

EQUALITY REPORT January 2016



Where
EVERYONE
Matters

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Executive Summary

This document is the Trust response to the Public Sector Equality Duty requirement to publish Equality monitoring data of our workforce and service users and to show how we are:

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

The New Equality regulations require us to publish 'relevant, proportionate information demonstrating our compliance' annually and to set and publish 'specific, measurable equality objectives' every 4 years.

Equality and Diversity is a corporate function and remains a key priority of the Trust we are compliant with the Care Quality Commission, the Equality, Diversity and Human Rights (EDHR) Public Sector Duties and with current Equality Legislation.

The Trust has made significant progress over the years in ensuring that the well-being of patients, visitors and staff remains central to all of its functions. We aim to consistently provide quality health care that meets the needs of our local communities and make sure that the services we offer are inclusive. Our staff work hard to create an environment which ensures equal access regardless of age, disability, gender, religion or belief, ethnic background, sexual orientation, gender reassignment, or socio-economic status.

As an employer, we ensure that our staff are kept informed, involved and are competent and confident in delivering the services we provide. Through proactive leadership we support and promote equality and diversity to ensure that our staff can work in environments free from discrimination.

As a service provider, we ensure that the needs of our patients inform the provision and delivery of our services, with the adoption of the equality delivery system² template. Our engagement agenda provides us with the opportunity to listen, act and learn whilst enabling our service users to be involved and have confidence in what we do.

Whilst we have been able to demonstrate compliance through our achievements and ongoing progress with the equality agenda we cannot become complacent. We have a number of projects and future actions to undertake that will ensure we remain steadfast in our resolve to achieve better health outcomes for all and reducing the health inequalities experienced by many groups within our communities.

The Trust Board is committed to developing ever more consistent links into our local communities, working with voluntary sector, faith, and grassroots organisations. The development of our governing body and the expansion plans we have for our charitable foundation will also reinforce this work.

Public Sector Publishing Obligations

In accordance with Public Sector Equality Duty requirements we have to provide information on our workforce and patients around the following protected characteristics:

- Ethnicity [Race]
- Disability
- Age
- Religion or belief
- Sex
- Sexual Orientation
- Gender Reassignment
- Pregnancy & maternity
- Marriage & Civil Partnership

Public Sector Equality Duty

Equality Report

Section one: Overview

1.1 Introduction

The Trust is committed to achieving equality and inclusivity both as an employer and as a provider of services. We are determined to ensure that our policies and practices meet the needs of all service users as well as those of our staff. We will publish our equality assurance and objectives on our websites and in print format on request.

Organisation Profile

Sandwell and West Birmingham Hospitals NHS Trust is an integrated care organisation. We are dedicated to improving the lives of local people, to maintaining an outstanding reputation for teaching and education, and to embedding innovation and research.

Our teams are committed to providing compassionate, high quality care from City Hospital on Birmingham's Dudley Road, from Sandwell General Hospital in West Bromwich, and from our intermediate care hubs at Rowley Regis and at Leasowes in Smethwick (which is also our stand-alone Birth Centre's base). The Trust includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as the Pan-Birmingham Gynae-Cancer Centre, our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City. Inpatient paediatrics, most general surgery, and our stroke specialist centre are located at Sandwell. We have significant academic departments in cardiology, rheumatology, ophthalmology, and neurology. Our community teams deliver care across Sandwell providing integrated services for children in schools, GP practices and at home, and offering both general and specialist home care for adults, in nursing homes and hospice locations.

Sandwell and West Birmingham employ around 7,500 people and contains some of the most diverse localities within the West Midlands and is considered one of the most diverse urban areas of Britain (Office for National Statistics). The Trust is responsible for the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell.

Committed to public health and local regeneration

We are a key partner in efforts to change the shape of care in our area. The 'Right Care, Right Here' partnership has now run for ten years. Our intention is to provide substantially more care at home and rely less on acute hospitals. We aim to move 350,000 appointments out of traditional settings and close a further 20% of our hospital beds, as we have safely closed 25% over the last ten years. Whilst most of the programme involves investment in GP surgeries and health centres, we still plan to relocate our acute care into a single purpose built hospital. A site on Grove Lane in Smethwick has been purchased for this purpose, following public consultation in 2006. Our plans were approved in 2014-15 and we will open our new facility (Midland Metropolitan Hospital) in 2018-19. The new hospital will act as a major employment opportunity for local people and is part of a wider scheme to develop the area adjacent to the site.

Our training and education team are outward facing in sourcing the workforce we need for the long-term. We have a very active programme of apprentices and school experience joint working. We are partners in the Sandwell University Technical College development. More widely we work closely with Birmingham City University, Wolverhampton University, Birmingham and Aston Universities. The Learning Works is our community-based recruitment and training resource.

During 2014-15 we published our Public Health and Community Development strategy, which outlines the contribution we currently make and plan to make to tackling the underlying causes of ill-health in the communities that we serve.

Trust Vision

Our vision is to help improve the health and wellbeing of people in Sandwell, Western Birmingham and surrounding areas, working with our partners to provide the highest quality healthcare in hospital and closer to home.

We have been working on our 2020 vision since 2014 with teams and services, clinicians and managers, having time to consider and develop their ambitions and plans for transforming the care they provide. Starting with our leadership conference in 2014, workshops, surveys and other tools have allowed us to test and refine the ideas of our staff, and to engage patients in developing ideas.

In July 2015 we launched our draft vision for care in 2020 and engaged with staff, patients, stakeholders and third sector organisations to gain their views. Our 2020 vision now reflects that feedback.

Our eight clinical groups have worked through how they can support each other's plans. This work has led us not just to choices about priorities but also to a descriptive series of patient stories showing how care models will change. In many cases most care will be delivered in the same way, and certainly to high quality standards but in all sorts of ways we expect to change the coordination of care - joining up more effectively with patients and their relatives, with GPs and other care partners, and across our own organisation, between sites and specialties. This coordination is a seven day a week ambition.

Our detailed plans will evolve as time moves on but the direction of travel is clear and consistent, in line with this 2020 vision. We want to take a lead role in disease prevention. We aim to provide care for long-term conditions in different ways and in partnership with GPs. Acute hospital care will be specialised and centralised for excellence and long term rehabilitation and social care will be part of what we do, working alongside others to meet the changing needs of our population.

Trust Values

The Trust vision is underpinned by its values and as an employer and provider of services we pride ourselves in being;

- Caring and Compassionate
- Accessible and Responsive
- Professional and Knowledgeable
- Open and Accountable
- Engaging and Empowering

The Trust annual report published in September 2015 set out our priorities and our achievements to date. For more information about our Trust please view a copy of our annual report and annual plan at: <http://www.swbh.nhs.uk/our-trust/annual-reports>

1.2 **Public Sector Duty**

The Equality Act 2010 places a Public Sector Equality Duty [PSED] on public bodies and others carrying out public service functions. The aim is to embed equality considerations in the day-to-day work of public bodies. It requires us to consider how our activities as an employer and our decision making as provider of services, affect people who share different protected characteristics.

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- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race, including ethnic or national origins, colour or nationality
- Religion or belief
- Sex
- Sexual orientation

The Equality Duty has three main aims which are to:

- 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.

Regulations came into effect in September 2011 requiring all public sector bodies to publish 'relevant, proportionate information demonstrating compliance' and to set 'specific, measurable equality objectives'. As an NHS organisation we are required to:

- Publish a report annually which explains how we achieved the general duty and provide information about people who share a 'protected characteristic'.
- Publish our Equality Objectives by 6 April 2012, which will include a plan of what we intend over the next four years.

1.3 **Key Achievements**

Over the last few years we have introduced a number of initiatives and measures to improve the experiences and outcomes for our patients and staff. These include:

- Introduction of designated Baby feeding facilities.
- Introduction of our Customer Care Promises.
 - To improve patient confidence and experience in our care delivery
- In-house patient experience surveys across all clinical settings.
 - To ensure that our services meet the needs of our patients
- Improved Signage and accessibility to our buildings, wards, departments and car parks.
 - Enabling equal access to all our patients, visitors and staff

- Introduction of Website access and route plans to our hospitals and departments via 'DisabledGo' website, the link is on the Trust website.
 - Our patients and visitors are able to view and print off the route to their destinations within the hospital, at home
- Improved access resources/equipment for identified equality patient groups, e.g. disability, other disadvantaged groups.
 - Ensuring that our patients and visitors can access appropriate wheelchairs, hearing loops, lowered reception counters, information kiosks, PALS
- Language Line and face to face interpreters via our Interpreting Services.
 - Introduction of an in-house trust bank service offering interpretation of the top 10 languages.
 - Ensuring our patients are involved with their treatment and care, and confident in their decision making.
- Initiatives to improve our services to vulnerable adults and those with dementia and Learning Disability.
 - Introduction of dementia-friendly wards.
 - Appointment of activity coordinators to interact with dementia patients.
 - Appointment of Learning Disability Liaison Nurse
 - Each clinical area have 'The Hospital communication Book' designed by the Clear Communication People Ltd, to improve patients care, confidence and safety.
- The successful integration of the Community Services into the Acute Trust.
 - Enabling a seamless approach to care and service delivery for all patients.
- Increased staff awareness of Equality, Diversity and Human Rights agenda via our in-house training programmes (98.19% of our staff have received training to date).
 - Equality, Diversity and Human Rights training is now included in the Trust Mandatory Training programmes to ensure that all staff access the training.
- Host staff Equality and Diversity conferences
 - We have hosted two Equality and Diversity conferences for staff as part of our awareness campaign. Staff feedback included statements such as:
"Should be a must for all Trust employees"
"Pt experience stories – excellent and powerful"
"Excellent content - Very thought provoking"
"Very informative and an eye opener for those who feel they have no issues"
- Improved patient menu choices
 - Our patient and community engagement enabled us to improve the food we provide for our patients.
- Improved the diversity of our chaplaincy/spiritual care team
 - We have appointed our Faith Specialist Chaplains for Sikhs and Muslim women and children
 - We have introduced a 'Bank of Locum chaplains' to enable to provide a wider range of faith specialist chaplain's e.g. Buddhists and black Christians.

To ensure that the diverse needs of our patients and staff are integrated into our work at all times we have in place:

- The commitment of the Trust Board.
- Continuous improvements of policies and practices based on our Ward and departmental reviews.
- Our equality delivery framework ensuring monitoring and regular reporting.
- Effective community engagement activities.

