



Walsall Healthcare

NHS Trust

Public Sector Equality Duty (PSED) Annual Report 2022-2023

Executive Summary

Walsall Healthcare is delighted to present its Equality, Diversity, and Inclusion Annual Report 2022-2023. The report outlines our activity over the past 12 months and provides an update on progress against our equality objectives in line with the requirements of the Public Sector Equality Duty 2011. Over the past year, we have been working hard to embed the objectives we set out in our Equality, Diversity, and Inclusion Plan across the organisation.

One of our biggest strengths is our active involvement in equality, diversity, and inclusion at a system level. As a key partner in the Black Country Integrated Care System. We know we cannot achieve our ambitions in isolation and that we are stronger working collaboratively with our partners.

Our Anchor Institution approach provides us with real opportunities to better the lives of our communities by improving their health and life chances through expanded employment opportunities; all of which benefit the communities of Walsall as we recognise our staff are also part of the local community.

Our Patient Relations and Experience Team are continuing to work closely with patients, families, carers, local faith leaders and community groups to listen, understand and share ideas that will make our organisation more inclusive, supportive and in touch with our communities.

Internally, we have strengthened our staff networks by putting in an appropriate infrastructure to provide support and guidance to our network chairs to enable them to strive and to ensure employee voice is amplified across the organisation. We want to continue to ensure our Women, LGBTQ+ and BAME Networks are actively vocal and proactive in championing change.

We are also committed to ensuring that Walsall Healthcare has an inclusive working environment and a great workplace where people belong. Our new behavioural framework and our anti-racism vision statement will support the organisation to realise these aims.

This report aims to bring together the work undertaken to improve inclusivity from a workforce perspective (equality, diversity, and inclusion in employment) and the work that has been undertaken to better serve our local community in terms of access and their experience of using our services (equality in service delivery)

The purpose of this report is not only to demonstrate our legal obligations in respect of the Public Sector Equality Duty; the report also illustrates that we are genuinely committed to building a positive, supportive, and inclusive workplace where everyone is treated fairly, can achieve their full potential, and feels comfortable to be themselves.

Introduction

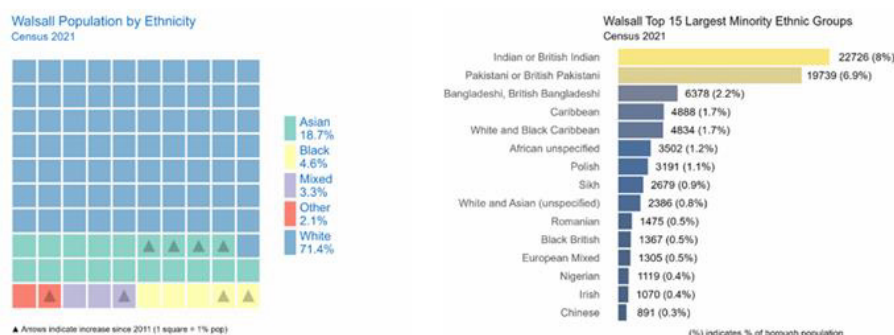
Walsall Healthcare is a key partner in the Black Country and West Birmingham, Integrated Care System, which has a population of around 1.5 million people across five places: Dudley, Sandwell, Walsall, West Birmingham, and Wolverhampton. The Black Country ICS is also made up of 31 neighbourhoods and Primary Care Networks (PCNs) covering 216 GP practices.

The Trust provides local general hospital and community services to around 270,000 people in Walsall and the surrounding areas. We are the only provider of NHS acute care in Walsall, providing inpatients and outpatients at the Manor Hospital as well as a wide range of services in the community. Walsall Manor Hospital houses the full range of district general hospital services under one roof.

The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end-of-life services. Our teams, in the Centre and the community, provide high-quality medical, nursing, and therapy care for local people living with cancer and other serious illnesses and offer support for their families and carers.

Walsall is ethnically diverse with 32 per cent of the community who are from Black, Asian, and ethnic minority backgrounds. See Figure 1.0 below

Figure 1.0



Life expectancy in Walsall is lower than the England average. The life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. However, the healthy life expectancy age in Walsall is lower than regional and national comparators. Female healthy life expectancy is 0.8 years lower than males. Life expectancy is 10.1 years lower for men and 7.5 years lower for women in the most deprived areas of Walsall than in the least deprived areas.

The Walsall Together Partnership continues to significantly transform the way local health and social care services are delivered to the local population to tackle the widening gaps in health inequalities by not only focusing on health but the wider determinants of health such as housing, education, and employment and the vital role that people and communities play in health and well-being.

Equality legislation and our legal duties

The equality duty was created by the Equality Act 2010 and replaced the race, disability, and gender equality duties. The duty came into force in April 2011 and covers the nine protected characteristics: age, sex, disability, race, religion and belief, gender reassignment, sexual orientation, pregnancy and maternity, and marriage and civil partnership status. It applies in England, Scotland, and Wales. The general duty is set out in section 149 of the Equality Act. These are sometimes referred to as the three aims or arms of the general duty. The three aims of the duty are set out below.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act states that meeting different needs also involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating people more favourably than others e.g., disabled people. Any organisation which carries out a public function is subject to the general duty.

The general duty requires public authorities to have due regard to the need to eliminate discrimination; advance equality of opportunity, and foster good relations when making decisions and developing policies (i.e., in all their planning and decision-making)

To meet their legal duty, organisations must understand the potential effects of their activities on different groups of people. Where these are not immediately apparent, it may be necessary to carry out some form of assessment or analysis to understand any potential negative impact on protected groups.

Under s.149 in *R (Brown) v. Secretary of State for Work and Pensions* 2008 equality case law, the Brown principles have been accepted by courts in later cases.

Those principles are.

- ❖ The equality duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation.
- ❖ The duty is upon the decision-maker personally. What matters is what he or she knew.
- ❖ A body must assess the risk and extent of any adverse impact and ways such risk may be eliminated before adopting a proposed policy.

The specific duties of the PSED also require Public Authorities to publish progress against its equality objectives annually and information demonstrating the steps taken to show due regard to the three aims of the general duty.

Governance of EDI

Walsall Healthcare has governance structures in place to ensure that equality, diversity, and inclusion are monitored and reported to the Trust Board.

People and Organisation Development Committee-PODC

This group is chaired by a non-Executive Director and a member of the Trust Board.

The purpose of the group is to provide strategic direction on all matters related to People and Organisation Development which includes equality and inclusion. Progress is reported to the Board regularly.

Equality, Diversity, and Inclusion Steering Group-EDISG

This group has operational responsibility for ensuring the delivery of the Trust's Equality, Diversity, and Inclusion delivery plan and providing assurance that the Trust acts by its statutory duties under the Public Sector Equality Duty.

Quality and Patient Experience and Safety Committee-QPESC

This committee has been established to oversee all matters related to patient experience access and outcomes from a patient safety perspective and it is chaired by a non-executive member of the Board.

Shared governance for Equality, Diversity, and Inclusion Staff Networks

Walsall Healthcare has three staff networks in place for LGBTQ+, a Women's network and a BAME staff network. The network chairs attend the People and Organisation Development Committee to provide an update on network activities.

Figure 1.2 and 1.3 illustrates the governance structures for equality, diversity, and inclusion at Walsall Healthcare.

Figure 1.2

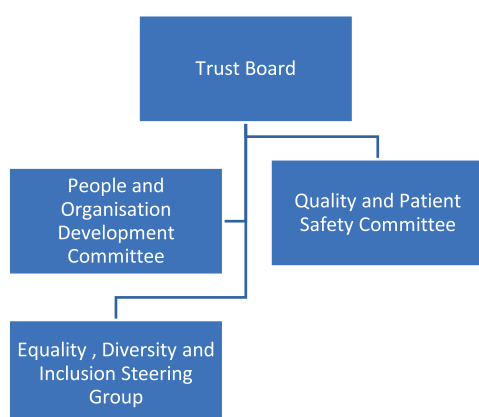
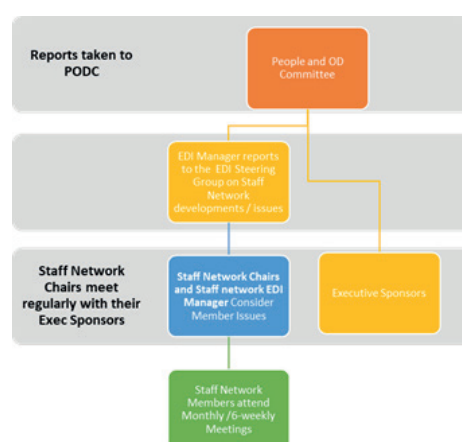


Figure 1.3



The national context- Equality, Diversity, and Inclusion in the NHS

The NHS National EDI Improvement Plan

The national NHSE EDI Team launched its five-year Improvement plan on the 8th of June 2023. The plan contains the following.

- ❖ **Six High Impact Actions co-created with system leaders** for all organisations to implement, including- NHS Trusts and ICBs, which are designed to create change and achieve strategic EDI outcomes.
- ❖ **Strategic EDI workforce outcomes** aligned to the Long-Term Plan, Long-Term Workforce Plan, People Promise and NHS Constitution over 5 years 2023-2028
- ❖ **The case for change:** A robust evidence-based rationale which covers the legal and moral basis for improving, EDI -highlighting the links to improving productivity and patient outcomes.
- ❖ **Specific interventions by protected characteristics** to further improve the experience for staff.
- ❖ **Success measures** linked to the oversight Framework, Care Quality Commission (CQC) well-led assessments, NHS Staff Survey, HEE education and training metrics and qualitative metrics that measure staff lived experience.
- ❖ **A clear accountability framework** setting out national/regional/local responsibilities and accountabilities

The plan sets out its overall vision that the NHS must welcome all staff with a culture of belonging and trust. It contains six strategic objectives as well as six high-impact actions that systems will need to demonstrate tangible progress against. (See Figure 1.4). The plan also has an accountability framework to hold system partners and ICBs to account for the delivery of the national EDI plan. The accountability framework sets out clear actions that provider organisations e.g., Walsall Healthcare will be expected to deliver against. See Figure 1.5 below.

Figure 1.4



Figure 1.5

	Provider
	<ul style="list-style-type: none"> Delivery of high impact actions and interventions by protected characteristic at trust level. Measure progress against success metrics consistently within the organisation. Engagement with staff and system partners to ensure that actions are embedded within the organisation. Effective system working and delivery to ICS strategies and plans Compliance with provider licence, Care Quality Commissions standards and professional regulator standards
Accountable officer/team	Provider Chair/ Board
Consulted	Workforce ICBs/ICSs partners Staff Networks
Informed	

The national six high impact actions

The six high-impact actions contain key deliverables which provider organisations are required to demonstrate progress against. Many of the six high-impact actions have been developed following the recent Messenger and Hewitt reviews and slow progress with Equality, Diversity, and Inclusion across the NHS. Figure 1.6 provides further details of the six high-impact actions for delivery. The six high-impact actions have been mapped against local EDI delivery plans (e.g., the regional NHSE Workforce Equality and Inclusion Strategy and the Black Country ICS EDI Strategy)

Figure 1.6

	High Impact Action
HIA1	Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
HIA2	All organisations must embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
HIA3	Every organisation must develop and deliver an improvement plan to eliminate pay gaps .
HIA4	Every organisation must develop and deliver an improvement plan to address health inequalities within their workforce.
HIA5	NHS organisations must develop and deliver a comprehensive induction, onboarding and development programme for internationally recruited staff .
HIA6	NHS organisations must create an environment which eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occurs.

To ensure the delivery of the six high-impact actions, the National EDI Team has developed a Model Health System dashboard and incorporated a range of EDI Metrics to measure providers' progress. The dashboard will also be made available to the CQC as part of their well-led inspection. Walsall Healthcare will continue to implement the six high-impact actions as part of its ongoing commitment to equality, diversity, and inclusion. Figure 1.7 illustrates the metrics that will be used to measure progress and delivery against each of the six high-impact actions.

Figure 1.7

Measurable objectives on EDI for Chairs, Chief Executives and Board members	I. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).
Overhaul recruitment processes and embed talent management processes.	I. Relative likelihood of staff being appointed from shortlisting across all posts Definitions II. NSS Q on access to career progression and training and development opportunities III. Y-on-Y improvement in race and disability representation leading to parity IV. Y-on-Y improvement in representation senior leadership (Band 8C upwards) leading to parity V. Diversity in shortlisted candidates VI. NETS Combined Indicator Score metric on quality of training
Eliminate total pay gaps with respect to race, disability and gender.	I. Y-on-Y improvement in gender, race, and disability pay gap II. To be developed in Y2 as part of SOF/LTP metrics on diversity to senior leadership
Address Health Inequalities within their workforce	I. To be developed in Year 2 II. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training
Comprehensive Induction and onboarding programme for International recruited staff	I. NSS Q on belonging for IR staff II. NSS Q on bullying, harassment from team/line manager for IR staff III. NETS Combined Indicator Score metric on quality of training IR staff
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs	I. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff) II. FTSU – improvement in quarterly Board report

The NHS People Promise



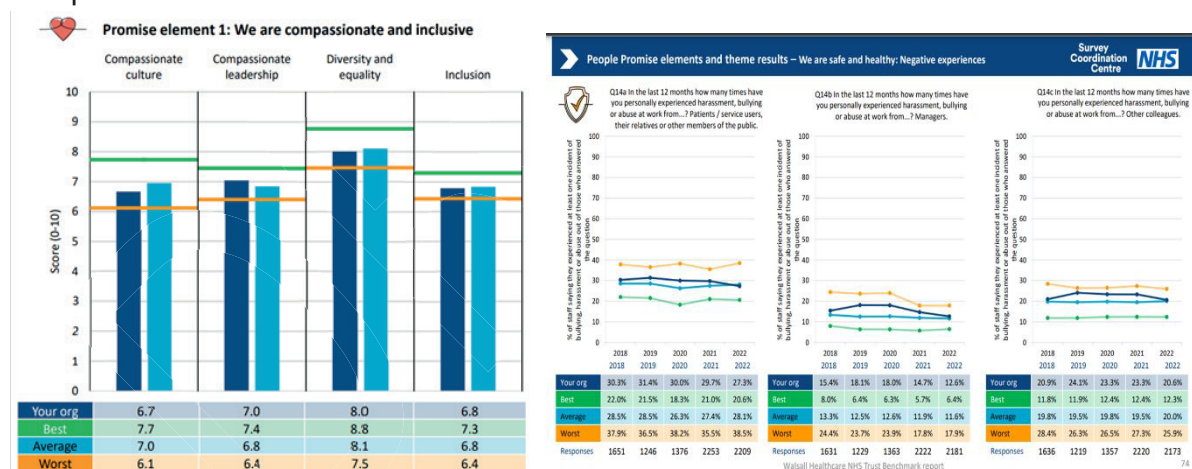
The national NHS People Promise sets out seven people promises to NHS Staff to support improvements in the culture of the NHS. The National Staff Survey themes are aligned with each of the seven national people promises. The specific theme related to equality, diversity and inclusion is we are compassionate and inclusive.

We are compassionate and inclusive

- ❖ We do not tolerate any form of discrimination, bullying or violence.
- ❖ We are open and inclusive.
- ❖ We make the NHS a place where we all feel we belong.

In the 2022 Staff Survey, there has been an improvement across all nine indicators. The trust scores just below (0.1) the national average for *we are compassionate and inclusive* and *staff engagement*.

