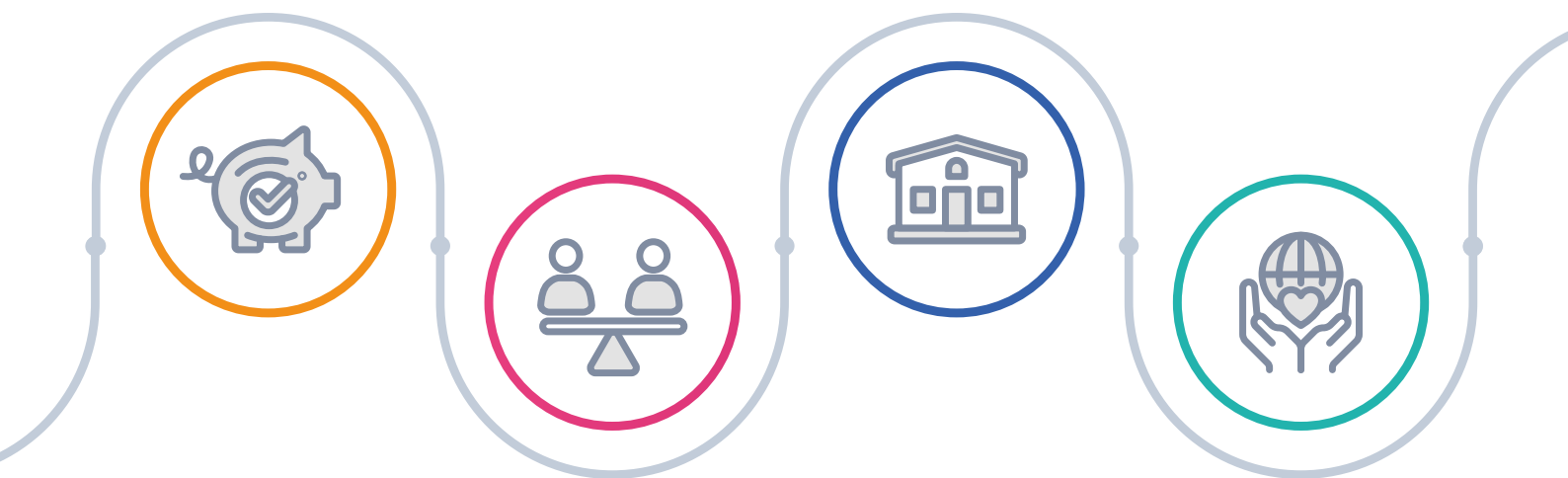


Annual Equality, Diversity and Inclusion Report

April 2025 – March 2026



Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

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Introduction

This report reflects not only our compliance with the Equality Act 2010, but our ongoing commitment to recognising what we do well and where we need to improve in terms of supporting our patients and how we care for our people. The report brings together the data required under the Public Sector Equality Duty and highlights the Equality, Diversity, and Inclusion (EDI) work we've been leading across Walsall Healthcare NHS Trust.

Each year, we publish this report to share how we're doing and where we're heading. It allows us to track progress, compare data from previous years, and understand the real impact of our actions. Through this, we can identify where inequalities exist and take meaningful steps to support those who are under-represented or disadvantaged; ensuring everyone who works with or receives care from us can thrive.

Over the past year, we have taken important steps forward to strengthen our staff networks and to listen to feedback through national surveys and discussions with colleagues and patient groups. We will be using this feedback to challenge assumptions, amplify voices that need to be heard and ensure leaders are clear on their accountability to improve the experience of those who access healthcare and work within the Trust. This will be enabled by the development of a cultural development plan to support the Transforming Care Together strategy in partnership with The Royal Wolverhampton NHS Trust.



Defining Equality, Diversity and Inclusion

Equality

A culture that embraces a wide range of ideas, experiences, and practices can lead to an environment where differences are both respected and celebrated. This inclusivity benefits not only us as individuals but also the diverse communities we serve. By valuing and acknowledging various perspectives, we foster a richer and more dynamic workplace that promotes innovation and excellence in our work. This approach enhances our ability to address the unique needs of our community, ultimately creating stronger, more meaningful connections, leading to a better quality of life.

Diversity

Diversity is the fact that there are many different people in our workplaces and communities, many of whom have different backgrounds, social positions, and lifestyles. We encourage everyone to recognise, respect and value the differences between individuals within our workforce and amongst our service users.

Inclusion

Inclusion is the act of ensuring that all staff can access and enjoy the benefits of working for the Trust including, but not limited to, employment opportunities, flexible and agile working, training and development opportunities, team and Trust-wide activities and ensuring that no person or persons are excluded, especially those from disadvantaged groups, ensuring a positive experience for all.



Our legal duty

The Equality Act 2010 and the Public Sector Equality Duty (PSED)

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions. These are to:

- Eliminate discrimination, harassment, and victimisation
- Advance equality of opportunity between people who share a protected characteristic and people who do not
- Foster good relations between people who share a protected characteristic and those who do not.

We are required to do this by:

- Removing or minimising disadvantages suffered by people due to their protected characteristic. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low
- Advancing equality of opportunity for disabled people by taking steps to meet their needs, including needs that are different from those of people who are not disabled. This includes taking account of disabilities and making appropriate adjustments where required. In addition, the organisation must have due regard to the need to foster good relations between people who share a protected characteristic and those who do not, including by tackling prejudice, promoting understanding, and encouraging positive interaction between different groups.

Specific duties

The Equality Duty is supported by specific duties as set out in the regulations. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty. All information must be published in a way which makes it easy for people to access. The information published for our people must include:

- Gender Pay Gap Report
- Information relating to employees who share protected characteristics (for public bodies with 150 or more employees)

This report summarises the work we are doing in the People EDI Team to comply with the duties for our people.

Workforce information

The information published on workforce figures identifies information in relation to the Trust's workforce and protected characteristics as defined by the Equality Act 2010.

- Equality, Diversity and Inclusion Annual report (this report)
- Gender Pay Gap Report
- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- NHS Staff Survey Summary



Protected characteristics

In healthcare, different groups of patients, services users and staff can experience different health needs, risks, and barriers to care. Understanding the nine protected characteristics as defined by The Equality Act 2010 helps to ensure everyone is treated fairly, respectfully and without discrimination. Walsall Healthcare NHS Trust recognises that protected characteristics can impact health inequalities whilst understanding other factors not protected may also contribute to negative outcomes. These factors may include being socially excluded, including people who are experiencing poverty, low socio-economic status, unemployment, homelessness or asylum seekers' status (this list is not exhaustive).

Progress made over 2025/26

We continue to use national frameworks such as the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to better understand and address disparities. These reports, published alongside this document, provide valuable insights by comparing the experiences of Ethnic Minority and White staff through the WRES, and of disabled and non-disabled staff through the WDES. We are using these insights not only to inform our planning but to hold ourselves accountable. They guide our actions and help us identify where we must do better. Our commitment is not just about meeting targets. It is about creating an inclusive culture and working towards levelling the playing field.

We know we cannot achieve our ambitions in isolation and that we are stronger working collaboratively with our partners to strengthen relationships with local communities and education establishments to support local residents and young people into NHS entry level roles.

