
EQUALITY and INCLUSION REPORT

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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 health services. We are determined to ensure that our policies and practices meet the needs of all service users as well as those of our 7000 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. We employ around 7,000 people and spend around £430m of public money, largely drawn from our local Clinical Commissioning Group.

This Trust is responsible for the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell. 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

The Trust includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City Hospital. 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 in GP practices and at home, and offering both general and specialist home care for adults, in nursing homes and hospice locations.

Committed to public health and local regeneration

We are a key partner in efforts to change the shape of care in our area. Our new hospital – the Midland Metropolitan – is currently under construction and is located on Grove Lane, on the Smethwick border with west Birmingham. Our intention is to provide substantially more care at home and rely less on acute hospitals. Whilst most of the programme involves investment in GP surgeries and health centres, we will relocate our acute care to the Midland Met Hospital. 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.

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.

Midland Metropolitan Hospital



Our plans were approved in 2015 and we will open our new facility in 2022. When the Midland Metropolitan Hospital opens in Smethwick, it will be the bringing together of teams who provide acute and emergency care. This was a key outcome of a public consultation about the future of local health services and will improve outcomes and safety.

The new hospital will offer maternity, children's and inpatient adult services to half a million people. For a small number of people, neighbouring hospitals such as the Manor in Walsall, will become their chosen part of the local NHS. However, many people already travel past other hospitals to use City and Sandwell, and we would expect that to continue. Midland Met remains the closest adult hospital to the busy centre of Birmingham. The new hospital is being built with 'room to grow'. In addition, we have retained buildings and wards at Sandwell for future development.

Creating the Midland Met lies at the heart of the Sustainability and Transformation plan for the local NHS. It also represents a regeneration opportunity for the east of the borough. We are determined to seize this once in several generations chance to deliver integrated care.

Investing in the future

Over the next decade we will make major investments in three areas: In the skills and training of our workforce; in the technology we use to both care for and communicate with patients and partners; and in our estate – in part through our plan to build the Midland Metropolitan Hospital to rationalise acute care.

Over the last year:

- 5,795 babies were born at our Trust.
- There were 191,497 patient attendances plus 31,627 attendances seen under GP triage at our emergency departments with over 40,570 people admitted for a hospital stay.
- 44,533 day case procedures were carried out.
- 517,431 patients were seen in our outpatient departments.
- Over 618,000 patients were seen by community staff.

The Trust annual report published in 2019 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: <https://www.swbh.nhs.uk/wp-content/uploads/2019/06/Annual-Report-and-Accounts-2018-19.pdf>

1.2 **Key Achievements**

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

- Achieved Level 2 Disability Confident employer status.
- Commenced work with Stonewall to enter the Trust onto the Top 100 Stonewall Equality Index by 2019 **(A copy of our Stonewall Action Plan can be found at Appendix 4)**.
- Continued the momentum of staff network groups for BME (Black and Minority Ethnic), LGBT (Lesbian, Gay, Bisexual the Transgender) and Disability and Long Term Conditions staff networks groups, with Executive Director sponsorship for each group.
- Introduced designated Gender Neutral toilet facilities.
- Introduced two new policies for Transgender Patients and Staff members.
- Commissioned British Sign Language level 1 courses for all levels of colleagues within the Trust.
- In liaison with the Muslim Liaison Group and BME Staff Network held our first Iftar (meal for breaking of the fast)
- Working in partnership with University of Birmingham BAME Network, Recognize Black Heritage & Culture, RCN West Midlands & Unison West Midlands commissioned and successfully launched 'Here to Stay' exhibition in celebration of the contribution the Windrush generation made to the NHS.
- Achieved 'SILVER' TIDE Status from the Employers Equality and Inclusion Network.
- Won the Nursing Times Workforce Summit Award for best diversity and inclusion practice for 2018

- Achieved ninth position in the Top 50 Inclusive employers list for 2018
- In liaison with the NHS Leadership Academy successfully rolled out the BME Stepping Up programme for the West Midlands
- BME, Disability and LGBT Staff networks highly commended for Star Awards Public Health and Equalities Award.
- Continuation of 6 Learning Disability pledges ;

