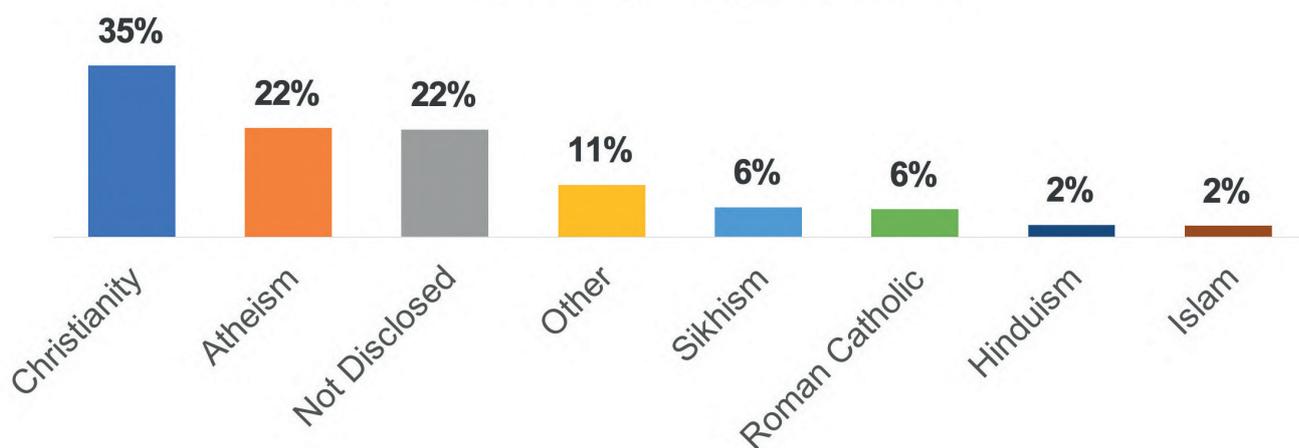
Church of England	Athiest	Not Known	Roman Catholic	Sikh	Other	Hindu	Muslim	Methodist
36%	22%	20%	6%	6%	3%	2%	2%	2%
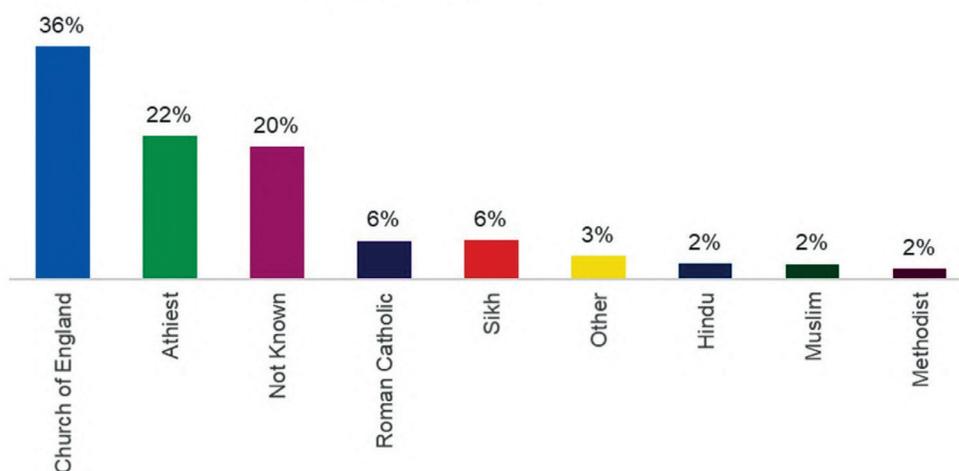
2.0 Performance information relating to health outcomes and inequalities.

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

It is intended that future action will be targeted in areas of low recording of equalities data to enable better analysis of service take up. Work is already underway to address this issue in the complaints service and Friends and Family Test (FFT).

In recognition of the wider health equalities agenda, however, the Trust has set up a Health Inequalities working group with senior representation. The group has been looking at the following areas:

a. Governance and Education

- Introduced a Health Inequalities Steering Group which has representation from a wide range of stakeholders - internal and external to the organisation - including local authority, Public Health and One Wolverhampton

- Trust Board reports development sessions

- Business case templates have a dedicated section which includes consideration of inequalities

- Equalities Impact Assessment process (legal duty) now also includes consideration of other inequalities e.g., deprivation

- Successful bids for developing educational packages for the workforce to improve understanding of health inequalities for the population in which we serve

b. RWT Initial Action Plan

- Inclusive services – breaking down data by deprivation and ethnicity

- Maternity and early years data development and dashboards to steer focus

- Equity audit of elective pathways and pilot work on Did Not Attends (DNAs)

- Mitigating against digital exclusion

- Considering data protection concerns, equipment and data availability, digital skills in access to information and services, monitoring uptake

- Ensuring datasets are complete and timely

- Meeting ethnicity completion target of 95 per cent, flags for Learning Disability in place

- Accelerating prevention programmes

- Introduction of Tobacco Dependency Service for inpatients, expansion of the Drug and Alcohol Liaison Team, primary care workstreams, recruitment of EDI Midwife

- Strengthening leadership and accountability

- Board level buy in, working towards distributed leadership through education and changing business as usual processes

Assessing Equity

Analysis and qualitative data gathering and analysis to identify disparities focusing on patients that DNA and a review of current processes focusing on a deep-dive in high volume specialities in the first instance to establish the inequalities faced. An Equitable Recovery Programme pilot is currently underway within the Ophthalmology Department to pro-actively contact patients with outpatient appointments to identify any barriers they may face to attend their appointments.

Updating the Patient Access Policy to ensure that services are available to all patients and easily accessible.

3.0 Patient Experience Metrics Data

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

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

Formal Complaints Monitoring

The development and Trust-wide dissemination of a patient feedback leaflet, which includes an equalities monitoring form, has aided the capturing of equalities data in relation to PALS concerns and formal complaints.

The implementation of a departmental telephony system which advises service users of the need and rationale for gathering such sensitive information has also assisted in conjunction with a review of the subjects noted in the Trust's Datix complaints module. The complaint data recorded relates to the actual patient rather than the complainant, which accounts for any volume of 'unknowns, not stated, undisclosed, or not available' where we have not been able to identify the protected characteristics required.

A total of 549 formal complaints were received from April 2022 to March 2023.

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

Gender

Of the 549 complaints in this period, 75 per cent relate to females and 25 per cent to males. In comparison to the previous year, 2021/22, complaints made by females have increased by five per cent.
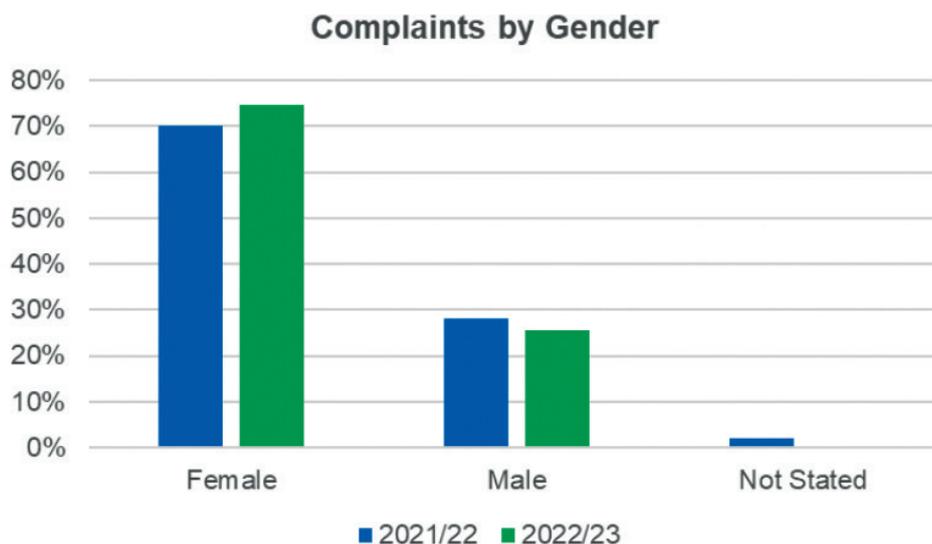
Ethnicity

Wherever possible, the Trust collects personal data relating to ethnicity (race) for each complainant. Of the 549 formal complaints raised in this period, 42 per cent of the complainants' ethnicities have not been stated. This represents a decrease of 18 per cent in the non-declared category. A total of 46 per cent of complaints are from the White – British/Irish category which is an increase of 15 per cent.

There has been an increase from eight per cent to 10 per cent from members of the BAME community who complained during this reporting period.

Complaints by Ethnicity
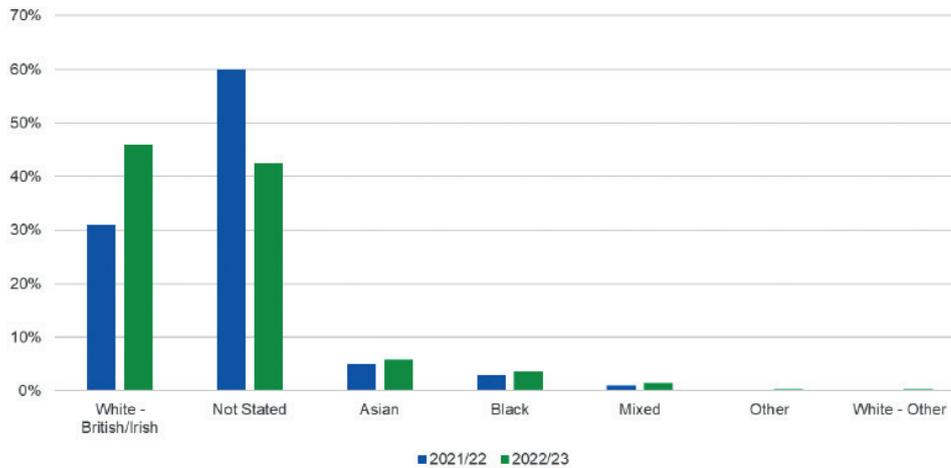
Age

For those complaints where age had been identified, complainants from the age groups 31- 40 made the most complaints at 16 per cent, followed by 51-60 and 71-80 at 15 per cent each. The lowest age group represented in complaints was 11-20 at one per cent.

Complaints by Age
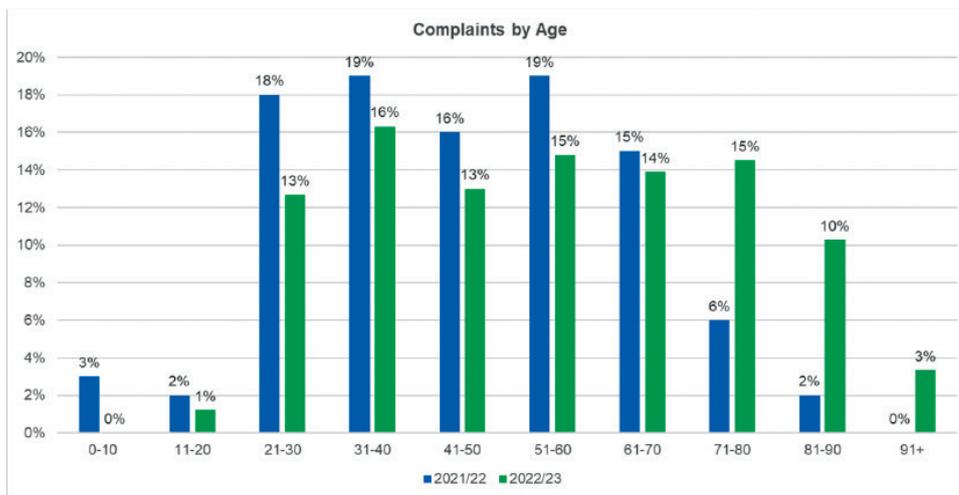
3.2 The CQC National Inpatient Survey 2021

The 2021 Inpatient Survey was part of a National Survey Programme run by the CQC to collect feedback on the experiences of inpatients using NHS services across the country. The results contribute to the CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS Trusts, which they can then use to improve the patient experience.

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

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

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

- Mailing three – a letter with a paper questionnaire

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

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

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

3.3 Friends and Family (FFT) Test

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

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

Improvements and actions included:

- The Patient Experience Team to implement and monitor the use of the ENVOY system to ensure that clinical staff can use the real-time data to effect timely change.

- Negotiation has taken place with CQC's agencies to translate 'disclaimer' posters in surveys into two of RWT's five most prevalent languages (Kurdish, Sorani and Romanian). Speakers of those languages will now be aware of their right to withdraw from the survey sample.

- The Patient Experience Team continues to support the provision of QR codes for staff in key areas to localise feedback.

FFT responses by age

From the data collected electronically, the largest group of responses was in the age range of 55 - 64, this is a change from last year's highest group which was under 16 years old. The lowest age group of responses has changed from 85 plus to 35 – 44.