Our Patient Experience Team continues 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 establishing appropriate infrastructures to provide support and guidance to our network chairs and vice chairs to enable them to ensure employee voice is amplified across the organisation. We want to continue to ensure our staff networks are actively vocal, are listened to and initiative-taking in championing change. Our Staff networks have been pivotal to the review and development of the Group Equality, Diversity and Inclusion Policy which has been implemented across both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.



Anti-racism

Together with our strategic partners at The Royal Wolverhampton NHS Trust, we are committed to ensuring that every person in contact with our services, including colleagues, should be treated with empathy and feel respected, regardless of race or ethnicity. Our full statement, endorsed by the Trust Board can be found on our website.

Our leaders are expected to act as role models showing positive and assertive behaviours at all times, while striving to create inclusive, anti-racist environments. Across our workforce, more than 97% of colleagues have completed core equality, diversity and inclusion training and more than 70% have completed multiple modules of our Anti-Racism training developed in 2023/24 by the Black Country ICB.

We successfully retained our accreditation of the RACE equality code in September 2025, following our initial accreditation in 2021. The RACE equality code is governance framework designed to tackle race inequality in organisational leadership, built around four key principles: Reporting, Actions, Composition, and Education. Our ability to retain accreditation reflects the commitment and dedication of being a leading organisation in anti-racism.

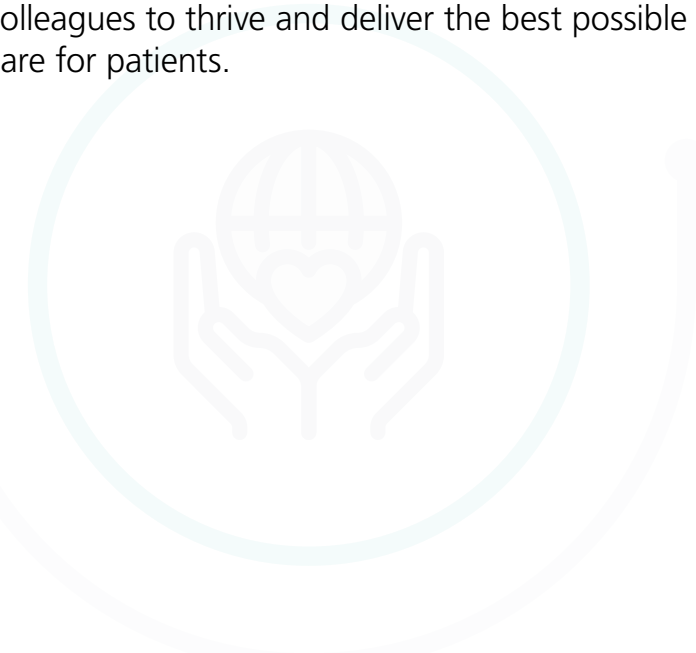
The Trust welcomes further focus on tackling racism in the workplace and is currently working with leaders, staff networks and local union colleagues to be innovative in a way to ensure anti-racism is embedded across the organisation and to be proactive and take pride in the diversity of our community and colleagues.

Civility and respect

During 2025/26, the Trust continued to strengthen its commitment to fostering a workplace culture built on civility, respect, inclusion and psychological safety. The Civility and Respect Programme was delivered across the organisation, with approximately 45% of staff attending face to face training sessions designed to promote positive workplace behaviours, encourage respectful communication and support colleagues in raising concerns with confidence.

This work has helped to create environments where staff feel valued, heard and able to contribute fully to the delivery of safe, high-quality care. Building on this progress, the Trust will introduce Just and Learning Culture and Psychological Safety sessions during 2026/27.

These programmes will support a culture in which staff feel safe to speak up, learn from mistakes and share ideas for improvement without fear of blame, while promoting fairness, accountability and continuous organisational learning. Together, these initiatives will further strengthen the Trust's commitment to equality, inclusion and staff wellbeing, enabling all colleagues to thrive and deliver the best possible care for patients.



Cultural Ambassador Programme

The Trust has continued to utilise trained Cultural Ambassadors to support recruitment activity and employee relations processes, with the aim of enhancing fairness and reducing the potential for cultural bias.

From a recruitment perspective, our Workforce Race Equality Standard (WRES) has seen an improvement in the number of candidates from a Black and Minority Ethnic Background being shortlisted and recruited to roles compared to White candidates, although the data suggests compared to the national average, there is much more work to do in this area. The Trust is proud of the progress made in strengthening fairness within its disciplinary processes and continues to embed a just culture approach, including the integration of Cultural Ambassadors within case assessment and disciplinary procedures. The Trust recognises, however, that further work is required to ensure equitable outcomes for staff from Black, Asian and Minority Ethnic backgrounds.

In collaboration with The Royal Wolverhampton NHS Trust, a review of the Cultural Ambassador Programme will take place over 2026/27 to ensure it remains effective, sustainable, and aligned to best practice, as well as supporting the evolving needs of the organisations. This includes exploring opportunities to further strengthen the model, improve consistency of practice, and enhance impact measurement.

As part of this review, the Trust is also working collaboratively across the Integrated Care System (ICS), with the opportunity to share Cultural Ambassadors across neighbouring Trusts. This approach aims to improve availability, support consistency in training and standards, and strengthen collective capacity to promote fair and inclusive employee relations processes.



Our ambitions for 2026/27

In collaboration with The Royal Wolverhampton NHS Trust, we will work with key stakeholders including patients, relatives and families, local communities, members of staff and other local health partners to review and develop a consolidated Equality, Diversity and Inclusion Plan for the Group and a consistent set of equality objectives. The consolidated approach will include improvement required as identified through workforce reporting such as Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap reporting and NHS Staff survey national priorities and legal requirements.

We intend to learn from the good practice of our colleagues at The Royal Wolverhampton NHS Trust and other NHS organisations across the region to consolidate our commitment to supporting veterans and their families to access consistent healthcare services focusing more deeply on improving the systems and standards we have implemented to achieve the next level of accreditation.

Building on our anchor institute model which seeks to support local residents into entry level employment within the NHS as a stepping stone towards healthcare careers, we would like to pay particular attention to care leavers to help break down cycles of disadvantage, overcome isolation and build confidence.

We would like to strengthen connections with faith leaders from within our local communities as well as across our organisation to further improve understanding between different belief groups and create inclusive spaces within our estate where patients, relatives and members of the public, alongside our colleagues can share experiences, reduce isolation, and find common ground.

A key area of focus is to continue to support the development of our staff networks by investing time and resource to enable Chairs to have dedicated time to plan and undertake network activities to enable further growth reach and impact within our workforce population.

Our communities

Walsall Healthcare is a key partner in the Black Country Integrated Care System, which has a population of around 1.5 million people across five places: Dudley, Sandwell, Walsall, West Birmingham, and Wolverhampton.

The Trust provides local general hospital and community services in Walsall and the surrounding areas, serving a population of around 294,000 residents (Walsall Council 2024 estimation). We are the only provider of NHS acute care in Walsall, supporting inpatients and outpatients at the Manor Hospital as well as a wide range of services in the community. The Trust is responsible for Walsall Palliative Care Centre in Goscote which is dedicated to providing a range of care and support for people with life-limiting conditions.

Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities and made up of 20 wards - many of which vary significantly from one another. It is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. It is also an area characterised by high levels of deprivation, which we know are a determining factor in the health of the population.

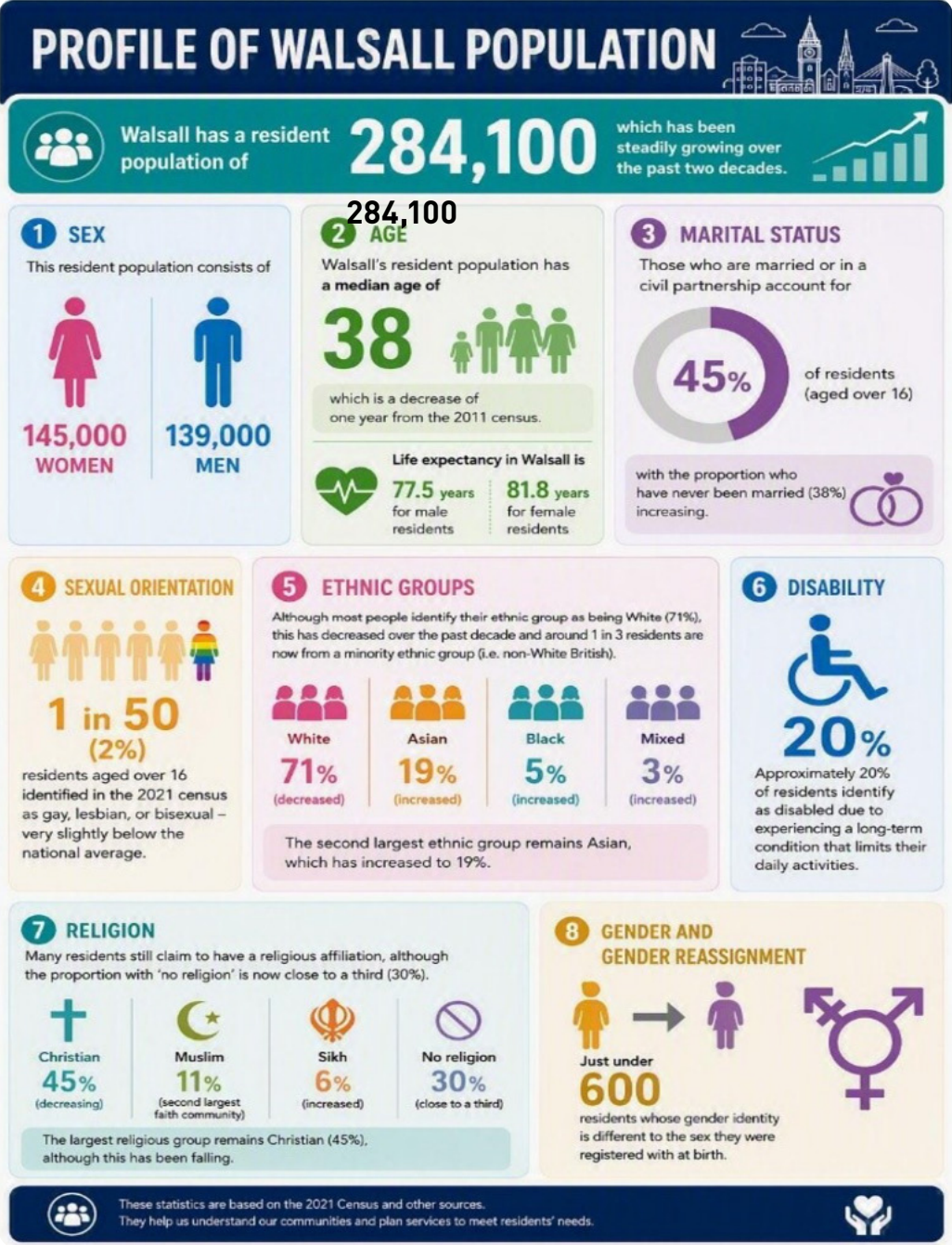
Walsall's population has been steadily growing over the past two decades. The Office of National Statistics (ONS) estimates the population of Walsall will grow by approximately 7% to an estimated 304,400 people by 2030. Although the town of Walsall is younger than the English average, it still has challenges from an ageing population with the '65+' age group rising faster than younger cohorts.

Life expectancy in Walsall is lower than for England as a whole and the mortality rate across all causes is higher than for England as a whole. The population has a relatively young profile, with a median age of 38 years. Life expectancy at birth for men in Walsall is 77.8 and 79.8 nationally which is two years less than the national average. The latest figure for life expectancy for women in Walsall is 82, which is lower than the England figure of 83.4 years.

A total of 19% of the Walsall population is Asian. Walsall also has a small Eastern European community of around 1% of residents (2,700). 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) in 2011.

The Walsall population with an Autistic Spectrum Disorder (ASD) condition is estimated to be 1,660 people. The highest population with ASD is the 25-34 group (Source: People Too Analysis, 2023). It is estimated that 19.1 % of Walsall residents are registered disabled.

It is estimated that 1 in 4 adults in Walsall experiences a mental health condition in any given year. According to the Walsall Mental Health Strategy, 28% of people in Walsall rate their mental wellbeing as low and 19.4% of Walsall residents experience anxiety and depression.



In the 2021 Census, 44.7% of people in Walsall described themselves as Christian (down from 59.0%), while 11.3% described themselves as Muslim (up from 8.2% the decade before). The proportion reporting no religion has increased to 30.2%.

In relation to gender identity, just under 600 residents reported that their gender identity differs from the sex registered at birth, reflecting the diversity of Walsall's population and the importance of ensuring services are inclusive and responsive to the needs of all communities.

In terms of marital status, 44.8% of residents aged 16 and over are married or in a civil partnership, while the proportion of people who have never married has increased and now accounts for 37.5% of the adult population, according to the 2021 Census.

Addressing health inequalities across Walsall borough

Deprivation can be seen as an individual or community’s lack of resources, opportunities, and ability to live a happy, healthy life. Levels of deprivation correlate with a wide range of inequalities including poor educational attainment, unemployment, ill-health and higher rates of crime with some groups more impacted by the effects than others.

Deprivation remains a significant challenge within Walsall. According to the English Indices of Deprivation 2025, Walsall is ranked as the 28th most deprived local authority in England (out of 296 lower-tier authorities), placing it within the 10% most deprived areas nationally.

More than half of Walsall residents (52.6%) live in neighbourhoods that fall within the 20% most deprived areas in England, and more than a quarter (27.1%) live in neighbourhoods that are among the 10% most deprived nationally.

These levels of deprivation are substantially higher than those seen across England as a whole and contribute to poorer health outcomes, lower life expectancy, increased long-term illness, and greater demand on public services

- Walsall has a lower percentage of physically active adults than the country and a higher percentage classified as overweight or obese. Smoking prevalence is above the English average
- Recorded prevalence of diabetes is higher in Walsall compared to West Midlands and England average rates
- Premature mortality rates due to cancer, cardiovascular disease primarily heart disease are high in Walsall compared to England and West Midland averages other than for colorectal cancer which sees comparable rates to other areas
- Most conditions are worse and more prevalent in the West of the borough linked to disadvantage and deprivation in that area
- Walsall has a high number of worklessness households and lower than average GCSE or higher attainment among its younger population groups

Addressing health inequalities remains a core priority for the Trust, with a focus on understanding local need and delivering services more equitably as well as how people engage with NHS services. This reinforces the importance of using demographic and activity data to inform action.