1.3 Learning Disability Pledges

<u>Promise</u>	<u>Current Position</u>
<p>‘I will find out the best way to make sure that people with a LD are flagged when in hospital and put this in place’</p> <p>Linked to CIPOLD (Confidential inquiry into the premature deaths of people with learning disabilities) 1</p> <p>A copy of the report can be found at; http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf</p>	<p>Patients are flagged on admission to the trust.</p> <p><i>There is an issue with Unity and flags but all sides are working to iron out issues.</i></p> <p>All visited flags are recorded on LD Dashboard</p>
<p>‘I will ensure that reasonable adjustments are put in place for individuals in hospital and work with others including outside organisations to find ways for this to be audited referencing the Quality of Health Principles’</p> <p>Linked to CIPOLD 2, 7</p>	<p>Reasonable adjustments are discussed and outlined on trust induction LD training</p> <p>LD Nurse, reasonable adjustments will be monitored audited and recorded on LD dashboard.</p>
<p>I will put in place actions to increase the awareness and competency of staff working positively with people with LD and using reasonable adjustments.’</p> <p>Links to CIPOLD 12</p>	<p>LD awareness training</p> <p>LD awareness on trust induction</p> <p>LD Nurse is in providing training within clinical areas to increase awareness and competence when working with patients with LD.</p>
<p>Hand Held Records : All flagged patients have hand held record, preferably with an electronic option</p> <p>Links to CIPOLD 5.</p>	<p>Hospital passports being re developed. For use of use.</p>
<p>Not employing less than 40 staff with a learning Disability within SWBH</p>	<p>Target achieved during 2018, with data gained from Employee Network and Apprenticeship data</p> <p>ESR recently introduced fields to record an LD. National ESR team are working on reporting tools to be able to report on an organisational level.</p>
<p>Positive confirmations that deaths among LD patients were not amenable to better care from January 2017.</p> <p>Linked to CIPOLD 2, 7, 13, 14, 15.</p>	<p>Mortality reviews are completed for any LD death.</p> <p>5 staff members have received LeDeR (The Learning Disabilities Mortality Review) training including LD nurse. Trust will contribute to the national LeDeR program</p>

Section Two – Equality Activities

The Trust supports its local communities by providing quality health care that meets their needs, and ensures 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.

The Trust serves a population of approx. 530,000. The figures from the report suggest that up to one in seven people are affected with some kind of hearing impairment. For the Trust, that equates to 75,714 people or 14.2% of its population.

What we have done

- Achieved Level 2 Disability Confident employer status).
- Commenced work with Stonewall to enter the Trust onto the Top 100 Stonewall Equality Index by 2019.
- Continued the momentum of staff network groups for BME (Black and Minority Ethnic), LGBT (Lesbian, Gay, Bisexual the Transgender) and Disability and Long Term Conditions staff networks groups, with Executive Director sponsorship for each group.
- Launched British Sign Language Level 1 courses within the Trust.
- In liaison with the Muslim Liaison Group and BME Staff Network held our first Iftar (meal for breaking of the fast)
- Working in partnership with University of Birmingham BAME Network, Recognize Black Heritage & Culture, RCN West Midlands & Unison West Midlands commissioned and successfully launched Sandwell the “**Here to Stay**” exhibition in celebration of the contribution the ‘Windrush’ generation made to the NHS.
- Achieved ‘SILVER’ TIDE Status from the Employers Equality and Inclusion Network

What we still need to do:

- For the future, the new hospital project team are working with building contractors to develop downloadable apps that provide directions around the Midland Met site and they are exploring the use of visual patient call notifications in outpatients.
- Patients have requested 2 way text messaging. This Trust already has a contract with (Communication+) who provide a relay message service. This would allow patients to book, cancel and change appointments and to check if an interpreter has been booked thus reducing the number of wasted appointments and improving the patient experience.
- Consider the use of ‘Face time’ for non-medical discussions. Communication+ provides a ‘Face Time’ service for Deaf patients who have this facility. If ward devices enabled the app, this could be used for non – medical communication e.g. discussions with the Nursing staff about comfort, pain management and care needs on a 24/7 basis.

2.1 SWBH Colleague and Patient Diversity Pledges

The Trust is committed to being an inclusive and diverse organisation. The People Plan has a key focus on inclusion and diversity under ‘theme 2’ and to delivering on a series of ambitious targets to increase the diversity of our workforce and knowledge and understanding of equality issues, by 2020.

A key part of delivering on this ambition is the Trust ‘Inclusion and Diversity Pledges’ which will be monitored regularly by relevant Board Committees and through the public Trust board. Although there is a relevant executive director, inclusion involves every director executive and non-executive and every member of staff.