FFT Responses by Age
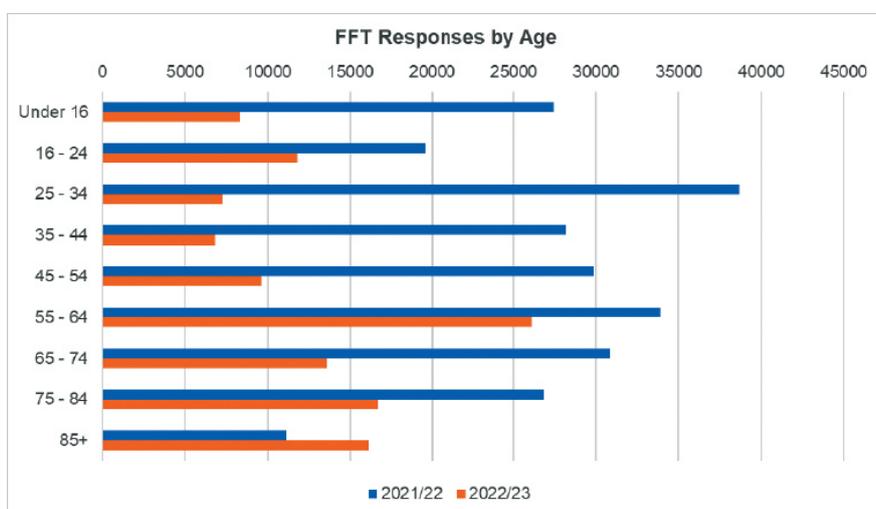
FFT responses by Ethnicity

From the data collected, the largest group of responses was in the 'White British' ethnic category, followed by 'Asian', similar to last year. It is noted that when compared to the previous years' ethnicity data and trends that there has been a considerable decline in FFT feedback gained from the 'White British' ethnic category. This data does not reflect the access to services data for 2022/23. A deep dive into the data provided will be undertaken in order to understand this shift in data collection.

It is worth noting that there have been notable increases in the number of responses from all other ethnic categories which could be due to broader engagement and inclusivity.

Year	2021/22		2022/23	
Ethnic Group	Overall Total	Percentage	Overall Total	Percentage
Asian	44357	14%	63744	20%
Black	17897	6%	46543	14%
Mixed	4207	1%	59753	18%
Not Stated	5842	2%	16954	5%
Other	5844	2%	30060	9%
White - British/ Irish	227361	72%	78284	24%
White - Other	9557	3%	30168	9%

FFT Responses by Gender

In terms of responses to FFT surveys, it is noted that the lowest number of responses continues to be from males, (39 per cent) which represents a seven per cent decrease from last year. Females represent 61 per cent of responses which is a seven per cent increase since last year.

FFT Responses by Gender

2021/22: Female 148711, Male 113284
2022/23: Female 53716, Male 33948

■ Female ■ Male
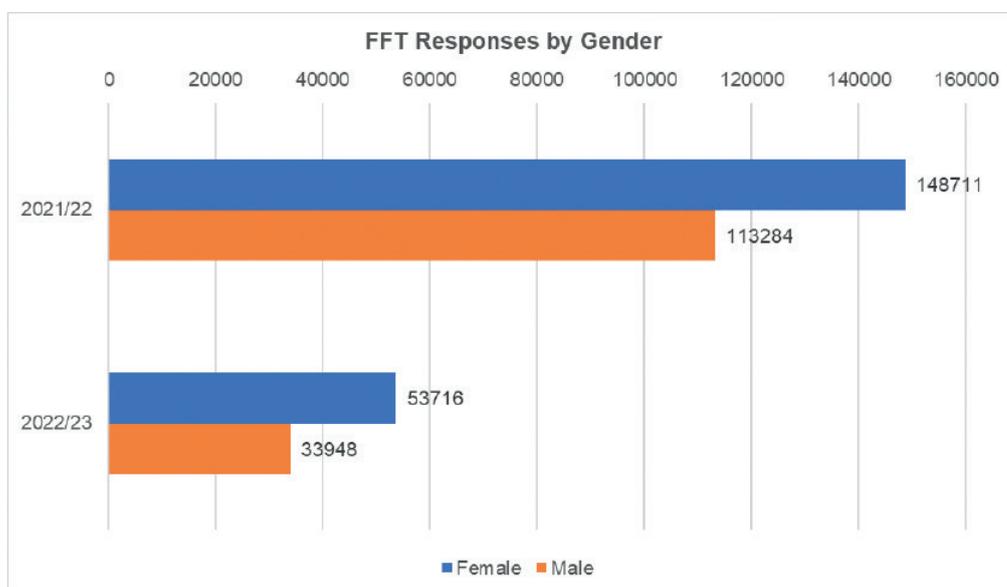
4.0 Key activities for awareness and engagement and a focus on inclusivity

In partnership with Walsall Healthcare NHS Trust (WHT), The Trust has published a Patient Experience Enabling Strategy 2022 - 2023, which sets out how the Trust will achieve its objective to strengthen patient and public involvement across the organisation and to help compliance towards statutory equality requirements.

We endeavour to communicate with the wider community to ensure that marginalised or under- represented groups can become involved in shaping future services and decision-making processes. To achieve this aim, we have been involved in the following activities:

- Regular meetings take place with external providers as and when required, with the Engagement Leads for the Clinical Commissioning Group and Healthwatch

- The Trust also attends regular meetings with representatives (both patients and staff) from the Patient Participation Groups for the Primary Care GP practices (Primary Care)

- Proactive engagement with the community continues to be monitored by the Patient Experience Team. The team has been looking at ways in which engagement of young people in care can be improved

- In collaboration with The University of Wolverhampton, The Royal Wolverhampton Trust has spent time working together with service users to consider the best way of engaging and learning from one another to provide solutions to improve services for patients. The project had three streams of improvement with services users that had experienced our services in Stroke, Paediatrics and Learning Disability areas. The work streams have resulted in the development of a logo to be used at the bed space for patients with Learning Disabilities who require additional support. For Stroke Services a lived experience app has been created and for Paediatric Services the outcome was the design of a service information and pathway product

An additional co-production exercise took place in March 2023 when PET staff attended St. Anthony's Primary Academy School in Wolverhampton. The two-hour exercise examined what information Year 3 and 4 pupils need to make them feel safe and secure when in hospital. This information is now being accommodated in a complete re-design of the Paediatric Wards' notice boards.

- Feedback Friends: Patient Experience Team is implementing Feedback Friends – 'a mystery shopper' style feedback route for patients who can simply feedback their comments from QR codes on posters designed by the team

- Deaf Awareness/Initial British Sign Language training. - A series of cohorts was 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 the hospital

- The Trust has used NHS England funding to devise and deliver a training package focused on reducing aggression in ED environments. The package identifies conflict situations and five common responses to conflict and the implications of these responses. Staff are equipped with 12 de-escalation strategies, and their interpersonal skills are honed to engage and to defuse conflict situations. Seven training sessions have been delivered. The desired outcome is that ED environments become safer spaces and staff are empowered to create a better and safer environment for patients and staff

- The Patient Experience Team was approached by the International Nurses' Training Team. Help was requested to inform and empower Nurses arriving from countries where LGBT+ legislation is not inclusive and where LGBT+ status carries a social stigma. A training package was devised that introduces Nurses to the LGBT+ lifestyle and culture in the UK. The legal standards which they are required to observe are introduced together with RWT's Dignity and Respect at Work Policy (HR06) plus supportive resources. The desired outcome is that incoming Nurses are fully supported to ensure that LGBT+ patients and colleagues receive equal treatment and are free from harm

- RWT's Guidance and Statement of Intent for Transgender Inclusion – this has now been launched. This document has been produced to provide guidance and information to staff within the organisation to support the needs of Transgender patients and staff. It will support staff who work with transitioning or transgender colleagues or patients to understand, support, and promote their colleagues' or their patients' inclusion in the care environment

- Haematology. A short-life working group has met on a regular basis to address issues for patients with sickle cell and thalassaemia conditions. The group, which includes patient and community representation, is looking at existing services, identifying and considering the findings of the recently published report following a national inquiry into avoidable deaths and failures of care for sickle cell patients

The initial focus of the working group has been to raise awareness of the sickle cell and thalassaemia conditions, promote understanding of Trust complaints procedures and revisit how patients are treated when they attend ED. Work is currently underway to produce an awareness video involving group members.

Patient Involvement Partners (PIP). During the reporting period, the Council of Members has been rebranded into a new group known as the Patient Involvement Partners. The rebranding exercise has resulted in adopting new terms of reference, new logo, and posters. Several new members have been recruited from our local community, who are current and former patients, and they all bring with them a wealth of different experiences to offer the Trust. Recent examples of their contribution include review of ward notice boards, Feedback Friends' initiative (mystery shopping) and participation in the NHS 15 Step Challenge exercise.

Further initiatives to promote equality, diversity and inclusion are also included in Section 2 of the report under Workforce Information.

5.0 Accessible Information Standard (AIS)

The Trust AIS working group keeps an overview of the main actions to be progressed. In November 2022 an audit was conducted by the Patient Experience Team on the state of key areas of the RWT action plan. The primary areas of focus continue to be as follows:

- Patient Administration Portal - Investigating the facility to record different communication requirements with the IT supplier. The Patient Administration Portal is live, and the operational service is now canvassing patients for registration/use. The portal will then be used in preference to patient paper letters via post

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

- Review of patient appointment letters - Officers continue to work with Synatec (hybrid mail provider) on letter content requirements. An Easy Read template for appointment letters for those patients identified with learning disabilities has been developed

- AIS model for patient leaflets – Some work has been carried out on scoping exercises led by the LD Service

- Compliance with the AIS through the Badgernet App in maternity services- The App meets accessibility standards with all users' needs to be recorded from when someone downloads the app

The AIS has been the subject of a national review and a revised version is likely to be published later this year. Initial feedback from the review team points to the following key findings:

- Mixed staff awareness of the AIS

- Concerns around the accessibility of complaints processes resulting in under reporting of issues

- Ability of systems to record reasonable adjustments

6.0 Interpreting and Translation Provision

The Trust provides interpreting and translation services to enable people to access services fairly and get the best care and information. These services are provided via external service providers. A summary of interpreting and translation services is below:

Community language services provided:

- Face-to-face language interpreters: Available 24 hours per day all year round

- Telephone language interpreters: Available 24 hours per day all year round. (Instant telephone access – no booking required)

- Video Interpreting: This service allows staff to connect to an interpreter through a video connection, either on a desktop computer or through a mobile device such as a tablet or mobile phone

- Translation of written information into alternative formats:

    a. English to other languages or vice versa

    b. Larger print

    c. Braille

    d. Easy Read

    e. Audio (languages to English / English to languages)

People who are d/deaf or hard of hearing:

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

    b. British Sign Language (BSL)

    c. Sign Supported English (SSE). Relay interpreter

    d. International interpreter for d/Deaf people

    e. Note taker (manual)

    f. Note taker (electronic)

    g. Lip speaker for d/deaf people

    h. Deaf blind hands-on interpreter

    i. FaceTime for basic non-clinical information only

Interpreting summary

The costs for providing an interpreting and translation provision have risen year by year. This is currently being evaluated to determine how costs can be controlled through the use of less costly options such as telephone and video interpreting.

Total Bookings by Type 2022-23

- Video 1%
- Telephone 33%
- Face to Face 66%
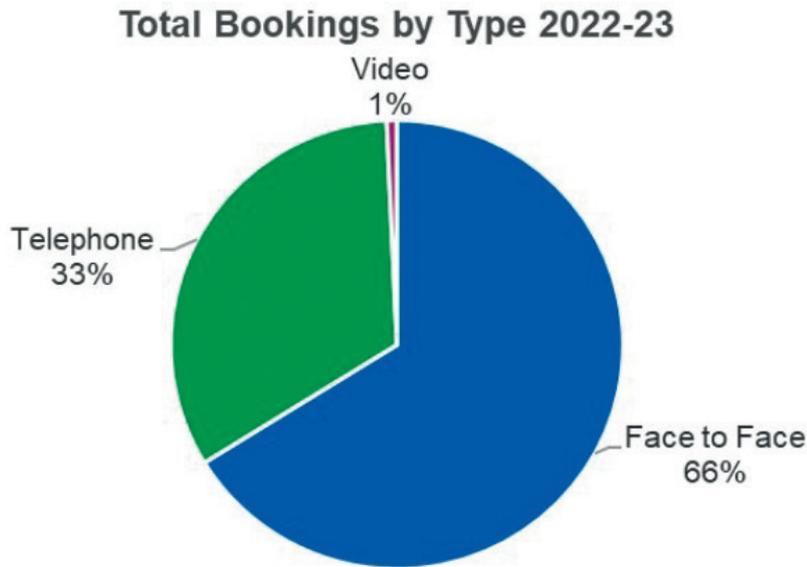
The Trust continues to undertake analysis of interpreting data. The most noteworthy trends from the latest analysis have been the increase in overall demand with face-to-face bookings being used as the most preferred option resulting in increased expenditure. Overall, the Trust made 21,175 bookings for community languages which represents an increase of 16 per cent over the previous year (18,221). Breakdown by booking type was as follows:

- Face-to-face language interpreters: The Trust made a total of 14,008 face-to-face bookings compared to 11,628 in the previous year. 14,008 face-to-face bookings represents 66 per cent of the total bookings compared to 64 per cent for the previous financial year

- Telephone Language Interpreting: The Trust used telephone interpreting a total of 7,003 times, (representing 33 per cent of the total bookings). This represents a small decrease of two per cent of using this method of interpreting for 2023/23 compared to 2021/22)

- Video Interpreting: The Trust used video interpreting on 154 occasions compared to 221 in the previous year. This is an unwelcome shift as the Trust has been promoting the use of video interpreting as an alternative to face-to-face sessions

Method of Delivery of Interpreting

	Face to Face	Telephone	Video
2020/21	47%	52%	1%
2021/22	64%	35%	1%
2022/23	66%	33%	1%

■ 2020/21 ■ 2021/22 ■ 2022/23
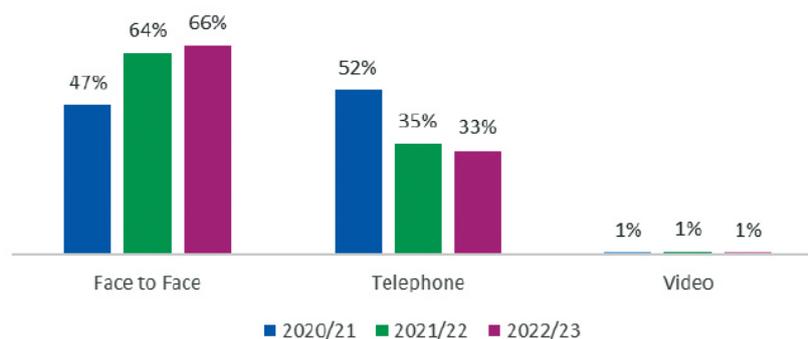
During the reporting period, the top five languages featuring in bookings were:

- Punjabi

- Romanian

- Polish

- Kurdish- Sorani

- Arabic

As with the previous year, Punjabi continues to be the most requested language. In terms of other languages, the pattern is repeated apart from Arabic replacing Lithuanian.