Our Health Inequalities Steering Group across Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust has continued this year to work towards reducing these gaps in health and healthcare with key actions set out within the Health Inequalities Enabling Strategy 2024/27, which aligns with national NHS priorities and the CQC Well-Led domain.

(Data sourced from the 2021 Census, Walsall Mental Health Strategy and Walsall Council - Adult Social Care Market Position Statements 2025-2040)

Access to services

During 2025/26, Trust activity increased across inpatient, emergency and outpatient services. Key changes compared to 2024/25 are summarised below:

- 60,263 individual patients were admitted, accounting for 117,126 admissions.
- This represents a decrease of 528 patients (0.87%) but an increase of 2,222 admissions (1.93%), indicating repeat admissions
- 114,664 (type 1) ED attendances were recorded, involving 75,975 patients. Compared with 2024/25, attendances increased by 4,911 (4.47%) and individual patient attendances by 2,407 (3.27%)
- 387,541 outpatient attendances were recorded, involving 121,563 individual patients, compared to 386,611 attendances and 120,341 patients in 2024/25

Metric	2025/26	Change vs 2024/25
Inpatient Patients	60,263	-0.87%
Admissions	117,126	+1.93%
ED Attendances	114,664	+4.47%
ED Patients	75,975	+3.27%
Outpatient Attendances	387,541	+0.24%
Outpatient Patients	121,563	+1.02%

Key Insight: Demand continues to grow across urgent and planned care services. ED attendances showed the largest increase (+4.47%). Inpatient admissions increased (+1.93%) despite a reduction in individual patients (-0.87%), suggesting repeat admissions.

Interpreting

The Trust continues to provide interpreting and translation services to support equitable access to care and reduce communication barriers, using face-to-face, telephone and video interpreting delivered through an external provider.

During 2025/26, the Patient Relations Team further developed the use of Wordskii on Wheels (WoW), a portable video interpreting device that enables staff to access professional interpreters on demand at the point of care. WoW supports timely clinical communication and reduces delays associated with booking and travel. Use of video and telephone interpreting alongside face-to-face provision continues to be promoted to ensure services remain responsive and proportionate.

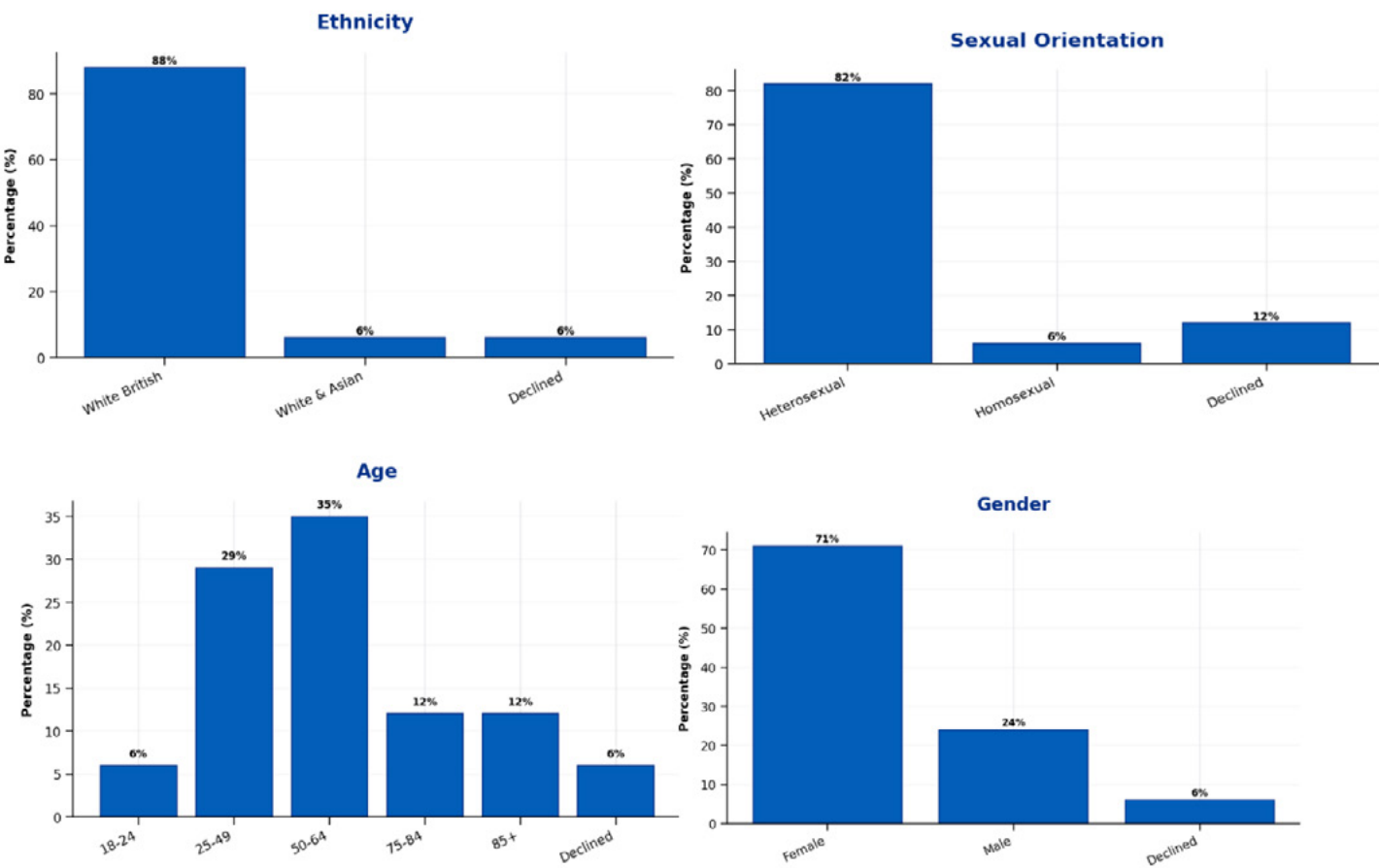
Patient Voice

Patient feedback and lived experience continue to inform service redesign, patient information, accessibility improvements and quality improvement programmes across the organisation.

Through the Patient Experience Enabling Strategy 2025/28, the Trust remains committed to ensuring that patient voice is central to decision making, helping to identify and address inequalities, improve accessibility and ensure services are designed in partnership with the communities they serve.

Local engagement

The Trust has continued to invest in initiatives that reduce barriers and improve equitable access to services. This includes expanding interpretation and translation services, increasing access to video interpretation, supporting digital inclusion through Walsall Connected, strengthening support for unpaid carers and undertaking targeted engagement with LGBTQ+ communities, children and young people, veterans, stroke survivors and ethnically diverse communities. Patient feedback and lived experience continue to inform service redesign, patient information, accessibility improvements and quality improvement programmes across the organisation.