	Staff Pledge	Update May 2019	Rag Rating
1	<p>Increase recognition and knowledge of the value of inclusion within the leader and manager population</p> <ul style="list-style-type: none"> • Develop training module, using an interactive story telling approach, through e-learning platform. • Deliver one Quality Improvement Half Day (QIHD) corporate learning module on Inclusion and diversity • Develop module of ‘SWBH Accredited Line Manager’ on inclusion and diversity • Design and deliver a manager’s development workshop on inclusive leadership, as part of the 2017/19 leadership development offer. • Executive team and board development on inclusion to be delivered • Develop a photo exhibition / poster campaign to celebrate and acknowledge the diversity of staff and role model diverse leadership at different levels 	<ul style="list-style-type: none"> • Compulsory e-learning module developed for E&D for all staff, every three years (to replace once on induction) • Unconscious bias included in Accredited Manager Training for 770 line managers during 2018 and ongoing for new managers • Trust Board involved in E&D events throughout the year, including attending WRES experts event at Warwick University 	Amber
2	<p>Review and redesign recruitment and selection processes</p> <ul style="list-style-type: none"> • Inclusion and diversity to be included as a key aspect of all recruitment and selection training • Deliver unconscious bias training for recruiting managers • Run CV and interview skills workshops for staff groups with protected characteristics • Implement diverse recruitment panels (gender and ethnicity) • Work closely with external recruitment partners stating Trust values on inclusion and diversity • Monitor data of applicants through the Workforce Race Equality Standard (WRES) • Intensive training for Organisation Development team • Monitor protected characteristics data of Performance Development Review (PDR) completion and scoring 	<ul style="list-style-type: none"> • Diverse interview panels are in place since October 2017 • Unconscious bias training included in mandatory accredited manager modules • Closely worked with TMP Worldwide and recruitment branding on being inclusive and diverse, including national WRES team in national recruitment campaigns • PDR moderation took place with protected characteristics in 2018. Same planned for 2019 	Amber /Green

3	<p>Develop and support Staff Network Groups</p> <ul style="list-style-type: none"> • Support newly established staff networks, including executive sponsorship • Support network chairs and vice chairs and others involved with time, efforts, events and communicating outcomes • Executive sponsor meet with network at least 4 times a year • Support each network in terms of personal development, mentorship • Support networks for campaigning, networking, education, advocacy or social purposes 	<ul style="list-style-type: none"> • Each staff network has an executive chair who sponsor the activities of the network. • LGBT and BME network have held local elections recently • Each staff network has a dedicated budget • Strong start, but needs refreshing to maintain momentum during 2019 and ensure that LGBT network is resourced for Stonewall and other activities 	Amber
4	<p>Creating a culture where it is safe to be 'out' at SWBH as a staff member or a patient</p> <ul style="list-style-type: none"> • Raise awareness and support LGBT network • Attend Birmingham Pride 2019 for recruitment and awareness raising • Join Stonewall and take part in regional conferences and workshops • Train staff in supporting LGBT patients sensitively and appropriately • Create a 'Safe Space' for LGBT colleagues • Work with Birmingham LGBT and other external partners to ensure best practice is being implemented • Work with Staff-side, to support LGBT staff at work • Celebrate LGBT History Month with events and support in Feb 2019 • Implement 'Allies' programme for non LGBT staff communicated and visible • Increase sexual orientation declaration to at least 20% in two years • Independent review and audit by Stonewall UK of Trust, ready to enter 'Top 100' in 2019 	<ul style="list-style-type: none"> • Stonewall Index feedback rated SWBH as 232 in UK. Feedback given for a stronger entry in 2019. • Working successfully with Staff-side • Marched at PRIDE in 2017, 2018, and 2019 • Rainbow lanyards, LGBT Safe Space • Working with Birmingham LGBT but this needs to be improved and be sustained • Declaration evidence is lacking, and needs addressing 	Amber
5	<ul style="list-style-type: none"> • To ensure a safe and inclusive environment for transgender staff. • Support clinical groups with clear guidance on the implementation of the public sector Equality Duty, which includes gender reassignment as one of the pc's. • Work with members of SWBH staff to develop a programme to raise awareness of the challenges transgender people may face. • Develop and re-launch trans policy • Develop and launch supportive guidance for staff on welcoming trans patients • Celebrate national Trans Day of remembrance in November 2018 	<ul style="list-style-type: none"> • Developed and launched transgender policy for staff in 2018 • More to do on communications around launching policy and practical application • Aim to identify two pathways during 2019 to focus on. E.g. accessing sexual health services and smear tests 	Amber