Figure 1.8 and 1.9 provides the composite scores for the theme of we are compassionate and inclusive



The Trust has improved its scores for equality, diversity, and inclusion since the previous year's staff survey results. The introduction of the revised behavioural framework, the new joint people strategy and implementation of the Trust's anti-racism vision statement along with the six high-impact actions will support continuous improvements in the organisation culture and address the differential staff experience related to discrimination and inclusion.

Regional NHS England Workforce Race Equality and Inclusion Strategy







The regional NHS England Workforce Equality and Inclusion strategy sets out nine key deliverables for NHS organisations to implement to demonstrate improvements in equality, diversity, and inclusion. Since 2021 Walsall Healthcare has been working collaboratively with other NHS Trusts in the region to implement the nine WREI objectives. Progress against the objectives is monitored by the regional NHS EDI team. The Black Country ICS EDI Delivery Group and the ICB Chief People Officer. Figure 2.0 illustrates the nine WREI objectives for the region.

The nine WREI objectives are as follows.

The nine key deliverables	
1. Leading with compassion and inclusion	
2. Removing barriers to inclusive and compassionate health and wellbeing support	
3. Removing barriers to help staff speak up	
4. Tackling racism and other types of discrimination.	
5. Eliminating racism and bias in disciplinary	
6. Reward and celebration when good practice is identified	
7. Building accountability	
8. Eliminating racism and bias in recruitment and progression	
9. A collaborative approach across systems	

The Black Country ICS EDI Strategy

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 inequalities that persist across our Health and Social Care organisations. 6 system equality objectives and EDI pledges have been developed to progress the EDI agenda consistently across the Black Country region and will be monitored by the ICS People Programme Delivery Group chaired by the ICB Chief People Officer. Figure 2.0 sets out the six system pledges that each provider organisation will be required to implement from July 2023 onwards.

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.
Healthier place • Healthier people • Healthier futures	

Progress against our equality objectives- meeting the Public Sector Equality Duty

As part of the requirements of the Public Sector Equality Duty (PSED), the Trust is required to demonstrate the steps that have been taken to meet the PSED which includes publishing progress about its equality, diversity, and inclusion objectives. In 2021 the Trust published four equality objectives within the EDI Delivery Plan. These are as follows.

Objective 1

18.0% of colleagues from a Black Asian and Ethnic Minority background are in AFC pay grades 8a and above. Our objective is to increase this by 10% which would mirror our current overall ethnic minority workforce representation

Objective 2

To work towards being an anti-racist and anti-discriminatory organisation by creating a healthy workplace culture and healthcare service which is fully inclusive for colleagues and patients with a protected characteristic resulting in improvements in colleagues experience working at the trust and better advocacy scores for both patients and colleagues

Objective 3

To embed equality analysis into service redesign, improvement programmes and governance structures to ensure equality, diversity and inclusion is at the heart of everything we do

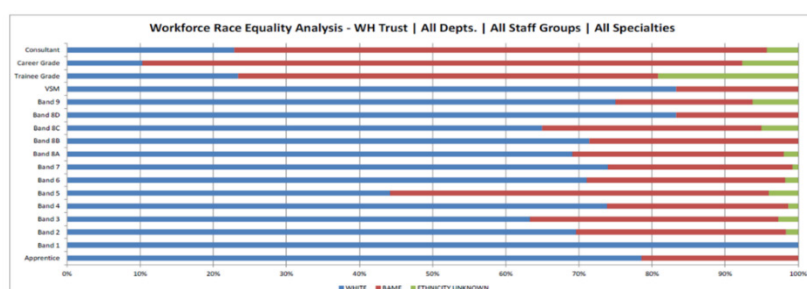
Objective 4

To have reached Anchor Employer status by collaborating with partners to form a system wide Anchor Employer Alliance by April 2022. This will be achieved by working with partners in the borough and beyond to offer employment opportunities to disadvantaged communities

Progress against Equality Objective 1

The Trust has achieved an increase in the number of Black, Asian, and Ethnic Minority staff employed at senior levels since 2020. In 2020 the Trust employed 18.0% of colleagues at Band 8a and above this has now increased to 28% as of 18th June 2023. An EDI workforce composition tool has been developed for each divisional area to illustrate the composition of the workforce by race, gender, age, sexual orientation, and disability. This tool is available for senior managers across the organisation to access monthly for oversight and action. See Figure 2.1 below

EDI Workforce Demographics (Walsall Healthcare NHS Trust) – May 2023



Progress against Equality Objective 2

The Trust has carried out several interventions in support of meeting the three general aims of the Public Sector Equality Duty PSED which are;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Cultural Competency training



The Trust commissioned an external company Abuela Doula to deliver an introduction to cultural competency training. The training which was targeted at front-line clinical staff aims to equip participants with the knowledge and skills to understand what cultural competency is and the skills required to deliver a culturally sensitive service to patients.

RCN Cultural Ambassador Training for Employee Relations



In addition to the 42 Cultural Ambassadors that have been trained to participate in recruitment and selection, the trust facilitated additional cultural ambassador training for staff members to participate in the RCN Cultural Ambassador training for recruitment and selection as well as Cultural Ambassador training for Employee relations. It is envisaged that Cultural Ambassadors that recently participated in the RCN training will participate in Employee relations cases and will be involved in HR cases at the Dispute Resolution stage.

This is to ensure fairness and equity for colleagues from Black, Asian, and Ethnic Minority backgrounds involved in HR disciplinary cases.

Race Fluency Workshops



Race Fluency Workshops
November 2022
Building an anti-racist future

The ambition

To further build upon our Race Code Accreditation and Zero Tolerance approach to racism and discrimination. We have joined together on a journey to be anti-racist organisations, fit for the future. Places where colleagues feel valued, with concerns listened to and acted upon.

We are working with race experts at APS Intelligence, who have an established record of working with organisations to improve race equity and workplace culture. There will be four half-day workshops throughout November 2022 to equip colleagues with the skills and knowledge to identify and challenge inappropriate behaviour. We also need colleagues to help us to co-produce a joint anti-racism vision statement for both Trusts and will send out further information about this in due course.

What to expect

Lasting two hours and 45 minutes, a virtual workshop takes participants on a journey that will provide them with the tools to confidently identify racially-motivated actions/attitudes, and how to challenge those effectively in the moment using an intervention framework called the '3 C's' (which stands for Countering, Clarify and Commitment).

The workshop also teaches participants how to competently have conversations about race in their teams. An example of this could be how to recognise and call out microaggressions constructively and or challenge patients or members of the public that use racist language/disparaging behaviour towards our staff.

How will the workshop benefit me, my team and the Trust?

As a result of attending the workshops participants will...

- 1 Learn key definitions of diversity and inclusion, racism, allyship and microaggressions
- 2 Distinguish between the different forms of allyship
- 3 Learn key bias terms such as affinity bias, stereotype and cognitive programming
- 4 Examine themselves to understand how their biases are influencing their behaviours within the workplace
- 5 Learn how to use the 3 C's framework to intervene in the moment when they witness incidents. Learning places that compromise the culture
- 6 Understand support and allyship for minority colleagues
- 7 Experiment with different team building exercises that promote curiosity about cultural differences that may exist in the team, to encourage authentic relationship building
- 8 Check for learning, understanding and competence of the subject matter at the end of the programme

The workshops are for all staff, at all levels clinical and non-clinical. We also strongly encourage anyone with a responsibility for managing people to attend these workshops irrespective of seniority or position.

In November 2022, the Trust commissioned APS intelligence to host a series of race fluency workshops in support of the development of the Trust's anti-racism vision statement. As part of the sessions, a survey was also developed and sent out to all staff to obtain their views and understanding about anti-racism and what this means in practice. 274 colleagues responded to the survey and over 200 people attended the race fluency workshops. The purpose of the race fluency workshops was to increase awareness about race equality in the workplace and support the development of an anti-racism vision statement for the organisation.

The duty to make Reasonable Adjustments in the workplace



The trust hosted a webinar which was facilitated by the Business Disability Forum on the duty to make reasonable adjustments in the workplace as part of Disability History Month. The session was attended by HR teams and managers from the Health and Safety Team and the purpose of the session was to provide information on the duty to make reasonable adjustments in the workplace, the different types of reasonable adjustments in the workplace and what the law says about supporting colleagues with a disability. The trust has been a member of the Business Disability Forum since 2021.

Race Equality Week events



In February of this year in partnership with the BAME Shared Decision-Making Council, the Trust hosted several events for Race Equality Week. Several sessions took place throughout the week on the following topics;

- ❖ A repeat of the Race Fluency workshops
- ❖ A showcase and discussion about the anti-racism vision statement for Walsall Healthcare hosted by the BAME Shared Decision-Making Council
- ❖ A session hosted by Walsall Council Public Health Team on Health inequalities affecting Black, Asian and Ethnic Minority communities
- ❖ A session on how to be a good race ally.

All sessions were well attended with good feedback from participants as part of the evaluation.

LGBTQ awareness and Trans Awareness



In February of this year, the Trust organised several sessions on LGBTQ+ awareness and Trans awareness training. 70 People from across the trust attended and the training was delivered by the Birmingham LGBT Centre. The sessions which were well received provided an overview of LGBTQ + inclusion and Trans inclusion in healthcare and the Equality Act 2010.

Staff Networks Day- The Importance of supporting staff equality and diversity networks webinar in partnership with NHS England



As part of national staff networks day in May 2022 – the Trust worked in partnership with NHS England to host a webinar about the importance of supporting staff equality networks, employee voice and inclusion. The NHS England Staff Engagement Lead facilitated a presentation on the results of the staff survey related to feedback from the protected groups in the region. The event was well attended with participation from the chairs of the staff networks and senior managers from across the organisation.

NHS England Staff Networks Leadership Training.



The staff network chairs at Walsall Healthcare were invited to participate in the NHS England Staff Networks Leadership Training.

The three-day training programme was focused on the provision of leadership skills training to support staff network chairs in their leadership role.

AFSA Conference- Women in Leadership



For International Women's Day, this year the trust supported 10 female members of staff to attend the Women in Leadership Conference hosted by the Asian Fire Service Association. The purpose of the conference was to provide female employees with the opportunity to listen to keynote speakers presenting topics such as female empowerment, allyship and leadership.

NHS Muslim Network- supporting colleagues to observe Islam at work



As part of world religion day, the Trust worked in partnership with NHS England's Muslim Network to host a webinar earlier this year on observing Islam in the workplace. The webinar was hosted to provide line managers with the knowledge related to supporting Muslim staff to observe Islam in the workplace and accommodating and respecting religion and belief at work. Staff at the Trust were also encouraged to join the network and guidance on observing Islam in the workplace was also disseminated to all staff.

The Black Country ICS EDI Learning and Celebration event



In March this year, the Trust participated in the Black Country ICS EDI celebration event at the Hawthorns Football Club. The EDI e-brochure for the Healthier Futures Black Country ICS was produced 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 which includes Walsall Healthcare NHS Trust Staff Networks 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 our colleagues, service users and patients living in our local communities. The EDI e-brochure can be found here [HealthierFutures-Brochure.pdf \(blackcountryics.org.uk\)](https://blackcountryics.org.uk/HealthierFutures-Brochure.pdf)

Diwali Celebrations



The Trust hosted the local Sikh and Hindu Temple as part of Diwali Celebrations to promote awareness of the importance of this religious festival. Both temples donated vegetarian food as part of religious and cultural traditions.

Staff Networks activities

The Trust has established three proactive staff networks whose role is to champion and advocate for equality, diversity, and inclusion. The networks are instrumental in providing a safe space for employees to have their say about issues that matter to them.



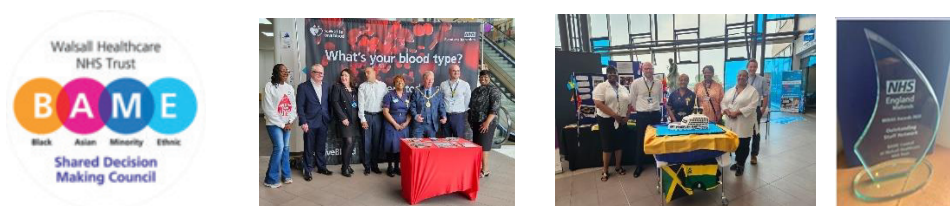
The Women and Allies Network has 108 members for the core group and 20 members for the menopause champion. The group was established to support women's career advancement and women experiencing menopause symptoms in the workplace.

The Group have been instrumental in the development of the Menopause Policy and there are plans in place to facilitate a formal launch of the policy in October as part of World Menopause Day. The group meets every six weeks and has recently revised its terms of reference. The group is proactive and in March 2023 they organised an event to celebrate International Women's Day as well as hosting external guest speakers to discuss topics pertinent to female employees.



LGBTQ+ and Allies Network

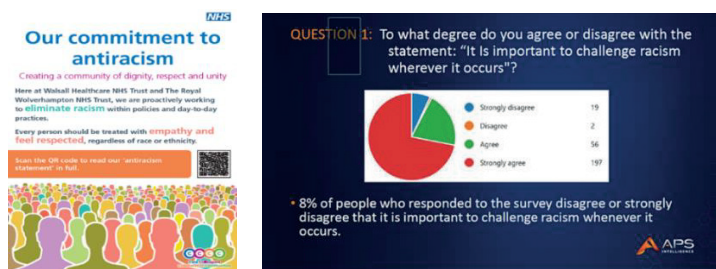
The LGBTQ + and Allies network was established to provide LGBTQ+ employees with a safe space to discuss matters related to LGBTQ+ inclusivity. The Network has recently appointed a new chair and interim vice chair. The group currently has 29 members and meets every 6 weeks. The group has played a key role in organising Walsall Healthcare staff members to participate in the Birmingham PRIDE Parade and a recent engagement exercise as part of National staff networks day resulted in the Network recruiting an additional 13 members. The group is currently planning to celebrate key events throughout the year related to LGBTQ+ inclusivity.



The BAME Shared Decision-Making Council was set up during the peak of the pandemic to provide a forum for Black, Asian, and Ethnic Minority staff to have a voice and to speak up about issues that matter to them. The Council has combined monthly meetings with the BAME Support Group, and the group meets every six weeks. The BAME Shared Council currently has 111 members, The Network has been heavily involved in supporting Trust events as part of Race Equality Week and has organised events for Black History Month as well as recent events such as Windrush 75. The Network recently planned a Blood Donor drive at the Trust in partnership with Plasma for Hope aimed at securing more blood donors from a Black, Asian and Ethnic Minority background. The event was very successful with over 160 people signing up to give blood and 45 people booked an appointment to give blood.

In November 2022, the BAME Shared Decision-Making Council won Staff Network of the Year at the NHS England Regional Midlands Inclusivity and Diversity awards for their work to increase COVID Vaccination rates amongst Black, Asian, and Ethnic Minority Staff.

Anti-Racism Vision Statement



The race fluency sessions were accompanied by an engagement exercise with staff across all levels of the organisation to obtain their views on what anti-racism means to them. The results were used to develop the anti-racism vision statement for the Trust and the draft vision statement was presented at a Joint Board Development Session in January for approval and sign-off. The Trust's Anti-Racism Statement was launched during Race Equality Week 2023 where several events were held including race fluency training, a fireside chat on allyship, and a staff engagement event. A copy of the statement is published on the external website.

Race Equality Code



Walsall Healthcare Trust is one of the first NHS Trusts in the Black Country to adopt the Race Code, a governance framework to tackle race inequality and underrepresentation at the Board level. Figure 2.2 provides a timeline for the implementation of the Race Equality Code in the Black Country Region.