Complaints

During 2025/26, the Trust continued to use patient feedback, complaints, Friends and Family Test (FFT) responses, Mystery Patient visits, national surveys, local engagement activity and equality monitoring data to understand how different communities experience our services.

In response, the Trust has continued to invest in initiatives that reduce barriers and improve equitable access to services. This includes expanding interpretation and translation services, increasing access to video interpretation, supporting digital inclusion through Walsall Connected, strengthening support for unpaid carers and undertaking targeted engagement with LGBTQ+ communities, children and young people, veterans, stroke survivors and ethnically diverse communities. Patient feedback and lived experience continue to inform service redesign, patient information, accessibility improvements and quality improvement programmes across the organisation.

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

- **Ethnicity:** 88% of respondents identified themselves as White British, 6% White and Asian, while 6% declined to complete
- **Age:** 6% were aged 18 to 24, 29% were aged 25 to 49, 35% were aged 50 to 64, 12% were aged 75 to 84, 12% were aged 85 and over and 6% declined to complete
- **Religion or belief:** 71% Christianity / Catholic, 29% declined to complete
- **Sexual Orientation:** 82% Heterosexual. 6% Homosexual and 12% declined to complete
- **Gender:** 71% Female, Male 24% and 6% declined to complete
- **Gender re-assignment:** 82% No and 18% declined to complete
- Relationship status: 65% Married, 6% Single, 6% Living with partner, 6% Divorced, 12% Widowed, 1.9% responded "Other" and 6% of respondents declined to complete
- **Pregnancy:** 65% of respondents were not pregnant at the time of making a complaint, and 35% stated this question was not applicable
- **Birth:** 59% of respondents answered "No" to giving birth in the last 26 weeks, 41% stated this question was not applicable and 6% declined to comment
- **Long-standing conditions:** 53% of respondents do not consider themselves to have a long-standing condition, 29% of respondents do, and 18 declined to comment

*Data relates to data collection where the patient has made the decision to provide this information.

Friends and Family Test

The Friends and Family Test recommendation scores are illustrated in the tables below; these include percentage changes on 2023/24. The Trust’s average recommendation score for 2024/25 was 91% which is a 2% increase on the previous year, and a 5% increase on 2022/23. When looking at the different touchpoints, there is a fluctuation of 21% with scores, ranging between 78% and 99%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2025-26	89	89	90	92	93	92	93	94	81	79	78	83	99	99	98	97
Difference	1	0	2	3	1	0	1	1	0	-6	0	2	0	0	-1	-2
2024-25	88	89	88	89	92	92	92	93	81	85	78	81	99	99	99	99
Response Rate	22.2	19.2	17.4	17.2	15.7	12.9	11.6	10.8	13.1	12.4	12.9	14.9	8.3	4.8	4.6	3.8

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
2025-26	83	87	89	94	94	94	90	90	95	91	87	91	97	93	97	86
Difference	-2	-2	-4	-1	-4	5	0	1	6	3	-3	-3	5	-1	6	-4
2024-25	85	89	93	95	98	89	90	89	89	88	90	94	92	94	91	90
Response Rate	8.6	12.0	11.5	7.2	23.7	22.1	26.8	20.8	30.9	30.5	33.5	18.7	13.1	15.0	12.5	5.0

Patient Involvement

Our Patient Partner programme continues to evolve, led by our Patient Involvement Partners (PIPS) who support inclusive patient engagement across the Trust by ensuring patients and carers are actively involved in shaping and developing services. By reviewing equality impact assessments and other performance data, PIPS ensure opportunities to improve patient experience and service development following feedback and learning are not missed. Over this last year this role has been important to understand reasons for patients not attending appointments and supporting services and specialties to understand and reduce barriers.

Carers’ involvement

The Carers’ Voice forum engaged 26 carers from across the borough, providing valuable qualitative insight to support understanding and improvement across health and care services. Discussions highlighted the emotional and physical demands of caring, with carers describing the role as both rewarding and overwhelming. Strong themes emerged around isolation, lack of recognition, burnout and constant responsibility, with many carers reporting that their role was often unseen or unacknowledged within health and care systems.

Through our engagement with the Carers’ Voice Forum the following priorities for improvement across our clinical services have been identified:

- Recognition and validation of the carer role
- Improved communication and co-ordination across services
- Earlier identification and involvement of carers
- Greater access to respite and peer support
- Better consideration of carers’ own health and wellbeing

Maternity Services

The Nashdom Outreach Project took place between April 2025 and March 2026. The project is a one day per week service provision that provided postnatal support, STORK training, gestational diabetes education, pelvic health education, infant feeding support, and wider wraparound services for women and their families across Walsall communities.

The service successfully engaged women from a broad range of ethnic backgrounds, with the majority residing within the WS1 postcode area. Significant family engagement was achieved through partner and caregiver participation in STORK training sessions, demonstrating the project’s commitment to whole family support.

Key achievements:

- Consistent engagement of postnatal women across diverse communities
- Strong participation from Pakistani, Bangladeshi, African, Indian, Afghan and White British communities
- Significant family involvement through STORK training, particularly from partners
- Expansion of services to include pelvic health education sessions
- Ongoing provision of gestational diabetes education with high attendance throughout the year
- Delivery of additional practical support, including free SIM cards, baby items, and signposting to community services

In September 2026, Maternity will be joining the Perinatal Equity and Anti-Discrimination Programme (PEADP) to help shape equitable care across Walsall



Our workforce profile

Workforce Equality, Diversity and Inclusion Information 2025/26

The Trust workforce equality and diversity information is for the reporting period 1 April 2025 to 31 March 2026. 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 5252 staff as at the end of 31 March 2026, decreasing from 5292 in 2025.

Our workforce is predominantly female (80%), with males representing 20% of employees. The age profile is weighted towards more experienced staff, with Generation X employees (aged approximately 41-65) comprising 58% of the workforce. Generation Y employees account for 26%, Baby Boomers 8%, and Millennials 9%, indicating a relatively mature workforce with a significant proportion approaching later stages of their careers.