- Equality Impact assessments of our policies, services and functions.
- Continuous roll out of the Equality Delivery System (EDS2).
- Introduced a Cultural Ambassador programme
 - The aim is to ensure fairness in how BME employees are treated in formal processes.
 - Ambassadors will act as mentors to affected employees and join panels for formal processes.
 - They will work alongside our new investigations unit for disciplinary and grievance procedures.

Section Two – Equality Activities

The Trust wants to support its local communities by providing quality health care that meets their needs, by making sure that the services we offer are inclusive. We work hard to create an environment which ensures equal access regardless of age, disability, gender, religion or belief, ethnic background, sexual orientation, gender reassignment or socio-economic status.

2.1 Equality Delivery System

Sandwell and West Birmingham Hospital Trust adopted EDS2 as a framework to deliver better outcomes for both staff and service users and embed equality into our mainstream activities. The EDS2 is intended to help us with the analysis of our equality performance that is required by section 149 of the Equality Act 2010 (the public sector equality duty), in a way that promotes localism, whilst helping us to deliver on the NHS Outcomes Framework, the NHS Constitution and the Human Resources Transition Framework. It also will help the Trust to continue meeting the Care Quality Commission's (CQC) 'Essential Standards of Quality and Safety'.

The Equality Delivery System2 (EDS2) is a set of nationally agreed objectives and outcomes comprising of 18 outcomes grouped under the following 4 goals:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

We grade our equality performance against the EDS goals Red Amber Green rating below:

- | | | |
|---------------|---|--------|
| ➤ Excelling | - | Purple |
| ➤ Achieving | - | Green |
| ➤ Developing | - | Amber |
| ➤ Undeveloped | - | Red |

2.1.1 Implementation

Effective implementation is vital to the success of the EDS2 and the Trust is committed to achieving positive outcomes through this process. As part of the implementing and embedding the EDS2, we held a number of stakeholder events, recruited and trained 'Lay Assessors' across the Birmingham and Black Country region and have developed our own Trust 'Local Interest Group'. The Trust holds the Lay Assessor database which Black Country NHS organisations can access on request.

In partnership with our Local Interest Group we undertake assessment workshops with service leads and staff members as part of the Trust initial equality performance analysis. This work resulted in the development of our Strategic Equality Objectives.

A great deal of activity is taking place to support the implementation of EDS2 within the organisation.

2.1.2 **EQUALITY AND DIVERSITY SCHEME OBJECTIVES**

Building on discussion held by the Board to date we have framed our plans against the four components of the national scheme. That scheme will form a contractual obligation on the NHS in 2015-2016. The italicised materials are the things that we will do.

Better Outcomes

As a trust we are committed to ensuring better health outcomes for all patients. We have a growing portfolio of data that demonstrates progress on this journey. What we need to be undertaking is an analysis against key protected characteristics, triangulated with our outcome data. This will demonstrate to us whether we are having an equitable impact and whether we need to concentrate efforts in a different way. We know that patient feedback via complaints or surveys does not demonstrate any real variation, this needs to have continuous monitoring as we embrace E&D further. In particular we need to ensure that we are acting to provide an acceptable environment of care for people who are deaf or visually impaired.

This data will be made available monthly to the CLE equality committee.

Improved patient access and experience

The crucial element is for us to concentrate on actively valuing and supporting diversity, not simply ensuring that we comply with legislative minimum standards. We need to do this without creating any undue preferences, or discrimination or tokenistic gestures. Patients, visitors to the trust and our staff should be able to feel and talk about our inclusiveness in this context

We currently collect data about the patient populations who access our services. The use of outpatient kiosks will be our vehicle to improving patient data from quarter 3 this year. We then need to use this data to explore how people with the protected characteristics access and use our services.

We will agree a specific quarterly audit programme as part of our clinical and internal audit work for 2015-16. Where possible we will secure experts by experience from local groups to audit with us.

A representative and supported workforce

We have strong trade union representation on E&D, particularly through the Royal College of Nursing and that has given rise to the Cultural Ambassadors programme which started during September. The aim is to ensure fairness in how BME employees are treated in formal processes and to have ambassadors who will act as mentors to affected employees and join panels for formal processes

Our BME ambassadors pilot has now commenced and will run until autumn 2015.

To ensure that we have a full understanding of the diversity of our staff groups we will undertake towards the end of 14-15 a one off ESR data validation, this will help us describe directional changes we need to make in creating a talented workforce for the future.

The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.

Our workforce includes those people from our community who volunteer in the Trust, as we develop our voluntary services programme we will actively recruit not just for the values, skills and attributes they bring but also make due consideration about how we can make best use of their protected characteristics, e.g. cultural variations, language.

Our volunteering plan will reflect the opportunity to reach communities hitherto excluded from employment within the Trust.

In order to ensure that our workforce is able to reflect the characteristics the law protects and our population contains, we will look again to support peer groups in each of the nine characteristics. Presently we have one such group. Learning from past failures, this will be on the basis of supporting enthusiastic individuals with time off, rooms, material, rather than trying to 'corporatise' their work.

By the end of 2015 we expect to have groups covering each characteristic within our organisation.

Inclusive Leadership

The proportion of band 8 and above senior leaders in the Trust with a protected characteristic rises to closely align to the workforce profile and to local demographics over a three year period. To help achieve this we will ensure that staff at all grades have access to the necessary preparatory training opportunities to help them achieve their career and leadership goals.

A specific programme of peer group mentorship will be put in place during 2014-15.

Finally, we have work to do to give a voice or platform to both individuals in senior roles from traditionally excluded backgrounds, and to issues faced by those with protected characteristics. Bearing that in mind, we will explore how we can:

- *On a monthly basis, focus events and communication on specific protected characteristics in our population.*
- *Ensure much greater visibility within our promotional and staff communications material for the genuine diversity we have in our midst at a senior level.*

Measures of Success (to be included in annual plan 2015-16)

- i. The Trust can demonstrate progress on EDS2 scoring over a two year period, with role-model teams reaching the highest ratings over time and no red rating being judged in 2016-17.
- ii. The Trust successful bids for accreditation in this field from relevant bodies (NHS Employers, Stonewall etc.)
- iii. Patient feedback demonstrates that we have actively engaged with them and that no complaints are received in relation to discrimination.
- iv. Staff with key protected characteristics have access to and receive training to support their career and leadership aspirations. The leadership cadre of the trust mirrors closely the protected characteristics of the population we serve by 2016/17.
- v. The proportion of band 8 and above senior leaders in the Trust with a protected characteristic rises to closely align to the workforce profile and to local demographics over a three year period.

2.1.3 Equality Performance Assessments

In the first phase of the Trust EDS2 rollout programme we have successfully completed 23 service areas 3 of which have now been fully rag rated in accordance with the EDS2 toolkit. The assessments have been very successful in terms of local engagement - our last RAG rating panel workshop comprised of 15 local people representing majority of the Protected Characteristics.

2.1.4 Grading Outcome

The Services that have gone through the formal RAG rating workshops (Local Interest Group) have been graded as Amber (developing) or Green (Achieving), where there are Red (underdeveloped) ratings, action plans have been developed to address issues/concerns. The ratings illustrate that compliance within the equalities agenda is visible however there is no room for complacency as there is much work to be done.

Our Equality delivery Framework is monitored by a sub-committee of the Trust Board, the Public Health, Community Development and Equality Committee chaired by the Trust Chairman. There are three subgroups, each chaired by a senior manager, reporting into the Public Health, Community Development and Equality Committee;

This structure provides leadership, monitoring and reporting functions to give assurances to Trust Board. It also supports the organisation in the development and promotion of good practice in equality and diversity as a service provider and employer. Minutes of the meetings are available on request.

In April 2010 the Equality Act was published with a phased implementation to commence in October 2010.

A gap analysis has been completed to determine how the Trust complies with the new arrangements. The results showed that overall the organisation was able to meet the requirements of the legislation and where it was not able to demonstrate full compliance an action plan was developed. The actions were embedded into the appropriate existing action plans to ensure the issues were addressed and rectified at service level.

2.2 Training

Board Training: Equality and Diversity awareness and training has been part of the Board's development program, this has included workshops by external equality consultants such as Equality Works.

Staff Training: We have included Equality, Diversity and Human Rights training in the Trust Mandatory training programmes and it also forms part the Trust Personal Development Review (PDR). The programmes are designed in line the Knowledge and Skills framework (KSF) and delivered by the Equality and Diversity team. The content incorporates awareness of Dignity in the workplace, including the legal, moral and social duty to promote Fairness, Respect, Equality, Dignity and Autonomy (FREDA) in line with the Human Rights principles.

Other training such as Corporate Welcome, Conflict Resolution, and Customer Care also incorporate and discuss the principles of equality and duties in relation to behaviours and attitudes. The Training Focuses in particular on identification of discrimination, victimisation and harassment and the processes in place to support the elimination of such behaviours and practices in the workplace.

The E&D Advisor has developed bespoke training programmes aligned to the KSF Core dimension 6 levels 1 & 2 and 3 & 4. The level 1 & 2 programme is aimed non clinical staff at bands 1 -4 and clinical staff at bands 1 – 5 and the level 3 & 4 programme is aimed at all other staff within the organisation to ensure that equality and diversity is embedded into the core business areas of the Trust. The training will assist managers in supporting staff, challenge discrimination and develop an equality friendly environment.

E&D provides individual support to managers in undertaking Equality Impact Assessments and evidencing the Equality Delivery System² within their areas.

The E&D Advisor is visible across the organisation providing support, advice and specialist information to staff. We provide team based training in clinical areas and departments, individual staff support as well as guidance to facilitate changes to improve the wellbeing of our patients and staff.

2.3 Equality Impact Assessments

We undertake Equality Impact Assessments (EIAs) on all new and reviewed policies, services, functions and transformation schemes.

Some of the outcomes from our EIAs have been highlighted previously in our key achievements. These have resulted in improved access and experiences for our patients and staff.

Embedding the practice of conducting equality impact assessments is ongoing to ensure that we continue to provide services and practices that meet the needs of all patients and staff. It also enables us to continuously promote equality and challenge discrimination both as an employer and as a service provider.

2.4 Patient Engagement

Along with our patient surveys this activity provides one of the most effective ways to capture genuine and meaningful information which is important to each community. It provides powerful feedback that can influence the way the Trust provides its services, interact with individuals and create environments where people feel valued, respected and at ease. It also helps to build staff confidence and competence when caring for their patients.