The Trust used BSL interpreters a total of 291 times during this reporting period which is consistent with the figure of 292 for the previous year.

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

7.0 Meeting Religious and Cultural Needs of Service Users

The Multi-Faith Chaplaincy and Spiritual Care Team exists to meet the needs of those of faith and none, irrespective of age, gender, ability, race, religion, belief or sexual orientation. The service is accessible to all patients, their families and friends, staff and volunteers throughout the Trust and, is available throughout the twenty-four-hour period across our hospital sites.

The team has been through significant change throughout 2022 with successful recruitment completed to five vacant positions. Currently, it consists of representatives from the Christian, Hindu, Muslim and Sikh faith traditions and, representatives from other faiths may be available upon request. The new team has established itself across the Trust and has a strong and growing relationship with the Bereavement Services Team, the Palliative care Team, the Neonatal Unit (NNU) Clinical Team and the Bereavement Midwives.

The Chaplains regularly visit each of the three hospital sites and, patients who require and/or request support, are visited by the bedside. Prayer resources and devices are available on all wards or may be obtained by contacting the team directly. There are four multi-faith prayer spaces and reflection rooms within the Trust, located within New Cross and Cannock Chase Hospitals. These spaces are open and available for private prayer and reflection. Compassionate support is provided to those who are affected by illness, injury, trauma and distress. It goes beyond patients – it is also taken up by visitors, relatives and increasingly and significantly staff across the Trust.

The service continues to work from the foundation of the newly implemented "Five Wells" values.
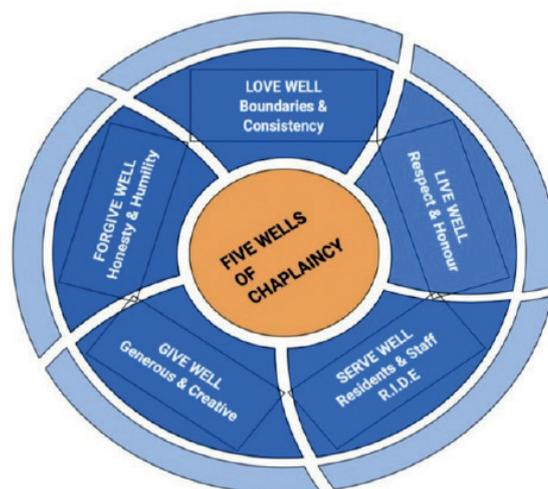
The team remains proactive and responsive in its approach to everyday requests for support and to specific events that affect the life and work of the Trust. As such, the team continues to mark important dates and deliver annual services on behalf of the Trust.

New Initiatives

- Visiting rotas - Chaplaincy everywhere, every week

- The team has introduced a web-based method of recording pastoral encounters at RWT (SPARC) which was previously used at WHT. This enables the Trust to have a greater depth of insight into the scope and impact of provision

- Compton Care. Following several months of discussion and planning, we have entered a new partnership with the Chaplaincy Team at Compton Care. Support will be provided out of hours, at weekends, bank holidays and for annual leave cover. It is envisaged that this will bring a richness to Chaplaincy provision in terms of experience and knowledge as well as bring some much-needed collegiality and support to the Compton team

In eight months of collecting data (August 2022 – March 2023), 3,004 significant pastoral encounters were made. Scaling that up to 12 months that is 4,506 encounters over the year. That is equivalent to 375 encounters per month, or approximately 15 encounters per working day.

8.0 Learning Disabilities and Autism

The Trust's Learning Disabilities and Autism Team continues to provide advice and support to all staff across our services to meet the additional needs of our patients. The team has recently expanded to support the needs of autistic patients who do not have an intellectual disability who access our service. This is a new and developing service that will not only be able to support the needs of our patients but will work closely with the Trust's Health and Wellbeing Service and Human Resources department to support the needs of our neurodiverse staff. An electronic flagging system has the addition of the autism flag, which currently identifies approximately 1,000 autistic people.

The service operates during office hours, where a member of the team is available on call to answer and manage concerns. The open referral system allows for patients, carers, and has staff to contact the team directly via a mobile phone. Outside of office hours, the team have an internet site which provides staff with useful information to support the additional needs a person may have as a result of an LD or Autism.

The team continues to use the electronic flagging system to be able to identify children, young people, and adults with a learning disability. This system currently recognises approximately 3,000 people. Using this flagging system, the team has been able to recognise areas where improvements can be made. The team has recently led on the development of a reasonable adjustments tab on the individual electronic patients' records. This tab is available for all staff to add and gain information which will help support the patient.

The team works closely with the Paediatric Consultants to support young people in transition from children's services to adult health services. The team supports Trust GPs to meet the requirements of the Directed Enhanced Service (DES) and ensure that young people, 14–17- years old are registered, and supported to have their annual health check.

9.0 Maternity Services

- To address inequalities experienced by women from BAME backgrounds the Trust has appointed an EDI Midwife lead. This has resulted in a whole range of initiatives as follows:

- Sahara Maternity Support Group. This group was set up in partnership with Positive Participation which is a specialist Mental Health Service in Wolverhampton for Black, Asian, and Minority Ethnic groups. It helps Black, Asian, and Minority Ethnic women who need to access additional maternity support, parent education and mental health services in Wolverhampton. This includes accessing the same antenatal classes that are available in English (but in their specified language) with additional education on the antenatal journey and early parenthood

- RWT now has a referral pathway to Sahara Maternity Support Group. The Community Midwives have been made aware to refer any women who require additional support including digital exclusion. Once referred, the women are contacted by the EDI lead by telephone in their spoken language and they are made aware of the support available at the group. For some women, the EDI lead has visited them to inform them of the support available and upcoming appointments if they do not have a telephone. They are encouraged to attend to achieve the maximum benefit to them from the support group

- The EDI lead participates in a monthly TV recording on the Health Talk Show on the Asian TV channel called Kanchi TV Sky channel 772. This is popular amongst the local Punjabi communities in the vicinity of Wolverhampton, West Bromwich, Birmingham, Dudley and Walsall. Punjabi is one of the top five non-English-speaking languages at RWT. A wide variety of relevant topics have been covered such as COVID-19, diet, nutrition, and BMI in pregnancy, and sickle cell and thalassemia

- RWT midwives have been provided with an up-to-date directory of local food and baby banks, available to help meet the needs of low-income families. In addition, the EDI lead also runs an independent baby bank (Sharing is Caring) that is frequently utilised by RWT Midwives to further support the needs of the families that we care for at short notice. Urgent baby items can be sourced immediately thus encouraging safe sleeping and reducing the chances of SIDS/infant mortality. This also meets the needs of teenage mothers, Refugee and Asylum Seekers, and low socio-economic groups in Wolverhampton

- SAFE SPACE sessions are held for staff. Staff are encouraged to attend the sessions to address gaps in their knowledge regarding the diversity of the women that we care for. Staff have so far shared that they would like to know more about different practices, communities and particular customs

- Women who face digital exclusion are identified by the EDI lead and Midwives, their appointments are sent out by post and all communications are via an interpreter rather than by the app (badgernotes). This ensures that the women do not miss vital appointments and care. This migration from digital exclusion is proving to be helpful for the women who attend, and they also feel less social isolation

- The EDI lead engages with mother and toddler groups to build relationships with the women in preparation for the Black Country Local Maternity and Neonatal System (BCLMNS) **surveys** as this is the target group of women, some of whom are also pregnant

- The EDI lead engages with the **Refugee and Migrant Centre**. Refugee and Asylum seeker women receive one-to-one parent education and birth preparation classes that are individualised and specific to their needs. Language support is made available when required

The Trust workforce equality and diversity information is for the reporting period 1 April 2022 to 31 March 2023. It provides data and information on the Trust's performance on Equality Diversity and Inclusion along with analysis of gaps or possible unacceptable variations in the employee experience by protected characteristic.

The Trust employed 11,371 staff as at the end of 31 March 2023, increasing from 10,609 in 2022. The workforce profile information has been presented by protected characteristic and analysed to identify any gaps or possible barriers for staff.

10.0 Workforce EDI Context and Strategic Drivers

The Trust works to a number of strategic EDI drivers and priorities which are determined through legislation, NHSEI mandates and local directives, these include:

- New Trust Equality Objectives 2023-2027 (Appendix 1) NHS People Plan and Model Employer

- The People Promise

- The RACE Code

- NHSEI Workforce Race Equality Standard

- NHSEI Midlands Race and Inclusion Strategy: 6 High Impact Actions

- NHSEI Workforce Disability Equality Standard

- Equality Delivery System 2

- Reducing Workforce Health Inequalities

- Black Country Integrated Care System Equality Diversity and Inclusion Strategy 2023

10.1 The NHS People Plan

One of the founding pillars of the NHS People Plan is 'Belonging in the NHS', reflected in an organisational culture that is open and inclusive, where staff have a voice, and where leaders are compassionate and inclusive at all levels.

Our regional strategic priorities include:

- Leading with compassion and inclusion

- Removing barriers to help staff to speak up

- Tackling racism and other types of discrimination (including bullying and harassment)

- Eliminating racism and bias in disciplinaries

- Reward and celebration when good practice is identified

The NHS Equality Diversity Inclusion Improvement Plan 2023 has been introduced and sets out six high impact actions for NHS organisations, addressing inequalities across the nine protected characteristics as prescribed in the Equality Act 2010.

The plan focuses on addressing all forms of discrimination and inequalities to enable our workforce to use its full range of skills and experience to deliver the best possible care. The plan supports the objectives of the forthcoming Long Term Workforce Plan by setting out actions to improve the culture of our workplaces and the experiences of our workforce, benefiting retention and the attraction of new talent to the NHS.

By promoting equality of opportunity for progression and growth within the NHS we can have a positive impact on health inequalities and social mobility, enhancing the NHS's role as an anchor institution within the communities we serve and attracting diverse talent to our workforce.

High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

The full plan can be found NHS workforce equality, diversity and inclusion (EDI) improvement plan

10.2 Black Country Integrated Care System (ICS) Leadership and Culture

The Black Country ICS has published its first Workforce Equality, Diversity and Inclusion (EDI) Strategy for 2023-27. The strategy has been developed in consultation and collaboration with system partners to address the ongoing inequalities that persist in our society and across our NHS and Social Care organisations. The Black Country has a rich diversity of people (see population health profiles) who are our staff, patients and service users and we are committed to addressing the workforce inequalities experienced by staff with protected characteristics in the workplace (EDI data). The strategy focuses on the support available to the health and social care workforce, as well as the priorities and actions that will be taken to improve their work experience.

The EDI e-brochure for the Healthier Futures Black Country ICS was developed to showcase the breadth of EDI good practice that is taking place across health and care in the Black Country, contributing to making it the best place to work for everyone. The recent work undertaken by system partners is highlighted in this e-brochure and demonstrates how each partner organisation is working towards fulfilling our core purpose: to reduce the gap in different experiences and outcomes for all of our colleagues, service users and patients living in our local communities.

Black Country ICS Equality Objectives and System Pledges:

1. **Data collection and analysis:** We will publish an annual ethnicity pay gap report, adopting a standardised system approach

2. **Leadership accountability and visibility:** We will ensure an EDI representative or Cultural Ambassador sits on every Board (Executive and Non-Executive) appointment panel, and will submit an annual report of Board recruitment and development activity (approach to advertisement, mentoring or coaching beneficiaries, aspiring leader training participants, recruitment panellists) and outcomes (application, shortlisting, and appointment) by gender, ethnicity, and disability to the ICB

3. **Inclusive people practices:** We will ensure every staff member has an equality, diversity and inclusion objective identified as part of their role or annual appraisal

4. **Improve staff health and wellbeing:** We will ensure all staff have access to a Disability Health Inequalities Passport to support reasonable adjustments and improve health and wellbeing of our staff

5. **Improve systemwide learning and development:** We will commit to becoming an anti-racist organisation and ensure an anti-racism training offer is available to all staff

6. **Improve communications and engagement of staff:** We will support our staff networks to engage at a system level (through a system staff network forum) to shape and influence system decision-making

10.3 NEW Equality Delivery System

The EDS was introduced in 2011 to support NHS organisations to assess and improve their performance on equality, diversity and inclusion. A refreshed version, EDS2, was issued in 2013, and a third revision (called EDS) was introduced in 2022/23.

The Trust has completed its assessment against Domain 1 and Domain 2. The Assessment and Scoring can be found in Appendix 2.

Further details about the new EDS can be found in section 17.2.