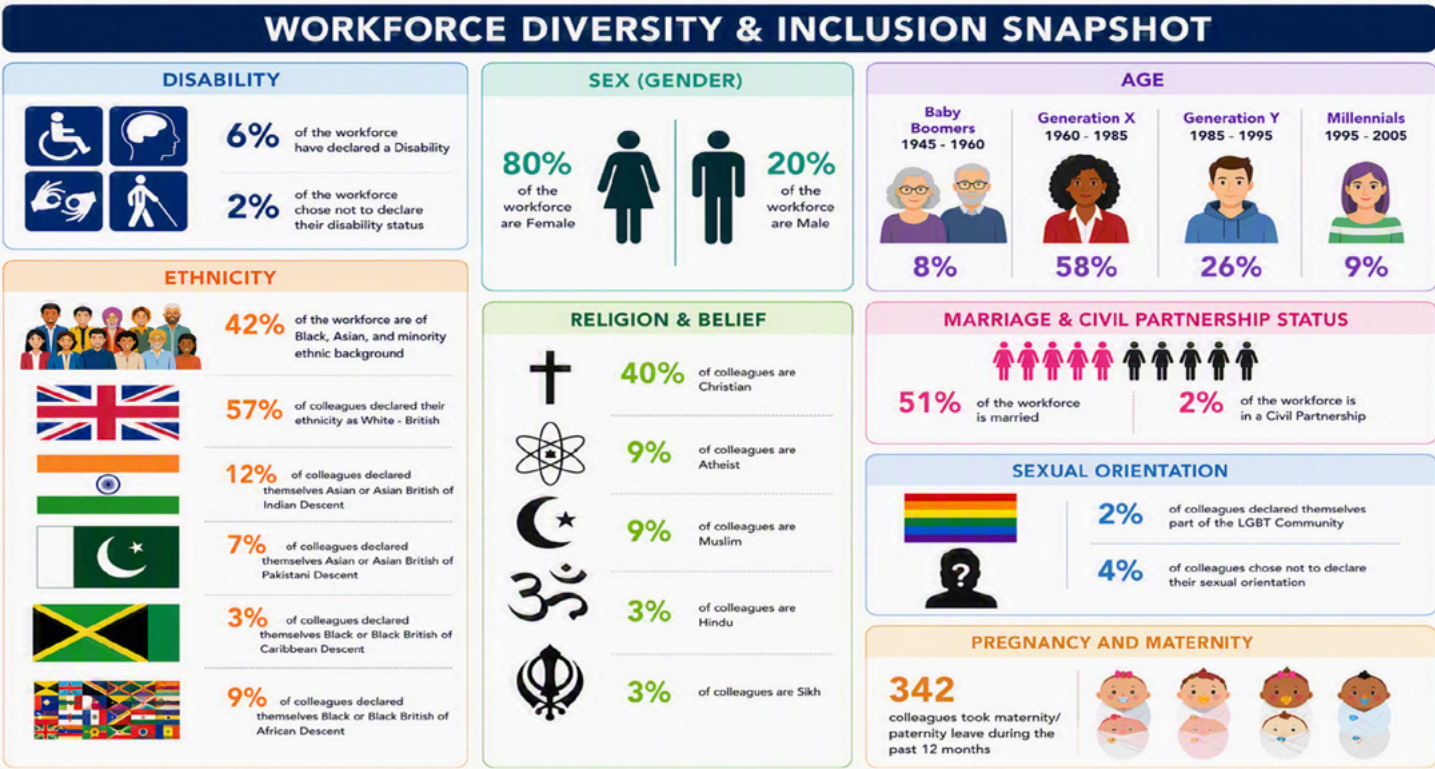
The workforce is ethnically diverse, with 42% of colleagues identifying as Black, Asian and Minority Ethnic (BAME) backgrounds. The largest ethnic group is White British (57%), followed by Asian or Asian British Indian (12%), Black or Black British African (9%), Asian or Asian British Pakistani (7%), and Black or Black British Caribbean (3%).

Only 6% of employees have declared a disability, while 2% have chosen not to disclose their disability status. This indicates opportunities to further promote confidence in disclosure and ensure employees feel supported in sharing disability-related information.

The most commonly declared religion or belief is Christianity (40%), followed by Muslim (9%) and Atheist (9%) colleagues. Hindu and Sikh employees each account for 3% of the workforce, reflecting a range of faith backgrounds across the organisation.

Data relating to sexual orientation shows that 2% of colleagues identify as part of the LGBT+ community, whilst 4% chose not to disclose their sexual orientation. As with disability disclosure, this may suggest an opportunity to strengthen initiatives that encourage openness and confidence in sharing personal information.

The Trust continues to support family-friendly employment practices, with 342 colleagues taking maternity or paternity leave during the previous 12 months, demonstrating a significant number of employees balancing work and caring responsibilities.



Accountability for improved equality, diversity and inclusion experience

In partnership with The Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust continues to focus on strengthening the structure, accountability and oversight of the EDI impact on both patients and colleagues to ensure intentions translate into measurable improvements.

The Trust Board receives regular updates from both the Group People Committee and Group Quality and Patient Safety Committee relating to the progress of EDI priorities. Patient voice and engagement is enabled through the Patient Experience Team and equality impact assessment tools support clinicians and operational managers to understand how services can be shaped to meet the needs of patients with protected characteristics.

Within the workplace, managers play a critical role in equality, diversity and inclusion because they shape the day-to-day experience of employees. Their behaviours, decisions and leadership directly influence whether people feel valued, respected and able to contribute fully at work. Our People Directorate continues to support managers with the capability to create and sustain psychologically safe and inclusive work environments. The Joint Equality, Diversity and Inclusion Group (EDIG) is chaired by the Group Chief Officer for People, Culture and Improvement, providing operational direction and oversight of the Trusts’ progress against EDI priority actions and statutory duties under the Public Sector Equality Duty.

Our Staff Networks have continued to develop over the course of the year and have begun to form joint membership with colleagues from The Royal Wolverhampton NHS Trust to increase participation and strengthen participation in strategic and operational decision making to shape actions which deliver positive impact for our colleagues, patients and service users. Further details reflecting the activities of our Staff Networks can be found on page 29 of this report.

Workforce EDI Context and Strategic Drivers

In partnership with The Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust has continued to focus on national and local EDI strategic drivers including: -

- [The People Promise](#)
- [The RACE Code](#)
- [NHSEI Workforce Race Equality Standard](#)
- [NHSEI Workforce Disability Equality Standard](#)
- [NHSEI Midlands Race and Inclusion Strategy: 6 High Impact Actions](#)
- [Equality Delivery System 2](#)
- [Reducing Workforce Health Inequalities](#)
- [Black Country Integrated Care System Equality Diversity and Inclusion Strategy 2023](#)

Equality Objectives

In 2021/22 the Trust set four Equality Objectives; education, empowerment and support, inclusive leadership, accessibility and embed our Anchor Employer status. These are due to be reviewed in 2026/27 in collaboration with The Royal Wolverhampton NHS Trust and key stakeholders within our local communities and across our workforce.

Equality Objective	Progress
Education, empowerment and support Our objective was to increase representation of staff from Black, Asian and Ethnic Minority backgrounds by 10% within five years.	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 June 2025. 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.
Inclusive leadership To be an anti-racist, anti-discriminatory organisation.	In May 2025, the Trust updated its appraisal process to ensure that an individual Equality, Diversity and Inclusion objective is discussed and agreed between each appraisee and their appraiser. This change reinforces the Trust's ongoing commitment to its published Anti-Racism Statement, which continues to be embedded through a range of EDI initiatives. As part of this commitment, appraisal objectives encourage colleagues to complete all five modules of the Anti-Racist e-learning programme. Currently, 73% of colleagues across the Trust have successfully completed the full training programme.
Accessibility To embed equality analysis into service redesign, improvement programme and governance structures.	In collaboration with The Royal Wolverhampton NHS Trust, we have reviewed and updated the Equality Impact Assessment policy and process to implement a consistent level of practice to support service redesign and improvements. Our future focus will be to develop a mature approach by undertaking equality-informed decision making at every major stage of service development / organisational design as opposed to completing at the end of a programme.
Anchor Employer To develop our anchor employer status by maturing collaboration with partners across Walsall; to support residents to access employment opportunities.	Our partnership with whg and Walsall College continues to identify and support residents of our local population into entry-level roles within both the NHS and wider health and social care roles. Over the next year we will strengthen this work in partnership with The Royal Wolverhampton NHS Trust and identify and progress opportunities via the Integrated Care System to optimise employment opportunities for disadvantaged communities.