2.4.1 Patients

To support our engagement processes for patients, we have

- Patient Experience Surveys
- Patient Advisory Liaison Service (PALS)
- Equality & Diversity Local Interest Group

Patient Experience Surveys

We seek feedback from our patients about their experiences of care by using various methods which include surveys on a tablet PC, paper-based surveys, large-font pictorial surveys, telephonic feedback, phone SMS texts and staff directly talking and listening to patients and carers informally. Majority of our surveys are voluntary and anonymous. This provides us with a wealth of information on their experience in relation to Privacy and Dignity, our Doctors, Nurses and other staff, Ward Environment, Treatment and Care, Food and Drink and overall recommendation ratings. The information collected helps the wards and departments to identify areas for improvement and celebrate good practice.

Our local Adult Inpatient Experience Survey, which is conducted throughout the year, showed that 97% of patients surveyed rated their care as either 'Excellent' or 'Good'. The survey also highlighted that 98% of the patients felt they were given enough privacy when being examined or treated and 95% said they were always treated with respect and dignity. About 86% patients said that staff listened to their worries and fears and 94% felt that staff was kind and caring. Around 98% of patients thought that Patient Safety Standards were given high priority at our hospitals. The Trust's inpatient Friends and Family test has been achieving recommendation scores between 93% – 95% through Jan – Dec 2015. The Staff and Patient Experience Committee (SPEC) provide guidance and assistance to the Clinical Groups and Departments to monitor and make improvements in their areas.

The Trust also participated in National NHS Surveys as below:

- National Inpatient Survey conducted between September 2014 and January 2015.
- National Maternity Survey conducted between April and September 2015.
- National Children and Young People's Inpatient and Day Case Survey conducted between September 2014 and February 2015.

Details of the characteristics of the patients who responded are attached as **Appendix 1**.

2.4.2 Employees

Employee's at all levels within the Trust are responsible for ensuring that their behaviour is consistent with our values, customer care promises and associated Trust policies and guidance. All managers are responsible for maintaining the equality principles within their areas and ensuring all equality issues are effectively managed. Employees are made aware that it is the responsibility of all individuals to promote equality and avoid discrimination in their practices and behaviours.

Throughout the Trust there are a number of engagement methods used to ensure employees are informed, engaged, have their views heard and able to influence. These include initiatives such as daily electronic Staff bulletins, Monthly Hot Topic meetings chaired by the Chief Executive or other members of the Executive team, Staff Magazine, local departmental meetings. Staff views are also sought via staff surveys and other consultations taking place within the Trust.

2.5 Student Nurses

Sandwell and West Birmingham Hospitals NHS Trust offer clinical placements to students from various different healthcare programmes at local universities.

Student groups are varied and placements are offered regardless of:

- Age – Students' ages can vary from 18 years old up to the more mature student.
- Disability – we support students on placement who may have a physical disability or a learning disability. Reasonable adjustments can be made within practice areas.
- Gender Reassignment.
- Marriage and Civil Partnership.
- Pregnancy and Maternity – we support students on placement who are pregnant using risk assessment processes.
- Race, including ethnic or national origins, colour or nationality – our student groups are varied in relation to the above.
- Religion or belief – individual student religious needs or concerns are discussed and supported.
- Sex.
- Sexual orientation.

The trust have a practice placement team who provide support and advice to students on placement.

2.6 Volunteers

Sandwell & West Birmingham Hospitals NHS Trust is developing its network of volunteers to support the Trust and its patients and visitors in a whole host of activities. We want you to join the team. Our volunteers provide invaluable support and make a real difference to people's lives. We want to grow our team. There are a range of ways that you can be involved in volunteering including:

- Mi Way - Way-finding: helping direct people through the Trust's sites, buildings and facilities; helping people check-in for their appointments, accompanying people to their appointments
- Mi Day - Recreational activities: helping people take part in activities while they are being cared for by our services
- Mi Plate - Mealtime assistance: helping people at mealtimes who may need assistance either in hospital or in the community

2.6.1 Where are we now?

A robust recruitment process is underway which will result in volunteers joining the service to be deployed across the Trust to support way finding [at check in kiosks] and provide support for patients in the inpatient settings [support with nutrition, reading etc.] (Monitoring data can be found at **Appendix 2**).

2.6.2 Intentions for 2016 and beyond

- To work with the community

Volunteers offer a significant contribution across all disciplines not only to support staff in their endeavours but also as a means to share experiences and expertise and 'to give' back to the community at large. We will ensure this by making our message of involvement clear on our website and by ensuring use of appropriate social media. Also by entering into partnership with school and colleges about the opportunities to volunteer

- To be inclusive

SWBH NHS Trust serves a large and diverse population and consequently our volunteer service needs to reflect this and it is our intention to ensure that our volunteer colleagues are proportionately representative of the community we serve in order to gain the maximum benefit and enhance patient experience. We will achieve this by actively engaging with community groups and organisations to seek their support in identifying ways that will encourage people to want to work with us.

- To value our volunteers

When people take the time and trouble to offer her time to us we need to make sure this is recognised and appreciated. We will make sure that our substantive staffs recognise their part in appreciating volunteers. We will also hold regular updates for our volunteers on matters of interest/development. Working with our partner volunteers i.e. Agewell, cancer services, stroke etc. we will hold regular updates to share ideas and developments and to develop a recognition award for the volunteers.

- To be responsive

The success of volunteers depends upon true partnership between the Trust staff and those people who offer their time as volunteers. We will work with Clinical groups and divisions to seek the views/needs from a volunteer service to make sure that we are all engaged in the same effort.

2.6.3 What does success look like?

Success will relate to the number of people we have recruited to volunteer and the length of time they continue to volunteer with us. The latter relative to the volunteer's motivation to volunteer.

A milestones and targets plan is drafted but in summary our measure of success would be that by 1ST January 2018 we would see:-

- Increase the complement of volunteers in the Trust deployed through the various Mi themes
- Volunteer support available 7 days a week through the various mi themes
- Weekly recruitment interviews with volunteers joining us every month
- Monthly updates to volunteers programme
- Volunteers supporting carers with patients in our care
- Volunteers in community settings supporting patients in out of hospital settings
- A volunteer workforce representative of the population served and of the protected characteristics
- A volunteer complement that when benchmarked with comparative Trusts has equal if not more than neighbouring Trusts
- A minimum of 30 regular volunteers in each clinical group depending on size and purpose

2.7 Community Engagement

The Equality & Diversity team 'outreach' to a wide variety of community groups with sessions held in the community. People attending are asked to give their views on the care they have received with a particular emphasis on them as individuals. There is an acceptance by respondents that it would be an impossible task for the hospital to meet their individual needs and this is taken into consideration in their responses.

The feedback is reported through our Clinical Leadership Executive committee and to the individual managers where actions to address where possible. Questions asked are categorised into four areas; Hospital meals/food, Privacy and care, Environment/Cleanliness and Communication/language.

The information has already influenced a number of our key achievement outcomes for our patients and visitors.

During 2015 the Trust set up its first community engagement network, a network of SWBH staff who engage with different parts of the community. The group has had representation from equality and diversity, volunteering, maternity services, community children's services, learning and development, corporate nursing, fundraising, membership and staff side.

The purpose of the network is to share community connections so that the Trust can be more engaged in the diverse communities that we serve and to plan community engagement activities. Through the network Sandwell & West Birmingham Hospitals NHS Trust has engaged with a number of community groups, representatives and projects including the Health Lottery funded schemes supported by Aspire and Succeed for the Lozells area.

We have also worked with groups to identify work experience, volunteering and apprentice opportunities within the Trust.

The network has set its 2020 vision for community engagement and has identified some key ambitions. In 2020 we will:

- Have strong links with all established and transient community groups within the Sandwell and West Birmingham areas
- Have a vibrant, large group of volunteers who are active and reflect the local community, with particular involvement from BME groups and new communities
- Have an engaged membership that involves people from all of the community groups that we serve as well as meaningful patient networks
- Have a membership that is in contact with all areas of the Trust's work
- Have no cultural barriers for people who want to work with us or people who need to access our services
- Be renowned among Sandwell and West Birmingham community groups as a Trust that engages and gives back to the community, actively supporting health and wellbeing
- Have routes to learning and employment for people from the community who currently find it difficult to work with us
- Know we are succeeding because the community will tell us so.
- Have an embedded annual events programme designed around the needs of different communities

Our priorities for the year ahead are to:

- Promote the community engagement 2020 vision to colleagues within the Trust and externally
- Establish a programme of internal volunteering where every member of staff is able to volunteer for one day per year to support the local community

2.8 SWBH Learning Works

SWBH Learning Works aims to help and support local people to enhance their employability through a range of different pathways, work experience, apprenticeships, traineeships and volunteers.

Launched in 2013, The Learning Works has been a true example of local partnership, working closely with a number of local organisations in the West Midlands including Sandwell Council, Jobcentre Plus, Soho & Victoria Friends & Neighbours Group and The Sandwell guarantee.

The Learning Works offers hundreds of Apprenticeships and Work Experience placements to local people and helps them get into jobs. People who are enrolled on these programmes have the opportunity to work in the Trust's hospitals and have a taste of what it is like to work in the NHS.

The Learning Works also signposts to other job related self-improvement locally, as well as offering support and direction on a range of work experience, apprenticeship, volunteering and adult learning opportunities in support of individual's aspirations to become a member of the Trust's workforce. To date, more than 70% of those undertaking work experience and pre-employment training with the project are now in full time employment and 92% of apprentices have gone on to gain employment. Many apprentices have said that the apprenticeships have boosted their confidence and inspired them to pursue careers in healthcare.

2.9 Apprenticeships

As an employer of choice for apprenticeships SWBH apprenticeship recruitment centre is embedded in the heart of our local diverse community. Our organisation is committed to making apprenticeships inclusive and accessible to all. We encourage applications from local people to join

us and start their career journey in the NHS. Recruiting over 100 apprentices each year into a wide range of professions and job roles. We pride ourselves in providing excellent vocational education and functional skills in Maths, English and ICT.

As an organisation we are proud to encourage and attract a range of individuals who represent our local community and the diversity contained within it (**Apprenticeship stats can be found at Appendix 3 and Work Club demographic stats at Appendix 4**).

2.10 Live and Work Project

This is an innovative scheme helping homeless young people into employment by providing apprenticeships and accommodation within the Trust. The project has been fully supported by the Black Country LETC, SWBHT and HEWM to provide up to 27 Apprenticeships per year for young people who are homeless or at risk of homelessness from across the Birmingham and Sandwell regions.

SWBHT has signed over a block of apartments to the project that were previously used as student accommodation. The governments Empty Homes Fund has been used to refurbish the accommodation block which has provided on-site shared accommodation for the apprentices on the scheme. The accommodation became available for occupancy on the 1st April 2015 and is managed by the homeless charity St Basils.