Figure 2.2

NHS Trust	Race Code Assessment date	Race Code Quality Mark accreditation date
Walsall	May 2021	July 2021
Wolverhampton	June 2021	September 2021
Black Country Healthcare	July 2021	November 2021
Dudley	October 2021	July 2022
The Black Country ICB	November 2022	February 2023

The Race Code principles are:

- ❖ Reporting
- ❖ Action
- ❖ Composition
- ❖ Education

One of the actions as a result of the Race Equality Code Action Plan was the launch of the Zero Tolerance to Racism campaign with a guide and poster for staff to display. The zero-tolerance poster and guidance have been published on the Trust's website and the Trust distributed copies of the guidance and posters to service leads across the Trust. The Trust recently received an outstanding rating for its WRES/ Race Equality Code Action plan from the national NHS England Workforce Race Equality Standard Team.

BAME Nurses and Midwives Focus Groups- access to career development opportunities



Earlier this year the Trust worked with an external company to host a series of focus groups and an online survey to explore access to career development and learning and development opportunities for Black, Asian, and Ethnic Minority Nurses and Midwives. As a result of this work, a report has been produced and the results of the focus groups and the survey will be shared internally before being shared with the Black Country ICS System Expert Reference Group for the Midlands Chief Nursing Officer and Chief Midwifery Officer Race Equality and Inclusion Delivery Group. The system Experts Reference Group is currently being established with the first meeting to take place on the 22nd of June 2023.

International Nurse Survey for Walsall Healthcare Nurses



The BAME Shared Decision-Making Council facilitated a survey targeted at the Clinical Fellowship Nurses to understand their experience of the Clinical Fellowship Programme and their employment experience at Walsall Healthcare.

Since April 2021, Walsall Healthcare has participated in the Clinical Fellowship Scheme and has welcomed 260 qualified Nurses from African countries. The work led by the BAME Shared Decision-Making Council involved the development of an online survey and visits to ward areas to encourage overseas Nurses to complete the survey. The anonymous survey was distributed to all 260 Nurses electronically and paper copies of the survey were printed out and placed in prominent areas within the hospital. The survey was open for five weeks and 98 responses were received out of a total of 260 respondents, resulting in a response rate of 37.69%.

The survey was designed to gauge feedback on several areas related to the experience of the overseas qualified nurses and the questions were focused on areas such as recruitment, settlement in the UK and the experience on the wards.

Since the report was developed several follow-up/remedial actions to address the findings and recommendations are either underway or have been actioned by the Clinical Fellowship Team at the Royal Wolverhampton NHS Trust.

Rainbow Badge Scheme



The Trust was selected to participate in the LGBT Foundation Rainbow Badge Scheme Phase 11 and has undertaken an audit of the Trust's approach to LGBTQ+ inclusivity. Since the start of 2021, 200 staff have signed up for the Rainbow Badge and pledged their support for LGBTQ+ inclusivity at the Trust. The LGBTQ+ and Allies Network will implement the recommendations from the assessment as part of the network's programme of work for 23/24 and beyond

Diversity in Health and Care Partners Programme



To support improvements in inclusivity at the Trust, Walsall Healthcare has signed up to be a part of the Diversity in Health and Care Partners Programme.

Built on a foundation of delivering successful diversity and inclusion partner programmes, this initiative provides thought leadership, tools and tips to help put NHS organisations at the forefront of equality, diversity and inclusion (EDI) practice.

Underpinned by the NHS values, the programme supports:

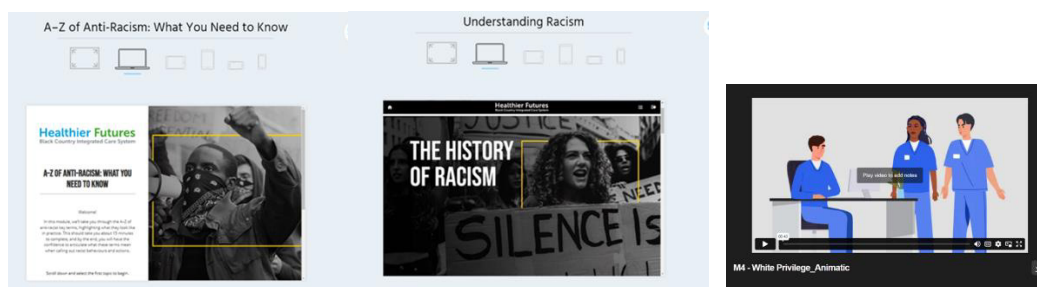
- leaders to integrate the latest sustainable diversity and inclusion practices
- the creation of culturally appropriate and inclusive services to meet the needs of a diverse range of patients and care, service users,
- organisations to be the best employers and service providers they can be
- efforts to achieve the requirements of NHS and other external benchmarks and standards.

Mindful Employer Charter Mark



The Trust has recently reapplied for the Mindful Employer Charter Mark. The Trust was awarded the charter mark in 2021 due to all the work that had been undertaken to support employees with their Mental Health at work. The Mindful Employer Charter Mark sets out the Trust's commitment to supporting individuals with their mental health whilst they are at work.

Anti- Racism e-learning modules



To equip our system leaders to lead inclusively through the lens of race equality and inclusion, the Black Country EDI ICS Delivery Group has developed a set of immersive and interactive anti-racism e-learning modules (15 minutes per module) which contain animation to illustrate racism in practice. All modules will be available for system partners to use from June 2023. The e-learning modules are as follows.

- The A-Z of anti-racist practice - Glossary of Terms
- Understanding racism
- Microaggressions and gaslighting
- Understanding privilege
- Allyship

The e-learning modules will be made available to Walsall Healthcare colleagues in July and will be classified as core/essential training which all staff members will be required to complete.

Progress against Equality Objective 3

The Trust demonstrates due regard for the Public Sector Equality Duty through the completion of Equality Impact Assessments. The Trust has robust governance processes in place to ensure EQIA is being completed as part of policy development and consideration of equality, diversity and inclusion forms part of the Board and Committee structure reporting. The Policy Management Group is responsible for overseeing the completion of EQIAs as part of the development of new policies, whilst the EDI team quality checks any EIAs that have been completed by policy authors.

Further work to ensure that EQIAs are being considered as part of service redesign will need to be considered so that EQIAs are embedded at the heart of everything we do.

Progress against Equality Objective 4



Good progress has been made with equality objective 4. The Trust's strategic alliance with Walsall together and the Walsall Housing Group plays an important role in providing a range of additional services that can support people out of poverty and lead happier, healthier lives.

Using its strategic influence on the Walsall Together Board, Walsall Housing Group partnered with Walsall Healthcare to create a jobs creation programme that would ensure disadvantaged residents were supported to secure good quality employment with the Trust, reducing poverty, and health inequalities and improving the health and wellbeing of residents.

The scheme has been highlighted as an excellent example of cross-sector collaboration at the place level as a means of tackling the wider determinants of health, widening the NHS candidate pool and improving workforce retention. This innovative partnership has resulted in Walsall Housing Group winning an award at a national Housing Awards event. Further work to strengthen the Anchor Network Alliance for the system is ongoing with strategic partnerships going from strength to strength.

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.

MIDAS AWARD for the Black, Asian and Ethnic Minority Shared Council



The BAME Shared Decision-Making Council were awarded the Staff Network of the Year award at NHS England regional Midlands Inclusivity and Diversity Awards Scheme. The Midlands Inclusivity and Diversity Award Scheme, or 'MIDAS', recognises new and excellent ways of working by staff, managers, and leaders across the region, to make the Midlands an inclusive place to work for all staff. The scheme is specifically designed to recognise the good work that is happening in the Midlands across the health and social care sector.

The BAME Shared Council won the award because of the work they carried out during the peak of the pandemic to increase vaccine uptake amongst Black, Asian and Ethnic Minority workforce. The Council increased vaccination levels from 40 % to over 75% during a very difficult and short timeframe, when confidence levels in the vaccine were low.

The Trust's Equality, Diversity, and Inclusion lead also won an award (jointly) for change maker of the year for the work on the anti-racism actions linked to the Trust Board Pledge, the development of the EDI delivery plan and extensive consultation and engagement exercise with over 400 consultation responses received during the peak of the Pandemic. The EDI Lead also supported the Trust to make improvements with its recruitment WRES indicators which resulted in an overall improvement in the representation of Black and Asian colleagues at senior levels from 18.0% in 2020 to 28% in 2023.

Women and Allies Network

The Women and Allies Network has been instrumental in the development of the Menopause Policy for the Trust. The policy was developed following a survey that was facilitated by the Women's Network to obtain information about people's experiences with Menopause at work. The survey yielded a response rate of 300 responses and the survey results informed Network members that a policy to support women going through the menopause was required for the Trust. There are plans to do a formal re-launch of the Policy as part of World Menopause Day in October 2023.

Improvements in Maternity Services- EDI Midwife Lead

The EDI Midwife Lead and Chair of the Black, Asian, and Ethnic Minority Support group has made several improvements in Maternity services to improve patient access and experience. These are set out below.

- Increased engagement with the community e.g., Mother and Toddler Group, Walsall Black Sisters, visits to the postnatal ward, listening and obtaining feedback to improve outcomes and making appropriate referrals to the Trauma Clinic as and when required and sharing the findings with staff.
- Worked in partnership with the animation team to produce a video on when to contact the hospital for expectant mothers and produced a video on gestational diabetes.
- [10310314 Walsall Maternity English V7 - YouTube](#)
- <https://www.youtube.com/watch?v=yHvF-hE4GeQ>
- Developed leaflets in several community languages and uploaded these onto Badger Net. The Midwife lead also ensured that information on Women's' Aid and domestic violence and infant feeding advice was uploaded onto Badger Net and on the Trust website.
- The EDI Midwife Lead also secured funding via the Walsall Together Partnership to host a two-day week outreach project for expectant mothers.



- The EDI Midwife was a keynote speaker at the Westminster Health Forum, the Black Maternal Health Conference, and the Make Life Better Summit.
- Awareness Sessions were hosted on how to recognise jaundice on dark skin as part of the Student Midwives University induction programme.

LGBTQ + and Allies Network- During 2022/23 the LGBTQ+ and Allies Network were involved with the LGBTQ Foundation Assessment and the development of Transgender guidance in the workplace. The outcome of the assessment has resulted in the production of an LGBTQ+ action plan and the LGBTQ+ network will take this work forward in 2023 and beyond.

Celebrating Diversity

The Trust is committed to valuing diversity and fostering a culture and climate of inclusion. During 2022 /23 the Trust has supported a range of key equality events and faith celebrations and works in collaboration with its Staff Networks, Chaplaincy Service, Health and Wellbeing, and other departments. Events and days celebrated/ acknowledged throughout the year include.

Race Equality Week	6 th - 12 th February
LGBT History Month	1 st - 28 th February
International Women's Day	8 th March
Ramadan	Usually 22 nd /or 23 rd March until April 20 th
Equality, Diversity, and Human Rights Week	Usually 9 th - 13 th May
Eid-Al-Fitr	April 21 st
International Day against Homophobia, biphobia, and Transphobia	17 th May
National Staff Networks Day	8 th May
Deaf Awareness Week	1 st -7 th May
Pride Month	1 st June -30 th June
South Asian Heritage Month	18 th July -20 th August
Black History Month	1 st - 31 st October
Menopause awareness day	18 th October
Anti-Bullying Week	13 th -17 th November
Diwali	12 th November
Disability History Month	16 th November to 16 th December

Workforce Race Equality Standard (WRES)

Since its introduction in 2015, the WRES has required NHS trusts to self-assess, annually, on the nine indicators of workforce race equality; these include indicators related to BME representation at senior and board levels.

The national WRES team provides direction and tailored support to NHS trusts, and increasingly to the wider healthcare system, enabling local NHS and national healthcare organisations to:

- ❖ Identify the gap in treatment and experience between white and BME staff.
- ❖ Make comparisons with similar organisations on the level of progress over time
- ❖ Take remedial action on causes of ethnic disparities in WRES indicator outcomes

The main purpose of the WRES is to help local, and national, NHS organisations review their data against the nine WRES indicators, produce an action plan to close the gaps in work experience between White and Black and Ethnic Minority (BME) staff and improve BME representation at the Board level of the organisation.

Since the introduction of the WRES, the Trust has reported on the nine workforce indicators and has published this data on the external facing website. A combined WRES/Race Code action plan has been developed and is currently being implemented. Details of progress with the WRES can be found in ANNEX A of this report.

Workforce Disability Equality Standard (WDES)

The WDES is a set of ten specific metrics that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. There is a requirement to use the information to develop a local action plan and demonstrate progress against the indicators of disability equality.

The WDES is mandated through the NHS Standard Contract. There are 10 WDES metrics, which cover areas such as Board representation, recruitment, bullying, and harassment. The Trust reported on the WDES for the first time in 2020 and has published data related to the WDES on its external website. Details of our progress with the WDES are in ANNEX A.

Accessible Information Standard (AIS)

The Accessible Information Standard (AIS) aims to make sure that people who have a disability, impairment, or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.

The Trust has improved its approach to capturing patient demographic data across the protected groups and has developed a flag system in the Medway Electronic Patient records system to record and flag Patients with different communication needs and other patient demographic information. The e-learning for Health AIS module has been incorporated into the Trust's new LMS system for all patient-facing colleagues to access.

Equality Delivery System22

The main purpose of the EDS2 is to help local NHS organisations in discussion with local partners and people, review and improve their equality and diversity performance for people protected under the Equality Act 2010.

It is also a useful tool to support progress with workforce equality and diversity and inclusion. In 2019, the Trust published the outcome of the EDS2 self-assessment exercise working with local partners and key stakeholders to assess its equality, diversity, and inclusion performance. The assessment highlighted several identified areas for improvement. During the 20/21 year, the EDS2 reporting was put on hold due to the global pandemic.

A revised version of the EDS22 was developed by the Equality and Diversity Council and was formally launched in September 2022, Walsall Healthcare's Patient Relations and Experience Team completed Domain One of the EDS22 involving key partners on May 23 and the outcome of the assessment can be found in ANNEX A.

Gender Pay Gap

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

The specific requirements of the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017 are to publish information for the specific measures these are as follows;

- Average gender pay gap as a mean
- Average gender pay gap as a median
- Average bonus gender pay gap as a median
- The proportion of men and women receiving a bonus payment
- The proportion of men and women in each quartile pay band

The mean is the overall average hourly wage across the whole Trust and is influenced by extremes in high or low hourly rates of pay.

The Trust submits Gender Pay Gap reporting information annually via the Government Portal and regularly publishes this information on the external facing website. Further details of the Trust's Gender Pay Gap data can be located in ANNEX A of this report.

Patient Experience and Equality Monitoring

The Patient Relations & Experience Service is made up of the following teams.

- Patient Experience
- Voluntary Services
- Welcome Hub
- Family and Carers Support
- Patient Relations
- Spiritual, Pastoral and Religious Care Including Bereavement (SPaRC)

The role of these teams is to support the organisation in the delivery, monitoring, and improvement of the experience of our patients, families, and carers. The team ensures there are opportunities for patients, families, and carers to provide feedback, share their experiences and have a voice in the care they receive. The Patient Relations team focuses primarily on two key areas of feedback- concerns and complaints with the initial triage undertaken by the Patient Relations Support Officers, Complaints are led by the Senior Patient Relations Officers.

Hospital Chaplains provide spiritual care to the hospital and community. They take their place alongside the multi-disciplinary team which seeks to provide holistic care for patients and those close to them. Spiritual care is care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, self-worth to express oneself, faith support, perhaps for rites or prayer or sacraments or simply for a sensitive listener.

SPaRC activity and engagement will be covered in their annual report which is due in the summer and will be a collaborative report with the Royal Wolverhampton NHS Trust.