NHS Equality Delivery System

The Equality Delivery System (EDS) is a supportive framework developed by NHS England to help NHS organisations make meaningful improvements in equality, diversity, wellbeing, and inclusion for the benefit of both patients and staff. It also helps us respond to the needs of individuals and communities protected under the Equality Act 2010, while supporting us in meeting our Public Sector Equality Duties. The EDS focuses on two key areas - the quality of services we commission or provide, and the health and wellbeing of our workforce. As an NHS provider organisation, completing the EDS is part of our standard responsibilities, and we are committed to engaging in this process thoughtfully.

During 2025/26, the Trust did not undertake a formal EDS assessment. This decision was taken to allow a period of reflection and reprioritisation, ensuring that limited capacity was focused on delivering key organisational priorities, including strengthening core EDI infrastructure, data insights and alignment with regulatory frameworks such as the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). The Trust remains fully committed to the principles and ambition of the EDS and will start up formal assessment in 2026/27, with the intention of strengthening governance, stakeholder engagement and impact.



Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) consists of nine key indicators designed to assess and support progress in promoting equality for Black and Minority Ethnic (BME) staff within the workforce. It serves as a practical tool to help ensure that BME employees are treated fairly, with their skills recognised and nurtured. NHS organisations use the insights gained from WRES data to create and publish action plans aimed at driving improvement. By reviewing the indicators year on year, organisations can track their progress and meet the requirements of the NHS national contract. This also enables our Trust to compare our performance with other Trusts and healthcare bodies across the country:

Key findings include:

Workforce representation. As of 31 March 2026 there has been an overall increase in BME representation across the workforce from 39.48% in 2024/25 to 40.93%. This is most notable in clinical roles of Band 8A and above including Consultant Doctors

Recruitment. The relative likelihood of White staff being appointed from shortlisting compared to BME staff has improved from 1.8 to 1.5, however this remains disproportionate

Disciplinary. The relative likelihood of BME staff enter the formal disciplinary process compared to White staff has worsened from 0.89 in 2024/25 to 2.2 in 2025/26. Over 25/26 there were 25 White staff and 15 BME staff involved in a formal disciplinary process

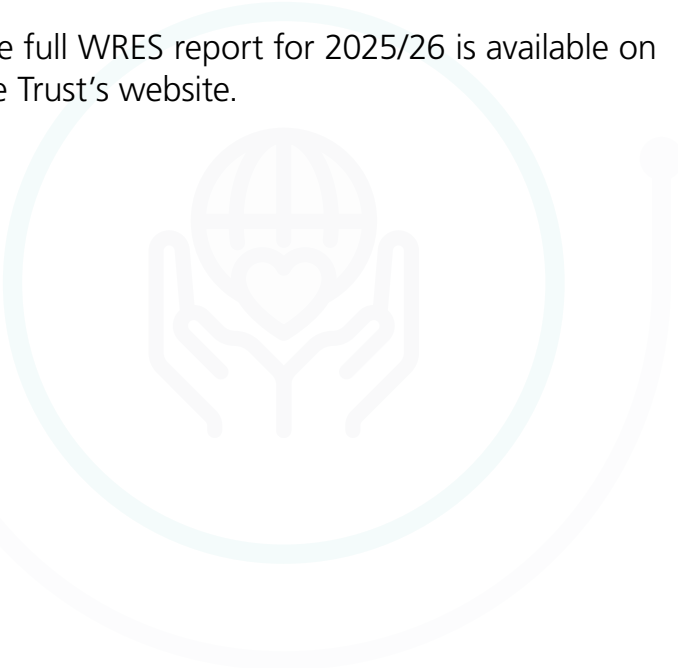
Career progression. Our 2025/26 data reflects that BME staff are more likely to access non-mandatory training and continued professional development compared to White staff, however few BME colleagues believe the Trust provides equal opportunities for career progression or promotion

Harassment, bullying or abuse. 34% of BME colleagues reported experiencing harassment, bullying or abuse from patients' relatives or the public and 26.6% from staff in the last 12 months

Discrimination in the workplace. 6.6% of BME colleagues have experienced discrimination in the workplace from managers or colleagues over the last 12 months. Whilst a slight improvement from 2024/25 this remains a significant area of concern for the Trust

BAME Board membership of 17.8% is an improvement within the year and is better than the national average.

The full WRES report for 2025/26 is available on the Trust's website.



Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan as part of the national contract. Year-on-year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality. Additionally, it allows our Trust to benchmark ourselves on all Trusts and national healthcare organisations.

One of our priority aims for 2026/27 and beyond is to work collaboratively with our colleagues at The Royal Wolverhampton NHS Trust to strengthen the voice of the Disability Staff Network to actively support shaping how we embed high impact actions from the National EDI Improvement Plan into our day-to-day practice.

Key findings include:

Workforce representation. 5.58% of the workforce declared a disability through the NHS electronic record system as of 31 March 2026

Recruitment. The relative likelihood of a disabled job applicant being appointed through shortlisting has worsened from 1.27 to 1.44

Capability. The relative likelihood of a disabled colleague being involved in a formal capability process is zero. This means that disabled staff and non-disabled staff have an equally likely to be in the capability process on the grounds of performance.

Career progression. 40.5% of colleagues with a disability or long-term condition believe the Trust provides equal opportunities for career progression or promotion. This is a significant decline from 51% in 2024/25 and is below the benchmark sector average of 47.5%

Feeling valued. 29% of colleagues with a disability or long-term condition reported they felt valued for their contribution. This is a decline from 35% in 2024/25

Staff engagement. The staff engagement score for colleagues with a disability or long-term condition was 6.5 compared to 6.8 in 2024/25. Despite the decline, the response was better than the benchmark national average

Harassment, bullying or abuse. 33% of colleagues with a disability or long-term condition reported experiencing harassment, bullying or abuse from patients, relatives or the public and 24% from staff in the last 12 months. Whilst these results reflected a slight improvement from 2024/25 they remain a significant area of concern for the Trust

Presenteeism. 32.6% of colleagues with a disability or long-term condition have experienced presenteeism. We have observed an improvement in this metric compared to 2024/25, however against a benchmark national average of 27.19%, more improvement is required

Workplace adjustments. 74.3% of colleagues with a disability or long-term condition have reported that they were supported by reasonable adjustments required to enable them to perform their duties, this an area of improvement since 2024/25 and is above the benchmark national average of 27%

Board representation. Three (Walsall Healthcare and The Royal Wolverhampton NHS Trust) Board members have declared a disability or long-term condition through the electronic staff record (ESR) system in 2025/26. This data is taken from Board membership of both Trusts reflecting a shared Board arrangement

The full WDES report for 2025/26 is available on the Trust’s website.

Gender Pay Gap Reporting

In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish statutory calculations no later than 30 March each year. The information aims to establish the pay gap between male and female employees as of 31 March the previous year.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010

The gender pay gap is a measure of the difference between men’s and women’s average earnings across an organisation or the labour market. It is expressed as a percentage of men’s earnings

The Trust submitted a Gender Pay Gap report based on a snapshot of the workforce as of 31 March 2025. At that time we employed 5292 staff, with a workforce based on of approximately 79.97% women and 20.03% men.