The particular innovation of this scheme is that young people participating on the programme will be benefit free. The funding and support structure has been developed to ensure that young people can have the opportunity to live and work without recourse to welfare benefits.

2.11 Community Greenhouses

The Trust, in partnership with Summerfield Residents Association has brought back to life the greenhouses that are on the City Hospital site.

In addition to the support from the residents association there has been involvement from The Princes Trust, Lloyds Banking Group and the Health Futures University Technical College. There are plans to also involve Sandwell College by asking them to support and deliver education in horticulture as well as supporting local groups.

This will hopefully help people into employment; encourage people to change their lifestyles by eating more freshly grown fruit and vegetables as well as being a therapeutic recreational activity for some patients.

Section Three – Monitoring

3.1 Workforce Equality Information and Analysis

The NHS is the largest employer within the United Kingdom it employs in the region of 1.4 million people. There is a plethora of evidence and data regarding the NHS workforce and the experiences of its staff. The NHS represents society at all levels because of the diversity of its workforce

3.2 Trust Workforce Equality Data

The Trust reports annually on its workforce disaggregated by Ethnicity, Gender, Age, Disability, Religion and belief and Sexual Orientation. With the introduction of the new equality legislation the number of protected characteristics has expanded to include Gender Reassignment, Pregnancy and

Maternity and Marriage and Civil Partnership. The Trust is actively seeking to improve its workforce data, and our employees are encouraged to disclose equalities information.

Accompanying this report is a summary of the workforce data (Equality Report – Workforce Equality Data) for the period January 2015 – December 2015 (**Appendix 5**).

Key messages from the data

- **Staff in Post Scorecard** - The figures are Full-Time Equivalent (FTE) values and Headcount numbers as at the 1st of each month. The comparison column looks at the median values (expressed as a percentage), versus a comparator for local population figures, where available.

Of note:

- Local population figures for Disability & Sexual Orientation are not readily available.
 - Gender – SWBH employs more female staff when compared to local population numbers. This is a well understood health sector bias.
 - Religious Belief – A high proportion of SWBH staff are identified as ‘I do not wish to disclose’, therefore it is difficult to draw conclusions from the values, at this stage.
- **Leavers** - The figures do not suggest any untoward variances across the diversity strands.
 - **Promotions** - Promotions are broadly defined as an increase in grade when comparing one month with the next. This can include permanent changes or acting up posts. In general terms the figures look similar to Staff in Post percentages.
 - **Recruitment** – Our recruitment trends do not show any adverse trends across the protected characteristics.
 - **Professional Development Review** – PDR figures show a good correlation with Staff in Post numbers across the diversity strands. PDRs are measured as to whether a member of staff has had a PDR/review within the last 12 months.
 - **Cases in Formal Procedures** - Our Employee Casework activity is subject to close monitoring and monitoring data/trends is shared with our trade union partners.

3.3 Pay Gap Audit

The Trust undertook an equal pay audit in 2013, to assess whether there was inequity in pay in relations to gender, ethnicity or disability and to fulfil a statutory requirement to comply with the Gender Equality Duty Code of Practice and the Trust Single Equality Scheme at that time.

The audit findings showed that there were no statistically significant variances in the **Gender** analysis of staff on AfC terms and conditions. Within the Gender analysis, no pay band showed a dual variance of greater than 5%. In fact, only one band (Band 9) showed a median variance of 6.82%, which is explained by the difference in length of time in post.

There were statistical variances in 3 pay bands within the AfC **Ethnicity** analysis, however upon further examination the variances are within the **Mixed Heritage** group, which constitute **1.87%** of Trust employees. Therefore, the variances can be explained by the relatively small numbers within that Ethnic group, which, in turn, is more greatly affected by the length of time in post for staff (their current salary point), which affects their mean and median values.

Anomalies identified with doctors pay on the Associate Specialist or Specialty Doctor pay scales was due to the starting salary (or the salary they moved across to from the old contract), which was laid down in accordance with national terms and conditions of service. Progression is by increments on the new contracts (and a mixture of increments and discretionary point on the old Associate Specialist contract). The salary on the new contracts will also be dependent on the amount of out of hours work individuals undertake. In some (A&E, Trauma and Orthopaedics and Anaesthetics) it is great in others it is minimal or non-existent.

Executive salaries are determined by the Trust's remuneration committee. Salaries have not been uplifted since 01 April 2010, in line with the national pay freeze. Director's salaries are dealt with in the Trust's Annual Report.

Based on the results of the latest audit, it was concluded that there were no equal pay concerns that required attention. Any disparities were explained by either the use of a generic pay code (as in the case of doctors) that covers a wide range of duties or a combination of service/incremental points progression, which is a consequence of national terms and conditions.

3.4 Staff Surveys

Around 850 staff were randomly selected from across all professional groups and pay bands to participate in the NHS national staff survey for 2015. We await the management report and further data in February when we will take a more detailed look at the key messages and the demography of the staff that responded.

In the meantime the headline results indicate that our staff engagement score, on how committed to the success of our organisation our employees are, is higher than it was in 2014; albeit just slightly lower than the national average.

The results of the key findings on equality and diversity in 2015 fall broadly in line with that of the national average for acute and community Trusts and indicate that:

- There has been a good improvement, since the previous year, in the number of staff responding that they agree "that this organisation acts fairly with regard to career progression /promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age". 87% of staff agreed with this statement;
- the number of staff reporting personally experiencing discrimination at work from patients and service users in the last 12 months has reduced significantly since the previous year and similarly the number of staff reporting experiencing discrimination from colleagues shows a downward trend;
- The findings show a number of staff reporting that in the last 12 months they have personally experienced harassment, bullying or abuse at work from patient/service users or members of the public and/or colleagues. This will be considered further upon receipt of the full survey analysis.

The results indicate that the Trust is taking positive action on staff health and well-being, including a significant reduction in the number of staff reporting that during the last 12 months they have felt unwell as a result of work related stress.

3.5 Patient Data

Our patient information can be disaggregated based on ethnicity, gender, age, marital Status and religion. Information on sexual orientation, disability and gender reassignment is not captured on a regular basis due to constraint on the current national Patient administration System [PAS] and therefore the data is limited.

The Equality and Diversity department is working with the Information Department to actively address the gaps in equality monitoring across the organisation.

A breakdown of our patient data can be seen in **Appendix 6**.

4.0 Concerns and Complaints

4.1 Complaints

Concerns and complaints raised by patients and visitors must be viewed positively as an unsolicited form of feedback. These are opportunities to improve our services and the care we provide based on user experience.

It is recognised that for some complaints, a resolution meeting, as opposed to a written response can be more effective in addressing concerns. Some complainants will also express a preference to meet with the Trust, and it remains an important aspect of the complaints resolution process.

The new monitoring system has highlighted an issue around how many complaints meetings are being offered. The complaints team have been reminded that it is an essential part of the process to offer all complainants the opportunity to meet with the Trust and this message is reiterated to all involved in devolved complaints across the Trust.

Everyone who makes a complaint is given the opportunity to provide feedback on how they found their experience via completion of a questionnaire that is sent with the final response.

In order to check that our complaints process is accessible to all, it is important to understand the profile of complainants by certain protected characteristics. Gender, age and ethnicity are recorded and then compared to our hospital population and also the population of the geographic area that we serve (**Appendix 7**)

4.1 PALS

PALS continue to play a vital role in providing patients with a local advocate who can investigate concerns. As well as reporting the standard enquiries, work has continued in the collection of compliments for this quarter; Clinical Groups also reported how many concerns were addressed at departmental level (those that were resolved by the Trust without the need to escalate to PALS or Complaints). These concerns are often well managed with effective and caring solutions.

5.0 Conclusion

This report shows that the Trust is compliant with its equality duties but more importantly it shows that the Trust is committed to meeting the diverse needs of the people who use its services and those in its employment. Equality, Diversity, Inclusion and Human Rights is a corporate function and remains a key priority of the Trust.

There is a great deal of activity taking place across the Trust, in relation to embedding equality and embracing diversity and human rights. Some of these have been highlighted within this report. We recognise however the ongoing nature of this work and will continue to monitor and measure equality and quality based on the outcomes underpinned by the Equality Delivery System (EDS) and aligned with the Care Quality Commissioners equality standards.

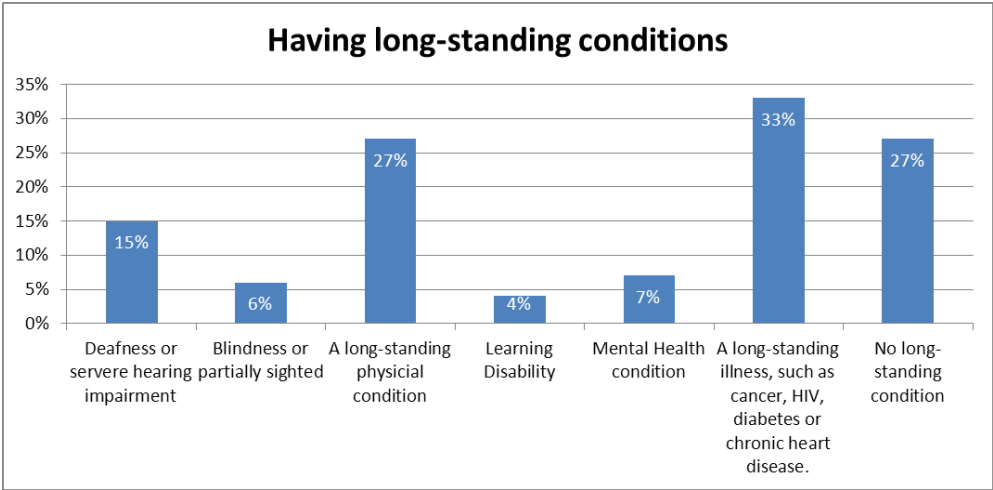
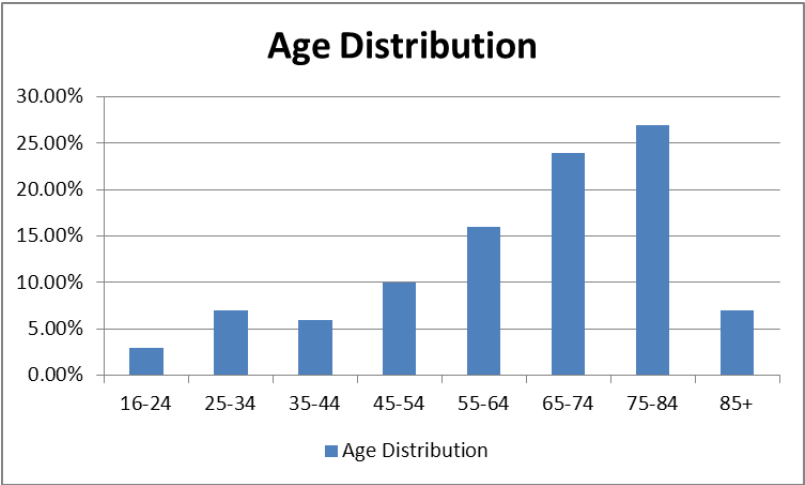
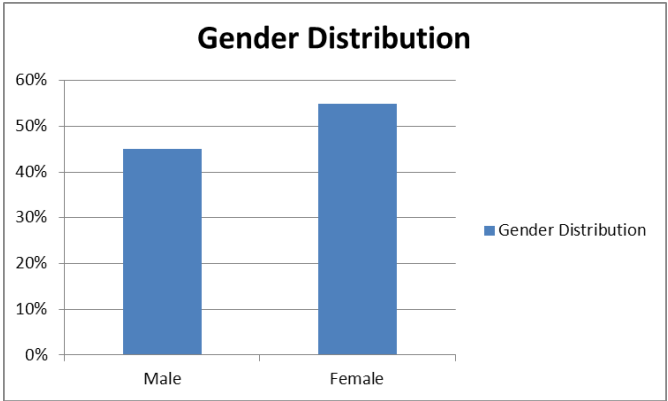
The actions identified including the outcome of the EDS equality performance analysis will enable us to forge ahead and establish our equality objectives and actions to address the gaps in data and service provision. We will consult with patients and staff to develop our Equality objectives in line