10.4 RWT Equality Diversity Inclusion Delivery Plan 2023 – 24

The Trust sets out its plans for implementing its strategic equality priorities within its EDI Delivery Plan 2023/24. The plan was refreshed in 2023 to reflect emerging priorities identified through the Staff Survey results, WRES and WDES indicators and Equality Delivery System Assessment. The plan is regularly monitored, and progress is reported to the Equality, Diversity, and Inclusion Steering Group, Chaired by the Chief People Officer and People and OD Committee. The plan is a live document to ensure a responsive approach to the EDI challenges and opportunities. It is available upon request.

10.5 RWT Equal Opportunities Policy

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

11.0 Highlights and Achievements 2022 /23

This section reports on the key activities and achievements that took place to enhance equality, diversity, and inclusion for the Trust.

11.1 Employee Voice Groups

Supporting our workforce and understanding the diverse needs of staff has been crucial during COVID-19 and will continue to be a priority for the Trust. Employee Voice Groups (EVGs) are an important part of building a workforce culture that is included and engaged, where staff concerns can be raised safely, and staff have opportunities to connect with their peers. The Trust EVGs are available to all staff who identify with a particular protected characteristic or support a particular protected characteristic as an ally.

EVGs act as a safe space for staff to come together, network, raise issues or concerns, and be heard. The EVGs are represented on the Trust Equality Diversity and Inclusion Steering Group as a means of actively participating in decision-making, including planning Trust EDI events, and shaping EDI priorities and responding to issues.

The Trust has in place four established EVGs and two new EVGs introduced in 2023. The Trust is committed to growing its EVGs. The following table illustrates the growing membership levels of the EVGs from 2021 to 2023.

Employee Voice Group (EVG)	Executive Sponsor	Membership April 2023	Membership April 2022	Membership April 2021
Black Asian and Minority Ethnic (BAME) EVG	Dr Brian McKaig	149	110	105
Lesbian Gay Bi-sexual Trans (LGBT+) EVG	Simon Evans	279	220 members and allies	62 members and allies
Disability and Long Term Conditions (D&LTC) EVG	Debra Hickman	78	55	42
Carers EVG	Gwen Nuttall	32	25	12
NEW Armed Forces Staff Network	Alan Duffell	12	-	-
NEW Health and Wellbeing Employee Voice Group	TBC	10	-	-

- All Employee Voice Groups are nominated a named EVG Executive Sponsor to provide support, senior leadership commitment, and a point for escalation

- The EVGs work jointly and came together as part of Staff Networks Day 2023 to promote the importance of employee voice and speak to staff about their respective groups

- The Trust supported the development of two new EVGs in 2023. The Armed Forces Staff Network has come together to provide a network of support for Armed Forces personnel, reservists, and veterans. The Trust is working with the network to support inclusion for this group and preventing any unfair disadvantage in employment. The group is working closely with the Trust to support the Veteran Aware accreditation

- The new Health and Wellbeing Employee Voice Group brings together staff who are impacted by health and wellbeing issues or have an interest in supporting health and wellbeing within the Trust. The group is in its early stages of development

The following table sets out the EVG activity in 20223 /23 and future plans.

Employee Voice Group	Achievements and Highlights	Top 3 Priorities for Each EVG Going Forward
Black Asian & Minority Ethnic (BAME)	• Won Staff Network of the Year Award • Race Code Charter Mark • Zero Tolerance to Racism Campaign • Black History Month art installation, Mayoral Visit and Race Equality Showcase Event • Race Equality Week – race infographic • Exploring use of terminology 'BAME' • Surveying members • Working jointly with Walsall BAME Staff Network • Listening events	1. Re-launch the group with a face- to-face event, branding and logo, animation, and new webpage 2. Develop accessible and inclusive approaches to engage junior members of the workforce, those without IT access, and front-line staff. 3. Improve the BAME employee experience and access to development and support

Employee Voice Group	Achievements and Highlights	Top 3 Priorities for Each EVG Going Forward
Disability and Long-Term Conditions (D&LTC) Employee Voice **D&LTC**	• Launch of the Health Adjustments Passport and promotional animation • Raising the profile of disability through a Disability Infographic • Supporting improvements and escalation of disabled parking issues impacting members • Supporting a wheelchair access walk around the Trust • Supporting the Access and Planning Group to ensure Disability access considerations for new projects E.g. disabled signage and Changing Places • Listening events and supporting staff shielding during the pandemic	1. More lunch and learn sessions to promote awareness of disabilities, long-term conditions, and reasonable adjustments at work 2. Research – increase disability declaration rates 3. Improving staff experience of reasonable adjustments
Lesbian, Gay, Bi- sexual Trans+ (LGBT) NHS	• Promoted the Rainbow Badges Scheme so around 225 staff and allies have completed a short LGBT+ awareness e- learning and received the badge. • Supported Pride 2022 with 50 members and plus ones marching and more than 100 expressing an interest • Rainbow Crossing • Rainbow window installation due • Supported the scoping of LGBT+ training needs • Developed lived experience stories for staff as part of LGBT+ History Month	1. To support awareness raising of the emerging Transgender Guidance for Staff and Patients 2. To support member issues and escalate 3. To promote information on how to be an effective LGBT+ Ally
Carers EVG Carers Employee **Voice Group**	• Carers Week • Raising awareness of support services available to Carers • Lunch and Learn Session with Wolverhampton Carers Support Service • Promoted awareness of the experience of working and caring with a Carer Podcast with Executive Sponsor • Launched the Carer Passport • Awareness raising of how to record carer status on ESR	1. Promote awareness of wellbeing support available to Carers through Carers Week 2. Further promote the Carers Passport so staff are aware of support available 3. Promote awareness of Carer Support Services available locally and in surrounding areas

Employee Voice Group	Achievements and Highlights	Top 3 Priorities for Each EVG Going Forward
Armed Forces Staff Network	• Early stages of development with members meeting for the second time.	1. To develop the terms of reference, web page, and promote awareness of the network to support serving Armed Forces personnel and veterans 2. To promote Armistice Day and Armed Forces Day 3. To support the Trust re- accreditation of Veterans Covenant Healthcare Alliance

11.2 Inclusive Recruitment

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

Disability Confident

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

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

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

Recruitment and Selection Training

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

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

All recruiting managers will be issued with role-specific recruitment and selection e-learning encompassing learning on inclusive recruitment practice. This is being rolled out this year.

Positive Action in Recruitment

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

For 2023 all Nursing and Midwifery vacancies at Band 7+ will be eligible to apply for a positive action.

The Trust has launched its **Inclusive Recruitment Toolkit for managers** and guidance which sets out the following actions and activities:

- How to apply a positive action in recruitment for under-represented BAME and Disabled applicants at band 7 and above vacancies / roles

- How to widen vacancy reach into 'seldom heard' and protected characteristic communities through wider advertising through our local diverse employers and communities

- How to encourage our BAME and disabled staff to progress and apply for senior leadership roles:

  - Vacancy sponsorship from senior leaders from BAME, disabled, female backgrounds

  - Providing access to interview skills coaching for internal candidates

  - Signpost all external candidates to free tools and tips for interview skills

- Introduce a new diversity statement for candidates on Trust webpages, job advertisements, and correspondence

- Develop inclusive selection processes guidance for recruiting managers

- Introduce Cultural Ambassadors to sit on recruitment panels

- Train recruiting managers in inclusive recruitment and selection methods

11.3 RACE

11.3.1 The Race Code

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

The Race Code principles are:

- Reporting
- Action
- Composition
- Education

The Trust successfully launched its Zero Tolerance to Racism campaign as part of **Race Equality Week 2021** with a guide and poster for staff to display.

The Trust takes a committed anti-racist approach across everything that we do.

Race Fluency Sessions

As part of its approach to become an anti-racist organisation and create inclusive working cultures, the Trust has worked jointly with WHT to deliver six race fluency sessions for more than 300 staff. The sessions enabled staff and managers to constructively challenge racism in the workplace, acquire skills and knowledge to tackle these challenges and understand micro aggressions and their implications. The sessions also equipped learners to understand the mechanisms and support structures in place to raise concerns regarding racism and racist practices.

Anti-Racism Statement

The Race Fluency sessions were accompanied by an engagement exercise with staff across all levels of the organisation to feed their views on what was most important to becoming an anti-racist organisation.

The Trust's Anti-Racism Statement was launched during Race Equality Week 2023 where a number of race events were held including race fluency training, fireside chat on allyship, and a staff engagement event.

The Trust is proud of its Anti-Racism statement and seeks to further enable and deliver against the commitments made into 2023 and beyond.

Anti-racism Statement Commitments

Our senior leaders will act as role models – showing positive and assertive behaviours at all times, while striving to create inclusive, anti-racist environments.

Every person should be treated with empathy and feel respected, regardless of race or ethnicity.

Where this is present, positive patient outcomes should follow.

The full statement can be found on the Trust webpages.

11.3.2 Civility and Respect

Civility and respect are core elements in the Trust's approach to ensuring its values are lived and behaved. Civility and respect are closely aligned with improving a culture of inclusion for all.

The civility and respect bite-sized programme was launched in August 2022. Since then, it has been advertised using a range of RWT Trust-wide communication channels. A dedicated intranet page has been created to increase awareness and raise the profile of this important work.

This programme is currently being delivered by the Organisational Development (OD) and Freedom to Speak Up (FtSU) team with the aim to spread and scale across as many staff as possible.

The Trust has run 28 Civility and Respect sessions with 256 staff members across a range of teams and departments. The sessions have been designed specifically to inform and influence and are interactive to allow time for participants to consider and share impacts of behaviour and discuss personal values aligned with Trust Values. A total of 100 per cent of those attending and providing feedback found the sessions useful.

11.3.3 Cultural Ambassador Programme

The Cultural Ambassador programme was developed by the Royal College of Nursing (RCN) to support employee relations processes within NHS organisations, with a view to enhance fairness and remove the potential of cultural bias occurring. The need for the programme arose out of the national Workforce Race Equality Standard (WRES) data which highlighted Black and Minority Ethnic BAME staff as over-represented in employee relations cases and experienced poorer outcomes, compared to their white counterparts. The Cultural Ambassador (CA) Programme was relaunched in 2021 with 27 Cultural Ambassadors recruited and trained. Our number of Cultural Ambassadors has fallen to 21 active CAs, due to staff changing roles and CAs stepping into other commitments.

There continues to be a strong leadership commitment to the CA programme and a recognition of continuous learning. The Trust has invested in the ongoing development and support for CA's including action learning sets and regular meetings with the HR Advisory Team.

The Trust is proud of the work it has undertaken over the past few years to ensure fairness is achieved within its disciplinary and recognises that more needs to be done to ensure staff from Black Asian and Minority Ethnic backgrounds experience fair outcomes in disciplinary activity.

The Trust has supported a just culture approach along with establishing CAs within the Case Assessment and Disciplinary Approach.

The Trust is committed to revitalising its Cultural Ambassador programme in 2023 with a refreshed recruitment campaign and approach.

11.4 CARERS

11.4.1 Working Carers Passport

The Trust introduced its Working Carer Passport as part of Carers Week 2021 and has continued to promote its use and access. There are currently an estimated 250,000 carers working in the NHS, many of whom are aged between 45-64 and so are likely to be among our most experienced and skilled staff. The care they give is unpaid and often helps to keep some of our most vulnerable members of society out of hospital or social care and improve their quality of supporting our staff with caring responsibilities has an overall benefit to our employees, patients, and wider community. Keeping our working carers in work can help to reduce health inequalities, improve employee experience, and benefit the Trust in retaining its staff. Ensuring our staff who have caring responsibilities and our managers are aware of this is really important.

The Working Carer Passport is a tool for managers and staff that care for or look after someone to have a safe conversation about their caring role and how it impacts on their work. It can be taken with the member of staff so there is less need to repeat caring and working needs with different managers. It also enables the identification of any adjustments or flexible working needs that can be met.

The Trust has further and integrated the Working Carer Passport within the HR Managers Toolkit and Induction and on-boarding processes. It was further promoted during Carers Week in 2023.

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

11.5 Disabilities And Long-Term Conditions

11.5.1 Health Adjustments Passport

The Trust launched its Health Adjustments Passport in 2022 to make it easier for staff and managers to identify, discuss and put in place reasonable adjustments. The Health Adjustments Passport is designed to store any information about a disability, long-term health condition, mental health issue or learning disability/difficulty. The aim is to minimise the need to re-negotiate workplace adjustments every time an employee moves post, moves between departments or is assigned a new line manager.

The Trust worked collaboratively with the Disability and Long-term Health Conditions EVG to co-produce the passport along with creating an animation about how it works. Click the link to view the animation:

The Trust launched the passport during Disability History Month and ran a launch event with guest speakers from the national NHS Workforce Disability Equality Standard and NHS Employers. The event was attended by 100 Trust staff and managers.

Deaf Awareness Week 2023

The Trust marked Deaf Awareness Week with a lunch and learn session with staff to raise awareness of what it is like to live with hearing loss, deaf, or hearing impaired. The Trust is exploring how it will continue to support the 'We are deaf aware campaign' across the Trust.

11.5.2 Disability Access and Planning Group

The Trust's Access and Planning Group is established and works with members of the Disability and Long-Term Conditions EVG, the Staff Council, and relevant teams across the organisation to review all building projects and designs and advise on disability access to support and influence disability access from the point of project design and refurbishment. The group is undertaking work to progress the following:

'Not All Disabilities are Visual' campaign

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

Changing Places

Three potential sites have been identified for a Changing Places facility. The group met with the project team to provide feedback on the programme of work. The Capital Project Team is exploring funding options.