6	<p>Review the use of Equality Delivery System 2 (EDS2) and develop and implement a 'Trust EDS'</p> <p>EDS measures 1) Better Health Outcomes 2) Improved Patient Access and Experience 3) A representative & inclusive workforce 4) Inclusive Leadership</p> <ul style="list-style-type: none"> • Senior support of EDS action plans in hot spot areas • Deliver 2 work programmes (TBC) to improve patient access and experience and better health outcomes • Communication and engagement with EDS both internally and externally • Inclusion of revised EDS in annual equality report • Work with Local Interest Group to change focus of EDS to Trust Wide • Expand membership of Local Interest Group to be more diverse 	<ul style="list-style-type: none"> • Reviewed terms of reference for local interest group • Consideration should be given to removing this objective as the EDS is being replaced with other monitoring tools • EDS is included in the Annual Equality Report 	Green
7	<p>To ensure a safe and inclusive working environment for Black Minority Ethnic (BME) Staff</p> <ul style="list-style-type: none"> • Annual review of access to training for BME Staff • Develop clear action plan to respond to the 2018/9 WRES using best practise from the WRES report • Analyse via group and take any appropriate remedial action • Support BME Staff network group to have a visible presence in organisation • Develop a personalised leadership programme in the Black Country by delivery the 'Stepping Up' BME Leadership Programme - Bands 5/6 and Bands 7 • Monitor 'First Line Leadership Attendance' of BME Staff to ensure it does not drop below 30% • Develop BME Panellists on interview panels across the Trust • Develop mentoring and coaching schemes targeted at BME staff • Direct contact with BME staff to advertise leadership programmes and management development • Direct contact with BME staff to advertise and encourage 'Middle Manager' Leadership Programme • Inclusive communications across organisation in branding, photographs , videos and other media • Deliver extra training for chaplains, in particular develop a female Imam. • Attend recruitment events with a focus on BME inclusive staff 	<ul style="list-style-type: none"> • Although all of the above actions have been completed, there is still more work to do to respond to our commitments to BME Staff in the Trust • Have worked across STP on Stepping up BME Leadership Programme • The ambition was to increase the number of BME staff in 8A and above roles from 19.7% to 25%. We are currently at 23%. Progress has been made, but more needs to be done • Access to mentoring and coaching for BME colleagues is in progress 	Amber

8	<p>To transform the opinion of our disabled employees about management’s commitment to disability in the workplace</p> <p>Our promises</p> <ol style="list-style-type: none"> 1) To be positive about disability in our Trust 2) To create environments that work for disabled staff 3) To actively promote staff with disabilities into senior roles 4) To make reasonable adjustments for employees who acquire a disability 5) To train and develop staff with a disability <p>The Trust will adopt the following principles:</p> <ul style="list-style-type: none"> • Equal Employment Opportunity Policy and Procedures: Employment of people with disability will form an integral part of all Equal Employment Opportunity policies and practices. • Staff Training and Disability Awareness: Specific steps will be taken to raise awareness of disability throughout the organisation. • The Working Environment: Specific steps will be taken to ensure that the working environment does not prevent people with disability from taking up positions for which they are suitably qualified. • Recruitment Commitment: Recruitment procedures will be reviewed and developed to encourage applications from, and the employment of, people with disability. 	<ul style="list-style-type: none"> • Flexible working policy reviewed Feb 2019 • Survey and engagement of staff disability network • Compulsory training • Partnered with Aspirations for 2019 onwards • Preparing for WDES (Workforce Disability Equality Standard) in August 2019 • More to do on awareness raising 	Red
9.	<p>Run communications campaigns each month with emphasis on protected characteristics (PC) based on CIPD Diversity Calendar and with visible support from employee network groups</p> <ul style="list-style-type: none"> • e.g. • February LGBT History Month • October Black History Month • Religious Celebrations e.g. EID • International Women’s Day • Mental Health Awareness 	<ul style="list-style-type: none"> • Completed 	Green

PATIENT PLEDGES

- **Career Development:** Specific steps will be taken to ensure that employees with disability have the same opportunity as others to develop their full potential within the organisation.
- **Retention, Retraining and Redeployment:** Full support will be given to any employees who acquire disability, enabling them to maintain or return to a role appropriate to their experience and abilities within the organisation.
- **Training and Work Experience:** People with disability will be involved in work experience, training and education.
- **People with disability in the wider community:** The organisation will recognise and respond to people with disability as clients, suppliers, and members of the community at large.
- **Involvement of People with Disability:** Employees will be involved in implementing this agenda to ensure that wherever possible, employment practices recognise and meet their needs.
- **Monitoring Performance:** The organisation will monitor its progress in implementing the key points. There will be an annual audit of performance reviewed at Board level. Achievements and objectives will be published to employees and in the annual report.