with the EDS, to ensure that our Equality, Diversity, Inclusion and Human Rights strategy and objectives, prioritise the areas we need to improve.

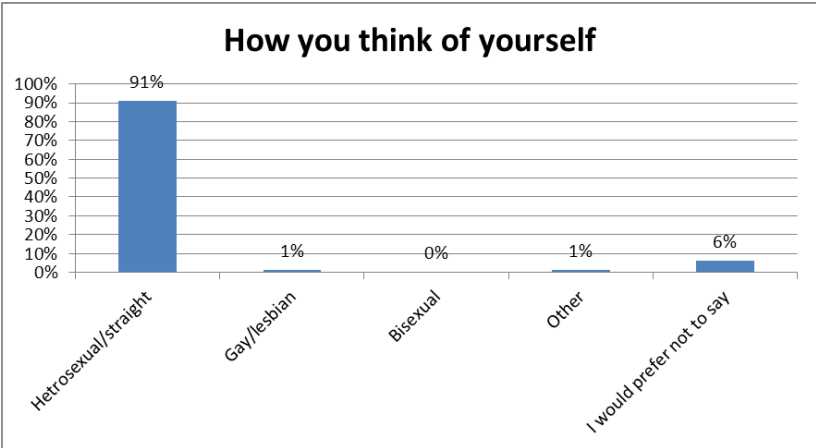
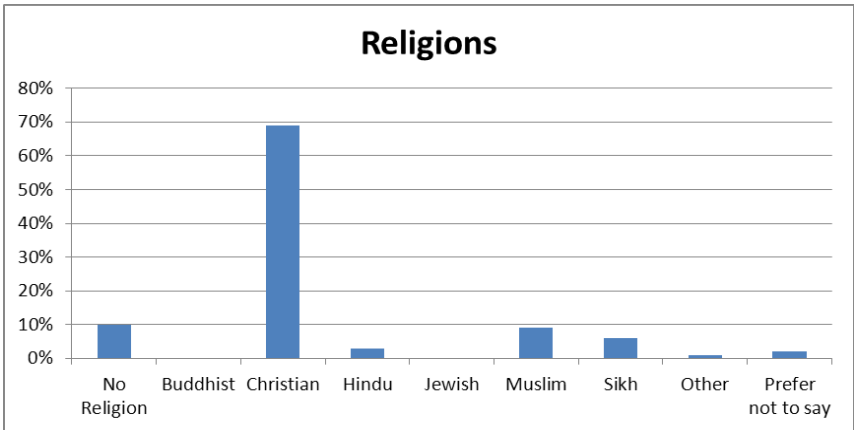
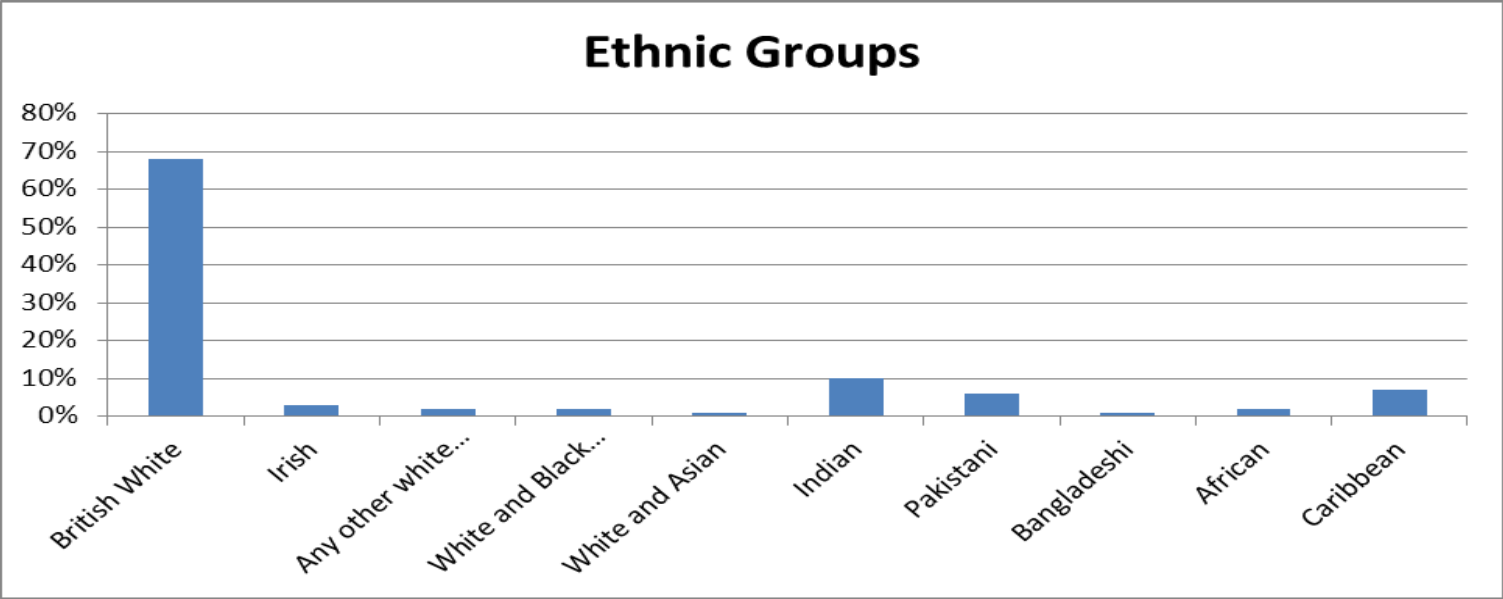
6.0 Future Activities

- Full Implementation of EDS across the organisation
- Improve Equality Monitoring data within the organisation.
- Deaf Awareness Training to be offered to specified staff groups.

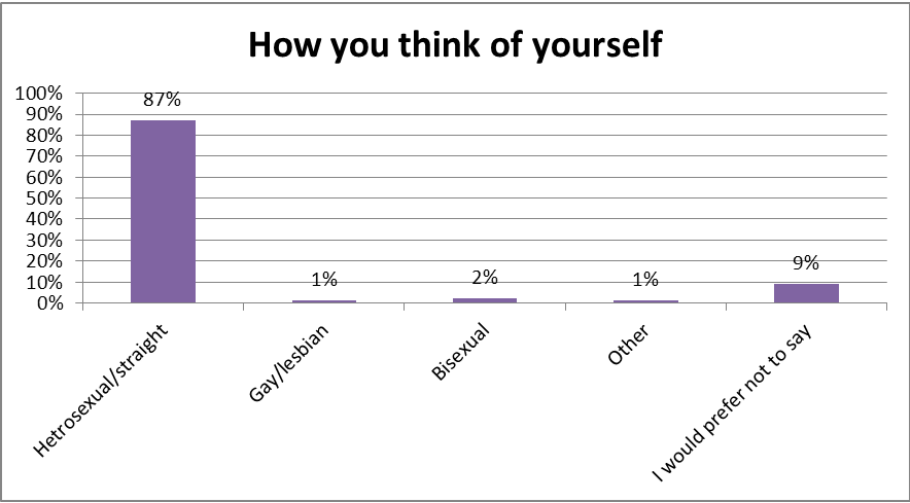
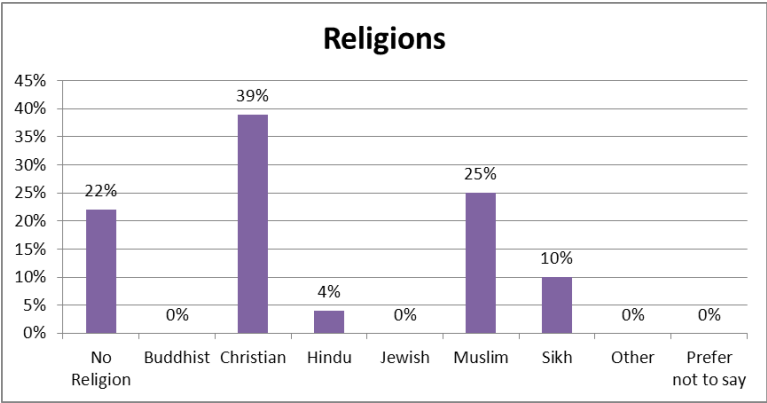
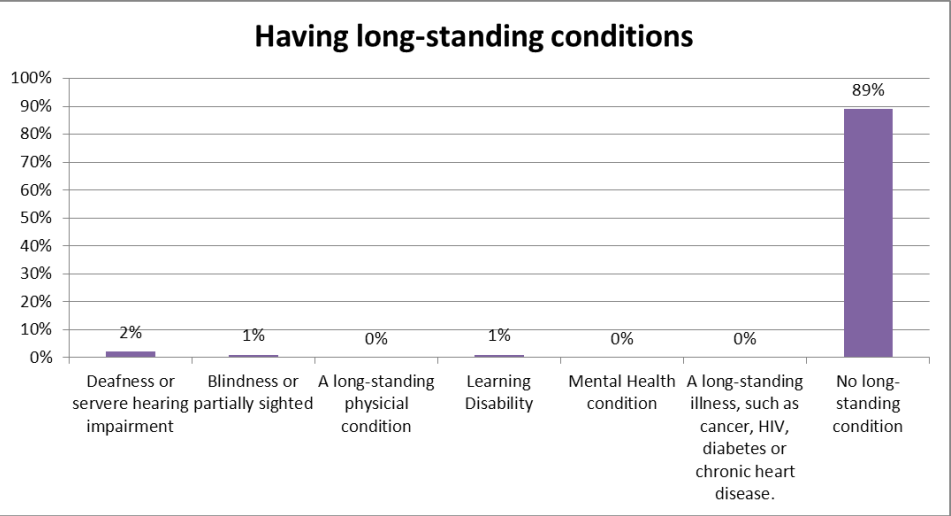
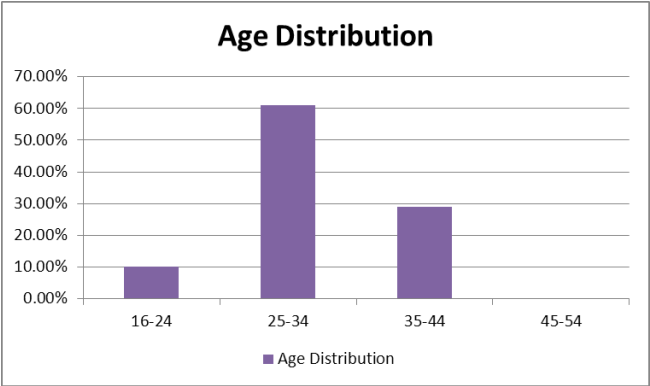
National Adult Inpatient Survey