Disabled Car Parking

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

Site Accessibility

A small subgroup participated in a tour of the site, to review and assess the accessibility provision for disabled staff. The tour provided useful insight and information on priority areas to improve accessibility within the Trust. The review identified disabled signage as an area for improvement and has since engaged the Trust Signage programme lead onto the group.

11.6 Lesbian, Gay, Bi-Sexual, Trans Inclusion

11.6.1 Rainbow Badge scheme

The Trust has rolled out the Rainbow Badge. Wearing the Rainbow Badge symbolises a pledge to play an active part in showing openly that our Trust offers non-judgmental and inclusive support and care for all, regardless of how people identify themselves. It's hoped that the LGBT+ community will be comfortable and confident in our care as a result. LGBT+ patients who see the badge and identify with it will feel assured, knowing we are supportive. If necessary, badge wearers will be able to offer contact details for a range of external support agencies.

The NHS Rainbow Badge was created by Guy's and St Thomas' NHS Foundation Trust in London, in partnership with Evelina London Children's Hospital. Badges are handed to NHS staff who have pledged to reduce inequalities and provide support and signposting to LGBT+ people. The scheme is supported by NHS England, Stonewall, and GLADD (The Gay and Lesbian Association of Doctors and Dentists).

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

A total of 279 staff members of staff have completed the Rainbow Badges awareness raising and received their Rainbow Badge, increasing from 220 in 2022. Further information on the Rainbow Badges can be found on the Trust's web pages.

11.6.2 LGBT History Month – Celebrating our Past Present and Future

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

The month involved sharing staff stories and celebrating the work of the LGBT+ EVG and the achievements made to promote and enhance LGBT inclusion.

11.6.3 Pride 2022

The Trust is proud to continue its support for Pride. Over the following years, it has become one of the most important LGBT+ festivals in the UK, attracting in excess of 40,000 people over the course of the weekend. This year the Birmingham Pride festival as a result of the COVID-19 pandemic, was held over the weekend of September 25th.

The aim of Birmingham Pride is to build a community where all people are free to live without fear or prejudice – committed to challenging injustices, inequality and discrimination for all in the LGBT+ community. The theme was '25 years of pride and protest' demonstrating a commitment to stand in unity with all members of the LGBT+ community; fighting against any form of transphobia, biphobia, homophobia and hate.

RWT, along with a number of other NHS Trusts in Birmingham and the Black Country, came together to support LGBT+ staff to participate in the Pride parade.

11.6.4 Trans Guidance and Training for Staff and Managers

The Trust launched its Staff and Patient Transgender Awareness Guidance which has been co-produced with members of the LGBT+ EVG and a number of departments across the Trust. The guidance has been developed to raise awareness of LGBT+ equality and particularly Trans equality and is being supported with the delivery of 10 LGBT+ training workshops for up to 250 staff.

Staff attending the training have learned:

- Awareness of where our own beliefs and experiences impact on the care that we deliver

- Consider the journey that a transgender person travels during transition

- Awareness of the Equality Act 2010

- Avoiding unintentional discrimination

- Tackling trans/bi/homophobic language

11.7 Equality and faith celebrations

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

During 2022 /23 the Trust has supported a range of key equality events and faith celebrations and works in collaboration with its EVG, Chaplaincy Service, Health and Wellbeing, and other departments. Events and days celebrated included:

- Race Equality Week

- Black History Month

- LGBT History Month

- International Women's Day

- Disability History Month and International Day for Disabled Persons

- National Staff Networks Day

- International Day Against Homophobia and Transphobia

- Deaf Awareness Week

- Mental Health Awareness Day

- Carers Week

- South Asian Heritage Month

- Pride Month

- Anti-bullying Week

- Menopause

- Faith days including Christmas, Easter, Ramadan, EID, Diwali, and Vasakhi.

Key themes explored during events included:

- Sharing understanding of the diversity of lived experience

- Allies – enabling staff to support each other to tackle exclusion and discrimination

- Recognising and challenging bias

- Promoting wellbeing

- Celebrating difference

- Promoting inclusion through education

Further information can be found on the Trust webpages. There is a plan in place to broaden and build on the events and celebration days for next year, and an events calendar has been developed.

12.0 Workforce Equality Data and Information

RWT is committed to investing in and developing its diverse workforce and employs a total of 11, 371 people as at 31 March 2023, 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, a positive experience and outcomes and pro-actively works to maximise this relationship and demonstrate positive effect on patient experience.

The workforce data contained within the report is for the period 1 April 2022 to 31 March 2023. Where possible the data has been benchmarked to the new Wolverhampton Population Census 2021 data.

All data is rounded up or down to down to the nearest 0.5 per cent.

12.1 Board Composition

The make-up of the Trust Board including our Executives, Non-Executives and Very Senior Managers (VSM) as of 31 March 2023 is as follows:

- The ethnic representation is **White 86 per cent and BAME 14 per cent**, indicating no change in representation since 2022

- The gender breakdown of the Board is 43 per cent female and 57 per cent male. The representation of females on the Board has fallen by 4 per cent since 2022. (In 2022 the gender profile of the Board was 47 per cent female and 53 per cent male)

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

12.2 Age

The majority of our workforce is within the 25 to 54 age range; eight per cent are under the age of 25. The following table illustrates the breakdown of our age profile by age group. In Wolverhampton, there are more children (20.4 per cent) and fewer older people (16.8 per cent) compared to England (19 per cent and 17.7 per cent, respectively).

Age	% Workforce 2023	% Workforce 2022
Under 25	8%	8%
26 - 35	26%	25%
36 - 45	23%	22%
46 - 55	24%	24%
56 - 65	17%	17%
66 +	2%	2%
Total	**100%**	**100%**

- There is a lower proportion of young people aged under 25 in the workforce

- There has been a slight percentage increase in the middle-aged groups, with 26 per cent in the 26 – 35 years age group and 23 per cent in the 36 – 45 years age group

- There are fewest staff in the 56 – 65 years group at 17 per cent, and fewest staff represented in the 66+ years group, at 2 per cent

12.3 Disability

The proportion of staff that have declared a disability stands four per cent increasing from two per cent in 2022. According to the Census 2021 19.5 per cent of residents in Wolverhampton are disabled or have a long-term condition that limits their day-to-day activities to some degree. This has fallen by one per cent since the 2011 Census (20.5 per cent).

The following table illustrates the percentage of disabled people within our workforce.

Disability Status	% Workforce 2023	% Workforce 2022
No	75.5%	73%
Not Declared	20%	24%
Prefer Not To Answer	0.5%	1%
Yes	4%	2%
Total		**100%**

- A total of four per cent of the workforce have declared a disability. The proportion of staff declaring a disability has doubled since 2022

- The proportion of staff who have not declared their disability status has fallen by four per cent from 24 per cent in 2022 to 20 per cent in 2023. The Trust is working to improve its disability declaration rates and raising awareness of disability within the Trust

- The Trust Disability and Long-Term Conditions EVG is available to staff who identify as disabled or want to support disability equality within the Trust. A range of initiatives have been delivered during the year to raise awareness of disability and promote reasonable adjustments in the workplace

- The Trust launched its first Health Adjustments Passport and has run a lunch and learn session on reasonable adjustments in the workplace. The passport is embedded into Trust induction and onboarding processes, ensuring accessible support for disabled staff and new starters

- See section 15.0 on the Workforce Disability Equality Standard

12.4 Ethnicity

The Trust's Black Asian and Minority Ethnic (BAME) profile for the organisation has increased by four per cent since last year, rising from 32 per cent in 2022 to 36 per cent in 2023. The overall BAME profile of the Trust is not in line with the local BAME population of Wolverhampton which is 39 per cent, according to the new Census 2021 information. Analysis by band in the following tables indicates the Trust has seen a 2 per cent increase in BAME staff in senior roles (Band 7+).

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

Ethnicity Status	% Workforce 2023	% Workforce 2022	Wolverhampton Census 2021
BAME	36%	32%	39%
Not Stated/Not Given	1%	2%	-
White	63%	66%	61%
Total	**100%**	**100%**	**100%**

12.5 Ethnicity by Workforce Group

The following tables illustrates the breakdown by ethnicity staff by Trust Workforce Group 2023. Students have been removed from the count due to the small numbers.

Staff Group	Headcount			Total Headcount %
	BAME	White	Unknown	
Add Prof Scientific and Technic	1%	2%	0.04%	3%
Additional Clinical Services	7%	12%	0%	19%
Administrative and Clerical	5%	17%	0%	22%
Allied Health Professionals	2%	4%	0%	6%
Estates and Ancillary	1%	6%	0%	7%
Healthcare Scientists	2%	3%	0%	5%
Medical and Dental	7%	3%	1%	10%
Nursing and Midwifery Registered	12%	16%	0%	28%
Grand Total	35.65%	62.64%	1.71%	100.00%

Medical and Dental (All Bands)

Ethnicity Grouped	(M&D) Headcount	(M&D) Headcount %	% Total Workforce
Asian	558	49%	20%
Black	91	8%	11%
Mixed	32	3%	3%
Other	86	8%	2%
Unknown	83	7%	1%
White	294	26%	63%
Grand Total	1144	100%	100%

A significant proportion of BAME staff occupy roles within medical and dental roles.

The following table illustrates the breakdown of staff by ethnicity at and 7 and above 2023. (Students have been removed from the count due to the small numbers).

	Headcount %			Total Headcount %
Staff Group	BAME	White	Unknown	
Add Prof Scientific and Technic	4%	3%	0%	7%
Additional Clinical Services	0%	0%	0%	0%
Administrative and Clerical	5%	18%	0%	23%
Allied Health Professionals	2%	13%	0%	15%
Estates and Ancillary	0%	0%	0%	0%
Healthcare Scientists	3%	11%	0%	14%
Medical and Dental	0%	0%	0%	0%
Nursing and Midwifery Registered	7%	33%	0%	40%
Total	21%	78%	1%	100%

The following table illustrates the breakdown of staff by ethnicity at Bands 3 – 6 in 2023. (Students have been removed from the count due to the small numbers).

	Headcount %			Total Headcount %
Staff Group	BAME	White	Unknown	
Add Prof Scientific and Technic	1%	2%	0%	3%
Additional Clinical Services	9%	16%	0%	25%
Administrative and Clerical	5%	19%	0%	24%
Allied Health Professionals	2%	3%	0%	5%
Estates and Ancillary	1%	8%	0%	9%
Healthcare Scientists	2%	2%	0%	4%
Nursing and Midwifery Registered	14%	15%	0%	29%
Grand Total	34%	65%	1%	100.00%

Analysis of BAME representation by Workforce Group	
	• The Trusts overall **BAME, profile has increased annually and has seen a significant rise since last year increasing by four per cent. Comparison with the City demographic data indicates the Trust is not representative of the local population of 39 per cent** • The proportion of B.A.M.E. staff at Band 7+ has also seen an increase rising from **19 per cent in 2022 to 21 per cent in 2023**. The Trust is committed to increasing the representation of BAME staff in senior leadership roles through overhauling its recruitment processes and developing its talent management framework
Nursing and Midwifery	Nursing and Midwifery has the highest proportion of staff accounting for 40 per cent of the workforce. The highest number of BAME staff across the Trust are within Nursing and Midwifery roles. There is a high proportion of BAME staff and Band 5 and 6 representing 14 per cent of the workforce. The proportion of BAME staff at Band 7 and above has increased from six per cent in 2022 to even per cent in 2023.
Additional Clinical Services	Additional Clinical Services are the second largest workforce group. The proportion of BAME staff in the group represent nine per cent of the workforce with the largest number in Band 2.
Administrative and Clerical Roles	BAME staff are evenly represented across the bands (five **per cent** BAME at Band 7+, and five per cent BAME at Bands 3-6). five per cent of the total BAME workforce are within Administrative and clerical roles.
Allied Health Care Professional	BAME staff evenly represented in Allied Healthcare Professional (AHPs) Roles.
Estates and Ancillary	BAME staff are significantly under-represented in Estates and Ancillary Roles. One per cent of estates and ancillary roles are occupied by BAME staff compared to eight per cent white.

12.6 Workforce Ethnicity Profile Compared to Local Population

According to the recently published Census 2021, Wolverhampton has a population of around

263,727. The city is ethnically diverse with 39 per cent of the population coming from a BAME heritage. Furthermore 14 per cent of the population have a non-UK identity.

The following table illustrates the ethnicity profile of the Trust by ethnic category, compared to the overall local demographic profile data for Wolverhampton, as of the Census 2021, compared to the Census 2011.

	RWT Workforce 2023%	Wolverhampton Population % (Census 2011)	Wolverhampton Population % (Census 2021)
White	63%	68%	61%
Black	11%	7%	9%
Asian	20%	18%	21%
Mixed	3%	5%	5%
Other	1%	2%	4%
Undefined	2%	-	-
Total	100%	100%	100%

- The ethnic population of Wolverhampton has grown by seven per cent since the 2011 Census with growth seen in the Asian, Black and Other ethnic categories

- The Trust's overall ethnic profile has also seen year on year growth and currently sits at 36 per cent BAME, which is 3 per cent below the BAME profile of the local population

- The Trust has in place commitments and actions to ensure it is representative of the local population across all levels of the organisation. The Workforce Race Equality Standard metrics offers a more complete picture of the Trusts performance on race equality. See section 13.0

12.7 Gender

The following table illustrates the gender breakdown of the Trust workforce, compared with the local demographic gender profile, along with the proportion of staff working full-time and part-time.