	Pledge	Update May 2019	Rag Rating
1	<p>To get serious about the quality and equality of care we provide to people with learning disabilities</p> <ul style="list-style-type: none"> • Being aware of missing serious illness. Important medical symptoms can be ignored because they are seen as part of someone’s disability. • Being more suspicious that the patient may have a serious illness and take action quickly. • Finding out the best way to communicate. Asking family, friends or support workers for help. Remembering that some people use signs and symbols as well as speech. • Listening to parents and carers, especially when someone has difficulty communicating. They can tell which signs and behaviours indicate distress. • Not making assumptions about a person’s quality of life. They are likely to be enjoying a fulfilling life. • Being clear on the law about capacity to consent. When people lack capacity you are required to act in their best interests. • Asking for help. Staff from the community learning disability and corporate LD teams can help. <p>Remembering the Equality Act 2010. It requires us to make ‘reasonable adjustments’ so staff may have to do some things differently to achieve the same health outcomes.</p>	<ul style="list-style-type: none"> • Chief Executive led programme of activity on learning disabilities, managed through staff network and corporate nursing programme • Work being undertaken around mental capacity act and • More work to be done to raise awareness, develop training for staff and patients. 	Amber

2	<p>Widening access to services for our transgender or transitioning patients.</p> <ul style="list-style-type: none"> Identifying and improving 2 patient pathways for transitioned patients Develop and relaunch transgender policy for patients Develop a partnership with community to explore issues facing trans patients and their carers or families 	<ul style="list-style-type: none"> Agreed transgender policy for patients and staff in 2018 Trans training and development included in annual E&D training 	Amber
3	<p>Widening offer for parents who are looking after their children in hospital</p> <ul style="list-style-type: none"> Expand on work of 'John's Campaign' for parents Offer food options and expand offer to parents who are looking after their child Develop support for parents and overnight / morning support Develop a partnership with charity or third sector Develop onsite wellbeing activities for children and parents 	<ul style="list-style-type: none"> Limited progress made Therapy animals in place for Children in the Trust Re-launch this objective in July 2019 Board dedicated to Children in the Trust 	Red
4	<p>Review friends and family comments and complaints / compliments to identify trends or issues</p> <ul style="list-style-type: none"> Explore issues raised by patients with protected characteristics Review measures for improvements Develop specific action plan to address key issues Develop action plan to address trends in complaints from Black patients Work with local interest group to deliver on patient inclusion issues where relevant Support Trust work on supporting mental health patients whilst in the hospital and training and developing staff to support mental health patients efficiently and effectively 	<ul style="list-style-type: none"> Regular reports from complaints taken to Local Interest Group and reviewed by Head of Complaints Included in Annual Equality Report More consideration needs to be given to kiosk information and an equality impact assessment made of support to patients presenting with mental health issues 	Amber
5	<p>Enhance our offering to older people's patient experience in our hospital</p> <ul style="list-style-type: none"> Launch 'end PJ Paralysis' campaign Work with partners to offer support for stay in hospital e.g. Sandwell College on massage and therapies Work with local interest group to focus on patient group issues that are under-represented. 	<ul style="list-style-type: none"> Successful end PJ Paralysis campaign in 2018 with support from all professional groups Partnered with 'Kissing it Better' for onsite massage, hair, nails etc 	Green

2.2 Staff Networks

The Trust has launched staff network groups for members of our staff who self identify as from one of the following groups; Lesbian, Gay and Bisexual, BME, anyone with a Disability or Long Term Condition. We are also launching a staff network for any member of staff who identify as Eastern European. Each of the networks is sponsored by a member of the executive team.

2.2.1 Lesbian, Gay and Bisexual Staff Network



The Lesbian, Gay, Bisexual and Trans (LGBT) Staff Network is a group of individuals from across the Trust who self-identify as being LGBT+ or are an ally of LGBT+ Staff. The core aim of our network is to promote equality, diversity, inclusion and Pride in our LGBT+ Staff and to assist Sandwell & West Birmingham Hospitals NHS Trust deliver better services for all, both staff and patients. We want to improve the working lives of LGBT+ Staff by empowering them to feel safe and able to be “Out” at work allowing all staff to bring their whole selves to work, this will benefit both our colleagues and our patients. We are a critical friend to the Trust and work with the organisation to implement the Staff Pledges, the Patient Pledges and the action plan from the annual Diversity & Inclusion Report & Stonewall Equality Index.

2.2.2 BME Staff Network Sent to Mark Haynes and Donna Mighty to update 04/11/2019



The BME Staff Network strives to improve the working environment for all BME colleagues working at our Trust. We aim to provide development opportunities and equip our BME colleagues with key skills and knowledge, allowing them to flourish and realise their full potential.

2.2.3 Disability and Long Term Conditions Staff Network



The Disability and Long Term Conditions (DLTC) Staff Network is a group of individuals from across the Trust who self-identify as having a Disability or Long Term Condition. The aim of the network is to promote equality and inclusion for Staff with a disability or long term condition and to assist Sandwell & West Birmingham Hospitals NHS Trust deliver better services for all, both staff and patients. We want to improve the working lives of staff who have a disability or long term condition by empowering them to speak up about personal experiences and to highlight the areas of improvement and the areas of good practice within the Trust allowing all staff to bring their whole selves to work will benefit both our colleagues and our patients.