Friends and Family Test

The friends and family test recommendation scores are illustrated in the tables below these include percentage changes in 2021/2022. The Trust's average recommendation score for 2022/23 was 86% which is a 4% increase from the previous year. When looking at the different touchpoints, there is a fluctuation of 33% with scores ranging between 99% and 66%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Difference	- 2%	+ 2%	=	+ 3%	=	- 1%	+ 1%	=	- 6%	=	- 8%	+ 7%	+ 4%	+ 5%	+ 3%	+ 2%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	24.6	25	25	28.9	19.3	20.2	20.3	20.4	16.7	18.8	20.6	22.6	7.7	4.9	3.3	84.1

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	89%	81%	88%	92%	83%	80%	82%	90%	84%	83%	82%	85%	84%	88%	86%	88%
Difference	+ 2%	- 3%	+ 3%	+ 7%	- 8%	- 12%	- 6%	- 2%	+ 4%	+ 7%	+ 4%	+ 8%	- 10%	- 6%	- 28%	- 10%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	78%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	15.6	12.3	11.7	12.1	19.4	18	18.2	23.9	11.8	10.6	10.4	16.6	11.3	9.8	7.3	15.5

* Q4 data subject to change inline with March 2023 data submissions for FFT being after reporting date

The below table illustrates the percentage difference between the Trust's average recommendation score for each touchpoint and the local ICB and National results. Whilst some areas require improvement when compared locally and nationally, Outpatients, ED, Community, Antenatal and Postnatal Wards all perform better on average locally, with Community and ED also outperforming the national average.

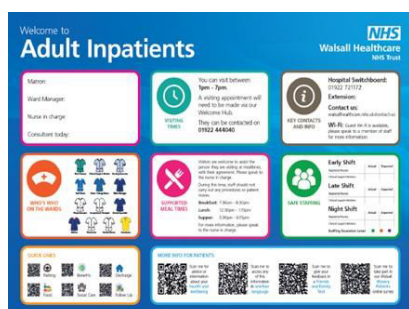
	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
ICB*	- 2%	+ 1.4%	+ 6.7 %	+ 4.8%	+ 3.4%	- 2.7%	+ 5.4%	- 3.4%
National	- 8.5%	- 1.4%	+ 0.9 %	+ 6.9%	- 2.2%	- 9.1%	- 10%	- 11%

* The Black Country ICB

** The ICB and National data at time of reporting was taken over a 10-month period (April 2022 – January 2023).

The purpose of our Patient Involvement Partners (PIPS) is to support inclusive patient and carer engagement across the Trust. Seeking to ensure that patients and carers are actively involved in shaping and developing services and to review Trust performance addressing issues identified as important by patients, carers, and relevant stakeholders.

The Patient Partner programme was introduced in 2021 and continues to evolve.



Patient partners have been involved in the development and co-design of information Boards completed in October 2022.

A patient partner and our new chaplaincy volunteers were actively involved in a faith-based improvement that has seen us provide faith resource boxes available in key locations across the acute and community.

The resource boxes include religious books, icons, and key information to support staff and patients to access religious care by request.

The patient readers panel reviewed a combined VTE leaflet, the Goscote Hospice leaflet, the Patient Initiated Follow-Up leaflet, lymphoedema, the 3rd primary dose of vaccine, post picc line insertion information leaflet.

In addition, our partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to National Surveys. The Patient Partners received a presentation on the Duty of Candour explaining that the template followed is considered to not be user-friendly. The partners attended a Duty of Candour workshop to co-design changes to the current process, improve documentation and help with the production of a new leaflet.

Family and Carer Support



This year the Trust launched its commitment to care, outlining key priorities the Trust will take to Identify, Recognise, Support and Collaborate with Carers. This new service will support staff working with patients who have existing unpaid carers, or due to the reasons they are in the hospital will rely on the support of an unpaid carer following discharge. The service is supported by the Family and Carer support officer and will see growth in this area

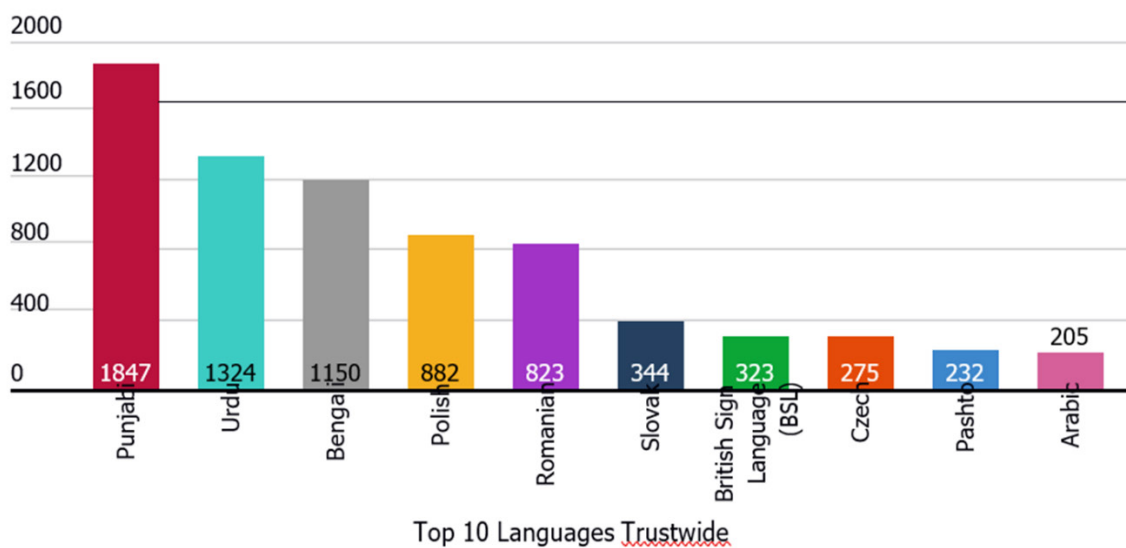
Since the service was introduced in December 2022 support has been provided in the following ways.



Equality and Accessibility Monitoring



9371 bookings were arranged during 2022/2023. This is a slight decrease in comparison to 2021/2022 (9445). 335 (3094) sessions of these have been telephone, 66% 6267 sessions face to face and 0.4% 40 session videos on demand calls. 492 patients/ users completed feedback. This is an increase of 261 in comparison to the previous year's 231. The average score was 4.75 out of a maximum score of 5.



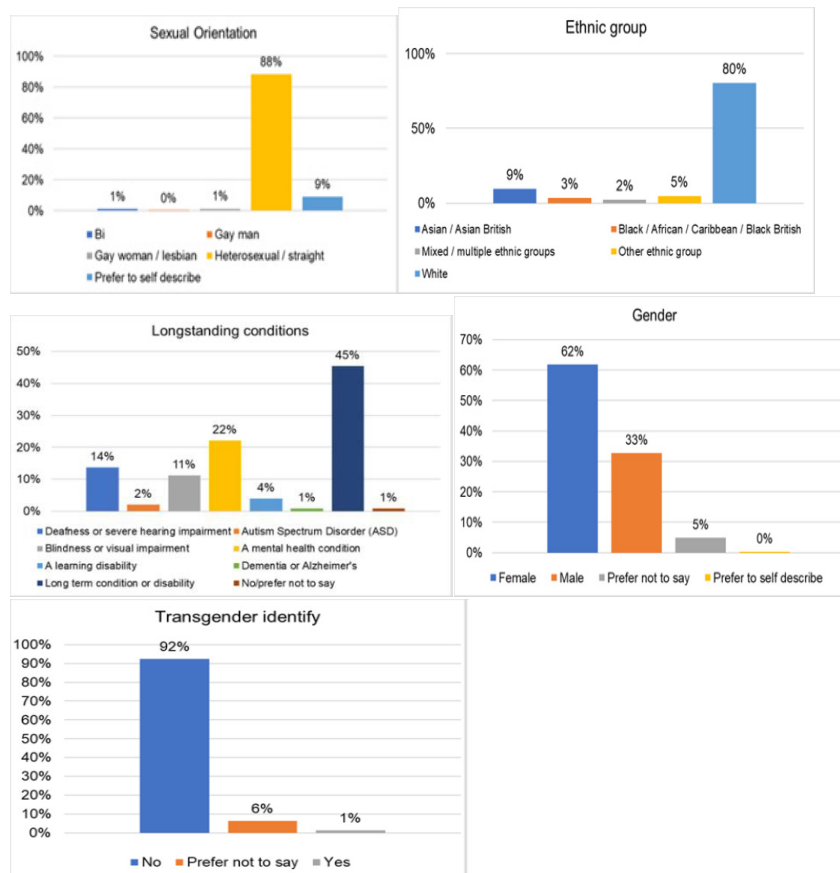
The Trust took part in the filming of an instructional video, Word 360, 2022 which showcased the benefits of using the service whilst also showcasing our staff using the various methods of translation available to use.

Inbound call interpreting (Word Ski Connect) is being trialled in Antenatal, currently awaiting a go-live date.

Work is ongoing within the imaging department to reduce the number of face-to-face bookings by using a mobile device for interpreting

Equality Monitoring – Patient Experience

*Patient Experience data relates to data collection where the patient has made the decision to provide this.



80% identified as White/British.

9% Asian/Asian British.

3% as Black/African/Caribbean/Black British.

62% were female.

45% identified a long-term condition.

1% identified as Transgender.

88% were heterosexual.

Links have been made with groups representative of the community and from protected groups who are supporting improvement work such as the 'Did Not Attend' improvement programme -seeking to better understand the reasons why people do not attend their appointments. Our Patient Partner programme also seeks representative membership.



With the Equality Monitoring survey, the aim is to understand whom we are reaching out to in terms of local protected groups; to help the Trust monitor who can access our complaints service in line with the nine protected characteristics under the Equality Act 2010. This is a multiple-choice survey.

Ethnicity: 56.67% of respondents identified themselves as White British, 10% Bangladeshi, 6.67% Caribbean, 3.3% African, Indian 3.3%, 3.3% Pakistani and 16.75% of respondents declined to complete it.

Age: 32.35% were aged 18 to 24, 17.65% were aged 25 to 49, 17.65% were aged 50 to 64, 14.71% were 65 to 74, 2.94% were aged 75 to 84 and 14.71% of respondents declined to complete.

Religion or belief: 36.67% Christianity, 30% no religion, 6.67% Islam, 6.67% Sikhism, 3.3% Church of England. 16.67% of respondents declined to complete it.

Sexual Orientation: 80% Heterosexual, 3.3% Homosexual/Gay men and 16.67% of respondents declined to complete it.

Gender: Male 46.67%, Female 36.67%, 16.67% of respondents declined to complete.

Gender re-assignment: 80% No, 3.3% prefer not to say and 16.67% of Respondents declined to complete.




Relationship status: 51.72% Married, 13.79% Single, 10.34% Living with a partner, 3.45% were Widowed, .45% were Divorced and 17.24% of respondents declined to complete.

Pregnancy: 3.3% were pregnant at the time of making a complaint, 56.67% were No .26.67% of respondents felt the question was not applicable and 13.3% declined. to complete.

46.6% of patients do not consider themselves to have a longstanding condition, 23.3% of patients do and 6.67% prefer not to say and 23.3% declined to complete.

Forward view 23/24

Future Plan – Equality, Diversity, and Inclusion – Staff Networks

	<p>Achievements 22/23</p> <p>Won Staff Network of the Year at the MIDAS Awards 2022 Race Code Charter Mark involvement Zero Tolerance to Racism Campaign Black History Month events, Blood Donor Drive working in partnership with Plasma for Hope Windrush event and exhibition Staff Networks Day webinar Race Equality Showcase Event Race Equality Week consultation of anti-racism statement International Nurse Survey and Report Working jointly with RWT Employee Voice Group</p>	<p>Future Plans</p> <p>Implementation of the Anti-racism vision statement and sign-up of the pledge Supporting the development of the Behavioural framework Improve Black Asian and Ethnic Minority Staff experience and access to career development. Involvement in the system ICS Network</p>
	<p>Achievements 22/23</p> <p>Regional planning and organising presence at Pride Increased engagement and membership- LGBTQ QR code and Survey Increased signups for Rainbow Badge Scheme Development of draft Transgender guidance staff and Patients LGBT History Month celebration LGBTQ+ and allies action plan developed</p>	<p>Future Plans</p> <p>Education and Awareness of LGBTQ + Inclusion Increase engagement and participation – growing membership of the group Ensuring LGBTQ+ inclusivity within policies procedures and processes Improving LGBTQ+ staff and patient experience</p>
	<p>Achievements 22/23</p> <p>Increased membership of the group Set up menopause champions subgroup Menopause Survey Development of the Trust's Menopause Policy External partnerships established with local colleges and local businesses</p>	<p>Future Plans</p> <p>Recruitment for permanent Chair and Vice Chair Growing Membership of the group Menopause accreditation and training Support for Women's leadership development and access to learning education and development</p>

Forward View of EDI

A refresh of the Trust's EDI objectives will be undertaken to ensure alignment with the national six high-impact actions and the Black Country EDI ICS strategy. A consultation and engagement exercise will be required to ensure that all employees are aware of the national and local requirements. In 2023 /24 the trust's EDI activities will be focused on the following.

- A refresh of the trust's EDI objectives
- Implementation of the national six high-impact actions
- Implementation of the six EDI pledges and objectives within the EDI ICS Strategy
- Strengthening the support infrastructure to ensure the staff networks are effective and championing EDI across the organisation

PSED EDI ANNUAL REPORT

ANNEX A

POPULATION PROFILE, WORKFORCE PROFILE AND WRES, WDES, EDS2, GENDER PAY GAP INFORMATION

Equality, Diversity, and Inclusion Demographic information- Walsall population

The **population of Walsall is 284,306** according to mid-2021 population figures published by the ONS. Walsall's population growth rate between mid-2020 and mid-2021 was 0.4% per year. Walsall covers an area of 104 square kilometres (40 square miles) and has a population density of 2,734 people per square kilometre (km²), based on the latest population estimates taken in mid-2021.

According to the latest census 2021,

- the population in Walsall is predominantly white (71%), with non-white minorities representing the remaining 29% of the population.
- The median average age in Walsall in 2021 was 38.6, with over 18s representing 79.9% of the population. The sex ratio was 95.4 males to every 100 females.
- In 2021, the urban population of Walsall was approximately 266,318 or 99%, while the rural population was around 3,005 or 1%.
- The largest religious group in Walsall is Christians who account for 45% of the population.
- English is spoken as the main language by 90.2% of people in Walsall and spoken either well or very well by 7% of the population. 2.3% reported having poor English language skills, and the remaining 0.5% spoke no English at all.



Walsall is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. White British comprise the largest ethnic group at approximately 67.4% of the borough population, and more broadly the wider White ethnic category at 71.4%. Minority ethnic groups have seen substantial increases, now accounting for 32.6% (1 in 3) of Walsall's population, compared to 23.1% (1 in 4) a decade prior in 2011.