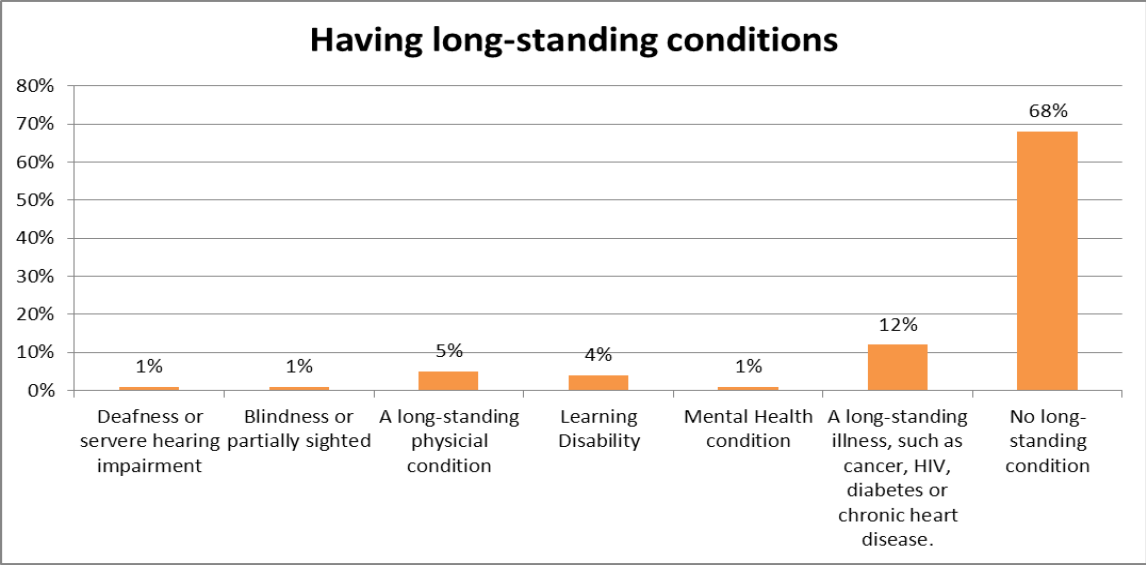
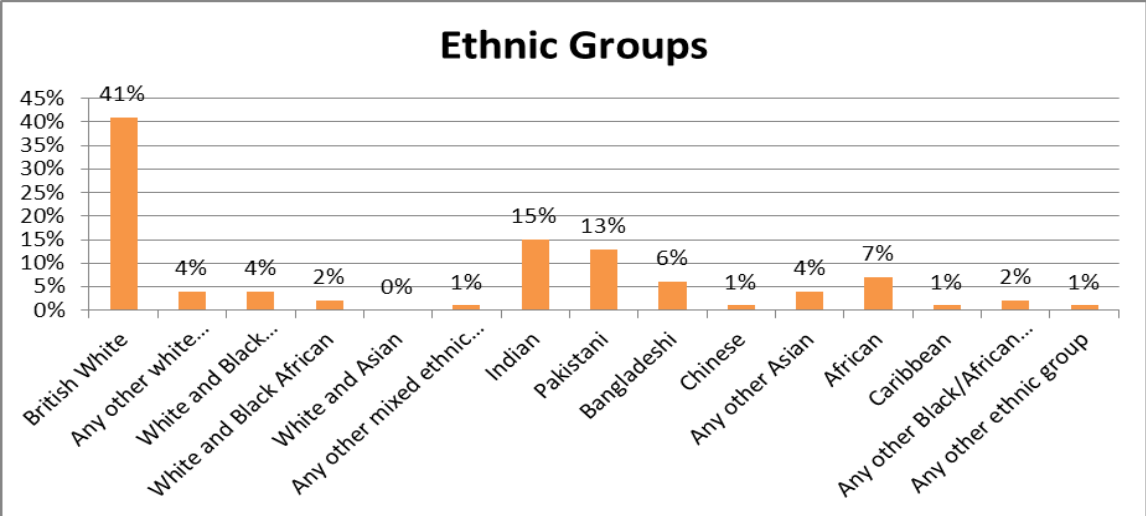
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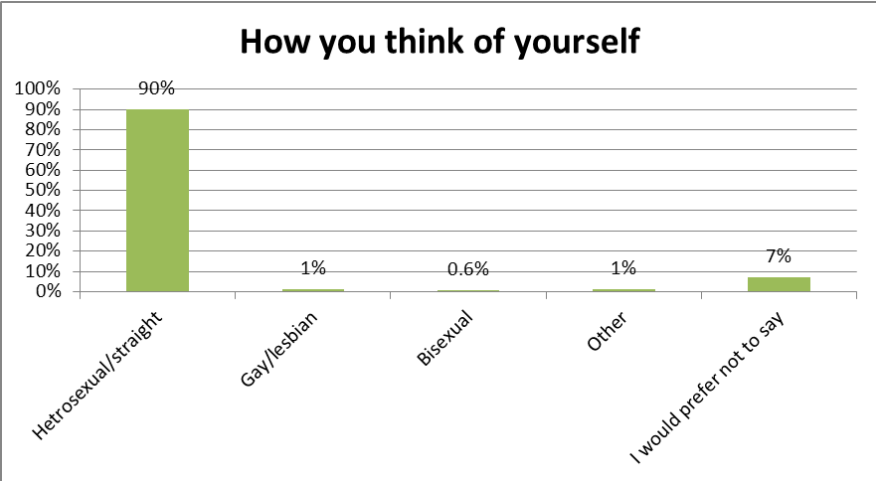
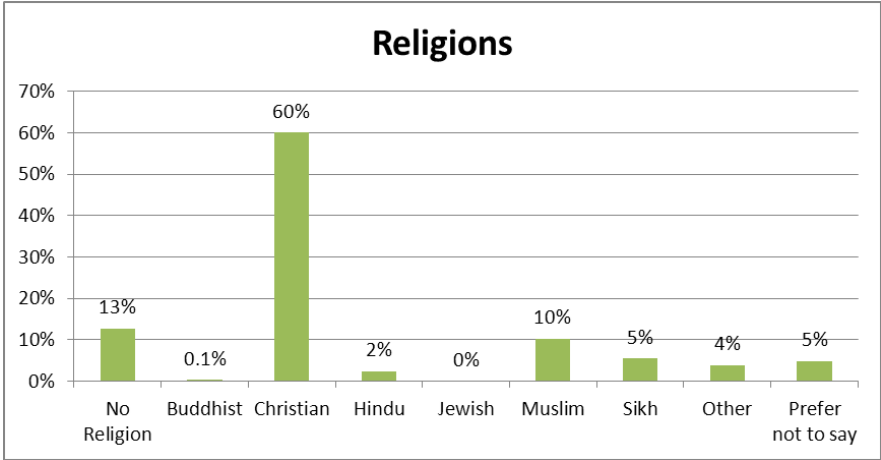
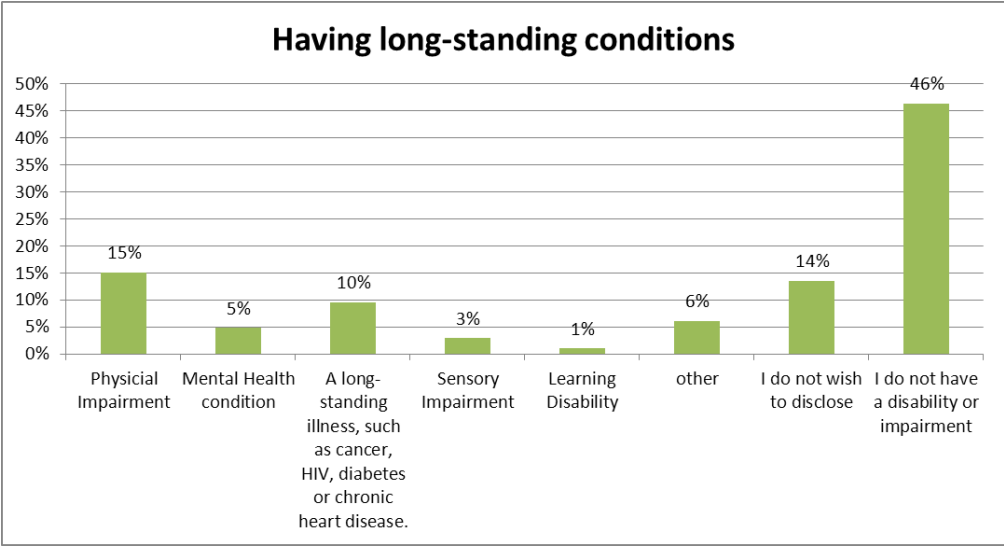
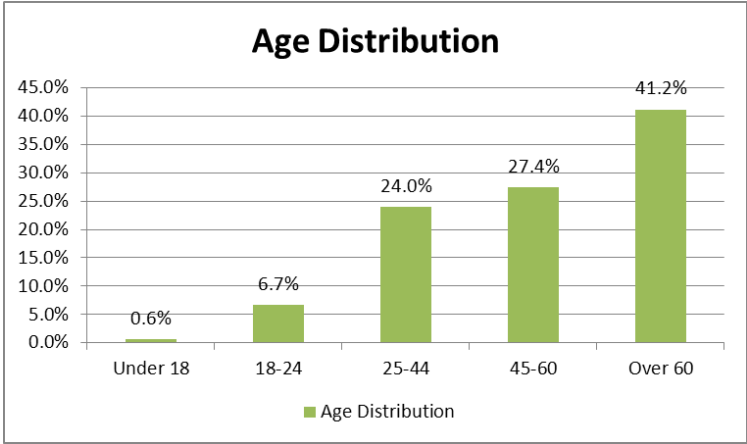
National Maternity Survey 2015



National Children and Young People’s Inpatient and Day Case Survey



Local Adult Inpatient Experience Survey
Jan – Dec 2015





Volunteer Equality and Diversity Monitoring Form

Monitoring Information

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of age, sex, sexual orientation, religion and belief, ethnicity, disability, marriage and civil partnership, pregnancy and maternity and gender reassignment.