Section Three – Monitoring

3.1 Gender Pay Gap Audit

From 2017 the Trust has a duty to carry out an equal pay audit 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 Public Sector Equality Duty. The figures must be calculated using a specific reference date – this is called the ‘snapshot date’. The snapshot date each year is 31 March. The Trust has made a commitment to pay its staff at least the Real Living Wage.

(To see a copy of our latest Gender pay Gap report please see <https://www.swbh.nhs.uk/about-us/equality-and-diversity-2/our-legal-duty/>)

3.2 NHS Workforce Race Equality Standard

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS provider organisations.

With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

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

3.2.1 WRES reporting

Organisations use the Strategic data Collection Service (SDCS), a system for sharing and reporting NHS and social care performance information for the annual WRES returns. (To see a copy of our latest WRES publication please see <https://www.swbh.nhs.uk/about-us/equality-and-diversity-2/our-legal-duty/>).

3.3 NHS Workforce Disability Equality Standard

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for Disabled people working, or seeking employment, in the National Health Service (NHS). The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change.

The WDES is a series of evidence-based Metrics that will provide NHS organisations with a snapshot of the experiences of their Disabled staff in key areas. By providing comparative data between Disabled and non-disabled staff, this information can be used to understand where key differences lie; and will provide the basis for the development of action plans, enabling organisations to track progress on a year by year basis. The WDES provides a mirror for the organisation to hold up to itself, to see whether or not it sees a reflection of the communities that it serves.

Organisations will be encouraged to introduce new measures and practices which positively support

disability equality in the workplace and further the involvement and engagement of Disabled communities more widely in the work and aims of the NHS.

3.3.1 **WDES reporting**

Organisations use the Strategic data Collection Service (SDCS), a system for sharing and reporting NHS and social care performance information for the annual WRES returns. **(To see a copy of our latest WDES publication please see <https://www.swbh.nhs.uk/about-us/equality-and-diversity-2/our-legal-duty/>).**

3.4 **Patient Data**

Our patient information can be disaggregated based on sex, age, ethnicity, religion, marital status, disability, sexual orientation and gender reassignment. Pregnancy and Maternity is not captured on a regular basis for patients unless they are attending for Obstetric. Maternity services. This is an improvement on last years' data collection.

(A breakdown of our patient data can be seen in Appendix 5). As you will see from the data collection whilst patients are happy to divulge their sex, age and ethnicity there is a shortfall in the willingness to disclose their other characteristics. We also have a piece of work to do with our A & E departments as there are a large proportion of these patients for whom we do not collect the data.

4.0 **Conclusion**

This report shows that the Trust is compliant with its equality duties but more importantly it shows that the Trust is committed to proactively meeting and exceeding the diverse needs of the people who use its services and those in its employment. Equality, Diversity, Inclusion and Human Rights is a golden thread of all activities and remains a key executive and board 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 Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard.

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

Stonewall Action Plan

Stonewall Equality index Action Plan							
Date: December 2019							
Index Section no.		Action	Who	Date	Status	Comments	
1	Employee Policies and Benefits	<ul style="list-style-type: none"> Dignity at Work Policy Equal Opportunity and Managing Diversity Policy Mutual Respect and Acceptance Guide 	Need to include examples of homophobic, biphobic and transphobic bullying	HR	February 2020		Not yet Started
		<ul style="list-style-type: none"> Family leave policy and appendices 	Policy and all appendices need to be reviewed and amended to include gender neutral language throughout, and clarification should be made stating they are accessible to all couples regardless of gender.	HR	March 2020		Not yet Started
		<ul style="list-style-type: none"> Trans Equality policy providing services for Trans staff 	Include a specific guidance section for HR staff. Also need to include guidance	D & I	March 2020		Not yet Started

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			for non-binary staff on dress code and facility use. Glossary also needs to be reviewed and aligned with best practice.				
2	The Employee Lifecycle	<ul style="list-style-type: none"> Training for Recruitment Staff around LGBT 	Training for Recruitment staff to include language, stereotypes and assumptions concerning LGBT people.	D & I	February 2020		Not yet Started
		<ul style="list-style-type: none"> Exit interviews 	There need to be questions included that specifically ask if employees have any experience of homophobia, biphobia or transphobia to feedback the Trust.	HR	April 2020		Not yet Started
			Leavers Diversity data needs to be recorded.	HR	April 2020		This data is collected via ESR if it is declared.
3/4	LGBT Employee Network Group	<ul style="list-style-type: none"> LGBT Staff Network 	Network to promote the network as inclusive of allies on all communication	LGBT Network	February 2020		Not yet Started
			During LGBT History	LGBT Network	February 2020		Not yet Started