Analysis reflected that women employed at the Trust earned an average of 82p for every £1 that men earned based on median hourly pay for the 2025/26 reporting period, reflecting a median gender pay gap 18%. Women occupied more of the highest paid jobs within the organisation (64.9%) compared to men (35.1%) however 85.7% of women employees were recorded in the lowest paid jobs.

Salaries at the Trust are determined through the national terms and conditions and the NHS Job Evaluation Scheme. Job evaluation evaluates each specific role and not the post holder. The scheme makes no reference to gender or any other personal characteristics of existing or potential job holders. Therefore, the Trust is confident it is paying the same salary to roles of equal value.

Ethnicity Pay Gap

The Trust has reviewed pay information to understand the difference in average hourly pay between staff from Ethnic Minority backgrounds and White staff in terms of potential workforce inequalities and representation across different pay levels. This analysis is distinct from unequal pay (paying different wages for the same job) and will be formally published by the organisation. Workforce data analysed as of 31 March 2025 highlighted that colleagues from a Black, Asian and Ethnic Minority background earn a mean average of £2.89 an hour more and a median average of £1.14 an hour more than White colleagues in the organisation.

NHS Staff Survey 2025

Walsall Healthcare NHS Trust achieved a 45% response rate for the 2025 NHS Staff Survey. This was lower than the 2024 response rate of 54%. The independent analysis by NHS England reflected a national decline in seven of the nine indicators and for the Trust, an overall decline across all nine indicators highlighting there is still much to do as an organisation and as a Group working with our collaborative partner The Royal Wolverhampton NHS Trust to improve the experience of colleagues at work, particularly colleagues with protected characteristics.

Key headlines from the 2025 staff survey include:

Staff Engagement indicator, measured through questions relating to three sub-scores: motivation, involvement and advocacy. Our Trust’s results reflected a decrease in the overall staff engagement score, falling from 6.80 in 2024 to 6.54 in 2025

Staff advocacy levels shows the largest decline, dropping from 6.49 in 2024 to 6.19 in 2025. Staff advocating for patient care has decreased from 54.02% in 2024 to 52.02% in 2025

Staff recommending the organisation as a place to work has declined significantly from 55.78% in 2024 to 50.79% in 2025, which is the lowest score recorded since 2021

Staff morale levels measured via the National Staff Survey show the Trust score declined from 5.87 in 2024 to 5.65 in 2025 reflecting an increase in reported work pressure, alongside a decline in the proportion of staff who feel there are enough people in the organisation to do their job properly.

Additionally, more staff are considering leaving the organisation, 31.76% compared to 28.92% in 2024

Equality and diversity sub score decreased slightly from 8.20 in 2024 to 8.10 in 2025 with colleagues from Black, Asian and Minority Ethnic backgrounds reporting disproportionate experiences of discrimination in the workplace from colleagues and from patients, relatives and members of the public compared to white colleagues

Inclusion sub score decreased slightly from 6.70 in 2024 to 6.65 in 2025, reflecting a higher proportion of colleagues from Black, Asian and Minority Ethnic backgrounds feeling less valued by the organisation compared to White colleagues

Staff voice

Staff Networks

Over 2025/26 the development of three Trust-initiated networks has been supported alongside widening access to four other networks operating across both Walsall Healthcare and The Royal Wolverhampton NHS Trusts.

At Walsall Healthcare NHS Trust our BAME, LGBTQ plus and Women and Allies Networks have continued to evolve, supported by the appointment of new network Chairs and Deputy Chairs. Working in collaboration with The Royal Wolverhampton NHS Trust, colleagues from both Trusts are able to access the Disability and Long-Term Conditions, Neurodiversity, Armed Forces and Carers’ Staff Networks.

Staff Network	Staff Network	Key progress / activities over 2025/26
Black, Asian and Minority Ethnic Staff Network	Chair: Sonia Chand	Continued focus on Zero Tolerance to Racism Campaign Celebrations for Black History Month, Race Equality Week, Windrush and South Asian Heritage Month Working jointly with Wolverhampton BAME Staff Network where possible
LGBTQ + and Allies network	Chair: Cindy Wright	Mutual support to colleagues who encounter negative attitudes and behaviours Dissemination of information to members on local LGBTQ+ inclusive events, resources and social activities. Integration with Wolverhampton network colleagues to create a more collaborative approach to LGBTQ+ education
Women and Allies Network	Chair: Vacant	Achieved accreditation as a Menopause Friendly Employer Reviewed and updated Menopause at Work Policy Trained menopause advocates and trainers across the Group
Disability and Long-Term Conditions Network	Chair: Vacant	Raising the profile of Disability and long-term conditions through regular spotlight at meetings and support of National awareness days/ weeks e.g. Deaf Awareness Week, Mental Health and Wellbeing, and Disability Awareness Month Continue to promote recording of D<C status on ESR

Staff Network	Staff Network	Key progress / activities over 2025/26
Armed Forces Staff Network	Chair: Adam Willis	Celebrated Armistice Day and Armed Forces Day allowing employees, where appropriate, to wear their uniform at work Celebrated the anniversary of VE Day involving and educating staff not currently involved in Armed Forces Building relationships with neighbouring Trusts and local organisations such as Wolverhampton Council and Walsall Council and local Regiments Support Walsall Healthcare NHS Trust to achieve Gold Employer Recognition status
Neurodiversity Network	Chair: Kim Kinsella	The group works across both Walsall Healthcare and The Royal Wolverhampton NHS Trusts and has focused on growing membership and providing a supportive, safe space for neurodivergent employees. This work will continue to ensure there is inclusion and a feeling of community Future work involves increased education around neurodiversity and how conditions co-occur. This includes strengths, challenges and adjustments that can be made to reduce barriers for neurodivergent employees

Equality Impact Assessments (EQIA)

A new EQIA process has been developed to provide consistency across both Walsall Healthcare and The Royal Wolverhampton NHS Trusts with the aim of maturing the organisational approach to equality-informed decision making.

The purpose of the EQIA is to analyse the potential or actual differential impacts of; service changes, improvements or redesign or policy, procedure or process on different groups of people. Our EQIA process requires the document author to analyse the protected characteristics under The Equality Act 2010. By reviewing against the protected characteristics, we are able to ensure that changes to services or policies, procedures and processes promote equity for our people and eliminate discrimination. The audit process to understand the impact of the updated EQIA process and identify training needs will be reviewed to seek assurance of compliance against the updated policy.

Spiritual and Pastoral Care for our people

Spiritual and Pastoral Care support is available to staff as well as patients and their families. During 2025/26 the team continued to ensure that staff are aware of the support and facilities available to them through spiritual and pastoral care provision. Staff continue to use the Multi Faith spaces for prayer / quiet reflection / breaks and have been able to provide valuable feedback relating to how these spaces could be further improved. The team has continued to meet with staff whenever support is requested as well as seek to be visible and available across all sites to enable informal contacts.



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو، براہ کرم پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.



**Care Colleagues
Collaboration Communities**