Criteria	Number
-----------------	---------------

Gender

Male	11
Female	30
Gender born with	37

Marital Status

Married	12
Single	15
Divorced	6
Widowed	4
Legally Separated	1

Sexual Orientation

Heterosexual	33
Don't wish to disclose sexual orientation	1

Ethnicity

White	15
Any other white background	1
Caribbean	3
African	3
British	1
White and Black Caribbean	3
White and Asian	1
Asian or British Asian	1
Indian	6
Pakistani	2
Chinese	1
Do not wish to disclose ethnicity	1

Religion

Atheism	2
---------	---

Christianity	16
Hinduism	1
Islam	2
Sikhism	5
Methodist	1
Church of England	1
Catholic	1
Baptist	1
Roman Catholic	1

Disabilities

Do not consider self to have disability	33
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Impairment

Other	11
No to guaranteed interview criteria	20

**Equality & Diversity
Apprentices**

1st January - 31st December 2015

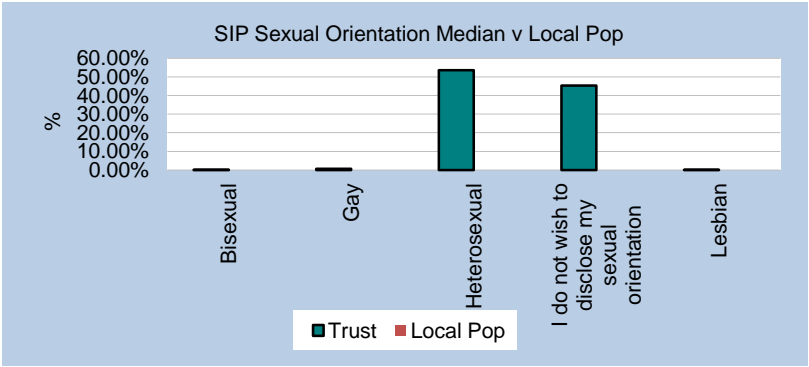
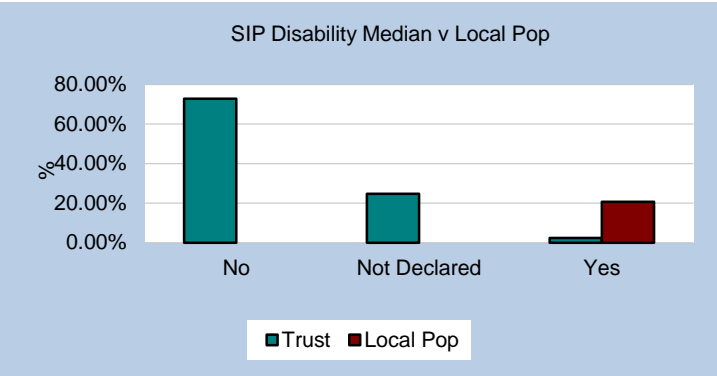
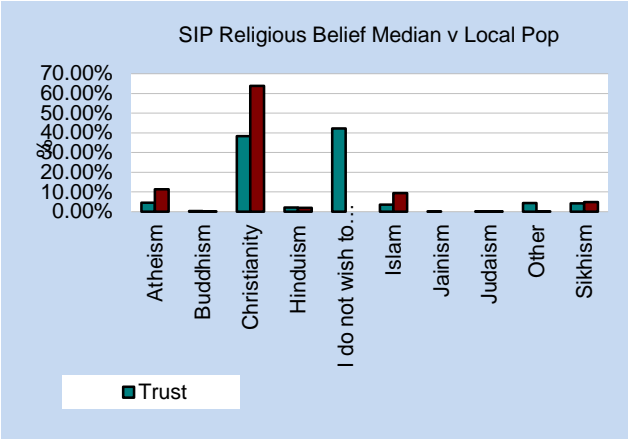
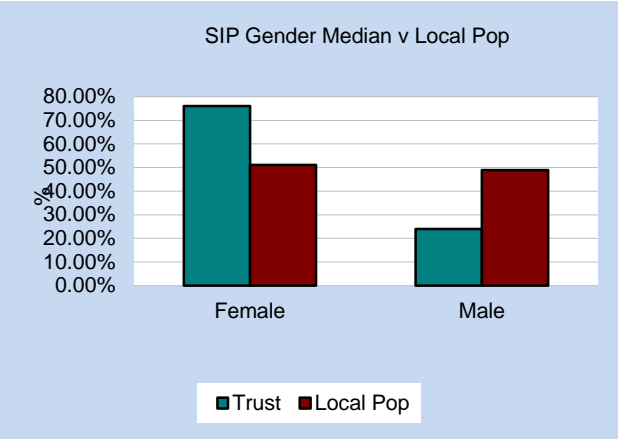
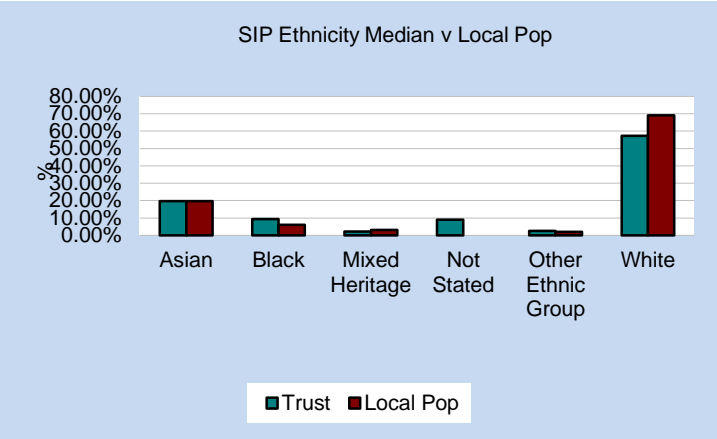
			Ethnicity									
Age	No. of apprentices	Sex	Ethnicity	White	Caribbean- Black	Black- African	Asian - Indian	Asian- Bangladesh	Asian Pakistan	Caribbean- Mixed	Black- other	White- other
16 - 18	8	Male		4	1		1		2			
16 - 18	27	Female		13	3		3	1	3	2	1	1
19-24	7	Male		3	1				2	1		
19-24	29	Female		17	2			2	5	1		1
25+	7	Male		4	2	1						
25+	19	Female		9	5	1		1	3			

Work Club Demographic 2015

Gender		Age		Religion		Ethnicity		Sexual Orientation		Marital Status		Disability	
Male	24	16-18	1	Atheist	1	Bangladeshi	3	Heterosexual	18	Married Female	26	Physical	1
Female	69	19-24	8	Christian	9	British	3	Bisexual	1	Single Female	28	Mental Health	1
		25-30	4	Islam	6	Pakistani	4	Nondisclosure	3	Nondisclosure	38	Unspecified	1
		30-40	8	Jain	1	British African	3						
		40-50	7	Sikh	4	Irish	2						
		50-65	3	Hindu	1	Caribbean Black	4						
				Other	2	Indian	5						
				Non disclosure	1	White & Asian	2						