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			month staff profiles to be more explicit around gender identity and sexual orientation				
			LGBT Network to liaise with other staff networks to hold collaborative events.	LGBT Network	December 2019		First collaborative event this month, then quarterly
		• Trans Allies	All non-trans staff to become trans allies through training and resources	LGBT Network	December 2019		Rainbow lanyards issued to allies also Rainbow badge initiative currently rolled out across the trust.
		• Intersectionality	Ensure that LGBT profiles include intersectionality e.g. LGBT person of Faith	LGBT Network	February 2020		Not yet Started
5	Senior Leadership	• LGBT conferences	LGBT specific conferences and seminars to be attended by a member of the senior leadership team.	Exec Lead	Where available		Not yet Started
		• Reverse Mentoring	Senior Leadership team members to be paired with LGBT staff members to understand the barriers faced in the workplace.	Exec Lead	February 2020		Not yet Started



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6	Monitoring	<ul style="list-style-type: none"> LGBT Staff members 	The Trust to monitor LGBT staff members from application to appointment to reflect the success rate of these applicants.	Recruitment / D & I	February 2020		Not yet Started
			The Trust to begin monitoring the spread of LGBT staff at different pay grades	Recruitment / D & I	February 2020		Not yet Started
			The Trust to break down the LGBT responses to staff surveys.	Communications	December 2020		Not yet Started
7	Procurement	<ul style="list-style-type: none"> Contracts 	When awarding contracts the trust should ask if the potential supplier has policies that bans discrimination on grounds of Sexual Orientation and Gender Identity	Procurement	May 2020		Not yet Started
			During contract monitoring meeting diversity and inclusion should be a standing agenda item	Procurement	May 2020		Not yet Started

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			The Trust to work collaboratively with all suppliers to encourage best practice in sexual orientation and gender identity diversity and inclusion.	Procurement	May 2020		Not yet Started
8	Community Engagement	• Birmingham Pride	In future years the Trust to provide health information and signpost its services during the Pride event.	LGBT Network	May 2020		Not yet Started
		• Trans specific events	The Trust to host a Trans specific event	LGBT Network	April 2020		Not yet Started
9	Clients, Customers and service Users	• Consultation	The Trust to consult with LGBT service users on policy and service improvement.				Not yet Started

Key



Not Yet Started



In Progress



Where
EVERYONE
Matters



Where
EVERYONE
Matters

Patient Data Disaggregated by Age

A&E	Count	%
Age Between 00-12	24968	14.2%
Age Between 13-18	10649	6.1%
Age Between 19-40	58797	33.5%
Age Between 41-60	41511	23.7%
Age Between 61-80	26862	15.3%
Age Between 81+	12604	7.2%
Total	175391	100%
Inpatient		
Age Between 00-12	16392	12.1%
Age Between 13-18	3068	2.3%
Age Between 19-40	27179	20.1%
Age Between 41-60	29681	22.0%
Age Between 61-80	37130	27.5%
Age Between 81+	21481	16.0%
Total	134931	100%
Outpatient		
Age Between 00-12	60586	5.6%
Age Between 13-18	30797	2.9%
Age Between 19-40	291975	27.3%
Age Between 41-60	298364	27.9%
Age Between 61-80	297876	27.8%
Age Between 81+	91291	8.5%
Total	1070889	100%
Grand Total	1381211	

Patient Data Disaggregated by Ethnicity

A&E	Count	%
Any Other Ethnic Group	6318	3.6%
Asian/Asian Brit - Bangladeshi	4832	2.7%
Asian/Asian Brit - Indian	19880	11.3%
Asian/Asian Brit - Pakistani	14314	8.2%
Asian/Asian Brit-any other Asian b/g	4903	2.8%
Black/Blk Brit-African	4647	2.7%
Black/Blk Brit-Caribbean	11423	6.5%
Not Stated	3414	2.0%
Other	9306	5.3%
Unknown	25321	14.4%
White - any other White b/g	10330	5.9%
White - British	60703	34.6%
Total	175391	100%
Inpatient		
Any Other Ethnic Group	3570	2.7%
Asian/Asian Brit - Bangladeshi	3778	2.8%
Asian/Asian Brit - Indian	15489	11.5%
Asian/Asian Brit - Pakistani	9904	7.3%
Asian/Asian Brit-any oth Asian b/g	2701	2.0%
Black/Blk Brit-African	3564	2.6%
Black/Blk Brit-Caribbean	9627	7.1%
Not Stated	2717	2.0%
Other	6272	4.7%
Unknown	12204	9.0%
White - any other White b/g	9255	6.9%
White - British	55850	41.4%
Total	134831	100%
Outpatient		
Any Other Ethnic Group	28247	2.6%
Asian/Asian Brit - Bangladeshi	31866	3.0%
Asian/Asian Brit - Indian	137398	12.8%
Asian/Asian Brit - Pakistani	88564	8.3%
Asian/Asian Brit-any oth Asian b/g	24695	2.3%
Black/Blk Brit-African	31090	2.9%
Black/Blk Brit-Caribbean	72951	6.8%
Not Stated	34733	3.2%
Other	53959	5.0%
Unknown	84299	8.0%
White - any other White b/g	69624	6.5%
White - British	413463	38.6%
Total	1070889	100%
Grand Total	1381211	