Gender	Headcount	Headcount %
Female	9009	79%
Male	2362	21%
Grand Total	11371	100%

Full / Part Time	Headcount %		Total Headcount %
	Female	Male	
Full Time	43.41%	18.06%	61.47%
Part Time	35.82%	2.71%	38.53%
Grand Total	79.23%	20.77%	100.00%

- The Trust employs a significantly higher proportion of women, with an 79 per cent female workforce

- Overall, significantly more men work full-time hours compared to females

- Of all the staff that work part-time hours, 93 per cent are female and around seven per cent are male. This following table illustrates the gender breakdown of the workforce by Band

Banding Grouped	Headcount %		% Staff Group
	Female	Male	
M&D	4%	6%	10%
AfC Bands 1-6, Apprentices, & Kickstarters	64%	12%	76%
AfC Bands 7+ and VSM/Execs	11%	3%	14%
Grand Total	79%	21%	100%

- Male representation is most significant in the middle Bands

- There is a significant proportion of female staff occupying Bands 1-6, Apprentice, and Kickstarter roles

12.8 Maternity and Adoption Leave

A total of 267 staff went on maternity or adoption leave in the period, an increase of 23 since 2022. The most significant increase in numbers of maternity and adoption leave taken can be seem can be seen in Nursing and Midwifery. The following table illustrates the breakdown of staff going on maternity or adoption leave by group.

Staff Group	Count of Employee Number
Add Prof Scientific and Technic	5
Additional Clinical Services	51
Administrative and Clerical	38
Allied Health Professionals	27
Estates and Ancillary	9
Healthcare Scientists	11
Medical and Dental	15
Nursing and Midwifery Registered	111
Grand Total	**267**

12.9 Religion or Belief

The following table illustrates the workforce profile by religion or belief, compared to the Wolverhampton city religion or belief population profile, as at the Census 2021.

Religion or Belief	Workforce 2023	Workforce % 2022	Wolverhampton Population Census 2011%	Wolverhampton Population Census 2021%
Atheism	9%	8%	20%	28%
Buddhism	-	0%	0.4%	0.3%
Christianity	40%	40%	55%	44%
Hinduism	3%	3%	4%	4%
I do not wish to disclose my religion/ belief	34%	36%	6.4%	-
Islam	3%	3%	4%	6%
Jainism		0%	-	-
Other	6%	6%	1.2%	1%
Sikhism	4%	4%	9%	12%
Judaism	-	0%	0%	-
Unspecified	-	0%	-	6%
Total		**100%**		

- The most significant change to the religion and belief population census has been the rise in the proportion of the population that identifies as Atheist. This is a national trend. This correlates with a fall in the percentage of people who are Christian which has fallen from 55 per cent in 2011 to 44 per cent in 2021. There has been a rise in people who follow Islam rising from four per cent to six per cent in the city

- There are some significant differences to the religion or belief profile of the Trust compared to the local Wolverhampton population. There are fewer people who identify as Christian within the Trust at 40 per cent compared to overall profile of Christianity within the city of 44 per cent

- The per cent of staff who follow Islam has remained unchanged

- There are significantly higher proportions of staff within the Trust who do not wish to disclose their religion or belief, at 34 per cent, compared to the City profile of 6.4 per cent

- The Trust has a diverse and multi-cultural and faith workforce, drawing from the local population as well as international community. The Trust provides a multi-faith Chaplaincy Service which is open and available to all Trust staff and patients. The Trust offers support and services to enable staff to observe their faith and celebrate key religious and cultural events through the calendar year

12.10 Sexual Orientation

The following table illustrates the sexual orientation profile of the Trust. The sexual orientation data for the city is not currently available to compare this with. There are traditionally lower levels of disclosure of sexual orientation. According to the Office for National Statistics over the last five years, the proportion of the UK population identifying as lesbian, gay or bisexual (LGB) has increased from 1.5 per cent in 2012 to two per cent in 2017, although the latest figure is unchanged from 2016.

Sexual Orientation	Workforce Headcount %	% Population Census 2021
Not stated (person asked but declined to provide a response)	31%	8%
Heterosexual or Straight	67%	89%
Bisexual	1%	1%
Gay or Lesbian	1%	1%
Undecided	0%	-
Other sexual orientation not listed	0%	-
Grand Total	100%	

- The proportion of staff across the workforce that identify as LGB in 2023 is two per cent, compared to a Wolverhampton population profile of two per cent

- The proportion of staff across the workforce that identify as heterosexual is 65 per cent

- There is a significant proportion of the workforce that prefers not to state its sexual orientation, at almost 33 per cent, although this has fallen slightly since 2021

12.11 Trans

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

The Wolverhampton Census 2021 reports that 0.7 per cent of residents declared a gender different from the sex registered at birth, and 7.2 per cent did not answer this question.

12.12 Marriage and Civil Partnership

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

Marital Status	Workforce 2023	% Wolverhampton Population 2021 Census
Divorced	5%	8%
Legally Separated	1%	2%
Married or Civil Partnership	51%	42%
Single	36%	42%
Unknown	7%	-
Widowed	1%	7%
Grand Total	**100%**	

The Trust has higher numbers of staff who are married, compared to the local population.

12.13 Disciplinary Data

The Trust monitors its disciplinary data. There was a total of 68 disciplinaries entered in the period.

Disciplinary cases - all staff (excl. medical & bank)	BAME	White	Undisclosed	Total
1. Number of disciplinary investigations commenced (BAME / White)	31	37	1	**69**

- 46 per cent of all disciplinaries entered into were for BAME staff. This is disproportionately higher than the BAME workforce profile of 36 per cent

- All Disciplinary and Case Assessment Panels for BAME and disabled staff have in place a Cultural Ambassador. The Cultural Ambassador process is embedded into the Disciplinary process and helps to ensure a diversity of perspective and lived experience to a panel, ensuring any issues of cultural bias are identified and considered

- The Trust also applies a Just Culture approach to reduce the numbers of formal disciplinaries being entered into

- Please see section 13.0 on the Workforce Race Equality Standard for further data on the WRES Metric 4 relating to disciplinary

12.14 Bullying and Harassment Data

The Trust monitors all formal reports of bullying and harassment. There were a total of 15 formal bullying and harassment reports recorded during the period. The Trust has commitments and actions to tackle formal and informal complaints and issues of bullying and harassment through Freedom to Speak Up and its Bullying and Harassment Policy.

Bullying and Harassment	BAME	White	Undisclosed	Total
Number of Bullying and Harassment	9	6	0	15
%	75%	25%	%	100%

- The number of formal bullying and harassment complaints made by BAME staff represented 75 per cent of all complaints, compared to a BAME staff profile of 36 per cent. Whilst there is an over representation for BAME staff this is reflective of small numbers overall

- The WRES section 13.0 provides more detailed information on Bullying and Harassment based on the national staff survey indicators

- The Trust has a range of commitments in place to tackle bullying and harassment in the workplace including the introduction of Civility and Respect and the Race Code and Trust Anti-Racism Statement

13.0 Recruitment and Selection Data

The following tables illustrate the Trust's recruitment and selection data for the period 1 April 2022 to 31 March 2023. The Trust has seen a substantial increase in recruitment activity with a significant rise in the number of vacancies and applicants. There was an overall total of 52,705 applicants during the period, compared to a total of 39,759 applications in the same period last year. There were a total of 2,033 appointments compared to 2,597 appointments in the same period last year.

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

Please note there are some variations in the data between ethnicity and disability as 'prefer not to say' and 'other' have not been included in the count.

13.1 Recruitment and Selection Ethnicity Data:

Total Applicants, Shortlisted, and Appointments By Ethnicity (not including bank roles)

Ethnicity	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
White	12939	6075	1165	24.55%	51.77%	57.30%
BAME	38883	5229	711	73.77%	44.56%	34.97%
Unknown	883	431	157	1.68%	3.67%	7.72%
Total	52705	11735	2033	100	100	100

Total Applicants, Shortlisted and Appointments By Ethnicity (Bank roles)

Ethnicity	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
White	446	278	85	20.87%	28.25%	22.61%
BAME	1351	390	126	63.22%	39.63%	33.51%
Unknown	340	316	165	15.91%	32.11%	43.88%
Total	2137	984	376	100	100	100

Analysis:

- White staff are more likely to be appointed compared to BAME candidates

- More BAME candidates apply for roles compared to white candidates

- White candidates are more successful in shortlisting and appointment stages

- More BAME candidates apply, are shortlisted, and appointed to Bank roles compared to white candidates

- See section 13.0 on the Workforce Race Equality Standard for further analysis

13.2 Recruitment and Selection Disability Data:

The Trust monitors all applicants by disability status. The trust is a Disability Confident Employer, so ensures a guaranteed interview for all disabled candidates that meet the essential criteria of a vacancy.

There were 2,033 appointments during the period. A total of 88 disabled applicants were appointed during the period (compared to 87 disabled people recruited in the same period last year). The following tables illustrate the relative success rates of disabled and non-disabled applicants throughout each stage of the recruitment process.

Total Applicants, Shortlisted and Appointed by Disability (excluding Bank roles)

Disability	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
No	50458	10723	1784	95.74%	91.38%	87.75%
Yes	1645	639	88	3.12%	5.45%	4.33%
Unknown	602	373	161	1.14%	3.18%	7.92%
Total	52705	11735	2033	100.00%	100.00%	100.00%

- The overall representation of disabled people in the workforce has increased during the period to four per cent

- The proportion of disabled people appointed is proportionate to the numbers applied

- See section 14.0 on the Workforce Disability Equality Standard for further details of the disabled staff experience

14.0 Workforce Race Equality Standard (WRES)

The WRES data for 2022/23 has been analysed together with annual WRES metric data that has been gathered annually since 2017/18. The following table illustrates the Trust WRES performance against the nine metrics.

WRES Metric	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18
Proportion of workforce from a BAME background	36%	32%	31%	29.4%	28.8%	26.1%
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	1.4	1.5	1.44	1.41	1.38	1.41
Relative likelihood of BAME staff entering a disciplinary process*	2.0	1.1	1.0	1.33	1.59	1.97
Relative likelihood of white staff accessing non- mandatory training**	1.0	0.95	1.3	1.18	1.33	1.34

*This calculation is based on year end disciplinary data

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

14.1 Analysis:

- The Trust Black Asian and Minority Ethnic (BAME) profile of the organisation has increased by four per cent since last year, rising from 32 per cent in 2022 to 36 per cent in 2023. Whilst the overall BAME profile of the Trust has steadily risen, it is not in line with the local BAME population of Wolverhampton which is 39 per cent, according to the new Census 2021 information

- The likelihood rate of white applicants being appointed is 1.4 times more compared to BAME candidates. This has remained static over the years. The Trust has introduced Cultural Ambassadors onto recruitment panels where a positive action has been applied to senior Nursing and Midwifery roles. A further recruitment drive to the CA programme will be undertaken to ensure there are a sufficient number of CAs to sit on recruitment panels

- The likelihood rate of BAME staff entering a disciplinary process has increased significantly with 2.0 times likelihood rate for BAME staff being entered into a disciplinary compared to their white colleagues. Further analysis of the data indicates that:

  - Asian staff are 0.6 times as likely to enter into a disciplinary compared to their white colleagues (a figure below 0 indicated less likelihood)

  - Black staff are 2.19 times as likely to enter into a Disciplinary compared to their white colleagues. The Trust has a significant proportion of overseas staff and there has been a significant increase in the proportion of Black staff into the workforce increasing from eight per cent in 2022 to 11 per cent in 2023. The Trust is working on a cultural adaption programme to support its international recruits. The Trust is also exploring inclusive leadership and cultural competence training for its senior leaders. It is also recommended that the Trust explore how it can make the informal stages of Disciplinaries more equitable

- Dual heritage staff are 2.3 times as likely to enter into a formal disciplinary hearing (this represents less than 5 people)

- Analysis of Disciplinary Outcomes indicates there was a slightly higher percentage of 'no case to answer' for white staff at 24 per cent, compared to BAME staff at 19 per cent. A higher percentage of white staff experienced a sanction or dismissal at 51 per cent, compared to BAME staff at 35 per cent

- White staff and BAME staff are equally as likely to access non-mandatory training with a 1.0 likelihood rate for white staff.

14.2 Staff Survey Metrics

WRES Staff Survey Metric	2022		2021		2020		2019		2018		2017	
	BAME	White	BAME	White	BAME	White	BAME	White	BAME	White	BAME	White
Percentage of staff experiencing harassment, bullying or abuse from												
a) Patients, relatives or the public	24%	23%	26%	22%	23%	23%	25%	22%	24%	25%	28%	22%
b) Staff	29%	23%	26%	22%	24%	20%	28%	22%	21%	17%	28%	22%
Percentage of staff who believe the Trust provides equal opportunities for progression or promotion	46%	64%	46%	63%	48%	64%	48%	66%	46%	63%	52%	63%
Percentage of staff who have personally experienced discrimination at work from managers	15%	7%	14%	5%	13%	5%	12%	5%	14%	6%	13%	7%

14.3 Analysis of Bullying, Harassment, and Discrimination

In sum, the WRES staff survey metrics indicate variation between BAME and white colleagues across all four staff survey metrics. The largest variation in employee experience by ethnicity is on the metric "percentage of staff who believe the Trust provides equal opportunities", where there is an 18 per cent point difference between BAME and white colleagues. There has also been an increase in BAME staff experiencing bullying and harassment from colleagues by three per cent since 2021, and two per cent reduction in BAME staff experiencing bullying and harassment from patients.