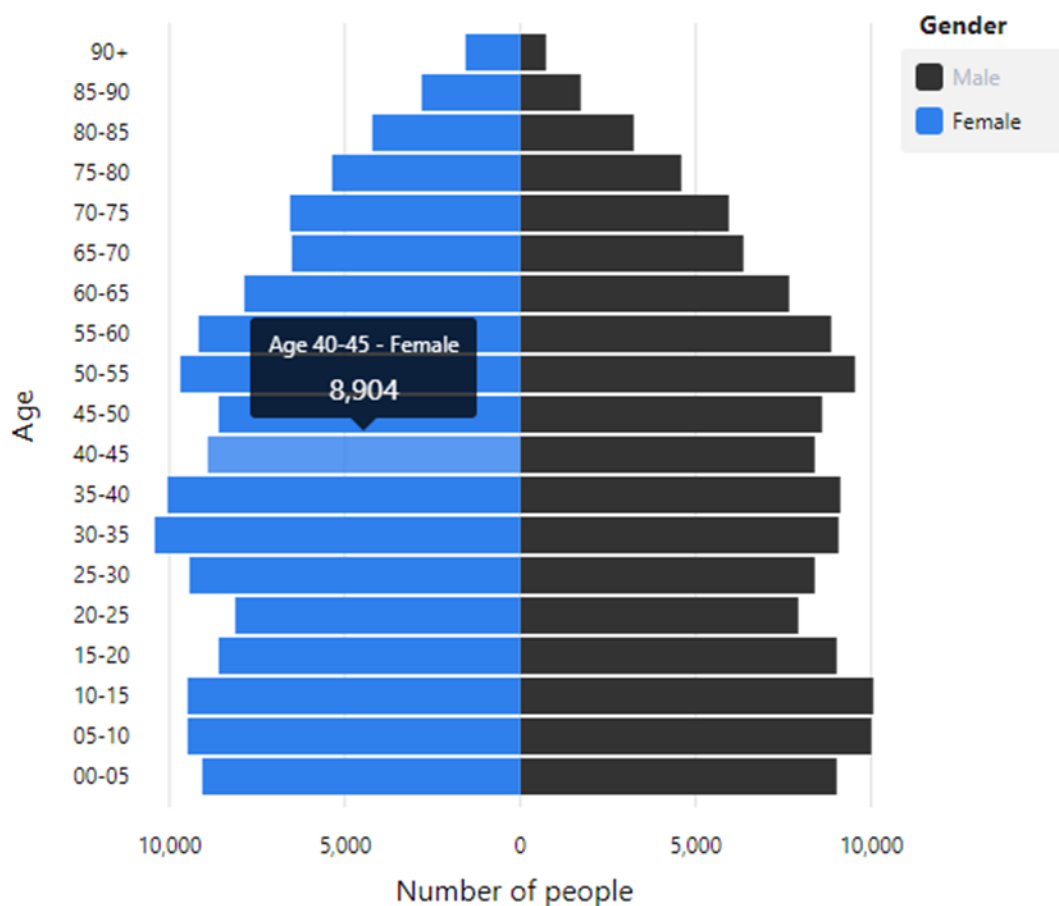
Demographics by Age and Gender

According to mid-year population estimates published by the ONS in 2019, males account for 48.8% of Walsall's 284,306 population, while females made up 51.2% of the total.

The sex ratio (the number of males for each female in a population) was 95.375 males to every 100 females in 2021. In England as a whole, the gender ratio was 96 males to every 100 females in 2021.

Age statistics collected by the ONS show the adult population of Walsall, that is how many people there are over the age of 18, is 227,143.

Walsall's age structure shows the working-age population to be 177,494 which is 62.4% of the population. People under the age of 16 represent 20.1% of the population, and those over 65s represent 17.5% of the population. The percentage of the population that working ageing-age has decreased over the last 10 years.



Ethnicity in Walsall

According to the latest 2021 census, the population in Walsall is predominantly white (71.4%), with non-white minorities representing the remaining 28.6% of the population.

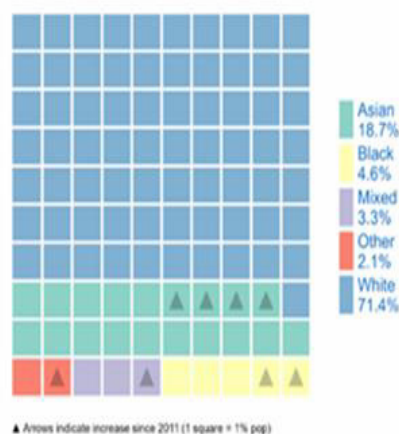
Asian people were the largest minority group in Walsall accounting for 18.7% of the population.

13,024 or 5% of the Walsall population are black according to the latest 2021 census.

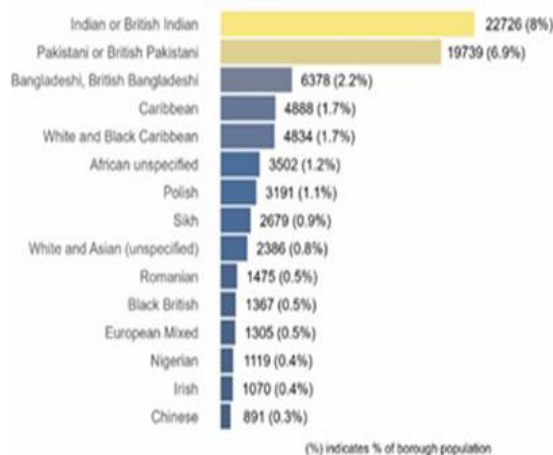
In England more broadly the portion of the population that is white is 81%. 10% are Asian and 4% are Black.

- **White** - 202,724 people or 71.4%
- **Asian** - 53,199 people or 18.7%
- **Black** - 13,024 people or 4.6%
- **Mixed** - 9,317 people or 3.3%
- **Other** - 5,862 people or 2.1%

Walsall Population by Ethnicity
Census 2021



Walsall Top 15 Largest Minority Ethnic Groups
Census 2021



Religion in Walsall

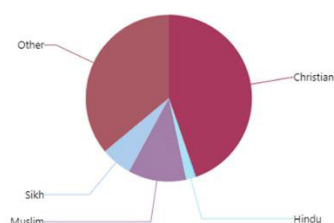
According to the latest census in 2021, the most populous religious group within Walsall is Christians, accounting for 44.7% of the population.

Walsall has a Muslim population of 32,107 which is 11.3% of the population.

Compared to England as a whole, in England circa 46% of the population is Christian, 7% is Muslim, 2% is Hindu, and Buddhists, Sikhs and Jews each is around 1%. The remainder is split between people with no religion and those who decided not to identify a religion.

Religious groups in Walsall, 2021 census

- **Christian** - 126,922 people or 44.7%
- **Buddhist** - 533 people or 0.2%
- **Hindu** - 5,096 people or 1.8%
- **Muslim** - 32,107 people or 11.3%
- **Sikh** - 17,148 people or 6.0%
- **Other** - 102,320 people or 36.0%



Disability in Walsall

A fifth of people in Walsall are living with a disability according to the 2021 census data.

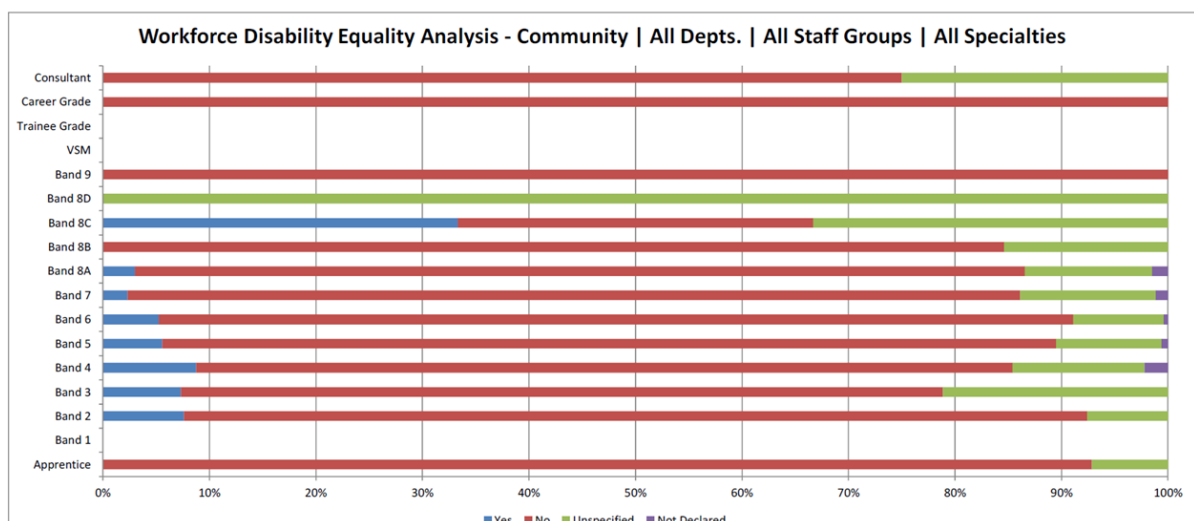
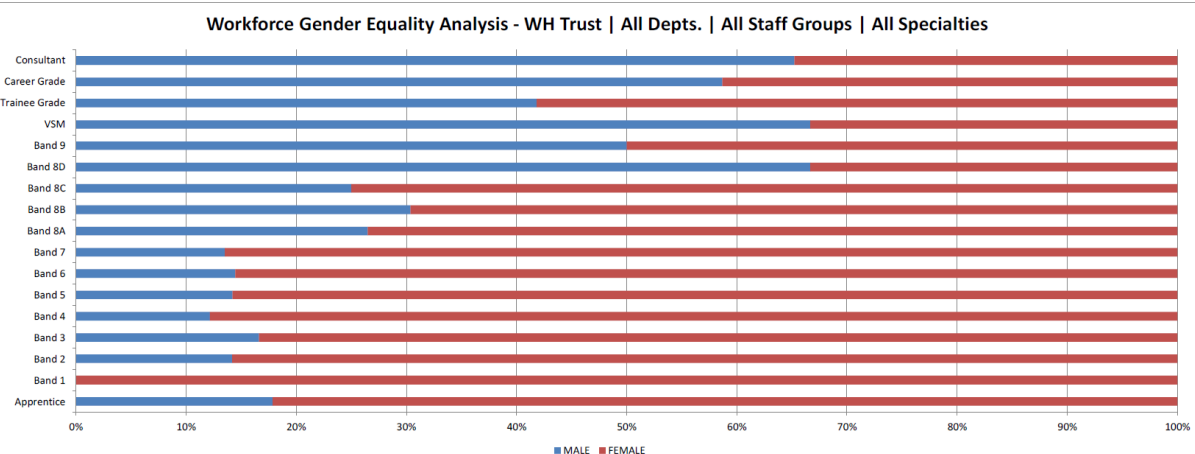
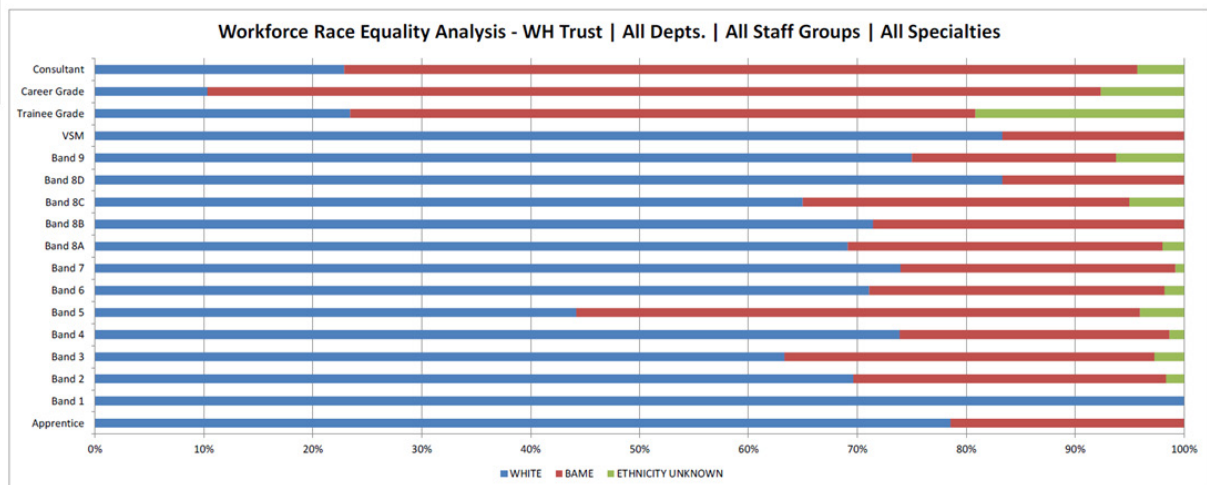
The Equality Act defines disability as a physical or mental impairment that has a "substantial and long-term adverse effect" on the ability to carry out normal day-to-day activities.

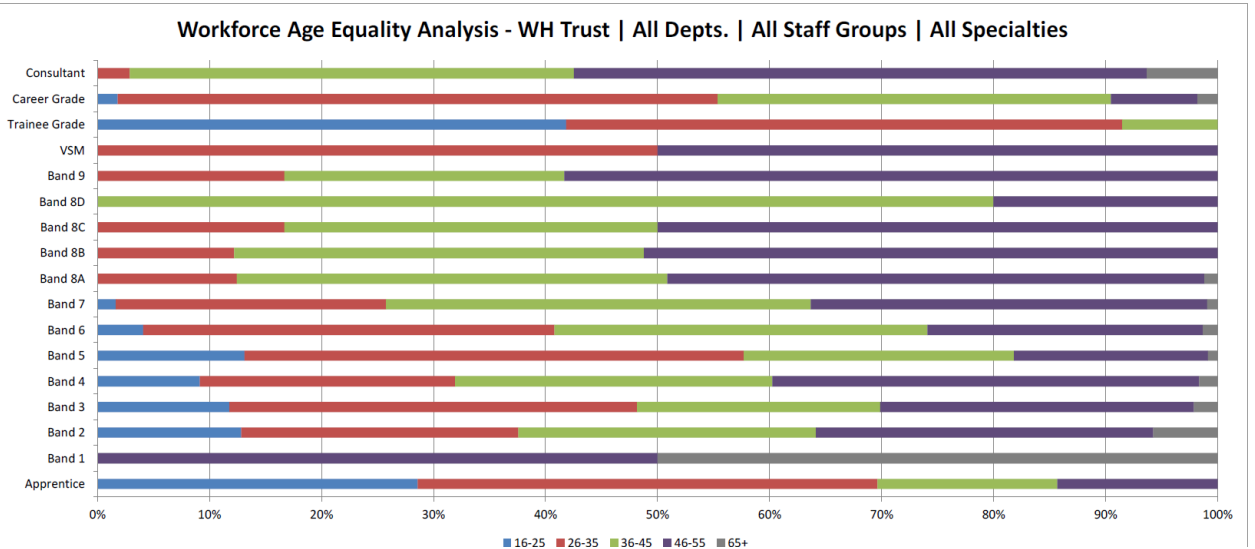
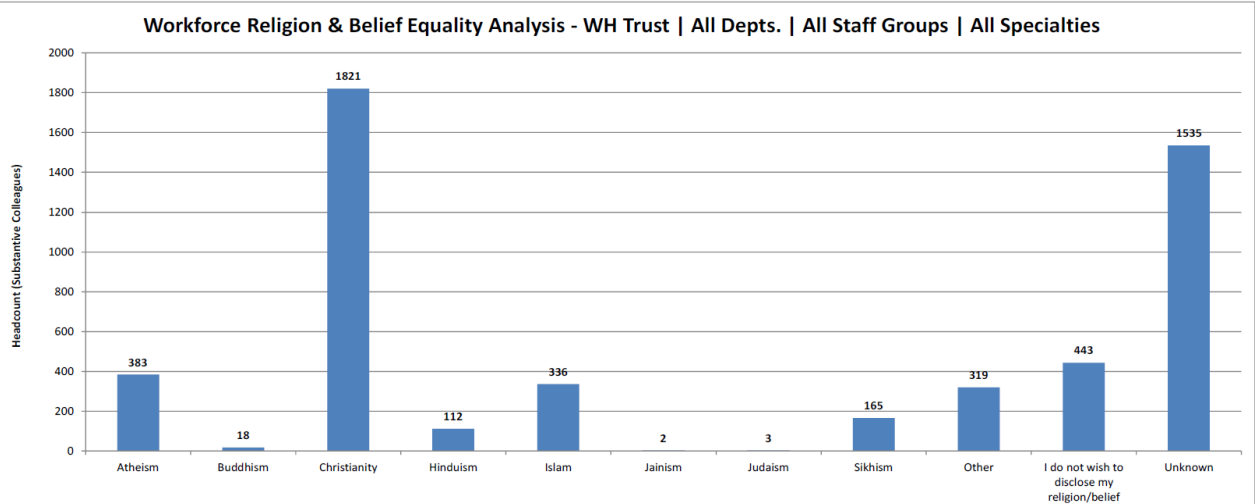
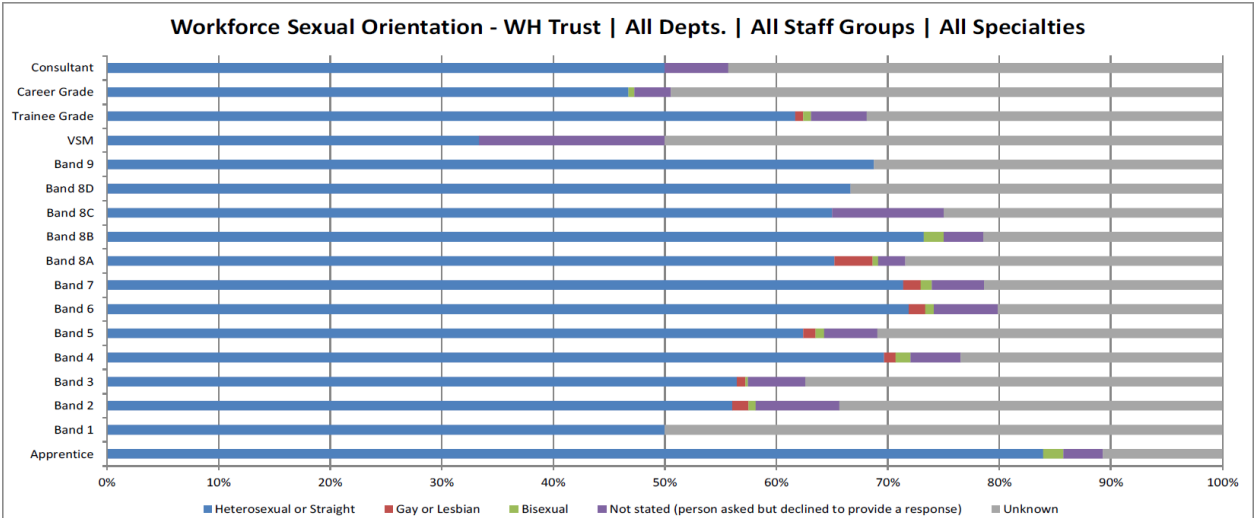
Figures from the latest census of England and Wales show 54,153 people in Walsall said they had such an impairment as of March 2021 – 20.1% of the area's population.