Diversity (SIP) Scorecard

		Jan-15		Feb-15		Mar-15		Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15		Nov-15		Dec-15		Comparison	
Component	Category	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	Trust	Local Pop
Ethnicity	Asian	1,245.57	1,399	1,236.49	1,388	1,217.38	1,370	1,214.85	1,367	1,208.82	1,362	1,199.06	1,355	1,201.42	1,355	1,196.02	1,349	1,198.27	1,350	1,210.22	1,361	1,235.99	1,388	1,233.27	1,386	19.63%	19.69%
	Black	588.58	674	588.03	673	575.63	661	578.17	664	576.05	663	578.96	666	573.96	661	573.23	660	577.62	664	583.23	672	603.10	694	598.34	689	9.37%	6.16%
	Mixed Heritage	129.25	147	132.08	149	133.24	150	134.45	151	134.84	152	134.84	152	132.66	150	134.53	151	141.21	158	143.63	160	141.03	157	139.23	155	2.18%	3.08%
	Not Stated	585.56	668	581.89	665	579.04	661	572.61	656	568.89	651	557.78	641	555.27	638	546.57	628	518.92	601	521.23	604	507.08	589	504.54	586	9.01%	0.00%
	Other Ethnic Group	155.21	165	155.01	165	151.87	162	151.23	160	149.50	159	150.50	160	151.91	161	152.94	162	164.13	174	169.77	180	171.89	183	171.89	183	2.49%	2.07%
	White	3,655.49	4,247	3,629.73	4,218	3,590.84	4,176	3,594.65	4,179	3,575.87	4,158	3,548.74	4,131	3,533.45	4,112	3,512.99	4,086	3,520.08	4,092	3,529.14	4,100	3,533.49	4,104	3,508.73	4,073	57.32%	68.99%
Gender	Female	4,825.34	5,691	4,796.75	5,657	4,745.70	5,605	4,745.75	5,604	4,715.76	5,575	4,680.89	5,540	4,666.92	5,521	4,644.04	5,492	4,649.86	5,495	4,681.16	5,527	4,715.86	5,563	4,685.59	5,526	75.99%	51.10%
	Male	1,534.32	1,609	1,526.48	1,601	1,502.31	1,575	1,500.21	1,573	1,498.21	1,570	1,489.00	1,565	1,481.76	1,556	1,472.24	1,544	1,470.38	1,544	1,476.07	1,550	1,476.71	1,552	1,470.40	1,546	24.01%	48.90%
Disability	No	4,648.70	5,296	4,602.71	5,243	4,542.33	5,182	4,547.19	5,184	4,516.80	5,153	4,482.68	5,120	4,464.95	5,100	4,438.90	5,068	4,466.40	5,093	4,477.23	5,103	4,520.28	5,152	4,495.09	5,123	72.76%	
	Not Declared	1,558.20	1,828	1,565.76	1,837	1,555.71	1,825	1,546.71	1,818	1,547.29	1,819	1,538.38	1,813	1,531.70	1,802	1,527.89	1,796	1,503.64	1,772	1,526.88	1,797	1,516.52	1,785	1,506.72	1,773	24.79%	
	Yes	152.76	176	154.76	178	149.96	173	152.06	175	149.87	173	148.83	172	152.03	175	149.49	172	150.20	174	153.12	177	155.78	178	154.18	176	2.46%	20.69%
Religious Belief	Atheism	281.44	310	285.76	314	280.36	309	285.30	313	279.18	307	280.72	308	279.91	308	280.58	308	317.20	346	326.58	355	333.16	361	333.76	361	4.57%	11.44%
	Buddhism	17.82	19	19.82	21	19.82	21	20.82	22	19.93	21	19.73	21	20.73	22	20.62	22	21.62	23	21.62	23	21.62	23	21.62	23	0.33%	0.21%
	Christianity	2,404.74	2,769	2,405.99	2,768	2,381.25	2,743	2,393.99	2,754	2,368.12	2,728	2,350.30	2,709	2,343.21	2,700	2,320.44	2,673	2,365.35	2,715	2,369.88	2,720	2,390.66	2,742	2,373.48	2,721	38.28%	63.88%
	Hinduism	135.22	152	135.52	152	133.32	150	136.22	153	131.72	148	131.10	148	132.63	149	132.63	149	147.59	164	150.33	167	154.65	173	154.75	173	2.18%	1.98%
	I do not wish to disclose my	2,764.49	3,182	2,716.23	3,132	2,672.40	3,085	2,635.29	3,051	2,654.53	3,070	2,629.43	3,049	2,611.88	3,027	2,602.03	3,015	2,477.90	2,892	2,484.83	2,900	2,478.93	2,895	2,460.02	2,874	42.30%	0.00%
	Islam	219.52	253	223.78	257	225.52	260	227.80	261	223.63	257	222.79	257	225.24	259	225.32	259	253.05	288	257.33	292	263.90	299	265.53	301	3.64%	9.47%
	Jainism	0.80	1	0.80	1	0.80	1	0.80	1	0.80	1															0.01%	0.00%
	Judaism	4.00	5	3.00	4	3.00	4	3.00	4	3.00	4	3.00	4	3.00	4	2.00	2	2.00	2	2.00	2	2.00	2	2.00	2	0.05%	0.14%
	Other	268.07	301	267.77	300	268.77	300	277.70	309	270.63	302	270.65	301	270.03	301	272.79	304	271.58	302	275.18	305	278.53	308	276.71	305	4.38%	0.21%
	Sikhism	263.56	308	264.56	309	262.76	307	265.05	309	262.42	307	262.18	308	262.06	307	259.88	304	263.96	307	269.47	313	269.13	312	268.12	312	4.26%	4.90%
Sexual Orientation	Bisexual	13.23	15	13.23	15	12.23	14	12.23	14	12.23	14	11.23	13	11.23	13	10.71	13	10.71	13	12.71	15	13.71	16	13.71	16	0.20%	
	Gay	41.72	43	42.72	44	42.72	44	42.72	44	42.72	44	42.72	44	42.72	44	41.19	42	42.03	43	44.03	45	43.03	44	44.03	45	0.69%	
	Heterosexual	3,328.19	3,805	3,341.22	3,814	3,307.03	3,781	3,346.02	3,816	3,291.66	3,762	3,275.18	3,745	3,273.67	3,741	3,254.94	3,716	3,392.05	3,853	3,423.06	3,885	3,473.34	3,936	3,457.80	3,915	53.60%	
	I do not wish to disclose my	2,965.34	3,425	2,915.89	3,374	2,875.86	3,330	2,831.81	3,289	2,856.18	3,313	2,830.57	3,292	2,809.88	3,267	2,799.27	3,254	2,663.28	3,117	2,664.26	3,118	2,648.99	3,105	2,625.95	3,081	45.33%	
	Lesbian	11.18	12	10.18	11	10.18	11	13.18	14	11.18	12	10.18	11	11.18	12	10.18	11	12.18	13	13.18	14	13.51	14	14.51	15	0.18%	



Patient Data Disaggregated by Sex

A & E	Count
BOTH	11
Female	75896
Male	82116
Not Known	2
Total	158025
Inpatients	
Female	67697
Male	54541
Not Known	3
Total	122241
Outpatients	
BOTH	1
Female	490363
Male	346058
Not Known	3
Total	836425
Grand Total	1116691

Patient Data Disaggregated by Age

A & E	Count
Age Between 00-12	21308
Age Between 13-18	9893
Age Between 19-40	54455
Age Between 41-60	37174
Age Between 61-80	24551
Age Between 81+	10644
Total	158025
Inpatients	
Age Between 00-12	14180
Age Between 13-18	2780
Age Between 19-40	25901
Age Between 41-60	27324
Age Between 61-80	35054
Age Between 81+	17002
Total	122241
Outpatients	
Age Between 00-12	54349
Age Between 13-18	22346
Age Between 19-40	221639
Age Between 41-60	216046
Age Between 61-80	246718
Age Between 81+	75327
Total	836425
Grand Total	1116691

Patient Data Disaggregated by Ethnicity

A & E	Count
Any Other Ethnic Group	6938
Asian/Asian Brit - Bangladeshi	3762
Asian/Asian Brit - Indian	17052
Asian/Asian Brit - Pakistani	12289
Asian/Asian Brit-any oth Asian b/g	4228
Black/Blk Brit-African	3382
Black/Blk Brit-Caribbean	10592
Not Stated	7937
Other	8944
Unknown	8703
White - any other White b/g	11319
White - British	62879
Total	158025
Inpatients	
Any Other Ethnic Group	3782
Asian/Asian Brit - Bangladeshi	3015
Asian/Asian Brit - Indian	13451
Asian/Asian Brit - Pakistani	8538
Asian/Asian Brit-any oth Asian b/g	2038
Black/Blk Brit-African	2558
Black/Blk Brit-Caribbean	8847
Not Stated	4150
Other	6244
Unknown	6742
White - any other White b/g	8468
White - British	54408
Total	122241
Outpatients	
Any Other Ethnic Group	20786
Asian/Asian Brit - Bangladeshi	21932
Asian/Asian Brit - Indian	99609
Asian/Asian Brit - Pakistani	62152
Asian/Asian Brit-any oth Asian b/g	15670
Black/Blk Brit-African	17775
Black/Blk Brit-Caribbean	58870
Not Stated	35432
Other	39860
Unknown	65745
White - any other White b/g	52463
White - British	346131
Total	836425
Grand Total	1116691

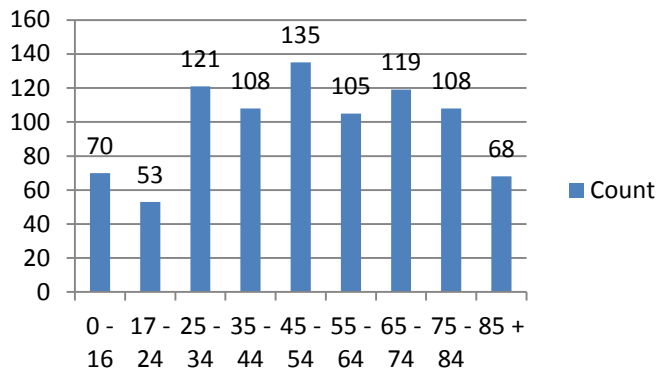
Patient Data Disaggregated by Religion

A & E	Count
Christian	901
Church of England	31791
Hindu	421
Ismaili Muslim	572
Methodist	192
Muslim	2156
Not Religious	3291
Other	688
Religion not given - PATIENT refused	743
Roman Catholic	910
Sikh	918
Unknown	115442
Total	158025
Inpatients	
Christian	8746
Church of England	34513
Hindu	3050
Methodist	1874
Muslim	14650
Not Religious	4237
Other	4688
Pentecostalist	1030
Religion not given - PATIENT refused	5887
Roman Catholic	8185
Sikh	8599
Unknown	26782
Total	122241
Outpatients	
Baptist	5949
Christian	45715
Church of England	195001
Hindu	20226
Methodist	10740
Muslim	91829
Not Religious	22766
Other	27195
Religion not given - PATIENT refused	38077
Roman Catholic	44556
Sikh	53561
Unknown	280810
Total	836425
Grand Total	1116691

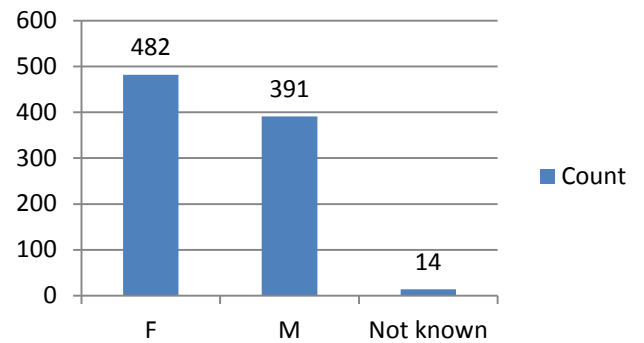
Patient Data Disaggregated by Marital Status

A & E	Count
Civil Partner	160
Divorced	1633
Married	19480
Not Disclosed	41
Not Known	36
Other	151
Separated	383
Single	41272
Surviving Civil Partner	111
Unknown	92078
Widowed	2680
Total	158025
Inpatients	
Divorced	2068
Married	25121
Not Disclosed	70661
Separated	346
Single	19538
Unknown	94
Widowed	4413
Total	122241
Outpatients	
Civil Partner	563
Divorced	12902
Married	173573
Not applicable	102
Not Disclosed	240
Other	642
Separated	2099
Single	139405
Surviving Civil Partner	518
Unknown	487786
Widowed	18595
Total	836425
Grand Total	1116691

Subject of complaint - Age



Subject of complaint - Sex



Subject of complaint - Ethnicity