- The bullying and harassment indicators have remained fairly static over the years. There has been an increase, however, in the percentage, of BAME staff reporting harassment and bullying from staff members rising to its highest level this year to 29 per cent

- There has been a two per cent increase in the percentage of BAME and white staff reporting experiencing discrimination at work from managers

14.4 Bank WRES

The Trust has a total of 1,339 active Bank Workers who hold a zero hours contract.

	White No	White %	BAME No	BAME %	Not Stated no	Not Stated %
1. Active Bank Workers (who hold a zero hours contract)	677	51%	619	46%	43	3%
2. Number of Bank workers entering a formal Disciplinary in last 12 months	1	-	1	-	-	-
3. Number of Bank worker dismissals in last 12 months	12	-	8	-	-	-

The following table illustrates the results of the Bank Survey 2022

3642 survey responses were received from staff.

	Bank Staff 2022	Substantive Staff 2022
4a Percentage of Bank workers experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in last 12 months.	24%	30%
4b: Percentage of Bank workers experiencing harassment, bullying or abuse from: other colleagues in the last 12 months.	20%	21%
4c: Percentage of Bank workers experiencing harassment, bullying or abuse from: Managers in the last 12 months.	12%	12%
4d: Percentage of Bank workers who experienced harassment, bullying or abuse at work who then proceeded to report it?	48%	49%
5a: Percentage of bank workers that have personally experienced physical violence from patients / service users, their relatives, or other members of the public in the last 12 months.	9%	15%
5b: Percentage of workers who experienced physical violence at work who then proceeded to report it?	33%	32%
6a: Percentage workers who would, in the next 12 months consider moving to work in a form of permanent employment in the NHS.	31% at Trust 6% at another NHS organisation	NA
6b: Percentage of Bank workers that feel there are opportunities to develop their career in the organisation.	57%	55%
6c: Percentage of workers whose main paid source of work is on the Bank	72%	Not recorded
6d: How long have Bank only workers solely worked on the bank	Less than a year 9% 1-2 years 13% / 3-5 years 18% / 6-10 years 18% / 11-15 years 12% / More than 15 years 30%	Not recorded
7a: Percentage of Bank workers that have in the last 12 months personally experienced discrimination at work from managers / team leader or other colleagues.	9%	10%
7b: Percentage of Bank workers that have in the last 12 months personally experienced discrimination at work from: Patients, relatives, or members of the public.	7%	9%
8a: Percentage of Bank workers who feel that the organisation values their work contribution.	45%	41%
8b: Percentage of Bank workers that feel safe to speak up about anything that concerns them in their organisation.	62%	60%
8c: Percentage of Bank workers that think the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)	70%	68%

8d: Percentage of Bank workers that feel they receive the respect they deserve from colleagues at work.	69%	71%
9: Percentage of Bank workers who were originally recruited to the NHS from outside of the UK and now work in a bank only position	5%	8%

- A higher proportion of BAME staff are active on the Bank (representing 46 per cent of all Bank staff) compared to the BAME profile of the organisation, which sits at 36 per cent

- The number of Bank staff undergoing disciplinary and dismissal is very low

- A higher percentage of substantive staff (30 per cent) report experiencing bullying and harassment from patients compared to Bank staff (24 per cent)

- There is no significant variation between the experiences reported by Bank staff compared to that of substantive staff across the Bank survey indicators

14.5 WRES Actions 2023/24

The Trust is implementing a range of measures to improve its performance against the WRES metrics, which are detailed in the Equality Diversity and Inclusion Delivery Plan, and will undertake the following additional actions to improve its WRES metrics:

- The Trust is continuing to build on its work programme to create inclusive and civil cultures through a raft of initiatives and programmes including:

  - Civility and Respect

  - Race Code and Anti-Racism statement

  - Joint Trust Behavioural Framework

  - Inclusive Talent Management plans

  - Inclusive Recruitment Toolkit and positive action initiative

- Further work for 2023 will include:

  - Development of quarterly dashboard reporting for WRES metric 1,2, and 3

  - Bystander training

  - Managing diverse teams/inclusive leadership training for managers to be commissioned

  - Recruitment drive for Cultural Ambassador Programme

  - Continuation of the Civility and Respect programme

  - Anti-racism and zero tolerance campaigns

  - Explore informal approaches with the HR Advisory Team and International Team to Disciplinary activity, to minimise inequitable outcomes for BAME groups

15.0 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was introduced in 2018 with 2019 being the first reporting year. The WDES national report compares year on year progress into the career and workplace experiences of disabled staff in the NHS.

RWT Workforce WDES Metric Outcomes 2022/23

WDES Metric	National 2022 /23	RWT 2022/23	RWT 2021/22	RWT 2020/21	RWT 2019/20	RWT 2018/19
Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.1	1.2	0.94*	0.22	1.63	1.48
Relative likelihood of disabled staff entering a formal capability process compared with non-disabled staff (note this is a two-year rolling metric)	1.94	0*	3.25 (based on a count of below 5)	2.4	2.86	4.26
Percentage of disabled staff saying the employer has made adequate adjustments	76.6%	74%	71.8%	77.9%	75.7%	73.4%

*This represents no disabled staff were dismissed on the grounds of capability

15.2 Analysis of Disabled Staff Representation

- Non-disabled applicants were 1.2 times more likely to be appointed compared to non-disabled applicants. The Trust is a Disability Confident Employer and provides reasonable adjustments and positive action for disabled candidates during the recruitment process

- The number of disabled staff being entered into formal capability process over a two- year rolling average is 0

- There has been a two per cent improvement in the disabled staff reporting that the Trust has made adequate reasonable adjustments (increasing from 71.8 per cent in 2021 to 74 per cent in 2022). The Trust launched its new Health Adjustments Passport with a lunch and learn session as part of Disability History Month to raise awareness and promote access to reasonable adjustments. The Trust works closely with its Disability and Long-term Conditions EVG and is seeking to survey members on their experience of reasonable adjustments to gauge more information on disabled people's experiences

- The Trust has established an Access and Planning Group to look at a range of physical access issues including:

  - Accessible toilet provision

  - Not all disabilities are visible

  - Accessible car parking bays

- Changing Places provision

- Engagement with disabled staff on Trust capital building projects

- Undertake site tours to understand physical access issues on the site

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

The bullying and harassment reporting metrics have been broken down further this year. We therefore cannot provide the comparative analysis from previous years reports for the bullying and harassment metrics, due to the change.

WDES Staff Survey Metric	National 2022/2023		RWT 2022/2023		RWT 2021/2022		RWT 2020/2021		RWT 2019 /20	
	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
Staff engagement score	6.4	7.0	6.5	7	6.6	7.1	6.7	7.2	6.9	7.3
Percentage of staff experiencing harassment, bullying or abuse from patients, in the last 12 months	33%	26%	28%	22%						
Percentage of staff experiencing harassment, bullying or abuse from managers, in the last 12 months	17%	10%	17%	10%						
Percentage of staff experiencing harassment, bullying or abuse from colleagues, in the last 12 months	27%	18%	24%	19%						
Percentage of staff experiencing harassment, bullying or abuse in the last 12 months and reported it	48%	47%	49%	47%						
% staff who believe the Trust provides equal opportunities for progression / promotion	51%	57%	55%	60%	52.9%	59.6%	80.9%	88.5%	83.2%	88.1%
% Staff who have reported feeling pressure from their line manager to attend work despite feeling unwell	30%	21%	30%	25%	34.1%	25.6%	32.6%	22.8%	33.4%	22.5%
% staff saying the organisation values their work	33%	44%	39%	47%	35.1%	47.7%	46%	56.9%	45.2%	56%

15.4 Analysis of Disabled Staff Experience in the Workplace

- A significantly higher percentage of disabled staff report experiencing bullying and harassment from patients, colleagues, and managers, compared to non-disabled staff

- There is a significant seven per cent difference between disabled and non-disabled staff reporting bullying and harassment from their manager

- Bullying and harassment experienced by disabled and non-disabled staff from patients and from colleagues is highest at 28 per cent, but remains lower than the national average scores

- There has been a two per cent improvement in the proportion of disabled staff who believe the Trust provides equal opportunities, and is higher than the national average

- There has been a six per cent improvement in the proportion of disabled staff reporting attending work due to manager pressure when unwell

- There has been an improvement of four per cent in the proportion of disabled staff saying their organisation values their work, higher than the national average

15.5 WDES Actions

The Trust has identified a range of measures to improve its WDES metrics as part of the RWT Workforce Equality, Diversity and Inclusion Delivery Plan 2023-24, including:

- Improve disability declaration rates on ESR

- Actions to develop and improve support to the Disability and Long-Term Conditions EVG. Survey members of the group to establish issues and improve disability declaration rates

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

- Implementation of the NHS Accessible Information Standard.

- Access and Planning Group to focus on:

    - Not all Disabilities are Visible Campaign

    - Changing Places facilities

    - Disabled parking spaces

    - Improving site access - identifying hot spot areas

- Raising awareness of disability and long-term conditions lived experiences of staff, through events such as Disability Awareness Month and a Deaf Awareness lunch and learn session for staff

- Supporting reasonable adjustments for staff through further promotion of the Health Adjustments Passport

- Training for managers on making reasonable adjustments in the workplace

16.0 Gender Pay Gap 2023

16.1 Gender Pay Gap Reporting

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

This report presents the following gender pay gap indicators which have been calculated for:

- Average gender pay gap as a mean average

- Average gender pay gap as a median average

- Average bonus gender pay gap as a mean average

- Average bonus gender pay gap as a median average

- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

- Proportion of males and females when divided into four groups ordered from lowest to highest pay

The data analysis snapshot for this report is as at 31 March 2023 and is taken from the Electronic Staff Record System (ESR). The total number of employees was 13,855, of which 77.47 per cent were female, and 22.53 per cent male, and includes all employees holding an employment contract with the Trust. For the purposes of this report staff who work bank shifts have been included.

Agenda for Change (AfC) was introduced to the NHS in 2004 to ensure fair pay is delivered. The Trust uses this national job evaluation framework to determine appropriate pay bandings providing a clear process of paying employees equally for the same or equivalent work.

These results can also be accessed on the UK Government website: https://gender-pay- gap.service.gov.uk/.

- **16.2 Overall GPG Trust Results**

		2022		2023	
GPG		£	%	£	%
Overall Gender Pay Gap	Mean Ordinary	£6.21	29.19%	£5.72	24.81%
Overall Gender Pay Gap	Median Ordinary	£3.40	21.09%	£2.96	16.25%

- **The Trust has seen a five per cent improvement in it GPG since 2022 and is reducing the hourly pay differential between men and women.**

- This data shows that on average there is a mean average difference in favour of male employees of 24.81 per cent with men earning on average £5.72 more an hour

- There is a median gender pay gap of 16.25 per cent in favour of male employers with men earning £2.96 more an hour.

- The Office for National Statistics reported a UK Gender Pay Gap in 2022 of 8.4 per cent for full time employees. This means that on average, nationally women earn just over 15 per cent less than men

- The NHS overall has had a higher percentage of female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded Medical and Dental professions.

16.3 Average Bonus Gender Pay Gap

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

The Trust employs 516 substantive Consultants of which 35.47 per cent are female. Of the total number of eligible Consultants, 156 are in receipt of a local Clinical Excellence Award, of which 25 per cent are awarded to female Consultants. Of eligible female Consultants, 21.31 per cent are in receipt of CEAs compared to 35.14 per cent of eligible male Consultants. The following table illustrates the average bonus gender pay gap.

	Mean	Median
Gender Bonus Gap (%)	5.77%	0.00%

The table above shows there is a mean average difference in favour of male employees of 5.77 per cent with men receiving on average £611.28 more per year than female award receipts. The median average difference in favour of male employees is 0.00 per cent with men receiving on average £0.00 more per year than female award receipts.

16.4 Analysis by Pay Grade

As part of the analysis, RWT is required to show the proportions of male and female across four quartile pay bands: the Lower, Lower Middle, Upper Middle, and Upper Quartiles of earnings as shown below. The following table illustrates the proportion of gender in each quartile pay band.

Quartile	Male	Female	Male %	Female %
Lower	453.00	2337.00	16.24%	83.76%
Lower Middle	483.00	2311.00	17.29%	82.71%
Upper Middle	474.00	2251.00	17.39%	82.61%
Upper	957.00	1904.00	33.45%	66.55%

When ranking the pay of relevant earnings, employees as of 31 March 2023 according to their average hourly earnings it is clear that females are less well represented in the Upper Quartile.