Of these people, 28,992 (10.7%) said their disability stopped them from carrying out regular activities 'a little', while 25,161 (9.4%) said it did so 'a lot'.

Walsall Healthcare Workforce profiles

The following graphs illustrate the Trust workforce profile disaggregated by each of the protected groups.





Equality monitoring in recruitment

Pre-hire information

Gender	All applications	Rejected	Shortlisted	%
Male	8690	6015	2675	9%
Female	21259	12547	8712	29.03%
I do not wish to disclose	57	31	26	0.09%
Not stated	0	0	0	0.00%
Total	30006	18593	11413	38.04%

Age				
Under 20	700	365	335	1.12%
20 - 24	3577	2262	1315	4.38%
25 - 29	8697	5730	2967	9.89%
30 - 34	6625	4402	2223	7.41%
35 - 39	4241	2579	1662	5.54%
40 - 44	2636	1540	1096	3.65%
45 - 49	1516	798	718	2.39%
50 - 54	1110	514	596	1.99%
55 - 59	637	264	373	1.24%
60 - 64	233	117	116	0.39%
65+	33	22	11	0.04%
Not stated	1	0	1	0.00%
Total	30006	18593	11413	38.04%

Ethnic Origin				
White	7237	3398	3839	12.79%
Asian	7205	4667	2538	8.46%
Black	12696	8728	3968	13.22%
Mixed	1237	774	463	1.54%
Other	1244	828	416	1.39%
Not disclosed	346	197	149	0.50%
Not stated	41	1	40	0.13%
Total	30006	18593	11413	38.04%

Disability				
No	28724	17999	10725	35.74%
Yes	958	481	477	1.59%
I do not wish to disclose whether or not I have a disability	281	112	169	0.56%
Not stated	43	1	42	0.14%
Total	30006	18593	11413	38.04%

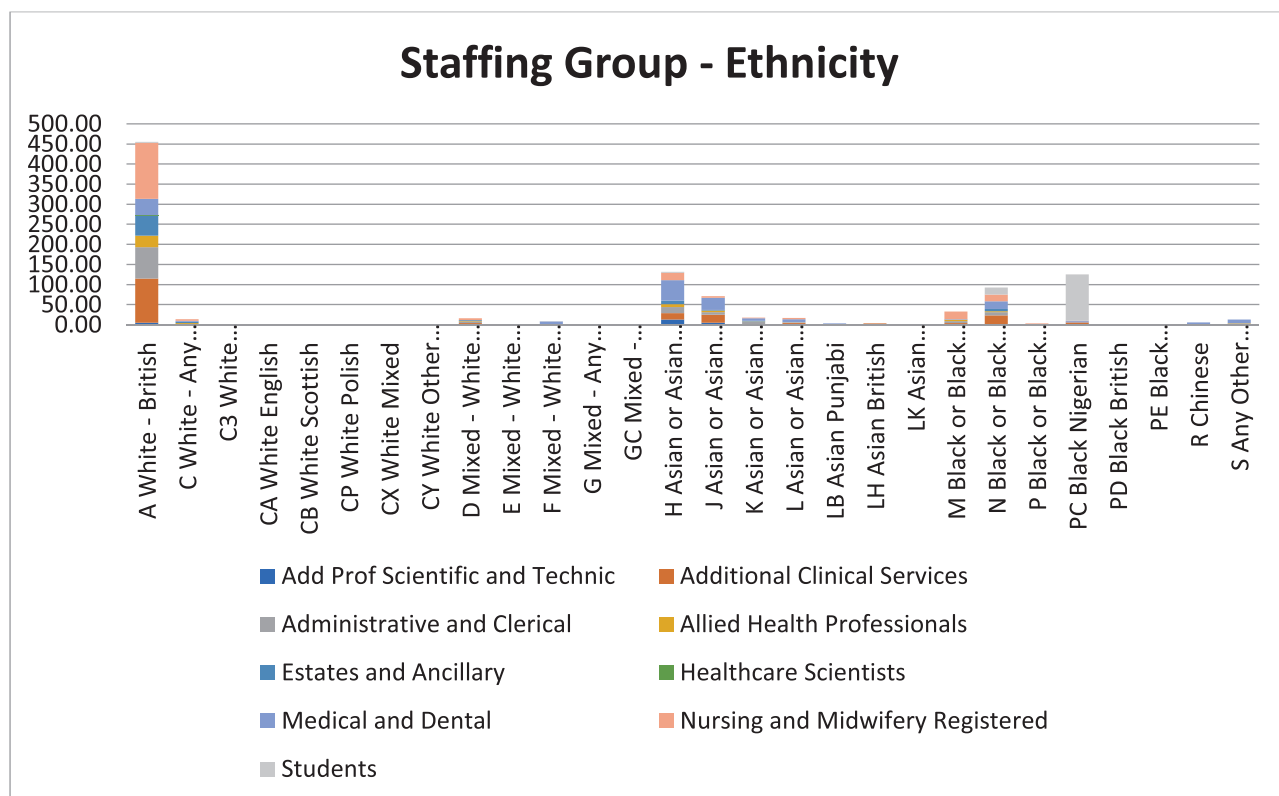
Sexual Orientation				
Heterosexual or Straight	28328	17680	10648	35.49%
Gay or Lesbian	329	144	185	0.62%
Bisexual	341	201	140	0.47%
Other sexual orientations not listed	51	32	19	0.06%
Undecided	67	38	29	0.10%
I do not wish to disclose my sexual orientation	848	497	351	1.17%
Not stated	42	1	41	0.14%
Total	30006	18593	11413	38.04%

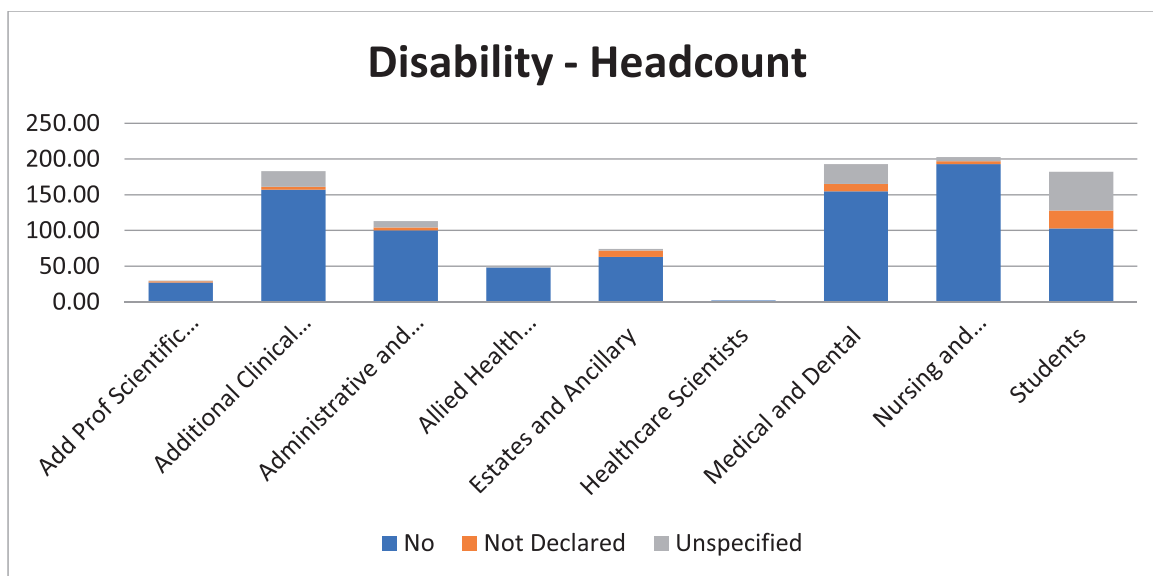
Transgender				
No	0	0	0	0.00%
Yes	0	0	0	0.00%
I do not wish to answer this question	0	0	0	0.00%
Not stated	30006	18593	11413	38.04%
Total	30006	18593	11413	38.04%

Religion				
Atheism	1586	734	852	2.84%
Buddhism	214	159	55	0.18%
Christianity	17710	11384	6326	21.08%
Hinduism	1520	1081	439	1.46%
Islam	4580	2960	1620	5.40%
Jainism	33	19	14	0.05%
Judaism	19	11	8	0.03%
Sikhism	1057	589	468	1.56%
Other	1560	785	775	2.58%
I do not wish to disclose my religion/belief	1686	870	816	2.72%
Not stated	41	1	40	0.13%
Total	30006	18593	11413	38.04%

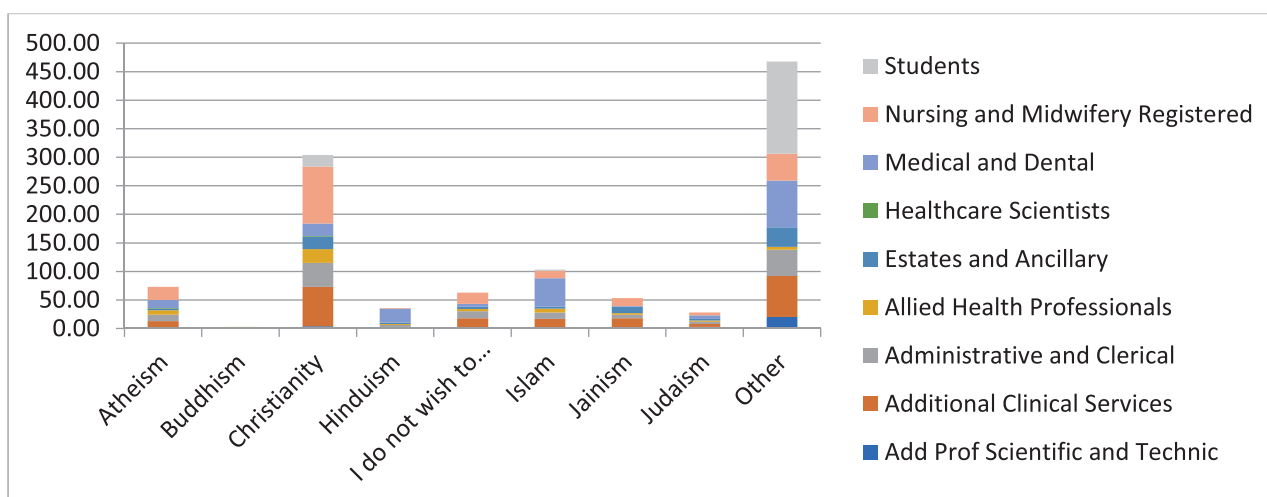
Recruitment – equality monitoring starters data – (Age)

Age (Headcount) - Divisions													
Division	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years	Total
407 Chief Executive Directorate			1.00				1.00		3.00	1.00	2.00		8.00
407 Community		25.00	37.00	27.00	25.00	14.00	25.00	12.00	12.00	3.00			180.00
407 Digital Services	3.00	5.00	1.00		1.00	1.00	2.00		1.00	1.00			15.00
407 Directorate of Transformation & Strategy				1.00	1.00								2.00
407 Estates and Facilities	2.00	5.00	6.00	14.00	13.00	8.00	7.00	3.00	10.00	8.00	6.00	1.00	83.00
407 Finance Directorate		1.00			2.00			1.00					4.00
407 Governance Directorate (Div)					1.00		4.00	1.00			1.00		7.00
407 Medical Directorate (Div)		8.00	11.00	3.00	1.00	4.00		1.00	2.00			3.00	33.00
407 Medicine & Long-Term Conditions (Div)	4.00	58.00	80.00	56.00	57.00	26.00	17.00	14.00	6.00	2.00			320.00
407 Nurse Directorate (Div)			4.00	2.00	3.00	3.00	3.00	1.00		1.00			17.00
407 Operations Directorate		1.00											1.00
407 People & Culture Directorate (Div)		2.00	4.00		5.00		1.00		2.00	1.00			15.00
407 Surgery (Div)	5.00	45.00	70.00	49.00	34.00	20.00	10.00	12.00	4.00	2.00	3.00		254.00
407 Walsall Together					2.00								2.00
407 Women's, Children's & Clinical Support Services (Div)	9.00	31.00	53.00	26.00	18.00	16.00	13.00	8.00	11.00	3.00	2.00		190.00
Total	23.00	181.00	267.00	178.00	163.00	92.00	83.00	53.00	51.00	22.00	14.00	4.00	1131.00
Total (%)	2.03%	16.00%	23.61%	15.74%	14.41%	8.13%	7.34%	4.69%	4.51%	1.95%	1.24%	0.35%	100.00%





Religion and Belief



Sexual Orientation - Headcount - Divisions							
Staffing Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to respond)	Other sexual orientations not listed	Undecided	Overall
Add Prof Scientific and Technic		1.00	9.00	1.00		20.00	31.00
Additional Clinical Services	4.00	4.00	126.00	6.00		71.00	207.00
Administrative and Clerical	2.00	2.00	84.00	3.00		46.00	135.00
Allied Health Professionals	1.00	1.00	47.00	1.00	1.00	5.00	55.00
Estates and Ancillary		1.00	44.00	3.00		34.00	82.00
Healthcare Scientists			2.00				2.00
Medical and Dental	2.00	2.00	119.00	1.00		81.00	203.00
Nursing and Midwifery Registered	3.00	1.00	167.00	5.00		47.00	220.00
Students	1.00		21.00			162.00	183.00
Total	13.00	12.00	619.00	20.00	1.00	466.00	1118.00

Workforce Race Equality Standard performance

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 illustrates the Trust WRES performance against the nine metrics.