Patient Data Disaggregated by Sex

A&E	Count	%
Trans	33	0%
Female	86244	49.2%
Male	89109	50.8%
Not Known	5	0%
Total	175391	100%
Inpatient		
Trans	2	0.0%
Female	72306	53.6%
Male	62621	46.4%
Not Known	2	0.0%
Total	134931	100%
Outpatient		
Trans	1	0.0%
Female	631580	59.0%
Male	439306	41.0%
Not Known	2	0.0%
Total	1070889	100%
Grand Total	1381211	

Patient Data Disaggregated by Religion

Patient Data Disaggregated by Marital Status

A&E	Count	%
Christian	2220	1.3%
Church of England	31401	17.9%
Hindu	789	0.4%
Ismaili Muslim	510	0.3%
Methodist	227	0.1%
Muslim	4522	2.6%
Not Religious	3676	2.1%
Other	1034	0.6%
Religion not given – PATIENT refused	1205	0.7%
Roman Catholic	1589	0.9%
Sikh	2602	1.5%
Unknown	125616	71.6%
Total	175391	100%
Inpatient		
Christian	8482	6.3%
Church of England	34422	25.5%
Hindu	3113	2.3%
Ismaili Muslim	1077	0.8%
Methodist	1782	1.3%
Muslim	16290	12.1%
Not Religious	4642	3.4%
Other	5174	3.8%
Religion not given - PATIENT refused	5396	4.0%
Roman Catholic	6691	5.0%
Sikh	9557	7.1%
Unknown	38305	28.4%
Total	134931	100%
Outpatient		
Christian	49271	4.6%
Church of England	189899	17.7%
Hindu	23155	2.2%
Ismaili Muslim	7332	0.7%
Methodist	9403	0.9%
Muslim	103594	9.7%
Not Religious	30562	2.8%
Other	28463	2.6%
Religion not given - PATIENT refused	35156	3.3%
Roman Catholic	40063	3.7%
Sikh	60649	5.7%
Unknown	493342	46.1%
Total	1070889	100%
Grand Total	1381211	

A&E		%
Civil Partner	102	0.0%
Divorced	1649	0.9%
Married	20609	11.7%
Not Applicable	36	0.0%
Not Known	58	0.0%
Other	119	0.0%
Separated	439	0.2%
Single	44837	26.0%
Surviving Civil Partner	100	0.0%
Unknown	105323	60.0%
Widowed	2119	1.2%
Total	175391	100%
Inpatient		
Divorced	2300	1.7%
Married	26281	19.5%
Not Disclosed	80292	59.5%
Separated	392	0.3%
Single	21841	16.2%
Unknown	42	0.0%
Widowed	3783	2.8%
Total	134931	100%
Outpatient		
Civil Partner	713	0.1%
Divorced	13658	1.3%
Married	195811	18.3%
Not Disclosed	247	0.0%
Not Known	98	0.0%
Other	834	0.1%
Separated	2553	0.2%
Single	170326	16.0%
Surviving Civil Partner	546	0.0%
Unknown	671731	62.7%
Widowed	14372	1.3%
Total	1070889	100%
Grand Total	1381211	

Patient Data Disaggregated by Sexual Orientation

Inpatients	Count	%
Gay/Lesbian	14	0.0%
Hetrosexual	612	0.5%
Not Specified	134220	99.5%
Not Stated	60	0.0%
Unknown	25	0.0%
Total	134931	100%
Outpatient		
Gay/Lesbian	66	0.0%
Hetrosexual	5018	0.5%
Not Specified	1065033	99.4%
Not Stated	518	0.1%
Unknown	254	0.0%
Total	1070889	100%
Grand Total	1205820	

Patient Data disaggregated by Disability

Inpatient	Count	%
Disabled Yes	3	0.0%
Disabled No	134928	100%
Total	134931	
Outpatient		
Disabled Yes	7	0.0%
Disabled No	1054637	98.5%
Not Specified	16245	1.5%
Total	1070889	100%
Grand Total	1205820	