17.0 Moving Forward

The Trust has identified the following themes for further enhancing and developing our Workforce EDI agenda:
• Improving diverse representation across all levels of the organisation
• Improving data – accuracy and presentation
• Improving culture – addressing incivility and bullying and harassment
• Improving access to support for staff
• Improving awareness and understanding of diversity and exclusion
• Grow our EVGs
WRES Actions
1. Initiate a recruitment drive for Cultural Ambassadors to meet the demands of Recruitment Panels
2. Evaluate and develop the positive action initiative on recruitment and selection programme
3. Roll out of e-learning on Recruitment and Selection and Inclusive Recruitment
4. Continue the roll out of Civility and Respect Toolkit.
5. Commission and deliver Bystander Training workshops
6. Commission and roll out Managing Diverse Teams and Inclusive Leadership training for all managers at Band 7+
7. Continued support and development of the Trust BAME Employee Voice Groups
8. Continue to develop the Race Code and Anti-racism approach across the organisation
9. Explore informal approaches with the HR Advisory Team and International Team to Disciplinary activity, to minimise inequitable outcomes for BAME groups
10. Develop and improve support to the BAME EVG
WDES and Carers Actions:
1. Continue to improve disability declaration rates.
2. Develop and improve support to the Disability and Long-Term Conditions EVG including surveying staff on their experiences.
3. Commission and deliver training workshops for managers to promote awareness and understanding of reasonable adjustments in the workplace and HR policy and process
4. Promote awareness to address disability related bullying and harassment campaign in collaboration with Communications Team and D&LTC EVG
5. Access and Planning Group to focus on:
5.1 Not all Disabilities are Visible Campaign
5.2 Changing Places facilities
5.3 Disabled parking spaces
5.4 Improving site access - identifying hot spot areas
6. Raising awareness of disability and long-term conditions lived experiences of staff, through events such as Disability History Month

7. Supporting reasonable adjustments for staff through the Health Adjustments Passport and Working Carers Passport.
8. Explore the Forward Carers Accreditation
9. Review the Trust performance on Disability Confident and progress the Trust to level 3 accreditation
LGBT+ Actions
1. Support the LGBT+ EVG to grow its membership
2. Roll out the Trust Staff and Patient Trans Guidance
3. Roll out LGBT awareness workshops with a focus on Trans awareness
4. Support LGBT+ events and campaigns including Pride 2022
5. Continue to grow the Rainbow Badges Scheme
Carers Actions
1. Promote the Carers Passport and Carers EVG to support working carers
2. Build links with local Care Support Services to signpost staff
3. Promote the recording of Carer Status on the Employee Self Service
4. Raise awareness of the role and impact of caring on working
Equality Delivery System Actions: Domain 2
Set up a new Equality Delivery System Working Group to oversee improvements and activity to improve **Equality Delivery System** outcomes:
1. Outcome 2a: Promote consistent approach from managers through development of guidance and training to considering and making reasonable adjustments and flexible working requests and support
2. Outcome 2a: Explore access to the provision of counselling and psychological support services for BAME and LGBT+ staff to improve uptake.
3. Outcome 2b: Review the formal bullying and harassment reporting process to improve psychological safety of staff wishing to report formally
4. Outcome 2b: Promote awareness and understanding of bullying and harassment through lived experience
5. Outcome 2b: Look at datix reporting for bullying and harassment of staff and patients
6. Outcome 2b: Improve triangulation of data across the reporting sources
7. Outcome 2c: Managers across the organisation receive and use bullying and harassment data reports to identify hot spot areas and address issues locally
8. Outcome 2c: Identify mechanisms to support staff to attend EVG meetings through protected time and also engaging manager in EVG to understand the benefits to the employee and organisation
9. Outcome 2d: Review exit interview process to make it more accessible for people to participate in a psychologically safe way
10. Outcome 2d: Gather themes and intelligence from exit interviews
11. Outcome 2c: Improve staff retention for black and international staff and younger staff Y gen– culturally appropriate stay conversations / cultural adaption training for managers to manage diversity in the international workforce

The Trust EDI Delivery Plan 2023/24 will be reviewed to integrate the EDI themes and priorities highlighted within this report.

18.0 Equalities Duty Compliance

RWT 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 the Trust is now preparing to work towards the revised version and will publish when assessments have been completed

- Our Gender Pay report is published in line with the requirements

- We have submitted our initial data for the new Workforce Disability Equality Standard (WDES)

- The Trust has all appropriate policies and procedures to support equality and inclusion

18.1 Equality Objectives

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.

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

18.2 Equality Delivery System

The EDS was introduced in 2011 to support NHS organisations to assess and improve their performance on equality, diversity and inclusion. A refreshed version, EDS2, was issued in 2013, and now a third revision (called EDS) was introduced in 2022/23.

The Trust has completed its assessment against Domain 1 and Domain 2. The Assessment and Scoring can be found in Appendix 2.

The EDS is a simplified and easier-to-use version of EDS2. It has been designed to take account of the various changes within the health service including local and regional NHS organisation, (CCGs), formation of single regional-based Clinical Commissioning Groups (CCGs); local or place-based partnerships of NHS and local authority commissioners, providers and others and eventually Integrated Care Systems. It has also considered the impact of COVID-19 on BAME community groups and those with underlying and long-term conditions such as diabetes. As such it requires organisations to make a better connection between the outcomes from EDS and other frameworks such as the WRES and WDES. There is a particular emphasis on the health and wellbeing of staff members.

NHS England issued several draft documents for consultation and the final framework will be implement from April 2023. These include:

- Rating and scorecard guidance

- Reporting templates

- Supporting Information

- Technical guidance

Key Features

The EDS now comprises 11 outcomes spread across three domains:

1. Commissioned or provided services

2. Workforce health and wellbeing

3. Inclusive leadership

EDS Assessment and Review Cycle

The new EDS is due to be implemented from **April 2023**. EDS reviews are to be carried out **annually**, and results need to be published on organisation websites by **28th February**. It is recommended that the yearly cycle is completed as follows:

- **Reviews on Domain 1** (Commissioned or provided services) should occur during the summer months (quarter 2 of the financial year)

- **Reviews of Domain 2** (Workforce health and wellbeing) should occur during the spring and/or summer months (quarters 1 and 2 of the financial year)

- **Reviews of Domain 3** (Inclusive leadership) should occur during the autumn months (quarter 3 of the financial year)

It is expected that NHS organisations which are carrying out work with the existing framework should continue to do so until April 2023

Scoring and Rating system

Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Domain scores are then added together to give the overall score or the EDS Organisation Rating. The scoring system will be as follows:

Undeveloped activity – organisations score 0 for each outcome	Those who score under 8, adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – organisations score 1 for each outcome	Those who score between 8 and 21, adding all outcome scores in all domains, are rated **Developing**
Achieving activity – organisations score 2 for each outcome	Those who score between 22 and 32, adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – organisations score 3 for each outcome	Those who score 33, adding all outcome scores in all domains, are rated **Excelling**

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

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

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

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

The Trust has undertaken a review of its EA tool to enable assessment and mitigation against health inequalities. The Public Health Equity Assessment Toolkit (HEAT) has been utilised. This aims to:

- Systematically address health inequalities and equity related to a programme of work or service

- Identify what action can be taken to reduce health inequalities and promote equality and inclusion

Appendix 1 – Equality Objectives 2023 - 2027

Patient Experience Objective 1

Review and improve service accessibility for those whose first language is not English. This is to understand patient demographics and interpreting requirements.

- We will continue to review and improve accessibility to services for those whose first language is not English – to understand the changes in demographics for our patient population and the subsequent provision of interpreting:

  a. People who have left the UK due to Brexit. It is believed that this largely affects people from Eastern European countries. This is evidenced in the shortage of interpreters available as reported by the Trust Interpreting and translation provider. Any gap of provision identified will need to be addressed.

  b. The likely increase in people from BAME communities in the local population because of (a) new arrivals, mainly as refugees and asylum seekers from countries such as Afghanistan and Ukraine (b) growth in the longstanding BAME communities in Wolverhampton

- We will engage with patient groups to understand barriers for effective communication

Patient Experience Objective 2

Ensure patients are able to have, and report having, positive experiences while using our services. We will ensure compliance against the Parliamentary Health Service Ombudsman complaint handling framework

- We will deliver inclusive engagement opportunities across the diversity of our patient groups including acute and community settings.

- We will deliver a programme of outreach across all hospital sites to better understand the feedback from patients and their loved ones.

Workforce Equality Objective 3

Ensure all practices/ processes are inclusive and promote belonging, and are supported by actions that address inequitable outcomes for protected groups.

- We will deliver year on year improvements against our Workforce Race Equality Standard and Workforce Disability Equality Standard Metrics

- We will support staff experiencing incivility, bullying or harassment, and provide access to advice, support and opportunities for reporting

- We will deliver inclusive engagement opportunities across the diversity of our workforce

- We will improve our equality data and reporting

- We will grow and develop the Cultural Ambassador Programme

Workforce Equality Objective 4

Our executives and senior managers lead with compassion and routinely demonstrate their understanding of, and commitment to equality and diversity.

- We will create a workforce that reflects the communities we serve across all levels of the organisation

- We will provide inclusive leadership development opportunities for our leaders and managers including Reverse Mentoring

- We will grow our talent pool of under-represented groups through opportunities such as career conversations, coaching, and sponsorship

- We will progress the Trust's performance through the Race Code Charter Mark and will identify other relevant charter marks where improvement needs are identified

Workforce Equality Objective 5

Support staff health and wellbeing through the promotion of initiatives and healthy lifestyle services.

- We continue to build on our Mental Health First Aiders programme and health and wellbeing champions

- We will continue to deliver Respond training to all staff to encourage a caring and compassionate workplace

- We will promote the Employee Assistance Programme to staff

- We will monitor participation in health and wellbeing services by protected characteristic and promote ease of access to services

- We will raise awareness of mental health and tackle stigma

Appendix 2: EDS Assessment Scoring

NHS Equality Delivery System (EDS)

EDS Lead	Head of Patient Experience – Domain 1 Head of EDI – Domain 2 & 3	At what level has this been completed? Senior Level	
			*List organisations
EDS engagement date(s)	5 June	Individual organisation	The Royal Wolverhampton NHS Trust
		Partnership* (two or more organisations)	TBC
		Integrated Care System-wide*	Black Country ICB

Date completed		Month and year published	
Date authorised		Revision date	

Completed actions from previous year

Action/activity	Related equality objectives
First year of New EDS	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly.

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance with scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – organisations score out of 1 for each outcome	Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**
Achieving activity – organisations score out of 2 for each outcome	Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – organisations score out of 3 for each outcome	Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			
Domain 1: Commissioned or provided services overall rating				

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Workforce health and well-being	**2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions**	12 Months participation data in Health and Wellbeing support services by PC.	2 - Achieving	EDS Working Group
		Sickness Monitoring Policy, Attendance Policy, Sick Absence Data by PC		
		H&WB Support Offer and promotion activity / activity to support the needs of PC groups		
		H&WB Signposting services information WDES Metrics		
		Employee Voice Group support to members		
		Pastoral Leads for Clinical Fellows and International Staff		
		Chaplaincy Pastoral Support for staff Professional Nurse Advocates		
		Fresh Fruit and Veg Store outside ED		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Zero Tolerance Guide and Campaign / Race Code / Rainbow Badges	1 - Developing	EDS Working Group
		Bullying and harrasment Formal Reports by PC in last 12 months (Disputes and Just Culture)		
		FTSU Data by PC – behaviours and bullying WRES Metrics: B&H Indicators		
		EVG feedback and reports from members		
		Civility and Respect Programme participation data and Joint Behavioural Framework		
		Race Fluency Sessions		
		NHS England Training – 10 sessions delivered to ED staff on De-escalation. Will be rolled out to Maternity and Primary Care		

Domain 2: Workforce health and well-being		Rating	
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Union arrangements and Support Offer. Union reports of B&H by PC. FTSU structure and support offer to staff. FtSU reports by PC Employee Voice Group structure and support offer to staff. T of R and membership numbers. Bullying and Harassment Policy and Just Culture Framework – within Disputes Policy HR Advisory Toolkit FtSU Data by PC Civility and Respect Programme Bullying and Harassment Case Studies Pastoral Leads for Clinical Fellows and International Staff Chaplaincy Pastoral Support for staff Professional Nurse Advocates	2- Achieving	EDS Working Group
2D: Staff recommend the organisation as a place to work and receive treatment	Staff Survey results – Q23C / Q23D Analysis by ethnicity, Sexual orientation and Disability Sickness Monitoring by PC Staff Recruitment Policy Leavers Data by PC Exit Interviews Data by PC and Exit Interview Procedure (HR Toolkit) via ESR Evidence of Partnership Working– One Wolverhampton and BC ICS BC ICS EDI Leads Group BC ICS EDI Strategy and Engagement Findings Report Talent Plan	1- Developing	EDS Working Group
Domain 2: Workforce health and wellbeing overall rating		6	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Board and Committee Cover Sheet and reports evidencing EDI discussions Annual Equality Report to Board EVG Executive Sponsors – EVG report EDI Events Schedule – events sponsored by Board members EDI SG minutes Communications Messages on EDI: David's Despatch / Web pages / Blogs / Health Inequalities Steering Group minutes		
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Policy Sub-Group Minutes Annual Equality Report to Board Sample EIAs Staff Risk Assessment process EDI BAF Risk Board and POD and OWG Meeting Action Logs RWT Strategy		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	EDI Governance and Reporting Structure – Annual Equality Report section Menopause Policy Annual Equality Report to Board – actions WRES metrics WDES metrics GPG results EDI Delivery Plan Rag Rating Accessible Information Standard Minutes of Meetings and Action Plan BC ICS WREI Assessment Board Report and Minutes		

Domain 3: Inclusive leadership overall rating		

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s): Mark Ondrak - UNISON	Independent Evaluator(s)/Peer Reviewer(s):

EDS Organisation Rating (overall rating):

Organisation name(s):

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving** Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan

EDS Lead	Year(s) active

EDS Sponsor	Authorisation date

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain	Outcome	Objective	Action	Completion date
Domain 2: **Workforce health and well-being**	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions			
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source			
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source			
	2D: Staff recommend the organisation as a place to work and receive treatment			

Domain	Outcome	Objective	Action	Completion date
	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities			
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients			

Domain 3:
Inclusive leadership

Appendix 3 - 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 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 favourably 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'