WRES indicator 1

The percentage of BAME staff in the workforce is 37%

WRES indicator 2

The relative likelihood of staff being appointed from shortlisting across all posts is 1.55 a decline in performance since the previous year

WRES indicator 3

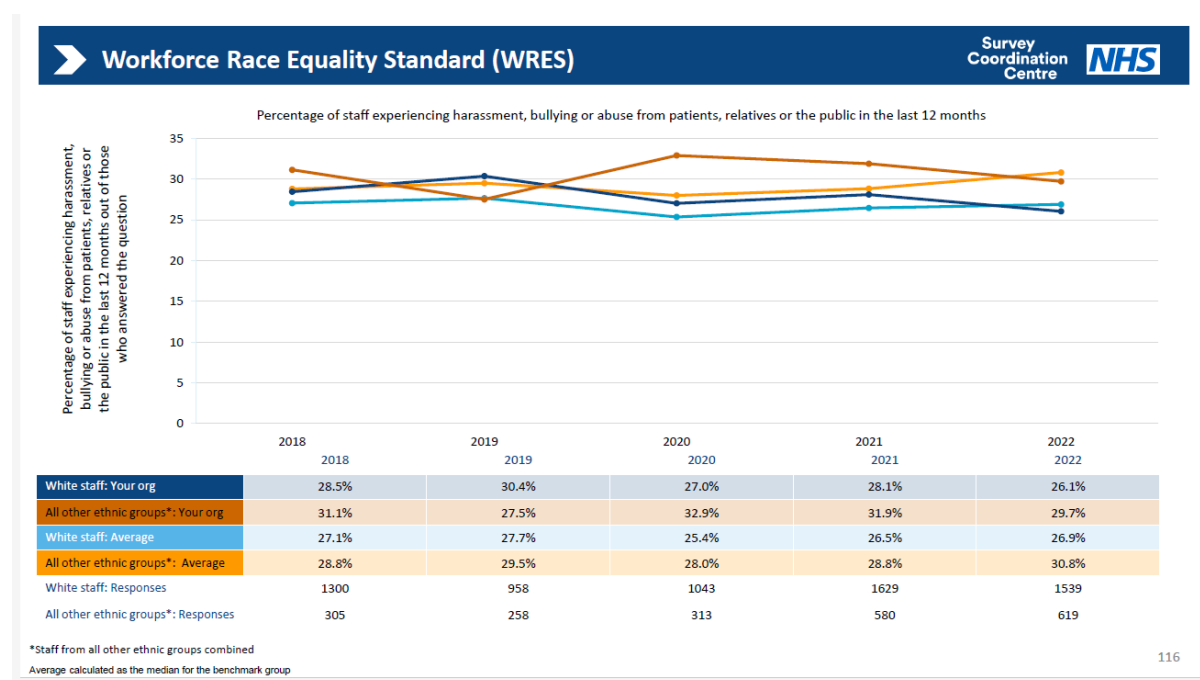
The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation is 0.31

WRES indicator 4

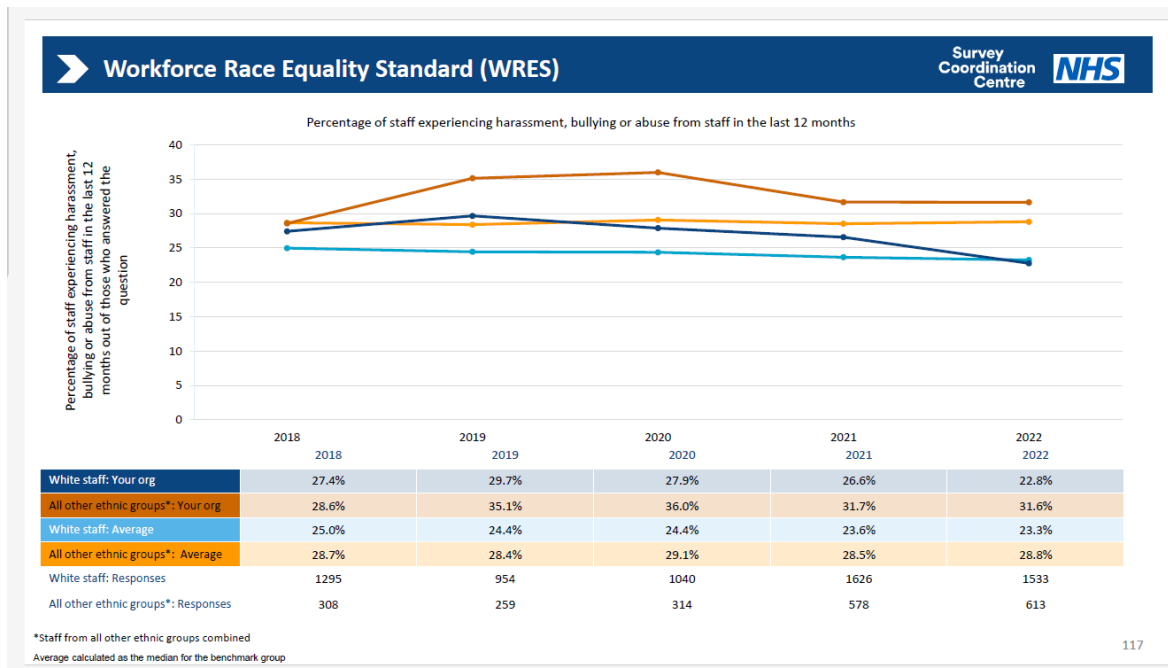
The relative likelihood of staff accessing non-mandatory training and CPD. is 1.19 a slight decline in performance from the previous year.

WRES indicators,5,6,7,8

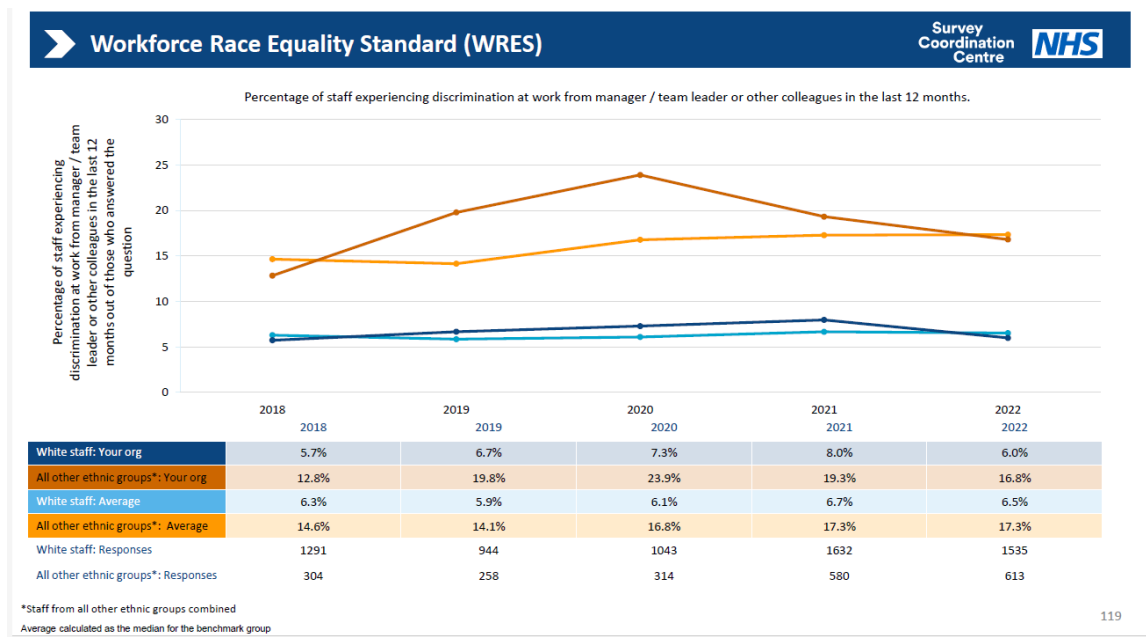
Indicator 5 NSS



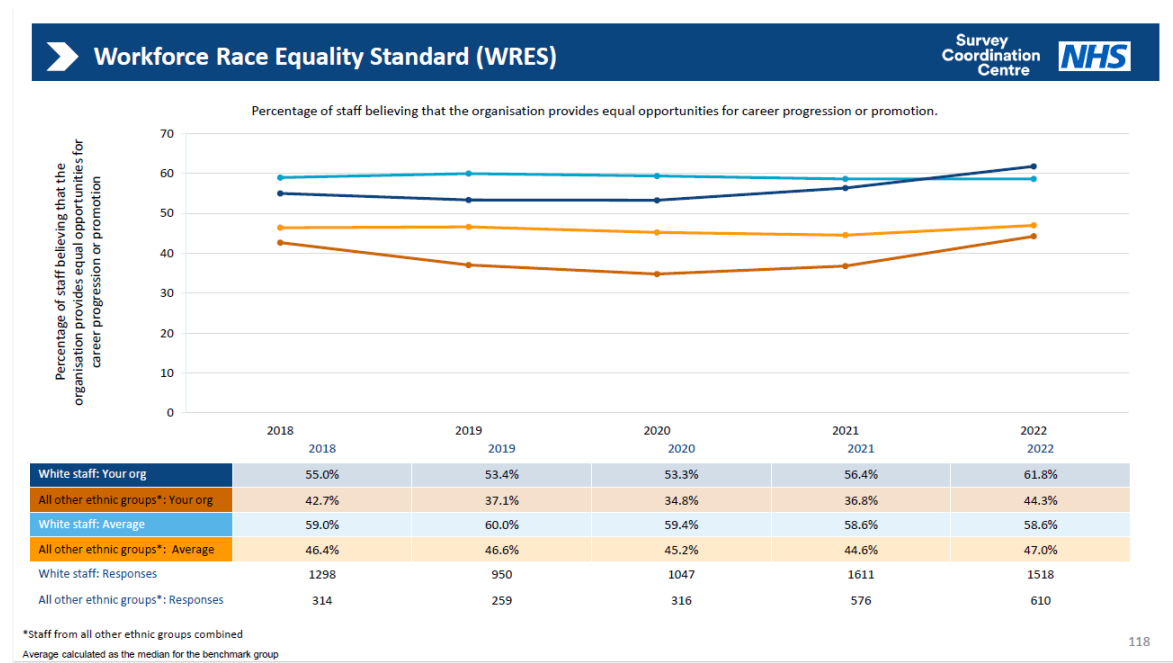
WRES Indicator 6 NSS



WRES indicator 7 NSS



WRES indicator 8 NSS



WRES 9 indicator

Percentage difference between the organisations' Board voting membership and its overall workforce is -11.8%

The WRES annual report which is due to be published shortly provides a more detailed trend analysis of the WRES performance over subsequent years and a detailed action plan to improve workforce race equality.

Workforce Disability Equality Standard- Trust performance

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

WDES indicator 1

The percentage of disabled staff in the workforce is just under 3%

WDES indicator 2

The relative likelihood of staff being appointed from shortlisting across all posts is 1.06 a decline in performance since the previous year

WDES indicator 3

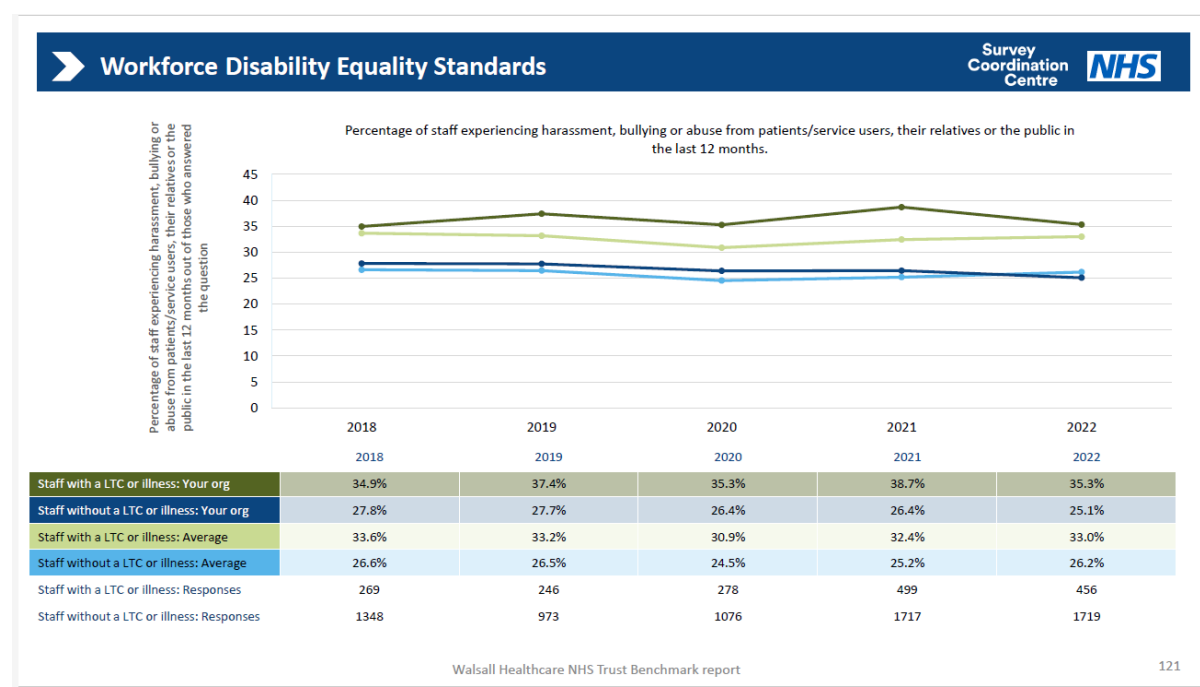
The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation is 0.0

WDES indicator 4

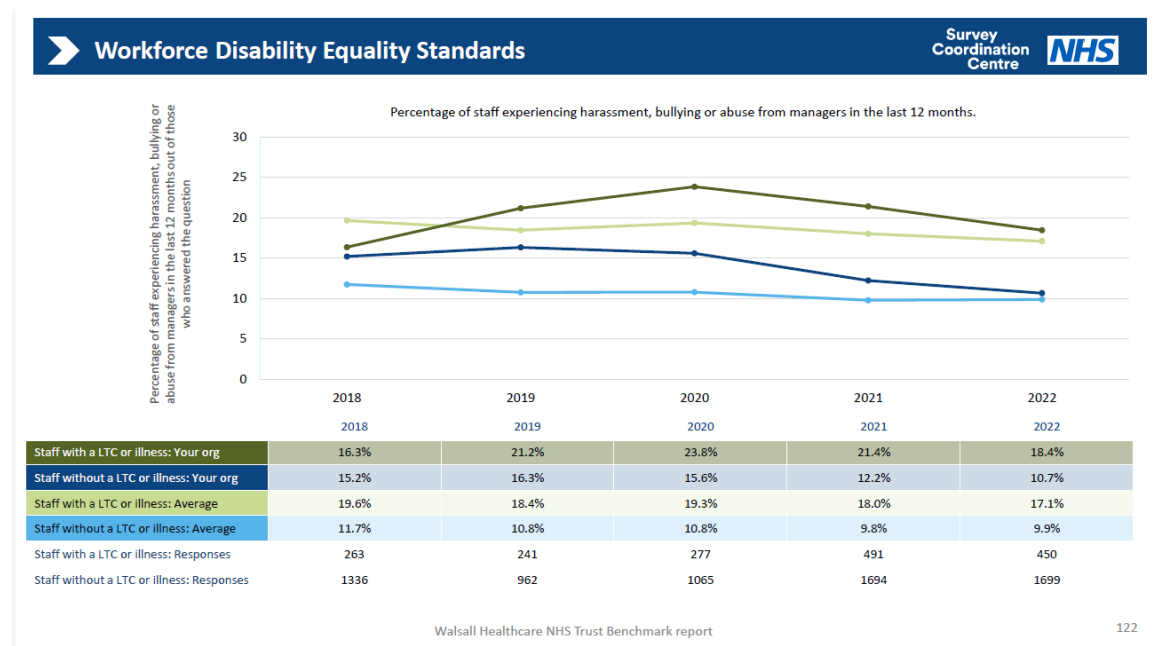
The relative likelihood of staff accessing non-mandatory training and CPD. is 0.0

WDES indicators,5,6,7,8

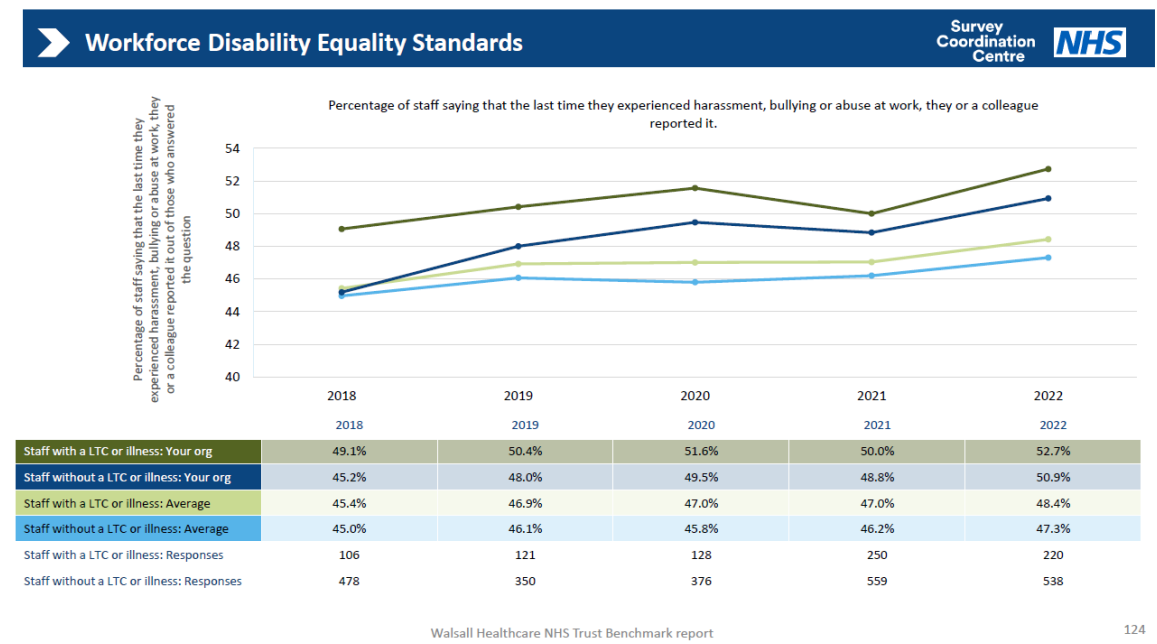
Indicator 5 NSS



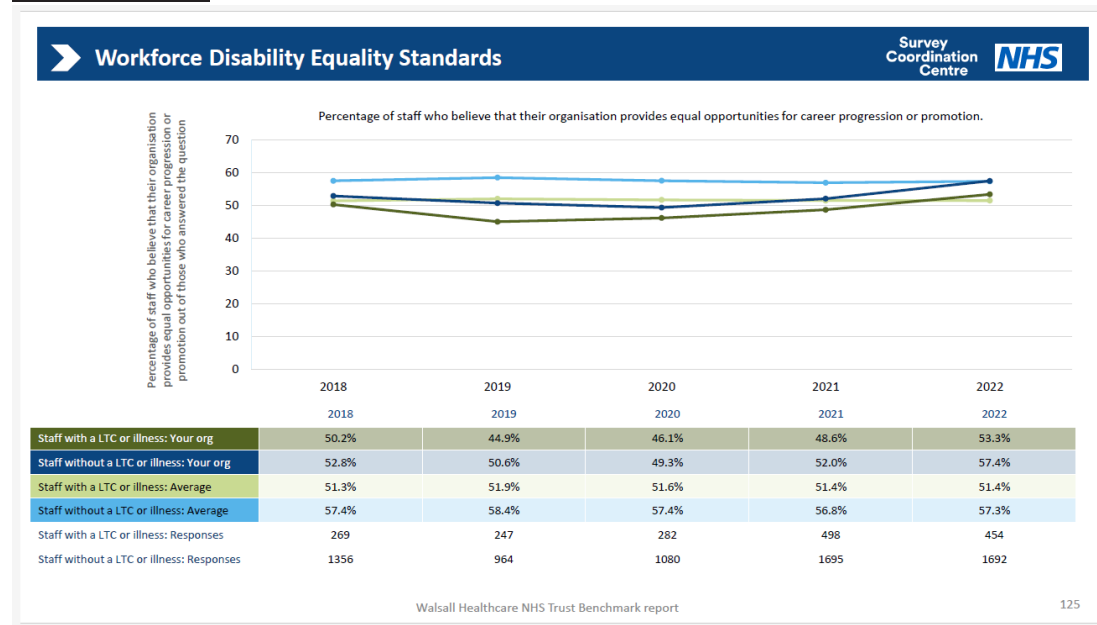
WDES Indicator 6



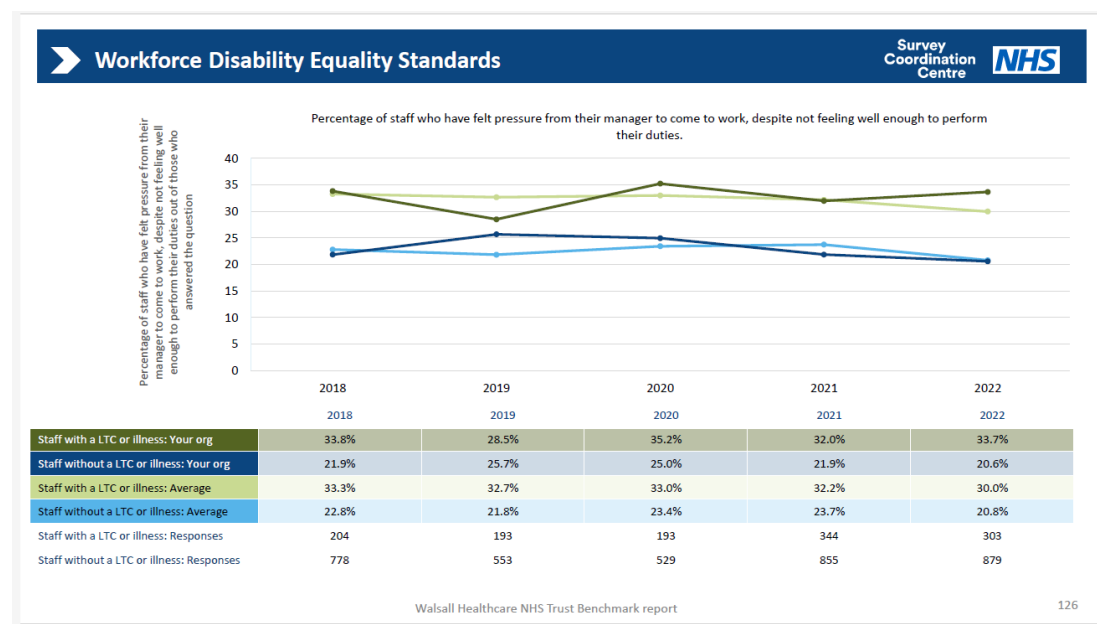
WDES Indicator 7



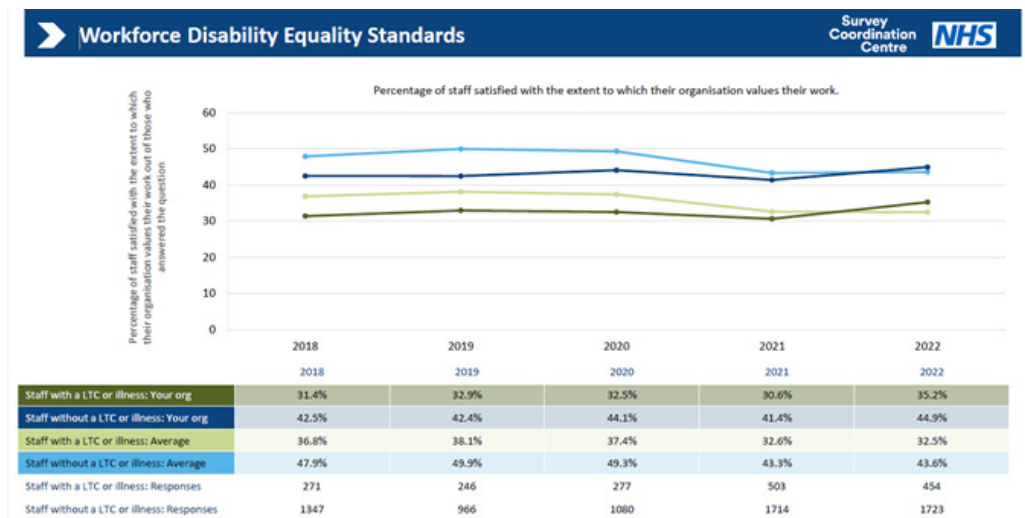
WDES 8 NSS



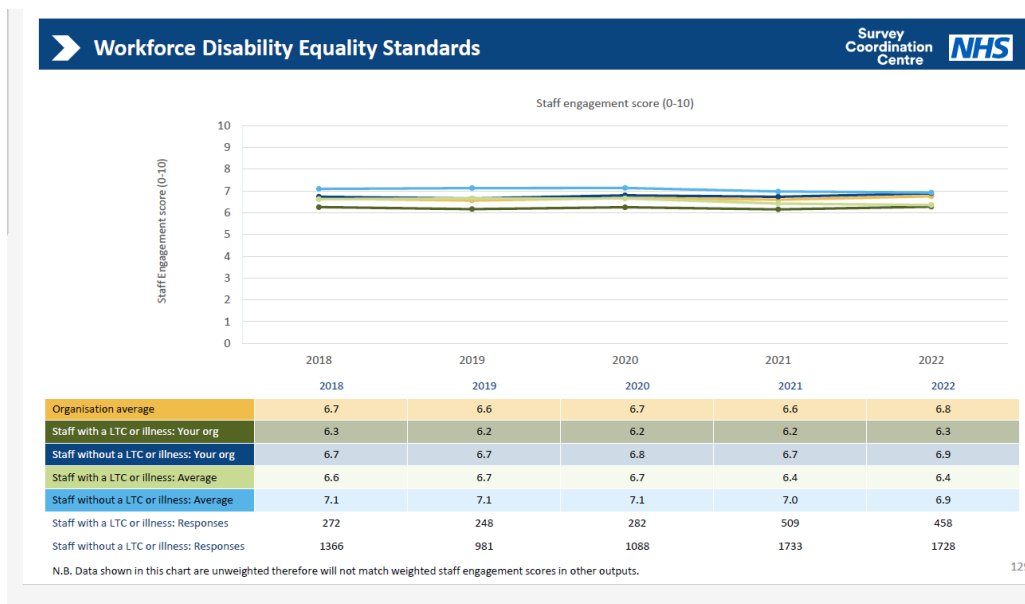
WDES Indicator 9



WDES Indicator 10



WDES Indicator 11



The WDES annual report which is due to be published shortly provides a more detailed trend analysis of the WDES performance over subsequent years and a detailed action plan to improve Workforce Disability Equality.

Gender Pay Gap Performance

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

The information below contains a snapshot of pay gap figures for Walsall Healthcare NHS Trust for the GPC reporting period of 31st March 2022.

The total number of males and females for the reporting year is below

Gender	Count of Employees	% Of Employees
Female	3804	81.16%
Male	883	18.84%
Grand Total	4687	100.00%

When comparing mean hourly wages, women's mean hourly wage is 29.46% lower than men

31 March 2022 Snapshot	
Gender	Average of Hourly Rate
Male	£23.07
Female	£16.27
Difference	£6.79
Pay Gap %	29.46%

The table below sets out the median difference and shows that there is a median difference of 11% in favour of male employees.

31 March 2022 Snapshot	
Gender	Median Hourly Wage
Male	£13,949.00
Female	£12472.07
Difference	£1476.94
Pay Gap %	11%

The Trust has published a full Gender Pay Gap report along with actions that it is taking to reduce the pay gap in line with the Government reporting requirements.

EDS 22 Summary

The Trust undertook an assessment of the EDS 22 domain 1 at the end of May 2023. A decision was taken to focus on Patient Experience for the first year of implementing the EDS 22. This work was led by the ICB Transformation and Strategy team and the EDS22 assessment at the Trust was led by the Associate Director for Patient Relations and Experience. An assessment against domains two and three will be completed by December 2023.

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service
	1B: Individual patients (service user's) 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

EDS22 Outcome	Score
1A	Achieving
1B	Achieving
1C	Exceeds requirements (Excelling)
1D	Exceeds requirements (Excelling)

Domain 1a: Achieving Activity

Scoring Rating	Reason/s for rating provided:
2	<ul style="list-style-type: none"> • Good evidence given • Innovative initiatives in place
Average Panel Rating	<ul style="list-style-type: none"> • Trust working hard to ensure all service users have equitable access for patient experience • Provided evidence of policies and data from protected characteristics. Have evidence based action plans • Progress is monitored
2.2	

Domain 1b: Achieving Activity

Scoring Rating	Reason/s for rating provided:
2	<ul style="list-style-type: none"> • Good links with partners/charities and evidence of provided support to vulnerable patients • Some great initiatives exemplified
Average Panel Rating	<ul style="list-style-type: none"> • Good evidence provided of meeting needs of high risk patients with protected characteristics
2.1	

Domain 1c: Activity Exceeds Requirements

Scoring Rating	Reason/s for rating provided:
3	<ul style="list-style-type: none"> • Excellent examples of working with VCSE • Awareness of health inequalities data and acting on it • Improvement Culture clear • Systems in place for monitoring and escalating patient safety concerns • Clear the enabling strategy has been actioned and brought to life • Excellent strategy
Average Panel Rating	
3	

Domain 1c: Activity Exceeds Requirements

Scoring Rating	Reason/s for rating provided:
3	<ul style="list-style-type: none"> • CQC inspection - Outstanding practice identified • Patient voice clearly prominent and data readily available • Stakeholders involved • Positive role modelling • Patient Voice report - EQM and feedback • Improved FFT position especially ED • Communities influencing improvement - innovation in engagement with under represented voices
Average Panel Rating	
3.2	